



Questionnaire Number

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PARTNER ADULT LEARNING

This questionnaire is for the study child's father
or the person taking the role of the father

This is a new-style questionnaire. Please help us!

Please use a black pen if you have one, otherwise
use blue.

Please answer the questions by making a cross in the
relevant box e.g. ☒ Don't use a tick

If you cross a box by mistake, please completely fill
it in e.g. ☒ then cross the correct box.

When writing numbers inside boxes,
please don't touch the sides e.g.

| | |
|---|---|
| 2 | 4 |
|---|---|

08 / 04 / 2004

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SECTION A: FURTHER LEARNING

We'd like to find out more about any learning or training activities that adults do and what people feel they gain from it. We are interested in courses undertaken for leisure or enjoyment, e.g. yoga, craft, sport or music, as well as academic or technical courses.

The questions are about the LAST THREE YEARS.

- A1. a) In the last three years, have you done or are you in the middle of doing, any course(s), instruction or tuition intended to lead to a qualification?

Yes ¹ ☐ No ² ☐ —► **If no, go to A2 below**

- If yes,** b) how many courses?

| | |
|--|--|
| | |
|--|--|

- c) did you get a qualification from any of these in the last 3 years?

Yes ¹ ☐ No ² ☐ Not yet finished ³ ☐

Details of the qualification(s) will be asked about later

- A2. In the last 3 years, have you done any other course(s) not intended to lead to a qualification, as described below? **Cross all that apply, and then write how many:**

- | | Yes | How many? |
|---|--|----------------------|
| (a) course designed to help develop skills used in a job | ¹ <input type="checkbox"/> —► | <input type="text"/> |
| (b) any course, instructions or tuition in driving, playing a musical instrument, art or craft, sport or any practical skill | ¹ <input type="checkbox"/> —► | <input type="text"/> |
| (c) learning that involved you in working on your own from materials provided by an employer, college, commercial organisation or other training provider | ¹ <input type="checkbox"/> —► | <input type="text"/> |
| (d) any other course, instruction or tuition, evening classes | ¹ <input type="checkbox"/> —► | <input type="text"/> |
| (e) have not done any courses like these | ¹ <input type="checkbox"/> | |

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A3. **In the last three years**, have you have done any of the following learning activities, to improve skills or knowledge, which were not part of an organised course?

Yes (Cross all that apply)

- (a) had supervised training while doing a job 1 ☐
- (b) spent time keeping up to date with developments in your work or profession 1 ☐
- (c) actively tried to improve your knowledge about anything or taught yourself a skill without taking part in a taught course 1 ☐

*** If you have not done any of the things in A1 - A3 in the last 3 years, please now go straight to Section B on page 8**

We are now going to ask you about your views on the learning you marked in questions A1-A3. If you marked more than one thing in any of the 3 questions, **PLEASE TELL US ABOUT THE MOST RECENT ONE FROM EACH QUESTION.**

A4. Below are some statements that people might use to describe how they feel about learning. Please indicate how they might apply to you.

Thinking of your learning **in the last three years**, which of the following best describes why you started this learning? **Cross all that apply in each column, on this page and the next:**

| | (i) Course leading to qualification (as answered in A1) | (ii) Other course (as answered in A2) | (iii) Other skills or knowledge (as answered in A3) |
|---|--|--|--|
| (a) to help my job prospects | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> |
| (b) to make my work more satisfying | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> |
| (c) to get a recognised qualification | 1 <input type="checkbox"/> | _____ | _____ |
| (d) to help in my current job | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> |
| (e) to get a promotion/rise in earnings | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> |
| (f) to help me get on to a future course of learning | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> |
| (g) to develop myself as a person | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> |
| (h) to improve my self-confidence | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> |

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| | (i) Course leading to qualification (as answered in A1) | (ii) Other course (as answered in A2) | (iii) Other skills or knowledge (as answered in A3) |
|---|--|--|--|
| A4. cont. | | | |
| (i) I enjoy learning/ it gives me pleasure | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> |
| (j) I am interested in the subject | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> |
| (k) to meet people | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> |
| (l) not really my choice - employer requirement | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> |
| (m) not really my choice - benefit requirement | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> |
| (n) not really my choice - professional requirement | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> |
| (o) to help my children learn | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> |

A5. For how many hours a week did you do anything related to this learning? (e.g. attending classes, homework, studying etc.)

