



## ***Growing Up in Ireland***

- The National Longitudinal Study of Children in  
Ireland

Appendices to:

Technical Report on the Qualitative Data from  
the Infant Cohort at Nine Months of Age

December 2013



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## **Appendix A1: Introductory Letter to Families**

25<sup>th</sup> March 2009

Dear Parents,

In recent months you and your baby were one of 10,000 families who took part in the ***Growing Up in Ireland*** study. From everyone here at the ***Growing Up in Ireland*** team, we would like to say a big thank-you for your support and participation.

The team is now carrying out a much smaller and more in-depth study known as a '**qualitative study**' which will add to our understanding of children and their development. We are inviting 120 families from the original 10,000 families to take part in this study and your family has been one of those chosen.

I am enclosing an information leaflet about the qualitative study for you. Should you agree to take part in the qualitative study; a specially trained researcher from the Children's Research Centre in Trinity College Dublin will arrange to visit your home to carry out the qualitative interview with you and your child lasting about one hour and thirty minutes. Please find enclosed a consent form to be completed by you.

Over the next few days, a member of the study team will contact you by telephone to clarify any queries you may have about the qualitative study. In the meantime please do not hesitate to contact me on tel. (01) 8963379 if you have any questions.

Yours truly,

Elaine Harris  
Growing Up in Ireland Research Fellow  
Children's Research Centre  
Trinity College Dublin

## **Appendix A2: Information Leaflet for Parents/Guardians**



## Growing Up in Ireland Qualitative Study

## Information for Parents / Guardians

In recent months you and your child were one of 10,000 families who took part in the **Growing Up in Ireland** study. From everyone here at the **Growing Up in Ireland** team, we would like to say a big thank-you for your support and participation.

The team is now carrying out a much smaller and more in-depth study referred to as a 'qualitative study'. We are inviting 120 families from the original 10,000 families to take part in this study and your family has been one of those chosen.

### **What is the qualitative study?**

The main **Growing Up in Ireland** study involved 10,000 families and aims to put together a broad picture of children in Ireland and their development. You will remember that taking part mostly involved ticking boxes on a questionnaire.

The qualitative study is a much smaller study with just 120 families. It aims to complement the main study by gathering more detailed information on the everyday lives of infants and their parents as told in their own words.

### **How was my child selected for the qualitative study?**

We have randomly selected 120 families from the original 10,000 families who have taken part in the main study.

### **What happens if I take part in the qualitative study?**

If you agree to take part, a specially trained Study Researcher will arrange a visit to your home at a time which is convenient to your family. We will need to meet with your family while your child is between 9 and 11 months old.

During the visit the Researcher will interview you and your partner (if relevant) and carry out a developmental assessment test with your infant.

***In order to create as full a picture as possible of each infant participating in the qualitative study it is very important that, where relevant, we speak to BOTH resident parents during the interview. This will ensure we can capture the views and opinions of both mothers and fathers and gain a better understanding of the different influences which mums and dads have on their infant.***

***For example, if a parent cannot be present at the interview due to work commitments, with your consent, we will carry out a telephone interview with you at a convenient time.***

### **What kinds of things will my family be asked to talk about?**

You and your partner (if relevant) will be asked to talk about your everyday lives including: baby's routine; being a parent; work/life balance; childcare and aspirations for your baby. The interview will last about 60 minutes and will be recorded on tape to allow the researcher to chat to you properly and ensure that we remember everything that you tell us.

We wish to observe you and your baby in his/her home environment to give us a rounded picture of their development. The researcher will observe the interactions between you and your baby.

With your consent, we will undertake an assessment of your baby. This standard assessment is widely used in child development research and will take about 30 minutes. The best time to do this assessment is when your baby is most alert and awake. If possible the assessment should be carried out at the kitchen or dining room table.

At the end of the interview, you will be given a *Baby Profile Page* for you to record some things about your baby's life at 9 - 11 months. The researcher will bring a Polaroid Camera to your home so that you can take a photograph for the *Baby Profile Page*. The researchers will retain the *Baby Profile Page* until the next visit when your child is three years of age.

### Confidentiality

All the information you and your child give to the Researcher during the qualitative study will be treated in the **strictest confidence** except in circumstances where a child or other vulnerable person is thought to be at risk<sup>1</sup>.

### Storing your data

The information we collect on your family will be stored securely for the duration of the project which is envisaged to be seven years in the first instance. The project may be extended for a longer period. Identifying information will be removed from the data and names and addresses will be stored separately. **We recognise that the photographs by their very nature are identifying and we will store all photographs in a secure location separate to any names and addresses.** The information which could identify you and your family will only be accessed by the immediate members of the Study Team who have been vetted by An Garda Síochána and are bound by confidentiality legislation as Officers of Statistics.

### Following up in three years time

As you know ***Growing Up in Ireland*** is a long-term study. The qualitative study is also long-term and we would like to come back to your home in three years time when your child is three years old to do a similar qualitative study. This will be in addition to returning in three years time for the main study.

### Who are the Researchers?

The Researcher who will call to your home is from Trinity College, Dublin. Each interviewer is a specially trained social researcher and has been subject to security vetting by An Garda Síochána. In addition each of the researchers has been appointed as Officers of Statistics by the Central Statistics Office for the purpose of this study. **This means that all of the researchers are bound by confidentiality legislation which is part of the Statistics Act.**

The Researcher is not allowed to be alone with your child. You or another adult must be present at all times. This is for the protection of both your child and the Researcher.

Each interviewer carries a photo ID card. If you have any concerns about the study or the Researcher or would like to confirm his/her identity you can contact Ms Jillian Heffernan at Trinity College, Dublin on 01-896 3378.

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<sup>1</sup> *Growing Up in Ireland* adheres to the guidelines outlined by the Department of Health and Children (1999) *Children First : national guidelines for the protection and welfare of children*

### What are my rights if I take part?

- Just as in the main study you may choose to withdraw from the qualitative study at any time, even after the Researcher has called to your home. At that stage, if requested, we would delete all information previously collected about you.
- If there are any question(s) you do not wish to answer you do not have to do so.

### What happens next?

One of our research team will contact you by telephone in the coming days to answer any questions you may have about the qualitative study. If you are happy to take part, you can complete the consent form enclosed and post it back to us in the pre-paid envelope.

### Where can I find out more information?

**Freephone:** 1800 200 434  
or contact our Communications Officer,  
Jillian Heffernan, on 01 896 3378

**Web:** [www.growingup.ie](http://www.growingup.ie)

**Email:** [growingup@esri.ie](mailto:growingup@esri.ie)

**Post:**  
**Growing Up in Ireland,**  
**The Children's Research Centre**  
**Trinity College, Dublin**  
**Dublin 2**





## **Appendix A3: Consent Form for Parents/Guardians**

## PARENT / GUARDIAN CONSENT FORM –Qualitative Study

Name of Child: \_\_\_\_\_  
(BLOCK CAPITALS PLEASE)

Child's Date of Birth: \_\_\_\_\_  
(BLOCK CAPITALS PLEASE)

- I have read and understand the information sheet provided about this qualitative part of the study.
- I understand that I can ask any questions I may have at any time before or during the interview.
- I consent to my child, and myself, being included in research being conducted for the **Growing Up in Ireland** qualitative study.
- I confirm that I am the legal guardian of the child and entitled to complete this interview on his/her behalf.
- I understand that the main aim of the project is to collect more detailed information on the lives of infants and their parents as told in their own words.
- I understand that my child has been selected from the 10,000 original families who took part in the main study
- I understand that information will also be collected from my child's other parent and my spouse or partner (where different)
- I understand that the researcher will bring a Polaroid Camera to my home so that I can take a photograph for the *Baby Profile Page*. I understand that the researchers will retain the *Baby Profile Page* until the next visit when my child is three years of age.
- I understand that the photograph from the *Baby Profile Page* will be stored in a secure location and separate to any information that could identify my family such as names and addresses.
- I understand an assessment of my child will be carried out using the Bayley Scales of Infant and Toddler Development.
- I understand that the information will be stored, on a confidential basis, on a computer and will be used for research purposes only.
- I understand that the information collected on my family will be stored securely for the duration of the project which is envisaged to be seven years in the first instance.
- I understand that, because this study looks at children's development over time, I will be asked to participate in a follow-up study when my child is three years of age.
- I understand that I may withdraw my participation, and that of my child, at any time, including after the information has been collected.
- I understand the information collected from me may be written in a report about the study.
- I understand that all real names and identifying details will be taken out of the report so readers will not be able to identify my family.
- I understand the conversation that I have with the researcher will be taped, and that that this tape will be transcribed to allow analysis to be carried out. The tape will be strictly confidential and used only for analysis purposes.

Name of Parent/Guardian \_\_\_\_\_  
(BLOCK CAPITALS PLEASE)

Address of Parent/Guardian: \_\_\_\_\_  
(BLOCK CAPITALS PLEASE)

Signature of Parent / Guardian: \_\_\_\_\_

Date: \_\_\_\_\_ Contact telephone: \_\_\_\_\_

*If relevant:*

Name of parent/guardian not resident in your household: \_\_\_\_\_  
(BLOCK CAPITALS PLEASE)

Address of parent/guardian not resident in your household: \_\_\_\_\_

\_\_\_\_\_  
(BLOCK CAPITALS PLEASE)

Signature of parent/guardian not resident in your household: \_\_\_\_\_  
(BLOCK CAPITALS PLEASE)

Date: \_\_\_\_\_ Contact telephone: \_\_\_\_\_

## **Appendix B: Researcher Fieldwork Manual**



**Growing Up in Ireland**  
**The National Longitudinal Study of Children in Ireland**

**The Qualitative Study with the 9-month-old Cohort**  
**Researcher Fieldwork Manual**

**2008**

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# 1. Introduction to *Growing Up in Ireland*

## 1.1 Background and Objectives

As the name suggests, *Growing Up in Ireland – the National Longitudinal Study of Children* is a major study of children in Ireland. It will attempt to describe what it means to be a child in Ireland today and to understand the factors associated with children's wellbeing. The *Growing Up in Ireland* study is part of a major national plan for children published in 2000 known as The Children's Strategy. By gathering comprehensive data on childhood development the study will allow researchers to provide the sort of statistical information necessary to provide government with an evidence-base.

The purpose of *Growing Up in Ireland* can be summarised as follows:

- To **describe the lives of children in Ireland** and identify the key factors that play a role in children's development

The main objective of the study is to understand and describe the life of the 'typical' Irish child. It is not just a study of problems facing children, or of problem children.

- To **identify the key factors that help or hinder a child's development**

Although the main objective of the study lies in understanding normal childhood in Ireland, it is also important to identify the factors that give rise to atypical or problematic development. These disadvantages may be related to social class, education, income, family circumstances, and/or health etc., and can be especially problematic if they persist over time. Identifying the complex and various factors that give rise to different outcomes for children will enable the researchers to advise policy makers in targeting required services more accurately at those children and families most in need.

- To **assess how children develop over time** and to examine the progress and wellbeing of children at critical periods from birth to adulthood

The *Growing Up in Ireland* study will interview the same group of children over time. They and their families will be interviewed during the next few months and again in a few years time. By returning to the same group of children like this at more than one point in time means that the children's progress can be monitored – especially during critical periods of their lives such as the transition from primary school to secondary school for example. This longitudinal study design will be described in more detail in Section 1.2.

