

# A SURVEY

OF

# mothers

This is a survey about how having a baby affects mothers' lives and about mothers' experiences of work around the time their recent baby was born.

We would be most grateful if you would help us in this survey.

**ALL YOUR ANSWERS WILL BE TREATED IN COMPLETE CONFIDENCE.**

No individual taking part will be identified in the survey results.

For further information or help, please contact Jacky Heath at NOP World on 020 7890 9677 and please feel free to reverse the charges.



**NOP World**  
United Business Media



Policy Studies Institute

## HOW TO FILL IN THE QUESTIONNAIRE

PLEASE READ THESE INSTRUCTIONS BEFORE YOU START TO FILL IN THE QUESTIONNAIRE.

ALL THE QUESTIONS REFER TO THE TIME AROUND THE BIRTH OF YOUR CHILD IN JANUARY 2001 AND NOT ABOUT ANY PREVIOUS OR SUBSEQUENT BIRTHS.

1. Most questions can be answered simply by putting a tick in the box next to the answer which applies to you.

*Example:*

Yes

No

Sometimes you are invited to answer in your own words. If you can't remember, don't know or are unable to answer a particular question, just say so. Also, please write in anything you might like to add to your answers.

2. Sometimes you are asked to write in a date or a number. Please use leading zeros where necessary.

*Example:*

How many days did you take?

3. Normally, after answering each question, you go on to the next one, UNLESS a box you have ticked has an instruction to SKIP to another question.

*Example:*

Yes  NOW GO TO BLUE SECTION (Q7A)

No  NOW GO TO Q.32

By following these SKIP instructions carefully, you will miss out some large sections of the questionnaire and some individual questions which won't apply to your circumstances. This will make the questionnaire MUCH SHORTER THAN IT LOOKS.

4. The questionnaire is divided into sections. Each section has a different coloured heading and strip on the right hand side of the first page in the section to make it easier for you to find the question you are being asked to answer next.
5. When you have finished, please POST THE QUESTIONNAIRE to us as soon as possible in the PRE-PAID ENVELOPE provided, EVEN IF you have not answered all of the questionnaire. Please ask your baby's father to do the same.

# SECTION ONE - When your baby was born in January 2001

**Q.1a** On which date in January 2001 was (were) your baby(ies) born? (PLEASE WRITE IN AS DD/MM/YYYY)

	0	1	2	0	0	1
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**Q.1b** Did you have just one baby or more than one? (PLEASE TICK ONE BOX ONLY)

- One baby
- Twins
- Triplets
- Quads or more

**Q.2a** How much did your baby (or babies) weigh at birth? (PLEASE WRITE IN ALL WEIGHTS AS POUNDS/OUNCES)

<i>lbs</i>	<i>ozs</i>	<i>lbs</i>	<i>ozs</i>	<i>lbs</i>	<i>ozs</i>
<i>lbs</i>	<i>ozs</i>	<i>lbs</i>	<i>ozs</i>	<i>lbs</i>	<i>ozs</i>

**Q.2b** What date was (were) your baby(ies) expected? (PLEASE WRITE IN AS DD/MM/YYYY)

<i>Day</i>	<i>Month</i>	<i>Year</i>	<i>Year</i>	<i>Year</i>	<i>Year</i>	<i>Year</i>

**Q.3a** Have you had a paid job since August 1999?

- Yes  NOW GO TO Q.4A
- No  NOW GO TO Q.3B

**Q.3b** Were you ever in paid work in the UK before this date?

- Yes  NOW GO TO Q.5
- No  NOW GO TO YELLOW SECTION (Q.48)

**PLEASE ANSWER IF YOU HAD A PAID JOB SINCE 31st AUGUST 1999:**

**Q.4a** Between 31st August 1999 and the date your baby was born, were you in paid work for a total of at least 26 weeks?

- Yes  NOW GO TO BLUE SECTION (Q.7A)
- No  NOW GO TO Q.4B

**Q.4b** Are you doing any paid work at present?

- Yes  NOW GO TO PINK SECTION (Q.52A)
- No  ] NOW GO TO YELLOW SECTION (Q.48)
- Still on Maternity leave  ]

**PLEASE ANSWER IF YOU HAD A PAID JOB BEFORE 31st AUGUST 1999 (BUT NOT SINCE):**

**Q.5** When did you stop working? (PLEASE WRITE IN AS MM/YYYY)

<i>Month</i>	<i>Year</i>	<i>Year</i>	<i>Year</i>	<i>Year</i>	<i>Year</i>

**Q.6 Why did you stop working?**  
(PLEASE TICK ALL THAT APPLY)

- I preferred not to work
- I could not find any job
- I could not find a job with the right hours
- I could not find a job in a suitable location
- I/my family would have lost benefits if I was working
- I was on a government training or work scheme  
(such as Training for Work, New Deal)
- My job was seasonal
- I was in full time education
- I preferred to look after my child(ren) myself
- I could not earn enough to pay for childcare
- I could not find suitable childcare
- My health/disability prevented me from working
- I was caring for an elderly or ill relative/friend
- The health of my child(ren) prevented me from working
- I had retired
- I was on parental leave
- My employer had given me a career break
- Other reason (PLEASE WRITE IN)

NOW PLEASE GO TO  
YELLOW SECTION (Q.48)

## SECTION TWO - Working Before the Birth

In this section, we wish to know some details about the last paid job you were in before the birth of your baby in January 2001. If you were self-employed, you should also complete this section.

If you have returned to this job after having your baby, then your 'last job' or 'current job' will be the same. If this is the case, please note that we are interested here in the details of your job as it was BEFORE the birth of your baby in January 2001.

If you had more than one paid job at the time please answer all questions about the main one.

**Q.7a** What was the last paid job you did before the birth of your baby who was born in January 2001?  
(PLEASE WRITE IN JOB TITLE)

**Q.7b** What did you mainly do in that job? (PLEASE WRITE IN)

**Q.7c** What training or qualifications were needed for that job? (PLEASE WRITE IN)

**Q.8a** Did you have any managerial duties or supervise any other employees? (PLEASE TICK ONE BOX ONLY)

- Yes - Manager  NOW GO TO Q.8B  
Yes - Supervisor  NOW GO TO Q.8B  
No  NOW GO TO Q.9

**Q.8b** How many people did you manage/supervise?

- 1 - 24   
25 or more

**Q.9** What did the organisation/firm where you worked mainly make or do?  
(If self-employed what did you mainly make or do)? (PLEASE GIVE DETAILS)

**Q.10a** Did you work full or part-time in your last job, before the birth of your baby?

- Full-time   
Part-time

**Q.10b** How many hours a week did you usually work in your last job? Please include any paid or unpaid overtime normally worked. If varied, please give an average (PLEASE WRITE IN)

**Q.10c** How many of these hours would you regard as paid or unpaid overtime? If hours vary, please give an average. (Include all overtime normally worked.)

