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**A SUMMARY GUIDE TO**

**WAVE 1**

**OF THE INFANT COHORT**

**(AT 9 MONTHS)**

**OF**

**GROWING UP IN IRELAND**

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# 1. INTRODUCTION

In this document we provide the reader with a very brief summary overview of the first wave of the Infant Cohort (at 9 months) from the **Growing Up in Ireland** study as well as the anonymised microfile from that round of the project.

**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 11,134 infants (aged nine months) and the other of 8,568 nine-year olds, with a view to improving and understanding of children's development across a range of domains. Since the survey is longitudinal in nature respondents in both cohorts will be interviewed on a number of occasions over the next few years. The families of the infants will be interviewed again when the children are three years old, while the nine year cohort and their parents/guardians will be re-interviewed at thirteen years of age.

The 11,134 children representing the nine-month cohort were born between 1<sup>st</sup> December 2007 and the 30<sup>th</sup> June 2008 and data collection for that group took place between September 2008 and April 2009.

This report describes in detail the background, design, instruments and procedures used only in respect of the nine-month cohort, while the nine-year 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 younger cohort, along with a general consideration of operational procedures, including development and design of the project instrumentation, the pilot surveys, fieldwork procedures, subsequent coding and data preparation, along with a broad overview of the datasets.

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## 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 and Youth Affairs in association with the Department of Social Protection 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 children 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<sup>1</sup> 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

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<sup>1</sup> *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 MONTH COHORT

The aim was to interview the families of a random sample of nine-month old children. As with all sample design strategies, the first issue was the identification of an appropriate sampling frame. The ideal sampling frame for any statistical survey is an up-to-date and fully comprehensive listing of all elements of the relevant population in question. Each element of the population should appear once and once only – there should be no omissions and no duplication. In addition, the frame should not include any invalid elements (in this case, children who are outside the age range). In our project proposal submitted for **Growing Up in Ireland** we identified the Child Benefit Register as coming very close to such a frame.

Child Benefit is paid each month in respect of all children under the age of 16 years. It is normally paid to the child's mother or stepmother. If the child is not living with the mother / stepmother it may be paid to the father / stepfather who is living with and supporting the child. If the child is not living with or not being maintained by the parent(s) then the payment is made to the person who is caring for the child. The benefit may be made by direct payment (to an account in a financial institution) or by a book of payable orders, which are cashed at a Post Office of the parent/guardian's choice. Everyone who is claiming child benefit must have a Personal Public Service Number (PPSN). Child Benefit must be claimed within 6 months of the child being born or in the 6 months after the child becoming a member of the family or within 6 months of the family coming to reside in Ireland.

On balance, there is every reason to believe that the Child Benefit register is possibly unique among administrative databases in the extent to which it possesses all of the desirable characteristics necessary for use as a sampling frame. It contains a comprehensive up-to-date listing of eligible members of the relevant population; has a wide range of relevant characteristic variables and is already in an electronic form which can be accessed with relative technical ease.

Children were selected from the Child Benefit Register (provided by the Department of Social and Family Affairs) so as to be 9 months of age (in their 10th month) at time of interview (i.e. between September 2008 to end April 2009). Date of birth for the children in question therefore, lay

between 1st December 2007 and 30th June 2008. This yielded a total eligible Register population of 41,185 children over the period in question<sup>2</sup>.

The sample was selected on a systematic basis, pre-stratifying by marital status, county of residence, nationality and number of children in the claim - all variables which were available internally from the information recorded on the Register itself. A simple systematic selection procedure based on a random start and constant sampling fraction was used.

The samples for each of the seven months of fieldwork were selected independently from each relevant tranche of the Child Benefit Register. Fieldwork for each of the seven birth months stretched over two months – depending on the child’s date of birth within the birth month. For example, a child born on 1st December 2007 was within age scope from 1st to 30th September 2008. A child born on 25th December 2007 was not within age scope until 26th September and his / her family was eligible for interview from 26th September 2008 until 25th October 2008. Accordingly, each birth group (month) straddled two months of fieldwork, depending on day of birth within month.

Please refer to the *Sample Design and Response in Wave 1* report for an in-depth consideration of sampling and response rates.

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<sup>2</sup> Total births over the twelve month period January – December 2008 were 73,662.

# 3. INSTRUMENT DEVELOPMENT AND PILOTING

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## 3.1 Instrument Design

The questionnaires were developed by the Study Team, in association with many other groups and advisors 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 to represent a broad range of disciplines mostly 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 involved a two-round **Delphi Process**. A total of 69 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.

**Panels of Experts** (containing just over 45 members) assembled by the Study Team also contributed to the design and instrumentation. 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.

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## 3.2 Piloting the Instruments

Three distinct phases, Pre-pilot, Pilot, and Dress Rehearsal were involved in the testing and piloting of the instrumentation and procedures. Each of these is discussed below.

### 3.2.1 The Pre-pilot

The purpose of the infant pre-pilot was to get initial feedback on the questions intended for use on the main Primary and Secondary Caregiver questionnaires. Although only a small number of families participated (n=22) they provided very valuable input. The convenience/opportunistic sample used was generated through staff and associates in the ESRI and TCD. The infants in the pre-pilot ranged in age from 7 to 11 months, with a mean age of 9 months. The Study Team found that it was not operationally feasible to locate children aged exactly 9 months at the time of interview for the pre-pilot work without recourse to the Child Benefit or similar such comprehensive sampling frame. The variance of a few months from the target age of 9 months for the main study was not relevant to the exercise in hand in the pre-pilot test. In all cases the mother of the child was interviewed, and where relevant, her spouse/partner was also interviewed where he was both available and agreed to take part (n=17).