- To **establish the effects of early and middle childhood experiences** on later life

Childhood experiences are clearly very important and have been shown to have lasting effects, even well into adulthood. The *Growing Up in Ireland* study will attempt to measure how some of these experiences – such as relationships with parents, experience of school and school performance, parental relationships, health of the child and parent, family employment and income etc. - impact on the child, either positively or negatively, now and in later life.

- To **obtain children’s views and opinions** on their lives

***Growing Up in Ireland*** is a study of children, for children and with children. The information collected will not simply arise from the perspective of either the researchers or the adults (parents and guardians) who look after children. The views of the children themselves are critically important, and every effort will be made to ensure that their voices are incorporated into the study, as it is their views, experiences and lives that are important to the study.

In short, the ***Growing Up in Ireland*** study will attempt to understand more about children and how they develop over time. The purpose of collecting this amount of information is principally to enable the researchers to assist the government in developing the necessary policies that will help children and their families in Ireland over the coming years.

To carry out ***Growing Up in Ireland*** requires large-scale statistical surveys of children and their families. These statistical surveys will also be complemented with in-depth qualitative studies with a smaller number of children and their families.

The project will also cover two groups of children. These will be a **9-month-old cohort**, or group, and a **9-year-old cohort**. Both samples will be interviewed twice over the course of the project. The parents will be interviewed when the infants are 9 months of age and again when they are 36 months. The 9-year-old cohort will be interviewed at 9 years and again at 13 years of age. Interviewing the same set of children and their families at two points in time will enable researchers to make very strong statements about the way in which the children are developing and changing over time. This is the longitudinal aspect of the study referred to above, and is discussed in the next section.

This instruction manual deals only with the **qualitative component** for 9-month-old cohort of children. Data collection has already been completed for Wave 1 of the 9-year cohort. Throughout this document the term **infant** is used. This refers to the 9-month-old baby who is at the centre of the study. It is the infant who is assessed and his/her parents who are interviewed.

## 1.2 What is a Longitudinal Study?

The ***Growing Up in Ireland*** study is what is described as a longitudinal study. This means that a sample of 10,000 parents of 9-month-old infants are interviewed in the initial quantitative phase of the project. The same group of children and their families will then be interviewed again in 2/3 years’ time, when the children are 3 years old. For the qualitative component we will interview the parents of one hundred and twenty 9-month old children and their families.

Often in surveys, a representative sample of children is interviewed in the first round or first phase of the survey and in the second phase a different sample of people is interviewed. Using that approach, overall changes for the whole sample (at the **group level**) can be ascertained for that period of time covered by the study. Using a longitudinal study design however allows investigation of these changes across time at the **individual level**. This is most important when trying to isolate the different factors that lead to say, two sets of outwardly similar families/children having very different outcomes. Again, this is a very important aspect of the ***Growing Up in Ireland*** study and greatly enhances the research team’s ability to advise policy-makers in devising supports for children and their families.

A longitudinal approach to such a large-scale survey of children is unique in Ireland. Other developed countries in Europe, as well as North America, Australia and New

Zealand for example, have had longitudinal child cohort studies running for many years. In Britain a longitudinal study of children born in 1946 has been underway for over 60 years. The information arising from these studies has provided invaluable information to policy-makers in those countries.

### 1.3 Confidentiality and Garda Vetting

*Growing Up in Ireland* is being carried out with the full support of the CSO and operates under the same legislation, i.e. the Statistics Act (1993). This is the same legislation that is used, for example, to carry out the Census of Population.

All researchers and fieldworkers working on the project have been asked to sign a form for the CSO appointing them 'Officers of Statistics' for the purposes of this project. This means that all researchers and fieldworkers working on the project are bound by a confidentiality agreement – in the same way they would be if they were carrying out the Census of Population. **The researcher, fieldworker (or any member of the research team working on the project) may not disclose any information which he/she records in respect of a family or child to any unauthorised person, for any purpose, and may disclose information to authorised persons only in regard to the legitimate purposes of the *Growing Up in Ireland* study itself.**

In addition to being appointed Officers of Statistics for the purposes of the project, all researchers and fieldworkers have been **security vetted by An Garda Síochána**. Researchers and fieldworkers were asked to sign a form that was sent to the Gardaí for this purpose.

### 1.4 Child Protection Guidelines

Child protection and safety is paramount when interviewing children. All fieldworkers participating in the study will have been thoroughly vetted by the Garda Central Vetting Unit (GCVU). The fieldworker is obliged to ensure that the child is protected and respected at all stages of the interview.

**During contact time with the families, i.e. during the interview, a parent, guardian or another adult should be present at all times. To safeguard both the infant and the fieldworker, under no circumstances is the fieldworker to be left alone in the house with the child. The most important point in this regard is that the fieldworker should not have contact with the infant or any other child in the household without another adult member of the household being present.**

If a parent or guardian at any time asks the fieldworker to sit with the child while they leave the house for any reason, they should decline and rearrange the interview at a more convenient time. This may seem a rather harsh response to a request from a parent to mind a child, particularly if they have just given a substantial amount of their time to complete the interview. Nonetheless this is what must be done - even if it jeopardises the interview with that family. On balance, it is felt that a family will respect the fieldworker for ensuring that these practices are implemented, as they will help to ensure the safety of the child.

Issues around confidentiality and disclosure must be explained to the parent at the beginning of the interview.



## 1.5 Sponsors of the Study

*Growing Up in Ireland* has been commissioned by the Government and is supported by a large number of departments and other bodies as follows:

- The Department of Health and Children
- The Office of the Minister for Children
- The Department of Social and Family Affairs
- The Central Statistics Office
- The Department of Education and Science

The number of departments backing the project is a measure of the importance assigned to it by government. The results of the study will be used for many years to come in developing policy for children and their families. All the government departments that deal with child and family issues are involved in the project.

## 1.6 The Study Team

*Growing Up in Ireland* is being undertaken on a joint collaborative basis by the **Economic and Social Research Institute (ESRI)**, the prime contractor for the study, and the **Children's Research Centre (CRC)** at **Trinity College Dublin**. The Children's Research Centre is the country's leading research centre on children and childhood issues and has a notable international reputation in this field.

A team of approximately 14 people is working on the project, based between the ESRI and the CRC at Trinity. There is also collaboration with many other researchers both from other institutions in Ireland as well as organisations from further a field such as Stockholm and London, and there are close links with institutions in Australia, Canada and New Zealand.

The Principal Investigator and one of the co-directors of the Study is James Williams from the ESRI. He was in charge of the ESRI's Survey Division for 10 years before taking up this position. The other co-director of the project is Professor Sheila Greene who is currently the Director of the Children's Research Centre at Trinity College. Sheila is a psychologist specialising in child development.

The full management group for the project is as follows:

- Professor James Williams, Principal Investigator and co-director of the project (ESRI)
- Professor Sheila Greene, co-director of the project (Professor of Childhood Research and Director of the Children's Research Centre (TCD))
- Professor Richard Layte, Sociologist and Research Professor (ESRI)
- Professor Tom O'Dowd, Professor of General Practice and Primary Care (TCD)
- Professor Chris Whelan, Sociologist and Research Professor (ESRI)
- Dr. Helen Russell (ESRI)

The personnel involved in the project have a wide range of qualifications and expertise, reflecting the importance of this study as the largest and most ambitious of its kind ever to have been undertaken in Ireland.

## 2. Brief Overview of the Main Quantitative Study

The first data collection wave of main quantitative study with the 9-month old cohort started in September 2008. For the quantitative study we recruited 10,000 9-month

infants and their families through the Child Benefit Register in Ireland. The fieldwork comprised of a CAPI and CASI administered questionnaire for resident parents, postal questionnaire for non-resident parents and a postal questionnaire for both centre and home based carers.

The home-based component involved administering a computer aided personal interview (CAPI) to the child's primary care-giver and their partner living in the household. Each respondent also completed a supplementary self-complete questionnaire (CASI) which contained more sensitive information. Where appropriate, we tried to obtain contact details for the non-resident parent of the 9-month-old infant to whom a postal questionnaire could be issued. Again, where appropriate, we tried to obtain contact details of any regular carer of the infant (providing 8 or more hours care on a regular basis) to whom a postal questionnaire could be issued.

### **3. An Overview of the Qualitative Study**

In this section we consider the interview schedules and the protocols for use in the qualitative study. The qualitative research protocols have been informed by a review of qualitative research nationally and internationally, consultation with an advisory panel of experts in qualitative research, the Children's Advisory Forum and pilot testing with ten infants and their parents. The qualitative study with the 9-month-old cohort will complement the main quantitative study through further exploration, in a very participant-centred way, of topics that are important to both children and parents. We will explore similar domains to those included in the main study:

1. Perception of the Baby
2. Baby's Routine and Habits
3. Parent and Child Relationship
4. Service Utilisation
5. Transition to Parenthood
6. Perception of Being a Parent
7. Decision-Making and Social Support
8. Community and Neighbourhood
9. Work/Life Balance
10. Childcare
11. Current and Future Concerns and Aspirations for Baby

One hundred and twenty families from the 9-month cohort will participate in the qualitative study. This is a small sample in terms of a quantitative study, but quite substantial by the standards of most qualitative studies. The sample selected will be drawn from the 10,000 respondents forming the 9-month-old cohort and will be selected with reference to the characteristics of the achieved sample for the main study. The sample will be purposive and stratified according to socio-economic status, gender, urban/rural location and family type. The findings from the qualitative data for the 9-month-old cohort will be integrated with the quantitative findings to enhance the potential for us to provide an in-depth account of the lives of infants in Ireland.

There are five elements to the main qualitative study with the infant cohort:

- The Bayley Scales of Infant and Toddler Development
- A semi-structured interview with the infant's parents
- The HOME Infant / Toddler (IT) Inventory
- The infant photographs depicting emotional states
- The Baby Profile Page

Each of the components is discussed below.

### **3.1 The Bayley Scales of Infant Development**

A developmental assessment will be carried out in the infant's own home using the Bayley Scales of Infant and Toddler Development. The Bayley is a standardised assessment tool, used widely in research on child development. The assessment combines cognitive, language and motor scales and can be used on infants from 1 to 42 months. The child's chronological age corresponds to a starting point on the cognitive, language and motor scales.

The Bayley Scales of Infant Development are administered in the following sequence: Cognitive Scale, Language Scale (Receptive and Expressive Communication and Motor Scale (Fine Motor and Gross Motor). On average the assessment takes about 45 minutes to complete. To ensure that a valid assessment is conducted in the infant's home in a reasonable time frame, it is crucial that each of the fieldworkers is highly knowledgeable and confident in administering the scales to a consistent standard.

Where possible the fieldworkers will encourage the parents to sit at the kitchen or dining room table to administer the infant assessment. It is recommended that at the outset of contacting the families to arrange the home visit the fieldworkers will explain that where possible use of a kitchen or dining room table is required during the infant assessment. It is recommended at the outset of booking appointments for the home visit that the fieldworkers explain that the most suitable time to conduct the infant assessment would be when the infant is most alert. This should work towards reducing the impact of the baby being tired or hungry on the administration of the infant assessment.

### **Instructions for Bayley-III Administration**

#### **3.1.1. Getting Ready**

Make sure you are familiar with all the tasks, practice with the testing materials and know the sequence of subtests. Watch the video in the kit and read the manual and record form thoroughly before starting any fieldwork.

