GUIDE TO THE DATASETS

WAVE 1

OF THE NINE-YEAR COHORT OF

GROWING UP IN IRELAND

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May 2010
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1. INTRODUCTION

Growing Up in Ireland - the National Longitudinal Study of Children, is the first survey of its kind ever undertaken in Ireland and, as such, aims to explore the many and varied factors that contribute to or undermine the wellbeing of children currently living there. A two age cohort longitudinal design was adopted with one cohort of 8,568 nine-year olds and the other of 11,100 infants (aged nine months), with a view to improving understanding of children’s development across a range of domains. Since the survey is longitudinal in nature both cohorts will be interviewed a second time over the next few years. The nine year cohort and their parents/guardians will be interviewed again at thirteen years of age, while the families of the infants will be interviewed again when the children are three years old.

The 8,568 children representing the nine-year cohort were born between 1st November 1997 and 31st October 1998 and data collection for that group took place between August 2007 and May 2008. The nine-month cohort was made up of the families of 11,100 children, with data collection for that group taking place between September 2008 and March 2009.

This report describes in detail the background, design, instruments and procedures used only in respect of the nine year cohort, while the infant cohort is the subject of a parallel set of reports. The focus here is on the nature and content of the questionnaires and other instrumentation used with the older cohort, along with a general consideration of operational procedures, including development and design of the project instrumentation, the pilot surveys, fieldwork procedures, the subsequent coding and data preparation, along with an explanation of the datasets.

1.1 Background

Growing Up in Ireland provides a very important input to the implementation of The National Children’s Strategy - a major national plan for children, published in 2000 by the Department of Health and Children. The principal objective of the Study is to provide evidence-based research into childhood and children’s wellbeing. This increased understanding of the determinants and drivers of wellbeing and its change and transformation over time will be used to assist in policy formation and the design and delivery of services for children and their families as set out in the National Children’s Strategy (2000).

Growing Up in Ireland was commissioned by the Irish Government and funded by the Department of Health and Children through the Office of the Minister for Children (OMC) in association with the Department of Social and Family Affairs and the Central Statistics Office. Detailed recommendations for the design of a National Longitudinal Children’s Study were first presented in a paper entitled Design of the National Children’s Strategy – Longitudinal Study of Children (Collins, 2001). The current study stems from a Request for Tender which was issued by the Department of Health and Children in December 2004. After an assessment and evaluation process throughout 2005 and early 2006, work on the project
began in April 2006 by a research consortium led by the Economic and Social Research Institute (ESRI) and Trinity College Dublin (TCD).

The study will offer an immense wealth of information on children and their families, and will explore those factors impacting on the child’s physical health and development, social/emotional/behavioural wellbeing, and educational achievement/intellectual capacity. While children’s current wellbeing is of immense importance, researchers are also cognisant of future outcomes for the child as they develop into young adults. By gathering comprehensive data on childhood development the study will provide a statistical basis for policy formation and applied research across all aspects of a child’s development – currently and into the future.

The Study has nine main objectives\(^1\) as set out below:

To describe the lives of Irish children, to establish what is typical and normal as well as what is atypical and problematic
To chart the development of Irish children over time, to examine the progress and wellbeing of children at critical periods from birth to adulthood
To identify the key factors that, independently of others, most help or hinder children’s development

- To establish the effects of early child experiences on later life
- To map dimensions of variation in children’s lives
- To identify the persistent adverse effects that lead to social disadvantage and exclusion, educational difficulties, ill health and deprivation
- To obtain children’s views and opinions on their lives
- To provide a bank of data on the whole child
- To provide evidence for the creation of effective and responsive policies and services for children and families

\(^1\) Request for Tenders (RFT) for Proposals to Undertake a National Longitudinal Study of Children in the Republic of Ireland, issued by the National Children’s Office of the Department of Health and Children and the Department of Social and Family Affairs, December 2005, p.20.
2. SAMPLE DESIGN FOR THE 9 YEAR COHORT

The aim was to interview a random sample of nine-year old children and their parents/guardians. As with all sample design strategies, the first issue was the identification of an appropriate sampling frame. A two-stage design was adopted. In the first instance a random sample of Primary Schools was recruited and at the second stage a sample of nine-year old children was selected from the sample of schools. The design required that the sample be regionally representative with no spatial bias. In addition, no over-sampling or booster sampling of subgroups was required. There was a total of 56,497 nine-year-olds registered in the Census of Population in 2006 so a sample size of 8,568 represented approximately 14 percent or about 1 in every 7 of the nine-year-olds resident in the country.

The ideal population frame would contain all nine-year-old children resident in Ireland, and it was for this reason that the national education system was deemed the most appropriate point of entry to the cohort in question. Based on data provided by the Department of Education and Science, a comprehensive listing of all schools (both public and private) was generated. In addition to detailing the total number of enrolments in each school by age and gender, this database also records information on the characteristics of the school such as region, disadvantaged status, size, school type, denominational status and gender mix.

In addition to being a comprehensive record of nine year old children, the National School System offered a number of other operational and analytical benefits over other sampling frames, such as the Child Benefit Register. Using the school as the primary sampling unit allowed for direct access to the principal and teachers, who were key Study informants, and facilitated the completion of the school and teacher questionnaires and recording of related classificatory variables on the child’s school environment. It also facilitated the self-completion of the academic achievement tests in a group setting, thus reducing respondent burden and contact time in the home.

The first point of contact with the schools involved sending an introductory letter to the principal of each school selected into 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. Phone calls
and letters were also issued from 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 of Education and Science was also included with the initial information pack forwarded to the school. The letter from the Minister 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 within the schools were asked to identify and record on a form provided by the Study Team all nine-year-old children who fell within scope for inclusion in the study. It was anticipated that these would generally be in 3rd class, with some in 2nd and 4th class. In the original design it was envisaged that principals would be asked to select a systematic selection 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 within the age scope were included in the study. In the larger schools, those with more than 40 children who fell within the age range, the principal was instructed by the interviewer on how to select a random sample of 40 children. For example, if a school had 49 pupils within the age range listed on the School Record Sheet, nine of these would be excluded when choosing the sample. These exclusions were selected using a random number table provided.

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 study until consent / assent forms were returned.

3. INSTRUMENT DEVELOPMENT

3.1 Instrument Design

The questionnaires were developed by the Study Team at both the ESRI and TCD, in association with many other groups involved in the Study. These are outlined below.

The Scientific and Policy Advisory Committee (SPAC) is a non-executive group that provided scientific and policy advice on the content and best practice of the design, implementation and roll-out of the study. Its ten members were selected from a broad range of backgrounds in areas related to children and large-scale longitudinal national surveys – substantive, technical and policy.

Another layer of consultation in the development of the design and instrumentation used for the older cohort involved a two-round Delphi Process. A total of 71 experts offered valuable information on the relative importance of questions in the domains of: child health and development; child functioning and relationships; parenting / family context; child education; community / neighbourhood and socio-demographic characteristics. A number of other topics were spontaneously raised by Delphi respondents in Round One of the process.

The Children’s Advisory Forum (CAF) was set up to advise the Study Team on how to ensure that the views and opinions of children were appropriately incorporated into the design and development of the study. Membership of the CAF was voluntary and children were free to withdraw from the CAF if they wanted to. A total of 12 schools was selected for inclusion in the forum. Seven children were selected from each school to participate in the process, 84 children in total on a national basis.