**Q.10d Which of the following best describes your last paid job?**

*(PLEASE TICK ONE BOX ONLY)*

- Permanent
- Fixed Term Contract
- Agency Temping
- Casual Work
- Other Non-permanent

**Q.11 For how long did you work in your last paid job, as an employee or self-employed (before the birth of your baby)?** *(PLEASE STATE AS YEARS & MONTHS)*

Years	Months

**Q.12 What was your normal take home (net) pay in your last paid job, before the birth of your baby?**  
**(Note: Estimate after tax and other deductions but include any overtime, bonus, commission or tips).**

WEEKLY: £  .00

OR

MONTHLY: £  .00

OR

ANNUALLY: £  .00

**Q.13 Did you pay National Insurance contributions in that job?**

- Yes
- No
- Don't know/uncertain

**Q.14a About how many people worked for your employer at the place (building, branch, works or site) where you worked?**

*(PLEASE TICK ONE BOX ONLY)*

- Between 1 and 5 people
- Between 6 and 9 people
- Between 10 and 24 people
- Between 25 and 49 people
- Between 50 and 99 people
- Between 100 and 249 people
- Between 250 and 499 people
- 500 people or more
- Don't know

**Q.14b Were the people working at the place (building, branch, works or site) where you worked . . . .**

*(PLEASE TICK ONE BOX ONLY)*

- all women?
- mostly women?
- about half women and half men?
- mostly men?
- Don't know

**Q.15a Did you work as an employee or were you self-employed?**

- Employee  *NOW GO TO Q.15B*  
Self-employed  *NOW GO TO RED SECTION (Q.33A)*

**Q.15b Which kind of employer did you work for?**

- Private firm or company   
Nationalised industry/public corporation   
A Local Authority/Local Education Authority   
A Health Authority or Trust Hospital   
Central government/government agency/Civil service   
Charity/Trust/Voluntary organisation   
Armed forces   
Other type of employer (*PLEASE WRITE IN*)  .....

**Q.15c Was the place where you worked (e.g. office, shop, factory, etc.) part of a larger organisation, chain, company or firm?**

- Yes   
No   
Don't know

**Q.16a At the place where you worked, were there any Trade Unions, staff associations or similar organisations that negotiated with your employer about pay and conditions?**

- Yes  *NOW GO TO Q.16B*  
No  *NOW GO TO Q.17*  
Don't know  *NOW GO TO Q.17*

**Q.16b And were you a member?**

- Yes   
No

**Q.17 In your last job before the birth of the baby, did your employer provide any of the following arrangements for any employees?**

(PLEASE TICK ONE BOX FOR EACH ARRANGEMENT)

- |   | Yes                      | No                       | Don't know               |
|---|--------------------------|--------------------------|--------------------------|
| Part-time working   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Job-sharing   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Flexible working hours (flexi-time)   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| An agreement to work reduced hours for a specific period and to return to normal hours when the period ends | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| School term-time contracts  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Special shifts (e.g. evenings, school hour shifts)  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9-day fortnights/4 1/2 day working weeks (for full-time employees)  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Working at or from home occasionally  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Working at or from home all the time  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 'Keep in Touch' scheme during maternity leave   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Re-training on return from maternity leave  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**Q.18a Did your employer at that time provide any of the following arrangements that might help with the care of babies and young children for any employees?**

(PLEASE TICK **ONE** BOX FOR **EACH** ARRANGEMENT)

	Yes	No	Don't know
Financial help with childcare/Childcare vouchers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Workplace nursery or crèche	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other nurseries supported by your employer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Help with finding childcare facilities away from the workplace	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Care for children after school hours or during school holidays	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Time off for family emergencies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Career breaks for family reasons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Paternity leave (time off work for fathers)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A telephone to use for family reasons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q18b Did your employer provide any of the following leave arrangements to support working parents?**

(PLEASE TICK **ONE** BOX FOR **EACH** ARRANGEMENT)

	Yes	No	Don't know
Fully paid time off for family emergencies (in addition to annual leave)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Partly paid time off for family emergencies (in addition to annual leave)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unpaid time off for family emergencies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fully paid parental leave (leave for both parents to care for their child in their early years)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Partly paid parental leave (leave for both parents to care for their child in their early years)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unpaid parental leave (leave for both parents to care for their child in their early years)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q.19a May we just check, were you in paid work at all during your recent pregnancy?**

- Yes  NOW GO TO Q.20A  
 No  NOW GO TO Q.19B

**Q.19b Was there any particular reason why you were not in work during your recent pregnancy?**

(PLEASE GIVE DETAILS)

NOW PLEASE GO TO RED SECTION (Q.33A)

**Q.20a Did you experience any difficulties carrying out your job because of your pregnancy?**

- Yes  NOW GO TO Q.20B  
 No  NOW GO TO Q.21A

**Q.20b What difficulties occurred and what happened? (PLEASE GIVE DETAILS)**



**Q.21a Did your employer treat you differently in any way because of your pregnancy?**

Yes  *NOW GO TO Q.21B*

No  *NOW GO TO Q.22A*

**Q.21b In what ways were you treated differently? (PLEASE TICK ALL THAT APPLY)**

I had to change or cut down on certain duties

My employer was more sympathetic about the tasks I had to perform

I was allowed more flexibility in terms of the hours I worked

I was treated with less respect by my employer/line manager

I was allowed to work at home more often

Other (PLEASE WRITE IN)

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**Q.22a Did you stop working or lose your job earlier than you wanted to?**

Yes - stopped work earlier  *NOW GO TO Q.22B*

Yes - lost job earlier  *NOW GO TO Q.22B*

No  *NOW GO TO GREEN SECTION (Q.23A)*

**Q.22b Why was this? (PLEASE TICK ALL THAT APPLY)**

Because of tiredness, sickness or a medical condition

Because I was unable to carry out certain duties

I was sacked

I was made redundant

Other (PLEASE WRITE IN)

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*NOW PLEASE GO TO GREEN SECTION (Q.23A)*

## SECTION THREE - Stopping Work to Have Your Baby

**PLEASE ANSWER THIS SECTION EVEN IF YOU HAVE NOT RETURNED TO WORK**

**Q.23a At what point in your pregnancy did you tell your employer you were pregnant?**

- Before I was 12 weeks pregnant
- Between 12 - 20 weeks
- Between 21 - 25 weeks
- After I was at least 26 weeks pregnant

**Q.23b And how many weeks before starting your maternity leave did you tell your employer the date you would be starting your leave?**

- Less than 3 weeks before
- 3 or more weeks before
- I did not give my employer any advance notice

**Q.24 Before starting maternity leave, did you formally notify your employer about any of the following? (By formally, we mean writing a letter or filling in a form your employer sent you). (PLEASE TICK ALL BOXES THAT APPLY)**

- The date your baby was due  *NOW GO TO Q.25A*
- The date you wanted to start maternity leave/stop work  *NOW GO TO Q.25A*
- Your intention to return to work (if you were taking more than 18 weeks off)  *NOW GO TO Q.25A*
- None of these  *NOW GO TO Q.26A*
- Can't remember  *NOW GO TO Q.26A*

**Q.25a Did you have any problems when you notified your employer about any of these?**

- Yes  *NOW GO TO Q.25B*
- No  *NOW GO TO Q.26A*

**Q.25b What problems did you have? (PLEASE TICK ALL THAT APPLY)**

- My employer lacked knowledge about maternity entitlements and benefits
- My employer was unhappy about letting me take maternity leave
- I was put under pressure to hand in my notice
- Other (PLEASE WRITE IN)

.....  
 .....