The main findings of the pre-pilot were the need to reduce the overall length of the questionnaire and the highlighting of some questions that may be more appropriately asked in the self-complete sensitive supplement.

### 3.2.2 The Pilot

The Child Benefit Register was used to select the sample for the first full infant pilot. Children born between 10th April and 9th May 2007 were included for selection as they were 9 months of age (in their 10th month) at the time of fieldwork in late January to mid February 2008. This yielded a population of 4,100 eligible children who fell within age scope. A total of 359 of these were selected for the pilot exercise. Respondents were drawn from Dublin city and county plus an additional 15 counties from around Ireland.

Selected households were sent an introductory letter, information sheet and an opt-out form. Target participants were told in the introductory letter that an interviewer would be calling to their household within two weeks to arrange the interview. If, however, they did not wish to participate in the study they were advised to complete and return the opt-out form included with the letter within 10 days. The covering letter noted that if the respondent did so the interviewer would not call to their home<sup>3</sup>. If a family contacted the Study Team indicating that it did not wish to participate in the study after it had been allocated to an interviewer, the interviewer concerned was contacted and told not to visit the family in question.

The pilot test worked well overall and provided a lot of useful feedback on procedures, protocols, instrumentation and measures. A particularly important aspect of the pilot was the incorporation of two split-sample

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<sup>3</sup> The household's contact details were not released to the interviewer until at least 12 – 14 days after the introductory letter had been posted to families.



designs. The first was used to test the main developmental assessment used in the Study. The PEDS:DM and ASQ were included in this split-sample design. The second split-sample focused on the use of CASI (Computer Assisted Self Interview) or self-completed PAPI (Pen and Paper Interview) for administering the sensitive supplements.

### **3.2.3 The Dress Rehearsal**

The sample for the Dress Rehearsal phase was again selected from the Child Benefit Register. Children were selected so as to be 9 months of age (in their 10th month) at the time of fieldwork which was carried out from 12th May to 13th June 2008. This yielded a population of 6,412 eligible children. A total of 413 children and their families were selected for inclusion in the target sample. Given the experience in the pilot of differential response by marital status target respondents (Child Benefit recipients) who were classified as “single” were oversampled in the dress rehearsal (to the order of 24%) to ensure that this category would be adequately represented in absolute terms in the completed sample.

The average direct interview time in the Dress Rehearsal was 112 minutes. The average full contact time with the household (including introduction, signing of consent forms, physical measurements etc.) was 2¼ hours.

# 4. SURVEY INSTRUMENTS

## 4.1 The Household Instruments

The questionnaires used with the nine-month 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) and the Secondary Caregiver – the spouse or partner of the Primary Caregiver (usually the child’s father or father figure) (where resident). The different sections in the questionnaires are outlined in Table 1 below, and are given in full in the *Questionnaires for Wave 1 of the Infant Cohort (at 9 months)* document.

**Table 1: Summary of instruments**

Respondent	Mode	Summary of content		
Primary Caregiver	CAPI Interview (Main questionnaire)	Module/Section		
		A: Introduction and Household Composition		
		B: Parenting, Child’s Functioning and Relationships		
		C: Baby’s Development		
		D: Baby’s Habits		
		E: Childcare Arrangements		
		F: Siblings and Twins		
		G: Prenatal Care		
		H: Infant’s Health and Physical Development		
		J: Parent’s Health		
		K: Family Context		
		L: Socio-Demographics		
		M: Neighbourhood/Community		
		Self-completion (on CASI) (Sensitive questionnaire)		Relationship to child
				Current marital status
Relationship with partner				
Previous relationships				
Medical fertility treatment for pregnancy (mothers only)				
Intention to become pregnant (mothers only)				
Stress during pregnancy (mothers only)				
Smoking and drinking during pregnancy (mothers only)				
Drug use				
Mental health				
Measurements		Contact with the CJS		
		Information on non-resident parent (if relevant)		
		Height and weight		
Secondary Caregiver	CAPI Interview (Main questionnaire)			

		A: Introduction
		B: Parenting, Child's Functioning and Relationships
		C: Baby's Development
		D: Parent's Health and Lifestyle
		E: Family Context
		F: Socio-Demographics
	<b>Self-completion (on CASI) (Sensitive questionnaire)</b>	
		Relationship to child
		Current marital status
		Relationship with partner
		Previous relationships
		Medical fertility treatment for pregnancy (mothers only)
		Intention to become pregnant (mothers only)
		Stress during pregnancy (mothers only)
		Smoking and drinking during pregnancy (mothers only)
		Drug use
		Mental health
		Contact with the CJS
		Information on non-resident parent (if relevant)
	<b>Measurements</b>	
		Height and weight
<b>Infant</b>	<b>Measurements</b>	
		Length, weight and head circumference

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). As well as Irish and English all questionnaire (and other documentation) were available in Chinese, French, Latvian, Lithuanian, Polish and Romanian.

In addition to the above questionnaires which were administered to the Primary and Secondary Caregivers interviewers also recorded the adult's height and weight as well as the length, weight and head circumference of the infant. A medically approved mechanical SECA 761 weighing scales was used for the adults weight and a Leicester measuring stick. The children's length was measured using a SECA 210 measuring mat. Their weight was measured with a SECA 835 weighing scales.