Four expert panels (containing just over 45 members) assembled by the Study Team also contributed to the design and instrumentation used in Growing Up in Ireland. The panels of experts were made up of specialists drawn from a wide range of backgrounds and were consulted throughout the development phase of the project and on an on-going basis. They were asked to suggest domains, topics and questions which were of particular relevance to their specific areas of expertise, and were also asked to provide references to other studies that had previously covered these areas, or for justification for the inclusion of innovative question topics.

Members of the Study Team also met with other relevant stakeholder groups and feedback from these meetings was incorporated into the development of the instrumentation and the design of the project in general.
In developing the instrumentation, the Study Team synchronised, as far as possible, with other longitudinal child cohort studies, in order to enable later comparison as well as to draw on their experiences and lessons learnt.

Four distinct phases were involved in the testing and piloting of the project. These included pre-pilot work, Pilot One, Pilot Two, and the Dress Rehearsal. Each of these is discussed below.

3.2 Piloting the Instruments

3.2.1 The Pre-pilot

The pre-pilot involved key input to the development of Growing Up in Ireland from the Children’s Advisory Forum (CAF)\(^2\). The principal objective of the forum was to ensure that children were provided with a direct platform 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.

3.2.2 Pilot One

There were two components to Pilot One. The first involved the group of children who participated in the Pre-pilot (the Children’s Advisory Forum). These children and their families had already contributed very substantially to the development of the project and were therefore not asked to participate in the school-based aspects of the study (teacher questionnaires, Drumcondra tests etc). Instead, they and their families were asked only to participate in testing the household-based instruments used in the survey to provide an early (as soon after ethical approval as possible) indication of the success or otherwise of the questionnaires used in the homes of respondents. These schools yielded consents for household interviews from a total of 47 children and their families, 44 of whom completed the questionnaires.

The second component of Pilot One was based on a random sample of 145 families who consented into the study through 9 schools which were selected and recruited on a random basis. A total of 136 of the families in question successfully completed the questionnaires.

This 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 for the main study. 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/Partner, and Child. The schools were recruited in the first instance

\(^2\) 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. As noted in Section 3.1 a national total of 84 children (7 in each of the 12 schools) sat on the Advisory Forum.
by sending an introductory letter and information pack to the school principal (including principal and teacher information sheets) followed by phone contact and 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 English and Mathematics tests were administered to the pupils within 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 home-based interviews.

When Pilot One began it was intended that the household-based instruments would be implemented using Pencil-and-Paper (PAPI) only. As it rolled out, however, it was decided to combine PAPI with Computer Assisted Personal Interviewing (CAPI) in the administration of the household surveys.

3.2.3 Pilot Two

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 face-to-face meeting between the principal and interviewer.

The School Phase of Pilot Two was based on a total of nine schools from which informed consent was secured from 62 children and their families. The school-based component of the survey was administered and 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.

The home-based component involved personal administration of questionnaires by the interviewer. The full range of questionnaires was administered, as appropriate, and the changes to questions as a result of Pilot One were implemented. These generally facilitated the administration of the instruments and, at least to some degree, relieved respondent burden.

3.2.4 Dress Rehearsal

The Dress Rehearsal was conducted on a real-time basis with the first 169 cases completed in the field. The Dress Rehearsal implemented the full design protocol based on the school and household components as the project rolled out to the field. The main focus of the Dress Rehearsal was on the household component as the study was launched into the field. When this set of households was interviewed a report was sent to the Project Team. As such, response rates per se do not apply. All cases in the Dress Rehearsal phase were interviewed on a CAPI basis.

The children in the Dress Rehearsal were recruited through the school system. As discussed above, the school facilitated the Study in securing informed consent and assent by sending information packs to the families.

3 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.
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.

All instruments were very similar in structure and content to those used in Pilot Two and only minor changes to the wording of a small number of questions were introduced between Pilot Two and the Dress Rehearsal.
4. SURVEY INSTRUMENTS

A four-page questionnaire for recording school-level information was self-completed by the principal of each participating school. Each teacher who had pupils in the sample was also asked to complete two questionnaires – the first, a four-page questionnaire about the teacher him / herself, and the second, a two-page questionnaire in respect of each Study Child in their charge. The questionnaire modules are outlined in the table below, and the questionnaires are given in full in the Questionnaire Documentation.

Within the school setting the children also completed the Piers-Harris II, a self-concept scale, and the Drumcondra English and Mathematics academic achievement tests. These are standardised academic achievement tests developed by the specialist Drumcondra Educational Research Centre based in Dublin.

<table>
<thead>
<tr>
<th>School based instruments</th>
<th>Respondent</th>
<th>Mode</th>
<th>Summary of content</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Teacher (on self)</strong></td>
<td>Self-completion (on paper)</td>
<td><strong>Module/Section</strong></td>
<td>Background details and job satisfaction</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Experience and qualifications</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Organisation of teacher’s class</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Perception of school policies</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Perception of parental engagement</td>
</tr>
<tr>
<td><strong>Teacher (on pupil)</strong></td>
<td>Self-completion (on paper)</td>
<td><strong>Module/Section</strong></td>
<td>Background details and characteristics on the Study Child and his / her class</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Curricular activities and, in particular, computer activities undertaken in the school</td>
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<td></td>
<td></td>
<td></td>
<td>Teacher’s perception of parental engagement with the Study Child’s education</td>
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<td></td>
<td></td>
<td></td>
<td>The SDQ</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Teacher’s assessment of the Study Child’s academic performance</td>
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<td></td>
<td></td>
<td></td>
<td>Mental health</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Teacher’s report on the Study Child’s experience of bullying – as a victim and / or perpetrator</td>
</tr>
<tr>
<td><strong>Principal</strong></td>
<td>Self-completion (on paper)</td>
<td><strong>Module/Section</strong></td>
<td>Demographic details of the school principal, including qualifications, experience, his / her sense of job satisfaction etc.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Type, size and resources of the school</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Ethos of the school</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>School practices and policies on bullying, pupil in-take, discipline</td>
</tr>
</tbody>
</table>
4.2 The Household Instruments

The home based questionnaires used with the nine-year cohort in Growing Up in Ireland were divided into modules of questions according to topic. Interviews were conducted with the Primary Caregiver – the person who provided most care and who knew most about the Study Child (usually the mother or mother figure); the Secondary Caregiver – the spouse or partner of the Primary Caregiver (usually the child’s father or father figure) (where applicable) and the Study Child him- or herself. The different modules for the different questionnaires used in the Study are outlined in Table 1 below, and are given in full in the Questionnaire Documentation.

