

# Growing Up in Ireland

National Longitudinal Study of Children

## CHILD COHORT

Report on Pre-Piloting, Piloting and Dress Rehearsal  
Phases of the Child Cohort (at 9 years)

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## Report on Pre-Piloting, Piloting and Dress Rehearsal Phases of the Child Cohort

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# Chapter 1

## INTRODUCTION AND DESIGN





## CHAPTER 1: INTRODUCTION AND DESIGN

### 1.1. Introduction

This report describes the pilot and dress rehearsal stages of the nine-year-old cohort<sup>1</sup> for ***Growing Up in Ireland***. Our objective is to outline the steps taken in testing the instruments and procedures prior to main fieldwork as well as identifying any unforeseen problems that arose at each step and highlighting any deviations from the original design. To this end the current chapter considers the design and operational procedures adopted in the study. The purpose is to provide the reader with a broad introductory overview of the design of the project. This includes the main sampling strategy used to recruit the children and their families. In addition, we provide an overview of the instruments administered in the schools and households as well as detailing to whom these were administered. The phases of piloting and testing are introduced, as are the response rates at each phase. In subsequent chapters we proceed to describe in detail the various stages of piloting undertaken and focus, in particular, on the changes and rationale for the changes that were implemented at each phase of the project.

We begin in Section 1.2 by discussing the broad design and procedures adopted for the Child Cohort. In that section we also introduce the reader to the main instruments administered in the course of fieldwork. In Section 1.3 we introduce the four main testing and piloting phases before moving on in Section 1.4 to discuss the response rates at each phase of pilot work. Section 1.5 outlines the structure of the remaining report.

### 1.2 Design and Operational Procedures Proposed for the Study

The objective of the study was to recruit a random sample of 8,500 nine-year-old children who were representative of the national population. A two-stage design was adopted. In the first instance a random sample of primary schools was recruited from the 3,246 such schools in the jurisdiction. At the second stage a sample of nine-year-old children was selected from the schools in question.

#### 1.2.1 Generating the sample

The first point of contact with the schools involved sending an introductory letter to the principal of each school selected for the target sample. This was followed a few days later by a telephone call from the Study Team to discuss and clarify the school's participation and role in the study. An appointment was made by an interviewer to meet with the principal to go through the details of the survey and to explain the process. The interviewer generally had to pay several visits to the school to explain the study and secure the cooperation of principal and teachers.<sup>2</sup> Phone calls and letters were also issued from the Study Team Head Office to support this effort and encourage participation throughout the school recruitment phase.

The initial information sent to the principal included an introductory letter from the Study Team as well as information sheets for both principals and teachers on the nature, purpose and objectives of the study, along with several copies of a poster promoting the study and encouraging participation. The principal was asked to display the posters prominently in the school, particularly in the classrooms of potential target students. In addition, a letter from the Minister for Education and Science was included with the initial information pack forwarded to the school (see Appendix E2). The letter from the minister

<sup>1</sup> Hereafter referred to as the Child Cohort.

<sup>2</sup> The Study Team notes that schools in the primary education sector in Ireland are extremely busy. Being involved in a study such as ***Growing Up in Ireland*** adds considerably to the workload of principals, teachers and support staff (where the latter are available). The Study Team acknowledges very gratefully the work undertaken on its behalf by the staff of all schools which participated in the project.



emphasised the importance of the project, encouraged participation by the school, and pointed out that the project had the full support of the Department of Education and Science.

Staff in the school was asked to identify and record on a form provided by the Study Team all nine-year-old children within the correct age range for inclusion in the study. It was anticipated that these would generally be in third class, with some in second and fourth classes. In the original design it was envisaged that principals would be asked to select a sample of children from those who fell within the age reference period. In subsequent discussion with the Project Team this was amended somewhat so that all children in schools which contained up to 40 children in the age group were included in the study. In the larger schools (those with more than 40 children in the age group) the principal was instructed by the interviewer on how to select a random sample of 40 children.

When the children were selected for inclusion in the study, the principal issued information packs and consent forms to their parents with a view to securing their informed consent and participation. Parents and children were provided with information sheets on the study and were asked to sign consent and assent forms, respectively. Children were not included in the pilot phases of the study until consent/assent forms were returned.

Given the importance of securing the support of the principal, teachers and other staff in the school, stakeholder meetings were held with their two main representative bodies in advance of the project. The project directors and Communications Officer met with the Chief Executive and a group of senior officials from the Irish National Teachers Organisation (INTO) with a view to soliciting their support for the project and also to secure their input into a draft of the principal and teacher questionnaires. The INTO gave the project its full support. This included an article on the project in the organisation's magazine (*In Touch*) which was circulated to all members just before fieldwork began (see Appendix E3). The INTO's Communications Officer also responded to queries from teachers and principals in the course of fieldwork. In the Study Team's correspondence with the schools the support of the INTO was highlighted.

In addition to the INTO's support, the Study Team also enlisted the support of the other main representative body in the primary education sector, the Irish Primary Principals' Network (IPPN). That group has a membership of 5,100 principals and deputy principals, representing approximately 90% of primary schools in the country. The IPPN also carried an article in its magazine as fieldwork began. In addition, it circulated an electronic note to all members when the study had been in the field for about four weeks. This electronic circular (known as an e-scéal<sup>3</sup>) encouraged participation in the study. The IPPN also answered email queries from principals and deputies from noticeboard areas on the organisation's website.

### 1.2.2 School-based questionnaires

As well as their pivotal role in generating the sample, the school's participation in the pilot study also involved the completion of a number of questionnaires and related instruments. These included:

- the principal's questionnaire, which recorded details of the resources available to the school as well as information about its ethos and culture
- the teacher-on-self questionnaire, which recorded information on the teacher's qualification and experience as well as his/her teaching techniques and methods
- the teacher-on-pupil questionnaire which was completed in respect of each pupil – this recorded information on the child's academic performance, engagement with the education system,

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<sup>3</sup> This was part of an electronic noticeboard. 'Scéal' is the Irish word for 'story'.



socialisation within the school as well as a copy of the Strengths and Difficulties Questionnaire completed by the teacher in respect of each pupil

In addition, an interviewer from the Study Team administered two tests and a questionnaire, including:

- The Drumcondra tests in Reading Vocabulary and Mathematics, which are academic assessment tests developed for Irish school children and are linked to the national curriculum. The tests used in ***Growing Up in Ireland*** were newly revised versions of these long-standing attainment scales. They had not been used, or seen, by the schools prior to their use in the pilot phases of ***Growing Up in Ireland***. On the advice of the test developers in the Educational Research Centre, only part of each test (i.e. Maths and Reading Vocabulary) was used, with a view to reducing respondent burden on the pupils and schools. The tests are scored by the education specialists in the Educational Research Centre. Both Reading Vocabulary and Mathematics tests were administered to the children on a group self-completion basis under examination-type conditions.
- The Piers Harris questionnaire, which is used to assess aspects of self-concept in children and adolescents between the ages of seven and 18. The authors of the instrument define self-concept as a relatively stable set of attitudes reflecting both the description and evaluation of one's own behaviour and attitudes. This was also administered to the children in a group self-completion setting within the school, after the Drumcondra tests.

### 1.2.3 Home-based questionnaires

On completion of the school phase of the fieldwork, a Study Team interviewer then called to the home of the Study Child to administer a set of questionnaires to the following respondents:

- The Study Child's primary carer, usually the mother of the Study Child. This instrument recorded an array of information on the Study Child and family circumstances. Topics covered the child's physical health and development, education and emotional wellbeing. In addition, background details on the primary carer, his/her lifestyle and behaviour, as well as his/her relationship with the child were also recorded. Outcome, mediating and classificatory variables were included in this instrument.
- The Study Child's secondary carer (where relevant), normally the spouse or partner of the primary caregiver. This instrument recorded a more limited set of information, mostly about the relationship of the secondary carer with the Study Child and also the secondary carer's personal characteristics.
- The Study Child – this was administered to the child in question and recorded information on topics such as the child's likes and dislikes, attitude towards school, relationship with parents, experience of bullying (if any, as a perpetrator and/or as a victim), and hopes, aspirations, fears and expectations.
- A single-day, time-use diary in respect of the child's activities. This was left with the family for completion by the parent(s) and child on a specified day. The completed diary was then returned to the Study Team in the post.

In addition to the completion of the questionnaires, contact details were collected in respect of:

- a non-resident parent



- a regular caregiver who delivered 12<sup>4</sup> or more hours of regular care per week to the Study Child

Both of these instruments were designed to be administered on a postal, self-completion basis. They were issued by the Study Team from Head Office using contact details recorded by the interviewer from the resident parent.

### 1.3 Testing and Piloting

Four distinct phases were involved in the testing and piloting of the project. These were:

- **Pre-pilot work** – mainly with the Children's Advisory Forum (CAF).<sup>5</sup> This work involved a combination of brain-storming sessions with the children from the CAF to identify issues which they felt should be included in the various instruments, particularly in the child's questionnaire. In addition, question wording, whole questions and sections of draft questionnaires were pre-piloted and tested with the CAF children to assess how well they were understood and received by the children. Information was also recorded on how sensitive or otherwise children felt certain questions to be and how honestly they might be answered.
- **Pilot One.** There were two components to Pilot One. The first involved a group of children who participated in the Children's Advisory Forum (CAF). Because these children and their families had already contributed so substantially to the development of the project, they were not asked to participate in the school-based aspects of the study (teacher questionnaires, Drumcondra tests, etc). Instead, these children and their families were asked to participate in testing the household-based instruments used in the survey to provide an early indication of the success or otherwise of the questionnaires used in the homes of respondents. The second component of Pilot One tested a first draft of all instruments at both school and household levels, using the full methodology as set out in the design outlined above. It involved the recruitment of schools and pupils followed by the administration of principal and teacher questionnaires as well as administering the Drumcondra tests in the schools. The children were then followed up for interview in their homes with questionnaires being administered to the mother/lone father, father, and child.

Revisions to the instruments administered in both schools and homes were made on foot of the experience of Pilot One. These amended instruments were included in separate reports on the school and home-based components of the pilot presented to the Project Team.

- **Pilot Two.** This phase was then carried out using the revised questionnaires from Pilot One. The full design protocols were implemented in that phase of testing. The school-based component of the project was implemented in the schools in question, followed by the home-based component. As with Pilot One, a post-pilot assessment of protocols and instruments was carried out with amendments, where appropriate, being made to the questionnaires and related documents.
- **The Dress Rehearsal.** Based on the first 169 households completed in the main study, the Dress Rehearsal assessment was carried out with a view to revising and amending the instruments and protocols if this was found necessary.<sup>6</sup> A report was prepared for the Project Team on the experience of the Dress Rehearsal.

<sup>4</sup> Initially set at 12 hours per week in the first pilots but reduced to eight hours of regular care for the main study.

<sup>5</sup> As discussed in more detail in Section 2.2 below, the Children's Advisory Forum was set up as part of the study to provide a very direct input of children's voices to its development. A national total of 84 children (seven in each of the 12 schools) sat on the Advisory Forum.

<sup>6</sup> It was intended that the Dress Rehearsal would be based on the first 150 households completed but, given the flow of work from the field, 169 cases were included.

## 1.4 Response Rates

In this section we outline response rates in each of the main stages of Pilot One, Pilot Two and the Dress Rehearsal.

### 1.4.1 Pilot One

As discussed above, Pilot One had two components. The first included some of the children selected from schools involved in the Children's Advisory Forum (CAF). This phase of piloting was essentially to test the household component and does not purport to be representative of the population<sup>7</sup>. From Table 1.1 it can be seen that a total of nine of the CAF schools were approached and asked to participate in the household component of Pilot One. The children who sat on the Advisory Forum in these schools were asked to participate in the home-based component for this phase of piloting. Table 1.1 outlines relevant response rates. This shows that 8 out of the 9 CAF schools approached participated in the pilot. These 8 schools contained 56 relevant children – 47 of whom consented, representing a response of 94%. The table shows that 44 of these were successfully processed in the course of Pilot One. From Section C of the table it can be seen that one family refused to participate in the household surveys when contacted by the interviewer and the two remaining families were unavailable throughout the fieldwork phase of the pilot.

**Table 1.1: Pilot 1 (CAF schools – not randomly selected)**

A. School Level		B. Pupil/Family Level		C. Outcome of onsenting families		
					N	%
No. of schools contacted	9	No. of eligible children in 8 participating schools	56	Completed on PAPI basis	19	40.4%
No. of schools recruited	8	No. of families consenting to participate	47	Completed on CAPI basis	25	53.2%
		Percentage of families consenting	96%	Refused	1	2.1%
		No. of families completing questionnaires	44	Unavailable throughout pilot	2	4.3%
		Percentage of families completing questionnaires	94%			

Some of the households in Pilot One were interviewed on a paper-and-pencil (PAPI) basis and the others on a cComputer Assisted Personal Interview (CAPI) basis. Initial interviews were conducted on PAPI in order to get respondent and interviewer feedback as early as possible in the process. From Table 1.1 it can be seen that 19 households generated from the CAF schools were processed on a PAPI basis, the remaining 25 being processed by CAPI.

The second component of Pilot One was based on a random selection of schools. From Table 1.2 it can be seen that a total of 11 schools were approached, nine of which were recruited – a school-level response rate of 82%. Response within schools among eligible students was 64.7% (145

<sup>7</sup> Not only were the children not selected at random but also they and their families had been sensitised to the project by their prior involvement with it. Nonetheless, the children in question (along with their families) provided a very important early indication of how the household questionnaires would perform in the field.

children/families agreeing to participate from 224 eligible children). From the table it can be seen that 136 families successfully participated in the study – representing a 94% response rate at the household level. Section C of the table shows that 63 of the households were completed on a paper-and-pencil basis and the remaining 73 on a computer-assisted (laptop) basis.

**Table 1.2: Pilot 1 (non-CAF schools – randomly selected)**

A. School level		B. Pupil/family level		C. Outcome – consenting families		
					N	%
No. of schools contacted	11	No. of eligible children in 9 participating schools	224	Completed on PAPI basis	63	43.4%
No. of schools recruited	9	No. of families consenting to participate	145	Completed on CAPI basis	73	50.3%
School-level response rate	82%	Percentage of families consenting	64.7%	Refused	2	1.4%
		No. of families completing questionnaires	136	Unavailable throughout pilot	5	3.4%
		Percentage of families completing questionnaires	94%	Known to respondent	2	1.4%

It can be seen from the table that two families refused to participate in the interviewing stage of the project when contacted, while a further five were unavailable throughout the pilot fieldwork period. Finally, two households were known to the interviewer and were not processed since this would have raised issues regarding confidentiality, embarrassment for respondent and interviewer, etc. It should be noted that only a relatively limited number of interviewers were trained for the pilot work. This meant that where an interviewer in a remote area knew a respondent it was quite difficult to get a trained replacement interviewer to administer the survey within the time allowed for fieldwork.<sup>8</sup>

#### 1.4.2 Pilot Two

Table 1.3 outlines response rates for Pilot Two. This was based on a random sample of schools. A total of 11 schools were approached, nine of which were successfully recruited, representing a response rate of 82% at the school level. The nine schools in question contained 96 eligible pupils, 61 of whom consented (with their families) to participate in the study, representing a within-school response rate of 63.5%. A total of 58 of the 61 families initially recruited were processed in the survey, giving a response of 94% at the household level. From Section C of the table it can be seen that one of the non-responding families refused to participate in the household component when approached by the interviewer. The other two were unavailable throughout the pilot fieldwork period.

<sup>8</sup> In the main fieldwork interviewers were instructed to inspect their full work allocation as soon as they received it. They then informed their Field Supervisor if they knew any of the respondents. Approximately 220 interviewers worked on the main study with the nine-year-olds. In cases where an interviewer informed his/her Field Supervisor that a respondent was known to him/her another trained interviewer (from the pool of over 220) was assigned to carry out the interview in question.