**Q.26a For how long had you been working for your employer before you stopped working to have your baby?**  
 (PLEASE STATE AS YEARS AND MONTHS)

<i>Years</i>	<i>Months</i>

**Q.26b When did you stop working in order to have your baby?**  
 (PLEASE GIVE AN ESTIMATE IF YOU CANNOT REMEMBER THE EXACT DATE. STATE AS DD/MM/YYYY)

<i>Day</i>	<i>Month</i>	<i>Year</i>

**Q.27a Was this exactly the same time that you started your maternity leave?**

- Yes  NOW GO TO **Q.28A**  
No  NOW GO TO **Q.27B**

**Q.27b Why did you stop working before your maternity leave started?**

- I took some holiday before my maternity leave started   
Because of tiredness, sickness or medical condition   
I was sacked   
I was made redundant   
Other (PLEASE WRITE IN)

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**Q.27c So when did you actually start your maternity leave?**  
(PLEASE GIVE AN ESTIMATE IF YOU CANNOT REMEMBER THE EXACT DATE. PLEASE STATE AS DD/MM/YYYY)

Day			Month			Year			

**Q.28a What were your reasons for starting your maternity leave at that particular time? (PLEASE GIVE DETAILS)**

**Q.28b Did you have any difficulties with your employer concerning the time when you started your maternity leave?**

- Yes  NOW GO TO **Q.28C**  
No  NOW GO TO **Q.29A**

**Q.28c What difficulty occurred and what happened about it? (PLEASE GIVE DETAILS)**

**Q.29a During your maternity leave, did you formally notify your employer of any of the following?**  
(PLEASE TICK ALL BOXES THAT APPLY)

- That you still intended to return to work  NOW GO TO **Q.29B**  
The exact date of your return to work  NOW GO TO **Q.29B**  
Neither of these although you intended to return to work  NOW GO TO **Q.29B**  
Neither of these because you did not intend to return to work  NOW GO TO **Q.30A**

**Q.29b Did you experience any problems with your employer about any of the following?**  
(PLEASE TICK ALL BOXES THAT APPLY)

- Whether or not you intended to return to work  NOW GO TO **Q.29C**  
The date of your return to work  NOW GO TO **Q.29C**  
Your right to return to work  NOW GO TO **Q.29C**  
No, no difficulties with any of these  NOW GO TO **Q.30A**

**Q.29c What difficulties occurred and what happened about them? (PLEASE GIVE DETAILS)**

**WHEN YOU ARE ANSWERING THE NEXT THREE QUESTIONS (Q.30A-C), PLEASE THINK ABOUT TOTAL MATERNITY LEAVE, INCLUDING PAID AND UNPAID LEAVE**

**Q.30a As far as you know, in total, how many weeks maternity leave were you legally entitled to (whether or not your employer gave you this and whether or not you took this amount)?**  
*(PLEASE TICK ONE BOX ONLY)*

**Legally entitled**

- 0 - 13 weeks
- 14 weeks
- 15 - 17 weeks
- 18 weeks
- 19 - 25 weeks
- 26 weeks
- 27-29 weeks
- 30-40 weeks
- 41-51 weeks
- 52 weeks
- More than 52 weeks

**Q.30b Some employers provide different amounts of maternity leave. How much did your employer actually provide for you? (PLEASE TICK ONE BOX ONLY)**

**Provided by employer**

- 0 - 13 weeks
- 14 weeks
- 15 - 17 weeks
- 18 weeks
- 19 - 25 weeks
- 26 weeks
- 27-29 weeks
- 30-40 weeks
- 41-51 weeks
- 52 weeks
- More than 52 weeks
- Not applicable - I did not intend to return to work

**Q.30c And how many weeks maternity leave did you actually take (or are you taking) off work? (PLEASE TICK ONE BOX ONLY)**

**You actually took**

- 0 - 13 weeks
- 14 weeks
- 15 - 17 weeks
- 18 weeks
- 19 - 25 weeks
- 26 weeks
- 27-29 weeks
- 30-40 weeks
- 41-51 weeks
- 52 weeks
- More than 52 weeks
- Not applicable - I did not intend to return to work

**Q30d Was a longer period of maternity leave made available at that time?**

- Yes  *NOW GO TO Q.30E*  
No  *NOW GO TO Q.30F*

**Q30e Why did you not take up the full amount of maternity leave that was available? (PLEASE GIVE DETAILS)**

**Q.30f Have you taken any parental leave (this is leave for both parents to care for their child in their early years) since your maternity leave ended?**

- Yes, immediately after maternity leave period ended
- Yes, some time after maternity leave period ended
- Yes, both immediately after maternity leave and at a period some time after this
- No, haven't taken any parental leave
- Not applicable, I did not return to work
- Don't know
- } *NOW GO TO Q.30G*
- } *NOW GO TO Q.31A*

**Q.30g Was your parental leave ...?**

- Fully paid
- Partly paid
- Unpaid
- Don't know

**Q.30h How many weeks parental leave did you take?**

**Q.31a Women are entitled to their normal terms and conditions of employment (except wages) during the 18 week period of maternity leave. Did you have any difficulties with your employer about this?**

- Yes  *NOW GO TO Q.31B*  
No  *NOW GO TO Q.32A*

**Q.31b What difficulties did you have? (PLEASE GIVE DETAILS)**

**Q.32a We'd like to check, did anything to do with your pregnancy, stopping work to have the baby, or going back afterwards lead you to make a complaint against your employer to an Employment Tribunal? (PLEASE TICK ALL BOXES THAT APPLY)**

- No  NOW GO TO RED SECTION (Q.33A)
- Yes - concerning unfair dismissal
- Yes - concerning sex discrimination
- Yes - concerning right to return to work
- Yes - concerning time off for ante-natal care
- Yes - other reason (PLEASE WRITE IN)  \_\_\_\_\_

NOW GO TO Q.32B

**Q.32b What happened? (PLEASE GIVE DETAILS)**

NOW PLEASE GO TO RED SECTION (Q.33A)

## SECTION FOUR - Maternity Pay

### ALL PLEASE READ

**Q.33a Pregnant women who have worked before the birth of their baby are often entitled to payment after stopping work to have their baby. This payment may take three forms:**

**STATUTORY MATERNITY PAY (SMP)** which is paid **by their employers** usually in the same way as their normal wages.

**MATERNITY ALLOWANCE** which is paid directly to women weekly **by the Benefits Agency** (but which is separate from Child Benefit payments).