# 5. FIELDWORK AND IMPLEMENTATION

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## 5.1 Interviewer Training

Fieldwork was carried out by the ESRI's national panel of interviewers. All interviewers were given a minimum of four days of training prior to beginning work on the project. This included the following modules:

1. **Background and objectives of the study** – origins, funding, objectives etc. focusing, in particular, on how this phase of the study differed from the 9-year-cohort.
2. **Detailed review of the content of all questionnaires** – this aspect involved a general discussion of each questionnaire as well as a detailed discussion of each individual question on each instrument. The purpose was to provide the interviewers with the opportunity of seeking clarification from the Study Team on any of the questions included on the instruments.
3. **Review of CAPI** – again this involved taking the interviewers through all sections, all questions, on the CAPI instruments.
4. **Role play on CAPI** – interviewers were paired off to administer sections of the instruments to their partner. In the course of these role play sessions the trainers observed and assessed the interviewer's performance.
5. **Field procedures** – this module included a review of all field procedures from initial contact to final disengagement with the household – emphasising throughout the need to leave a very professional impression with the respondent. This is all the more important in a longitudinal survey.
6. **Infant measurements (length, weight and head circumference)** – this module focused on the physical measurements of the child. It addressed practical issues on advice to the mother on how to hold the Study Child for the measurements and how and where to set up the weighing scales and measuring mats (for safety reasons the floor is best for both, not a kitchen or other table). This module was given by a public health nurse with assistance from a mother and her 9-month-old child.
7. **Child protection guidelines and incident reporting** – largely based on the training provided to the study Team by the ISPCC. It principally focused on the identification and assessment of risk along with reporting protocols for the study.

8. **Ethics** - this module covered the main ethical issues involved in work of this nature, in particular informed consent and how this can be achieved in the context of the survey.
9. **Interviewing practice with emphasis on the context of families** – this included a review of general best practice in interviewing, focusing, in particular, on interviewing families.
10. **Summary of other documentation used in the administration of the survey** - this additional documentation included written consent from the infant's mother to access and link to the National Perinatal Reporting System (NPRS) data; recording the PPS numbers of mother and father / partner where relevant; the Work Assignment Sheet; the observation sheet.
11. **Adult measurements and GPS** – this module included instruction in the operation of the adult and child weighing scales, the measuring mat, the head circumference tapes and the GPS.

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## 5.2 Vetting

**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. This included a confidentiality clause of non-disclosure of information which was recorded in respect of a family or child to any unauthorised person, for any purpose.

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.

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## 5.3 Contacting a Household

Information about the study was sent to the family of the infant in advance of the first contact from the interviewer. Interviewers then made a first face-to-face visit to the household to organise an appointment to return to conduct the interview at a time convenient to the family. Inclusion in the study was on an opt-out basis with consent forms being signed by the parent (s)/ guardian(s) prior to the start of the interview.

A copy of the introductory letter, information leaflet and the consent forms are attached in Appendix 1.

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## 5.4 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. In addition, respondents were asked to provide signed consent to allow tracing through the Child Benefit Register.

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 1.

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## 5.5 Incidents

A detailed incident report system was put in place for the study. All incidents were immediately reported by phone to their Field Support Contact at Head Office and a detailed Incident Report Form was completed. Given that interviews often took place outside office hours during the week and also at weekends, 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. Interviewers were instructed that in extreme circumstances, where the child was thought to be in immediate danger they should use their own discretion and contact the Gardai if necessary, without recourse to the Study Team. See Appendix 1 for a copy of the Incident Report Form.

# 6. STRUCTURE AND CONTENT OF THE DATA FILES

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## 6.1 The Structure of the Data Files

The Anonymised Microdata File (AMF) is presented as a flat rectangular datafile based on a simple concatenation of all household files. This means that the user does not have to be concerned about matching Primary and Secondary Caregiver questionnaires within household. The variables appear in the dataset in the following order (variable prefixes are shown in brackets):

- Primary Caregiver Main (MM)
- Primary Caregiver Sensitive (MS)
- Secondary Caregiver Main (F)
- Secondary Caregiver Sensitive (FS)
- Physical Measurements
- Derived Variables

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## 6.2 Identification Codes

The identification codes on the AMF is a simple sequence number running from 100 to 1,113,400.

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## 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 is always recorded on line 2. In situations where the Secondary Caregiver is resident s/he will always be on line 3. if the Secondary Caregiver is resident and the Study Child is a non-singleton the Secondary Caregiver will be on line 3 and the Study Child's twin or triplet etc will be on lines 4,5 as appropriate.

As noted, 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 (the Secondary Caregiver) 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 derived variable. 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 are a few minor outstanding anomalies between the information given on the interviewer administered household grid and that given in the later Primary Caregiver Sensitive questionnaire (self-completed on CASI). The reader should note that, for anonymisation purposes exact dates of birth have been removed from the archived file.

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## 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.

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## 6.5 Twins

There is a data record for each child included in the sample. All non-singleton children are coded as '**Nonsingleton**' in the file.

### 6.5.1 How many twins?

There is a total of 398 non-singleton children included in the anonymised microdata file (AMF). Given the random sampling procedures used for the nine-month cohort, only in a small number of cases (54) were both twins from any one set selected into the sample independently. In these 54 cases, information for both twins is included in the data file.

### 6.5.2 Interview Procedures for Non-singleton Births

In situations where there was a non-singleton in a family a core questionnaire was administered to the Primary and Secondary Caregivers (where relevant) in the normal way to record the characteristics of the informant. 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 sampled non-singleton child to include the common questions from the Primary and Secondary Caregiver as well as the child-specific questions from the individual questionnaires.

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## 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. As noted in Section 6.1, the variables which come from the Primary Caregiver questionnaire are prefixed with the letters MM. Those from the Primary Caregiver Sensitive are prefixed with MS. Those from the Secondary Caregiver questionnaire are prefixed with F and those from the Secondary Caregiver Sensitive FS<sup>4</sup>. Following

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<sup>4</sup> The prefixes of MM, MS, F and FS represent 'mother main', 'mother sensitive', 'father' and 'father sensitive' based on an early recognition that in most cases the PCG was the child's mother and the SCG was the child's father.



the prefix is the Section and Question number from the relevant questionnaire. For example, Question 3 in Section H (Infant's Health and Physical Development) of the Primary Caregiver questionnaire 'Did you have any form of pain relief in labour?' is called MMH3 on the datafile.