Wash or wipe down with soap and water all non-paper materials used by the child after each session. Inspect all materials to ensure nothing is loose or broken that could potentially harm a child.

#### **Extra items for the testing kit:**

Please make sure you have a box of Cheerios (see Motor scale - Fine: G17), sheets of blank unlined A4 paper (Receptive H: 7; Fine: K28 on), box of facial tissues (Gross: H24).

#### **3.1.2. In the Home**

Before testing, take a few minutes to let child get used to you while talking to the parent. Do not overwhelm the child. Talk to the child in a positive manner and try to put the child at ease.

The optimum arrangement is to have the examiner, child and one primary care giver in the room during testing. Ask to sit at the kitchen table where you can place the various test materials on chairs beside you pushed in under the table. This is so the

materials are at hand but out of sight of the infant. Ask mum to sit opposite you while she holds the child. Keep the table top free from distractions with only the test material in use for that item on the table. Use a clipboard for the Record Form and place it in your lap under the table, so it is out of sight and not distracting to the child. When assessing you may find yourself talking through the procedure to remind yourself what is next. However unnecessary chat will distract the child from the task at hand. Be clear and concise in any of the instructions you give mum and infant.

Once testing begins, maintain a steady pace but always be alert for changes in the child's mood, activity level, and cooperativeness. Keep the child actively engaged in tasks by reinforcing effort and attention, and keeping a positive tone.

If the child becomes fatigued, inattentive, overly restless, or uncooperative, stop testing and allow the child to take a 5-minute break or have a snack if needed. Administration time may be up to 50 minutes.

### **3.1.3. Testing Procedure**

Fill out the front page of the Record form, checking the child's age and adjusting for prematurity if needed, see page 28 of the Bayley manual for instructions. Calculate which starting point is suitable. This starting point is used on all the scales.

**Timing:** Note that a stopwatch will be required for some items, look for the icon on the scoresheet. To avoid frustrating the child, allow the child to complete the task if he is nearing completion but only score what the child has accomplished within the time limit.

If the child is shy and reluctant to engage, you can administer the Gross Motor subtest prior to the Cognitive and Language subtests. The only required testing order is that the Receptive communication subtest be administered prior to the Expressive communication subtest as some items are similar in content and exposure to the Expressive first may influence the child's performance on the Receptive subtest.

### **3.1.4. Order of Administration of Scales**

**Cognitive Scale:** Assesses sensorimotor development, exploration and manipulation, object relatedness, concept formation, and memory.

#### **Language Scale: Receptive Communication Subtest**

For the 9-12 month old this scale assesses preverbal behaviours and vocabulary development; such as being able to identify objects and pictures.

#### **Expressive Communication Subtest**

For the 9-12 month old this scale assesses preverbal communication such as babbling, gesturing and turn taking.

#### **Motor Scale: Fine Motor Subtest**

Assesses infants skills related to tracking, reaching, object manipulation, and grasping.

#### **Gross Motor Subtest**

This primarily measures the movement of the limbs and torso; static position (e.g. sitting and standing); dynamic movement

including locomotion and coordination; balance and motor planning.

For the play-based items of the Cognitive, Language and Motor Scales the caregivers/parent's help may be used to elicit a response from the child.

**Safety Note:**

Motor subtests – tell the parent that you will have to use a Cheerio for the child to pick up and if she does not want the infant to eat it, to be ready to take the Cheerio off the child once they have picked it up.

**3.1.5. Administration Guidelines**

**Reversal and Discontinue Rules**

**Reversal:** The child must obtain scores of 1 on first 3 consecutive items at the start point of any age to go forward (i.e. achieve the basal). If the child obtains a score of zero on any of the first 3 items, go back to the start point for the previous age and administer those items. See page 15 of Bayley manual.

**Discontinue:** Stop administration when the child scores zero on five consecutive items (i.e. the ceiling has been achieved).

Note that if during the administration of a subtest you observe a behaviour that you were unable to elicit earlier, you may record that score in the appropriate item.

When you are more familiar with the Bayley Scales you will note that in some cases the same materials/toys are used across the scales. For example, in the both the Cognitive Scale and Fine motor Subtest blocks (without holes) are picked up and manipulated. When you observe the infant's behaviour once you can make a note of it and record it again in the relevant part of the other scales. This will be demonstrated in training.

Items that require administration on the left and right side are referring to the child's left and right.

Incidental observations of verbal or social behaviours directed towards the caregiver may be made during the session. These can be scored if they satisfy the scoring criteria for certain items. Note: These can only be scored if observed by the examiner.

**Trials**

Some items are administered more than once, see item J34 or item K40 on the Cognitive Scale. Note the amount of trials needed will be stated on the coloured heading for that item. In these items the task is administered twice and a correct score on one trial suffices. However in K40 the task is administered on the left and right. See manual page 59 for full instructions.

**Left and Right Administration**

Some items require administration on the left and right side. This refers to the child's left and right. Be sure to read the scoring criteria for to determine when the child should receive a score of 1. For example see item K40 on the Cognitive Scale

**Training Items**

For some of the more complex tasks, training items such as prompts and demonstrations are allowed to ensure the child understands the task. Make sure you

prompt or demonstrate only on the specific items as providing additional help will result in inaccurate scores.

See M17 p89 of the manual for an example. This item is on the Receptive Language Scale: Child correctly identifies at least one test item picture.

'Ask the child to point to pictures of the baby and the dog. If the child does not attempt to identify one of the training item pictures, you may point to the pictures while naming them. Then administer the test items.'

### **Multiple Responses**

Note that some items require multiple responses as in the Receptive Language Scale item N19. For these items, check the boxes to indicated when the child has responded correctly. However most of the multiple responses are for older children.

For more information on Multiple Responses, Training Items and Trials see page 17 of the Bayley manual.

### **Series Items:**

You will notice groups of numbers on the left hand side of the Record Form in each of the subtests. These refer to items that are linked and the number underlined refers to where you are in the series of items. You only need to score items in the series that fall between the child's start and end point. The tasks for these items have the same administration directions, but require varying levels of performance to meet the scoring criteria. For example, in the Fine Motor test, a child of 9 months may complete Items 20, 24 and 26 relating to grasping a food pellet, while in item series 28, 24, 37, 48 the child may complete item 28: 'Child grasps crayon or pencil while making a mark on the paper' but may not be able to complete the remainder.

#### **3.1.6. Scoring the Record Form**

Note we are not using the Social Emotional (blue boxes on record form) and Adaptive Behaviour Forms (green).

The total raw scores for the Cognitive Scale and the Receptive Communication, Expressive Communication, Fine Motor and Gross Motor subtests are computed as follows: count the total number of items for which the child receives credit (1 point) along with the unadministered items preceding the basal – see page 32.

Transfer the total raw score for each subtest into the relevant boxes on the front page of the Record Form.

#### **3.1.7. Testing Children with Physical or Language Impairments**

Researchers may not know if an infant has an impairment before they visit the household. Some parents may have flagged a difficulty over the phone. It is best to explain the testing procedure and ask if the parent wishes to go ahead with the Bayley. If so, before testing become aware of the child's limitations to save embarrassment and proceed sensitively with the test. No feedback on the scores can be given to the parent as this is a research assessment and you are not qualified to diagnose any condition. If the parent is concerned about the child's progress refer them to their GP or local clinic.

### **3.2 The Parents' Interview**

Following the infant's assessment, a semi-structured interview is conducted with the parent(s). The parents' interview will take approximately 45 minutes. The interview will be digitally recorded with the consent of the parents. In the case of two parent families, both parents are invited to be interviewed together. Where possible, researchers should be flexible when making appointments to encourage the participation of both parents. Where both parents are present during the interview the transcription of the audio recording will separate out conversation spoken by mother and father. This will enable the researchers to distinguish any emerging themes across gender.

The logic of the order of themes has been considered with a view to easing the parent into the interview. Potentially sensitive areas are placed later in the interview when the adult feels more relaxed and has become comfortable talking to the researcher. The topics to be covered by the interview schedule map onto the domains of the quantitative study<sup>1</sup>. These include:

1. Perception of the Baby
2. Baby's Routine and Habits
3. Parent and Child Relationship
4. Service Utilisation
5. Transition to Parenthood
6. Perception of Being a Parent
7. Decision-Making and Social Support
8. Community and Neighbourhood
9. Work/Life Balance
10. Childcare
11. Current and Future Concerns and Aspirations for Baby

The fieldworkers will stress the importance of the participation of both parents to the family to encourage an increase in response rates by mothers and fathers. It is recommended that the fieldworkers offer the parent the opportunity to participate in a ten minute telephone interview if they are not available at the time of the home visit. The fieldworkers will book a time for the telephone interview at the time of making the appointment to visit the home. The telephone interview schedule will be based on six key themes<sup>2</sup>:

1. Parent and Child Relationship
2. Transition to Parenthood
3. Perception of Being a Parent
4. Decision-Making and Social Support
5. Work/Life Balance
6. Current and Future Concerns and Aspirations for Baby

### **3.3 The HOME Infant / Toddler (IT) Inventory**

The HOME stands for Home Observation Measurement of the Environment and is used during the interview to measure the quality and quantity of stimulation and support available to the child in the home environment. This inventory is designed for use during infancy (birth to age three) and is composed of 45 items clustered into six subscales which assess the quality of the infant's home environment as follows:

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<sup>1</sup> See Appendix A

<sup>2</sup> See Appendix B

- 1) Parental Responsivity
- 2) Acceptance of Child
- 3) Organization of the Environment
- 4) Learning Materials
- 5) Parental Involvement
- 6) Variety in Experience.

**Preparation:**

The HOME was designed as a stand alone scale to measure the home environment. However, as the HOME relates to some areas in the parent interview and for ease of scoring, it has been incorporated into the parent interview schedule for the GUI Infant qualitative Study. There has been no change to the structure of the scale.

These guidelines and appendices should be read carefully. It is important to be fully familiar with the HOME within the interview schedule and the relevant subscales on the Record Form.

**Procedure: Observation/Interview**

Forty-five items are coded as whether they are based on Observation (O), Interview (I) or Either (E). It was originally envisaged that the HOME would be an observation scale only. This was not practical in the field and on the Record Form it states whether an item is Interview (I), Either (E) or Observation (O).

The advice is that if you cannot observe, for example, the type of toy/material (see Learning Materials Section) it is acceptable to ask whether the infant has use of such a toy.

Please read the appendices attached relating to the HOME, 'Subscale Composition and Individual Item Definitions' and 'Structured Interview Schedule' which explain all the items and give advice on how to phrase the specific interview only items.

**Scoring:**

Eighteen items are based on observation, and a further 12 can be either recorded via interview or observation. The six subscales are integrated into the parent interview schedule. Fifteen items are coded during the interview with the parent. It is essential that the remaining sections of the inventory are scored before leaving the house and this can be undertaken while the parent was completing the Infant Emotion Photographs section. The interviewer completes the summary sheet and a total score is obtained by placing a plus (+) or minus (-) in the box alongside each item on the record form. Subtotals are entered later in the summary sheet to give a total score.

1) Parental Responsivity

The Responsivity subscale has a maximum score of 11, and describes the extent to which the parent responds to the child's behaviour, offering verbal, tactile and emotional reinforcement for desired behaviour and communicating freely through words and actions. It is noted that some of the items on this factor are based on the responsivity of the parent to the Interviewer rather than directly to the child. The assumption is that the parent's style of responding to the Interviewer will reflect habitual patterns of social response and will therefore predict interaction modes between parent and child.



