

Growing Up in Ireland

National Longitudinal Study of Children

COHORT '98

The Pilot Phase of the Child Cohort at 17/18 Years of Age and Recommendations

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The views expressed in this report are those of the authors and do not necessarily reflect the views of the funders or of either of the two institutions involved in preparing the report.



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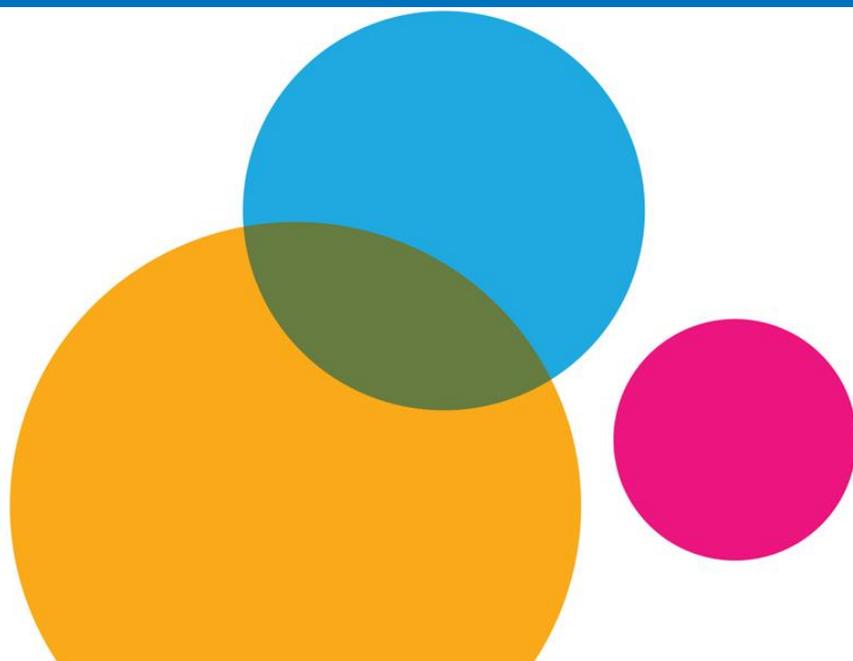
APPENDIX A

LIST OF QUESTIONNAIRES AND OTHER DOCUMENTS USED IN THE PILOT PHASE OF FIELDWORK

- A1. Household letter
- A2. Information Sheet
- A3. Consent form – Parent /Guardian One [YP less than 18 years]
- A4. Consent form – Parent /Guardian One [YP more than 18 years]
- A5. Consent form – Young Person [YP less than 18 years]
- A6. Consent form – Young Person [YP more than 18 years]
- A7. Household Composition
- A8. Young Person Main Questionnaire
- A9. Young Person Sensitive Questionnaire
- A10. Young Person Cognitive Tests
- A11. Parent / Guardian One Main Questionnaire
- A12. Parent / Guardian One Sensitive Questionnaire
- A13. Parent / Guardian Two Main Questionnaire
- A14. Parent / Guardian Two Sensitive Questionnaire
- A15. Time-use / Food frequency diary



Executive Summary





EXECUTIVE SUMMARY

INTRODUCTION

This report describes the pilot of the 17/18-year phase of interviewing with Cohort '98. It outlines the background to this phase of fieldwork, the development of the questionnaires and tests used as well as revisions made to procedures and questionnaires for the main phase of fieldwork.

FIELDWORK SCHEDULING

- Fieldwork for the pilot of the Child Cohort at 17/18 years of age was conducted in May and June 2015.

QUESTIONNAIRE DEVELOPMENT AND CONSULTATION

- Previous rounds of *Growing Up in Ireland* covered three main developmental domains: Health and Physical Growth; Education/Cognitive Development; and Socio Emotional /Behavioural Development. To reflect the age of the Young Persons in the current round of the Child Cohort, a fourth domain was included at this wave: Economic and Civic Participation. This covered the Young Person's economic status; income; political and community engagement; identity; attitudes to work and other aspects of their transition to adulthood.
- A broad consultative process was carried out with all main stakeholder groups: 17/18-year-olds; the scientific community (through the Scientific Advisory Group (SAG)) and the International Advisors who form part of the governance structure for the project. In addition, substantial inputs were received from the *Growing Up in Ireland* (GUI) Interdepartmental governance groups, the GUI Project Team and the GUI Steering Group. Input on ethical dimensions of the questionnaires and procedures was provided by an independent Research Ethics Committee. Inputs from de-briefings with interviewers and pilot participants also provided valuable contributions to the recommendations made throughout this report for the conduct of the main phase of the project.

THE PILOT SAMPLE AND RESPONSE RATES

- The sample used in the pilot contained two components – (i) 175 families who participated in the study pilots at 9 and 13 years of age and (ii) 39 families who participated in the pilot at 9 years of age but not at 13 years.
- Response rates differed quite a lot between these two groups. The response rate among those who participated at 13 years was in the region of 74 - 75%. In contrast, response rates among the non-responders at 13 years were approximately 25%. This reflects the effectiveness of refusal conversion and retention techniques used at the second wave of the study – those still not participating at this stage were very slow to engage with the study.



- There was, surprisingly, no indication from the pilot data of a relationship between inter-wave attrition and social advantage / disadvantage of the families (the latter as proxied by mother's education).
- Notwithstanding the low response rates among non-respondents at 13 years of age in the pilot phase, the Study Team recommended that those who did not respond at 13 years in the main phase be included in the sample for the main phase of the project, in line with best international practice and with a view to maximising the number of participants at 17/18 years of age.

RECRUITING THE FAMILIES

- The process for recruiting families involved sending an introductory letter and Information Sheet to the parent/guardian in the post. The information sheet was applicable to both the parent and young person. This was followed by a visit from an interviewer to the family home.
- Following the Pilot phase, a new summary Information Sheet was developed for use in the main phase of interviewing, in response to interviewers' requests. This was used by interviewers in initially explaining the study to the families, especially those who had not read the main Information Sheet they had received in the post, before the interviewer's visit. This summary Information Sheet will be included in the appendices of the Main 17/18 year report.

SURVEY PARTICIPANTS

- The main respondents in this phase of interviewing were the 17/18-year-old and his/her resident parent(s)/guardian(s). In all previous rounds of *Growing Up in Ireland* (when the study children across the two cohorts ranged in age from 9 months to 13 years) the resident parent(s)/guardian(s) of the Study Children were referred to as Primary and Secondary Caregivers – self-defined by the family in terms of level of care provision to the Study Child. In practice, in almost all cases the Primary Caregiver was the Study Child's mother (biological or otherwise) and the Secondary Caregiver was the partner/spouse of the Primary Caregiver.
- From this phase of the study onwards, respecting the developmental stage of the 17/18 year olds, the term "Study Child" will be replaced by the term "Young Person" when referring to current findings at this phase of the study. Furthermore, as the Young People move into adulthood at 17/18 years of age the Study Team felt that it was no longer appropriate to refer to their parent(s)/guardian(s) as Primary or Secondary "Caregiver" and, accordingly, the terms "Parent One" and "Parent Two" were adopted instead.

CONSENT AND INTERVIEWING THE YOUNG PERSON ALONE

- Signed Consent was secured from both Parent One and the Young Person prior to their participation in the Pilot survey. Where the Young Person was less than 18 years of age Parent One was also asked to sign consent for the 17/18-year-old's participation in the



study. It was made clear to the Young Person in his / her Consent (Assent) Form, that it was a legal requirement to do so in cases where the Young Person was under 18 years of age. Where the Young Person was 18 years of age (and so legally an adult) parental consent was not required. Different consent forms for both the Young Person and his/her parents were used to reflect these differences in the requirement for parental consent, depending on the age of the Young Person. The process of securing informed consent in the Pilot worked well and did not attract any negative comment from respondents or interviewers.

- The study protocol approved by the Research Ethics Committee permitted the interviewer to be alone with the Young Person when administering his/her Main Questionnaire, provided there was an adult (18 years or more) present in the accommodation throughout, though not necessarily in the room with the interviewer and Young Person.

SURVEY ADMINISTRATION

- Two laptops were used to administer the fieldwork in the home – one for the interviews with Parents One and Two, the other for the interviews with the Young Person. This allowed some questionnaires from the 17/18-year-old and Parent One/ Parent Two to be completed in parallel, thus reducing the overall contact time in the home.
- Reflecting the increasing age and agency of the Young Person, much more of the information recorded in the course of the Pilot survey was provided by him/her than in previous rounds of the study. Main interview and Self-Complete Questionnaires were completed by the Young Person and Parents One/Two. In addition, the Young Person completed a set of three cognitive tests and was asked to fill out a Time-use Diary and Food Frequency Questionnaire for postal return. In the course of the interview the height, weight and blood pressure of the Young Person was recorded by the interviewer. The weight and height (if the latter was not previously available from earlier rounds of the study) were also recorded in respect of the Young Person's resident parents.

The questionnaires and related documents used in the surveys were implemented without problems. Appendix A (A1 to A15) of this report contains those which were used in the Pilot phase.

THE YOUNG PERSON MAIN QUESTIONNAIRE

- The Young Person Main Questionnaire was administered with few problems. The main issue was its length. In the body of the report numerous proposed changes have been outlined. None of these represented a major change to the content or substance of the survey.
- Overall, the scaled items worked very well in the sense of being well-understood by respondents and capturing variation between respondents. Although the sample was relatively small and thus limited the amount and nature of analyses which could be carried out on the data, the associations of all variables and scales was very much in line with expectations, as well as trends from the international literature.



- New areas of the questionnaire around political engagement, identity and the transition to adulthood (the 'fourth domain' which was added at this phase of the study) were all administered without problems and were well-understood by respondents.