The Study Team would advise that the data are used in conjunction with the Questionnaire Documentation. This is probably the easiest way to get a broad overview of the topics included in the data file. The user should note, of course, that with a view to ensuring anonymisation of the data, not every question from the questionnaires is included in the datafile.

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## 6.7 Weighting Variables

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\_9MTH**) the datafile also contains a grossing factor (**GROSS\_9MTH**). The latter calibrates to the population total of 73,662 infants aged less than one year 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 11,134 cases. Both **GROSS\_9MTH** and **WGT\_9MTH** provide the user with the same structural breakdown of the data. The latter can be used in significance testing.

The *Sample Design and Response in Wave 1* report provides further details on how these variables were derived.

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## 6.8 Derived Variables

In this section we discuss the derived variables included in the dataset.

The derived variables are mostly included at the end of the data files, i.e., after the Secondary Caregiver sensitive questionnaire, with the exception of the weighting and grossing variables (**Wgt\_9mth**; **Gross\_9mth**), 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 fourfold variable is based on whether or not the Study Child is living in a one or two parent family as well as the number of children (under 18 years) living in the household. This gives us a classification as follows:

- One parent, one child
- One parent, two or more children
- Two parents, one child
- Two parents, two or more children

### 6.8.2 Economic status and income

#### 6.8.2.1 Equivalised income (Equivinc; EIncQuin; EIncDec)

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 anonymised microdata 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 (retired or unemployed) 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 Caregiver. 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. Households where both caregivers are currently economically inactive and have not held any previous employment in the past are classified as ‘validly no social class’, as they have no occupation code from which to classify their social class.

**Xhsdclass** on the AMF refers to household class aggregated as follows:

- Professional managers
- Other non manual/skilled manual
- Semi-skilled/unskilled manual
- All others gainfully occupied and unknown

#### **6.8.3 Household location (Region)**

This was derived from question MMM6 (MM, Section M, Question 6) in the Primary Caregiver questionnaire and designates the household as being in an urban or rural location.

#### **6.8.4 Physical measurements – Height, weight, head circumference 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. Weight, length and head circumference of the Study Infant were recorded at the end of the interview.

Parents' 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 all weights were converted into kilograms.

SECA 835 portable electronic scales were used to measure the infant's weight and the SECA 210 measuring mat for babies and small children was used to record the length the infant's length. The head circumference of the infant was measured using a disposable paper measuring tape. Interviewers were instructed to record the head circumference to the nearest millimetre. Three independent measurements of the head circumference were recorded by the interviewer in the course of the visit to the family home. In keeping with standard practice, the maximum of the three is generally used for analysis.

All measurements were recorded on the laptop (in CAPI) during the course of the interview.

##### **6.8.4.1 Height / Length**

In the dataset, the original (self-reported) height variables for the Primary and Secondary Caregivers (**MMJ15cms** and **FD12cms**) have been edited to remove outliers arising from either mis-recording or mis-measurement.

The heights recorded by the interviewer of Primary and Secondary Caregivers and the lengths of the Study Infant (**PCGmeascms** and **SCGmeascms** and **Babymeascms**) were also edited to remove the more extreme and clearly implausible values<sup>5</sup>.

##### **6.8.4.2 Weight**

In the dataset, the original (self-reported) weight variables for the Primary and Secondary Caregivers (**MMJ16kilos** and **FD13kilos**) have also been edited to remove clearly implausible outliers.

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<sup>5</sup> Heights which appeared to be implausible at Wave One were checked in the second round of interviews.

The weights recorded by the interviewer for Primary and Secondary Caregivers as well as the Study Infant (**PCGmeaskgs**, **SCGmeaskgs** and **Babymeaskgs**) were also edited to remove any extreme and implausible values.

#### 6.8.4.3 BMI

BMI scores for Primary and Secondary Caregivers were derived from both self-reported (**srPCGBMI** and **srSCGBMI**) and interviewer measures (**intPCGBMI** and **intSCGBMI**) and were also recoded into categories – underweight, healthy, overweight and obese for both self-reported (**srPCGBMI\_rec** and **srSCGBMI\_rec**) and interviewer measures (**intPCGBMI\_rec** and **intSCGBMI\_rec**). These correspond to Garrow-Webster<sup>6</sup> cut-off points. BMI scores for the infants are not included on the data file because of the number of different ways of calculating infant BMI and also that different methods are generally used in different jurisdictions. It is therefore left to the individual researcher to calculate the infants' BMI themselves from the data on the file.

#### 6.8.4.4 Head Circumference

The three measurement for the infants' head circumferences are included (**Babymeashead1**, **Babymeashead2**, **Babymeashead3**). These have been edited to remove clearly implausible outliers. As mentioned above, it is common practice to use the highest of the three measurements in analysing these data.

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## 6.9 Scaled Measures Used in the Study

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

### 6.9.1 Quality of Attachment

The 'Quality of Attachment' subscale from the Maternal Postnatal Attachment Scale (Condon & Corkindale, 1998)<sup>7</sup> – This subscale (as defined by the scale authors) comprised nine items from the 19 on the full scale. Questions ask mothers about their feelings towards their infant and about themselves as parents, such as patience in dealing with the baby and strength of affection for the baby. The number of response categories varies between three and five but all are re-scored to range between one and five before calculating a total score.