**Table 1.3: Pilot 2 (random sample)**

A. School level		B. Pupil/family level		C. Outcome – consenting families		
					N	%
No. of schools contacted	11	No. of eligible children in 9 participating schools	96	Completed on CAPI basis	58	93.5%
No. of schools recruited	9	No. of families consenting to participate	61	Refused	1	1.6%
School-level response rate	82%	Percentage of families consenting	63.5%	Unavailable throughout pilot	2	3.3%
		No. of families completing questionnaires	58			
		Percentage of families completing questionnaires	94%			

#### 1.4.2 Dress Rehearsal

It was agreed with the Project Team that the Dress Rehearsal would consist of the first 150<sup>9</sup> households interviewed as part of the main fieldwork for the project. When this set of households had been interviewed, a report on them was presented to the Project Team. As such, response rates *per se* do not apply. In the Dress Rehearsal phase all households were interviewed on a CAPI basis.

### 1.5 Structure of Report

In the remaining chapters of this report we consider the various stages of testing and piloting. In **Chapter Two** we discuss the pre-pilot testing and other preparatory work carried out with the Children's Advisory Forum (CAF). **Chapter Three** outlines the conduct and experience of the school-based component of Pilot One. The early sections of the chapter include a discussion of operational procedures and the instruments used. It then discusses the changes which were made (largely to the instruments) in the light of the experience gained. In **Chapter Four** we discuss the home-based work involved in Pilot One. Again, that discussion focuses on operational procedures in the home as well as the instruments used, followed by a discussion of the changes to those instruments introduced in the light of the pilot work. In **Chapter Five** we discuss Pilot Two – both school-based and home-based components. That chapter concentrates principally on the amendments implemented in Pilot Two and considers, in particular, the success or otherwise of those changes. **Chapter Six** discusses the Dress Rehearsal.

For detailed consideration by the reader we include separate volumes containing the instruments used in each of the pilot and dress-rehearsal phases. Appendices A and B relate to Pilot One (school and household components respectively). Appendices C and D relate to Pilot Two. The instruments used in the Dress Rehearsal are in Appendix E and F (school and household components respectively). Appendix G contains statistical tables showing the distributions of the main variables from the Dress Rehearsal phase of the project.

<sup>9</sup> 169 households were actually included in this group.



# Chapter 2

## PRE-PILOTING AND PREPARATORY WORK WITH THE CHILDREN'S ADVISORY FORUM





## CHAPTER 2: PRE-PILOTING AND PREPARATORY WORK WITH THE CHILDREN'S ADVISORY FORUM

### 2.1 Introduction

A key input to the development of ***Growing Up in Ireland*** was the Children's Advisory Forum (CAF). The principal objective of the forum was to ensure that children were provided with an opportunity to have their voices heard in the design and development of the study. In terms of pre-piloting and preparatory work the children from the CAF tested both the questionnaires and also the information and consent forms. In addition, their parents were involved in assessing the information sheets prepared for the parents/guardians of the children in the study.

In this chapter we discuss the pre-piloting carried out in the CAF schools. We begin in Section 2.2 by giving the reader a flavour of the scale and nature of the Children's Advisory Forum before moving on in Section 2.3 to discuss some of the specifics of pre-testing of instruments with the children in question. Finally, in Section 2.4 we consider feedback on information sheets and related documentation from some of the parents of children involved in the forum.

### 2.2 The Children's Advisory Forum

As the name suggests, the Children's Advisory Forum was established to provide a mechanism that would incorporate children's views and opinions into the development of the project. The establishment of the CAF was guided by a number of principles:

- Membership was voluntary and each child chose to participate. Children could, therefore, choose to withdraw from the CAF if they wanted to.
- The children were supported by facilitators from the Study Team and meetings were made as accessible as possible to all of the children involved in the process.
- All children were encouraged to participate actively, to develop good working relationships, to form friendships and to become part of a good support network.

The views of the children were recorded, an evaluator was appointed to assess the exercise, and all children were afforded due recognition, feedback and thanks for their substantial input to the development of the project.

A total of 12 schools were selected for inclusion in the forum and seven children were selected from each school to participate in the process – 84 children in total on a national basis.

In establishing the Forum, the Study Team attempted to ensure that its membership broadly reflected the regional, socio-demographic and urban-rural structure of the country as a whole. Given the number of schools and children involved, it could not be claimed that the CAF membership was representative of the population of nine-year-old children as a whole. The schools and children selected did, however, reflect the diversity and backgrounds of nine-year-olds. Schools were selected from four regions: Dublin, Wicklow, Westmeath and Limerick/Cork. The schools were chosen so as to reflect differences in religious background, socio-economic structure, co-educational status (single-sex or mixed-sex) and urban-rural status. With regard to the latter, a threefold classification of region was used: large urban, medium-sized urban, and rural. Within each of the selected schools the principal was asked to select children to sit on the CAF to ensure that all family structures and socio-economic groups were



represented in its composition. A total of three schools were selected within each of the four regions, and seven children were selected from each school.

Initial meetings with the CAF groups were held on site in each school during the period November 2006 – February 2007. These meetings had the following aims:

- to introduce the children to the two CAF facilitators from the Study Team, as well as the external evaluator
- to introduce the children to the background and objectives of ***Growing Up in Ireland***
- to provide the children with details on the role of the CAF
- to provide the children with initial encouragement and support to participate as fully as possible in the process, and to use ice-breaker exercises in order to introduce the children to each other and encourage their full input to the process
- to hear the children's perspectives on some preliminary issues relating to the design and content of the study
- to carry out pre-piloting and testing of the children's questionnaire and information sheets

The initial school-based meetings were followed by meetings at a number of regional centres – mostly community centres. Children from a number of schools attended each of these regional meetings. The general purpose of the regional sessions was to offer the children the opportunity to meet their counterparts from other CAF schools and also to provide all children with the opportunity of meeting outside the school environment. This was felt to be important in counteracting any inhibition a child might feel when participating in the forum when meetings were held within the school environment.

### 2.3 Pre-Testing of Instruments in the CAF Schools

The children's views were initially sought on the range of issues and broad domains for inclusion in the child's questionnaire. This took the form of brainstorming sessions around topics which the children felt to be important for nine-year-olds in Ireland as well as potential questions which they would like to see the Study Team asking in the survey. Question structures and wording were also explored and developed with the children, with a view to understanding how well they were able to understand the concepts involved, as well as the structure of the questions. When first drafts of the instruments were available, the children read and completed all of the questionnaires – both paper and audio versions – and made comments and suggestions on revisions.

Specific issues suggested by the children in the CAF at brainstorming and other sessions on possible topics for inclusion in the questionnaires included the following:

- What made the children happy and afraid – developed into two of the three open-ended questions on the child's core questionnaire at Qs. 26a and 26b.
- What hobbies the child had – included as a direct question on the child's core questionnaire at Q.13.
- Whether or not the child played with a play-station, X-box, watched TV, or played computer games – included in the child's core questionnaire at various points throughout Qs. 8–12.
- How children spend their free time – included in the child's core questionnaire at Q.12.
- What types of computer games and related technology nine-year-old children use – included in the child's core questionnaire at Qs. 8–10.
- Whether or not the child brings his/her mobile phone out during play – developed into a related question on mobile-phone ownership at Q.18 of the child's core questionnaire.
- Questions on homework, work within school and the child's most and least favoured subjects in school – included as Qs. 3 and 4 of the child's core questionnaire.
- Questions on whether or not children liked school, teacher, principal, etc – questions on liking the teacher included at Qs. 16 and 17 of the child's sensitive questionnaire.



- Issues on the extent and incidence of bullying in school – included as Qs. 18–21b of the child’s sensitive questionnaire.
- Issues on food, including what children eat and drink, whether or not the child likes sweets, what the child gets for lunch in school, whether or not the child gets milk in school – included at Q. 6 of the child’s core questionnaire.
- Issues related to family, including attitudes to parents, siblings, how well the child gets on with both – included in the child’s sensitive questionnaire through Q.2 on how well the child gets on with his/her mum/dad, through the Parenting Style Inventory (Q3) and through questions on discipline (Q4).
- Questions were suggested on aspects of community and neighbourhood, including what it is like to live where the child lives, whether or not people within the community/neighbourhood are nice to children, whether or not there is a good playground, swimming pool and other child-based facilities in the local area – included at Q.1 of the child’s sensitive questionnaire.
- Questions on what the child does at home to help parents/family – included as a set of items on household chores at Q.20 of the child’s core questionnaire.

Not all issues suggested by the children were included. Although all topics suggested by the children were felt to be interesting and of relevance, some were felt to be rather vague, abstract and often lacking analytical focus. Other issues raised by the children were very much oriented towards the individual child. The sort of topics in question included:

- the different rules we should have for adults and children
- what it would be like to have a ‘child Taoiseach’ (prime minister)
- the child’s favourite colour
- the types of music children like
- the styles of hair children like
- the types of clothes children wear

In assessing questions for inclusion the Study Team attempted, as far as was feasible and within the constraints of what would be reasonable to expect from a nine-year-old in terms of response burden, to include questions which fell into one of the three main child outcome domains discussed in the conceptual framework (GUI Paper No1) or, at least, which could provide variance explanation in terms of child outcomes. It was found that some of the topics suggested by the children could be more appropriately addressed in the qualitative sample rather than in the quantitative sample.

In pre-testing drafts of the children’s questionnaires, many of the children’s suggestions and comments were related to language and vocabulary, rather than to content. In particular, they suggested incorporating as many response categories as possible into the instruments. This was, in general, aimed at providing them with a ‘middle ground’ response option to many questions. For example, in a draft pre-pilot version of the questionnaire the Study Team asked:

**Do you usually look forward to going to school?**

Yes    ☐<sub>1</sub>    No    ☐<sub>2</sub>

The children suggested a revised version:

**Do you look forward to going to school?**

Yes    ☐<sub>1</sub>    No    ☐<sub>2</sub>    Sometimes    ☐<sub>3</sub>



To accommodate the children's revision and to ensure that the response codes were mutually exclusive, the final set of response categories used with this question were:

Always ☐<sub>1</sub>      Sometimes ☐<sub>2</sub>      Never ☐<sub>3</sub>

The initial inclusion of questions on smoking and drinking was a source of concern for many of the Study Children in the CAF schools from an early stage of pre-pilot work. Some were concerned about being asked the questions. Others noted that they would not be answered honestly – even on a self-completion basis. Because of the children's reservations regarding these questions, they were modified and reduced substantially in the pilot work carried out. On further negative feedback from the children, at both CAF and pilot levels, it was decided to drop the questions on smoking and drinking from the Child Sensitive instruments used in the main study.<sup>10</sup>

With a view to protecting the child's privacy and ensuring that he/she could complete the relevant questionnaires in the presence of a parent/guardian without feeling constrained in the responses given, the section of the children's questionnaire which contained the more sensitive questions was prepared in audio format. That section principally contained questions relating to the relationship between the child and his/her parents/guardians as well as issues associated with discipline within the home, such as parenting style.

The audio version of the instrument was tested with the children in the CAF sessions. It ran for 20 minutes. In administering it the child was provided with a CD player and headset. In addition, the child was given a paper copy of the questionnaire containing prompts for each question and also the response categories. The child listened to the questionnaire through the headset and recorded his/her answers on the paper copy.

The Study Team found that a majority of children ran ahead of the first audio version of the questionnaire and tried to move on in the paper answer booklet. Only in a very small proportion of cases did the child fall behind the audio version, requiring it to be stopped and replayed to give the child a chance to catch up with it. In subsequent drafts of the instrument, the pace of the audio version was increased, reducing the number of times each question was read and the interval between each question.

## 2.4 The Information Sheets – Child and Adult

### 2.4.1 The child information sheet

As well as pre-testing the instruments the children were also involved, in early October 2006, in pre-testing preliminary drafts of the child information sheet. They were asked to comment on these with a view to identifying the most effective way of communicating the main messages about **Growing Up in Ireland** to children. The key focus of this exercise was to identify the types of information which nine-year-old children would be curious to know in advance of the study and which might encourage their participation in the project. The information this pre-testing attempted to elicit from the children included:

- the sorts of details which nine-year-old children would like to know about the study before agreeing to participate
- whether nine-year-olds felt that it was important for the government to find out more about their peers and, if so, why

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<sup>10</sup> The questions on smoking and drinking included in the pilot drafts of the Child Sensitive questionnaire also drew criticisms and concerns from many parents involved in the pilot. Two main types of concern were expressed. First, some parents felt that asking these questions would normalise the behaviour in question in the mind of the child respondents. Secondly, the questions themselves did not provide sufficient detail to interpret the answers usefully.



- how children felt about the Study Team returning in four years' time and how this should be communicated to them prior to the first interview

In response to the first draft information sheet, the children felt that, on balance, it was a good idea that the government should fund a study like ***Growing Up in Ireland*** and that, in seeking their consent to participate, children should be informed of the importance of the government knowing about the factors which are involved in a child's development. The sort of questions which the children noted they would like to see answered on the information sheet included:

- whether or not participation would be fun
- how long the interview would take
- why the project was important
- why the government wanted to know the answers to the questions
- what would be changed as a result of the survey
- why the Study Team should talk to nine-year-olds in carrying out this project

The views of the children on the content and language used in the information sheets were incorporated into the final versions used in the study.

#### 2.4.2 The parent's information sheet

The parent's information leaflet was also piloted in draft form with a group of parents of children in the CAF. In the relevant focus group the parents were given an initial introduction and briefing on the aims of the project. They were shown a copy of the draft parent/guardian information leaflet and also a copy of the leaflet from the *Growing Up in Australia* study as an example of the format in which the parents would receive the information. They were asked to imagine that they had just received the information leaflet and a letter saying that they had been asked to participate in ***Growing Up in Ireland***. Parents were asked to read through the draft leaflet and to consider their reaction to it. To help to elicit the parents' reactions to the information leaflet, a discussion was facilitated around the following questions:

- What is your understanding of the study from the leaflet?
- If presented with this leaflet how likely is it that you would read it?
- If unlikely, what things would make you want to read it?
- How easy was the leaflet to understand – do you feel clear about what you are being asked to do, was the language used appropriate?
- After reading the leaflet how would you feel about taking part – would you feel it was a good thing to take part?
- What concerns might you have after reading this leaflet?
- What questions would you have after reading the leaflet?
- Do you think the leaflet tells you enough about the study?
- What additional information (if any) should be included?
- Do you think the leaflet is too long/too short?
- How likely would you be to sign up to the study after reading this?
- Have you ever heard of the Drumcondra tests?
- How do you think your child would react to the study and participating in it?

The feedback from the focus group can be summarised as follows:

- In general, participants felt that there was a great deal of information in the document. On the whole, they felt that the language used was straightforward and understandable and that it was necessary to provide this level of detail to parents/guardians about the study. It was agreed that there was a delicate balance between too little information and information overload. Overall, the consensus view was that the level of detail outlined in the information sheet was just about right.

- The group felt that more information might be needed on the nature of questions in the survey and that an example of a question or a number of questions should be included.
- Some of the parents felt that there might be a sense of scepticism among potential respondents about assurances that information would be treated as confidential and would not be passed on to government departments. The importance of communicating to families that all information would be treated in the strictest confidence was repeatedly stressed by the focus group.
- The parents wanted to be given details on the precise nature of the benefits which the study results might bring to them as parents, to their children or to the area in which they lived. They felt that general statements to the effect that the results of the study would assist in developing government policy were too vague. An indicative timeline for policy change based on the results of the project was also suggested.
- The group expressed scepticism about being asked for their PPS number and thought that the inclusion of this would undermine the Study Team's assurances about the confidentiality of the data.
- The confidentiality of the teacher's questionnaire was raised on several occasions. The group felt that parents would want to know what the teacher had said about his/her child. When it was made clear that the parent/guardian would not have access to this information, it was noted that the point had to be made very clear in the information leaflet in advance of parents giving consent for the child's participation in the study.
- It was felt that it would not always be feasible for both parents to be at home at the same time and that this would pose serious operational and logistical problems (for both the family and the Study Team) in attempting to interview both parents/guardians.
- The group felt that the government involvement in the study might be off-putting.
- It was suggested that the assurances of confidentiality should be reiterated throughout the document rather than keeping them isolated in a paragraph at the end of the leaflet.