THE YOUNG PERSON SELF-COMPLETE QUESTIONNAIRE

- As with the Young Person Main Questionnaire, the Self-Complete Questionnaire was also completed without issues, although both respondents and interviewers reported that it was very long.
- When informed consent was being secured from Parent One, a blank copy of the Young Person's self-complete questionnaire was shown to the parent. The content of the questionnaire was not raised by the parents as being a problem in the course of the Pilot for either Young Person or Parent.

In view of the sensitive nature of some of the content in this questionnaire, it was decided at pre-pilot stage to include a statement at the start of each section outlining very briefly what the section focused on and providing the Young Person with the facility to press a key on the laptop to skip the section in question, should they wish to do so.

The pilot raised some potential implications for the quality of the information recorded in the survey as a result of this skip facility. Skip patterns identified from the pilot responses suggested that some of the Young People may have used the skip option more frequently towards the end of the questionnaire than in earlier sections. One possible explanation for this could be survey fatigue. Young People may have felt that they had already contributed sufficient time to the study and so, as they neared the end of the questionnaire, began to skip through whole sections.

Of even greater importance and concern is that some of those who used the skips may have done so if they felt that a section was not relevant to them. For example, in the section on self-harm, the first laptop screen in the section presented the skip option, noting the following:

Section J: This section contains questions on SELF HARM. If you would prefer not to answer these questions press '1' and skip to the next section.

The Study Team was concerned that some Young People may have read this and skipped the section as they had not experienced self-harm and so felt that the section did not apply to them. For such respondents, a 'skip' was being used in place of a 'No' in the filter to the questions included in the section. If this assumption is correct it would substantially affect the prevalence estimates of the topics under consideration, in this example self-harm.

In light of these issues with the skip option, the Study Team strongly recommended that this option should not be used in the main phase of interviewing as it could have an adverse impact on the reliability of the prevalence and other estimates in question. Note that removal of the skip option for



the section as a whole would not prevent a participant from giving a ‘Don’t Know’ or refusing to answer an individual question or set of questions.¹

- In reviewing the questionnaires after the pilot study some changes were made to various questions and some were deleted. The detail of these changes is discussed in the body of the report.
- The more sensitive topics such as sexual orientation, sexual behaviour and sexual health as well as anti-social behaviour were all administered without problems, as related by the interviewers during their de-briefing, and did not result in any negative reaction or response from participants arising from them.

COGNITIVE TESTS

- The Young Person was asked to complete three cognitive tests in the course of their interview. The first was a so-called ‘Animal naming test’ (a test of verbal semantic fluency). The second was a vocabulary test from the British Child Cohort, 1970 (University College London, 2017) (BCS-70). The third was a financial literacy / numeracy test. The results of all three tests correlated very well with other characteristics recorded in the study and results were very much in line with expectations. The Study Team proposed that these tests continue to be used across the main phase of fieldwork.

BLOOD PRESSURE AND PULSE RATE

- Two readings of the Young Person’s Blood Pressure were recorded in the pilot phase. This aspect of the study was administered without problems. The study team proposed that it be continued for the main phase of interviewing and that pulse rate should also be recorded.

DROP-OFF TIME-USE DIARY AND FOOD FREQUENCY QUESTIONNAIRE

- A ‘drop-off’ time-use diary and detailed Food Frequency Questionnaire was left with all 17/18-year-old’s in the pilot (Appendix A15). These were left to be self-completed on a day specified by the interviewer. The reference day was rotated to ensure a representative distribution of days across the week (and weekend). The completion rate on the diary was approximately 40% of the sample in the Pilot. It is expected that this rate will be exceeded in the main phase of the study, when a longer fieldwork period will allow time for postal follow-up and reminder. The time-use diary was used at 9 and 13 years of age and will provide some very good longitudinal trend data.

¹ The Research Ethics Committee approved the removal of the ‘whole section skip’ option but an additional explicit answer option of ‘prefer not to say’ was included with some questions where it was felt that the young person may wish to indicate this as a response



The detailed Food Frequency Questionnaire was included in a ‘drop-off’ module as it was felt to be too onerous to include in the main interview. Just under 50 per cent of these were returned in the pilot phase.² A shorter 13-item food frequency inventory which was used at 9 and 13 years of age was included for all participants in the Young Person Main Questionnaire.

PARENT ONE / PARENT TWO MAIN QUESTIONNAIRES

- Few issues arose with these questionnaires. Some minor proposed changes are discussed throughout the body of the report. The questionnaires largely record and update information collected in previous waves of the study on the Parent(s), rather than on their 17/18-year-old.

PARENT ONE / PARENT TWO SELF-COMPLETE QUESTIONNAIRES

- As with the Parent One / Parent Two Main questionnaire, most of the content recorded in this Self-Complete instrument was consistent with information previously recorded in the study. There were no systematic problems of which the Study Team was aware. The questionnaire was completed without difficulty and data analysis showed that items contributing to scales had good reliability statistics. Trends and associations among key variables were in line with expectations. These expectations arose from relationships established in comparable studies from other countries or in earlier waves of the *Growing Up in Ireland* study.

OTHER QUESTIONNAIRES

In addition to the questionnaires completed by the main respondents in the home contact details of non-resident biological parent(s) were requested in the course of the home-based interview so that a postal questionnaire could be sent by the Study Team to non-resident parent(s). Similarly, details on the school currently or most recently attended by the 17/18-year-old were requested so that a postal survey of Principals could be carried out. This survey recorded only details on the characteristics of the school attended and not on the individual 17/18-year-old.

CONSENT FOR DATA LINKAGE

- Consent to access the Young Person’s Junior and Leaving Certificate results from the State Examinations Commission and their application to the Central Applications Office (CAO) was requested of all relevant respondents in the pilot. This was provided by all respondents in the pilot. This procedure was, however, later revised prior to the main study.

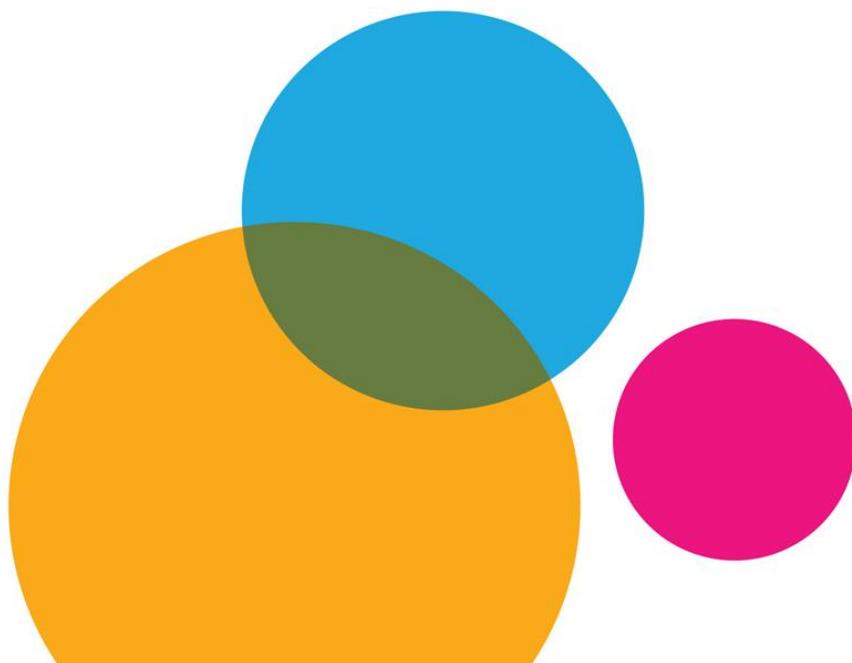
² This is lower than would be expected from the main phase of interviewing where the Study Team has a longer fieldwork period over which to issue reminders and carry-out follow-up to the postal Time-use Diary.





Chapter 1

BACKGROUND TO PILOT AT 17/18 YEARS OF AGE





1 BACKGROUND TO PILOT AT 17/18 YEARS OF AGE

1.1 INTRODUCTION

This report presents details on the pilot work carried out for the Child Cohort at 17/18 years of age. Fieldwork for this phase of the project was conducted across May and June 2015.

The main informants involved in the pilot phase were the Young Person and his / her Parent(s) / Guardian(s). Interviews took place in the home and were completed on an administered and self-completion basis, using a laptop computer. As well as completing in-depth questionnaires, the Young Person was also asked to complete three cognitive tests and to allow their blood pressure, height and weight to be recorded in the course of the interview. Permission to link their survey data to their application for admission to further or higher education (where relevant) was also requested.

As well as testing all aspects of the general design and content of the questionnaires proposed for the main phase of interviewing, a particularly important aspect of the pilot phase was testing the procedures for recording details on some highly sensitive information on intimate and risky behaviours from the Young Person, information which has not previously been recorded in the course of the *Growing Up in Ireland* study. This included details on alcohol consumption, drug-taking, sexual orientation and experiences, anti-social behaviours, and self-harm.

A further important aspect of the pilot phase was to explore options on the composition of the sample targeted at 17/18 years of age. The issue involved was whether or not to return only to the sample of young people and their families who had participated in the second round of the project or to also include those who participated in Wave One (at 9 years) but who did not participate in Wave Two (at 13 years of age).

1.2 STRUCTURE AND CONTENT OF REPORT

In preparing this report the Study Team used the data collected in the course of the pilot study. The pilot sample size was relatively small and this naturally limited the types of analysis (especially longitudinal analysis) that could be undertaken.