### 6.9.2 Infant Characteristics Questionnaire

The Infant Characteristics Questionnaire is a 24-item parent report instrument on infant temperament. It was presented as question MMB5 on the Primary Caregiver Questionnaire. The instrument produces scores for each of four subscales Fussy/Difficult, Unadaptable, Dull, Unpredictable (fussy, unadapt, dull, unpredict).

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<sup>6</sup> Garrow & Webster, 1985

<sup>7</sup> Father/partners completed the quality of attachment subscale from the paternal version of the same measure

### 6.9.3 Ages and Stages Questionnaire (ASQ)

The ASQ was developed as a means of monitoring child development through parental report so that any indication of delay can be investigated promptly. The five developmental domains on the ASQ are communication, gross motor, fine motor, problem solving and personal/social. A range of questions was included within each domain so that the 6, 8, 10 and 12 month questionnaires were effectively administered to each child. These questions can be found in Section C of the Primary Caregiver Questionnaire.

For each of the 5 domains for 3 of the age ranges (the 6 month scores are not included on the anonymised datafile as the majority of 9-months had passed these cut-offs), the total score and also whether or not the child is deemed to have passed the cut-off for that age group are included in the file. For example, the variables representing the total scores for the 8 month questionnaires are **asqcov8**, **asqgm8**, **asqfm8**, **asqpsv8**, **asqperv8** and the corresponding pass/fail variables are **asqco8pf**, **asqgm8pf**, **asqfm8pf**, **asqps8pf**, **asqper8pf**. Similarly named variables are also included for the 10 and 12 month questionnaires<sup>8</sup>.

### 6.9.4 Parental Stress Scale

The Parental Stress Scale is a self report scale used to assess both the positive and negative aspects of parenthood. It comprises a Total Parental Stress Score as well as four subscales: Parental Rewards (6 items); Parental Stressors (6 items); Lack of control (3 items); and Parental Satisfaction (3 items). It is included as questions MMK1a to MMK1r on the Primary Caregiver questionnaire and questions FE1a to FE1r on the Secondary Caregiver questionnaire. A total score as well as scores for each of the subscales is included in the data file for Primary Caregivers (PCGtotstress, PCGrewards, PCGstressors, PCGlackcontr, PCGparsatis) and Secondary Caregivers (where relevant) (SCGtotstress, SCGrewards, SCGstressors, SCGlackcontr, SCGparsatis)<sup>9</sup>.

### 6.9.5 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 MS21, MS22 and MS23 (dyadic adjustment score for the Primary Caregiver) and Secondary Caregiver

<sup>8</sup> Ages and Stages Questionnaire 2<sup>nd</sup> Edition (Squires, Potter & Bricker, 1999)

<sup>9</sup> Berry and Jones, 1995

Sensitive questionnaire, questions FS21, FS22 and FS23 (dyadic adjustment score for the Secondary Caregiver).

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

Sharpley, C. F. and Rogers, H. J. (1984) Preliminary Validation of the Abbreviated Spanier Dyadic Adjustment Scale: Some Psychometric Data Regarding a Screening test of marital Adjustment. *Educational and Psychological Measurement*, 44, 1045-1049.

Hunsley, J., Best, M., Lefebvre, M. and Vito, D. (2001) The Seven-Item Short Form of the Dyadic Adjustment Scale: Further Evidence for Construct Validity. *The American Journal of Family Therapy*, 29, 325–335.

Hunsley, J., Pinsent, C., Lefebvre, M., James-Tanner, S., & Vito, D. (1995) Construct validity of the short forms of the Dyadic Adjustment Scale. *Family Relations*, 44, 231–237.

### **6.9.6 Centre for Epidemiological Studies 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 (**CES\_TOT\_PCG; CES\_TOT\_SCG**). These are the sum of the raw scores from MS41 and FS41 on the Primary and Secondary Sensitive questionnaires respectively.

Also included in the file are two variables (**CESD\_PCG; CESD\_SCG**), which categorise respondents into ‘depressed’ or ‘not depressed’.

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

DiClemente, R.J., Wingood, G.M., Lang, D.L., Crosby, R.A., Salazar, L.F., Harrington, K. and Hertzberg, V.S. (2005) Adverse Health Consequences that Co-Occur with Depression: A Longitudinal Study of Black Adolescent Females. *Pediatrics*, 116, 78-81.

Huba, G. J., Melchior, L. A., and Panter, A. T. (1998 - 2001) The Measurement Group Knowledge Base on HIV/AIDS Care. <http://www.TheMeasurementGroup.com>

Melchior, Huba, Brown and Reback (1993) A Short Depression Index for Women. *Educational and Psychological Measurement*, 53, 1117-1125.

Radloff, L.S. (1977) 'The CES-D scale: A self report depression scale for research in the general population'. *Applied Psychological Measurement* 1: 385-401.

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## 6.10 Coding and Editing

The CAPI questionnaires consisted mainly of closed questions. The program included extensive range and cross-variable consistency checks (both hard and soft)<sup>10</sup>. 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. Where relevant, these were coded into separate categorical variables after the interview was completed. Other questions did have a pre-defined coding frame but also had an 'other-specify' option for those responses that did not fit into any of the pre-coded categories - again answers were recorded on a verbatim basis 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. 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.

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<sup>10</sup> '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.

# 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 assumes even greater importance. Procedures relating to child protection were informed by the Children First Guidelines (Department of Health and Children, 1999) as well as the relevant Acts in Irish legislation. 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 Síochána (the Irish Police Service).

All work in the nine-month cohort was carried out under ethical approval granted by a dedicated and independent Research Ethics Committee convened by the Department of Health and Children especially for **Growing Up in Ireland**. The Ethics Committee was very rigorous in its review and consideration of all the materials and procedures used in the project.