## 2) Acceptance of Child

The Acceptance subscale has maximum score of 8, and assesses parental acceptance of less than optimal behaviour from the infant and avoidance of undue restriction and punishment. The question that may pose difficulty for the interviewers to ask is Item 12: 'No more than one instance of physical punishment during past week'.

See the section on responding to a situation of risk later in this manual.

## 3) Organization of the Environment

The third subscale, Organization, has a maximum score of 6 and refers to the extent to which there is regularity and predictability in the family's schedule, to the safety of the physical environment and to the utilization of community services as part of the family support system.

## 4) Learning Materials

The Learning Materials subscale deals with the provision of appropriate play and learning materials capable of stimulating development. It is not important who bought the toys or whether they are shiny and new but whether they will allow the child to touch, feel, manipulate, move, listen and enjoy. The maximum score is 9.

## 5) Parental Involvement

The extent to which the parent is actively involved in the child's learning and provides stimulation for increasingly mature behaviour is measured by the Involvement subscale. This has a maximum score of 6.

## 6) Variety in Experience.

The final subscale, Variety, describes the inclusion in daily life of people and events that bring some variety (without disorganization) to the infant's life. The maximum score is 5.

### **Wrapping up:**

It is essential that you complete the coding of the Inventory before leaving the house, perhaps while the parent is completing the infant emotional states task. Do not trust your memory. A quick check of the interview schedule noting which items have not been marked, will serve as a reminder to ask about or set up a situation as in item 11: *parent responds positively to praise of child offered by visitor.*

### **Completing the Record Form:**

Complete the following sections of the front page of the summary sheet. Put the ID number in the family name section, with date, your name (as Visitor) and phone number. Complete birth date, age and sex, and interviewee (i.e. mum, dad or carer) and family ethnicity. Do not use any names and addresses as this links data back to the family.

### **Transferring Scores:**

This can be done at home once a + or – has been recorded on the interview schedule. Do not leave this behind in the house. Add up the number of 'pluses' for each subscale and transfer the total to the Summary section of the Record Form. Then add the subscale scores to get a total score.

## **3.4 Infant Photographs**

After the interview schedule is completed the Primary Caregiver is shown 14 photographs of infants displaying different emotional states and asked to name how the infant is feeling in each photograph and how the parent would respond to this infant (adapted from Kropp & Haynes, 1987<sup>3</sup>). This task will take approximately ten minutes to complete. Each of the photographs will be presented to the primary caregiver in the following order<sup>4</sup>:

- Photo 1: Joy
- Photo 2: Distress or pain
- Photo 3: Interest
- Photo 4: Sadness
- Photo 5: Interest
- Photo 6: Anger
- Photo 7: Anger
- Photo 8: Sadness
- Photo 9: Surprise
- Photo 10: Distress or pain
- Photo 11: Fear
- Photo 12: Surprise
- Photo 13: Fear
- Photo 14: Joy

The fieldworkers will use a detachable score sheet with ID, which will be completed by the respondent and then scored for accuracy. The original set of photographs can be retained by researchers for use with the next score sheet on their next interview.

### **3.5 The Baby Profile Page**

A one-page document entitled the Baby Profile Page is completed by the parents at the end of the home visit<sup>5</sup>. This page will allow the parents to record contextual information about important activities in the child's life at their current age. There is space for the parent to take a Polaroid photo of the baby if they so wish and complete text on the baby's personality, favourite toy, favourite food and favourite place. The fieldworkers will provide a Polaroid camera for the parents. The parents' motivation for taking the photograph as well as their interpretation of each item on the Baby Profile Page constitutes part of the analysis at the first wave of the study. As with all other documentation of the study, the photographs will be stored securely with a numeric code throughout the life of the project with only a small number of study team members having access to these data.

## **4. General Field Procedures**

### **4.1. Accessing Respondents:**

#### **Step 1: Initial Contact**

A separate Work Assignment Sheet is given to the fieldworker in respect of each family. The sheet will contain the numeric code assigned to each family, the study child's name, the parent's names, address and telephone number. The fieldworker will make initial contact by telephone and follow this up by sending an information leaflet and consent form to each family invited to participate in the qualitative study

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<sup>3</sup> Kropp, J.P. and Haynes, O.M. (1987). Abusive and Nonabusive Mothers' Ability to Identify General and Specific Emotion Signals of Infants. *Child Development*, Vol. 58, No. 1 (Feb., 1987), pp. 187-190

<sup>4</sup> See Appendix C

<sup>5</sup> See Appendix D

<sup>6</sup>. During the telephone call, the fieldworker will clarify any questions on the project and try to gain verbal consent from respondents to participate in the study.

### **Step 2: Scheduling Date for Interview**

We need to interview the family while the child is between 9 and 11 months old. Therefore we must work promptly to arrange times for interviews. The fieldworker will schedule a suitable date and time with the respondent to conduct the interview in the family home. The consent form must be signed by the parent before the interview can commence. The fieldworker will be flexible with appointments to try and accommodate the availability of both parents. It is recommended at the outset of booking appointments for the home visit that the fieldworkers explain that the most suitable time to conduct the infant assessment would be when the infant is most alert. This should work towards reducing the impact of the infant being tired or hungry on the administration of the infant assessment. It is recommended that at the outset of contacting the families to arrange the home visit the fieldworkers will explain that where possible use of a kitchen or dining room table is required during the infant assessment.

### **Step 4: Special Supports or Participants Needs**

The fieldworker will check with the family prior to the interview if either the parent or child has any particular requirements to participate in the interview (e.g. learning, language, accessibility supports). The fieldworker will have some background information from the quantitative study, but it is still important to double-check with the family before going out to the home.

## **4.2 Conducting Fieldwork**

### **Step 1: Keep a Diary of Appointments**

Each fieldworker has been assigned approximately 40 families each to interview. The scheduled dates for each interview will be recorded. It is important to arrive at the interview on time. If an interview needs to be rescheduled or the fieldworker is delayed please contact the family by phone. An up-to-date diary of records is crucial during fieldwork. This enables fieldworkers to keep a track of the contact they have made with households, and any appointments they have committed to. Failure to keep accurate records may result in missed appointments, causing aggravation to respondents, thereby impacting on response rates. Fieldworkers should be aware of what calls and interviews are outstanding to enable them to plan ahead. Also be aware of distance and timing, especially when visiting an unfamiliar area. Reschedule cancelled or postponed appointments as soon as possible, and clearly mark off tasks that have already been completed. ***Remember we need to interview the family while the child is between 9 and 11 months old.***

### **Step 2: Interview Preparation**

The fieldworker will familiarise themselves with the infant protocols before commencing the interview. It is important that the fieldworker is aware of the sequence of sections and questions arising during the interview. The fieldworker will bring the following to the interview:

- Two copies of the parent's interview schedule
- Polaroid Camera
- Digital Dictaphone
- The Bayley Kit
- Infant Photographs
- The Gift for the Infant Families

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<sup>6</sup> See Appendix E and F

### Step 3: Preventing and Responding to Participant Distress

The fieldworker is obliged to minimise the risk of harm or distress to anyone taking part in the qualitative study. The following is a set of guidelines for preventing and responding to participant distress.

- The fieldworker must never be left alone with a child. A trusted adult must be present at all times. This must be explained to the parent before the interview with the child.
- Explain the process of mandatory reporting to the parent (i.e. *“All the information you give to the fieldworker during the qualitative study will be treated in the strictest confidence except in circumstances where a child or vulnerable person is thought to be at risk”*).
- During the course of the interview, introduce each new section in the schedule and ask the participant if they are ready and comfortable to move onto answering questions about each section. Remind respondents that they have the right to refuse to answer any questions. Invite the respondents to ask questions during any stages of the interview process.
- Be aware of the impact that the fieldworker can have on the interview process. Respect participants’ responses, remain non-judgemental, keep a neutral tone and use language that is age and developmentally appropriate.
- A respondent may show signs that a line of questioning is particularly sensitive to them. They may become quiet, shy, embarrassed or visibly upset. ***If a parent is distressed*** ask the adult how they feel about answering the questions and remind them that they do not have to answer anything that they do not want to. If a parent becomes upset, ask them if they would like to take a break or end the interview. Ask the parent if they would like contact details of relevant support services. Please follow up with a phone call the next day to the parent to check how they are doing since the interview. ***If an infant is distressed during the assessment*** ask the parent if they would like to give the infant a break. If after a short break, the infant does not engage, please terminate the assessment. Please follow up with a phone call the next day to ask how the infant is doing since the interview. If necessary, ask the parent if they would like contact details of relevant support services.

### Step 4: Helpline Numbers

Some of the issues and personal experiences raised during the interview may be distressful for parents. No assumptions should be made by the fieldworker on any issues throughout the interview. A list of helpline numbers is provided for situations where a fieldworker feels it appropriate to offer help to a respondent. The fieldworker should not offer advice to respondents, no matter what the circumstances. The fieldworker can offer the list of helpline numbers to the person concerned<sup>7</sup>.

#### 4.3 Responding to a disclosure of a situation of risk

Fieldworkers are obliged to follow the process of mandatory reporting under *Children’s First: National Guidelines for the Protection and Welfare of Children* from the Department of Health and Children.

### Step 1: Handling Disclosures

The process of mandatory reporting must be explained to the parents at the outset of the interview. If during the course of the interview a child or an adult discloses something that you identify as a risk to the child you must respond to the participant in a non-judgemental or non-threatening manner, keeping your tone neutral and

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<sup>7</sup> See Appendix G

refrain from asking leading questions. Follow the procedures for responding to participant distress if appropriate.

### **Step 2: Reporting Procedures**

Complete the incident report form upon leaving the family home<sup>8</sup>. Record all details regarding the disclosure using the unique numeric code – do not use identifying information on the incident report sheet. Please telephone the project Co-Directors, with details of the disclosure and send a copy of the incident report form. Use the project's emergency phone line if appropriate.

### **Step 3: Emergency Procedures**

If you feel a child or vulnerable person is in an immediate risk situation, please telephone the local Gardaí and the project's emergency phone line if outside of office hours. Telephone the project Co-Directors during office hours and file an incident report form.

## **4.4 Interviewer Safety**

### **Step 1: Inform your colleagues of your whereabouts**

Before conducting fieldwork, as a safety precaution please make sure that a colleague is aware of where you are conducting your fieldwork.

### **Step 2: Never be alone with the child**

During your contact time with the infant or other children in the family home another adult must be present at all times in the same room. This must be explained to the parent before the interview. This is as much for your safety as for the safety of the infant/children.

### **Step 3: Interview Termination**

If you feel uncomfortable, threatened or endangered in any interview situation, please terminate the interview. Use the project's emergency phone line if appropriate. Telephone the project Co-Directors during office hours and file an incident report form.

### **Step 4: Support for Researchers**

Individual support is available to fieldworkers. If a fieldworker is upset or affected by anything that they see or hear during the course of your fieldwork they are invited to talk with either of the project Co-Directors. Independent telephone and face to face counselling support is also available for all TCD employees.

## **4.5 Post Interview Protocols**

### **Step 1: Leaving the Interview**

Once the interview is completed the fieldworker must take all *Growing Up in Ireland* materials from the family home. The fieldworker will thank the family for their time and participation in the study and give the parent the small gift as a token of appreciation.