**OCCUPATIONAL MATERNITY PAY** which is paid to women by their employers as part of a woman's employment contract. **(This is often paid in addition to Statutory Maternity Pay or to Maternity Allowance).**

**Did you receive any of these payments?**

- Yes  **NOW GO TO Q.33B**  
No  **NOW GO TO Q.45**

**Q.33b Which pay did you receive? (PLEASE TICK ONE BOX ONLY)**

Occupational Maternity Pay (this payment may include Statutory Maternity Pay, or you may also receive Maternity Allowance separately from the Benefits Agency)

**NOW GO TO Q.34**

Statutory Maternity Pay only

**NOW GO TO Q.39A**

Maternity Allowance only

**NOW GO TO Q.42A**

**PLEASE ANSWER IF YOU RECEIVED OCCUPATIONAL MATERNITY PAY (often received in addition to Statutory Maternity Pay/Maternity Allowance and paid by an employer as part of an employment contract):**

**Q.34 How many weeks or months of occupational maternity pay did you receive?**

Number of WEEKS occupational maternity pay:

**OR**

Number of MONTHS occupational maternity pay:

**OR**

Single LUMP SUM payment:  
(PLEASE TICK IF APPROPRIATE AND GIVE AMOUNT)

£  .00

**Q.35a Did you receive your normal full pay or part pay for any or all of this time? (PLEASE TICK ALL THAT APPLY)**

- Full pay for whole time   
Full pay for part of the time   
Part pay for part of the time   
Part pay for whole of the time

**Q.35b How many weeks did you receive full or part pay for?**

No. OF WEEKS FULL PAY:

No. OF WEEKS PART PAY:

**Q.35c** People can receive different amounts of pay at different times during their maternity leave. Please can you write in what you received, either as an amount or as a percentage of your usual earnings, and for how long you received it. You can give us the figures per week OR per month.

**PER WEEK**

Period 1 (eg: first six weeks)

Pay received per week

What you received

£  .00

OR

%

How long you received it

for  weeks

Period 2 (ie: remaining period)

Pay received per week

£  .00

OR

%

for  weeks

**PER MONTH**

Period 1 (eg: first six weeks)

Pay received per month

£  .00

OR

%

for  weeks

Period 2 (ie: remaining period)

Pay received per month

£  .00

OR

%

for  weeks

Don't know/Can't remember

**Q.36a** Did your occupational maternity pay include Statutory Maternity Pay?

Yes

No

Don't know/Can't remember

**Q.36b** Did you receive Maternity Allowance separately from the Benefits Agency, in addition to your occupational maternity pay?

Yes

No

Don't know/Can't remember

**Q.36c** Did receiving occupational maternity pay affect the time you started maternity leave?

Yes  *NOW GO TO Q.36D*

No  *NOW GO TO Q.37A*

**Q.36d** In what way? (PLEASE GIVE DETAILS)



**Q.37a Did receiving occupational maternity pay affect the time when you returned to work?**

- Yes  NOW GO TO Q.37B  
No  NOW GO TO Q.38A  
Did not return  NOW GO TO Q.38A

**Q.37b In what way? (PLEASE TICK ALL THAT APPLY)**

- I could only afford to take time off while I was receiving occupational maternity pay   
I was obliged under the scheme to return to work after a certain amount of time   
Other (PLEASE WRITE IN)

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**Q.38a Did you have any difficulties with your employer about any of the following? (PLEASE TICK ALL THAT APPLY)**

- The number of weeks occupational maternity pay you were allowed  NOW GO TO Q.38B  
How much occupational maternity pay you could receive  NOW GO TO Q.38B  
Receiving any occupational maternity pay when you went on maternity leave  NOW GO TO Q.38B  
None of these  NOW GO TO Q.47A

**Q.38b What was the difficulty and what happened about it? (PLEASE GIVE DETAILS)**

NOW PLEASE GO TO Q.47A

**PLEASE ANSWER IF YOU RECEIVED STATUTORY MATERNITY PAY ONLY (paid by employers usually in the same way as normal wages):**

**Q.39a Did you get Statutory Maternity Pay for 18 weeks?**

- Yes  NOW GO TO Q.40A  
No  NOW GO TO Q.39B

**Q.39b For how many weeks did you get Statutory Maternity Pay? (PLEASE WRITE IN)**

|

**Q.39c Why did you get Statutory Maternity Pay for this number of weeks? (PLEASE TICK ALL THAT APPLY)**

- I was only entitled to this number of weeks   
I returned to work before my maternity leave was finished   
Other (PLEASE WRITE IN)

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**Q.40a Did you get Statutory Maternity Pay at 90 per cent of your average earnings?**

Yes  NOW GO TO Q.40B

No  NOW GO TO Q.40C

**Q.40b How many weeks was this for? (PLEASE WRITE IN)**

**Q.40c What was the weekly amount you received during this period?**

£  .00

Don't know/can't remember

**Q.41 Did you stop working later than you wanted so that you could qualify for Statutory Maternity Pay?**

Yes  NOW GO TO Q.44A

No  NOW GO TO Q.44A

**PLEASE ANSWER IF YOU RECEIVED MATERNITY ALLOWANCE ONLY (paid directly to women weekly by the Benefits Agency):**

**Q.42a How much Maternity Allowance did you receive per week?** £  .00

**Q.42b Why did you receive Maternity Allowance?**  
(PLEASE TICK ONE BOX ONLY)

I was self-employed  NOW GO TO Q.43A

I was unemployed  NOW GO TO Q.43A

I did not qualify for Statutory Maternity Pay  NOW GO TO Q.42C

Other (PLEASE WRITE IN)  NOW GO TO Q.42C

**Q.42c Why did you not qualify for Statutory Maternity Pay?**  
(PLEASE TICK ALL BOXES THAT APPLY)

I had not worked for my employer long enough

I gave up work too early

I did not earn enough

My employer refused to give me Statutory Maternity Pay

I did not provide my employer with enough notice of when

I was stopping work to have my baby

Other (PLEASE WRITE IN)

**Q.43a Did you stop working later than you wanted so that you could qualify for Maternity Allowance?**  
(PLEASE TICK ONE BOX ONLY)

Yes - so that I had a total of 26 weeks paid work

Yes - for other reason (PLEASE WRITE IN)

No

**Q.43b For how many weeks did you receive Maternity Allowance?**  
(PLEASE WRITE IN)

**Q.43c Why did you get Maternity Allowance for this number of weeks?** (PLEASE GIVE DETAILS)

**IF YOU RECEIVED STATUTORY MATERNITY PAY ONLY OR MATERNITY ALLOWANCE ONLY:**

**Q.44a Did you have any difficulties with your employer or the Benefits Agency at the DSS (now Department for Work and Pensions) about getting Statutory Maternity Pay or Maternity Allowance on stopping work?**

- Yes  NOW GO TO **Q.44B**  
No  NOW GO TO **Q.47A**

**Q.44b What was the difficulty and what happened about it?** (PLEASE GIVE DETAILS)

NOW PLEASE GO TO **Q.47A**

**IF YOU DID NOT RECEIVE ANY TYPE OF MATERNITY PAY:**

**Q.45 Why did you not receive Statutory Maternity Pay, Maternity Allowance or occupational maternity pay?**  
(PLEASE TICK ALL THAT APPLY)

- I did not pay enough National Insurance Contributions   
I had not worked long enough for my employer   
I did not work enough hours   
I did not know about these payments   
Other (PLEASE WRITE IN)

.....  
.....

**Q.46 Did you receive any of these benefits instead?**  
(PLEASE TICK ALL THAT APPLY)

- Incapacity benefit   
Income support   
Job seekers allowance   
Other (PLEASE WRITE IN)   
No, no other benefits

.....