# 8. DOCUMENTATION FOR THE 9 MONTH DATA

In addition to this summary guide to the Infant Cohort at 9 months and its datasets the documentation for the anonymised microdata file (AMF) for this round of the project includes the following:

- Sample Design and Response in Wave 1 Report
- Questionnaire documentation – the full paper versions of the questionnaires along with relevant prompt cards.
- Data dictionary – includes information on all the variables given in the datafile
- Summary data dictionary – a colour-coded listing of all the variables given in the datafile

# REFERENCES

Collins, C. (2001) Design of the National Children's Strategy Longitudinal Study of Children. Unpublished report submitted to the Health Research Board by the consortium represented by S.Greene, A.Hyland, C.Kelleher, S.Mennell, B.Whelan and J.Wilde.

Condon, J. T. & Corkindale, C. J. (1998). The assessment of parent-to-infant attachment: Development of a self-report questionnaire instrument. *Journal of Reproductive and Infant Psychology*, 16, 57-76.

## APPENDIX 1

## INTRODUCTORY LETTER TO PARENTS



«mothers\_title» «Mothers\_Fn» «Mothers\_sn»  
«addr1»  
«addr2»  
«addr3»  
«ADDR4»

20<sup>th</sup> May 2008  
Our ref : «ref»

Dear Ms «Mothers\_sn»,

We are writing to you about a major new and exciting study of infants called *Growing Up in Ireland*. It is the first and most important of its kind ever to take place in this country. You and your baby have been chosen to take part.

The study will improve our understanding of children and their development. It will help us to understand the main issues facing families in Ireland today and it will also help us to advise the Government on key decisions about future policies and services which will benefit all children and their families in Ireland for many years to come.

*Growing Up in Ireland* will include 10,000 nine-month-old babies and their parents from all across Ireland. Your name was selected at random from the Child Benefit (Children's Allowance) records kept by the Department of Social and Family Affairs.

The study is being funded by the Department of Health & Children, through the Office of the Minister for Children, in association with the Department of Social & Family Affairs and the Central Statistics Office. The study is being carried out by a group of independent researchers from the Economic & Social Research Institute (ESRI) and Trinity College, Dublin.

Taking part in *Growing Up in Ireland* is entirely voluntary. All the information collected in the course of the study is treated in the strictest confidence. Your confidentiality is protected by law. No government department will have access to the information collected.

In the coming days a member of our fieldwork team will call to your home to talk to you about the study, explain what your participation involves and to answer any questions you may have. The enclosed information leaflet provides more details on the study.

If you have any queries about the study or your involvement in it, please do not hesitate to contact our Communications Officer (Ms Jillian Heffernan) on 01-896 3378 or any of the *Growing Up in Ireland* team at 01-8632000.

Thanking you in anticipation,

Yours sincerely,

James Williams  
(Research Professor, ESRI and  
Principal Investigator, *Growing Up in Ireland* study).

Sheila Greene  
(Director, Children's Research Centre, TCD  
Co-director, *Growing Up in Ireland* study)



## INFORMATION SHEET FOR PARENTS

## INFORMATION FOR PARENTS / GUARDIANS

Your baby has been chosen to take part in a new and historic national study of 10,000 children in Ireland called *Growing Up in Ireland*.

### What is the Growing Up in Ireland study?

*Growing Up in Ireland* is a new, national, Government funded study of children.

The purpose of the study is to improve our understanding of all aspects of children and their development. It will:

- tell us how children develop over time.
- help us to find out what factors affect a child's development.
- look at what makes for a healthy and happy childhood and what might lead to a less happy one.
- help us to discover what it means to be a parent in Ireland today.

### What will it tell us?

The study will help us to find out all about children's social, emotional and physical development.

This information will help the Government to make decisions on what future policies and services will be most beneficial for children and their families in Ireland.

### What does taking part involve?

Taking part in *Growing Up in Ireland* is very simple.

An interviewer will call to your home to discuss the survey with you and arrange a time, which suits you and your family, to carry out an interview with you and one with your spouse/partner (where relevant). The interviews in your home will last about 110-120 minutes.

If there is another parent living outside the home or someone else, such as a childminder, who looks after the child on a regular basis, we would like to send them a questionnaire in the post. If you prefer, however, we will not send a questionnaire to him/her.

**If you don't wish to take part, simply tell the interviewer when he/she calls.**

### Why should your family take part?

By taking part, your family will play a crucial role in helping us to find out what it's like to be a child growing up in 21<sup>st</sup> century Ireland. This information will help us to give the Government advice on how to help make childhood a better experience for all children and to make improvements for children and families for many years to come.

# GROWING UP IN IRELAND

## Who is running the study?

*Growing Up in Ireland* is a Government study. The Department of Health & Children is funding it through the Office of the Minister for Children in association with the Department of Social & Family Affairs and the Central Statistics Office.

The Office of the Minister for Children is overseeing and managing the study, which is being carried out by a group of researchers led by the Economic & Social Research Institute (ESRI) and Trinity College Dublin. They are the Study Team.

## Confidentiality

All the information given to the *Growing Up in Ireland* interviewer is treated in the strictest confidence. It will be used exclusively for research purposes. The information given by your partner, childminder, and so on will not be seen by anyone – not even you will have access to it.

*Growing Up in Ireland* is being carried out under the **Statistics Act 1993**. All personnel associated with the study have been appointed Officers of Statistics under the Act by the Director General of the CSO. This means that study personnel are legally obliged to treat all information collected during the study as strictly confidential. This protects all the information you give as part of the study. Your information will be used only for statistical purposes. Under no circumstances could any government department identify information given by you.