<table>
<thead>
<tr>
<th>Respondent</th>
<th>Mode</th>
<th>Summary of content</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary Caregiver</td>
<td>CAPI Interview</td>
<td>Module/Section</td>
</tr>
<tr>
<td></td>
<td></td>
<td>A: Introduction</td>
</tr>
<tr>
<td></td>
<td></td>
<td>B: Child’s Health</td>
</tr>
<tr>
<td></td>
<td></td>
<td>C: Child’s Use of Health Services</td>
</tr>
<tr>
<td></td>
<td></td>
<td>D: Child’s diet and Exercise</td>
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<tr>
<td></td>
<td></td>
<td>E: Respondent’s Health</td>
</tr>
<tr>
<td></td>
<td></td>
<td>F: Respondent’s Lifestyle</td>
</tr>
<tr>
<td></td>
<td></td>
<td>G: Child’s Activities</td>
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<tr>
<td></td>
<td></td>
<td>H: Child’s Emotional Health and Well-Being</td>
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<tr>
<td></td>
<td></td>
<td>J: Child’s Education – Past and Present</td>
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<tr>
<td></td>
<td></td>
<td>K: Family Context</td>
</tr>
<tr>
<td></td>
<td></td>
<td>L: Socio-Demographics</td>
</tr>
<tr>
<td></td>
<td></td>
<td>M: Neighbourhood/Community</td>
</tr>
<tr>
<td>Self-completion (on paper)</td>
<td></td>
<td>Relationship to child</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Current marital status</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Relationship with partner</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Previous relationships</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Mental health</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Drug use</td>
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<tr>
<td></td>
<td></td>
<td>Contact with the CJS</td>
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<tr>
<td></td>
<td></td>
<td>Information on non-resident parent (if relevant)</td>
</tr>
<tr>
<td></td>
<td>Measurements</td>
<td>Height and weight</td>
</tr>
<tr>
<td>Secondary Caregiver</td>
<td>CAPI Interview</td>
<td></td>
</tr>
</tbody>
</table>
Completion of the supplementary questionnaires by the child in respect of non-resident parents is clearly a very sensitive issue and one which had to be handled with the highest regard to the child protection and ethical issues involved. In situations in which the Study Child’s Mother or Father was in 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’ i.e., whether or not the questionnaire was being completed in respect of the biological parent or the resident partner of the Study Child’s Mum/Dad. The potential uncertainties surrounding this issue were obviously exacerbated in situations where the Study Child resided with a biological parent and his/her partner but also maintained contact (possibly frequent contact) with the non-resident biological parent.
To eliminate any ambiguity about whom the Child was completing the questionnaire, the Child Sensitive instrument was split into a number of separable sections – potentially five as follows:

- **Core sensitive questionnaire** - completed by all Study Children.
- **Sensitive Questionnaire (Mum section)** – Study Child completed this questionnaire on his/her relationship with the biological Mum.
- **Sensitive Questionnaire (Dad section)** – Study Child completed this questionnaire in respect of his/her biological Dad.
- **Sensitive Questionnaire (Mum’s Partner section)** – Study Child completed this questionnaire on his/her relationship with Mum’s partner where latter is not the biological Dad.
- **Sensitive Questionnaire (Dad’s Partner section)** – Study Child completed the questionnaire on his/her relationship with Dad’s partner when latter was not the biological Mum.

This means that each child completed the Child Main Questionnaire and the Core Sensitive Questionnaire. In addition, s/he 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 non-resident biological Mum or biological Dad were administered if the child had contact with the non-resident Mother/Father within the last 12 months. The following was used as a guideline for the possible combination of questionnaires applicable to the Study Child. It should also be noted that attempts to administer these questionnaires was only made with explicit permission from the Primary Caregiver.

<table>
<thead>
<tr>
<th>Family composition</th>
<th>Questionnaire</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Mother and father (biological/adoptive)</td>
<td>M and D</td>
</tr>
<tr>
<td>B. Mother and her partner (contact with biological father)</td>
<td>M, MP and D</td>
</tr>
<tr>
<td>C. Mother and her partner (no contact with biological father)</td>
<td>M and D</td>
</tr>
<tr>
<td>D. Mother with no partner (contact with biological father)</td>
<td>M and D</td>
</tr>
<tr>
<td>E. Mother with no partner (no contact with biological father)</td>
<td>M and D</td>
</tr>
<tr>
<td>F. Father and his partner (contact with biological mother)</td>
<td>D, DP and M</td>
</tr>
<tr>
<td>G. Father and his partner (no contact with biological mother)</td>
<td>D and M</td>
</tr>
<tr>
<td>H. Father with no partner (contact with biological mother)</td>
<td>D and M</td>
</tr>
<tr>
<td>I. Father with no partner (no contact with biological mother)</td>
<td>D</td>
</tr>
</tbody>
</table>

In order to achieve as inclusive a sample as possible the household questionnaires were also available in a number of different languages (to be completed on paper by the respondent). The different languages included: Irish, French, Polish, Romanian and Russian.
5. FIELDWORK

5.1 Interviewer Training

Fieldwork was carried out by the ESRI’s national panel of interviewers. *Growing Up in Ireland* was carried out under the Statistics Act (1993). This is the same legislation as is used, for example, to carry out the Census of Population. Accordingly, interviewers were appointed ‘Officers of Statistics’ for the purposes of this project. The interviewer (or any member of the research team working on the project) was bound not to disclose any information which he/she recorded in respect of a family or child to any unauthorised person, for any purpose, and could disclose information to authorised persons only in regard to the legitimate purposes of the *Growing Up in Ireland* study itself.

All interviewers were given a minimum of one day of training for the school component, followed by four days of training for the home-based component of the project. The training for both school-based and home-based components of the project included an overview of the background and objectives of the study the instruments to be used. Interviewers were then guided through all sections of the questionnaires (on paper) on a question by question basis to familiarise them with the content, and to enable the trainers to clarify any issues arising.

In addition to familiarising interviewers with the contents of the questionnaires on paper a further two days of in depth CAPI training were included in the home-based component of the project.

5.2 Vetting

In addition to being appointed Officers of Statistics for the purposes of the project, all interviewers and all other staff involved in the project were security vetted by An Garda Síochána.

5.3 Interviewer Guidelines on Interviews with Adults and Children

Children are clearly central to this project. Questionnaires completed by the parent(s)/guardian(s) recorded details (often sensitive) relating to the Study Child and his/her characteristics. A unique aspect of the project was the extent to which the children themselves were interviewed. The importance of privacy and confidentiality for both adults and children was impressed upon interviewers.

Strict guidelines were given in relation to interviewing. For example, all child interviews carried out in the school and in the home were done in the presence of another adult. In the home, the main and sensitive questionnaires were administered in the presence of the parent or guardian. Sensitive modules were filled out on a self-completion basis, some with audio assistance in the form of a CD provided to the children in cases where there were literacy issues or reading problems.
5.4 Contacting a Household

Information about the study was sent to the family of the child through the school system. Included with this was a letter introducing the Study and requesting consent for an interviewer to call to the household. Inclusion in the study was on an opt-in basis with consent and assent forms being signed by the parent(s)/guardian(s) and Study Child, and returned to the school to be forwarded to the Study Team. A copy of the letter is attached in Appendix 1 and the consent forms in Appendix 2.

Information leaflets for the child and the parent(s)/guardian(s) were also included in the information packs sent to the families through the school. The Information Leaflets are attached in Appendix 3.

5.5 Follow Up / Tracing Information

On successful completion of the surveys, interviewers gave the Primary Caregiver a copy of a follow-up/tracing sheet. This recorded contact details of someone from outside the household who would be able to assist the Study Team in contacting the family should they move between first and second interview. The respondent’s PPS number was also recorded, with a view to assisting the Study Team in tracing the respondent if he/she moved address between first and second interview.