Where feasible, and within the constraints of space, the comments and reactions of both children and parents were incorporated into the information leaflets. As noted above, in doing this a balance had to be struck between providing as much information as possible to the families while not providing so much as to make the information leaflet inaccessible or a disincentive to their participation.

# Chapter 3

## PILOT ONE – THE SCHOOL PHASE







## CHAPTER THREE: PILOT ONE – THE SCHOOL PHASE

### 3.1 Introduction

In this chapter we discuss the school component of Pilot One. As noted in Section 1.4 above, a total of nine schools were recruited into this phase of piloting. School and pupil recruitment rates were discussed in that section and outlined in Table 1.1. In this chapter we discuss the implementation of fieldwork at school level, focusing, in particular, on the questionnaires and other instrumentation used.

The school and pupil recruitment process adopted in Pilot One was exactly as per the design set out for the main study. Accordingly, this involved recruiting the schools in the first instance by sending an introductory letter and information pack to the school principal (including principal and teacher information sheets) followed by phone contact and a subsequent visit by an interviewer to explain the process and to provide information packs for distribution to the families. School-based interviews were conducted with the principal and teachers. The Drumcondra Reading Vocabulary and Mathematics tests were administered to the pupils in the schools, in group self-completion sessions. Families who consented to participate in the project were subsequently approached by an interviewer to participate in the home-based component of the study. This is considered in the next chapter.

The main instruments administered in the schools in the course of Pilot One were:

- the School Record Sheet (blue)
- the principal's questionnaire (white)
- the teacher-on-self questionnaire (yellow)
- the teacher-on-pupil questionnaire (green)
- the Drumcondra Reading Vocabulary and Mathematics tests

The first four of these instruments are enclosed in Appendix A to this report. Each of these instruments and their implementation are described below.

### 3.2 The School Record Sheet

This was used by the principal and staff in the school to record all pupils who fell within the age range for the study. Information recorded about each child included:

- the roll number
- the pupil's name
- the teacher ID number (as generated internally by the project – not the Department of Education and Science)
- the child's gender
- the child's date of birth
- the child's school year
- the name of the child's class

As noted in GUI Child Cohort Technical Series No. 1 on instrumentation and design, all children in schools that had fewer than 40 target children were selected. In schools in which more than 40 nine-year-olds were listed on the School Record Sheet, the principal was instructed by the interviewer to exclude the 'surplus' over 40 with reference to a set of random numbers contained on the last page of



the School Record Sheet.<sup>11</sup> For example, if a school had 49 pupils within the age range listed on the School Record Sheet, it should exclude nine of them when selecting the sample. These exclusions were selected using the random number table provided. This method of selection was easily explained by the interviewer and caused no known operational problems for the schools.

### 3.3 The Principal's Questionnaire

This four-page instrument recorded school-level information and was self-completed by the principal. In preparing Pilot One it was envisaged that it would be administered by the interviewer. In practice, the interviewer went through the principal's questionnaire at the first meeting. The principal took the questionnaire, self-completed it and returned it in the course of subsequent visits to the school by the interviewer.<sup>12</sup>

The principal's questionnaire included the following type of information:

- demographic details of the school principal, including qualifications, experience, his/her sense of job satisfaction, etc
- type, size and resources of the school
- ethos of the school
- school practices and policies on bullying, pupil intake, discipline
- principal's perception of parental engagement with the school
- principal's perception of the school environment, school problems, adequacy of supports, etc

### 3.4 The Teacher-on-Self Questionnaire

This two-page questionnaire recorded information on the teacher and included information such as:

- background details and job satisfaction
- experience and qualifications
- organisation of the teacher's class
- perception of school policies
- perception of parental engagement

This instrument was filled out on a self-completion basis.

### 3.5 The Teacher-on-Pupil Questionnaire

This four-page questionnaire was completed by the class teacher in respect of each Study Child. It recorded details on the Study Child and his/her school environment. Information included:

- background details and characteristics on the Study Child and his/her class
- curricular activities and, in particular, computer activities undertaken in the school
- the teacher's perception of parental engagement with the Study Child's education

<sup>11</sup> As noted in GUI Child Cohort Technical Series No. 1, discretion was exercised in applying the limit of 40 pupils in situations where the number of relevant pupils just slightly exceeded the threshold. We clearly did not wish to exclude a small number of pupils – two or three, for example – in any school. In situations where only a small number of pupils would be excluded (e.g. schools which had 42, 43 or 44 children in the relevant age category) the interviewer instructed the principal to include all of the pupils in question.

<sup>12</sup> A very large proportion (up to two-thirds) of primary schools in Ireland have a teaching principal. In such circumstances the principal's workload is very heavy and, as a result, we found that it was difficult for them to find time to have the questionnaire administered by the interviewer. Accordingly, to minimise disruption within the school and to maximise participation, the self-completion option was adopted.



- the Strengths and Difficulties questionnaire
- the teacher's assessment of the Study Child's academic performance
- the teacher's report on the Study Child's experience of bullying – as a victim and/or perpetrator

### 3.6 The Drumcondra Assessment Test (Reading Vocabulary and Mathematics)

The Drumcondra academic achievement tests in Reading Vocabulary and Mathematics were used. As noted in Chapter 1 above, these academic assessments are standardised tests developed by the specialist Drumcondra Educational Research Centre, based in Dublin. The Drumcondra tests have been used in the Irish national school system (primary schools) over many years to assess children's academic performance. The versions administered as part of *Growing Up in Ireland* were based on the new and revised tests introduced in 2007. The Study Team did not have any discretion in relation to their content, layout or mode of implementation.

Part A of the revised tests was implemented – levels 2, 3 and 4 – depending on which class the pupil was in. The tests were administered by a Study Team interviewer in accordance with protocols and criteria set out in the Drumcondra administration manual. This involved the interviewer going into the school to carry out the tests in group self-completion sessions.

### 3.7 Questionnaire Revisions in the Light of Pilot One

Revisions, to greater or less degrees, of all the school-based instruments took place in the light of the experience gained in Pilot One. The revisions made to each of the school-based instruments for Pilot Two are outlined below.<sup>13</sup>

#### 3.7.1 The School Record Sheet

This instrument, used by school staff to record details on children who fell within age scope, was changed only marginally in the light of Pilot One. The main changes included the following:

- The class(es) taught by each teacher involved in the survey were listed on the first page of the form. This acted as a cross-check with the information provided by the children and parents on the consent/assent forms.
- In response to feedback from teachers, some changes in layout and format were introduced to facilitate its completion.
- A very important change was the inclusion on the first page of the form of the approximate number of nine-year-olds whom we estimated should be in the school. This estimate was based on figures derived from information provided by the Department of Education and Science. This acted as an important validation check to staff in the school and to the interviewers in the field on the expected number of nine-year-olds in the school. For example, in the course of Pilot One we encountered one school which inadvertently excluded a class. Feeding forward the estimated number of nine-year-olds in the school provided both staff and interviewer with a good reference point for the expected number of Study Children.<sup>14</sup>

<sup>13</sup> All changes were agreed in advance with the Project Team and Steering Group.

<sup>14</sup> Principals were told by interviewers that the actual current number recorded in the School Record Sheet could vary somewhat from the estimate provided by Departmental records but that, unless there was a specific reason, the actual and estimated figures should be broadly similar.



### 3.7.2 The principal's questionnaire

In general there were few changes made to the principal's questionnaire on foot of the experience of Pilot One. A small number of questions on the type of school were dropped as these could be extracted from Departmental records.

### 3.7.3 The teacher questionnaires – teacher-on-self and teacher-on-pupil

The structure of these two questionnaires was changed very substantially in the light of our experience and feedback from Pilot One. In Pilot One the teacher-on-self was a two-page questionnaire. The teacher-on-pupil had four pages. Each teacher completed one copy of the teacher-on-self instrument and a copy of the teacher-on-pupil in respect of each Study Child in his/her class. This clearly meant that the respondent burden for a teacher with a large number of Study Children was significant, especially in completing the four-page teacher-on-pupil questionnaire. A substantial number of teachers felt that the Study Team could transfer many of the questions from the teacher-on-pupil instrument to the teacher-on-self questionnaire without any significant loss of information.<sup>15</sup> Accordingly, details which largely related to the classroom situation of the Study Child were transferred from the teacher-on-pupil to teacher-on-self questionnaires. The sort of information transferred included details on:

- the breakdown of children in the Study Child's classroom according to (a) school year group<sup>16</sup> and (b) children with long-term problems
- the number of special needs assistants working in the Study Child's classroom
- the time spent per week on subjects in the Study Child's class
- access to computers in the Study Child's class
- homework assigned to the Study Child's class
- the teacher's perception of control in the Study Child's class

This meant that these questions had to be answered only once by the teacher – and not in respect of each child.

On review of the information collected in Pilot One from the teacher questionnaire, additional questions were included on the teacher-on-self instrument in a few areas, notably the following:

- teaching methods used
- frequency of class tests conducted with the Study Child and the extent to which these fed back into lesson planning

Both of these changes were introduced as indicators of teaching methods. For example, evidence of an adaptive approach to class planning and teaching, which involved the teacher incorporating the results of previous classroom tests in subsequent lesson planning, would be indicative of a progressive teaching style. This, along with other indicators of general teaching methods, is potentially important in identifying significant factors in determining the child's educational development.

The net effect of these changes was to reduce the respondent burden for teachers substantially. Although the teacher-on-self instrument expanded from two to almost four pages, the teacher-on-pupil questionnaire was halved.

<sup>15</sup> This was communicated directly to the Study Team at Head Office by teachers and principals, as well as by way of feedback to interviewers in the course of their visits to the schools throughout fieldwork.

<sup>16</sup> It is relatively common in the Irish national school system (especially in smaller, rural schools) to have more than one year group in a single classroom.



### **3.8 Overview of School Component, Pilot One**

The school component of Pilot One worked well. No serious operational problems were encountered. In general, the Study Team found that the survey was well received by principals and teachers, with the merits of the study being clearly recognised by all. The response burden in an already busy primary-school environment was an issue. This, however, was overcome in most cases through the interviewers showing maximum flexibility in calling at a time which best suited the school and its staff. Pilot One clearly demonstrated the number of call-backs (in person and on the phone) necessary to implement the school component of the project as well as the lead time necessary to draw the schools into the process. Because of the very busy nature of primary schools and the extremely high incidence of teaching principalships in the sector, interviewers found that it could take three to four weeks before they were able to secure their first meeting with the principal and staff. Given the workload involved, this could (quite understandably) be followed by an equally lengthy lead time for distribution and collection of consent forms and the administration of the Drumcondra tests and other instruments.



# Chapter 4

## PILOT ONE – THE HOUSEHOLD PHASE





## CHAPTER FOUR: PILOT ONE – THE HOUSEHOLD PHASE

### 4.1 Introduction

In this chapter we discuss the main aspects of the household phase of Pilot One. As we explained in Chapter One above, Pilot One was made up of two components. The first component was a set of nine schools which had participated in the Children's Advisory Forum (CAF). These schools yielded consents from a total of 47 children and their families, 44 of whom completed the questionnaires. As noted in Chapter Two, the children and schools involved in the CAF made a very substantial contribution to the project before piloting began. Given that contribution, the Study Team did not want to impose on the children, their families, or their schools more than was absolutely necessary. Accordingly, only the household element of the interview was administered to the selection of children previously involved in the forum. Neither the Drumcondra tests nor the teacher questionnaires were administered to that group of children. These children from the CAF were included in Pilot One to allow the Study Team to carry out testing of the household-based instrumentation as soon as possible after ethical approval had been secured. In undertaking piloting and testing we were substantially constrained by the window of opportunity afforded by the school year. Accordingly, as soon as ethical approval was secured to begin working in the schools, we decided to test the full set of household-based instrumentation with children from the CAF schools, without having to go through the quite lengthy process of recruitment through the school system.<sup>17</sup>

The second component of Pilot One was based on a random sample of 145 families who consented to take part in the study through nine schools which were selected and recruited on a random basis. A total of 136 of the families in question successfully completed the questionnaires. As noted above, the family in the second component of Pilot One participated in both the school and household aspects of the study.

When Pilot One began it was intended that the household-based instruments would be implemented using Pencil-and-Paper tests (PAPI) only. As it developed, however, it was decided to combine PAPI with Computer Assisted Personal Interviewing (CAPI) in the administration of the household surveys. The reader is reminded that, as we saw in Tables 1.1 and 1.2 of Chapter One, a total of 82 of the 180 households interviewed in Pilot One were administered on a PAPI basis and the remaining 98 on a CAPI<sup>18</sup> basis.

In Section 4.2 below, we give a brief overview of the main household instruments used. In Section 4.3 we consider the main changes introduced in light of the pilot experience.

### 4.2 Overview of Instruments Used in the Pilot

A total of 12 household-based questionnaires were used in Pilot One as follows (a copy of each is included in Appendix B):

1. Mother/Lone Father Main Questionnaire
2. Mother/Lone Father Questionnaire – supplementary sensitive module
3. Father/Partner Main Questionnaire
4. Father/Partner Questionnaire – supplementary sensitive module
5. Child Main Questionnaire

<sup>17</sup> Clearly, the children from the CAF, along with their families, were highly sensitised to the project by the time we administered the household-based questionnaires in their homes. Accordingly, in this sense the children and families may not be considered as representative of the national population in the way that a fresh sample of children and families would be. Nonetheless, administering the questionnaires with the families of the CAF provided us with very valuable early feedback on issues arising on the process itself and also on the content of the instruments in question.

<sup>18</sup> All CAPI was administered using BLAISE on Lenovo Thinkpad X60 laptops.



6. Child Questionnaire – supplementary sensitive module – Mum and Dad (M+D)
7. Child Questionnaire – supplementary sensitive module – Mum only (M)
8. Child Questionnaire – supplementary sensitive module –Dad only (D)
9. Non Resident Parent Questionnaire
10. Non-Cohort Caregiver Questionnaire – home-based
11. Non-Cohort Caregiver Questionnaire – centre-based
12. Time-Use Diary

Questionnaires 1–8 above were administered in the home by the interviewer. The supplementary or sensitive Mother/Lone Father, Father/Partner and Child modules (instruments 2, 4, 6, 7 and 8 above), as well as the Time-Use Diary (item 12 above) were self-completed by the relevant respondent, with prior explanation being given by the interviewer. The non-resident parent and non-cohort caregiver questionnaires (instruments 9, 10 and 11) were administered on a postal basis by the Study Team from Head Office. The contact details were recorded in the course of the interview with the Mother/Lone Father. Each of the above instruments is considered briefly below. The Time-Use Diary was left with the respondents by the interviewer. He/she explained to them how it should be completed. The primary caregiver was asked to complete the diary with the Study Child in the course of a reference day – the latter being assigned by the Study Team to ensure that the full range of days was included in the full sample.

#### 4.2.1 Mother/lone father questionnaire

This instrument was administered to the mother or lone father of the Study Child. For Pilot One the Study Team had initially considered administering it to a self-defined 'Primary Carer' of the Study Child. Allowing the household to self-select the 'primary carer' creates many problems in longitudinal studies. The principal one is that the self-defined primary carer may change from one round of the study to the next, often because of the self-definition criterion and how it is applied by household members, and not because of any real substantive change in the circumstances or structure of the household. This change in self-defined primary carer presents major difficulties in (a) interwave linkage of respondents and (b) interpretation of the data in a longitudinal sense. From the perspective of longitudinal interpretation it is much more straightforward and meaningful to record details from the mother (or lone father in the absence of a mother) in all waves of the survey. To do otherwise would mean that a change in primary carer could be more artefactual than real and might not relate in any meaningful sense to a change in the situation or circumstances of either the Study Child or the household. This is clearly undesirable in attempting to understand change in the child's life and the drivers of developmental processes. In an Irish context the primary carer will almost universally be the mother. It is the Study Team's experience in conducting surveys that in the majority of households the Study Child's mother would be substantially better placed to provide the factual detail on the child and his/her development than would be the child's father.