Cross one box in each column

| | | | |
|--------------------|----------------------------|----------------------------|----------------------------|
| more than 20 hours | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> |
| 10-19 hours | 2 <input type="checkbox"/> | 2 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| 5-9 hours | 3 <input type="checkbox"/> | 3 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| fewer than 5 hours | 4 <input type="checkbox"/> | 4 <input type="checkbox"/> | 4 <input type="checkbox"/> |

A6. How long is/ was the learning expected to be altogether?

Cross one box in each column

| | | | |
|----------------------|----------------------------|----------------------------|----------------------------|
| less than 1 week | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> |
| 1 week - 3 months | 2 <input type="checkbox"/> | 2 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| 3 months - 12 months | 3 <input type="checkbox"/> | 3 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| 1-2 years | 4 <input type="checkbox"/> | 4 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| more than 2 years | 5 <input type="checkbox"/> | 5 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| don't know | 6 <input type="checkbox"/> | 6 <input type="checkbox"/> | 6 <input type="checkbox"/> |

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A7. Where did you do the main part of this learning? (i.e. where you spent most of your time) **Cross one answer only in each column**

| | (i) Course leading to qualification (as answered in A1) | (ii) Other course (as answered in A2) | (iii) Other skills or knowledge (as answered in A3) |
|--|--|--|--|
| Adult education centre/ evening institute/ Workers' Educational Association class | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> |
| Further education college/ tertiary/ sixth form college | 2 <input type="checkbox"/> | 2 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| University/ higher education institution | 3 <input type="checkbox"/> | 3 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| Where I work/ employer's training centre/ other private training centre/ conference centre/ hotel | 4 <input type="checkbox"/> | 4 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| Job centre/ job club/ skill centre | 5 <input type="checkbox"/> | 5 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| Local ICT learning centre (e.g. learndirect/ Ukonline) | 6 <input type="checkbox"/> | 6 <input type="checkbox"/> | 6 <input type="checkbox"/> |
| Local school or other educational institution not listed above | 7 <input type="checkbox"/> | 7 <input type="checkbox"/> | 7 <input type="checkbox"/> |
| Other community facility e.g. public library, community/leisure centre, informal group in church hall, village hall etc., voluntary organisation (e.g. pre-school, learning alliance, U3A), health/ fitness centre/ club | 8 <input type="checkbox"/> | 8 <input type="checkbox"/> | 8 <input type="checkbox"/> |
| While travelling (e.g. studying course work) | 9 <input type="checkbox"/> | 9 <input type="checkbox"/> | 9 <input type="checkbox"/> |
| At home | 10 <input type="checkbox"/> | 10 <input type="checkbox"/> | 10 <input type="checkbox"/> |
| Other (please cross and describe) | 11 <input type="checkbox"/> | 11 <input type="checkbox"/> | 11 <input type="checkbox"/> |

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A8. Thinking of any personal teaching you received for your course how was this given mainly? **Cross one answer only in each column.**

| | (i) Course leading to qualification (as answered in A1) | (ii) Other course (as answered in A2) | (iii) Other skills or knowledge (as answered in A3) |
|---------------------------------------|--|--|--|
| face to face (one-to-one basis) | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> |
| face to face (in a class/ group) | 2 <input type="checkbox"/> | 2 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| by telephone | 3 <input type="checkbox"/> | 3 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| in writing e.g. correspondence course | 4 <input type="checkbox"/> | 4 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| by email/ online | 5 <input type="checkbox"/> | 5 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| in some other way | 6 <input type="checkbox"/> | 6 <input type="checkbox"/> | 6 <input type="checkbox"/> |
| no personal teaching given | 7 <input type="checkbox"/> | 7 <input type="checkbox"/> | 7 <input type="checkbox"/> |

A9. What resulted from this learning experience? **Cross all that apply in each column, on this page and the next.**

| | (i) Course leading to qualification (as answered in A1) | (ii) Other course (as answered in A2) | (iii) Other skills or knowledge (as answered in A3) |
|---|--|--|--|
| (a) it was interesting | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> |
| (b) it boosted my confidence/ increased my self-esteem | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> |
| (c) it taught me new skills, or it improved my knowledge/ skills in the subject | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> |
| (d) it helped my employment prospects | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> |
| (e) it encouraged me to do more learning | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> |

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| A9. cont. | (i) Course leading to qualification (as answered in A1) | (ii) Other course (as answered in A2) | (iii) Other skills, or knowledge (as answered in A3) |
|--|--|--|---|
| (f) it encouraged me to take part in voluntary or community activities | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> |
| (g) it was enjoyable | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> |
| (h) it helped me to make new friends/ meet new people | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> |
| (i) it enabled me to help my child(ren) with their school work | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> |
| (j) it helped me to do something useful with my spare time | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> |
| (k) it helped me to keep my body active | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> |
| (l) it helped me to keep my mind active | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> |
| (m) it helped me with my health problems/ disability | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> |
| (n) none of the above | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> | 1 <input type="checkbox"/> |

Now go to SECTION C ON PAGE 10

SECTION B: IN RECENT TIMES

B1. Although you haven't done any of the things described in Questions A1-A3 in the last 3 years, would you have liked to?