### **Step2: Fieldworkers Observations**

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<sup>8</sup> See Appendix H

After each interview, the fieldworker (not in the respondent's home) will complete an observation sheet, based on observations made during the interview. These should be completed as soon as possible after the interview<sup>9</sup>.

### **Step 3: Post Interview Contact with Respondents**

Fieldworkers should not initiate contact with either a child or a parent after the fieldwork has been conducted. The only time a fieldworker should contact the respondents post interview is to follow up if a child or a parent was distressed during the interview. In this case the fieldworker will follow up with a phone call the next day to ask how the child or parent is doing since the interview.

If a fieldworker is concerned about a particular respondent, please raise your concerns with the project Co-Directors. Fieldworkers should follow the procedures for reporting disclosures and should not follow up on incidents themselves. The project Co-Directors are responsible for deciding the appropriate course of action to be taken.

**If a respondent makes contact with the fieldworker post interview**, the fieldworker must document this contact using the incident report form and file with the project Co-Directors.

## **5. Contact with Infants**

It is important that the fieldworker explain to the parents what is required of the infant during the developmental assessment. It is important to stress to the parent that the assessment is not a test and there are no right or wrong ways for the infant to respond. Infants develop at different rates and may be at different stages in their cognitive ability, motor development, communication and language development. It is helpful to try and develop a rapport with the infant before commencing the formal assessment process. Chatting and playing with the infant in the presence of their parents, for a few minutes before the assessment can help to break the ice.

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<sup>9</sup> See Appendix I

## The Parents Interview Schedule for Main Study

### 1. Perception of Baby

- Tell me a little bit about [baby]?
- Could you describe [baby's] personality? What is s/he like? For example, is s/he happy most of the time? Does she/he smile a lot, laugh, cry a lot?
- How easy or difficult is it to soothe [baby] when he/she becomes upset? Is [baby] able to soothe himself/herself?
- Would you describe [baby] as easy or difficult to take care of?
- What concerns, if any, do you have about [baby] health?
- Would you describe [baby] as healthy?

### 2. Baby's Routine and Habits

- Tell me about baby's day? Can you tell me about [baby's] routine?
- Overtime how has his/her routine changed? Is there anything about [baby's] routine that you find easier now than when he/she was younger?
- Describe to me what happens when [baby] goes to bed. Tell me for example what happened last night...
- How does he or she let you know what he or she needs?
- What did s/he last have to eat for his/her meal?
- Would anything worry you about your baby's eating habits? Why?
- What kind of views would you have about what your baby should eat?

### I. Responsivity (HOME Infant / Toddler (IT) Inventory)

1. Parent permits child to engage in messy play (ask/ob)
2. Parent spontaneously vocalize to child at least twice.
3. Parent responds verbally to child's vocalizations or verbalizations.
4. Parent tells child name of object or person during visit.
5. Parent's speech is distinct, clear and audible.
6. Parent initiates verbal interchanges with Visitor.
7. Parent converses freely and easily.
8. Parent spontaneously praises child at least twice.
9. Parent's voice conveys positive feelings toward child.
10. Parent caresses or kisses child at least once.
11. Parent responds positively to praise of child offered by Visitor.

### 3. Parent & Child Relationship

- How do you think you and [baby] get along together?
- What words would you use to describe how you feel about [baby]?
- How have [baby's] siblings reacted or behaved towards their new brother/sister?
- How does [baby] get along with other members of the family?
- Do you or your partner relate to child differently? Does this affect your relationship with each other?

### Use Vignette 1: Discipline

'Could I ask you how you would advise a parent who finds themselves in the following situation:

*Anne is doing the weekly shop in the supermarket and Molly her one year old is sitting in the trolley and getting irritable. The child starts screaming very loudly and tries to get out of the trolley. People are looking around at her and the child. How do you suggest Anne deals with the situation?'*

## II. Acceptance (HOME Infant / Toddler (IT) Inventory)

12. (No more than 1 instance of physical punishment during past week) Some people find that they might need to give the baby a slap now and then. Is this something that you do?
13. Family has a pet.
14. Parent does not shout at child.
15. Parent does not express overt annoyance with or hostility to child.
16. Parent neither slaps nor spansks child during visit.
17. Parent does not scold or criticize child during visit.
18. Parent does not interfere with or restrict child more than 3 times during visit.
19. At least 10 books are present and visible.

## 4. Service Utilisation

### 4.1 Experience of Ante-Natal Services:

- Can you tell me about the services you accessed during your pregnancy? For example doctor appointments, hospital visits to the antenatal clinic, consultations with midwife or private consultant etc.
- Was this a public, semi-private or private service?
- What was your experience like? How did you find this service?
- What did you find positive about these services? / What did you find negative about these services?
- What if anything would you have changed about this experience?

### 4.2 Experiences during Labour & Delivery?

- What was your experience of pregnancy? Was it your first pregnancy? Were there any particular difficulties? What was the birth experience like?
- When you first saw [baby] what did you feel? Was it different from when you gave birth to your other children?
- If you breastfed in the first few weeks, or are breastfeeding now, what was/is your experience like? Is there anything that makes this difficult for you?
- What was your experience of this health service during the birth of your baby? How did you find this service?
- What did you find positive about these services? / What did you find negative about these services?



- What if anything would you have changed about this experience?

#### **4.3 Experience of Post-Natal Services**

- After your baby was born, what was your experience of the post-natal services that you accessed? For example hospital check-ups, doctor appointments, the Public Health Nurse, Baby Clinics, paediatricians?
- Was this a public, semi-private or private service?
- What was your experience like? How did you find these services?
- What did you find positive about these services? / What did you find negative about these services?
- What if anything would you have changed about this experience?

**Filter Question:** Do you receive any type of support from the State in bringing your baby up? (If so ask the following questions)

#### **4.4 Formal Support**

- What type of support do you think the State should provide to parents generally and to your family in particular?

#### **4.5 Income Support**

- Do you receive any type of income support (e.g. say Family Income supplement or Supplementary Welfare allowance, rent or mortgage allowance)?
- Do you think you *need* anything like that? In what ways do you need it?
- What kind of financial support do you get from the state to help you with your baby?
- How do you feel about this support?
- Do you think you need more support or different support?

#### **4.6 Housing Support**

- Do you get support from the state regarding your housing needs?

If yes

- What do you think about this?
- What kind of support do you think you need?

#### **4.7 Additional Supports**

- Are there any services that you feel you need now that you can not get?
- Thinking back to when you first realised you were pregnant you're your baby, were there any supports which you feel you should have been provided with by the State?
- Thinking back over the months since your baby was born were there any supports from the State which you would you have benefited from a service that you could not find or couldn't receive?

### **5. Transition to Parenthood**

- What has it been like for you becoming a parent (again)?
- How has your life changed since having this child?
- Can you tell me a little about that? Has it changed for better or for worse?
- Do you feel you have to adjust your lifestyle around baby or baby has to adjust to your lifestyle?
- How do you feel about that?
- How different is being a parent from what you thought?
- How has it changed how you think about yourself?

- Has being a parent changed your relationship with your partner? Since being pregnant? Since birth of study child?
- How do you deal with stresses on your relationship?
- How do you make time for yourselves as a couple and individually?
- How do you de-stress?

**Use Vignette 2: Handling and emergency**

This is an example of an emergency you may have to cope with. It is not a test, there are no right or wrong answers, just let me know what you would do...

*Lucy is 10 months and is playing on the floor at home. She seems to have come across a small object because you see her put it in her mouth. You are worried she may have swallowed it. What would you do?*

**III. Learning Materials (HOME Infant / Toddler (IT) Inventory)**

1. Muscle activity or equipment.
2. Push or pull toy.
3. Stroller or walker, kiddie car, scooter, or tricycle.
4. Cuddly toy or role-playing toys.
5. Learning facilitators – mobile, table and chair, high chair, play pen.
6. Simple eye-hand coordination toys.
7. Complex eye-hand coordination toys.
8. Toys for literature and music.
9. Parent provides toys for child to play with during visit.

**IV. Involvement (HOME Infant / Toddler (IT) Inventory)**

10. Parent talks to child while doing household work.
11. Parent consciously encourages developmental advance.
12. Parent invests maturing toys with value via personal attention.
13. Parent structures child's play periods.
14. Parent provides toys that challenge child to develop new skills.
15. Parent keeps child in visual range, looks at often.

**6. Perception of Being a Parent**

- What is your role as [baby's] mother? What is your role as [baby's] father?
- What are the things that you do with [baby] that your partner does not?
- What do you enjoy about being a parent?
- How confident do you feel as a parent?
- What would you see as the main influences on you as a parent?
- What role has your own family played in how you are as a parent?
- How do you think your child's temperament, personality or behaviour affects how you are as a parent?

**Use Vignette 3: Intrusiveness/Self-Direction**  
(Ispa et al.)

*A family friend gives your baby a new toy. You sit down to play with your baby. Tell me a little bit about what happens during the play session...how do you both play together?*

**Researcher may need to prompt with a toy and observe for:**

- Turn-taking
- Allowing child to shape focus and pace of play
- Mother controlling the activity
- Intrusiveness
- Imposing their agenda

**7. Decision-Making and Social Support**

- Who makes the decisions in your household?
- Who makes the decisions concerning [baby]?
- Tell me about how supported you feel in bringing up [baby]?
- In what way does your partner support you with [baby]?
- In what ways, if any, do [baby's] grandparents help out?
- How do you feel about other family members offering advice on bringing up [baby]?
- What is it like being a parent at this time?
- Where or to whom do you turn to for advice or information on parenting? For example, friends with young children....
- How often would you see them? What would you do together?
- What are the things that are difficult for new parents?
- What things would you like to change?
- What do you think about social groups like parent/toddler groups? Have you ever taken part in a group?

**8. Community & Neighbourhood**

- When you go out with [baby] where would you bring him/her? For example, is there a park or somewhere to bring him/her for a walk?
- How safe do you feel when you bring your baby out?
- Have you a garden or green space where [baby] can play?
- What, if any, do you feel are the environmental risks to your baby? Such as pollution, noise, traffic?
- How do you connect to or get involved with your neighbourhood / community?

**VI. Variety (HOME Infant / Toddler (IT) Inventory)**

- 16. Father provides some care daily.
- 17. Parent reads stories to child at least 3 times weekly.
- 18. Child eats at least one meal a day with mother and father.
- 19. Family visits relatives or receives visits once a month or so.
- 20. Child has 3 or more books of his/her own.

## 9. Work / Life Balance

- Are you currently at home with the baby or working outside the home?
- What plans do you have to stay at home or return to work?
- What is your reason for this?

**Note: Researcher proceed to 9.1 or 9.2 below**

### 9.1 Ask if parent is at home with baby:

- How do/did you feel about being at home with the baby?
- What do you like about staying home to mind baby?
- What is your day like?
- What are the good things about being at home with the baby?
- What are the difficult things about being home with the baby?
- How would you counteract this?
- Can you tell me if you have felt isolated or stressed since you have been home with the baby??

*Why?*

*If yes, how do you cope with this?*

*Do you get time for yourself?*

*What do you do to relax?*

### 9.2 Ask if parent has returned to work:

- How did you feel about leaving baby to go back to work?
- How do you feel now about being back in work?
- What are the good things about going back to work? Is there anything you enjoy in particular with your baby since you (your partner) have been back working?
- What are the difficult things about being back at work? Is there anything that you would pick out as particularly difficult? How are you dealing with this difficulty? Generally how supported did you feel during this period?
- Has there been any change in the relationship with your baby when you /your partner started to work again?
- Are there any changes in family routine since you /your partner's went back to work after the maternity leave?
- How is your working life different now after having a child?
- What is it like have a dual role? How do you cope with this?
- How important is your career to you?  
*Do you feel disadvantaged in your career by having a baby?*
- What provisions do your employers provide for working parents?  
*How do they support young parents?*
- As a mum / dad what would the ideal work/life balance be?