*We will use an ID number on your questionnaire and this will help to ensure that your information is kept anonymous.*

## How was your child selected?

Each family has been selected on a random basis from the Child Benefit Register (Children's Allowance records). This will make sure that the study will cover children and families from all parts of the country. We have been able to access the Child Benefit Register under the Statistics Act 1993 which allows Officers of Statistics access to the records of public bodies for statistical purposes only

## What kind of questions will your family be asked?

You and your partner (if relevant) will be asked questions about:

- your baby's health and temperament
- his/her daily routines
- your own health
- your family life and experiences as a parent

All the questions are very straightforward, though some are quite detailed and some will address issues like your family's income, your relationship with your partner (if relevant) and so on. The study interviewer will be able to help out if you have any concerns or questions about the actual survey questionnaire itself.



# GROWING UP IN IRELAND

## Following up in a few years time:

The unique part of *Growing Up in Ireland* is that it is a long-term study. This means that we would like to return to your home in three years time when your child is three years of age.

When the time comes we will arrange another visit to your home and ask some more questions about how your child has grown and changed over these years.

## Who are the Interviewers?

The interviewer who will call to your home is from the Economic & Social Research Institute (ESRI). They are Officers of Statistics appointed by the Central Statistics Office and are similar to those who carry out research on behalf of the Central Statistics Office, including the Census. Each interviewer carries a photo ID card.

Each interviewer has been specially trained for the study and has been subject to security vetting by An Garda Síochána.

The interviewer is not allowed to be alone with your child. You or another adult must be present in the room. This is for the protection of both your child and the interviewer.

**If you are unhappy with the way in which the survey has been conducted or with the interviewer or would like to confirm his/her identity, please contact the *Growing Up in Ireland* team at 01- 8632000.**

## What are your rights if you take part?

- If you decide to take part you and **your family may choose to withdraw from the study at any time, even after the interviewer has called to your home.** At that stage, if requested, we would delete all information previously collected about you.
- If there are any questions on the questionnaire you do not wish to answer you do not have to do so.

## Your participation counts.

Taking part in *Growing Up in Ireland* is entirely voluntary. Your participation will play a major role in the success of the study.

It is only by carrying out studies such as these that we can understand the role of all caring adults in the life of a child and find out how we can improve the future for all children and families in Ireland.

We hope that you can support us in our work and we would like to thank you, in anticipation, for your help.

# GROWING UP IN IRELAND

## Where can you find out more information?

**Phone:** Freephone 1800 200 434

or contact our Communications Officer, Jillian Heffernan, on 01 896 3378  
or call 01 8632000 and ask for the *Growing Up in Ireland* team

## Visit our website:

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

## Email:

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

## Post:

Growing Up in Ireland,  
Economic & Social Research Institute,  
Whitaker Square,  
Sir John Rogerson's Quay,  
Dublin 2



## CONSENT FORM FOR PARENTS

## PARENT'S /GUARDIAN'S CONSENT FORM

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

- I have read and understand the information sheet provided. I understand that I can ask any questions I may have at any time before or during the study.
- I consent to my child, and myself, being included in research being conducted for the *Growing Up in Ireland* study.
- I understand that the main aim of the project is to build a bank of information about the lives of children in Ireland today and into the future.
- I understand that my child has been selected on a purely random basis from the Child Benefit Register.
- I understand that a range of information will be collected, including information from my child's other parent and my spouse or partner (where different), and his or her childminder (if relevant).
- I understand that the information will be stored, on a confidential basis, on a computer and will be used for research purposes only.
- I understand that although I will have access to the information given by me on the questionnaire which I complete, I will not have access to the information given by my spouse/partner (if relevant), my child's other parent (where different) or childminder (if relevant).
- I understand that, because this study looks at children's development over time, I will be asked to participate in a follow-up study when my child is 3 years of age.
- I understand that I may withdraw my participation, and that of my child, at any time, including after the information has been collected.

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

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

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

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

*If relevant:*

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

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

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

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

**COMBINED CONSENTS:**

**Access to information in the National Perinatal Reporting System**

**ACCESS TO PPSN**

**Tracing Information Sheet**

**Access to information in the National Immunisation Database.**



## ACCESS TO INFORMATION IN THE NATIONAL PERINATAL REPORTING SYSTEM

The National Perinatal Reporting System (NPRS) records details on all births in the country. The sort of information it records includes:

- time, date of birth, gender, birth weight and gestation period of the child
- nationality, country of origin, occupation and date of birth of the parents
- marital status and date of marriage of the mother
- date of last birth and number of previous births to the mother
- mother's health, ante-natal care and diseases
- mode of delivery, infant's health and feeding
- hospital details such as mother's and infant's admission and discharge dates

This information was recorded by the hospital when your baby was born. *Growing Up in Ireland* would like to be able to access this information for statistical purposes as part of this study. If you agree to allow us to access this information please sign below.

I hereby give permission to the *Growing Up in Ireland* project to access information from the National Perinatal Reporting System (NPRS) for statistical purposes related to the project. I understand that, as with all other details collected in the course of this study, the information accessed from the National Perinatal Reporting System will be treated in the strictest confidence and would not be released in any way which would allow me or my family to be identified.