The report itself has 14 subsequent chapters covering the following topics:

Chapter 2 on the conceptual framework, domains and key themes covered

Chapter 3 on the process of consultation in questionnaire development

Chapter 4 on recruiting the families and securing their informed consent

Chapter 5 on survey implementation and interviewer training

Chapter 6 on the composition of the pilot sample and response rates



Chapter 7 on the main respondents and the questionnaires and tests which they were asked to complete

Chapter 8 on the detail of the Young Person Main Questionnaire

Chapter 9 on the detail of the Young Person Self-Complete Questionnaire

Chapter 10 on the cognitive tests used with the Young Person

Chapter 11 on the detail of the Main Questionnaire administered to the Young Person's parents

Chapter 12 on the detail of Self-Complete Questionnaire filled out by the Young Person's parents

Chapter 13 on the Non-Resident Parent Questionnaire

Chapter 14 on the School Principal's Questionnaire

Chapter 15 on measurements and data linkage

In discussing the Young Person and Parent / Guardian questionnaires the report outlines how each performed in the pilot, providing some very general trends in the data where appropriate and focusing, in particular, on the reliability and other characteristics of the scales used. The sample size precludes detailed analysis. The purpose of the report is not to present analysis as such, but rather to signal how well the various instruments performed in the pilot phase and, in the light of that performance, to outline suggested changes in them for the main phase of fieldwork.

1.3 APPENDICES

Appendix A, Sections A1 – A15 contain copies of the questionnaires, tests and related documentation which were used in the Pilot phase of the study. The information sheets and questionnaires used in the Main phase of the study at 17/18 years will be included in the Appendices associated with the Design and Instrumentation Report for the main study.

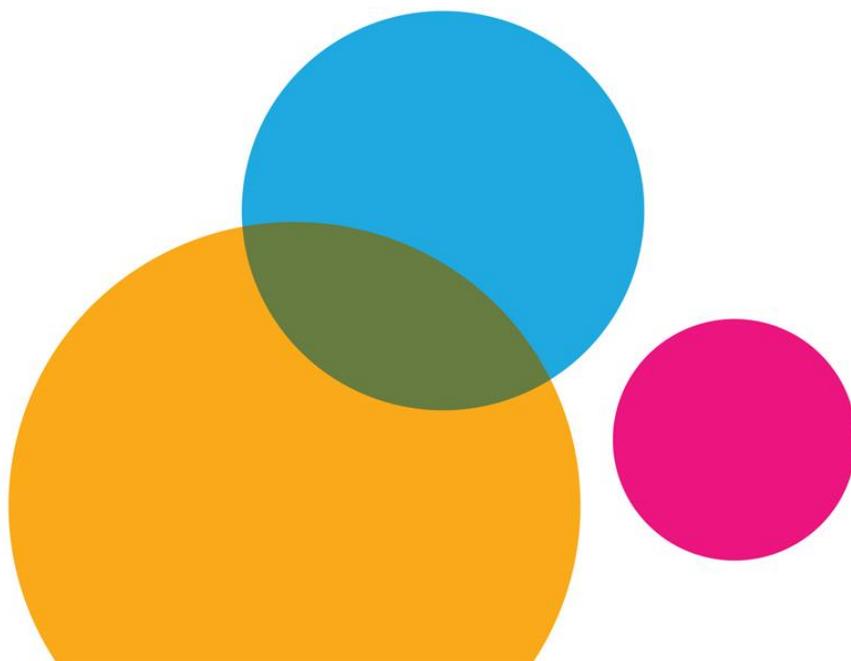
The next chapter begins by providing an overview of the conceptual framework for the Child Cohort at 17/18 years of age and an outline of how this has evolved from the 9- and 13-year phases. It also considers how this framework is reflected in the key domains and themes which are focused on in the questionnaires and tests proposed for the main phase of fieldwork with the 17/18-year-olds.





Chapter 2

OVERVIEW OF CONCEPTUAL FRAMEWORK, DOMAINS, AND KEY THEMES





2 OVERVIEW OF CONCEPTUAL FRAMEWORK, DOMAINS, AND KEY THEMES

2.1 CONCEPTUAL FRAMEWORK

A broadly based bio-ecological model has been the lynchpin of the conceptual framework underlying the study since its inception. The transition of the older cohort over the course of *Growing Up in Ireland*, Phase 2 into emerging adulthood (17-20 years) necessitates the incorporation of several additional frameworks and models which deal specifically with these stages of development. These frameworks highlight a number of important issues, such as the changing influence of parents and family, the strengthening of the young people's own agency, and the consolidation of their transition from childhood to adulthood, all of which have guided the design of the study at this stage.

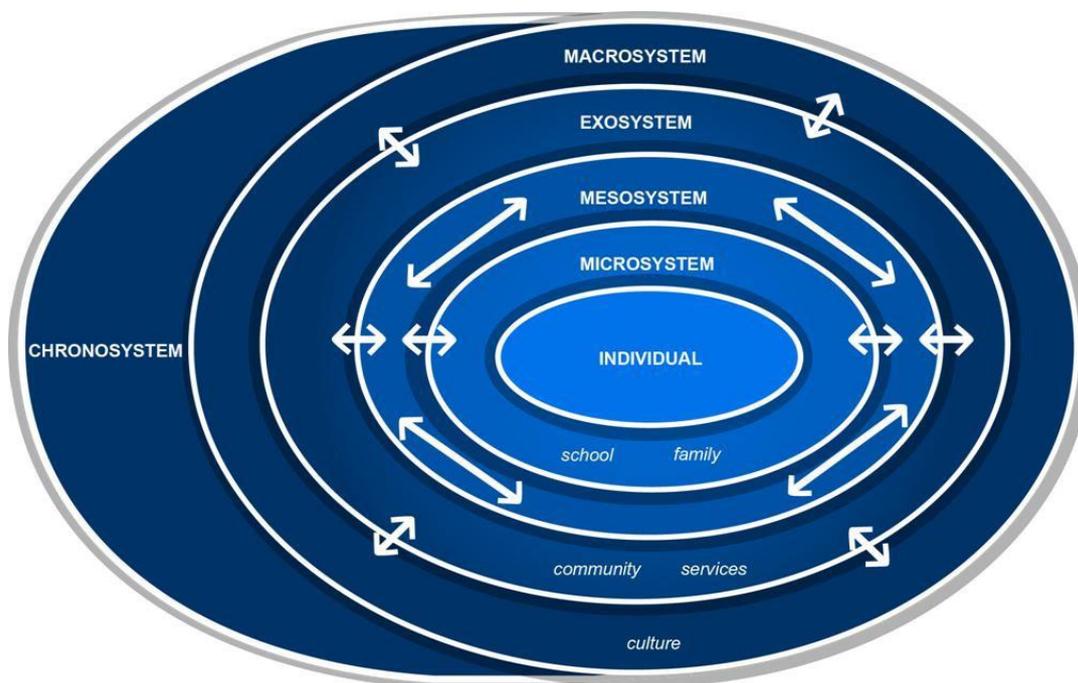
2.2 THE BIO-ECOLOGICAL MODEL

A detailed discussion of the bio-ecological conceptual framework underlying *Growing up in Ireland* is provided in the conceptual framework documentation (Greene et al., 2010). The bio-ecological model draws heavily from the work of (Bronfenbrenner, 1979, 1993) and offers a conceptualisation of the Young Person's ecology as a multi-layered set of nested and interconnecting environmental systems, all of which influence the Young Person as s/he develops, but with varying degrees of directness (Greene, 1994). The Young Person is seen as being influenced first by their own attributes, characteristics and dispositions as well as the 'environments' within which they operate. The most immediate environment or context (the 'microsystem') is made up of family, school and peers. Interactions between the actors in the microsystem (for example, family and school) will also affect the child (the 'mesosystem'). More distant interactions, such as a parent's relationships at work) will also impact the child at the centre of the bio-ecological model (the 'exosystem') as well as the wider societal, cultural and community contexts (the 'macrosystem'). The action, interaction and re-action of all of these systems will affect the children/young people either directly or indirectly through effects on the microsystem ('mesosystem').

A further aspect of the bio-ecological model is the effect of time. The timing of life events may impact a child's development in a number of ways. For example, coping with extreme events such as the death of a parent is very different depending on the child's age and developmental level. This can be further affected by the length or the frequency of episodes in the child's life, for instance a sudden serious illness may have a significant negative but short-lived effect when compared to a long-term chronic condition. These 'time effects' are often referred to within this model as the 'chronosystem'. The bio-ecological model is broadly illustrated in Figure 2.1.



Figure 2.1 Bronfenbrenner's Ecological Perspective on Child Development



At 17/18 years of age, the parents and siblings of the Young People remain influential. As they are now on the verge of adulthood, however, the changes to their microsystem may be profound. While the vast majority of 17/18-year-olds in Ireland will still be living in their childhood home and financially dependent on their parents, a small proportion may have already moved out and established new independent households of their own. At this stage in the lives of some of the young people school will cease to form such an important part of their microsystem and will increasingly be replaced by a college, university or place of employment, which will have repercussions for all aspects of their lives. The Young Person's adaptation to these changed circumstances and networks of support represent a crucial transition point in their life-course.

The bio-ecological model places a strong emphasis on the role of agency on the part of children and young people. The period from 13 to 20 years of age involves a series of decisions on a vast range of topics. These include: subjects to take within school; whether to stay in school until the Leaving Certificate; which pathways to pursue after leaving school; the development of relationships (including intimate relationships); participation in risk-taking and potentially health-compromising behaviours; involvement in anti-social behaviour; and the emergence of political and social consciousness.

The direct effect of institutions and structures within the exosystem will probably increase for this cohort as they reach adulthood. The structure of post-school pathways in the Irish context, in particular the importance of exam grades as a criterion for higher education entry, will influence the kinds of opportunities open to different groups of young people. Their



interactions with health services, housing authorities, the criminal justice system and so forth will no longer be mediated through their parents. Decisions and their consequences will rest on their own shoulders.