#### **Use Vignette 4: Attachment**

*You are getting ready to go to a wedding. It is your first time leaving baby with a relative over night. As you put baby to bed s/he senses something different and doesn't settle in his/her cot and starts crying. What do you do?*

- How you feel about leaving baby at any time?

## 10. Childcare

- If you have your baby in childcare, what type do you use?
- How do you feel about this choice of childcare?
- How has baby settled?  
*Is baby happy when dropped off and picked up from childcare?*  
*Has baby's feeding and sleeping routines been maintained during day and evening?*
- What would the ideal child care situation be for you? What would prevent that?
- How do you feel about your child playing on the floor? Why?
- What are your views about household and/or crèche cleanliness?

## V. Organization (HOME Infant / Toddler (IT) Inventory)

- 21. Child care, if used, is provided by one of 3 regular substitutes.
- 22. Child is taken to grocery store at least once a week.
- 23. Child gets out of house at least 4 times a week.
- 24. Child is taken regularly to doctor's office or clinic.
- 25. Child has a special place for toys and treasures.
- 26. Child's play environment is safe.

## 11. Current and Future Concerns and Aspirations for your Baby

- Many parents worry about their child's health and development. What concerns might you have about baby reaching particular milestones?
- What concerns do you have for [baby] now and over the next few years?
- What would your hopes be for your baby as he or she grows and develops?
- Do you have any plans for [baby] going to playschool, starting school?
- Describe for me what you think your family will be like when we come back when baby is 3?
- Thinking of the future, when [baby] is 3 years do you think you will be living and in the same place? Do you have any plans to work outside the home by the time [baby] is 3 years?
- Thinking of the future, when [baby] is 3 years do you think you will be living and working in the same place?
- Do you have any future plans for childcare? If so, what are your future plans for childcare when [baby] is 3 years?

# The Father's Telephone Interview Schedule for Main Study

## 1. Parent & Child Relationship

- How do you think you and [baby] get along together?
- What words would you use to describe how you feel about [baby]?
- Do you or your partner relate to [baby] differently? Does this affect your relationship with each other?

## 2. Transition to Parenthood

- What has it been like for you becoming a parent (again)?
- How has your life changed since having this child?
- Can you tell me a little about that? Has it changed for better or for worse?
- Do you feel you have to adjust your lifestyle around [baby] or does [baby] have to adjust to your lifestyle?
- How do you feel about that?
- How different is being a parent from what you thought?
- How has it changed how you think about yourself?
- Has being a parent changed your relationship with your partner?
- How do you deal with stresses on your relationship?
- How do you make time for yourselves as a couple and individually?
- How do you de-stress?

## 3. Perception of Being a Parent

- What is your role as [baby's] father?
- What are the things that you do with [baby] that your partner does not?
- What do you enjoy about being a parent?
- How confident do you feel as a parent?
- What would you see as the main influences on you as a parent?
- What role has your own family played in how you are as a parent?
- How do you think your child's temperament, personality or behaviour affects how you are as a parent?

## 4. Decision-Making and Social Support

- Who makes the decisions in your household?
- Who makes the decisions concerning \_\_\_\_\_?
- Tell me about how supported you feel in bringing up [baby]?
- In what way does your partner support you with \_\_\_\_\_?
- In what ways, if any, do [baby's] grandparents help out?
- How do you feel about other family members offering advice on bringing up baby?
- What is it like being a parent at this time?
- Where or to whom do you turn to for advice or information on parenting? For example, friends with young children....
- How often would you see them? What would you do together?
- What are the things that are difficult for new parents?
- What things would you like to change?
- What do you think about social groups like parent/toddler groups? Have you ever taken part in a group?

## **5. Work / Life Balance**

- How did you feel about leaving [baby] to go to work?
- How is your working life different now after having a child?
- What is it like have a dual role? How do you cope with this?
- How important is your career to you?  
*Do you feel disadvantaged in your career by having a baby?*
- What provisions do your employers provide for working parents?  
*How do they support young parents?*
- As a dad what would the ideal work/life balance be?

## **6. Current and Future Concerns and Aspirations for your Baby**

- Many parents worry about their child's health and development. What concerns might you have about baby reaching particular milestones?
- What concerns do you have for [baby] now and over the next few years?
- What would your hopes be for your baby as he or she grows and develops?
- Do you have any plans for [baby] going to playschool, starting school?
- Describe for me what you think your family will be like when we come back when baby is 3?
- Thinking of the future, when [baby] is 3 years do you think you will be living and in the same place? Do you have any plans to work outside the home by the time [baby] is 3 years?
- Thinking of the future, when [baby] is 3 years do you think you will be living and working in the same place?
- Do you have any future plans for childcare? If so, what are your future plans for childcare when [baby] is 3 years?



**HOW WOULD YOU RESPOND TO THE BABY ?**

**WHAT IS THE BABY FEELING ?**

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- 4. Smile and repeat what you did.
- 5. Scold or punish the baby (e.g. say "bad baby" and frown).
- 6. Find out what's causing the problem.
- 7. Cuddle and hug the baby.

- A. Distress or pain
- B. Surprise
- C. Sadness
- D. Joy or happiness
- E. Interest
- F. Fear
- G. Anger





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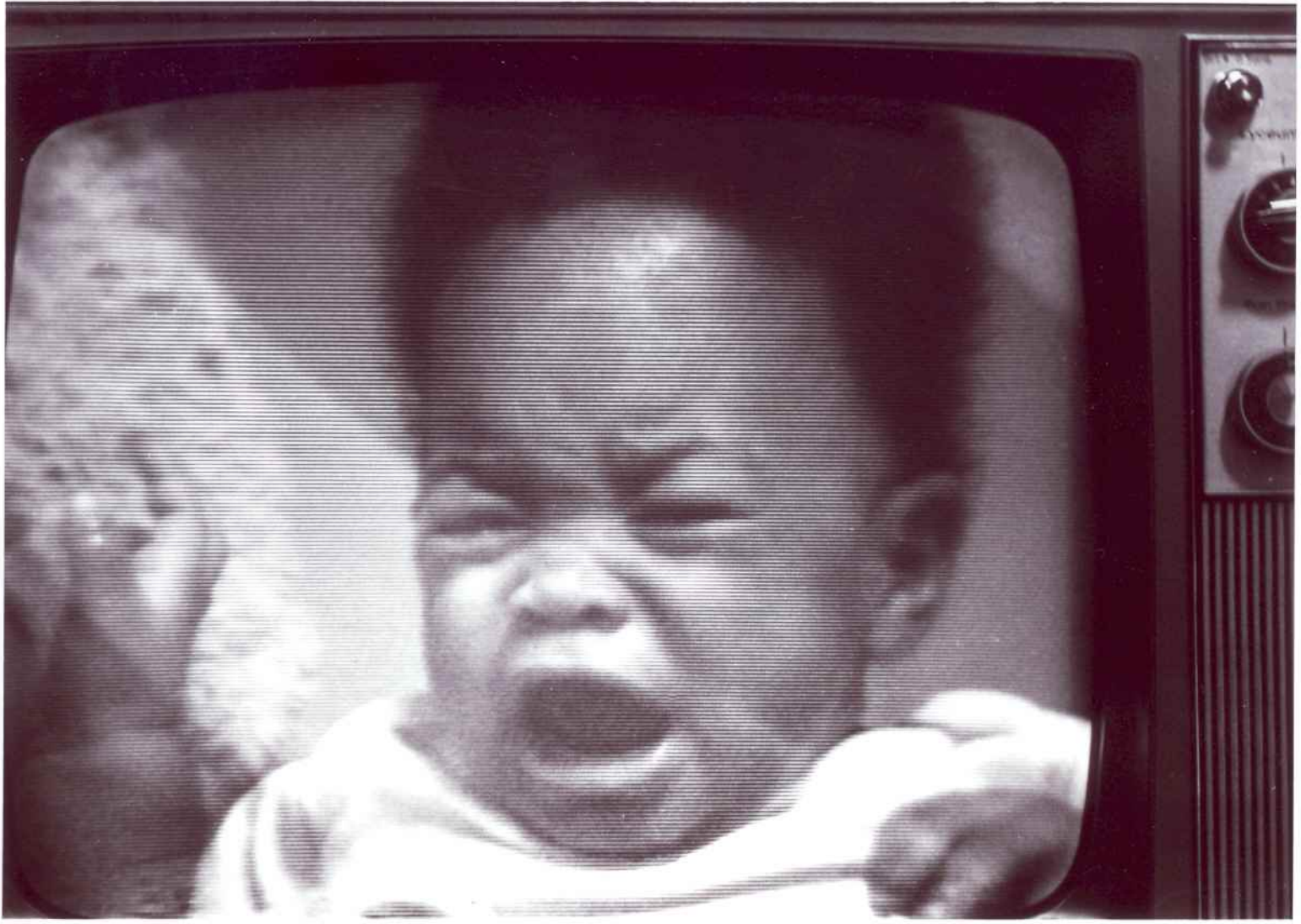
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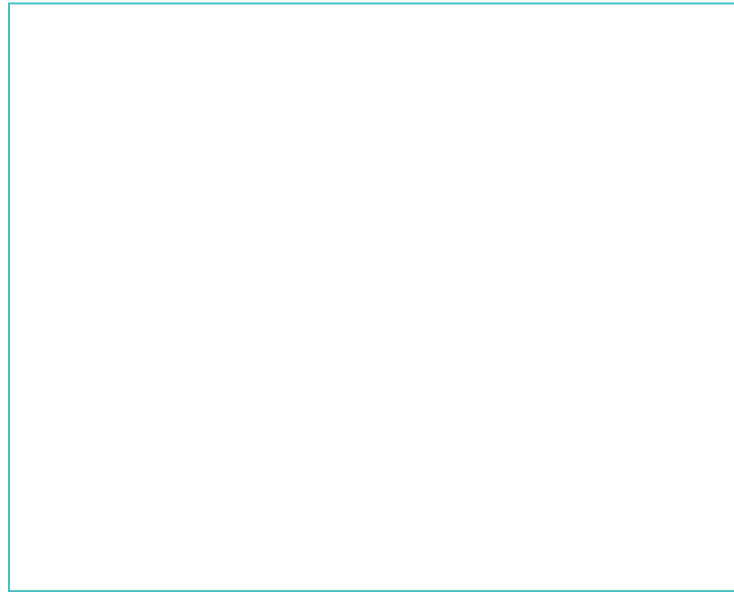
Area

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Household

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## Baby Profile Page



## Baby's Personality

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## Favourite Toy

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## Favourite Food

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## Favourite Place

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## Growing Up in Ireland Qualitative Study

## Information for Parents / Guardians

In recent months you and your child were one of 10,000 families who took part in the ***Growing Up in Ireland*** study. From everyone here at the ***Growing Up in Ireland*** team, we would like to say a big thank-you for your support and participation.

The team is now carrying out a much smaller and more in-depth study referred to as a 'qualitative study'. We are inviting 120 families from the original 10,000 families to take part in this study and your family has been one of those chosen.