The mother/lone father questionnaire used in Pilot One had 12 sections, as follows:

**Table 4.1: Sections in mother/lone father questionnaire used in Pilot One**

<b>A. Introduction pp. 1-2:</b>	This section dealt largely with household composition and inter-relationships. The relationship of each member to the primary carer and also to the Study Child was also recorded.
<b>B. Child's health pp. 2-4: – current and historic</b>	This section recorded details on gestation period, mode of delivery, stay in neonatal intensive care unit (NICU); mother's smoking and drinking behaviour during pregnancy, breast-feeding, and current physical or mental health problems, illnesses or disability.
<b>C. Child's health care</b>	This section recorded hospital, medical and dental visits made by the





<b>utilisation pp. 4-5:</b>	Study Child in the year preceding the survey as a measure of health care utilisation.
<b>D. Child's diet and exercise pp. 6-7:</b>	This section recorded information on a range of issues related to the Study Child's diet, food and exercise including the child's food intake in the 24 hours preceding the survey. This included practice of breakfast and evening meal-taking, nature of special diet (if any), exercise; distance to school, mode of transport, and distance and travel time to and from school.
<b>E. Respondent's (mother/lone father) health p. 8:</b>	This was a self-report section on the current state of the respondent's health, previous history of clinical depression, anxiety or nerves, ongoing physical or mental health problems, illness or disability, presence of anyone in household who had chronic illness, and medical health cover (medical card or private health insurance).
<b>F. Respondent's lifestyle pp. 8-9</b>	This section recorded the respondent's lifestyle in relation to smoking and drinking and his/her self-perception and self-report on height and weight. <sup>19</sup>
<b>G. Child's activities pp. 9-10</b>	This section recorded categorical or range data on time spent by the Study Child in watching TV or videos, playing computer games, reading, etc. It also recorded the approximate amount of money which the Study Child was given by parents/guardians to spend on himself/herself each week.
<b>H. Child's emotional health and wellbeing pp. 10-12</b>	This section recorded details on the incidence of major landmark experiences in the Study Child's life. It also included the Strengths and Difficulties questionnaire (SDQ) plus the SDQ supplement and the EAS recording details on the child's temperament.
<b>J. Child's education pp. 12-15:</b>	This included information on the child's historic experience of regular pre-school, Montessori, crèche, child-minding, etc, as well as details on current out-of-school care and clubs or organisations in which the Study Child was involved. Information on aspects of the current school experience was also recorded. These included absenteeism, incidence of homework and time spent on homework each evening, parental engagement with homework and school work, the extent of the Study Child's friendship networks, parental aspirations for the child, bullying, learning difficulties, and the presence of books in child's home.
<b>K. Family context pp. 15-19:</b>	In this section we recorded the Pianta scale on parent-child relationships, pre-cursors of adolescent anti-social behaviour, discipline policy with the child, family time and links with extended family, work-life balance, religious denomination and church attendance, and the distribution of household tasks. This section also included the CES-D20 item depression scale as well as the Home Observation for Measurement of the Environment (HOME) module. The HOME module was split in the usual way, with some information being provided by the respondent and some items being recorded through observation of the respondent.
<b>L. Socio-demographics pp. 20-27:</b>	Information was recorded on standard socio-demographic characteristics as well as measures of material deprivation as set out in the National Anti-Poverty Strategy (NAPS). Information on employment status (used for

<sup>19</sup> Both height and weight were measured by interviewer at end of the interview.



	assigning a social-class category), housing tenure, the number of bedrooms in the accommodation, and whether or not the Study Child had his/her own bedroom was recorded, as were details on household and individual income.
<b>M. Interviewer observations p. 28</b>	This section included interviewer observations as part of the HOME questionnaire (M2). In addition, it recorded details on the engagement of the respondent with the interview.

#### 4.2.2 Mother/lone father questionnaire – sensitive supplement

This questionnaire was used to record some slightly more sensitive information from the respondent. It was offered to the respondent to fill out on a self-completion basis. However, some respondents chose to have it administered by the interviewer in the same way as the main mother/lone father instrument. Interviewers were instructed that they could do so on request by the respondent, provided no-one other than the respondent was present at the time of interview. The completed questionnaire was sealed in an envelope by the respondent and returned to the interviewer who passed it back unopened to the Study Team.

This supplementary or sensitive instrument was divided into eight sections:

1. Nature of relationship with the Study Child – adoptive, foster, natural parent, etc
2. Respondent's marital status and relationship with the Study Child's other parent
3. Nature and quality of marital/partner relationship, including length of time living with spouse/partner, marital conflict and resolution, and quality of relationship
4. Details on who makes the major decisions affecting the Study Child's upbringing and family life
5. Information on number of other partners or relationships which had a significant influence on the Study Child
6. Use of prescription and non-prescription drugs by the respondent over the year preceding the survey
7. Details on whether or not the respondent was ever in trouble with the police or was ever in prison
8. Information on non-residency of the Study Child's other parent and, if relevant, contact details of the non-resident parent

#### 4.2.3 Father/partner questionnaire

This instrument was administered to the spouse or partner of the mother/lone father. The questionnaire was a substantially reduced version of the mother/lone father instrument discussed in Section 4.2.1 above, focusing exclusively on the factual information and characteristics of the father/partner as well as the relationship between him and the Study Child.



The questionnaire had four main sections:

**Table 4.2: Sections in father/partner questionnaire**

<b>A/B Introduction and respondent's health pp. 1-2</b>	
<b>C Respondent's lifestyle p. 2:</b>	Details recorded included smoking, alcohol consumption, and perception of and self-report on height and weight.
<b>D Family context pp. 3-4:</b>	This section included the Pianta scale to measure the relationship with the Study Child, questions on work-life balance, the CES-D20 depression scale, and religiosity of the respondent.
<b>E Socio-demographics pp. 5-6:</b>	This section recorded the standard background and socio-demographic information including employment status and occupation (to assign social-class classification), level of educational attainment, basic measures of literacy and numeracy, citizenship, ethnicity, and whether or not the respondent was born in Ireland and, if not, the length of time resident in Ireland.

#### 4.2.4 Father/partner's questionnaire – sensitive supplement

As with the mother/lone father's sensitive supplementary questionnaire, this instrument was given to the respondent to fill out on a self-completion basis, with the completed form being sealed in an envelope by the respondent and returned to the interviewer.

The father/partner's sensitive supplement contained six sections:

1. Marital status
2. Nature and quality of marital relationship, including length of time living with spouse/partner, marital conflict and resolution, and quality of relationship
3. Details on who makes the major decisions on the Study Child
4. Number of other partners or relationships which had a significant influence on the Study Child
5. Use of drugs by the respondent over the year preceding the survey
6. Whether or not the respondent was ever in trouble with the police or was in prison

#### 4.2.5 Child main questionnaire

As with the adult questionnaires the children's instruments used in Pilot One were split into two sections: (i) a main section followed by (ii) a sensitive supplement. The main section of the child's questionnaire was administered to the Study Child by the interviewer in the presence of the child's parent/guardian. The child's main questionnaire contained four sections:

**Table 4.3: Sections in child main questionnaire**

<b>Section A: School and neighbourhood p. 2:</b>	This section recorded details on how well the child liked school, frequency of homework, and perception of how well off the child's family was relative to classmates, neighbours and other families in Ireland.
<b>Section B: Food p. 3:</b>	This section recorded the foods consumed by the child in the day preceding the survey.
<b>Section C: Activities undertaken by the child p. 3:</b>	This section considered activities undertaken with parent(s)/guardians(s) in the week preceding the survey as well as other activities such as computer usage at home, favourite activities in spare time, sports (and, if relevant, reasons for not playing sports), reading habits, household chores, and self-perception in terms of size/weight.
<b>Section D: Likes and Dislikes p. 4:</b>	This section recorded details on the Study Child's aspirations on growing up – what he/she would most like to be, the person most admired, the things which made the child (a) happy, (b) afraid and (c) like about living in Ireland. Information on pets owned and why the child liked pets was also recorded.

#### 4.2.6 Child's supplementary questionnaire – audio/self-complete (mum and dad)

The second part of the child's questionnaire recorded more sensitive information. The sensitive questionnaire was piloted in two formats: 1) on a self-completion paper-and-pencil basis and 2) on an audio self-completion basis. In the self-completion paper-and-pencil version, the child was given the questionnaire and asked to fill it out himself/ herself. The audio version of the instrument involved the child listening to the questionnaire on a CD through a headset and recording his/her answers on a paper answer booklet. The use of the audio format was intended to facilitate children with learning difficulties and literacy or reading problems. The pilot sample was split so that half of the children completed on a paper-and-pencil basis while the other half completed on an audio-assisted basis.

The purpose of the self-completion format was to allow the child to complete the instrument in confidence and privacy, while always being in the presence of the parent/guardian. The parent/guardian was shown a blank copy of the questionnaire to allow him/her to have sight of the questions being asked of the child. Completed questionnaires were not shown to the parent/guardian. As with the adult sensitive questionnaires, they were placed in an envelope by the respondent (child), sealed, and handed to the interviewer. It was made clear in the information sheets provided in advance of recruitment (as well as by the interviewer before the interview took place) that the completed questionnaire would not be shown to the parent/guardian. The Study Child (and parent/guardian) were, however, told in advance that, if the interviewer identified or recorded something which caused the Study Team concern about the child's safety or wellbeing, the Study Team might have to discuss it with someone who could help.

In general, interviewers and children found the paper-based self-completion version of the instrument more efficient and convenient to use. It could also be completed somewhat more quickly by the child than the audio version. When using the latter, the child had to wait to complete each question in a very structured format as each question was initially read out and then repeated with a pause. This led to some frustration among many of the respondents.

Three different versions of the child's sensitive supplement were used in Pilot One – depending on the structure and content of the child's household. The first version was used in situations in which there was a resident mum and dad. The second version was used in situations where there was only a resident mum and the third version was used in households where there was only a resident dad. All three



versions had essentially the same content, the only differences reflecting the variations in the presence or otherwise of the parents.

#### 4.2.6.1 HOUSEHOLDS WITH RESIDENT MUM AND DAD

The child sensitive questionnaire used in households where the mother and father were both present contained four sections:

**Table 4.4: Child sensitive questionnaire (resident mum and dad)**

<b>Section A: The Study Child's neighbourhood</b> p. 2	This section recorded details on the child's neighbourhood and was largely included to provide a relatively soft introduction to the more sensitive questions which came later on in the self-complete or audio-assisted instrument.
<b>Section B: School</b> pp. 3-4:	This section recorded information on the Study Child's attitudes to school and teachers to whom the child would turn if he/she had problems in school, and his/her experience of bullying in the last year – as victim and/or perpetrator.
<b>Section C: Family</b> pp. 4-8	This section recorded details on how well the child got on with his/her mum and dad. Information on the main forms of discipline used by the child's parents was also recorded.
<b>Section D: Smoking and Drinking</b>	This section recorded details on whether or not the child had ever smoked or taken alcoholic drink and, if so, whether or not the parent/guardian knew about it, as well as whom the child was with when the first drink/cigarette was taken and the age at which the first drink/cigarette was consumed.

#### 4.2.6.2 HOUSEHOLDS WITH RESIDENT MUM ONLY

This questionnaire was prepared for use in households in which only the child's mother was resident. It recorded the same information as the mum and dad version above. The only difference was in the deletion from Section C of questions relating to how well the child got on with his/her dad.

#### 4.2.6.3 HOUSEHOLDS WITH RESIDENT DAD ONLY

This questionnaire was used with children in households in which only the child's father was resident. It excluded reference to the child's mum in Section C.

#### 4.2.7 NON-RESIDENT PARENT QUESTIONNAIRE

This instrument was developed to record information from the non-resident parent. The resident parent was asked to provide contact details of his/her non-resident counterpart. The gatekeeper was the resident parent. Because of this the Study Team is very conscious that the sample of non-resident parents in respect of whom the contact details were secured may be biased. It seems reasonable to assume that there would be a much lower probability of securing the contact details in situations in which the relationship between the resident and non-resident parent is acrimonious or non-existent. The non-resident parent questionnaire was developed to be administered on a postal, self-completion basis.



The non-resident parent questionnaire had nine sections:

1. Contact with the Study Child – these questions recorded details on the extent of contact with the Study Child – quantity and quality of the contact, perceived adequacy of the contact, location of contact, nature of agreement between the parents regarding contact, and so on
2. Activities perceived to be most important for a parent to undertake with his/her child
3. Media of communications – this information included details on the nature of communications between the non-resident parent and the Study Child – in person, phone, internet, email, etc
4. Involvement in routine tasks with the child
5. Parental aspirations and hopes for the child
6. Financial arrangements (for example, maintenance between non-resident and resident parents)
7. Nature of relationship of non-resident parent with Study Child's mother when she became pregnant with the Study Child and also details on the separation
8. Current relationship of non-resident parent with mother of Study Child and input to his/her upbringing
9. Socio-demographic characteristics of the non-resident parent

#### 4.2.8 Home-based care by non-cohort caregiver

This instrument was developed for completion on a postal self-completion basis by carers of the Study Child (in addition to the parent(s)/guardian(s)) who provided at least *12 hours of care per week on a regular basis*. The respondent to the mother/lone father instrument was asked to provide the contact details of the carer in question. The questionnaire was subsequently administered on a postal, self-completion basis by the Study Team from Head Office. Accordingly, the same sort of gatekeeper issues arose as those in relation to the non-resident parent, as discussed above.

The instrument was used in situations where the care was delivered in the home, of either the Study Child or the childminder. The childminder in question might or might not be related to the Study Child and might or might not be paid for the work. The essential characteristics were that the care should be provided *on a regular basis for 12 or more hours per week*.

The home-based non-cohort caregiver questionnaire had five broad sections:

1. Details on the relationship between the caregiver and the Study Child
2. Nature of the care provided
3. Activities undertaken by the Study Child during care
4. Details on the number of other children being cared for by the non-cohort caregiver
5. Socio-demographic details of the caregiver, including qualifications (if any) related to childcare provision





#### 4.2.9 Centre-based care by non-cohort caregiver

In contrast to care being delivered in the home of the Study Child or the childminder, regular care can also be delivered in a centre such as an after-school programme or other childcare facility. As with its counterpart for home-based care (discussed above), this questionnaire was developed to record details on a self-completion, postal basis.

The questionnaire was very similar to that used in the case of home-based care and contained the following broad sections:

1. Details on amount of care provided
2. Activities undertaken during the caring
3. Details on the care facility itself, including whether or not it was registered with the HSE; total number of children being cared for, resources, staffing levels, etc
4. Socio-demographic details of the principal caregiver of the Study Child in the centre, including qualifications (if any) related to care provision

#### 4.2.10 Time-use diary

Although not part of the original design, the Study Team included a self-completion drop-off time-use diary as part of Pilot One on an experimental basis. The single-day, time-use diary used in the pilot contained 21 activity categories. The reference day for the diary was assigned by the Study Team to ensure an adequate distribution throughout the seven days of the week. In the diary the reference day is split into 15-minute segments.

A copy of the time-use diary is included in Appendix B12. From this one can see that the respondent is asked to draw an arrow across each segment (15-minute slot) to indicate which of the activities in question the child was participating in throughout each quarter-hour period of the reference day. The diary was explained by the interviewer and left (with a worked example of a completed diary) with the parent/guardian. The parent/guardian was asked to complete it with the Study Child in respect of his/her activities for the reference day specified by the Study Team. The diary was then returned in the post. Approximately 52% of diaries were returned in Pilot One – with no reminder having been sent to respondents.