Decisions in all these important aspects of their lives will have profound consequences for later outcomes. In making these decisions, young people draw on a complex array of resources, including parental advice, interaction with teachers, formal school-based guidance, and interaction with peers. These decision-making processes must be incorporated into the questionnaires used at this round of the study.

2.3 THE FOURFOLD PARADIGM OF LIFE COURSE DEVELOPMENT

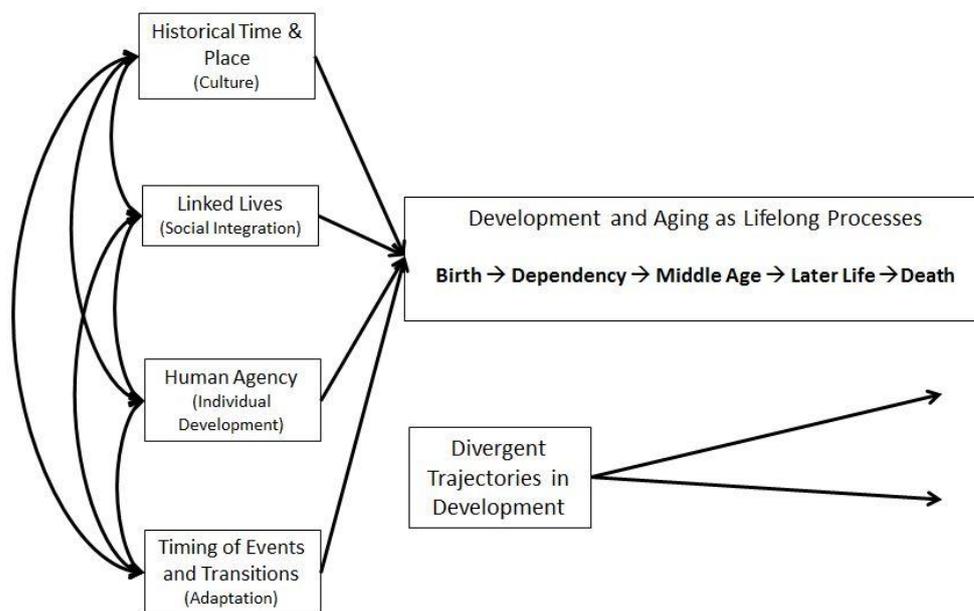
Supplemental to the Bronfenbrenner bio-ecological framework, Elder and Giele (2009) similarly maintain that the life course is influenced by a number of interconnecting systems, and that wider societal influences may have an impact at the level of the individual. They offer four paradigmatic factors to explain the diverse ways in which development over the life course is influenced: Historical and Geographical Context, Timing of certain events, Human Agency and Social Integration. This Fourfold Model is illustrated in Figure 2.2 and is adapted from Elder and Giele (2009). The fourfold model of life course development can be considered a complement to the Bronfenbrenner model which continues to be the guiding theoretical influence on the *Growing Up in Ireland* study.

Human agency, i.e. the process by which people select themselves into certain roles and situations, becomes particularly pertinent as the 17/18-year-olds begin to construct their own life course and take responsibility for their own social roles, more so than at any other stage in the study to date. An expanded interest in human agency is reflected in the study's move to focus on the Young Person as the main informant as opposed to parents / caregivers, acknowledging that the Young Person is transitioning towards adulthood and therefore towards greater responsibility and self-awareness.

Social integration refers to an individual's social ties to others. The significance of social relationships during the period of young adulthood has been continually emphasised, and at age 17/18 years one would expect many Young People to be involved in social circles which are independent of the family context. The importance of social ties is reflected in a number of areas addressed by the 17/18-year-old questionnaires, such as the Young Person's relationships and feelings towards partners and peers, parents and siblings. Elder and Giele (2009) note that the passage of young people into and through the period of young adulthood is marked by departures from a number of social roles and entry into new roles, for example leaving home and establishing independence. The fourfold paradigm emphasises the importance of life transitions as part of the life trajectory, and is therefore clearly relevant during this stage of the life course.



Figure 2.2 Elements of the life-course paradigm. Adapted from Elder and Giele, (2009)



Demographic characteristics during this period can be variable and unpredictable, reflecting the emphasis on change and exploration. There may be a great deal of volatility in residential status and occupation. These issues are beginning to become applicable to the 17/18-year-old, and one might expect that they will be particularly pertinent at the next wave (age 20). At this stage many young people obtain the education and training that will provide the foundation for income and occupation in later life, although clearly one should not assume that higher education will be pursued in a strictly linear fashion.

At 17/18 years of age, how the Young Person sees him / herself may be uncertain. They may see themselves possibly not as adolescents, but not quite as adults. Their sense of adulthood is forming. New experiences and questions are assuming greater relevance to them, for example sexual experimentation and occupation aspiration. These have helped to guide the design of the survey at this stage.

Several theories to explain phenomena such as risk-taking and impulse control, such as those proposed by Steinberg (2008) and Casey, Getz, and Galvan (2008), were included in the development of the instrumentation for Phase 2. There is a peak in risk-taking behaviour during adolescence and emerging adulthood (Arnett, 2000). Risk-taking behaviours at this age may include risky sexual behaviours, substance use, and other anti-social behaviours (all of which are addressed in the 17/18-year-old survey). This peak in risky activities may relate to the fact that young people can pursue novel and intense experiences more freely than younger teenagers due to reduced parental monitoring and supervision and more freely than adults because they are less constrained by responsibilities.



It may also be explained by increased desire for sensation seeking, particularly in the presence of peers. To some degree these risky behaviours can be understood as part of a process of identity exploration, possibly also reflecting a stage in neurological development. Risk-taking generally declines with age, as an individual’s capacities for self-regulation improve. In this way risk-taking can be considered as both an individual characteristic and a product of the Young Person’s life stage.

2.4 MAIN OUTCOME DOMAINS

From consideration of the various theories and models which inform the study’s conceptual framework, four key domains emerge, which should be explored in order to gain a comprehensive view of the life of the 17/18-year-olds. Three of these have been core to the study since its inception; the fourth has been added to reflect emerging adulthood of the 17/18-year-old at the centre of the study in this round of data collection. The four domains are:

- Health and physical development
- Educational and cognitive development
- Socio-emotional and behavioural development
- Economic and civic participation

These four domains, and examples of relevant topics, are summarised in Table 2.1 below.

Table 2.1 Key domains and topics for the Child Cohort at 17/18 years

<p><i>Health and Physical Development</i></p> <ul style="list-style-type: none"> • General health status • Chronic illness • Dietary profile and physical exercise • Accidents and injuries, disability • Sexual orientation, health, behaviours • Healthcare utilisation • Smoking / alcohol consumption / drug-taking 	<p><i>Educational and Cognitive Development</i></p> <ul style="list-style-type: none"> • Academic performance • Experience of school and teachers • Subjects taken in school • Extra-curricular activities • Career guidance in school • Pathway planning • Higher education course(s) • Specific Learning Difficulties • Supports for Special Educational Needs • Occupational aspirations • Attitudes to work • Part-Time / Full-Time Work while at school • Reasons for early school-leaving (if relevant) • Semantic fluency, Vocabulary, Financial literacy/Numeracy (assessed by cognitive tests) • ICT
<p><i>Socio-emotional and Behavioural Development</i></p> <ul style="list-style-type: none"> • Personality 	<p><i>Economic and Civic Participation</i></p> <ul style="list-style-type: none"> • Principal economic status and broad labour market experience since school • Current occupation



<ul style="list-style-type: none"> • Mental health • Depression • Self-esteem and identity development • Locus of control • Adverse Childhood Events (ACE) • Happiness and life satisfaction • Sense of family – life, work, education • Family and peer relationships • Life aspirations and goals – • Socio-emotional well-being and behaviour (Strengths and Difficulties Questionnaire – Parent report • Risky behaviours • Dating, relationships and family formation 	<ul style="list-style-type: none"> • Income • Membership of clubs and societies • Religion and spirituality • Volunteering • Political engagement • Confidence in state institutions • Perceived discrimination • Anti-social / risky behaviours • Perception of neighbourhood • Contact with An Garda Síochána and Justice System
<p><i>Socio-demographic and Background Characteristics</i></p> <ul style="list-style-type: none"> • Parents’ health • Family activities and relationships • Parental education and literacy • Family income and welfare transfers; indebtedness; deprivation indicators • Principal economic status of parent(s) • Family social class and parental occupation • Parents’ marital status, history and quality of relationship • Parental, sibling and family contact with An Gardaí and Justice system • Parent’s perception of neighbourhood • Intergenerational characteristics – in respect of Young Person’s grandparents (Parent One’s parents): age; year of birth; cause of death; educational attainment, family circumstances 	

In addition to the information recorded in the questionnaires the 17/18-year-olds were (where applicable) also asked to provide signed consent to access some of the information on course choices which was contained in their application for admission to further and higher education courses (contained in their Central Application Form (CAO)). Permission to access the information on course choices was sought with a view to linkage to their survey data.

The domains are mirrored in the study’s instrumentation, which was designed with the aim of accessing each of the domains and recording critical information on these four important areas of the 17/18-year-old’s life. In addition to these four key areas, a very wide range of socio-demographic and background characteristics are also recorded in the course of the survey.

Table 2.2 provides an overview of how the four key domains and their related topics are addressed by specific aspects of the study instrumentation. The instrumentation at this wave of the study has been developed with a view to achieving a balance between longitudinal continuity with earlier waves on the one hand and collecting information which is new and specific to this life stage on the other. Examples include important outcomes at 17/18 such as secondary school examination results and decisions on transitions to the labour force or to further education. Many of these current outcomes then become predictors or setting events for future outcomes in later waves of the GUI.