Families were also asked if they would be willing to take part in any further work in relation to the study, specifically, the qualitative component of the study, or any future nested studies that may arise.

A copy of the follow-up/tracing information form is included in Appendix 4.

5.6 Incidents

A detailed incident report system was put in place for the study. While there was an Incident Report Form to be completed for any ‘incident’ arising in the field, every interviewer also had a dedicated Fieldwork Support Officer who was in close contact with interviewers throughout fieldwork and who were the first point of contact in respect of any incidents which arose in the course of fieldwork. However, given that interviews often take place outside office hours, interviewers were also provided with an emergency telephone number which could be used to contact the Study Team on a 24-hour, 7 day basis. In extreme circumstances, where the child was thought to be in extreme danger, interviewers were instructed to use their own discretion and contact the Gardai if necessary, without recourse to the Study Team. See Appendix 5 for a copy of the Incident Report Form.
6. STRUCTURE AND CONTENT OF THE DATA FILES

6.1 The Structure of the Household and School Data Files

The data file is presented as a flat rectangular datafile based on a simple concatenation of all household files followed by the school files. The household and school files appear in the dataset in the following order (variable prefixes are shown in brackets):

- Mother/Lone Father Main (MM)
- Mother/Lone Father Sensitive (MS)
- Father/Partner Main (F)
- Father/Partner Sensitive (FS)
- Child Main (CQ)
- Child Core Sensitive (CCS)
- Child Sensitive (Mum) (CMS), Child Sensitive (Dad) (CDS), and Child Sensitive (Mum's Partner) (CMPS) as appropriate*
- Principal questionnaire (P)
- Teacher-on-self questionnaire (TS)
- Teacher-on-pupil questionnaire (TC)**

*Please see Section 4.2 for a discussion on the Child Sensitive Questionnaires.

**In the case of the Study Child having more than one teacher, the teacher completing questionnaires on behalf of him or herself and the Study Child was the teacher who spent most time teaching the child.

Details on the scores for the Piers Harris questionnaire are included at the end of the household files and before the school files. Variables associated with this measure are prefixed with PH.

The scores for the Drumcondra vocabulary and Maths tests are included at the end of the file – after the Principal and Teacher data.

6.2 Identification Codes

As described previously, the sample in the Growing Up in Ireland was generated through the primary school system. This meant that most pupils lived within a relatively restricted geographical catchment area and this resulted in the sample being naturally clustered. Since the original ID codes for each household were based on Area and Household codes (Area equating to school in this case) it was decided, for anonymisation purposes, to create new IDs for each household. This removes the possibility of schools, especially smaller ones, being readily identified.
6.3 The Household Grid

The household grid holds the information on the makeup of the household, i.e. who lives in the household, their person number on the grid, gender, relationship to both the main caregiver and the Study Child, date of birth and principal economic status. This information was collected at the beginning of the interview and interviewers were required to record details on the Primary Caregiver (usually the mother) on line 1, the Study Child on line 2, and (where relevant) the Secondary Caregiver on line 3. If there was a twin in the household, his/her details were recorded on line 4 of the household grid.

As stated above, where there is a Secondary Caregiver, they will be person 3 on the household grid. However, not all people on line 3 of the household grid are Secondary Caregivers, for example, in a lone parent family the third person may be another child. A variable has been included in the database to highlight whether or not a partner is resident in the household (Partner).

Details obtained in the household grid, such as dates of birth, gender and relationships are very important in terms of deriving other variables to be used in future analysis. Consequently, some editing of the information took place when it was clear from associated details that this was appropriate. We are conscious however that there be some minor outstanding anomalies between the information given on the interviewer administered household grid and that given in the later Mother/Lone Father Sensitive questionnaire (self-completed on paper). Please note that, for anonymisation purposes, dates of birth have been removed from the archived file.

6.4 The Main Respondent – Primary Caregiver

The Primary Caregiver was self-identified within the home as the person who provided most care to the Study Child and who knew most about him/her. In most cases, this was the child’s mother though in a small proportion of cases (less than one per cent) the Study Child’s father identified himself as the Primary Caregiver even though the child’s mother lived in the household.

There is a data record for each child included in the sample. In households with resident non-singletons either two or three data records (for twins and triplets respectively) are included. All non-singleton children are coded as ‘Nonsingleton’ in the file so that they cannot be matched, since the small numbers involved would make their families too easy to identify.

6.5 Twins

6.5.1 How many twins?

There is a total of 275 non-singleton children included in the dataset. This is made up of 118 sets of twins where both children were successfully interviewed, a further 21 cases where just one twin was interviewed (the other twin refused/was unable to complete) and six sets of triplets (where all relevant children were successfully interviewed).
6.5.2 Selection

The vast majority of non-singletons interviewed were recruited into the sample through the normal selection procedures, as both were in the same school. In a small minority of twinsets, however, only one of the children in question was selected into the sample and the other was not. This generally happened where the twins did not attend the same school and one of them attended a school which was not selected into the sample. In these situations, interviewers were instructed to interview the second child in the twinset as if s/he had been selected into the sample in the usual way.

6.5.3 Interview Procedures for Non-singleton Births

In situations where there was a non-singleton in a family a full interview (with all relevant sensitive supplements) was administered in the normal way to each of the children in question. In addition, a core questionnaire was administered to the Primary and Secondary Caregivers (where relevant) in the normal way to record the characteristics of the informant him/herself. These core questionnaires included details on, for example, the informant’s health status and lifestyle, socio-demographic characteristics etc. In addition, the Primary and Secondary Caregivers were asked to complete a questionnaire containing the relevant questions specific to each of the non-singleton study children – for example, in respect of the Primary and Secondary Caregiver’s relationship with the child and so on. Some additional questions on the twins and triplets were also asked of the Primary Caregiver. Subsequent to interview a data record was constructed for each non-singleton child to include the common questions from the Primary and Secondary Caregiver as well as the child-specific questions from the child’s own questionnaires.

6.6 Variable Names

Variables in the file have been given names with a prefix which reflects the questionnaire from which they originate (see Section 6.1), plus the question number from that questionnaire. This means that variables which come from the Primary Caregiver questionnaire are prefixed with the letters MM, and from the Primary Caregiver Sensitive MS, and the question numbers relate to those in the relevant questionnaires. For example, Question 6 in Section G (Child’s Activities) of the Primary Caregiver questionnaire ‘On an average week how much money would you say you give the Study Child to spend him/herself?’ is MMG6 on the datafile.

Please see the report on Questionnaire Documentation. The Study Team would advise that the data is used in conjunction with the relevant questionnaires and documentation.

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4 The reader is reminded that the sample was selected from a two-stage design in which the schools (the primary sampling units) were initially selected with subsequent recruitment of the children.
In line with all sample surveys the data have been re-weighted or statistically adjusted to ensure that the structure of the completed sample is the same as that of the population from which it has been drawn. As well as containing a weighting factor (WGT_9YR) the data file also contains a grossing factor (GROSS_9YR). The latter calibrates to the population total of 56,479 nine-year-old children in the population. The weighting factor incorporates the structural adjustment of the completed sample to the population, whilst maintaining the total completed sample size of 8,568 cases. Both GROSS_9YR and WGT_9YR provide the user with the same structural breakdown of the data. The latter can be used in significance testing. Please refer to the Technical Report on Sampling, Response and Weighting for further information on how these variables were derived.