### **What is the qualitative study?**

The main ***Growing Up in Ireland*** study involved 10,000 families and aims to put together a broad picture of children in Ireland and their development. You will remember that taking part mostly involved ticking boxes on a questionnaire.

The qualitative study is a much smaller study with just 120 families. It aims to complement the main study by gathering more detailed information on the everyday lives of infants and their parents as told in their own words.

### **How was my child selected for the qualitative study?**

We have randomly selected 120 families from the original 10,000 families who have taken part in the main study.

### **What happens if I take part in the qualitative study?**

If you agree to take part, a specially trained Study Researcher will arrange a visit to your home at a time which is convenient to your family. We will need to meet with your family while your child is between 9 and 11 months old.

During the visit the Researcher will interview you and your partner (if relevant) and carry out a developmental assessment test with your infant.

***In order to create as full a picture as possible of each infant participating in the qualitative study it is very important that, where relevant, we speak to BOTH resident parents during the interview. This will ensure we can capture the views and opinions of both mothers and fathers and gain a better understanding of the different influences which mums and dads have on their infant.***

***For example, if a parent cannot be present at the interview due to work commitments, with your consent, we will carry out a telephone interview with you at a convenient time.***



### What kinds of things will my family be asked to talk about?

You and your partner (if relevant) will be asked to talk about your everyday lives including: baby's routine; being a parent; work/life balance; childcare and aspirations for your baby. The interview will last about 60 minutes and will be recorded on tape to allow the researcher to chat to you properly and ensure that we remember everything that you tell us.

We wish to observe you and your baby in his/her home environment to give us a rounded picture of their development. The researcher will observe the interactions between you and your baby.

With your consent, we will undertake an assessment of your baby. This standard assessment is widely used in child development research and will take about 30 minutes. The best time to do this assessment is when your baby is most alert and awake. If possible the assessment should be carried out at the kitchen or dining room table.

At the end of the interview, you will be given a *Baby Profile Page* for you to record some things about your baby's life at 9 - 11 months. The researcher will bring a Polaroid Camera to your home so that you can take a photograph for the *Baby Profile Page*. The researchers will retain the *Baby Profile Page* until the next visit when your child is three years of age.

### Confidentiality

All the information you and your child give to the Researcher during the qualitative study will be treated in the **strictest confidence** except in circumstances where a child or other vulnerable person is thought to be at risk<sup>1</sup>.

### Storing your data

The information we collect on your family will be stored securely for the duration of the project which is envisaged to be seven years in the first instance. The project may be extended for a longer period. Identifying information will be removed from the data and names and addresses will be stored separately. We recognise that the photographs by their very nature are identifying and we will store all photographs in a secure location separate to any names and addresses. The information which could identify you and your family will only be accessed by the immediate members of the Study Team who have been vetted by An Garda Síochána and are bound by confidentiality legislation as Officers of Statistics.

### Following up in three years time

As you know ***Growing Up in Ireland*** is a long-term study. The qualitative study is also long-term and we would like to come back to your home in three years time when your child is three years old to do a similar qualitative study. This will be in addition to returning in three years time for the main study.

### Who are the Researchers?

The Researcher who will call to your home is from Trinity College, Dublin. Each interviewer is a specially trained social researcher and has been subject to security vetting by An Garda Síochána. In addition each of the researchers has been appointed as Officers of Statistics by the Central Statistics Office for the purpose of this study. This means that all of the researchers are bound by confidentiality legislation which is part of the Statistics Act.

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<sup>1</sup> *Growing Up in Ireland* adheres to the guidelines outlined by the Department of Health and Children (1999) *Children First : national guidelines for the protection and welfare of children*

The Researcher is not allowed to be alone with your child. You or another adult must be present at all times. This is for the protection of both your child and the Researcher.

Each interviewer carries a photo ID card. If you have any concerns about the study or the Researcher or would like to confirm his/her identity you can contact Ms Jillian Heffernan at Trinity College, Dublin on 01-896 3378.

#### **What are my rights if I take part?**

- Just as in the main study you may choose to withdraw from the qualitative study at any time, even after the Researcher has called to your home. At that stage, if requested, we would delete all information previously collected about you.

## **Growing Up in Ireland Qualitative Study**

#### **What happens next?**

One of our research team will contact you by telephone in the coming days to answer any questions you may have about the qualitative study. If you are happy to take part, you can complete the consent form enclosed and post it back to us in the pre-paid envelope.

#### **Where can I find out more information?**

**Freephone:** 1800 200 434  
or contact our Communications Officer,

Jillian Heffernan, on 01 896 3378

**Web:** [www.growingup.ie](http://www.growingup.ie)

**Email:** [growingup@esri.ie](mailto:growingup@esri.ie)

**Post:**  
**Growing Up in Ireland,**  
**The Children's Research Centre**  
**Trinity College, Dublin**  
**Dublin 2**



## PARENT / GUARDIAN CONSENT FORM –Qualitative Study

Name of Child: \_\_\_\_\_  
(BLOCK CAPITALS PLEASE)

Child's Date of Birth: \_\_\_\_\_  
(BLOCK CAPITALS PLEASE)

- I have read and understand the information sheet provided about this qualitative part of the study.
- I understand that I can ask any questions I may have at any time before or during the interview.
- I consent to my child, and myself, being included in research being conducted for the **Growing Up in Ireland** qualitative study.
- I confirm that I am the legal guardian of the child and entitled to complete this interview on his/her behalf.
- I understand that the main aim of the project is to collect more detailed information on the lives of infants and their parents as told in their own words.
- I understand that my child has been selected from the 10,000 original families who took part in the main study
- I understand that information will also be collected from my child's other parent and my spouse or partner (where different)
- I understand that the researcher will bring a Polaroid Camera to my home so that I can take a photograph for the *Baby Profile Page*. I understand that the researchers will retain the *Baby Profile Page* until the next visit when my child is three years of age.
- I understand that the photograph from the *Baby Profile Page* will be stored in a secure location and separate to any information that could identify my family such as names and addresses.
- I understand an assessment of my child will be carried out using the Bayley Scales of Infant and Toddler Development.
- I understand that the information will be stored, on a confidential basis, on a computer and will be used for research purposes only.
- I understand that the information collected on my family will be stored securely for the duration of the project which is envisaged to be seven years in the first instance.
- I understand that, because this study looks at children's development over time, I will be asked to participate in a follow-up study when my child is three years of age.
- I understand that I may withdraw my participation, and that of my child, at any time, including after the information has been collected.
- I understand the information collected from me may be written in a report about the study.
- I understand that all real names and identifying details will be taken out of the report so readers will not be able to identify my family.
- I understand the conversation that I have with the researcher will be taped, and that that this tape will be transcribed to allow analysis to be carried out. The tape will be strictly confidential and used only for analysis purposes.

Name of Parent/Guardian \_\_\_\_\_  
(BLOCK CAPITALS PLEASE)

Address of Parent/Guardian: \_\_\_\_\_  
(BLOCK CAPITALS PLEASE)

Signature of Parent / Guardian: \_\_\_\_\_

Date: \_\_\_\_\_ Contact telephone: \_\_\_\_\_

*If relevant:*

Name of parent/guardian not resident in your household: \_\_\_\_\_  
(BLOCK CAPITALS PLEASE)

Address of parent/guardian not resident in your household: \_\_\_\_\_

\_\_\_\_\_  
(BLOCK CAPITALS PLEASE)

Signature of parent/guardian not resident in your household: \_\_\_\_\_  
(BLOCK CAPITALS PLEASE)

Date:\_\_\_\_\_ Contact telephone:\_\_\_\_\_

## Appendix 2 - Helpline Numbers

### Child Protection Services

County	Address	Phone Number	Office Hours
<b>Carlow</b>	Ground Floor, St. Dymphna's Hospital, Athy Road	Tel: (059) 9136587	9.00am to 5.00pm
<b>Cavan</b>	HSE Community Child & Family Services, Drumalee Cross, Co. Cavan	Phone (049) 4377305 / (049) 4377306	9am - 5pm Monday - Friday
<b>Clare</b>			
Ennis	Rover House, Gort Road, Ennis, Co. Clare	Tel: 065 686 3907	
<b>Cork</b>			
West Cork	Coolnagarrane, Skibbereen, Co. Cork	Tel: (028) 40447	9.00am - 5.00pm
South Lee	South Lee Social Work Dept., St. Finbarr's Hospital, Cork.	Tel: (021) 4923001	
North Lee	Blackpool, Co. Cork	Tel: (021) 4927000	
Mallow	North Goulds Hill House, Mallow, Co. Cork.	Tel: (022) 21484	
Cork City	Georges Quay, Cork City, Co. Cork.	Tel: (021) 4965511	
<b>Donegal</b>			
Letterkenny	Millennium Court, Pearse Road, Co. Donegal.	Tel: (074) 9123672 / 3770	
Donegal Town	Euro House, Killybegs Road, Donegal West.	Tel: (074) 9723540	
Buncrana	Links Business Centre, Lisfannon, Donegal East.	Tel: (074) 9320420	
<b>Dublin North</b>	Health Centre, Cromcastle Road, Coolock, Dublin 5	Tel: (01) 816 4200 / 44	
<b>Dublin North Central</b>			
	22 Mountjoy Square, Dublin 1	Tel: (01) 855 6871	9.30am to 5pm
	Ballymun Health Centre, Dublin 11	Tel: (01) 842 0011	9.30am to 5pm
<b>Dublin North West</b>			
	Wellmount Park, Finglas, Dublin 11	Tel: (01) 856 7704	
	Rathdown Road, Dublin 7	Tel: (01) 882 5000	
<b>Dublin West</b>			
Ballyfermot	Bridge House, Social Work Department, Cherry Orchard Hospital, Dublin 10.	Tel: (01) 620 6387	9.00 - 1.00 2.15 - 5.00
<b>Dublin South East</b>	Vergemount Hall, Clonskeagh, Dublin 6	Tel: (01) 268 0320	9am - 1pm and 2:15 to 5pm.
<b>Dublin South City</b>			
	Duty Social Work Carnegie Centre 21-25 Lord Edward Street, Dublin 2	Tel: (01) 648 6555	
	Public Health Nursing, 21-25 Lord Edward Street, Dublin 2	Tel: (01) 648 6555	
	Family Support Service, Donore Avenue	Tel: (01) 416 4441	
<b>Dublin South West</b>	Millbrook Lawns, Tallaght, Dublin 24	Tel: (01) 452 0666	
<b>Dun Laoghaire</b>			
	Tivoli Road, Dun Laoghaire, Co. Dublin	Tel: (01) 284 3579	