Table 2.2 An overview of study instrumentation by domain of interest

Main outcome domains				
Health and Physical	Educational and cognitive	Socio-emotional and Behavioural	Economic and Civic Participation	Background information
1. 17/18-year-old's health / healthcare utilisation	1. Experience of school and teachers	1. 17/18-year-old's peer relationships	1. Principal Economic Status and labour market experience since school	1. Household composition
2. 17/18-year-old's dietary profile	2. Subjects taken and level	2. Socio-emotional development – Strengths and Difficulties	2. Current occupation	2. Parental health and lifestyle
3. Weight perception and dieting	3. Career guidance	3. Personality, self - esteem, self-control, locus of control, self - efficacy	3. Income	3. Socio - demographics
4. Physical exercise and sleep	4. Extra support and special educational needs	4. Mental health issues: depression, stress and anxiety; diagnosis	4. Membership of clubs and societies	4. Neighbourhood and community
5. Daylight exposure	5. Parent and family engagement with YP education	5. Self-harm	5. Confidence in state organizations	5. Family context / parenting
6. Dental health	6. Homework and grinds	6. Bullying – as victim or perpetrator	6. Political engagement	6. Marital relationship
7. 17/18-year-old's cigarette, alcohol and drug use	7. Work experience and income	7. Longitudinal trends – antisocial behaviour, contact with AGS* or CJS, peer behaviour	7. Volunteering	7. Parent-child and sibling relationships
8. Sexuality	8. Attitudes and aspirations for future education and training	8. Opposition to authority	8. Religion and spirituality	8. Non-resident parent
9. Sexual behaviour and	9. Involvement in further or higher education	9. Leisure activities	9. Participation in social media	9. Adverse life events



sexual health				
10. Pregnancy	10. Early school leaving	10. Internet usage and addiction		
11. Physical measures – height and weight, heart rate and blood pressure	11. Occupational aspirations and attitudes to work			
	12. Work status and history			
	13. Cognitive tests			

*An Garda Síochána (Irish police service).

A selection of variables providing key background information is provided in the final column of Table 2.2. A full exploration of these topics would require a more complex structure acknowledging that a topic can belong to multiple domains depending on the life stage of the participant and the focus of the research question.

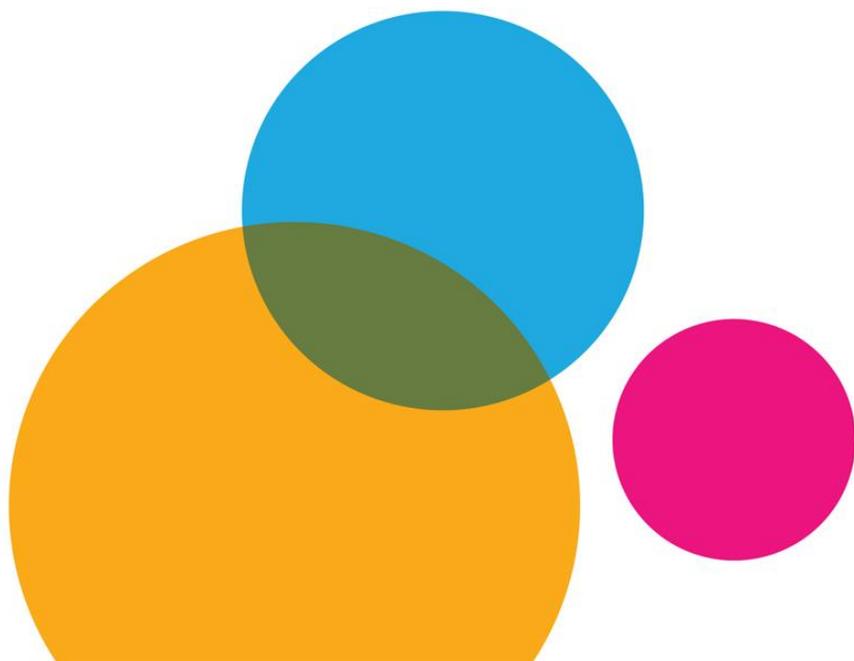
A short set of examples will illustrate how variables from a topic such as Education may be used in a variety of different research types as at varying points. Participation in education has been used for instance as a dependent variable when studying cognition (Morris, Dorling, & Davey Smith, 2016); a moderating variable when studying political participation (Osborne & Sibley, 2015); and predictive or mediating variable in determining the relationship between SES and social mobility in later life (Wilkinson & Pickett, 2009). This same logic pervades many of the constructs in the *Growing Up in Ireland* which can play varied roles in different analyses. The extensive range of information recorded also allows the researcher to undertake cross-domain analysis, in exploring how the characteristics and outcomes of one domain may influence outcomes in another.





Chapter 3

CONSULTATION IN QUESTIONNAIRE DEVELOPMENT





3 CONSULTATION IN QUESTIONNAIRE DEVELOPMENT

3.1 INTRODUCTION

This chapter considers the process adopted for questionnaire development. It begins by briefly providing an overview of some of the main criteria used in selecting topics, scales and questions for the various instruments and questionnaires, before continuing to review the various stages of consultation with the main stakeholder groups involved in the process.

3.2 CRITERIA FOR QUESTIONNAIRE DEVELOPMENT

The following are the main criteria used in selecting topics, scales and questions for inclusion in the questionnaires and other instruments:

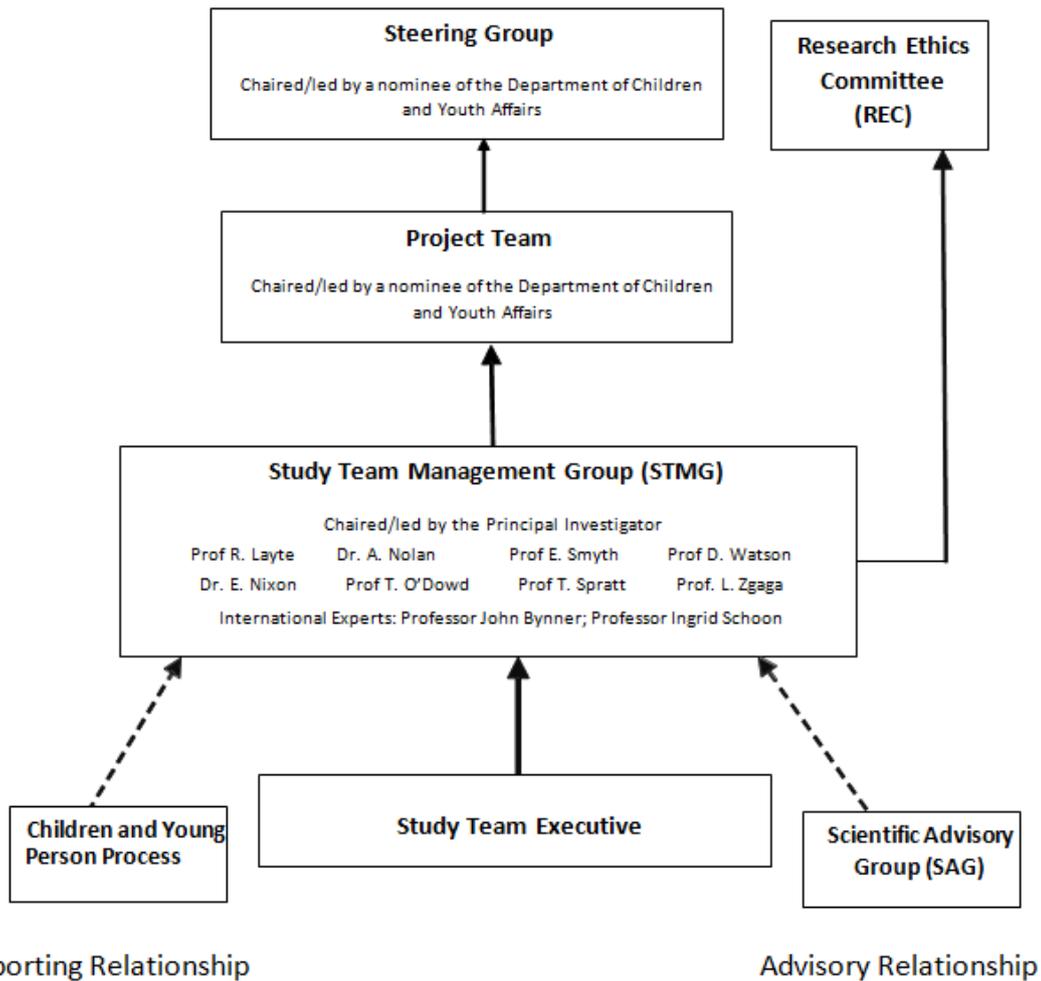
- **Developmental importance:** Are there scientific grounds for believing that the measure in question exerts a substantial influence on one or more of the dimensions of the well-being or development of the Young Person?
- **Measurability:** Can the characteristic be validly, reliably and ethically measured using the methods of large-scale survey research?
- **Longitudinal relevance:** Does the measure have a longitudinal or dynamic character which can be consistently measured over time with developmentally appropriate measurement tools. Do these variables link forwards or backwards across existing and future waves of data to allow investigation of developmental pathways and change over time?
- **Policy relevance:** Is the measure relevant to or actionable through public policy?
- **Prevalence and variance:** Is the measure sufficiently prevalent in the population as to yield an analysable level of variance in the available samples?
- **Added value:** Does the measure relate to influences on well-being and development of the Young Person that are inadequately covered by other research?
- **Robustness:** Is there a measure of the construct / variable of interest which is proven to be valid and reliable?
- **Acceptability to respondent:** Will recording an aspect of information deter participation or increase attrition among the study respondents?
- **Time efficiency:** Does the measure take as little interview time as possible, taking account of its importance and requirement for robust measurement?
- **International use:** Has the measure been successfully used in research in other countries, particularly in comparable cohort studies?
- **Use in Ireland:** Has the measure been successfully used in previous research in Ireland?