In this section we discuss the derived variables included in the dataset which have been generated from information recorded in the original interview.

The derived variables are mostly included at the end of the household files, i.e., after the Child Sensitive questionnaires, and before the school questionnaires, with the exception of the weighting variables (Wgt_9yr; Gross_9yr), the variable relating to the number of Caregivers in the household (Partner) and the status of interviews completed in the household (Int_type).

6.8.1 Variables derived from the Household Grid

6.8.1.1 Household type (hhtype4)

This is based on whether or not the primary carer is married/cohabiting or is living alone with children, and the number of children (under 18 years) in the household. This fourfold classification gives the number of parents (one or two) and children (< three; >= three).

6.8.2 Economic status and income

6.8.2.1 Equivalised income (Equivinc; ElncQuin; ElncDec)

In order to make meaningful comparisons between households on their income, household size and structure must be taken into account. This is done by creating an ‘equivalised’ income. In Growing Up in Ireland, an equivalence scale was used to assign a “weight” to each household member. The equivalence scales assigned a weight of 1 to the first adult in the household, 0.66 to each subsequent adult (aged 14+ years living in the household) and 0.33 to each child (aged less than 14 years). The sum of these weights in each household gives the household’s equivalised size – the size of the household in adult equivalents. Disposable household income is recorded as total gross household income less statutory deductions of income tax and social insurance contributions. Household equivalised income is calculated as disposable household income divided by
equivalised household size. This gives a measure of household disposable income which has been “equivalised” to account for the differences in size and composition of households in terms of the number of adults and/or children they contain.

Equivalised income is also given in quintiles and deciles in the current file.

6.8.2.2 Household class (hsdclass and xhsdclass)
Social Class of Primary and Secondary Caregiver is derived from their occupation. In the course of the survey, both caregivers, where relevant, were asked to provide details on their occupation, from current, or where the respondent was economically inactive at the time of interview, previous employment outside the home. On this basis it is possible to generate a social class classification for both Primary and Secondary Caregivers. The classification used was that adopted by the Irish Central Statistics Office (CSO) with 7 categories as follows:

- Professional managers
- Managerial and technical
- Non-manual
- Skilled manual
- Semi-skilled
- Unskilled
- All others gainfully occupied and unknown

The household’s Social Class is then taken as the highest Social Class category of both partners in the household (as relevant). This standard procedure is referred to as the dominance criterion.

Xhsdclass is household class categorised as follows:

- Professional managers
- Other non manual/skilled manual
- Semi-skilled/unskilled manual
- Validly no social class

6.8.3 Household location (Region)
This was derived from question MMM6 in the Primary Caregiver questionnaire and designates the household as being in an urban or rural location.

6.8.4 Physical measurements – Height, weight and Body Mass Index (BMI)
Two measures of height and weight were recorded in the course of the household interview. The first was the self-reported height and weight from both the Primary and Secondary Caregivers (where applicable). The second was the actual recorded height and weight for all members of the household participating in the study, recorded by the interviewer. Weight and height of the Primary and Secondary Caregivers and the Study Child.
were recorded at the end of the interview. Weight was recorded using medically approved weighing scales (SECA 761 flat mechanical scales). Height was recorded using a standard measuring stick (Leicester portable height measure). Measures of height were standardised – converted to inches and divided by 2.54 – to be recorded in centimetres, while weights were computed into kilograms.

6.8.4.1 Height

In the dataset, the original (self-reported) height variables for the Primary and Secondary Caregivers (MMF9 and FC9) have been edited to remove outliers arising from mis-recording.

The heights recorded by the interviewer of Primary and Secondary Caregivers (intPCGcms and intSCGcms and intChildcms) were recorded originally on paper and the data merged into the main data file. These too were edited to remove the more extreme and clearly implausible outliers.

6.8.4.2 Weight

In the dataset, the original (self-reported) weight variables for the Primary and Secondary Caregivers (MMF10 and FC10) have been edited to remove clearly implausible outliers.

The weights recorded by the interviewer for Primary and Secondary Caregivers as well as the Study Child (intPCGkgms, intSCGkgms and intChildkgms) were recorded originally on paper and the data merged into the main data file, and edited to remove any clearly unlikely values.

6.8.4.3 BMI

BMI scores for primary and Secondary Caregivers were derived from both self-reported (srBMI_pcg and srBMI_scg) and interviewer measures (intBMI_pcg and intBMI_scg) and were also recoded into categories – underweight, healthy, overweight and obese for both self-reported (srBMI_pcg_rec and srBMI_scg_rec) and interviewer measures (intBMI_pcg_rec and intBMI_scg_rec). These correspond to Garrow-Webster cut-off points. BMI scores for the children are not included on the data file because of the number of different ways of calculating child BMI and the fact that different methods are used in different jurisdictions. It is therefore left to the individual researcher to calculate the child’s BMI themselves from the data.

A number of scaled measures were used in the Growing Up in Ireland and scored by the research team using protocols provided by the authors. These are described below.

6.9 Scaled Measures Used in the Study

6.9.1 EAS Temperament Scale (Completed by main caregiver)

The EAS is designed to measure heritable aspects of temperament that are related to developmental differences in personality and behaviour. The instrument produces scores for each of four scales: Emotionality, Activity
Level, Sociability and Shyness, each scale comprising five items. The subscales are denoted by the following variable names:

- MMH3_Emotionality (EASemotionality)
- MMH3_Activity level (EASactivity)
- MMH3_Sociability (EASsociability)
- MMH3_Shyness (EASshyness)

These measures are derived from question MMH3 on the Primary Caregiver questionnaire.

6.9.2 Strengths and Difficulties Questionnaire (Completed by main caregiver and teacher of Study Child)

The Strengths and Difficulties Questionnaire (SDQ) is a brief behavioural screening questionnaire that records 25 attributes some positive and others negative of the Study Child. The 25 items are divided between five subscales, each of five items, generating scores for each of the following subscales: emotional symptoms, conduct problems, hyperactivity/inattention, peer relationship problems, and prosocial behaviour. All but the last are summed to generate a Total Difficulties Score. In the Growing Up in Ireland database we have included the scores based on reports from both the Primary Caregiver and the child’s teacher.

For the Primary Caregiver the Total Difficulties Score (MMSDQtot) is included as well as scores for the five subscales of the SDQ are as follows:

- Emotional symptoms (MMSDQemot)
- Conduct problems (MMSDQcon)
- Hyperactivity/inattention (MMSDQhyp)
- Peer relationship problems (MMSDQpeer)
- Prosocial behaviour (MMSDQpro)

These scores are derived from MMH2 in the Primary Caregiver questionnaire.

For the teacher’s questionnaire on the Study Child the Total Difficulties Score (TCSDQtot) as well as total scores for the five subscales of the SDQ are as follows:

- Emotional symptoms (TCSDQemot)
- Conduct problems (TCSDQcon)
- Hyperactivity/inattention (TCSDQhyp)
- Peer relationship problems (TCSDQpeer)
- Prosocial behaviour (TCSDQpro)

These scores are derived from TC9 in the teacher’s questionnaire about the Study Child.