The activity categories included in the time-use diary in Pilot One were as follows:

**Table 4.5: Time-use diary categories (Pilot One)**

Activity
<b>1. SLEEPING</b>
<b>2. RESTING/RELAXING</b> , incl. doing nothing, 'time out'
<b>3. PERSONAL CARE</b> , incl. washing, dressing, toilet
<b>4. EATING/DRINKING/HAVING A MEAL</b>
<b>5. TRAVELLING</b> , incl. travel to and from school as well as leisure and domestic travel
<b>6. SCHOOL</b>
<b>7. HOMEWORK</b>
<b>8. GENERAL PLAY</b>
<b>9. PLAYING BOARD GAMES, CARDS, etc</b>
<b>10. PLAYING SPORTS, PHYSICAL EXERCISE</b> , incl. sports, matches, walking the dog

11. COMPUTER/INTERNET/EMAIL/BEBO/MSN/PLAY STATION/X-BOX, etc
12. PRACTISING MUSICAL INSTRUMENTS
13. HOBBIES AND OTHER LEISURE ACTIVITIES
14. WATCHING TV AND VIDEOS/DVDS, etc
15. READING BOOKS, COMICS, MAGAZINES, etc
16. HOUSEHOLD CHORES/HOUSEWORK
17. VISITING A FRIEND'S OR RELATIVE'S HOUSE TO PLAY, etc
18. VISITING A RELATIVE'S HOUSE FOR PURPOSES OTHER THAN PLAY
19. ON A FAMILY OUTING (a trip out as a family)
20. ON A SHOPPING TRIP (shopping for groceries, clothes, etc)
21. NOT SURE

In addition to the time-use element of the diary, Pilot One also included a small number of questions on perceptions of neighbourhood at the back of the diary.

### 4.3 Overview of Questionnaires Used in the Pilot Survey

In general, the instruments used in Pilot One worked well. The pilot exercise demonstrated that the overall design allowed us to record the information envisaged in our proposal. One area in which problems arose was in the recording of details from the non-resident parent and non-cohort caregiver (home- and centre-based). The gatekeeper issue referred to above posed a major problem. The extent to which we were able to secure contact details from respondents was low. The incidence of non-cohort caregiving was approximately 13% of households in Pilot One. Although approximately 70% of relevant respondents gave contact details for the non-cohort caregivers, the response among the caregivers was very low indeed. Similarly, 11% of households visited in Pilot One recorded a non-resident parent. Just over 40% of these provided contact details but the response among them was disappointing.

### 4.4 Time Taken to Administer the Pilot 1 Questionnaires

Table 4.6 summarises the average times taken across the Pilot One sample to complete the questionnaires discussed above. The figures in the table refer only to direct interview administration time. They do not include the time necessary to introduce the survey and establish a rapport with the respondent, to set up (and subsequently dismantle) the laptop or other equipment (such as a measuring stick for taking height of mother, father and child as well as the weighing scales), to record the geo-coordinates, etc.

**Table 4.6: Average time taken to complete the pilot instruments**

Questionnaire	Time	Comment
Mother/Lone Father – main section	77 minutes	
Mother/Lone Father – supplementary	11 minutes	
Father/Partner – main section	20 minutes	
Father/Partner – supplementary	8 minutes	
Child	24 minutes	with PAPI self-completion of sensitive sections
Child	28 minutes	with audio-assisted completion of sensitive sections
Total 1	140 minutes	with PAPI self-completion of sensitive sections





Total 2	144 minutes	with audio-assisted completion of sensitive section
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It is clear from these figures that the instruments used in Pilot One were considerably longer than the proposed average of 90 minutes' contact with the household. With a view to reducing respondent burden a number of changes to the instruments were proposed in the light of the experience of Pilot One.

#### 4.5 Changes to content of the household instruments in light of Pilot One

Following Pilot One a number of amendments were made to the household questionnaire, the main points of which are outlined below. We do not attempt to include all changes, especially the more minor changes to questions, some of which related only to wording, etc. Instead we focus on the major changes in the instrumentation.

##### 4.5.1 Mother/lone father questionnaire

- New details were included on visits by the Study Child to a hospital's accident & emergency (A&E) department. An additional category of medical professional ('Other professional, psychologist, psychiatrist, counsellor, etc') was also added at C3. Direct visits to A&E are an important aspect of the Irish healthcare system, with many families bringing their sick child directly to A&E rather than to the GP. Recording only details on the number of times a child paid a visit to the GP may substantially underestimate the extent of contact with a medical professional or utilisation of the healthcare system. The addition of 'other medical professionals, psychologist, psychiatrist, counsellor, etc' was prompted by interviewer feedback after Pilot One.
- Questions on immunisations (e.g. C1) were dropped. The information collected was felt not to be sufficiently detailed to allow useful or reliable analysis to be carried out using the data.
- The SDQ supplement was included on the Pilot One instrumentation (H4 to H8). Although desirable, it was not felt possible to justify its inclusion in an already over-burdened instrument and it was dropped in subsequent piloting. The core SDQ was continued in both the mother/lone father questionnaire and the teacher-on-child questionnaire (to allow triangulation of the information recorded from primary caregiver and also the teacher). This meant that we continued to include the full 25-item SDQ to allow construction of the five main subscales: emotional symptoms, conduct problems, hyperactivity/inattention, peer relationship problems, and poor social behaviour. The supplement relates to the impact of any problems which the child is perceived to have on the family and others. It addresses the chronicity, distress, social impairment, and burden to others. Although the removal of the supplement resulted in a loss of potential information on the impact and effects of difficulties experienced by the child, it was not possible to accommodate it within the overall survey. Its exclusion from the subsequent piloting and main phase of the project was not felt to have had an adverse impact on the underlying objectives of the study.
- The information on pre-school childcare (J1 on Pilot One) was streamlined to allow better-quality information to be collected while simultaneously reducing respondent burden and contact time.
- A number of additional child activity items were added (J6).

- Questions on parental aspirations (J21) were dropped – principally because of minimal variance across respondents in answer to these questions in Pilot One.
- The CES-D 20 scale item (K10) was included in Pilot One. It was decided to replace this with the CES-D8 scale. This psychometrically validated alternative reduces respondent burden.
- The HOME inventory (K11 on Pilot One) was dropped. This measures the degree of stimulation for the child in his/her environment. It provides a combined measure of environmental and stimulation factors. It focuses on the child as the object of stimuli and relationships within the home environment. The Middle Childhood HOME is based on 59 items which form eight subscales. Of these items, 39 are questions put to the respondent, the remaining 20 being largely based on observations of the home environment by the interviewers. Although highly desirable, it was found by both respondents and interviewers to pose an extremely heavy burden for all involved in the study. The full HOME inventory can take 45–60 minutes to administer correctly. The interviewer observation section also proved to be particularly problematic as respondents were not always happy to allow the interviewer to view the appropriate rooms as requested to complete that part of the questionnaire. The level of intrusion required by the scale of the HOME inventory, as well as the time taken to include it in a large-scale national survey such as **Growing Up in Ireland**, was simply felt to be prohibitive for the main quantitative study. The main strength of the HOME inventory is as a complement to measures of social class and socio-economic status, as an index of adequacy of the child's home environment. Social-class and socio-economic status were still included in the study.
- The information recorded on household deprivation and income (Section L) was substantially reduced and streamlined to record only basic details in this area.
- The questions on perception of and sense of neighbourhood which were included on the self-completion time-use diary in Pilot One were transferred to the main mother/lone father questionnaire. This ensured that this information was available from all respondents – not just the subset who returned the self-completion time-use diary.

#### 4.5.2 Mother/lone father sensitive (supplementary) questionnaire.

A relatively small number of changes were implemented in this instrument as a result of our experience in Pilot One. The most important ones are:

- A dyadic adjustment scale (DAS) on marital satisfaction was included, as well as a refinement of questions on marital conflict and conflict resolution within the relationship. The original version of the DAS had 32 items and was developed by Spanier (1976). It provides an assessment of dyadic satisfaction based on participants' self-report and is used as a means of categorising marriages as either distressed or adjusted. In **Growing Up in Ireland** we used the seven-item DAS (Sharpley and Rogers, 1984) which comprises three subscales and seven questions: three items assessing *dyadic consensus*, where participants rate the degree to which they agree with their partner on several issues including 'Philosophy of life' and 'Amount of time spent together'; three items assessing *dyadic cohesion* where participants indicate how often specific dyadic activities occur, such as 'Have a stimulating exchange of ideas' and 'Calmly discuss something together'; and one item assessing *global marital satisfaction* where participants rate their general satisfaction with their 'real-life' relationship. Six of the items are rated on a six-point Likert-type scale (with endpoints *always agree* and *always disagree* or *all the time* and *never*), while the seventh item is rated on a seven-point scale ranging from *extremely unhappy* to *perfect*. A general satisfaction score is calculated as a sum of all seven items' scores.



This item on marital satisfaction is an important factor in family functioning, and the manner in which parents interact is crucial for child outcomes. For example, marital satisfaction has been highlighted as not only important in impacting on the child's wellbeing but also on that of the parents, as it is seen as a component of adult life satisfaction (Bradbury, Fincham, and Beach, 2000).

- The detail recorded on maintenance payments from a non-resident parent was reduced. Information obtained in this area from Pilot One was clearly partial, incomplete and unreliable.

#### 4.5.3 Father/partner questionnaire

Changes in this instrument reflected those made in the mother/lone father questionnaire. In addition to the relatively minor changes on question wording, the major change was the substitution of the CES-D 20-item depression scale with the CES-D8-item scale.

#### 4.5.4 Father/partner supplementary (sensitive) questionnaire

The father/partner's sensitive supplementary questionnaire used in Pilot One was slightly shorter than that used with the respondent to the mother/lone father instrument. The main difference between the two questionnaires was the exclusion in the father/partner's supplement of several questions relating to the non-residency of the Study Child's biological mother and related details. In light of the experience of Pilot One it was decided to harmonise the sensitive supplementary questionnaires completed by respondents to both the father/partner and also the mother/lone father instruments.

#### 4.5.5 Main child questionnaire

There were very few changes to this instrument. An additional question was added on the child's favourite hobby or activity as well as a question on frequency of exercise.

#### 4.5.6 Child's supplementary (sensitive) questionnaires – mum and dad; mum-only; dad-only versions

These instruments were largely unchanged in the light of Pilot One. Some minor adjustments were made to the wording of several questions to make them clearer to the children. A few questions on the Study Child's view of his/her teacher and how happy the Study Child was in school were dropped as they were felt to be repetitive of other questions on the instrument.

The most substantial change in this instrument was the dropping of the questions on whether or not the parents of the Study Child knew that he/she smoked or drank alcohol and also whom the Study Child was with when he/she first drank alcohol. As noted in Section 2.3 above, the questions on smoking and drinking were negatively received by a substantial proportion of children involved in the CAF piloting exercises. The children noted that it was unlikely that they would yield reliable information, with both false positives and negatives being likely. The former would possibly be motivated by perceived bravado associated with drinking and smoking. The latter would be associated with children who were, in fact, engaged with either or both activities but who did not record this on their sensitive questionnaire, as they were fearful of disclosure by the Study Team to parents. These questions also drew criticism and concerns from several parents in Pilot One. Two main types of concern were expressed. First, several parents noted that asking the questions itself would normalise the behaviours in question in the minds of the child respondents. Secondly, the questions did not provide sufficient details to allow full interpretation of the answers given. For example, it is difficult to interpret the significance of a child saying that his/her first consumption of alcohol was with a parent or other sibling. The context, intensity and regularity of the



consumption are all relevant to the interpretation of the information that initiation to these behaviours was in the presence of a parent. The Study Team is aware that early parental consent for drinking and smoking is a good predictor of later antisocial and related problems in adolescence and into later life. On the advice of several members of the Educational Panel of experts, it was ultimately decided to wait until the second round of interviewing (when the children will be 13 years of age) and ask these questions of them at that time – possibly including a question on age at first drink or cigarette.

Pilot One was extremely important in elucidating issues surrounding the administration of the child sensitive questionnaire and, in particular, whether to administer it on a self-completion PAPI basis or an audio-assisted basis. As noted in Chapter Two, many children in Pilot One felt that it was somewhat frustrating and tedious, and took longer to have it administered on the audio-assisted basis rather than on a self-completion (non-assisted) basis.

With this in mind we proposed having an audio version of each of the three versions of the child supplementary questionnaires available to the interviewer (mum and dad; mum only and dad only versions). In situations in which the interviewer (in private consultation with the parent/guardian) felt that there might be a literacy and/or reading problem, the audio version was used. Where there was no suggestion of literacy or reading problems, the child completed the instrument on a self-completion basis on paper.

#### 4.5.7 Time-use diary

The structure of the diary remained unchanged after Pilot One. The layout and activity categories were changed somewhat in response to feedback from respondents and interviewers. The revised activity categories are as follows:

**Table 4.6: Time-use diary categories – revised**

Activity
<b>1. SLEEPING</b>
<b>2. RESTING/RELAXING</b> (doing nothing, 'time out')
<b>3. PERSONAL CARE</b> (washing, dressing, toilet)
<b>4. EATING/DRINKING/HAVING A MEAL</b>
<b>5. TRAVELLING TO AND FROM SCHOOL</b>
<b>6. OTHER TRAVELLING</b> (leisure and domestic trips; dropping to games, matches, etc)
<b>7. AT SCHOOL</b>
<b>8. HOMEWORK</b>
<b>9. PHYSICAL PLAY/EXERCISE/SPORTS</b> (playground, running, chasing, football, judo, ballet, dance)
<b>10. PLAYING BOARD GAMES, CARDS, etc</b> (card games, snakes & ladders, Monopoly, Trivial Pursuit, etc)
<b>11. GENERAL PLAY</b> (with toys, dolls, cars etc, dressing up, 'playing house', imaginary or make-believe games)
<b>12. HOBBIES AND OTHER LEISURE ACTIVITIES</b> (crafts, model making, painting, music practice, etc)
<b>13. COMPUTER/INTERNET/PLAY STATION X-BOX, etc</b>
<b>14. EMAIL/BEBO/MSN TEXTING/ON THE PHONE</b> (contacting, messaging friends or others)
<b>15. WATCHING TV AND VIDEOS/DVDS, etc</b>
<b>16. READING BOOKS, COMICS, MAGAZINES, etc</b>
<b>17. HOUSEHOLD CHORES/HOUSEWORK</b>



**18. VISITS TO A RELATIVE'S HOUSE FOR PURPOSES OTHER THAN PLAY**

**19. ON A FAMILY OUTING** (a trip out as a family)

**20. ON A SHOPPING TRIP** (shopping for groceries, clothes etc)

**21. RELIGIOUS ACTIVITY** (attending religious services, prayer etc)

**22. NOT SURE**

#### 4.5.8 Twin module

An additional module on twins was introduced after Pilot One. As with the time-use diary, the twin module was additional to our original proposal. The research potential of a longitudinal database of twins is enormous; such a database would be wholly without precedent in Ireland. The Study Team estimated that there would be approximately 130 sets of twins identified in the course of fieldwork with the Child Cohort.

#### 4.5.9 Follow-up contact information

After completion of Pilot One it was decided to include a Follow-up Contact Sheet for each household. The purpose of this sheet was to record some alternative contact details from the respondent (in addition to his/her own name and address, etc) to assist in follow-up and tracking in the next wave of the study. This alternative contact could be the name of a parent, friend or other person whom the Study Team could contact in the event of the respondent moving address. The follow-up contact sheet also recorded the respondent's Personal Public Service Number (PPSN). In agreement with the project's Research Ethics Committee, it was made clear to the respondent that the PPSN would be for *tracking* (not linkage) purposes only.