Yes 1 ☐

No 2 ☐

B2. What would you say are the main things that stopped you from doing it?

Cross all that apply

- | | |
|---|----------------------------|
| a) Cost | 1 <input type="checkbox"/> |
| b) Childcare arrangements/ family commitments / caring for others | 1 <input type="checkbox"/> |
| c) Transport/ too far to travel | 1 <input type="checkbox"/> |
| d) Work/ other time pressures | 1 <input type="checkbox"/> |
| e) I don't like being in groups of people I don't know | 1 <input type="checkbox"/> |
| f) I don't know what is available | 1 <input type="checkbox"/> |
| g) I feel I am too old | 1 <input type="checkbox"/> |
| h) I am too ill/ disabled | 1 <input type="checkbox"/> |
| i) I am worried about being out alone | 1 <input type="checkbox"/> |
| j) I haven't got round to doing it | 1 <input type="checkbox"/> |
| k) I feel no need to learn any more | 1 <input type="checkbox"/> |
| l) I don't feel colleges/ centres are welcoming | 1 <input type="checkbox"/> |
| m) I do not have the qualifications I need to take part | 1 <input type="checkbox"/> |
| n) I do not have the abilities I need to take part | 1 <input type="checkbox"/> |

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Cross all that apply

- o) I am put off by tests and exams 1 ☐
- p) I am too nervous/ I don't feel confident enough 1 ☐
- q) I would not be able to get time off work 1 ☐
- r) I've tried learning in the past and it has been unsuccessful 1 ☐
- s) No suitable courses are available 1 ☐
- t) Lack of opportunity to learn in my native language 1 ☐
- u) Other (please specify) 1 ☐

We'd now like to ask you about your views on learning as an adult and any plans you may have for future learning

B3. How likely is it that you will pursue any learning in the future?

- Very likely 1 ☐
- Fairly likely 2 ☐
- Not very likely 3 ☐
- Not at all likely 4 ☐

SECTION C: ABOUT LEARNING AS AN ADULT

We would like to know what your view is on each of the following:

| | Strongly agree | Agree | Unsure | Disagree | Strongly disagree |
|---|----------------------------|----------------------------|----------------------------|----------------------------|------------------------------|
| C1. I don't have the confidence to learn new skills | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| C2. I don't see the point in learning or education | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| C3. Learning can be satisfying even if it doesn't visibly help you get on at work | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| C4. Learning new skills is valuable, whether or not there is a qualification to show for it | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| C5. Learning is something you should do throughout your life | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| C6. If you don't keep up through learning, it could hold you back at work | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| C7. Learning is an investment in a better future for myself/my family | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| C8. Learning is only worthwhile if there is a qualification at the end of it | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| C9. Learning isn't for people like me | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |

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| | | Strongly agree | Agree | Unsure | Disagree | Strongly disagree |
|------|---|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| C10. | I often played truant at school | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| C11. | I didn't get anything useful out of school | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| C12. | I hated my teachers at school | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| C13. | I really tried hard to achieve at school | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| C14. | I would be most interested in taking a course for personal satisfaction than any other reason | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |



SECTION D: ABOUT QUALIFICATIONS

Because there are so many different kinds of qualifications people can get nowadays, we'd just like to check what qualifications you have.

(You may have answered questions about your qualifications before. We hope you won't mind answering these questions so that we have a more up-to-date picture.)

D1. a) Do you have any GCSEs or O levels?

Yes ¹ ☐

No ² ☐

If yes,

(i) how many were gained at grade A-C?

| | |
|--|--|
| | |
|--|--|

(ii) how many of these (grades A-C) were gained in the last 3 years?

| | |
|--|--|
| | |
|--|--|

b) Do you have any CSEs?

Yes ¹ ☐

No ² ☐

If yes,

(i) how many at grade 1?

| | |
|--|--|
| | |
|--|--|

c) Do you have any Scottish Standard Grades?

Yes ¹ ☐

No ² ☐

If yes,

(i) how many at grade 1-3?

| | |
|--|--|
| | |
|--|--|

d) Do you have any AS levels?