For more information about the development, administration, scoring and interpretation of the SDQ see: http://www.sdqinfo
6.9.3 Pianta Child-Parent Relationship Scale (Completed by Primary and Secondary Caregivers)

The Pianta measures positive and negative aspects of the child-parent relationship and has three subscales measuring positive aspects, conflict and dependency in the relationship. The *Growing Up in Ireland* database includes a score for each one of these domains:

- Positive aspects (Pianta_positive_PCG; Pianta_positive_SCG)
- Conflict (Pianta_conflict_PCG; Pianta_conflict_SCG)
- Dependence (Pianta_dependence_PCG; Pianta_dependence_SCG)

(Suffixes PCG and SCG denote Primary Caregiver and Secondary Caregiver).

These scores are derived from MMK2 in Mother/Lone Father questionnaire (for Primary Caregiver’s Pianta score) and FD2 in Father/Partner questionnaire (for Secondary Caregiver’s Pianta score).

6.9.4 The Dyadic Adjustment Scale (Completed by Primary and Secondary Caregivers)

The 7-item Dyadic Adjustment Scale (DAS) 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. A general satisfaction score is generated from the sum of all 7 items and this is given for the Primary Caregiver (PCG) and, if appropriate, the Secondary Caregiver (SCG) (dyadic_PCG; dyadic_SCG respectively).

The original variables comprising the scale are in the Primary Caregiver Sensitive questionnaire, questions MS23, MS24 and MS25 (dyadic adjustment score for the Primary Caregiver) and Secondary Caregiver Sensitive questionnaire, questions FS23, FS24 and FS25 (dyadic adjustment score for the Secondary Caregiver).

Further information on the 7-item Dyadic Adjustment Scale (DAS) can be found in the following publications:


6.9.5 CES-D Depression Scale (Completed by Primary and Secondary Caregivers)

The Center for Epidemiological Studies Depression Scale (CES-D) is a widely used self-report measure that was developed specifically as a screening instrument for depression in the general population, as opposed to being a diagnostic tool that measures the presence of clinical depression. *Growing Up in Ireland* used the 8-item short version of the CES-D and obtained a total score for both Primary (PCG) and Secondary (SCG) Caregivers (CESD_TOT_PCG; CESD_TOT_SCG). These are the sum of the raw scores from MS30 and FS30 on the Primary and Secondary Sensitive questionnaires respectively.

Further information on the CES-D 8 can be found at:


6.9.6 Parenting Style Inventory II (Responsiveness and Demandingness subscales) (Completed by Study Child in respect of all relevant caregivers – Mum, Dad and Mum’s partner, as appropriate)

This scale was adapted, with the author’s consent, for use in *Growing Up in Ireland*. The Parenting Style Inventory was originally designed to assess the construct of parenting style independently of parenting practice. Parenting style refers to the overall emotional climate in which particular parent-child interactions occur. The adapted PSI-II was used as it was short and simple for the children to read. Study children completed the Responsiveness and Demandingness subscales from the Parenting Style Inventory – II. The third subscale, Psychological Autonomy-Granting, was not used as it was thought to be less appropriate for nine-year-olds than for the adolescents for whom it was originally developed. Only the parenting style is included in the current file – the Responsive and Demandingness subscales are not included in this file.

Further information on the scale can be found at:

### 6.9.7 Piers-Harris II (Completed by Study Child)

The Second Edition of the Piers-Harris Children’s Self-Concept Scale is a widely used measure of psychological health in children and adolescents. It is normally scored using a specially designed scoring sheet provided by Western Psychological Services, but with special permission, the *Growing Up in Ireland* Study Team were allowed to score the scale programmatically (using the scoring protocols set out by the authors). Please note that since this scale is bound by copyright law, we do not have the authors’ permission to reproduce the individual items on the datafile or on the *Growing Up in Ireland* website.

The raw scores for the Piers-Harris composite scores and subscales are included in the file. The total score for the Piers Harris II is based on answers to 60 items with scores from 0 – 60, and is denoted in the file by the variable **PH_TotalScore**.

There are six domains within the Piers-Harris II and each of these has also been given a score on the datafile. The six domains and their corresponding variable name are as follows:

- Behavioural Adjustment – 14 items with scores from 0 - 14 (**PH_Behaviour**)
- Intellectual and School Status – 16 items with scores from 0 - 16 (**PH_Intellectual**)
- Physical Appearance and Attributes – 11 items with scores from 0 - 11 (**PH_Physical**)
- Freedom from Anxiety – 14 items with scores from 0 - 14 (**PH_Free_Anxiety**)
- Popularity – 12 items with scores from 0 - 12 (**PH_Popularity**)
- Happiness and Satisfaction – 10 items with scores from 0 - 10 (**PH_Happiness**)

The researcher is advised that there are a number of methods of interpreting the scores on the Piers-Harris II which is why we give the raw scores on the datafile. Piers and Herzberg (2007) recommend the use of the normalized T-score to derive and interpret the T-score ranges. See also Anastasi (1988) and Anastasi and Urbina (1997). For more information about the development, administration, scoring and interpretation of the Piers-Harris II please see:

- Piers-Harris Children’s Self-Concept Scale, Second Edition (Piers-Harris 2) by Ellen V. Piers, Ph.D., Dale, B. Harris, Ph.D., and David S. Herzberg, Ph.D.
Or visit the Western Psychological Services website at:
http://portal.wpspublish.com

6.10
The
Drumcondra
Tests in Reading and Maths.

The Study Child also completed two academic assessments in a group-setting within the school. These were the Vocabulary part of the Drumcondra Primary Reading Test – Revised, and Part 1 of the Drumcondra Primary Maths Test – Revised. The children completed Level 2, 3 or 4 for each test depending on which class level they were in. The Drumcondra Maths and Reading Tests were developed for Irish school children and are linked to the national curriculum. The forms used for Growing Up in Ireland were the revised versions and were new for 2007. They would not have been used, or seen, by the schools prior to their use in Growing Up in Ireland. The first part only of each test was used so as to reduce the burden on schools participating in the Study. We do not have permission to reproduce these tests, however the Drumcondra scores are included in the file. The variables are as follows:

- reading class level sat (readclass)
- reading number of questions (readatt)
- reading number of correct answers (readcorr)
- reading percentage correct (readpct)
- reading logit score (readingls)
- reading Logit score standard error (readinglsse)
- maths class level sat (mathclass)
- maths number of questions (mathatt)
- maths number of correct answers (mathcorr)
- maths percentage correct (mathpct)
- maths logit score (mathls)
- maths Logit score standard error (mathlsse)

6.11
Coding and Editing

The CAPI questionnaires consisted mainly of closed questions, however the program included extensive range and cross-variable consistency checks (both hard and soft)\(^5\). This meant that much of the coding and data checking was effectively dealt with as the interview took place. However, in some cases open questions were needed in order to capture verbatim responses that would have been difficult to pre-code, and were coded into separate categorical variables after the interview was completed. Other questions did have a pre-defined code frame but also had an ‘other-specify’ option for those responses that did not fit into any of the pre-coded categories, and again answers could be recorded verbatim by the interviewer. In this instance responses to these questions had to be recoded with additional categories. The newly coded responses for additional codes or variables appear in the dataset, but all text from the original responses has been removed as a safeguard to protecting respondent’s identity.