### 4.6 Overview of Changes Implemented after Pilot One

As is clear from the above, Pilot One was extremely useful in highlighting many areas in the instrumentation which the Study Team felt would benefit from change and amendment in the subsequent piloting and main fieldwork phases. Clearly, the list of potential input and output variables which could be included on the instrumentation is almost endless. Depending on one's discipline and perspective one could adduce evidence to support the inclusion of a near infinity of topics, variables, and indicators on each of the questionnaires.

Unfortunately, one is severely limited by constraints of time and respondent burden. If the questionnaire in the first round of a longitudinal study is made so long as to be excessively burdensome for the respondent, there is a very real danger that it will have a long-term adverse impact on interwave attrition and response rates in later waves. These constraints enforce choices between competing and often equally worthwhile questions and scales. From our discussion throughout this chapter it is clear that an attempt was made to include several scales and sets of questions in the pilot phase of the project which were subsequently dropped in the Dress Rehearsal or main study. Two important cases in point are the SDQ supplement on employment and the HOME inventory.

The main 25-item SDQ was included in the mother/lone father, father/partner and teacher questionnaires (to allow triangulation). In Pilot One the supplement on parental employment and work-life balance was also included. Given our experience in Pilot One we decided to drop the supplement (partly because



many of the issues on parental employment and work-life balance were recorded elsewhere in the study). The main SDQ instrument was retained for the Dress Rehearsal and the subsequent main study.

Similarly, the full HOME inventory was included in Pilot One to allow a relatively direct and standardised measure of the quantity and quality of stimulation, interaction and support available to the child in his/her home environment (both observational and non-observational components were included). On the basis of our experience of implementing the HOME inventory in the pilot, we felt we had no choice but to exclude it from the main phase of the study.

In making decisions between such important variables and scales criteria, such as importance of the variable in questions, factors such as policy relevance and added value from its inclusion were taken into consideration. On those bases a very strong case can be made for inclusion of scales such as the SDQ employment supplement and also the HOME inventory. The same case could not unfortunately be made in terms of criteria such as time efficiency, acceptability to the respondent, robustness and harmonised measurability, in a large-scale quantitative survey such as ***Growing Up in Ireland***. In particular, the administration of the HOME inventory is quite complex, requiring a mix of both structured questioning and direct observation of parent/child interactions, as well as viewing several rooms in the accommodation. Caldwell and Bradley (1984) note that administration can take up to one hour for the complete instrument. Although the inclusion of scales such as the SDQ supplement and HOME would undoubtedly have added to the information content of the data, this might have been done at too high a cost – certainly at the cost of inclusion/exclusion of a range of other topics, instruments, questions and scales.

The corollary of deciding to exclude scaled items and questions after initial piloting is, of course, the inclusion of items where examination of pilot data identified information gaps. A prime example of this is the inclusion of the Dyadic Adjustment Scale (DAS) on marital satisfaction, after the first pilot. Given the importance of marital satisfaction and partner relationship to family functioning and child development, it was felt important to include the DAS in Pilot Two and subsequent fieldwork.

Although most of the choices made were extremely difficult they were arrived at only after a systematic process of extensive discussion with relevant parties as well as a broadly-based evaluation of the costs and benefits of inclusion/exclusion.

#### 4.7 Summary of Experience with Household-Based Questionnaires used in Pilot One

In general, we found that most of the instruments worked well in Pilot One. The exercise demonstrated that the overall design allowed us to record the information envisaged and planned for in the project proposal. The main issue arising was the time taken to administer the various instruments and the need to reduce their length. The most problematic area was securing contact information in respect of non-resident parents and non-cohort caregivers (both home and centre-based). The extent of the information secured from these participants was low and the subsequent response from relevant respondents was very low indeed. In its report on Pilot One the Study Team noted that this aspect of the study would provide, at best, partial information from a very biased and self-selecting subgroup of households, to the extent that the Study Team suggested that the value of including these questionnaires in the main study was questionable. Provision of the relevant contact details was clearly a very difficult area in which to secure the co-operation and participation of respondents. Although interviewers were instructed to emphasise the confidentiality of the information recorded from both non-cohort caregivers and non-resident parents, the choice of providing the contact details of both groups rested entirely with the main (resident) parent/guardian respondent. The need to ensure principles of informed consent, freely given, was paramount in securing this (and all) information provided by the respondent.



# Chapter 5

## PILOT TWO – SCHOOL AND HOUSEHOLD PHASE





## CHAPTER FIVE: PILOT TWO – SCHOOL AND HOUSEHOLD PHASE

### 5.1 Introduction

In this chapter we discuss the experience of Pilot Two. This phase adhered to all of the design protocols discussed in Chapter One, amended slightly in the light of Pilot One.

Pilot Two was based on a total of nine schools in which informed consent was secured from 62 children and their families. The school-based component of the survey included Drumcondra tests, principal and teacher questionnaires and also the Piers Harris self-concept scale administered to the children in group self-completion sessions in the school. This was followed by the home-based interview, with personal administration of questionnaires as appropriate by the interviewer. This chapter briefly considers implementation of this second full pilot of the project. All instruments used in Pilot Two are enclosed as Appendices C and D – school and home-based respectively. These reflect all changes made in the light of Pilot One as discussed in Chapters Three and Four above.

### 5.2 The School Phase

All aspects of the design proposed for the main study were implemented in recruiting the schools for Pilot Two. This included the introductory letter and information to the schools followed by phone contact and a face-to-face meeting between the principal and interviewer. The following instruments and related documents were completed or administered at the school level:

- School Record Sheet
- Principal's Questionnaire
- Teacher-on-Self Questionnaire
- Teacher-on-Pupil Questionnaire
- Drumcondra Maths and Reading Vocabulary Tests
- Piers Harris Questionnaire

#### 5.2.1 The School Record Sheet

This was used as the main reference sheet for recording all children who fell within age range for the project. A small number of changes, as outlined in Section 3.7.1 above, were implemented.

#### 5.2.2 The principal's questionnaire

This questionnaire was completed by the principal, largely on a self-completion basis to minimise respondent burden and enhance response. The changes implemented in the light of Pilot One were quite limited.

#### 5.2.3 The teacher questionnaire

The teacher-on-self and teacher-on-pupil questionnaires were administered in Pilot Two with the changes outlined in Section 3.7.3 above. These changes represented quite substantial revisions to both instruments. They involved the halving of the length of the teacher-on-pupil questionnaire from four to two pages and the doubling of the teacher-on-self questionnaire from two to four pages. This resulted in a major reduction in overall respondent burden for teachers, especially for those from larger schools who could have quite a number of the teacher-on-pupil questionnaires to complete. The experience of Pilot





Two suggested that this reduction in the size of the teacher-on-pupil instrument reduced the level of negative respondent feedback.

#### 5.2.4 Drumcondra assessment tests in Mathematics and Reading Vocabulary

These were administered according to the standard procedures and protocols for both tests as set out by the Drumcondra Educational Research Centre. The Study Team had no discretion in their administration.

#### 5.2.5 Piers Harris questionnaire

In Pilot Two we introduced the Piers Harris-2 Children's Self-Concept Scale (2<sup>nd</sup> ed.) This is a 60-item self-report instrument for the assessment of self-concept in children and adolescents between the ages of seven and 18 (who have at least second-grade reading ability). The authors define self-concept as a relatively stable set of attitudes reflecting both the description and evaluation of one's own behaviour and attitudes.

The items in the Piers-Harris-2 are statements which express how people feel about themselves, each being answered with a yes/no answer option. Six main domain scales can be generated from the Piers Harris:

- *Behavioural Adjustment* – a subscale of 14 items measuring admission or denial of problematic behaviours
- *Intellectual and School Status* – a subscale of 16 items reflecting the Study Child's assessment of his/her abilities with respect to intellectual and academic tasks; general satisfaction with school, and perceptions of future achievements
- *Physical Appearance and Attributes* – a subscale of 11 items about perception of physical appearance and other attributes such as leadership and ability to express ideas
- *Freedom from Anxiety* – a subscale of 14 items exploring a variety of feelings including fear, unhappiness, nervousness, shyness, and the feeling of being left out of things
- *Popularity* – a subscale of 12 items exploring the Study Child's evaluation of his or her social functioning
- *Happiness and Satisfaction* – a subscale of 10 items reflecting feelings of happiness and satisfaction with life

The scales are scored so that a higher score indicates a more positive self-evaluation in the domain being measured. An *Inconsistent Responding* and a *Response Bias* index are also included to identify random response patterns and tendencies to respond in a certain manner, irrespective of item content, such as a positive response bias.

The Piers Harris-2 was chosen for use in ***Growing Up in Ireland*** because it is relatively short and easy to administer, making it appropriate for use in the current research setting and thus providing an efficient quantitative assessment of children's reported self-concept. Longitudinally, it will be important in enabling researchers to monitor children's self-concept over time as well as facilitating an exploration of the relationship between self-concept and other factors. For example, Marsh and Craven (2006) note that self-concept is an important mediating variable that causally impacts on a variety of desirable outcomes including academic achievement.



The majority of children completed the Piers Harris-2 in a group setting within the school (after they completed the Drumcondra tests in Reading Vocabulary and Mathematics). In some cases, however, the school was reluctant to have the instrument administered in the school setting on two grounds. First, some principals were concerned about response load on the children, coming as the instrument did after the Drumcondra academic assessments. Secondly, some principals were concerned about the content and nature of a number of the items, and how they could potentially be misinterpreted out of context when subsequently discussed in the home with parents/guardians. Therefore, some children completed the Piers Harris-2 instrument in the course of the home-based interview administered by the interviewer, under comparable conditions to those used for school administration, i.e. they self-completed a paper booklet with no time limit for completion.

### 5.3 The Household Phase

The full range of questionnaires were administered in the household phase of Pilot Two. This included:

- Mother/Lone Father Main Questionnaire
- Mother/Lone Father sensitive supplement
- Father/Partner Main Questionnaire
- Father/Partner sensitive supplement
- Child Main Questionnaire
- Child Sensitive Questionnaire (Mum and Dad)
- Child Sensitive Questionnaire (Mum only)
- Child Sensitive Questionnaire (Dad only)
- Time-Use Diary
- Mother/Lone Father Twin module
- Father/Partner Twin module
- Non-Resident Parent (postal basis)
- Non-Cohort Caregiver (home-based and centre-based on a postal basis)

The changes to questions as outlined in Section 4.5 above were implemented. These generally facilitated the administration of the instruments and, at least to some degree, relieved respondent burden.

The introduction of the twin modules did not seem to pose problems for the relatively small number of families involved. Although the administration of the module resulted in substantial additional contact time for the families in question, they appeared to be willing to commit the time to the study and were happy to record details on both twins.

### 5.4 Changes to the Instruments in Light of the Pilot Two Experience

The experience of Pilot Two did not result in many changes to the content or structure of the instruments. In general, only a small degree of fine-tuning of the instruments took place, with the exception of one set of questionnaires. Having completed Pilot Two and assessed the information recorded, the Study Team made a substantial revision to the *structure* and *layout* of the child sensitive questionnaires, though not to their content or to the information which they recorded.

Pilot Two highlighted the importance of clarifying whom the child was referring to when he/she used the terms 'Mum' or 'Dad'. This became particularly relevant in the context of the child sensitive module in respect of the child's relationship with 'Mum' and 'Dad'.

In situations in which the Study Child's mother or father had entered into a new relationship (with a resident partner who was not the child's biological parent) it was important to be clear as to whom the child was referring when he/she completed a questionnaire in respect of 'Mum' or 'Dad': the biological



parent or the resident partner of the Study Child's mum/dad. The potential uncertainties surrounding this issue are obviously exacerbated in situations where the Study Child resides with a biological parent and his/her partner but also maintains contact (possibly on a frequent basis) with the non-resident biological parent.

As is clear from our discussion of the household component of Pilot One and Pilot Two above, we had envisaged that the child would complete the sensitive questionnaire in respect of the relationship with the resident biological parent and his/her current resident partner, in view of the importance of that person in the child's development. On debriefing with interviewers it became apparent that there were some instances where it was not completely clear if the questionnaire had been completed in respect of the current resident partner of the biological parent or the non-resident biological parent.

To eliminate any ambiguity the child sensitive instrument was split into a number of separable sections – potentially five, as follows:

1. **Core Sensitive Questionnaire** (self-completed or audio-assisted format, the latter where the interviewer suspected issues related to literacy, etc) This comprised a four-page multi-coloured questionnaire with a blue front entitled 'Core Sensitive Questionnaire for nine-year-olds' (see Appendix F11). This section of the questionnaire was completed by *all* Study Children.
2. **Sensitive Questionnaire (Mum section)** – labelled (M) on top of the questionnaire (self-completed or audio-assisted). This comprised a single A4 double-sided sheet with a pink border (see Appendix F12). The Study Child completed this questionnaire on his/her relationship with the *biological* Mum.
3. **Sensitive Questionnaire (Dad section)** – labelled (D) on top of the questionnaire (self-completed or audio-assisted). This comprised a single A4 double-sided sheet with blue border (see Appendix F13). The child completed this questionnaire in respect of his/her *biological* Dad.
4. **Sensitive Questionnaire (Mum's Partner section)** – labelled (MP) on top of the questionnaire (self-completed or audio-assisted). This comprised a single A4 double-sided sheet with a green border (see Appendix F14). The child completed this questionnaire on his/her relationship with *Mum's partner* where the latter was not the biological Dad.
5. **Sensitive Questionnaire (Dad's Partner section)** – labelled (DP) on top of the questionnaire (self-completed or audio-assisted). This comprised a single A4 double-sided sheet with a lilac border (see Appendix F15). The child completed the questionnaire on his/her relationship with *Dad's partner* when the latter was not the biological Mum.

This meant that each child completed the Child Main Questionnaire and the Core Sensitive Questionnaire. In addition, he/she completed the Mum (M), Dad (D), Mum's Partner (MP) or Dad's Partner (DP) sections of the sensitive supplement as appropriate to the family structure. The questionnaires in respect of the non-resident biological Mum or biological Dad were administered if the child had had contact with the non-resident mother/father within the previous 12 months. This was filtered by the following question in situations where the biological parent was non-resident:

**How often has the Study Child seen his/her father/mother in the last year?**

Daily..... <input type="checkbox"/> 1	Less than once a month ..... <input type="checkbox"/> 6
Once or twice a week ..... <input type="checkbox"/> 2	Less than once a year ..... <input type="checkbox"/> 7

Weekly .....☐<sub>3</sub>      Never .....☐<sub>8</sub>  
 Every second week/weekend ....☐<sub>4</sub>      Other (please specify) .....☐<sub>9</sub>

The parent/guardian completing the mother/lone father questionnaire completed the above filter. In situations where there was a non-resident parent with whom the Study Child had had some level of contact *within the last year* we attempted to administer the relevant sensitive section in respect of both the biological non-resident parent and the resident parent's partner. Consider, for example, a situation in which the child's mother was in a new relationship<sup>20</sup> with a resident partner and where the child had a non-resident biological father with whom he/she had had contact within the 12 months preceding the survey. In such circumstances the Study Child would be asked (with prior parental consent) to complete:

- the Core Sensitive Questionnaire
- the Child Sensitive Mum (M) Supplement
- the Child Sensitive Dad (D) Supplement
- the Child Sensitive Mum's Partner (MP) Supplement

The reader will note in the above example that the Study Child's biological father may also have been in a new relationship with a partner. That new partner might have an influence on the Study Child when he/she visits his/her biological father in his household. In principle, one could ask the child to record details on his/her relationship with the dad's partner. Although the relationship with the father's partner could have an important impact on the child's development, the respondent burden, coupled with some of the sensitivities involved, led the Study Team to restrict the information set recorded to the mum, dad and mum's partner in the example outlined above. This means that the Study Child was asked to complete a maximum of three supplementary sensitives – Mum (M), Dad (D), and *either* Mum's Partner (MP) or Dad's Partner (DP).