3.3 STAGES IN CONSULTATION AND PREPARATION

In preparing the procedures and questionnaires for the 17/18-year-old data sweep, the Study Team undertook substantial consultations with a number of main stakeholder groups. To assist in discussing this consultative process the reader’s attention is drawn to Figure 3.1, which summarizes the overall governance structure (in the broadest terms) for the project.

Figure 3.1 Summary of broadly-defined governance structure, *Growing Up in Ireland*, Phase 2



A series of parallel consultative processes with several stakeholder groups took place in preparation of the pilot phase. These included:

- The Scientific Advisory Group (SAG)
- International Advisors (Professors John Bynner and Ingrid Schoon)
- The Young Person consultation process



At the early stages of the study, the Study Team developed a preliminary questionnaire following a review of the literature, questionnaires from previous GUI waves, questionnaires used in other studies of 17/18-year-olds, as well as input from various experts in relevant fields. This first draft questionnaire which emerged from this process was used as the basis for consultation with the main stakeholder groups.

3.4 THE SCIENTIFIC ADVISORY GROUP (SAG)

The Scientific Advisory Group (SAG) is made up of approximately 50 experts from a wide range of fields and disciplines, drawn from institutions and universities in Ireland. A first stage of consultation with the Scientific Advisory Group involved the circulation of the initial draft questionnaire along with a briefing document to members, with a request that they complete an online survey to identify what they perceived as being the most important issues to be addressed in the survey instrumentation with the 17/18-year-olds. Thirty-six experts responded although many only rated topics in the domains most relevant to their own area.

3.4.1 THE SAG ONLINE SURVEY

Topics relating to each of the four key domains, discussed in the previous chapter, were presented to SAG members in an online survey. Members were asked to rate each topic in terms of its importance to the study in terms of the level of priority which the topic's inclusion should take (i.e. little or no relevance, low priority, medium priority (include if possible) or top priority. Table 3.1 below presents a broad summary of the main outcomes from the SAG survey.

Table 3.1 Main outcomes from the SAG survey

HEALTH AND PHYSICAL DEVELOPMENT
<i>Top ranking topics</i> – most important / essential
– Smoking / drinking / drug use
– General health status
– Height; weight; blood pressure
– Exercise and physical activity
– Specific learning difficulties
<i>Medium ranking topics</i> – include if possible
– Speech, hearing, sight difficulties
<i>Low priority topics</i> OR little or no relevance
– Dental health
– Health care insurance and GMS cover
EDUCATION AND COGNITIVE DEVELOPMENT
<i>Top ranking topics</i> – most important / essential
– Linkage to Junior / Leaving Cert results
– Academic performance
– Third level academic ability / literacy / numeracy
– Early school leaving



– Use of ICT – for education, work, leisure
– Parental attitudes to and engagement with education
Low priority topics OR little or no relevance
– Teaching methods at second level
– Homework and study in school
– Attitudes to educators and courses at third level
SOCIO-EMOTIONAL AND BEHAVIOURAL DEVELOPMENT
Top ranking topics – most important / essential
– Friendship networks / peer relationships
– Happiness and life satisfaction
– Relationship with parents
– Current stress
Parent-oriented topics rated quite highly included:
– Parent-Young Person relationships
– Parent personality
– Parent monitoring
Medium ranking topics – include if possible
– Mental health (positive and negative aspects) – current and historic
– Depression / anxiety – current and historic
– Bullying
– Relationship with boy / girlfriend / partner
– Sibling relationships
– Risky behaviours
Low priority topics OR little or no relevance
– own children / planned family formation”
ECONOMIC AND CIVIC PARTICIPATION
Top ranking topics – most important / essential
– Current occupation
– Principal economic status
– PES and job histories
Medium ranking topics – include if possible
– Volunteering
– Political engagement
Low priority topics OR little or no relevance
– Attitudes to supports, service needs and provision
– Household activities / chores
SOCIO-DEMOGRAPHIC TOPICS
Top ranking topics – most important / essential
– Deprivation indicators
– Household composition
– Family and income transfers
– Social class / occupation



– Principal economic status of parents
– Parental education
Low priority topics OR little or no relevance
– Languages spoken in the home

3.4.2 THE SAG THEMATIC MEETINGS

The on-line survey phase of SAG consultation was completed by 34 of the members. The survey phase was followed by a series of meetings with SAG members. These were organised along the main thematic lines: health and physical development; socio-emotional development and behaviour; educational / cognitive development; and economic and civic participation. Some meetings were held on a bi-lateral basis with members of the Study Team Management Group (STMG) others on a larger group basis. SAG members were invited to provide input (before, during and after the meetings) to the substantive content of the questionnaires, instruments and procedures for the pilot phase. They provided substantial advice both in the course of the meetings and in subsequent email exchanges with the Study Team. Changes in the instruments and procedures were developed from a combination of the feedback from the web-based surveys, thematic meetings and individual correspondence with SAG members. Below is a very brief summary of some of the main inputs which emerged from the thematic meetings.

3.4.2.1 HEALTH AND PHYSICAL DEVELOPMENT PANEL

Five main changes to the Young Person Questionnaire arose from the Health Scientific Advisory Group.

1. Two subsections on sleep and daylight exposure were developed and added to “Section C: dietary profile; weight perception; physical exercise” of the draft, along with an additional question on dietary supplements.
2. A section on dental health was developed and added as a stand-alone section.
3. A subsection of questions concerning safety was developed for those who drove or cycled.
4. Substantial additional questions were also added to the health section of the Parent One Main Questionnaire, in case the Young Person was too ill or disabled to complete the Young Person interview him/herself.

3.4.2.2 SOCIO-EMOTIONAL AND BEHAVIOURAL PANEL

Seven main changes were suggested for the Young Person Questionnaire These changes largely referred to modification of the Self-Complete questions Module. These suggested changes are listed below.



1. Questions regarding disordered eating and body dissatisfaction were developed and added to “Section F: physical health”.
2. In addition to the questions on alcohol, the panel recommended the inclusion of an Alcohol Use Disorders Identification Test (AUDIT) (Babor, Fuente, Saunders, & Grant, 1992), which was developed by the World Health Organisation, Department of Mental Health and Substance Dependence (WHO). This was included in “Section B2: Alcohol”.
3. The panel felt that the Strengths and Difficulties Questionnaire (SDQ) was not developmentally appropriate for the 17/18-year-olds for self-completion, and it was recommended that a more useful measure of behavioural problems and competency should take its place, possibly the Youth Self-Report – (YSR) (Achenbach, 1991). Even though the cohort is at the upper age limit of that recommended by the test developers, it was agreed that the SDQ should remain on the Parent One Main Questionnaire to maintain longitudinal continuity as it has proven itself to be a very useful tool in analysis of the child and Young Person’s socio-emotional development over all stages of GUI from 3 years of age.
4. It was recommended that the Piers-Harris scale (Piers & Herzberg, 2002) be removed as it was no longer considered developmentally appropriate, and could not be used with Young Adults. Instead, following substantial discussion, it was felt that a short measure of personality would provide additional meaningful information as an alternative: the Ten-Item Personality Indicator (TIPI) scale (Gosling, Rentfrow, & Swann, 2003) was selected for this purpose. This changes the focus of this section of the survey away from self-concept to that of personality, so the reader should take care to note this conceptual change at this stage of the research. In order to provide continuity of measurement of self-concept with previous waves, the Rosenberg self-Esteem scale (Rosenberg, 1979) was used following consultation with the international study experts See Section 3.5 below for further information on these latter changes
5. Following recommendation from the panel, a coping measure was included. The coping measure used was an adapted version of Amirkhan’s Coping Strategy Indicator (Amirkhan, 1990), which was shortened by the My World Survey study (Dooley & Fitzgerald, 2012). This was a general coping measure and not intended to be related to any particular topic such as bullying, bereavement etc.
6. Further recommendations included the use of the 21 item Depression Anxiety and Stress Scale (DASS 21) (Lovibond & Lovibond, 1995). However, it was decided to add only the anxiety measure, as a dedicated measure of depression (the Short Mood and Feelings Questionnaire (SMFQ) (Angold et al., 1995) was already included in the survey. It was judged important to continue to use the SMFQ at 17/18 years of age as had been used previously at 13 years and proved to be a very worthwhile scale in that phase.



7. The panel recognised the value of the detailed Food Frequency Questionnaire (FFQ) which was used with the five-year-olds. The scale was developed by Celine Murrin from UCD: (Kelleher, Lotya, O’Hara, & Murrin, 2008), it was decided that this would be left behind as a ‘drop-off’ in the household, along with the Time-Use diary, for postal return to the Study Team. The shorter diet inventory which was used at 13 years was retained in the Young Person Main Questionnaire, to account for the cases which do not return the Time-Use Diary and Food Frequency Questionnaire. Having some diet questions on the main instrument completed by all Young People will ensure that some dietary information is recorded from all 17/18-year-olds.