	102 Patrick Street, Dun Laoghaire, Co. Dublin	Tel: (01) 236 5120	
<b>Galway City and County</b>			
Oughterard	Health Centre, Oughterard, Co. Galway	Tel: (091) 552200	
Ballinasloe	Health Centre, Brackernagh, Ballinasloe, Galway	Tel: 09096 46200	
Loughrea	Health Centre, Loughrea, Co. Galway	Tel: (091) 847820	
Tuam	Health Centre, Vicar Street, Tuam, Galway	Tel: (093) 24492	9.30am - 12.30am Mon/Wed/Fri
	Local Health Office, HSE West, 25 Newcastle Road	Tel: (091) 546366/370/325/369	
<b>Kerry</b>			
Tralee	28 Moyderwell, Tralee, Co. Kerry	Tel: (066) 7184500	9a.m. - 5p.m. Mon - Fri
Killarney	St. Margaret's Road, Killarney, Co. Kerry	Tel: (064) 50700	9a.m. - 5p.m. Mon - Fri
<b>Kildare</b>	Swan Centre, Fairgreen Street, Naas, Co. Kildare	Tel: (045) 882 400	9am-5pm daily
<b>Kilkenny</b>	11 Patrick Street, Co. Kilkenny	Tel: (056) 7784782	9.00am to 5.00pm
<b>Laois</b>	Child and Family Centre, Portlaoise, Co. Laois	Tel: (057) 86 92567	9.30am to 5pm
<b>Limerick</b>			
South Hill	South Hill, Limerick	Tel: (061) 209985	9.30am - 5.00pm Monday to Friday
Newcastle West	Newcastle West, Co. Limerick	Tel: (069) 62155	9.30am - 5.00pm Monday to Friday
Roxtown	Roxtown Terrace, Old Clare Street, Limerick	Tel: (061) 417622	9.30am - 5.00pm Monday to Friday
Ballynanty	Ballynanty, Limerick	Tel: (061) 457100	9.30am - 5.00pm Monday to Friday
<b>Longford</b>	Tivoli House, Dublin Road, Co. Longford	Tel: (043) 50584	9.30am to 5pm
<b>Louth</b>			
Dundalk	Local Health Care Unit, Wilton House Stapleton Place, Dundalk, Co. Louth	Tel: (042) 9392200	9am - 5pm Monday - Friday
<b>Mayo</b>			
Swinford	Swinford Health Centre, Aras Attracta Co Mayo	Tel: (094) 905 0133	9.30am - 5pm daily
Castlebar	Castlebar Hill House Mountain View Co. Mayo	Tel: (094) 902 2283	9.30am - 5pm daily
Ballina	Ballina Health Centre, Mercy Road Co. Mayo	Tel: (096) 21511	9.30am - 5pm daily
<b>Meath</b>			
Navan	Family Resource Centre, Commons Road, Navan	Tel: (046) 9073178	
Dunshaughlin	Dunshaughlin Health Care Unit, Dunshaughlin	Tel: (01) 802 4102	
Navan	Child and Family Centre, Navan	Tel: (046) 9078830	
Navan	Enterprise Centre, Navan	Tel: (046) 9097817	
<b>Monaghan</b>	Local Health Care Unit, Rooskey, Co. Monaghan	Tel: (047) 30426 / 427	9.30am to 5pm
<b>Offaly</b>	O'Carroll Street, Tullamore, Co. Offaly	Tel: (057) 93 22488	9.30am to 5pm
<b>Roscommon</b>			
Castlerea	Knockroe, Castlerea, Co. Roscommon	Tel: (090) 66 37843	9.30am - 5pm daily
Boyle	Boyle, Co. Roscommon	Tel: (071) 966 2087	9.30am - 5pm daily
	Lanesboro Road, Co. Roscommon	Tel: (090) 66 37528	9.30am - 5pm daily
	Abbeytown House, Abbey Street, Co. Roscommon	Tel: (090) 66 37014	9.30am - 5pm daily
<b>Sligo, Leitrim, West Cavan</b>			
Leitrim	Community Care Office, Leitrim Road	Tel: (071) 965 0324	10:00am to 1:00pm

<b>Sligo</b>	Carrick on Shannon, Co. Leitrim One Stop Shop, Teach Laighne, Humbert Street Tubbercurry, Co. Sligo	Tel: (071) 912 0454	10:00am to 1:00pm
<b>Sligo</b>	Markievicz House, Barrack Street, Co. Sligo	Tel: (071) 915 5133	10:00am to 1:00pm
<b>Tipperary</b>			
North Tipperary	Annbrook, Nenagh, Co. Tipperary	Tel: (067) 41934	
Thurles	St.Mary's Health Centre, Parnell Street, Thurles	Tel: 0504 23211	
South Tipperary	Community Care Services, Western Road Clonmel, Co. Tipperary	Tel : (052) 77303	
<b>Waterford City and County</b>			
Waterford City	Social Work Service, Cork Road, Waterford	Tel: (051) 842 827	9am - 5pm Mon, Wed and Fri
Dungarvan	Social Work Department St. Joseph's Hospital, Dungarvan	Tel: (058) 20918 / 20920 / 20921	9am - 5pm Monday - Friday
<b>Westmeath</b>			
Athlone	Athlone Health Centre, Coosan Road, Athlone	Tel: (09064) 83106	9.30am to 5pm
Mullingar	Child and Family Centre, St. Loman's Mullingar, Co. Westmeath	Tel: (044) 93 84450	9.30am to 5pm
<b>Wexford</b>			
Ferrybank	Ely House, Ferrybank, Co. Wexford	(053) 912 3522 Ext 201	9am - 5pm Monday - Friday
New Ross	Hospital Grounds, New Ross, Co. Wexford	Tel: (051) 421445	9am - 5pm Monday - Friday
Enniscorthy	Millpark Road, Enniscorthy, Co. Wexford	Tel: (053) 9233465	9am - 5pm Monday - Friday
<b>Gorey</b>	Hospital Grounds, Gorey, Co. Wexford	Tel: (053) 9430100	9am - 5pm Monday - Friday
<b>Wicklow</b>			
Wicklow Town	Seafront, Wicklow Town, Co. Wicklow	(0404) 60800	9am - 5pm Monday - Friday
Bray	The Civic Centre, Main Street, Bray, Co. Wicklow	(01) 274 4180 / 4100	9am - 5pm Monday - Friday
Kildare/West Wicklow	Swan Centre, Fairgreen Street, Naas ,Co Kildare	(045) 882 400	9am - 5pm Monday - Friday
Delgany	Delgany Health Centre, Delgany, Co. Wicklow	(01) 287 1482	9am - 5pm Monday - Friday

Organisation	Address	Telephone	Office Hours
<b>Children's Phone Line</b>			
Childline	<a href="http://www.childline.ie">www.childline.ie</a>	1800 66 66 66	24 hours a day, 365 days a year
<b>Parenting</b>			
Parentline	Carmichael House, North Brunswick St, Dublin 7	1890 92 72 77	Monday – Thursday 10 a.m. – 9. 30 p.m. and Friday 10 a.m. – 4.30 p.m.
Treoir	Custom House Sq, IFSC, Dublin 1	(01) 670 0120	
<b>Family Support Services</b>			
Health Service Executive	Oak House, Millennium Park, Naas, Co. Kildare	<b>1850 24 1850</b>	8am to 8pm, Monday to Saturday.
Barnardos	Christchurch Square, Dublin 8	1850 222 300	Phone line open 24 hours
ISPCC	20 Molesworth Street, Dublin 2	(01) 679 4944	
<b>Abuse</b>			
CARI (Children at Risk in Ireland)	110 Lwr Drumcondra Rd, Dublin	1890 924 567	Monday to Friday 9:30am to 5:30pm
Rape Crisis Centre	70 Lower Leeson St, Dublin 2	1800 778 888	Mon - Fri - 8.00am to 7.00pm Sat - 9.00am - 4.00pm
Women's Aid	Everton House, 47 Old Cabra Road, Dublin 7	1800 341 900	
<b>Bullying</b>			
National Parents Council (Primary)	12 Marlboro Ct, Dublin 1	(01) 887 4034	Mon – Fri – 10.00am to 12.30pm
<b>Depression</b>			
Aware	72 Leeson St. Dublin 2	1890 303 302	seven days a week from 10am-10pm.
Samaritans	112 Marlborough St, Dublin 1	1850 60 90 90	Phone line open 24 hours
<b>Bereavement</b>			
Solas Child Bereavement Counselling Service	Christchurch Square, Dublin 8	(01) 473 2110	Phone line open 24 hours
<b>Eating Disorders</b>			
Bodywhys	PO Box 105, Blackrock, Co. Dublin	1890 200 444	
<b>Drugs</b>			
Drug/HIV Helpline		1800 459 459	Phone line open 24 hours
NA (Narcotics Anonymous)	4-5 Eustace St, Dublin 2	(01) 672 8000	
<b>Crime</b>			
Victim Support	Halliday House, 32 Arran Quay, Dublin 7	1850 66 17 71	
<b>Alcoholism</b>			
Al-Anon Information Centre	5/6 Capel Street, Dublin 1	(01) 873 2699	
Alcoholics Anonymous	109 South Circular Road, Dublin 8	(01) 453 8998	
<b>Counselling</b>			
Irish Association for Counselling and Therapy	8 Cumberland St, Dun Laoghaire, Co. Dublin	(01) 230 0061	
<b>Gambling</b>			
Gamblers Anonymous	Carmichael House, North Brunswick St, Dublin 7	(01) 872 1133	
<b>Financial Services</b>			
Financial Information Service Centre	83 Pembroke Road, Dublin 4	(01) 637 7361	
<b>Legal Advice</b>			
Free Legal Advice	13 Lower Dorset St, Dublin 1	(01) 874 5690	
<b>Literacy</b>			
National Adult Literacy Association	76 Lower Gardiner Street, Dublin	1800 20 20 65	





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## NATIONAL LONGITUDINAL STUDY OF CHILDREN IN IRELAND

**STRICTLY CONFIDENTIAL**

### Incident Report Form

To be completed by the interviewer IMMEDIATELY after any incident in the field

Name:

Nature of Incident:	
Location of Incident:	
Office use only Date rec'd:	Processed by:
Action:	
Outcome:	

# Interview Notes & Observation Form

Duration of the Interview: \_\_\_Hour \_\_\_Minutes

**1. Give details of any significant event that has occurred in the family since the respondent took part in the quantitative component of GUI?**

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**2. What worked well during this interview?**

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**3. What difficulties did you encounter during this interview?**

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**4. Did the respondent ask for clarification on any questions?**

Never <sub>1</sub>    Almost Never <sub>2</sub>    Now and then <sub>3</sub>    Often <sub>4</sub>    Very Often <sub>5</sub>    Don't Know <sub>6</sub>

**5. How engaged with the interview did you feel that the respondent was?**

Very engaged <sub>1</sub>    Quite engaged <sub>2</sub>    Not very engaged <sub>3</sub>    Not at all engaged <sub>4</sub>

**6. Did you feel that the respondent was reluctant to answer any questions?**

Never <sub>1</sub>    Almost Never <sub>2</sub>    Now and then <sub>3</sub>    Often <sub>4</sub>    Very Often <sub>5</sub>    Don't Know <sub>6</sub>

**7. Did you feel that the respondent tried to answer the questions to the best of his or her ability?**

Never <sub>1</sub>    Almost Never <sub>2</sub>    Now and then <sub>3</sub>    Often <sub>4</sub>    Very Often <sub>5</sub>    Don't Know <sub>6</sub>

**8. Overall, did you feel that the respondent understood the questions?**

Never <sub>1</sub>    Almost Never <sub>2</sub>    Now and then <sub>3</sub>    Often <sub>4</sub>    Very Often <sub>5</sub>    Don't Know <sub>6</sub>

**9. Was anyone else present at the interview?** Yes <sub>1</sub>    No <sub>2</sub>

**10. Who was this? Tick all that apply.**

Spouse/Partner <sub>1</sub>    Study Child <sub>2</sub>    Other Child <sub>3</sub>    Other Adult <sub>4</sub>