The interviewer determined which of the separable child sensitive modules were to be completed by the Study Child, in private prior discussion<sup>21</sup> with the parents/guardians. The parent/guardian was shown a prompt card with the table below and asked to indicate which type of family structure best described the respondent's family.

**Table 5.1: Family structures**

Family structure	Questionnaire
A. Mother and father (biological/adoptive)	M and D
B. Mother and her partner (contact with biological father)	M, MP and D
C. Mother and her partner (no contact with biological father)	M and D
D. Mother with no partner (contact with biological father)	M and D
E. Mother with no partner (no contact with biological father)	M
F. Father and his partner (contact with biological mother)	D, DP and M
G. Father and his partner (no contact with biological mother)	D and M
H. Father with no partner (contact with biological mother)	D and M
I. Father with no partner (no contact with biological mother)	D

After showing and explaining a blank copy of the questionnaire modules to the parent/guardian the interviewer administered only those modules that had been advised by the parent/guardian.

<sup>20</sup> This may, of course, be a longstanding relationship. The term 'new' is used only to differentiate from the non-resident biological parent.

<sup>21</sup> Interviewers were instructed to ensure that this discussion took place out of earshot of the Study Child or other children in the household.



Completion of the supplementary questionnaires by the child in respect of non-resident parents was clearly a very sensitive issue. It had to be carried out with due regard to the child protection and ethical issues involved. These latter took precedence over data collection *per se*. The format of the prompt card presented to the respondent who completed the mother/lone father questionnaire and the way in which this was explained by the interviewer was obviously a complex issue. This was a difficult procedure to perfect and took a substantial amount of time to reach a solution which simultaneously addressed the child protection and ethical issues involved as well as being operationally feasible in a large-scale national study like ***Growing Up in Ireland***. The experience of Pilot Two was particularly important in reaching a solution that could be implemented by interviewers in the field and protect the Study Child and other respondents.

This approach meant, of course, that the respondent to the mother/lone father questionnaire was the gatekeeper to all of the Study Child's questionnaires: the child's main questionnaire, the child core sensitive questionnaire, and the child supplementary sensitive questionnaires (mum, dad, mum's partner or dad's partner). In many cases the child's resident parent was happy to have the child complete a supplementary sensitive questionnaire in respect of the resident parent and his/her new partner but not in respect of the non-resident parent. This latter was usually the case where the breakdown in the relationship with the biological father was acrimonious and/or reference to the non-resident parent was potentially upsetting to the Study Child. The wishes of the parent/guardian were fully respected in all cases. The reader is reminded that the child respondent was only nine years of age. Although child assent was secured in advance of their participation in the study, parental consent was legally and ethically required for all aspects of the child's participation. The Study Team recognised the strong gatekeeper position afforded to the resident parent by this design. This was imperative not only to safeguard the child but also to protect the reputation of the project itself. Child assent without full informed parental consent (including the latter's prior sight of the blank questionnaire and their subsequent permission to administer all or a selection of sections from it) would have seriously undermined the ethical, moral and legal basis of the study. It could also have resulted in serious reputational damage for the study, the commissioning Departments and the Study Team.



# Chapter 6

## THE DRESS REHEARSAL





## CHAPTER SIX: THE DRESS REHEARSAL

### 6.1 Introduction

In this chapter we consider the Dress Rehearsal component of the study. This was conducted on a real time basis with the first 169<sup>22</sup> cases completed in the field. The Dress Rehearsal implemented the full design protocol based on the school and household components. However, the main focus of the Dress Rehearsal was on the household component of the study

In considering the Dress Rehearsal we focus, in particular, on the few changes that were implemented in the instruments and procedures after Pilot Two. We begin in Section 6.2 by briefly outlining the instruments and procedures used in the recruitment of children through the schools system. In Section 6.3 we move on to consider the instruments and procedures used in the households. In Section 6.4 we discuss the child sensitive supplement used in the Dress Rehearsal. Section 6.5 considers response rates in the Dress Rehearsal, while Section 6.6 briefly considers the incidence of missing values, for example item non-response.

### 6.2 The School Component of the Dress Rehearsal

The children in the Dress Rehearsal were recruited through the school system. A total of 169 children who were selected from 89 schools were included.<sup>23</sup>

The procedures adopted in the schools are as outlined in the proposal and discussed in detail in Chapter Three above. These included:

- an advance letter to the principal explaining the project, with information sheets for teachers and principal (the initial postal contact with the school included the covering letter from the Study Team, the letters from the Ministers for Education & Science and Health & Children, copies of the article from the INTO newsletter, and so on, which were discussed in Chapter Two above)
- follow-up phone calls from Head Office and the interviewer to arrange a meeting with the principal to explain the project and the school's participation
- securing informed consent from the parents and children who fell within age range
- administering the principal and teacher questionnaires as well as the Drumcondra Maths and Reading Vocabulary tests and the Piers Harris questionnaire

The instruments used are contained in Appendix C and include:

1. the School Record Sheet
2. the principal's questionnaire
3. the teacher-on-self questionnaire
4. the teacher-on-pupil questionnaire

As discussed in Chapters Two and Four above, the school facilitated the study in securing informed consent by sending information packs to the families and passing back signed consent forms to the Study Team. Interviewing work in the school took place with the relevant children only after signed consent (and assent on the part of the child) had been secured.

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<sup>22</sup> It was intended that the Dress Rehearsal would be based on the first 150 households completed but given the flow of work the first 169 cases were considered.

<sup>23</sup> Other children selected from the schools in question were also included in the main study.





### 6.3 The Household Component

All interviewing was carried out in the home, administered by the interviewer or self-completed as relevant.

The principal instruments administered in the home-based component of the study were:

1. **Mother/Lone Father Main Questionnaire** – administered by interviewer on laptop (Appendix F6)
2. **Mother/Lone Father Sensitive or Supplementary Questionnaire** – self-completed on paper (Appendix F7)
3. **Father/Partner Main Questionnaire** – administered by interviewer on laptop (Appendix F8)
4. **Father/Partner Sensitive or Supplementary Questionnaire** – self-completed on paper (Appendix F9)
5. **Child Main Questionnaire** – main section administered by interviewer on laptop (Appendix F10)
6. **Child Core Sensitive Questionnaire** – self-completed (with or without audio assistance) by the child (Appendix F11)
7. **Child Sensitive Questionnaire Mum (M)** – self-completed (with or without audio assistance) by the child (Appendix F12)
8. **Child Sensitive Questionnaire Dad (D)** – self-completed (with or without audio assistance) by the child (Appendix F13)
9. **Child Sensitive Questionnaire Mum's Partner (MP)** – self-completed (with or without audio assistance) by the child (Appendix F14)
10. **Child Sensitive Questionnaire Dad's Partner (DP)** – self-completed (with or without audio assistance) by the child (Appendix F15)
11. **Non-Resident Parent Questionnaire** – posted by Study Team and self-completed by the non-resident parent (Appendix F16)
12. **Carer (home-based) Questionnaire** – posted by Study Team and self-completed by carer where regular care was provided either in the child's own home or in the home of a childminder (Appendix F17)
13. **Carer (centre-based) Questionnaire** – posted by Study Team and self-completed by carer where care was provided regularly in some type of formal centre such as a crèche or after-school care (Appendix F18)
14. **One-day Time-Use Diary** – left by interviewer and completed together by the mother/lone father and Study Child in the course of the day designated by the interviewer (Appendix F19) (a worked example of the time-use diary was also left with each family)
15. **Mother/Lone Father: Twin Module** – administered by interviewer on paper (Appendix F20)





## 16. **Father/Partner: Twin Module** – administered by interviewer on paper (Appendix F21)

All instruments were very similar in structure and content to those used in Pilot Two and are described in detail in Chapter Five above. Only minor changes to the wording of a small number of questions were introduced between Pilot Two and the Dress Rehearsal. The single exception to this was the child sensitive supplement, which we discussed in full in Section 5.5 above.

### 6.4 **Response Rates**

In this section we briefly consider a number of aspects of response rates from the Dress Rehearsal. First, we look at questionnaire response rates. This is followed by a consideration of response in terms of physical measurements. Finally, we consider response in terms of contact details provided for non-resident parents and non-cohort caregivers. The Study Team would point out that as the Dress Rehearsal is based only on the first 169 returns from the field, as with all pilot work, one cannot be sure that the figures presented below will be translated in full to the main body of fieldwork.

#### 6.4.1 **Questionnaire response rates**

Two aspects of questionnaire response rates may be considered. First, one can consider the response rate within the total target sample. Secondly, one can consider the internal response rate within households. With regard to the former one can attempt to provide a measure of the percentage of households which, initially recruited through the schools, decided to participate in the survey when approached by the interviewer. From the experience of the Dress Rehearsal we note that a small number of households reconsidered their decision to participate in the project. The levels, however, are very low – of the order of 1-2%.

A second type of response rate that can be considered is based on the internal response or completion within the initial set of households that were processed for Dress Rehearsal purposes. By internal completion rates we refer to the proportion of households in which we secure full compliance from all relevant members. So, for example, we can derive a measure of the extent to which both the mother and father (where resident) in a household participated in the survey and completed the main questionnaire as well as the supplementary or sensitive modules. In presenting these figures on internal response we must expect that the compliance among Study Children in respect of some of the sensitive parts of their questionnaires will be lower than the corresponding figures in respect of the adults in the households. As was explained in Section 5.5 above, the child sensitive questionnaire potentially consists of the following sections:

1. Main section (completed by all children)
2. Core sensitive section (completed by all children)
3. Sensitive section on Mum (M)
4. Sensitive section on Dad (D)
5. Sensitive section on Mum's Partner (MP)
6. Sensitive section on Dad's Partner (DP)

Completion of sections 3 to 6 depended on the family structure and composition. It specifically depended on the presence or absence of biological mother/father in the household and, where absent, the level of contact with him/her in the year preceding the survey. As we noted above, the respondent to the mother/lone father questionnaire acted as gatekeeper to the completion of the child's questionnaire and all sections thereof. Accordingly, some respondents choose not to allow the Study Child to complete some or all of the sections in question. The gatekeeper issue is in keeping with the ethical approval secured for the study.

Table 6.1 below provides summary information on the internal completion rates.

**Table 6.1: Internal response rates**

	Target	Actual	Response %
Mother/Lone Father Main	169	169	100%
Mother/Lone Father Sensitive	169	169	100%
Father/Partner Main	143*	140	98%
Father/Partner Sensitive	143*	138	96%
Child Main	169	169	100%
Child Core Sensitive	169	169	100%
Child Sensitive-on-Mum	169	168	99%
Child Sensitive-on-Dad	143+	155	

\*There were 26 households in the Dress Rehearsal where the father was non-resident.

From the table, one can see that we achieved full compliance on the mother sensitive questionnaire (all 169 households self-completed this section of the survey). Table 1 further indicates that we identified 143 resident fathers in the households in question. We secured interviews with 140 of these respondents – representing a response rate of 98%. The three fathers in question who did not complete the relevant questionnaire simply refused to participate in the study, even though the child and mother did participate. In household units which require several members to participate, non-response is very common. For example, as noted in Dex and Joshi (2004)<sup>24</sup> (pp. 12-14), approximately 12% of resident fathers in the first wave of the Millennium Cohort in Britain did not participate in the study.<sup>25</sup>

It can be seen from Table 6.1 that all children completed the child main questionnaire and the child core sensitive questionnaire. One child did not complete the sensitive-on-mum supplement questionnaire (which principally included the Parental Style Inventory). As noted above, this reflects the parent's right to refuse to allow the child to complete a section of the survey.

Finally, from Table 6.1 we can see that 155 children completed the child's sensitive-on-dad supplement questionnaire, even though there were only 143 resident fathers in the set of households in question. As outlined in Table 6.2, this reflects the non-completion of this instrument by two children in households in which there was a resident father and the completion by a further 14 children of this supplement in respect of their non-resident father.

<sup>24</sup> Dex S. and Joshi H. (2004) Millennium Cohort Study: First Survey: A User's Guide to Initial Findings, Centre for Longitudinal Studies, Institute of Education, University of London.

<sup>25</sup> Table 1.4 (p. 14) from Dex and Joshi (2004) notes that 18,553 households were processed in the first wave of the Millennium Cohort Study. In 3,194 cases there was no eligible partner. Of the 15,359 households in which there was an eligible partner 1,899 were not interviewed (12.4%). The comparable figure for households in Northern Ireland was 15.6 % (241 partners not interviewed from an eligible total of 1,547).



**Table 6.2: Completion of child's sensitive-on-dad supplement classified by father's residency status**

'Sensitive on Dad'	Father is:		Total
	Not resident	Resident	
Not completed	12	2	14
Completed	14	141	155
Total	26	143	169

The reader is reminded that the child was asked to complete the child sensitive-on-dad questionnaire in situations where, although non-resident, the dad had contact with the Study Child over the 12 months preceding the survey. The 12 non-completions in Table 6.2 in respect of children where the biological father is not resident reflects (a) refusals by the resident primary caregiver to allow the Study Child to complete the questionnaire, (b) non-contact between the Study Child and his/her biological father in the 12 months preceding the survey, and (c) the biological father being deceased.

On balance, the Study Team feels that the household response rates indicated by Table 6.1 reflect a high level of compliance among relevant respondents.

It is clear from the foregoing chapters that information was recorded from respondents using a wide range of different instruments. In households in which there were two resident parents/guardians, full compliance involved completion of a total of 13 instruments or sub-instruments, as summarised in Table 6.3 below.

**Table 6.3: Full range of items to be completed in respect of Study Child in cases where we have full compliance**

Instrument	Code
1. Mother/Lone Father Main Questionnaire	MLF
2. Mother/Lone Father Sensitive Questionnaire	MLF Sen
3. Father/Partner Main Questionnaire	FP
4. Father/Partner Sensitive Questionnaire	FP Sen
5. Child Main Questionnaire	CM
6. Child Core Sensitive Questionnaire	CCS
7. Child Sensitive (Mum)	CS(M)
8. Child Sensitive (Dad)	CS(D)
9. Piers Harris	PH
10. Teacher-on-Child	ToC
11. Teacher-on-Self	ToS
12. Principal	Prin
13. Drumcondra Maths and Reading Vocabulary Assessment Tests	Drum

As we saw in Table 6.1 above, in the course of the Dress Rehearsal we interviewed a total of 143 households in which we encountered dual parents/guardians of each Study Child. Accordingly, in each of these 143 households we should, with full compliance, have had a total of 13 items completed in respect of each Study Child. To give a flavour of the clustering or otherwise of non-completion of instruments by and in respect of Study Children we outline in Table 6.4 completion rates in respect of each of the

instruments in question. The instrument codes used in Table 6.4 are as those used in Table 6.3 above. 'Y' in Table 6.4 indicates that the instrument in question was completed, 'N' (shaded cells in the table) indicates that it was not.

**Table 6.4: Instrument compliance rates for children in the 143 households of the Dress Rehearsal in which there were two parents/guardians**

Instrument													No. of children	Percentage of children	No. of instruments missing	Total no. of missing instruments
1. Mother/Lone Father	2. Mother/Lone Father (Sensitive)	3. Father/Partner	4. Father/Partner (Sensitive)	5. Child Main Questionnaire	6. Child Core Sensitive	7. Child Sensitive (on Mum)	8. Child Sensitive (on Dad)	9. Piers Harris	10. Teacher-on-Child	11. Teacher-on-Self	12. Principal	13. Drumcondra tests				
Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	122	85.3	0	0
Y	Y	Y	N	Y	Y	Y	Y	Y	Y	Y	Y	Y	2	1.4	1	2
Y	Y	Y	Y	Y	Y	Y	N	Y	Y	Y	Y	Y	1	0.7	1	1
Y	Y	Y	Y	Y	Y	Y	Y	N	Y	Y	Y	Y	1	0.7	1	1
Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	Y	Y	7	4.9	1	7
Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	Y	2	1.4	1	2
Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	1	0.7	1	1
Y	Y	N	N	Y	Y	Y	Y	Y	Y	Y	Y	Y	2	1.4	2	4
Y	Y	N	N	Y	Y	Y	N	Y	Y	Y	Y	Y	1	0.7	3	3
Y	Y	Y	Y	Y	Y	Y	Y	Y	N	N	N	Y	4	2.8	3	12
Total													143	100.0	-	33

Table 6.4 indicates that 122 of the 143 Dress Rehearsal children in dual parent/guardian households completed the full range of 13 instruments or had them completed on their behalf. The second row of the table shows, for example, that in respect of two children the father/partner of the main caregiver did not complete the father/partner (sensitive) instrument; one child did not complete the child sensitive-on-dad instrument (CS(D)) (third row); a further child did not complete the Piers Harris instrument (row four), and so on. One instrument was missing in respect of 14 children, two instruments in respect of two children and three instruments were in respect of five children.