\(^5\)‘Hard’ edit consistency checks in a CAPI program refer to cross-variable consistency checks which must be resolved by the interviewer in the field at the time of administration. Until the inconsistency is resolved by the interviewer it will not be possible to continue administering the questionnaire. In contrast, a ‘soft’ edit consistency check is one which signals an apparent inconsistency, or extreme value from a respondent’s answer to a question or set of questions. The extreme value may or may not be correct. If the interviewer administering the survey feels that it is a valid value, albeit extreme, s/he can suppress the soft edit check and continue with administering the survey.
In terms of editing the data, regular checks were carried out on the data as it was returned from the field and inconsistencies dealt with.

6.12 Anonymisation of the Data

Given the sensitive nature of the data collected in Growing Up in Ireland it was very important that every precaution was taken to preserve the anonymity of the individuals and households involved. For this reason a number of variables appearing in the data file have different answer categories to those which appear on the questionnaire (generally some collapsing of answer categories has taken place). For example, the questions referring to welfare receipt in the Primary Caregiver questionnaire (MML30) have been collapsed into the main categories due to small numbers in some of the sub-categories. In addition, some variables have been deleted from the file altogether.
7. ETHICAL CONSIDERATIONS

The importance of ethics in research is receiving wider acknowledgement than ever before and in a study of children and families, it becomes an even more prominent priority. The Study Team identified a number of ethical issues and put procedures in place to deal with them, bearing in mind its obligations under the relevant Acts in Irish legislation. Procedures relating to child protection were informed by the *Children First Guidelines* (Department of Health and Childen, 1999). Three acts are of particular relevance for this Study; they are the Data Protection Acts 1988, 2003 and the Statistics Act, 1993. All interviewers, as well as other staff working on *Growing Up in Ireland*, were security vetted by An Garda Siochana (the Irish Police Service).

The quantitative phase of the 9 year cohort was carried out under ethical approval granted by the Research Ethics Committee of the Health Research Board. The Ethics Committee was very active in its consideration of all the materials and procedures used in *Growing Up in Ireland*. For example, they made substantial contributions to the content and layout of information sheets, as well as recommendations for the instruments themselves. The Study Team met with the Ethics Committee to discuss the project on several occasions and all recommendations were acted upon before a final version of all materials and procedures was agreed and implemented.
8. DOCUMENTATION FOR THE 9 YEAR DATA

Documentation for the archived 9 year records include the following:

- Questionnaire documentation – the full paper versions of the questionnaires along with relevant prompt cards.
- Data dictionaries – for the household and school based questionnaires.
- Technical report on Sample Design and Response Rates.
REFERENCES

APPENDIX 1

Letter to the Principal
Dear Principal

I am writing to you about a most important government study on children. It is known as Growing Up in Ireland – the national longitudinal study of children.

The purpose of the study is to investigate the well-being of children in Ireland today and to identify the factors which help or hinder all aspects of their development – including educational, social, emotional, psychological, physical, cognitive etc.

The study involves interviewing a national sample of 9-year-olds. I am writing to you to ask for your assistance in recruiting part of that sample from the pupils in your school.

The Department of Health & Children is funding the study through the Office of the Minister for Children (OMC) in association with the Department of Social & Family Affairs and the Central Statistics Office. The Department of Education and Science is represented on the Steering Group which oversees the study. A group of researchers led by the Economic & Social Research Institute (ESRI) and The Children’s Research Centre at Trinity College Dublin is carrying out the study.

The attached Information Sheet for Principals outlines the sort of help we are seeking. Page 2 of the sheet details what is involved by your school’s participation in the study. Broadly, we would like you to help us to identify a sample of 9-year-olds; to send a letter and consent forms (prepared and packed by us) to the parents of the children to enlist them into the survey and, finally, to assist us in administering the Drumcondra reading and maths tests in the school. One of our interviewers would administer these assessment tests.

I realise that a study like this adds to the already heavy administrative and teaching workload in the school. This is the largest and most substantial study of children ever undertaken in Ireland. The results of the study will be very important in determining government policy in the area of children and families for many years to come.

One of our interviewers will phone you over the next few days to see if he or she can call to the school at a time which is convenient for you to meet and discuss the study and to go through in more detail what we are requesting from you and your school.

I hope you will be able to help us in this most important study and would like to thank you, in advance, for any assistance that you can give.

Yours sincerely

James Williams                                      Professor Sheila Greene
(Research Professor ESRI and                           (Director, Children’s Research Centre, TCD
Principal Investigator, Growing Up in Ireland study).   Co-Director, Growing Up in Ireland study)
A Phríomhoide,

Scriobhaim chugat faoi staidéar rithábhachtach rialtais ar leanai: *Ag Éiri Anios in Éirinn – Staidéar Fadaimseartha ar Leanai*.

Is í aidhm an staidéir seo ná eolas a fháil faoi leas na leanai in Éirinn sa lá atá inniu ann. Cad iad na tosca atá ina gcabhair nó atá ina mbac dá bhforbairt? Áirimid gnéithe oideachasála, sóisialta, mothúchánaíochta, siceoláiocha, cognaíochta, agus araile.

Staidéar samplach é ina gcúrfeadh agallaimh ar pháistí 9 mbliana d’aos. Iarraim do chabhair ort chun cuid den sampla a fháil ó dó scoilse.

An Roinn Sláinte agus Leanai, i gcomhpháirt leis an Roinn Gnóthaí Sóisialacha agus Teaghlaign agus leis an bPrionmh-Ofígh Staidrimh, a mhaoineoidh an staidéar trí Ofígh an Aire Leanai. Tá ionadaiocht ag an Roinn Oideachais agus Eoláiochta ar an nGrúpa Stiúrtha atá ag maoirsí an staidéir. I mbun na hoibre tá taighdeoirí faoi theoir Institiúid um Thaighde Eacnamaiochta Sóisialta (ESRI) agus Ionad Taighde Leanai I gColáiste na Tríonóide, Baile Átha Cliath.

Tugann an Bhileog Eolais do Phríomhóide (go háirithe lehanach 2) breac-chuntas ar an saghas cabhrach atá uainn. Ba mhaith linn go gcabhrófá linn grúpa samplach leanai 9 mbliana d’aos aithint; litir agus foirmeacha toilithe (ullmhaithe agus pacáilte again) a chur chuig tuismitheoirí le go mbeadh a leanai páirteach sa suirbhé; agus na trialacha léitheoireachta agus matamaitice Dhroim Conrach a riar. Is faoi riachrán duine dár n-agallóirí a bheadh na trialacha measúnaithe seo.

Tuigim go gcuireann a leithéid de staidéar le hobair na scoile. An staidéar seo ar leanai, is é an staidéar is mó agus is substaintiúilh a rinneadh riamh in Éirinn. Cinnfidh torthaí an staidéir polsaí an rialtais maideir le leanai agus teaghlaign ar feadh mórán bliain amach anseo.

Cuirfidh duine dár n-agallóirí fón ort i gceann cúpla lá le fáil amach an féidir leis/léi bualadh isteach chuig an scoil ag am oirúinach. D’fhéadfadh sé/si an staidéar a phlé leat agus níos mó eolais a thabhairt duit faoi cad atá ag teastáil uainn.