**Q.47a Did you return to paid employment after the birth of your baby who was born in January 2001?**

- Yes  *NOW GO TO Q.47B*
- No
- Still on maternity leave  ] *NOW GO TO YELLOW SECTION (Q.48)*

**Q.47b Are you doing any paid work at present?**

- Yes  *NOW GO TO PINK SECTION (Q.52A)*
- No  *NOW GO TO YELLOW SECTION (Q.48)*

## SECTION FIVE - Reasons for not working

**PLEASE ANSWER THE FOLLOWING QUESTIONS IF YOU ARE NOT IN WORK AT PRESENT**

**Q.48 Why are you not doing any paid work now?**

(PLEASE TICK ALL THAT APPLY)

- I prefer not to work
- I cannot find any job
- I cannot find a job with the right hours
- I cannot find a job in a suitable location
- I/my family would lose benefits if I was working
- I am on a government training or work scheme (such as Training for Work, New Deal)
- My job is seasonal
- I am in full time education
- I prefer to look after my child(ren) myself
- I cannot earn enough to pay for childcare
- I cannot find suitable childcare
- My health/disability prevents me from working
- I am caring for an elderly or ill relative or friend
- The health of my child(ren) prevents me from working
- I have retired
- I am still on Maternity Leave
- I am on parental leave
- My employer has given me a career break
- Other reason (PLEASE WRITE IN)  .....

**Q.49 Are you looking for a paid job at present?**

- Yes - full time job
  - Yes - part-time job
  - Yes - either
  - No
- } NOW PLEASE READ INSTRUCTIONS BELOW Q.51
- } NOW GO TO Q.50

**Q.50 Do you intend to work at some time in the future?**

- Yes  NOW GO TO Q.51
  - No
  - Don't know
- } NOW PLEASE READ INSTRUCTIONS BELOW Q.51

**Q.51 When do you intend to return to work?**

(PLEASE TICK ONE BOX ONLY)

- Within the next 6 months
  - After 6 months within a year
  - After a year, within 2 years
  - When my youngest child is at nursery school
  - When my youngest child is at primary school
  - When my youngest child is at secondary school
  - When my youngest child leaves school or leaves home
  - Other (PLEASE WRITE IN)  .....
- } NOW PLEASE READ INSTRUCTIONS BELOW

**IF YOU RETURNED TO PAID EMPLOYMENT AFTER THE BIRTH OF YOUR BABY WHO WAS BORN IN JANUARY 2001 BUT ARE NOT IN PAID EMPLOYMENT NOW, PLEASE GO TO PINK SECTION (Q.52A).**

**IF YOU DID NOT RETURN TO PAID EMPLOYMENT AFTER THE BIRTH OF YOUR BABY WHO WAS BORN IN JANUARY 2001 AND ARE NOT IN PAID EMPLOYMENT NOW, PLEASE GO TO ORANGE SECTION (Q.71).**

## SECTION SIX - Working Since the Birth of Your Child

Please answer this section if you **ARE** in work at present **OR** if you returned to paid employment **AFTER** the birth of your baby who was born in January 2001 but are not in employment now.

**Q.52a** When did you start paid work again after the birth of your baby? (PLEASE GIVE ESTIMATE IF NECESSARY. STATE AS DD/MM/YYYY)

_	_	_ _ _ _
Day	Month	Year

**Q.52b** Why did you start work then?  
(PLEASE TICK ALL THAT APPLY)

- I had used up all of my maternity leave
- My Statutory Maternity Pay/Maternity Allowance/occupational maternity pay came to an end
- My employer wanted me to return at that time
- I needed the money
- I found a new job in the right location
- I found a new job with the right hours
- I enjoy working and wanted to return
- It would have hurt my career to stay away any longer
- I was concerned about job security
- Work commitments
- I wanted to get out of the house/missed the company at work
- I had arranged childcare by then
- My job was seasonal
- Some other reason (PLEASE WRITE IN)  .....

**IF YOU RETURNED TO WORK AFTER THE BIRTH OF YOUR BABY AND ARE IN EMPLOYMENT NOW, PLEASE GO TO Q.52C.**

**IF YOU RETURNED TO TO WORK AFTER THE BIRTH OF YOUR BABY BUT ARE NOT IN EMPLOYMENT NOW, PLEASE GO TO Q.70D**

**Q.52c** Are you still working for the same employer as the one you returned to after the birth of your child?

- Yes   
No

**Q.53a** Do you work full-time or part-time?

- Full-time   
Part-time

**Q.53b** How many hours a week do you usually work now? If hours vary, please give an average. (Include any paid or unpaid overtime normally worked.)

**Q.53c** How many of these hours would you regard as paid or unpaid overtime? If hours vary, please give an average. (Include any paid or unpaid overtime normally worked.)

**Q.54a Which of the following best describes your current job?**

(PLEASE TICK ONE BOX ONLY)

- Permanent
- Fixed Term Contract
- Agency Temping
- Casual Work
- Other Non-permanent

**Q.54b What is your normal take-home pay?**

(Note: After tax and other deductions but including any overtime, bonus, commission or tips).

WEEKLY: £  .00

OR

MONTHLY: £  .00

OR

ANNUALLY: £  .00

**Q.55a Could we just check were you in paid work during your recent pregnancy?**

- Yes  NOW GO TO Q.55B
- No  NOW GO TO Q.59A

**Q.55b Thinking about your present job, are you an employee or self-employed?**

- Self-employed  NOW GO TO Q.55C
- Employee  NOW GO TO Q.56

**Q.55c Are you doing the same or different job as before you had the baby?**

- Same job  NOW GO TO ORANGE SECTION (Q.71)
- Different job  NOW GO TO Q.57

**PLEASE ANSWER IF YOU ARE AN EMPLOYEE:**

**Q.56 Are you doing the same job as before you had the baby?**

(PLEASE TICK ONE BOX ONLY)

- I am doing the same job with the same employer  NOW GO TO Q.62A
- I am doing the same type of job but with a different employer  NOW GO TO Q.57
- I am doing a different job but with the same employer  NOW GO TO Q.57
- I am doing a different job with a different employer  NOW GO TO Q.57

**Q.57 Why did you change your job/your employer?**

*(PLEASE TICK ALL THAT APPLY)*

- I wanted to work flexible hours
- I wanted part-time hours
- My old job was not available
- I wanted a job with less responsibility/fewer duties, etc.
- I wanted a job with more responsibility/duties, etc.
- Health and Safety Regulations prevented me from doing my old job
- I wanted a job that was closer to my home (if you changed employer)
- I wanted a job that was easier to get to (if you changed employer)
- I wanted to be able to work from home (if you changed employer)
- I wanted to work for an employer who provided more help with childcare (if you changed employer)
- Some other reason *(PLEASE WRITE IN)*  .....

**Q.58 How does your current job differ from the job you did during pregnancy?** *(PLEASE TICK ALL THAT APPLY)*

- No difference in grade or level
- It is a lower grade or level job
- It is a higher grade or level job
- It is a different type of work
- I was self-employed during pregnancy but now I am employed
- I was employed during pregnancy but now I am self-employed
- Other differences *(PLEASE WRITE IN)*  .....