3.4.2.3 ECONOMIC & CIVIC PARTICIPATION (AND SOCIO-DEMOGRAPHIC CHARACTERISTICS) PANEL

The principal changes to this section recommended by the SAG panel included:

1. The need for additional questions on contact of family members with the Criminal Justice System for the Parent One Self-Complete Questionnaire (Section G), along with, in particular, contact and peer involvement with the police on the Young Person Self-Complete Questionnaire (Section L).
2. Questions on perceived neighbourhood safety were suggested for the Young Person Main Questionnaire.
3. Questions on perceived economic expectations of the future were also suggested for the Young Person Main Questionnaire (Section A15).
4. Questions relating to the Young Person’s peer’s ethnicity and perceived discrimination, which were included in the Young Person Self-Complete Questionnaire (Section A).
5. Further questions regarding indebtedness, income transfers and financial dependency were recommended, developed and added to the Parent One Main Questionnaire (Section G), and Young Person Main Questionnaire (Section A9).
6. Investigation of employment histories of Young people who have left education was also recommended, for which questions were developed and included in the Young Person Main Questionnaire (Section A14).
7. The questions on suicidal ideation were removed from the Young Person Self-Complete Questionnaire. This was recommended largely on the basis that appropriate professional supports in this area from the Study Team could not be guaranteed in a timely fashion to young participants, should such supports become necessary for any Young People who may have had direct or indirect experience of such ideation.
8. SAG members met with the National Disability Association. The main recommendation from this meeting was that the subsection recording issues



relating to disability and ill-health amongst the young people be expanded. These questions were developed for the Young Person, but later transferred to the Parent One Main Questionnaire (Section B).

3.4.2.4 EDUCATION PANEL

There were relatively few recommendations for changes to the education section from the panel as SAG members largely felt that these sections were already quite comprehensive. Most suggested changes concerned rewording or the addition of extra response options on questions already in place. The more substantial changes suggested include the following:

1. The redrafting of the Special Education Needs (SEN) section (Section A6, Young Person Main Questionnaire), with many questions receiving changes to their wording and response options. Most of the questions concerning learning disabilities were subsequently moved to the Parent One Main Questionnaire (Section B).
2. A further expansion on post-school options in what became Section A11 of the Pilot, and to use both “SOLAS” (an agency of the Department of Education and Skills) and “FÁS” (an older service for delivering work skills training – now dissolved) to refer to apprenticeships or courses, since “FÁS” may be a more familiar term to the general public, even if “SOLAS” is the official term.
3. The panel advised that the question in Section A2 on taking transition year or not (now question 5a, b, and c in the Pilot) be turned into a scale rather than a dichotomy in order to yield more information.
4. The panel recommended an extra question should be added to “Section A12: Early School Leaving” concerning whether the Young Person had siblings that had also left school early, and what age they were.

3.5 THE INTERNATIONAL EXPERTS

Professors John Bynner and Ingrid Schoon were appointed by the Commissioning Authority (the Department of Children and Youth Affairs) as part of the governance structure for the *Growing Up in Ireland* study at phase 2. The two international advisors met with the Study Team in Dublin in March and June 2015 to discuss the content of questionnaires and procedures as well as the experience of the pilot phase. They contributed very substantially in terms of input and suggestions regarding procedures and protocols for all aspects of the study, including on issues such as: design and coverage; sample composition; approach to the families; securing informed consent, as well as on the substantive issues around content, scales, modules, topics and questions. A selection of the areas in which they provided input includes the following:

- Individual capabilities



- Hopes and aspirations for the future
- Academic capabilities and self-image
- Self-concept
- Personality recorded by Young Person self-report (TIPI)
- Locus of control
- Self-control and self-efficacy
- Value of work
- Personal identity – a most important re-focusing on this aspect of the underlying framework for the study, especially in contrast to considerations of emerging adulthood
- Family and peer relationships. IPPA parenting was replaced with a scale used in the PAIRFAM study and was asked of both parents instead of just mothers.
- Ethnic and gender breakdown of peer group
- The social lives and leisure of Young People
- Mobility aspirations
- Socio-political engagement, including political cynicism
- Moral and religious values and engagement
- Experimentation with health related (risk) behaviours
- Contextual features of the Young Person's life, around the local social and physical environments – safe spaces; quality of the neighbourhood; parental concerns regarding gang activity
- Opposition to authority
- Importance of areas of life
- Replacing Piers Harris scale with Rosenberg scale
- Support for sex equality
- Young Person's own citizenship

In addition to suggestions regarding the content of the questionnaire, the International Advisors also made suggestions around the questionnaire structure, especially on transfer of some of the health questions from the 17/18-year-old's questionnaire to the parent



questionnaire from the Young Person instrument, as well as a re-structuring of the Young Person Self-Complete Questionnaire to start and finish with lighter topics.

The Study Team notes that the input of the international advisors was an extremely useful addition to the overall broadly-defined governance structure for the second phase of the project.

3.6 THE YOUNG PERSON CONSULTATIVE PROCESS

This aspect of the consultative process had a number of strands, including pre and post-pilot focus groups and a post-pilot web-based survey.

3.6.1 PRE-PILOT FOCUS GROUPS

A series of focus groups were held with 17/18-year-olds drawn from the Department of Children and Youth Affairs Comhairlí na nÓg (National Youth Committees). These national committees are made up of children and young people of all ages and are used extensively by the DCYA on an on-going basis as a mechanism for consultation on a very broad range of proposed government policies and initiatives relating to children, young people and their families.

The Study Team (along with facilitators from the Department of Children and Youth Affairs) met with a total of 20 17/18-year-olds drawn from these national youth committees in February 2015 for a series of 'open space' discussion sessions in which topics of relevance to young people in this age group were identified. These very free-ranging discussions with the young people were followed by slightly more structured focus group discussions, again with a view to identifying the issues of importance, how they might be explored with young people and the issues around recording some information, especially in view of the highly sensitive nature of some of the topics involved.

The Study Team also recruited 17/18-year-olds from a second-level school which has designated disadvantaged status to take part in a separate focus group. This component was included to ensure that views from young people across as broad a range as possible of social backgrounds would be heard in the development of the current phase of the study.

The purpose of both the open-space methodology and the slightly more structured focus groups was to give the Young People an opportunity of scoping out what they saw as the main issues facing them today and how these might be captured in the survey. In particular, this part of the consultation focused on aspects of the conduct of the survey and how the Young People felt about the administered Main Questionnaire followed by the Self-Completed Questionnaire. Specifics on issues around education, mental health and sensitive topics such as sexual health, orientation and behaviour; use of alcohol or other substances were addressed. These discussions included how the questions might be asked to maximise an



honest and full response, as well as providing good quality information that was meaningful for the Young Person.

Additional information from the focus groups showed that school experiences were assigned a high level of importance by a large proportion of participants. This highlighted important issues that parents may not be aware of such as choice (or lack of choice) of school subjects, the sense of pressure created by the university points system and developmentally inappropriate timing of sex education in some schools. This also emphasised the role of friends and peer groups as sources of information and support on sensitive subjects. Finally the pressure of the 'always connected' nature of lives linked to social media was also outlined.

In many respects the Study Team felt that the open-space and focus groups validated a great deal of the preliminary issues identified by the SAG and other experts in the field as those of greatest relevance to 17/18-year-olds. They also suggested that Young People would be receptive and open to discussion of some of the more sensitive issues, including sexuality and sexual health, behaviour and experience; self-harm; risky behaviours, especially those related to health, such as consumption of alcohol and other substances.

3.6.2 POST-PILOT WEB-BASED SURVEY

All participants in the Young Person pilot interviews were invited to complete an anonymous online survey about their participation experience. In total, 14 Young People responded to this survey. In general, the Young People were positive about the experience. Where negative responses were seen, they appeared to be prompted by the length of the interview rather than its content.

The online feedback questionnaire asked respondents to rate the different questionnaire sections on a four-point scale from 'very good' to 'poor'. There were optional open-ended boxes to allow them to add comments or suggest topics that had been missed by the questionnaire. Young People had the option to skip sections of the online questionnaire, so not every section contains an answer from all respondents.

The section on Identity and Values got the most positive ratings with the majority rating the section as 'very good'. The section on Physical Health also received favourable responses with a majority of 'good' ratings, as did questions on Emotional Health and Wellbeing where the majority of questions were rated as 'very good'. However, no participants responding to questions on Employment rated this section as 'very good'. Some open-ended comments on this section described the questions as badly phrased.

Several of the participants rated the sections on family and friends as just 'fair', and again comments referred to these questions as being 'badly phrased'. While half of the participants responding to the section on cigarettes, drugs and alcohol gave a 'very good' rating, there were a number of open-ended comments complaining of repetition. The interviewers were



generally rated very positively, with a 'fair' rating being ascribed to the interviewer being insufficiently chatty, which made the experience rather boring from the Young Person's perspective.

Young People were also asked to rate their experience of the other elements of the household visit, such as the physical measurements, blood pressure and cognitive tests. Responses to questions on these measurements were given on a five-point scale ranging from 'very positive' to 'very negative'.

Generally, all elements were rated quite positively with none being described as 'very negative'. The blood pressure measurement received a small number of 'negative' ratings and the weight measurement and maths-type questions received similarly sparse criticism. The majority of respondents rated the experience of height measurement as 'very positive'. The results of the web-based survey were incorporated into the final decisions on revisions to the questionnaires for the main phase.

3.6.3 POST-PILOT FOCUS GROUP

A Focus Group was held in June 2015 in the ESRI's offices with a group of Young People who had participated in the Pilot. Participants were randomly selected from the pilot sample and an invitation to participate in the focus group, along with further information and a consent form, were provided to selected participants by the interviewer. Young People who participated in the Pilot Focus Group were given a voucher as a token of appreciation for their participation.

Though the focus group was a limited sample due to some non-attendance³, the group actively engaged with the researchers and provided some valuable feedback on a qualitative level on their experience in the Pilot.