A total of 1,859 instruments should have been completed in respect of the subset of 143 children in dual parent/guardian households in the Dress Rehearsal. The total actually completed was 1,826 (98.2%) – 33 instruments missing. It is noteworthy that 22 of the 33 missing instruments (61.1% of those missing) were in respect of school-based components (instruments 10-13 in Table 6.4) – either principal or teacher questionnaires (the latter in respect of teacher-on-self or teacher-on-child).

Overall, the figures in the table indicate that the incidence of missing instruments is not heavily concentrated or clustered among individual children, although there is, clearly, a danger of this happening in situations in which a number of children are covered by a common non-responding teacher-on-self or principal's questionnaire.

Comparable figures in respect of the 26 children encountered in households in which there was a non-resident biological father are summarised in Table 6.5 below. By definition, the father/partner (main and sensitive) instruments are not relevant in these circumstances. Similarly, the child sensitive-on-dad instrument may or may not be relevant, depending on whether or not the child's biological father is alive and, if so, whether or not he and the Study Child have had contact in the 12 months preceding the survey.<sup>26</sup> On this basis there is a potential maximum of 11 instruments to be completed by the 26 children in question.

**Table 6.5: Instrument compliance rates for the 26 children in Dress Rehearsal households in which there was no resident father/partner**

Instrument													No. of children	Percentage of children	No. of instruments missing	Total no. of missing instruments
1. Mother/Lone Father	2. Mother/Lone Father (Sensitive)	3. Father/Partner	4. Father/Partner (Sensitive)	5. Child Main Questionnaire	6. Child Core Sensitive	7. Child Sensitive (on Mum)	8. Child Sensitive (on Dad)	9. Piers Harris	10. Teacher-on-Child	11. Teacher-on-Self	12. Principal	13. Drumcondra tests				
Y	Y			Y	Y	Y	Y	Y	Y	Y	Y	Y	22 <sup>27</sup>	84.6	0	0
Y	Y			Y	Y	Y	N	Y	Y	Y	Y	Y	3	11.5	1	3
Y	Y			Y	Y	N	Y	Y	N	N	N	Y	1	3.8	4	4
Total													26	100.0	-	7

From Table 6.5 one can see that we had full compliance across all instruments in respect of 22 children, with one instrument being missing in respect of three children and four instruments missing (shaded cells with 'N') in respect of one child. A total of 277 instruments should have been completed<sup>28</sup> by children in this group of households without a resident father. A total of seven instruments were missing, representing 2.5% of potential instruments to be completed. As was the case with the children in dual parent/guardian households discussed above, four of the seven missing instruments (57%) were related to the school component of the study.

<sup>26</sup> The Study Child was asked (with the consent of the primary caregiver) to complete the child sensitive-on-dad instrument only in situations where the father had contact with the child in the 12 months preceding the survey.

<sup>27</sup> The child-sensitive-on-dad instrument was not relevant in respect of nine of the 22 children in question. In one case the child's biological father had deceased and in eight cases the child had had no contact with the biological father in the 12 months preceding the survey.

<sup>28</sup> 26 children, 17 of whom should have completed 11 instruments and nine who should have completed 10 instruments.

With these observations on the potential for units missing from the school component of the study, a number of measures were introduced for the main phase of fieldwork. Most important among these was the introduction of an incentive to teachers and principals in the schools to participate in the study. Respondents were sent an incentive/thank-you of €25 per teacher (principal) in the form of book tokens on return of the school-based questionnaires. This was notified to the teachers in correspondence between the Study Team and the schools and in some communications with the schools by the Irish Primary Principals Network.

Apart from the book tokens, the level of contact with the schools was substantially increased, at both local level by the interviewers and also centrally by Head Office. In addition to ongoing conversion exercises at local level by the interviewer, a number of refusal conversion exercises were organised centrally by the Study Team. These were aimed at increasing response rates at both school and household levels among families, teachers and principals.

#### 6.4.2 Physical measurements

At the end of the interview, the interviewer weighed and measured the height of the parents(s)/guardian(s) and the child. Interviewers were issued with weighing scales and measuring sticks for this purpose. Not all respondents, however, allowed these measurements to be recorded by the interviewer.

**Table 6.6: Recording of height and weight of respondents in Dress Rehearsal**

Measurement	Questionnaire type								
	Mother/lone father			Father			Child		
	Target	Actual	%	Target	Actual	%	Target	Actual	%
Height	169	163	96	143	139	97	169	167	99
Weight	169	161	95	143	138	97	169	167	99

From Table 6.6 one can see that a total of six respondents to the mother/lone father instrument (4%), four respondents to the father/partner instrument (3%), and two children (1%) refused (or a refusal was made on their behalf) to allow their height to be recorded. One can see from the table that broadly comparable figures in respect of weight were recorded in the survey.

#### 6.4.3 Recording of contact details of non-resident parents and non-cohort caregivers

As noted in Section 2.4 above, interviewers attempted to record the contact details of both non-resident parents and also non-cohort caregivers. The figures in Table 6.6 indicate that a total of 24 non-resident parents were identified in the course of the survey returns from the first 169 households completed. In respect of eight of these (33%), the respondent to the mother/lone father questionnaire provided the contact information. A further 11 (46%) recorded that they did not want the non-resident parent of the Study Child to be contacted, while the remaining five households (21%) recorded that they did not have adequate contact information. The non-provision of contact details was strongly associated with the respondent previously recording a 'negative' or 'very negative' relationship with the child's non-resident parent.



**Table 6.6: Breakdown of households in which non-resident parent was identified according to whether or not contact details were secured for postal follow-up.**

Non- resident parent?	No	%
Yes, have non-resident parent	24	
<i>Of whom:</i>		
Details provided	8	33
Don't want to give details	11	46
No details	5	21

**Table 6.7: Breakdown of households in which regular non-cohort carers were identified, according to whether or not contact details were secured for follow-up**

Carer – 8 hours or more per week?	No	%
Yes, have carer	33	
<i>Of whom:</i>		
Details provided	21	64
Don't want to give details	12	36
No details	0	

Similarly, Table 6.7 indicates that 33 of the 169 households in the Dress Rehearsal recorded that there was a regular non-cohort caregiver providing eight hours or more per week. A total of 21 of these (64%) provided contact details for the carer in question.

#### 6.4.4 Data quality

One is obviously constrained in what one can say about data quality with only 169 cases for analysis. One aspect which we can consider, however, is a review of missing values (or item non-response). In Appendix G to this report, we include simple frequencies of variables recorded on the following questionnaires:

- Section One: Mother/Lone Father Questionnaire
- Section Two: Father/Partner Questionnaire
- Section Three: Child's Main Questionnaire
- Section Four: Mother's Sensitive Questionnaire
- Section Five: Father's Sensitive Questionnaire
- Section Six: Child's Core Sensitive Questionnaire
- Section Seven: Child's Sensitive-on-Mum Questionnaire (M)
- Section Eight: Child's Sensitive-on-Dad Questionnaire (D)

The first three instruments are administered in CAPI. An examination of the distribution in these tables suggests that the item non-response is very low in respect of questions on the three types of questionnaires. One exception to this general statement is in respect of Q5 on the child main instrument. This question recorded whether or not the child felt that his/her family was better off than:

- a) Classmates
- b) Neighbours
- c) Other families





From page 33 of Appendix G one can see that these three items were answered by 159, 162 and 151 respondents respectively. Two issues arose here. First, several of the Study Children themselves disliked the question and chose not to answer it. Secondly, several parents requested that their child should not answer the question as they felt that it cast the survey in very materialistic and competitive terms – the latter by asking children to think of themselves relative to classmates, neighbours and other families.

The response levels on some of the questions on the sensitive supplementary instruments – Sections 4 to 8 in Appendix G – (mother/lone father and father/partner in particular) were somewhat lower. The reader is reminded that these were self-completed by respondents and then sealed in an envelope which was returned to the interviewer. Several respondents objected to answering the questions on marital conflict and resolution, on depression (CES-D8) and on drug-taking – all on the basis of their sensitivity. Accordingly, the item non-response on these questions is somewhat higher than on the main questionnaires. Given ethical considerations and the requirement for privacy in completing these sections of the instruments, the interviewer is not in a position to inspect the completed questionnaires. On the basis of the experience in the Dress Rehearsal, interviewers were instructed to spend more time going through the questions with the respondent before the questionnaire was completed to explain them fully to the respondent, to impress on him/her the importance of completing all of the relevant items, and to stress the confidentiality of the information and, in particular, the fact that the interviewer would not see the completed questionnaire.

#### 6.4.5 Interviewer feedback on Dress Rehearsal phase

Interviewer feedback played an important role in assessing all phases of piloting for the project.<sup>29</sup> In broad terms, interviewers found that respondents who had consented to participate in the study received it very positively, notwithstanding the length of interview and general respondent burden (cross-sectional and longitudinal) associated with participation. Although several questions were interpreted by some respondents as being intrusive, sensitive or personal, there was little evidence of systematic or widespread trends in this reaction to the study. The provision of alternative contact details and Personal Public Service Number (PPSN) to potentially assist in interwave tracking met with the strongest systematic negative reaction. Even in respect of these items, however, interviewers were able to secure item response of 83% in respect of alternative contact address. As the figures in previous sections indicate, unit non-response was relatively low, as was item non-response within unit.

#### 6.4.6 Overview of Dress Rehearsal

As noted in previous publications (e.g. *Growing Up in Ireland* – Background and Conceptual Framework), *Growing Up in Ireland* can be set within the National Children's Strategy published in 2000. This has three main goals, as follows:

- Children will have a voice in matters which affect them and their views will be given due weight in accordance with their age and maturity.
- Children's lives will be better understood; their lives will benefit from evaluation, research and information on their needs, rights and the effectiveness of services.
- Children will receive quality supports and services to promote all aspects of their development.

Central to achieving these goals is a 'whole child' or holistic perspective on child development and experience, which recognises the child as an active agent in his/her environment.

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<sup>29</sup> Constant monitoring and feedback was, of course, maintained throughout the main phase of fieldwork.





The principles espoused by the National Children's Strategy are an integral part of ***Growing Up in Ireland*** and ensure that in both its conception and planning it is a study of children, with children and for children. Its common aim for both cohorts is to chart the development of children in the relevant age ranges, in all their multifaceted variation and diversity.

***Growing Up in Ireland*** has *nine* stated objectives as follows:

1. To describe the lives of children in Ireland in the relevant age categories, to establish what is typical and normal as well as what is atypical and problematic.
2. To chart the development of children over time, to examine the progress and wellbeing of children at critical periods from birth to adulthood.
3. To identify the key factors that, independently of others, most help or hinder children's development.
4. To establish the effects of early childhood experiences on later life.
5. To map dimensions of variation in children's lives.
6. To identify the persistent adverse effects that lead to social disadvantage and exclusion, educational difficulties, ill health and deprivation.
7. To obtain children's views and opinions on their lives.
8. To provide a bank of data on the whole child.
9. To provide evidence for the creation of effective and responsive policies and services for children and families.

On completion of the piloting and Dress Rehearsal phases, we assessed their performance by reviewing them within the context of the above objectives.

The Study Team feels that the pilot and Dress Rehearsal phases showed that the information proposed in our original project design could be provided using the procedures and instruments adopted in the pilot stages. The wealth of data collected in the various instruments allowed an objective description and analysis of the lives of children in Ireland (Objective One).

We felt that piloting also showed that it was possible to record the type and range of information envisaged in our initial proposal. Longitudinally, this would allow analysts to chart the development of children over time and to examine their wellbeing at critical periods from birth to adulthood (Objective Two).

It was felt that the data recorded in the pilot and subsequent main phases would clearly allow researchers to identify which factors most help or hinder the child's development (Objective Three) and, in so doing, assist in identifying protective and mediating factors which can help reduce the risk of adverse outcomes.

The test phases also illustrated that the instrumentation and design was successful in recording classificatory and other variables which would allow one to identify which factors correlate with or predict indicators of varying levels of child wellbeing. Some retrospective data were recorded in respect of the



child cohort – notably on self-reported weight and gestation period as well as mother’s behaviours during pregnancy (Objective Four above on establishing the effects of early child experiences on later life).<sup>30</sup>

The mapping of dimensions of variables in children’s lives (Objective Five) was also shown to be feasible. The pilot phases indicated variations in measures and indicators according to variables such as family structure, gender, class, etc. It was felt that this should allow analysts to predict variability in developmental progress and actions. The identification of factors, operating singly or in combination, with negative outcomes (Objective Six) should be feasible from the study. Although the project will focus on the typical and ‘normal’ child, the pilot phases indicated that the origins of persistent adverse effects and the analysis of psycho-social risk should be feasible from the range of data recorded through the instrumentation.

The pilot and dress rehearsal both showed that the child himself/herself could have a very direct voice in the study (Objective Seven). The test phases showed that it was possible to record details directly from the child in the form of the child’s main and sensitive instruments. The latter (sensitive questionnaires) were successfully completed in a manner which ensured the confidentiality of the information provided by the child and allowed him/her to complete it in privacy and in a way which was wholly consistent with child protection and related considerations. The test phases indicated that recording the child’s views on particularly sensitive areas around perception of parenting style and relationships with parents was possible. The direct assessment of the child’s academic performance (in the form of the Drumcondra Reading Vocabulary and Maths tests) was also found to be feasible.

The pilot phases illustrated that it was possible to develop a bank of data on the whole child (Objective Eight) across a broad range of information domains and from a wide range of different informants. These latter principally include the child himself/herself, parent(s)/guardian(s) and teachers. The piloting phases indicated that it would be feasible to include triangulated measures in some important areas (e.g. the SDQ from both parents and the teacher) in that information bank. In addition, an effort was made to record details from non-resident parents and other regular caregivers. We noted above that the pilots have indicated gatekeeper problems and related issues in securing contact details from the resident parents, particularly in respect of non-resident biological parents. The piloting provided important insights into the extent to which the information from non-resident and regular caregivers could, in fact, be obtained.

Finally, in terms of providing an evidence base for the creation of effective and responsive policies and services for children and families (Objective Nine), the pilots indicated that it would be feasible to generate the information base in question. Appropriate analysis and interpretation is clearly a subsequent matter but, on review of both pilot and dress rehearsal phases, it was concluded that the data from the study should provide a sound statistical basis for input to relevant policy formation.

Overall, therefore, it would appear from the piloting and dress rehearsal phases that the main objectives of the study could be met by the design as originally proposed by the Study Team. We were conscious that the contact time with the family was longer than the proposed average of 90 minutes. Given the demands expected from the survey it was very difficult to effect further cuts on the instrumentation prior to main fieldwork to reduce it below the desired 90-minute threshold. The piloting showed that it was possible to complete the survey with the households, without particularly adverse reaction from either respondents or field staff. On balance, therefore, the pilot work clearly indicated that it would be feasible to implement the project using the proposed design in a manner which allowed one to address the key objectives set out for the project in the original Request for Tender and within a timeframe acceptable to most respondents.

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<sup>30</sup> We feel that this particular objective can be addressed more directly in the younger cohort.



If you would like further information about  
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