**Q.59a What is the title of your new position/job?** *(PLEASE WRITE IN)*

**Q.59b What do you mainly do in your job?** *(PLEASE WRITE IN)*

**Q.59c What training or qualifications are needed for that job?** *(PLEASE WRITE IN)*

**Q.60a Do you have any managerial duties or supervise other employees?**

- Yes - Manager  *NOW GO TO Q.60B*
- Yes - Supervisor  *NOW GO TO Q.60B*
- No  *NOW GO TO Q.61*

**Q.60b How many people do you manage/supervise?**

- 1 - 24
- 25 or more



**Q.61 Can we check, are you working for the same employer as before the birth of the baby, or a different employer? (If self-employed, are you working at the same place or a different place)?**

- Same employer/place  *NOW GO TO Q.62A*  
Different employer/place  *NOW GO TO Q.63*  
I did not work during pregnancy  *NOW GO TO Q.63*

**Q.62a Have your terms of employment and pay remained the same as before your baby was born?**

- Yes  *NOW GO TO Q.69*  
No  *NOW GO TO Q.62B*

**Q.62b What has changed? (PLEASE GIVE DETAILS)**

*ALL GO TO Q.69*

**Q.63 About how many people work for your employer at the place (building, branch, works or site) where you work (or for you, if self-employed)?**

- Between 1 and 5 people   
Between 6 and 9 people   
Between 10 and 24 people   
Between 25 and 49 people   
Between 50 and 99 people   
Between 100 and 249 people   
Between 250 and 499 people   
500 people or more   
Don't know

**Q.64a Are the people working at the place (building, branch, works or site) where you work . . . .**  
*(PLEASE TICK ONE BOX ONLY)*

- all women?   
mostly women?   
about half women and half men?   
mostly men?   
Don't know

**Q.64b What does the organisation/firm where you work mainly make or do? (If self-employed, what do you mainly make or do)? (PLEASE WRITE IN)**

**Q.65a Can we check, are you an employee or self-employed?**

- Employee  *NOW GO TO Q.65B*  
Self-employed  *NOW GO TO ORANGE SECTION (Q.71)*

**Q.65b What kind of employer do you work for?**

*(PLEASE TICK ONE BOX ONLY)*

- Private firm or company   
Nationalised industry/public corporation   
A Local Authority/Local Education Authority   
A Health Authority or Trust Hospital   
Central Government/Government Agency/Civil Service   
Charity/Trust/Voluntary organisation   
Other type of employer *(PLEASE WRITE IN)*  .....

**Q.66a Is this place where you work (e.g. office, shop, factory, etc.)  
part of a larger organisation, chain, company or firm?**

- Yes   
No   
Don't know

**Q.66b At the place where you work, are there any Trade Unions,  
staff associations or similar organisations that negotiate  
with your employer about pay and conditions?**

- Yes  *NOW GO TO Q.66C*  
No  *NOW GO TO Q.67*  
Don't know  *NOW GO TO Q.67*

**Q.66c And are you a member?**

- Yes   
No

**Some employers are able to adjust their employees working time to help them combine their work with looking after their children. We want to find out if your employer does this and if you have taken advantage of it.**

**Q.67 Does your employer provide any of the following  
arrangements for any employees?**

*(PLEASE TICK **ONE** BOX FOR **EACH** ARRANGEMENT)*

- |   | Yes                      | No                       | Don't know               |
|---|--------------------------|--------------------------|--------------------------|
| Part-time working   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Job-sharing   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Flexible working hours (flexi-time)   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| An agreement to work reduced hours for a specific period and to return to normal hours when period ends | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| School term-time contracts  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Special shifts (e.g. evenings, school-hour shifts)  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9 day fortnights/4½ day working weeks (for full time employees)   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Working at or from home occasionally  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Working at or from home all of the time   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 'Keep in Touch' scheme during maternity leave   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Re-training on return from maternity leave  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**Q.68a Does your current employer provide any of the following arrangements that might help with the care of babies and young children for any employees?**

(PLEASE TICK **ONE** BOX FOR **EACH** ARRANGEMENT)

	Yes	No	Don't know
Financial help with childcare/childcare vouchers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Workplace nursery or crèche	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other nurseries supported by your employer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Help with finding childcare facilities away from the workplace	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Care for children after school hours or during school holidays	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Career breaks for family reasons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A telephone to use for family reasons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q68b Does your current employer provide any of the following leave arrangements to support working parents?**

(PLEASE TICK **ONE** BOX FOR **EACH** ARRANGEMENT)

	Yes	No	Don't know
Fully paid time off for family emergencies (in addition to annual leave)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Partly paid time off for family emergencies (in addition to annual leave)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unpaid time off for family emergencies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fully paid parental leave (leave for both parents to care for their child in their early years)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Partly paid parental leave (leave for both parents to care for their child in their early years)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unpaid parental leave (leave for both parents to care for their child in their early years)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q.69 Which of the following arrangements are you now personally entitled to? And which have you used during your maternity leave or since returning to work after the birth of your baby?**

(PLEASE TICK **ALL** THAT APPLY IN **EACH** COLUMN)

	I am entitled to	I have used	Don't know
Part-time working	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Job-sharing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flexible working hours (flexi-time)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
An agreement to work reduced hours for a specific period and to return to normal hours when period ends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School term-time contracts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Special shifts (e.g. evenings, school-hour shifts)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 day fortnights/4 <sup>1</sup> / <sub>2</sub> day working weeks (for full time employees)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Working at or from home occasionally	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Working at or from home all of the time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
'Keep in Touch' scheme during maternity leave	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Re-training on return from maternity leave	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q.70a And which of the following arrangements are you now personally entitled to? And which have you used since returning to work after the birth of your baby?**

(PLEASE TICK **ALL** THAT APPLY IN **EACH** COLUMN)

	I am entitled to	I have used	Don't know
Financial help with childcare/Childcare vouchers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Workplace nursery or crèche	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other nurseries supported by your employer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Help with finding childcare facilities away from the workplace	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Care for children after school hours or during school holidays	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Career breaks for family reasons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A telephone to use for family reasons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fully paid time off for family emergencies (in addition to annual leave)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Partly paid time off for family emergencies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unpaid time off for family emergencies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fully paid parental leave	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Partly paid parental leave	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unpaid parental leave	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q.70b How many days emergency leave have you taken since the birth of your baby? (PLEASE WRITE IN)**

**Q.70c How many weeks parental leave have you taken since the birth of your baby? (PLEASE WRITE IN)**

NOW PLEASE GO TO ORANGE SECTION (Q71)

**PLEASE ANSWER THESE QUESTIONS IF YOU RETURNED TO WORK AFTER THE BIRTH OF YOUR RECENT BABY BUT ARE NOT IN EMPLOYMENT NOW.**

**Q.70d When you returned to work after the birth of your baby, were you doing the same job as before you had the baby? (PLEASE TICK ONE BOX ONLY)**

- |  |                          |                          |
|--|--------------------------|--------------------------|
| I was doing the same job with the same employer                | <input type="checkbox"/> | NOW GO TO <b>Q.70F</b>   |
| I was doing the same type of job but with a different employer | <input type="checkbox"/> | } NOW GO TO <b>Q.70E</b> |
| I was doing a different job with the same employer             | <input type="checkbox"/> |                          |
| I was doing a different job with a different employer          | <input type="checkbox"/> |                          |