Yes ¹ ☐

No ² ☐

If yes,

(i) how many?

| |
|--|
| |
|--|

(ii) how many of these were obtained in the last 3 years?

| |
|--|
| |
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D1. e) Do you have any A levels?

Yes 1 ☐

No 2 ☐

If yes,

(i) how many?

(ii) how many of these were obtained in the last 3 years?

f) Do you have any SCE highers?

Yes 1 ☐

No 2 ☐

If yes,

(i) how many?

(ii) how many of these were obtained in the last 3 years?

g) Do you have any Scottish Advanced Highers?

Yes 1 ☐

No 2 ☐

If yes,

(i) how many?

(ii) how many of these were obtained in the last 3 years?

D2. Please look at the list below and mark with a cross any that apply to you, and whether you got any of these qualifications in the last three years:

(i)

Was this in the last 3 years?

| | Yes | | Yes | No |
|---|----------------------------|---|----------------------------|----------------------------|
| (a) Trade Apprenticeship | 1 <input type="checkbox"/> | → | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| (b) BTEC (Edexcel) First or general diploma with credit | 1 <input type="checkbox"/> | → | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| (c) City and Guilds Higher Operative/ Craft Part 2 | 1 <input type="checkbox"/> | → | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| (d) GNVQ Intermediate level | 1 <input type="checkbox"/> | → | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |

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(i)

Was this in the last 3 years?

D2. cont.

(e) LCCI certificate (second level)

Yes

1 ☐ →

Yes

1 ☐

No

2 ☐

(f) Full NVQ level 2

1 ☐ →1 ☐2 ☐

(g) PEI stage 2

1 ☐ →1 ☐2 ☐

(h) Pitmans intermediate level 2

1 ☐ →1 ☐2 ☐

(i) RSA (OCR) Diploma

1 ☐ →1 ☐2 ☐

D3. Please look at the following list and mark with a cross any that apply to you and
whether you obtained the qualification **in the last three years:**

(i)

Was this in the last 3 years?

(a) ONC

Yes

1 ☐ →

Yes

1 ☐

No

2 ☐

(b) OND

1 ☐ →1 ☐2 ☐

(c) City and Guilds Advanced Craft/ Part 3

1 ☐ →1 ☐2 ☐

(d) GNVQ Advanced; or LCCI diploma (third level)

1 ☐ →1 ☐2 ☐

(e) full NVQ3

1 ☐ →1 ☐2 ☐

(f) Pitmans Level 3 Advanced Higher Certificate

1 ☐ →1 ☐2 ☐

(g) RSA (OCR) Stage 3 Advanced Certificate/ Diploma

1 ☐ →1 ☐2 ☐

(h) BTEC (Edexcel) SCOTVEC National Certificate/ Diploma

1 ☐ →1 ☐2 ☐

(i) Access to Higher Education courses

1 ☐ →1 ☐2 ☐

(j) ESOL and Foreign Languages advanced awards

1 ☐ →1 ☐2 ☐

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D4. Do you have **any** of the following: a first (bachelors) degree (e.g. BA, BSc), or HNC; HND; BTEC (Edexcel) Higher National Certificate/Diploma; Higher education certificate; Higher education diploma; LCCI advanced; full NVQ level 4; Nursing SRN; Teaching qualification; RSA Higher diploma)?

Yes, one or more , all completed more than 3 years ago 1 ☐

Yes, one or more, including at least one completed in the last 3 years 2 ☐

No, none of these 3 ☐

D5. Do you have a higher degree (e.g. PhD, DPhil, MPhil, MSc, MBA) or any other post-graduate qualification (e.g. full NVQ5; other high level professional qualification such as chartered accountancy)?

Yes, one or more , all completed more than 3 years ago 1 ☐

Yes, one or more, including at least one completed in the last 3 years 2 ☐

No, none of these 3 ☐

D6. Do you have any other academic or technical qualification that we haven't mentioned?

Yes 1 ☐

No 2 ☐

a) **If Yes**, please give **full name** as well as abbreviations

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1 ☐

2 ☐3 ☐

day month year

| | | | | | | | | | |
|--|--|---|--|--|---|---|---|---|--|
| | | / | | | / | 2 | 0 | 0 | |
|--|--|---|--|--|---|---|---|---|--|

day month year
 / / 1 9

If you don't want to do this, don't worry - your answers will still be very valuable to us

Signature: _____

Tel no. where we can contact you: -----

What time of day would best suit you?

For office use only

| | |
|--|--|
| | |
|--|--|