Tá súil agam go mbeidh tú in ann cabhrú linn. Ba mhaith liom mo bhfuiliosas a ghabháil leat roimh é as aon charbhair uait.

Is mise le meas

James Williams  Sheila Greene
(Ollamh Taighde ESRI agus  (Stiúrthóir, Ionad Taighde Leanai, TCD,
Priomhfeair Taighde, staidéar *Ag Éiri Anios in Éirinn*  Comhstíurthóir, staidéar *Ag Éiri Anios in Éirinn*)
Minister’s Letter
Dear Principal

We are writing to you about a major new study of children in Ireland which has recently been announced by the government.

The *Growing Up in Ireland* study will look at the development and well-being of children. Its main objective is to paint a full picture of all children in Ireland today and to examine how they are developing in all aspects of their lives.

Research from the study will be used to assist us in formulating policies and in the provision of services which will ensure that *all* children in Ireland will have the best possible start in life.

The *Growing Up in Ireland* study has been commissioned by the Department of Health & Children in association with the Department of Social & Family Affairs and the Central Statistics Office. The Department of Education & Science is represented on the Steering Group which oversees the project. A consortium of researchers led by the Economic & Social Research Institute (ESRI) and the Children’s Research Centre at Trinity College Dublin has been commissioned to carry out the study.

The first data collection is set to begin in the coming weeks with a national random sample of 8,000 9-year-old children. These children will be selected from 750 National Schools across the country. Your school has been randomly selected by the researchers for participation in the study.

We are aware that an exercise such as this can be an intrusion into the already busy life of the school. The study has been designed, however, to minimise additional work on the part of the school.

Given the importance of *Growing Up in Ireland* and the input it will have in the formation of policies for children and their families over coming decades we hope that you will be able to support this most worthwhile exercise. It is unquestionably the most substantial and most important piece of research into children and childhood ever to have been undertaken in Ireland.

We would like to thank you, in anticipation, for your co-operation in this research.

Yours sincerely,

Brian Lenihan T.D.  
(Minister for Children)  

Mary Hanafin T.D.  
(Minister for Education & Science)
A Phríomhoide

Táimid ag scríobh chugat faoi staidéar nua ar leanai in Éirinn a d’fhógair an rialtas le déanaí.

Féachfaidh an staidéar dar teideal *Ag Fás Suas in Éirinn* ar fhhorbairt agus fholláine leanaí. Is é an príomhchuspóir atá aige ná pictiúr iomlán a thabhairt de na leanai uile in Éirinn inniu agus iníúchadh a dhéanamh ar an slí ina tá siad ag forbairt i ngach ghné dá saolta.

Bainfear úsáid as taighde ón staidéar chu n cabhrú linn i bpolasaithe a chruthú agus seirbhísí a sholáthar a chinnteoidh go mbeidh an tús is fearr is féidir ag gach leanbh in Éirinn.

Tá an staidéar *Ag Fás Suas in Éirinn* arna choimisiúnú ag an Roinn Sláinte agus Leanaí i gcomhar leis an Roinn Gnóthaí Sóisialacha agus Teaghalaih agus an Phríomhoifig Staidrimh. Tá ionadaiocht ag an Roinn Oideachais agus Eolaiochta ar an nGrúpa Stiúrtha a dhéanann maoirseacht ar an tionscadal. Tá cuibhreas ann de thaighdeoirí coimisiúnaithe le tabhairt faoin staidéar, ar a bhfuil an Institiúid um Thaighde Eacnamaíochta agus Sóisialta agus an Ionad Taighde Leanaí in gColáiste na Trionóide, Baile Átha Cliath i gceannas orthu.

Tá an céad bhabhta de bhailiú sonraí le bheith ar siúl sna seachtaini amach romhainn le sampla fánach náisiúnta de 8,000 leanbh 9 mbliaín d’aois. Roghnófar na leanai seo ó 750 Scoil Náisiúnta ar fud na tíre. Roghnaigh na taighdeoirí do scoil go fánach chun páirt a ghlacadh sa staidéar.

Tá a fhios againn go bhfuil bheith ar ghlacadh a leithéid do bhirt cur isteach ar saol na scoile atá fior-ghnóthach cheana féin. Tá an staidéar deartha, áfach, chun obair bhearta agus bhearta a laghdú do leanaí a d’aithneann.

Toisc na tábhachta a bhaineann le *Ag Fás Suas in Éirinn* agus an t-ionchur a bheidh aige i bpolasaithe a chruthú do leanai agus a dteaghalaithe amach anseo tá sílimis cé gur mbeidh tú in ann cabhrú leis an gcéannaí a dhéanamh i gpolasaithe. Is é an píosa taighde is tábhachtaithe agus is suntasaí ar leanai agus leanbaíocht dá ndearnadh riamh in Éirinn.

Ba mhaith linn ár mbuíochas a ghabháil leat, roimh ré, as ucht do chomhoibrithe leis an taighde seo.

Is mise le meas,

School Record Sheet
Growing Up in Ireland – the national longitudinal study of children

STRICTLY CONFIDENTIAL

SCHOOL RECORD SHEET, Spring 2007

School ID ___________________________ School Roll No. ___________________________

Date ______ day ______ Mth Int Name ___________________________ Int. No. ___________________________

Growing Up in Ireland is a major new government study on children. The purpose of the study is to improve our understanding of all aspects of children and their development. It will examine how children develop over time and identify which factors affect a child’s development and make for a healthy and happy childhood or for a less happy one. The results of the study will be used by government to develop policies and interventions to support children and their families in the future.

The Department of Health & Children is funding the study through the Office of the Minister for Children (OMC) in association with the Department of Social & Family Affairs and the Central Statistics Office. The Department of Education and Science is represented on the Steering Group which oversees the project. A group of researchers led by the Economic & Social Research Institute (ESRI) and The Children’s Research Centre at Trinity College Dublin is carrying out the study.

Your school has been one of those randomly selected to participate in the study. All information provided will be treated in the strictest confidence. No-one, other than the Study Team, will see the information you complete about the child. This information will not be seen by the child or by his / her parents / guardians.

An information sheet outlining in more detail the objectives of the study accompanies this form.

On the middle pages of this form we would like you to record the details of all pupils in your school WHOSE DATE OF BIRTH IS BETWEEN 1st NOVEMBER 1997 AND 31st OCTOBER 1999

Please include one child per line. The form provides up to 65 lines – i.e. 65 children in the age bracket.

In the table below we would like you to list all the teachers who teach the children in question from 1 to 8 as relevant to your school. The Teacher ID on the Teacher Questionnaire is the ID number referred to in the table below. Please also tick in column (C) to indicate whether or not any of the teachers in question is the Principal of the school.

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<th>(A) TEACHER ID WITHIN THE SCHOOL</th>
<th>(B) TEACHER NAME</th>
<th>(C) School Principal?</th>
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Estimated number of pupils in age bracket in the school ___________________________
PLEASE LIST ALL CHILDREN IN YOUR SCHOOL WHOSE DATE OF BIRTH FELL BETWEEN 1st NOVEMBER 1997 AND 31st OCTOBER 1998

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<th>Pupil's Name</th>
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