**Q.70e Why did you change your job/employer? (PLEASE TICK ALL THAT APPLY)**

- |  |                          |
|--|--------------------------|
| I wanted to work flexible hours  | <input type="checkbox"/> |
| I wanted part-time hours   | <input type="checkbox"/> |
| My old job was not available   | <input type="checkbox"/> |
| I wanted a job with less responsibility/fewer duties, etc.                                       | <input type="checkbox"/> |
| I wanted a job with more responsibility/duties, etc.   | <input type="checkbox"/> |
| Health and Safety Regulations prevented me from doing my old job                                 | <input type="checkbox"/> |
| I wanted a job that was closer to my home (if you changed employer)                              | <input type="checkbox"/> |
| I wanted a job that was easier to get to (if you changed employer)                               | <input type="checkbox"/> |
| I wanted to be able to work from home (if you changed employer)                                  | <input type="checkbox"/> |
| I wanted to work for an employer who provided more help with childcare (if you changed employer) | <input type="checkbox"/> |
| Some other reason (PLEASE WRITE IN)  | <input type="checkbox"/> |
-

**Q.70f Did you work full-time or part-time?**

Full-time

Part-time

**Q.70g When did you stop working for this employer?**

(PLEASE GIVE AN ESTIMATE IF YOU CANNOT REMEMBER THE EXACT DATE. STATE AS DD/MM/YYYY)

<i>Day</i>	<i>Month</i>	<i>Year</i>

**Q.70h For what reason(s) did you stop working at this time?**

(PLEASE TICK **ALL** BOXES THAT APPLY IN THE **FIRST** COLUMN)

**Q.70i And what was the main reason why you stopped working at this time?**

(PLEASE TICK **ONE BOX ONLY** IN THE **SECOND** COLUMN)

	(H) All reasons TICK <b>ALL</b> THAT APPLY	(I) Main reason TICK <b>ONE</b> ONLY
I preferred not to work	<input type="checkbox"/>	<input type="checkbox"/>
The job did not have the right hours	<input type="checkbox"/>	<input type="checkbox"/>
The job was not in a suitable location	<input type="checkbox"/>	<input type="checkbox"/>
I went on a Government training or work scheme (such as New Deal, Training for Work)	<input type="checkbox"/>	<input type="checkbox"/>
The job was temporary or for a fixed period only	<input type="checkbox"/>	<input type="checkbox"/>
The job finished at the end of a trial period	<input type="checkbox"/>	<input type="checkbox"/>
I was made redundant	<input type="checkbox"/>	<input type="checkbox"/>
I was dismissed	<input type="checkbox"/>	<input type="checkbox"/>
I returned to full-time education	<input type="checkbox"/>	<input type="checkbox"/>
I preferred to look after my child(ren) myself	<input type="checkbox"/>	<input type="checkbox"/>
I could not earn enough to pay for childcare	<input type="checkbox"/>	<input type="checkbox"/>
I could not find suitable childcare	<input type="checkbox"/>	<input type="checkbox"/>
My ill-health/disability prevented me from working	<input type="checkbox"/>	<input type="checkbox"/>
I stopped to care for an elderly or ill relative or friend	<input type="checkbox"/>	<input type="checkbox"/>
The health of my child(ren) prevented me from working	<input type="checkbox"/>	<input type="checkbox"/>
I became pregnant again	<input type="checkbox"/>	<input type="checkbox"/>
Other reason (PLEASE WRITE IN)	<input type="checkbox"/>	<input type="checkbox"/>

-----

**IF, SINCE RETURNING TO WORK AFTER THE BIRTH OF YOUR CHILD IN JANUARY 2001 YOU HAVE HAD MORE THAN ONE EMPLOYER, PLEASE ANSWER Q.70J, OTHERWISE GO TO ORANGE SECTION (Q.71)**

**Q.70j When did you stop working altogether?**

(PLEASE GIVE AN ESTIMATE IF YOU CANNOT REMEMBER THE EXACT DATE. STATE AS DD/MM/YYYY)

<i>Day</i>	<i>Month</i>	<i>Year</i>

NOW PLEASE GO TO ORANGE SECTION (Q.71)

## SECTION SEVEN - About Maternity Rights and Parental Leave

In the last couple of years the Government has introduced new leave entitlements to support working parents. This section examines mothers' awareness of their leave entitlements.

**Q.71 We would like to ask you about maternity rights and leave arrangements for working parents. For each of the statements below, please tick one box to show whether you are fully aware of it, partly aware of it or not aware of it at all.**  
(PLEASE TICK ONE BOX FOR EACH STATEMENT)

	Fully Aware	Partly Aware	Not Aware
a) All pregnant women working for an employer are entitled to 18 weeks ordinary maternity leave provided they give proper notice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) During the 18 weeks ordinary maternity leave, all women are entitled to their normal terms and conditions of employment except for wages	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) All pregnant women are protected against unfair dismissal because of their pregnancy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Pregnant women who have worked for the same employer for one year are entitled to additional maternity leave, which starts at the end of ordinary maternity leave and finishes 29 weeks after the birth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Statutory Maternity Pay is paid for up to 18 weeks to all women who qualify	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Women can get Statutory Maternity Pay whether or not they intend to return to work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) All pregnant women are allowed reasonable paid time off work to attend ante-natal classes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) Maternity leave can start at any time from the 11th week before the baby is due	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) All working parents are entitled to unpaid time off for dependants in an emergency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j) Most parents who have worked for the same employer for one year are entitled to 13 weeks unpaid parental leave	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k) Statutory Maternity Pay is paid at 90 per cent of earnings for the first six weeks then a flat rate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l) Women earning £30 a week or more may be able to get Maternity Allowance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m) A woman has to earn more than a certain amount a week to get Statutory Maternity Pay	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n) Both mothers and fathers are entitled to parental leave	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o) Unless there is a separate arrangement between employers and employees, parental leave must be taken in minimum blocks of one week	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p) Pregnant women off sick for pregnancy-related reasons may have to begin unpaid maternity leave	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q) A pregnant woman must give her employer at least 21 days notice before starting maternity leave	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

We are also interested to know how you found out about the rights to leave and benefits that working mothers are legally entitled to.