Signed: \_\_\_\_\_ (parent / guardian)

of \_\_\_\_\_ (baby's name)

Witnessed: \_\_\_\_\_ Date: \_\_ / \_\_ / \_\_\_\_

GROUP:  HHOLD:  Int No:  Int Name \_\_\_\_\_



**PERSONAL PUBLIC SERVICE NUMBER (PPSN)**

**MUM**

**R1** As you know, we hope to interview you again when your child is 3 years of age. It might assist us in tracing you at that time if we were able to use your Personal Public Service number (PPSN) or that of your child. Your number and your child's number are available from the Child Benefit Register which we used for selecting the sample used for *Growing Up in Ireland*. We have not been provided with these by the Department of Social and Family Affairs. Would you be willing to allow us to have access to (a) your number and (b) your child's number from the Child Benefit Register to assist us in the tracking or tracing of respondents who move between our visits?

- (a) Your own number      Yes .....<sub>1</sub>      No .....<sub>2</sub>  
(b) Your child's number      Yes .....<sub>1</sub>      No .....<sub>2</sub>

**R2.** In the future it might be possible to link to databases which would have information which would be of great assistance in the sort of statistical analysis which we carry out as part of this survey. If it were possible to use the PPS number to link to other data sources would you be willing to allow us to do so (a) on your own behalf and (b) on behalf of your child. This would be used only for statistical purposes. No government department or similar body would have access to your personal details.

Would you be willing to allow us to have access to your and your child's PPS number to assist us in linking to other data sources for statistical purposes?

- (a) Your own number      Yes .....<sub>1</sub>      No .....<sub>2</sub>  
(b) Your child's number      Yes .....<sub>1</sub>      No .....<sub>2</sub>

(Signed) \_\_\_\_\_



**FOLLOW UP / TRACING INFORMATION**

**R.1 Thank you very much for your participation in the *Growing Up in Ireland* survey.**

**As we said at the outset, we will be contacting you again with a view to interviewing you when your child is 3 years old. We will also be sending you updates on our progress from time to time.**

**Could you give me the name and address (or 'phone number) of two relatives, friends, neighbours or any other persons or organisations who may be able to help us in contacting you, should you move between now and then.**

**[Int: Record details on two contacts below].**

**Contact 1**

**Contact 2**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address : \_\_\_\_\_

Address : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Relationship to respondent: \_\_\_\_\_

Relationship to respondent: \_\_\_\_\_

**Qualitative Study**

**R3 As part of the Growing Up in Ireland study we will be randomly selecting 120 households for inclusion in what we describe as a qualitative study. This involves a further interview of your family, though in a slightly less structured way to the one which we have just completed. We will be selecting the 120 households for this qualitative sample in about 2-3 months time. Would it be OK if we were to include your family among those to be considered for inclusion in that qualitative study? Please note that there is no guarantee that your family would be selected for the qualitative study.**

OK to include family in qualitative study ..... <sub>1</sub>

Do not include family in qualitative study ..... <sub>2</sub>

**Nested Study**

**R4 Finally, as part of the Growing up in Ireland project there may be related studies from time to time on various topics. There are no plans for any such studies at this time. If one of these so-called 'nested studies' arose we would write to relevant households and ask whether or not we could approach them for interview. Would it be OK if we were to include your family among those to be considered for inclusion in one of these nested studies, should they arise?**

OK to include family in nested study ..... <sub>1</sub>

Do not include family in nested study ..... <sub>2</sub>





## ACCESS TO INFORMATION IN THE NATIONAL IMMUNISATION DATABASE

The Health Service Executive (HSE) Immunisation Databases record details on the immunisations which your child has received. These may include the BCG, 5-in-1<sup>11</sup> and Men C injections given at 2, 4 and 6 months and MMR<sup>12</sup> and Hib given at 13 months.

The sort of information it records includes:

- Child's contact details, date of birth, gender, place of birth, PPS Number
- Immunisations schedule/due dates
- Immunisations given, date given, dose, site of injection, name of vaccinator
- Vaccinations: name, manufacturer, batch number, expiry date
- Adverse reactions – if any
- Client refusals information – if any
- Mother's contact details and PPSN
- Father's details

I hereby give permission to the *Growing Up in Ireland* project to access information from the HSE Immunisation Databases for statistical purposes related to the project. I understand that, as with all other details collected in the course of this study, the information accessed from the National Immunisation Databases will be treated in the strictest confidence and would not be released in any way which would allow me or my family to be identified.

Signed: \_\_\_\_\_ (parent / guardian)

of \_\_\_\_\_ (baby's name)

Witnessed: \_\_\_\_\_ Date: \_\_ / \_\_ / \_\_\_\_

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<sup>11</sup> 5 in 1 = Diphtheria / Tetanus / Whooping cough / Polio / Haemophilus influenza b

<sup>12</sup> Measles, Mumps, Rubella

# INCIDENT REPORT FORM



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University of Dublin  
 Trinity College  
 College Green  
 Dublin 2



## National Longitudinal Study of Children in Ireland

**STRICTLY CONFIDENTIAL**

### Incident Report Form

TO BE COMPLETED BY THE INTERVIEWER IMMEDIATELY AFTER ANY INCIDENT IN THE FIELD

Interviewer Name: \_\_\_\_\_ Int No:

ID NUMBER OF HOUSEHOLD/RESPONDENT IN RESPECT OF WHOM INCIDENT OCCURRED

  

Area Code

   

Household Code

**Nature of Incident:** *(Do not use the names of people involved. Refer to the "study child" or in terms of participant's relation to study child, e.g. "brother of study child") Please describe as fully as possible. Continue overleaf or on separate sheets if necessary.*

**Location of Incident:** *(Do not give actual address, e.g. use "study child's home". Describe as fully as possible)*

Date of incident \_\_\_\_\_ Time of incident

OFFICE USE ONLY

Date rec'd:

Processed by:

Action:

Outcome:

**Interviewer:** Please complete above and post to ESRI. Also phone the Institute about the incident as soon as it has been noted by you in the field. Refer to section on Child Protection Guidelines in manual if relevant.