**Q.72a From which sources did you learn about maternity rights and benefits?** (PLEASE TICK ALL BOXES THAT APPLY IN THE FIRST COLUMN)

**Q72b And which one did you find most useful?**  
(PLEASE TICK ONE BOX ONLY IN THE SECOND COLUMN)

	(A) All sources TICK <u>ALL</u> THAT APPLY	(B) Most useful TICK <u>ONE</u> ONLY
Your employer	<input type="checkbox"/>	<input type="checkbox"/>
A friend, relative or neighbour	<input type="checkbox"/>	<input type="checkbox"/>
Someone you work with	<input type="checkbox"/>	<input type="checkbox"/>
Government leaflets/booklets	<input type="checkbox"/>	<input type="checkbox"/>
A health or doctor's clinic	<input type="checkbox"/>	<input type="checkbox"/>
Bounty Books	<input type="checkbox"/>	<input type="checkbox"/>
Pregnancy/Parenting magazines	<input type="checkbox"/>	<input type="checkbox"/>
Job Centre	<input type="checkbox"/>	<input type="checkbox"/>
Citizen's Advice Bureau	<input type="checkbox"/>	<input type="checkbox"/>
Telephone helpline (PLEASE SPECIFY)	<input type="checkbox"/>	<input type="checkbox"/>
A website (PLEASE SPECIFY)	<input type="checkbox"/>	<input type="checkbox"/>
Department of Trade and Industry (DTI)	<input type="checkbox"/>	<input type="checkbox"/>
Department for Work and Pensions (DWP) (previously Department of Social Security)	<input type="checkbox"/>	<input type="checkbox"/>
Benefit Agency	<input type="checkbox"/>	<input type="checkbox"/>
Trade Union (PLEASE SPECIFY)	<input type="checkbox"/>	<input type="checkbox"/>
Solicitor	<input type="checkbox"/>	<input type="checkbox"/>
ACAS (Advisory, Conciliation and Arbitration Service)	<input type="checkbox"/>	<input type="checkbox"/>
Other specialist advice centre (PLEASE SPECIFY)	<input type="checkbox"/>	<input type="checkbox"/>
Some other source (PLEASE SPECIFY)	<input type="checkbox"/>	<input type="checkbox"/>
Cannot remember	<input type="checkbox"/>	<input type="checkbox"/>
None of these	<input type="checkbox"/>	<input type="checkbox"/>

NOW PLEASE GO TO LIGHT BLUE SECTION (Q.73)

## SECTION EIGHT - Some Background Details

**Q.73** What was your age last birthday?

**Q.74a** How many people are there in your household?

**Q.74b** Who else lives in your household?

*(PLEASE TICK ALL THAT APPLY)*

- Husband/partner
- Own child(ren)
- Husband/partner's child(ren) (that is, your step child(ren))
- Other adults
- Other children

**Q.74c** If you have children other than the baby born in January 2001 living with you please write in their ages in years:

*(IF YOUR CHILD IS UNDER 1 YEAR, PLEASE WRITE IN '00'. PLEASE WRITE IN THE AGE OF THE ELDEST CHILD FIRST)*

<input style="width: 50px; height: 20px;" type="text"/> <b>ELDEST CHILD</b>	<input style="width: 50px; height: 20px;" type="text"/> <b>CHILD 2</b>	<input style="width: 50px; height: 20px;" type="text"/> <b>CHILD 3</b>
<input style="width: 50px; height: 20px;" type="text"/> <b>CHILD 4</b>	<input style="width: 50px; height: 20px;" type="text"/> <b>CHILD5</b>	<input style="width: 50px; height: 20px;" type="text"/> <b>CHILD 6</b>

If you have no other children living with you, please tick box

**Q.75** At what age did you leave continuous full-time education?

Tick here if not yet left continuous full-time education

**Q.76** What is your highest educational qualification, if any?

*(PLEASE TICK ONE BOX ONLY)*

- No qualifications
- CSE/GCSE/O Level, City and Guilds (not higher) - Ordinary level, or any equivalent qualification
- 'A' Level, City and Guilds Advanced, ONC/OND/BTEC (not Higher), or any equivalent qualification
- HNC/HND/BTEC Higher, Teaching or Nursing qualification
- First or higher degree
- Other *(PLEASE WRITE IN)*  .....

**Q.77** Are you ...

*(PLEASE TICK THE FIRST TO APPLY)*

- married/living with partner?  **NOW GO TO Q.78A**
- single, that is never married?  } **NOW GO TO Q.82**
- widowed?  }
- divorced?  }
- separated?  }



**Q.78a Can we just check, was your partner in paid work when your child was born?**

Yes

No

**Q.78b Is your partner doing any paid work at present?**

Yes  NOW GO TO Q.80A

No  NOW GO TO Q.79

**Q.79 Why is your partner not working now?**

*(PLEASE TICK ONE BOX ONLY)*

Prefers not to work

Cannot find a paid job

On a government training or work scheme  
(such as Training for Work, New Deal)

Caring for children

Caring for an elderly or ill relative/friend

Health/disability prevents them working

In full time education

Other *(PLEASE WRITE IN)*

ALL GO TO Q.82

**Q.80a What is your partner's job? *(PLEASE WRITE IN JOB TITLE)***

**Q.80b What do they mainly do in their job? *(PLEASE WRITE IN)***

**Q.80c What qualifications are needed for that job? *(PLEASE WRITE IN)***

**Q.81a What does the organisation/firm where they work mainly make or do? (If self-employed, what do they mainly make or do?) *(PLEASE WRITE IN)***

**Q.81b What is their normal weekly or monthly take home pay (or income)? (Note: After tax and other deductions but including any overtime or bonus payments.)**

*(PLEASE WRITE IN)*

WEEKLY: £  .00

OR

MONTHLY: £  .00

**Q.82 Do you or your partner currently receive any of the following benefits? Please indicate which ones you receive and which ones your partner receives.**

*(PLEASE TICK ALL BOXES THAT APPLY IN EACH COLUMN)*

	My Partner	Receiving Jointly	Me
Child Benefit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Job Seekers Allowance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Income support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Working Families Tax Credit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Statutory Sick Pay/Incapacity Benefit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disability Working Allowance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing Benefit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Council Tax Benefit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Benefit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Q.83 Thinking about ALL members of your household who have income from any source, including yourself, what would you estimate your household's usual NET monthly income is - that is AFTER deductions for tax and National Insurance? (Note: You should think of all sources of income, from any investments, benefits or pensions as well as from work.)**

- £324 or less
- £325 - £649
- £650 - £1299
- £1300 - £1999
- £2000 - £2499
- £2500 - £2999
- £3000 or more

**Q.84 It is important to know if all groups in society gain equally from the legal provisions for maternity rights and benefits. Therefore it would be very helpful if you would indicate which group you feel you belong to.**

*(PLEASE TICK ONE BOX ONLY)*

- White
- Mixed - White and black Caribbean
- Mixed - White and black African
- Mixed - White and Asian
- Mixed - any other mixed background
- Indian
- Pakistani
- Bangladeshi
- Any other Asian background
- Black Caribbean
- Black African
- Any other Black background
- Chinese
- Any other ethnic group

**Q.85** In the future the DWP or DTI may wish to carry out further research in this area. Would you be willing to be contacted again?

Yes  PLEASE PROVIDE YOUR DETAILS BELOW

No  NOW GO TO **Q.86**

NAME: .....

PERMANENT ADDRESS: .....

.....

TELEPHONE NUMBER: .....

**Saying 'yes' now does not mean you will definitely be contacted, or that you have to take part if you are. You can change your mind any time.**

**Any information given here will remain confidential. Your contact details will be held separately from the responses you have given in the questionnaire. No individual or their household will be identified in the report.**

**EVERYONE PLEASE ANSWER**

**Q.86** Finally if there is anything you would like to add to your answers, or anything you would like to say about maternity rights or about mothers and fathers at work, we would welcome your comments.

**THANK YOU VERY MUCH FOR YOUR HELP**

**When you have finished completing this questionnaire, please place it in the envelope provided.  
You do not need a stamp.**