3.6.4 RECOMMENDATIONS FROM POST-PILOT FOCUS GROUP

Overall, focus group feedback on the survey content was positive. Participants felt that the content had clear relevance to their lives. Recommendations emerging from the focus groups included:

- Where possible, schedule an interview visit from an interviewer the participant has previously met.
- Skipping / refusal to answer questions should be restricted to the individual question level rather than whole sections.

³ Seven people had pre-committed to attend but only four attended on the day.



- When covering e-cigarette or drug use, inclusion of current ‘street names’ for the activity or drug are useful e.g. ‘vaping’ or ‘benzos.’
- Confidential entering of information using CASI was seen as beneficial and this was strongly preferred to pen and paper questionnaires. The focus groups emphasised that the systematic preservation of anonymity should be highlighted to participants.
- A progress indicator with the self-completion questionnaire (self-completed on the laptop) would be helpful in showing that the participant was nearing completion.
- In sections on media consumption, estimation of total screen time was difficult due to multi-screen and multi-device use.
- Recording hours spent in part-time jobs while in education should be improved from the pilot.
- Further information on data linkage to CAO and recording of blood pressure would aid understanding of why these are important measures for researchers and policy makers.

Procedural, content and structural changes to the 17/18-year-old main study reflected as many of these changes as possible.

3.7 INTERVIEWER DEBRIEFING

As in all previous phases of the study, a formal de-briefing of the 27 interviewers who had worked on the pilot study also took place. This had two components. The first was a web-based interview which all interviewers completed prior to a face-to-face de-briefing session in the ESRI’s offices.

The focus in the web-based survey was on the interviewer’s perceived adequacy of their training; support throughout fieldwork; issues in the administration of the surveys; response and reaction to them by the participants; other issues arising in the course of the fieldwork which could point to suggestions to improve the main phase of fieldwork with the 17/18-year-olds.

Some of the key issues arising from responses to the online questionnaire included:

- Evaluations of training and fieldwork support: All interviewers said the training had prepared them very well or well. Nearly all were very satisfied with the level of support provided during fieldwork.
- Consent process: In general, the interviewers reported no issues with the consenting process.
- Comments on sections in the parent interviews: Interviewers had very few comments. In general, they felt that the structure and content made sense and that



it flowed well throughout. Overall, interviewers noted that the intergenerational questions worked well and were well received by Parents / Guardians.

- Comments on Young Person interviews: Few comments were made in terms of the structure or content of the questionnaires. The overriding comment, however, was on their length.
- Young People's response to direct assessments and leave-behind components: Interviewers were asked how the additional components such as the physical measurements, blood pressure readings and cognitive tests were received by Young People. Generally, the responses to these elements were very positive. The 'drop-off' or leave-behind component (Food and time-use diary) was less warmly received, however.

3.8 THE RESEARCH ETHICS COMMITTEE AND STEERING GROUP / PROJECT TEAM

3.8.1 THE RESEARCH ETHICS COMMITTEE (REC)

The Study has a dedicated Research Ethics Committee (REC) which very rigorously vets all procedures, questionnaires and measurement instruments. As in previous waves of the study the Ethics Committee provided invaluable insights, especially around recruitment, consenting and the Self-Complete Questionnaires. The following were among some of the main issues arising:

- Informed consent and, in particular, an affirmative signed opt-in by the parent / guardian in respect of the Young Person.
- A recommendation that the Young Person would be given the option on the Self-Complete Questionnaire to skip each section as it comes up. An introduction was added to each section on the questionnaire which read as follows (this example concerns 'Friends and how you get on with them'):
 - "Section A: This section contains questions on your friends and how you get on with them. If you would prefer not to answer these questions press '1' and skip to the next section."
- Issues around adult supervision when interviewing a 17/18-year-old.
- Provision of contact information for support services associated with risky behaviours or related activities.
- Clarification around issues of reporting procedures in circumstances in which a Child Welfare or Protection issue was suspected by an interviewer.
- Security protocols for data access.



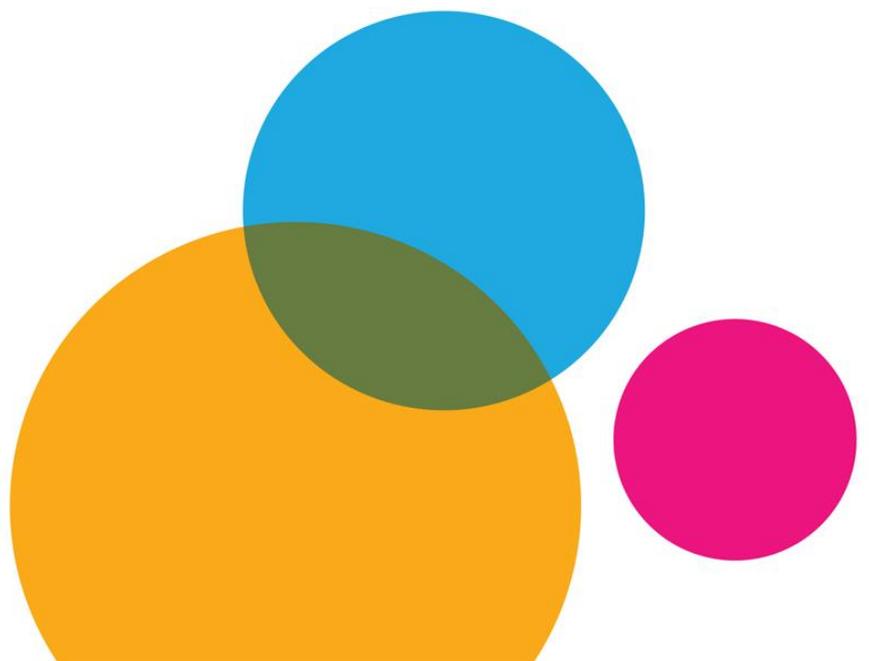
3.8.2 THE STEERING GROUP / PROJECT TEAM

The pilot phase of the study at 17/18 years of age benefitted tremendously from the extensive consultation, detailed comments, advice and suggestions from the members of the Steering Group and Project Team involved in the study (as did all waves and phases of the ***Growing Up in Ireland*** study to date). The inputs of the Steering Group / Project Team extended across a range of topics too numerous to capture in this report.



Chapter 4

RECRUITING THE FAMILIES AND SECURING INFORMED CONSENT





4 RECRUITING THE FAMILIES AND SECURING INFORMED CONSENT

4.1 INTRODUCTION

This chapter considers the recruitment of the families to Wave Three and, in particular, the consenting process used for both the 17/18-year-old and his/her parent.

The introductory letter, Information Sheet and Consent Forms used in the Pilot to recruit the Young Person and his/her family into the GUI at this round of interviewing and to secure signed consent are included in Appendix A (A1 to A6). The comparable documents used in the Main Phase of fieldwork are included in the appendices of the 17/18 year report on the design, instrumentation and procedures on the main study. They are also available on the GUI website: growingup.ie.

4.2 RECRUITING THE FAMILIES

4.2.1 APPROACHING THE FAMILIES

The families included in the pilot sample received an initial letter from the Study Team, containing two copies of a common Information Sheet - one for the parent / guardian and one for the Young Person him / herself. The letter was addressed to the person who was the Primary Caregiver (Parent One) when the study child was 13-years of age.

The introductory letter to families was followed by a personal visit from the assigned interviewer, who explained the Study and what participation involved.

The interviewer paid an initial visit to the family home, followed by three call-backs at different times of the day and days of the week, if contact was not initially established. In total four visits were made to the home before a non-contact outcome was assigned to the family. For the main phase of the study these cases would have been followed up for the purposes of refusal conversion but there wasn't time for this procedure in the pilot phase. The length of fieldwork period in a pilot is always shorter than in the main phase. The families who were not initially contactable during the pilot were followed up in the main phase of the project.

4.2.2 THE CONSENTING PROCESS

On the first visit the interviewer went through the Information Sheet with the family. On debriefing, most interviewers noted that only in a minority of cases had the family read the Information Sheet in detail prior to the interviewer's visit to the home. The interviewer secured signed consent from both Parent One and the Young Person before interviewing began. When s/he called to the family's home s/he went through the Information Sheet with both Parent One and Young Person. The Information Sheet contained the following details:

- Reminder that the previous visit took place when the Study Child was then 13 years of age



- The purpose of the *Growing Up in Ireland* study
- The funders of the study
- What has been happening in the study over the last four years
- Why the family should take part in the study
- Who is involved in running and implementing the study
- What participation in the study involves
- Issues around confidentiality of the information recorded
- The type of questions asked
- The possibility of following up when the Young Person is 20 years of age
- Who the interviewers are and how the family can verify an interviewer's identity
- Contact details for the project

The consenting process was an opt-in procedure for both Parent One and the Young Person.

4.2.2.1 PARENT ONE CONSENT

The Consent Form used in the Pilot is enclosed in Appendix A3 and A4 – (where Young Person is less than or greater than 18 years of age respectively). From these one can see that the Parent / Guardian of the Young Person consented for him / herself. In the course of the consent process s/he was told that a detailed interview with the Young Person would also be carried out (subject to the consent of the Young Person). This noted that the Young Person would be asked questions on sensitive issues including the following topics:

- Sexual orientation, behaviour and health.
- Mental health, including some issues around self-harm.
- Risky behaviours such as illicit drug-taking; alcohol consumption; smoking and anti-social behaviours.

Explicit consent from the parent to allow the 17/18-year-old to participate in the study was requested at this stage. In situations in which the Young Person in the pilot phase had turned 18 years of age, explicit consent to participate was not requested from the parent/guardian though the Parent/Guardian was informed that the 18-year-old would be asked to participate in the wave and the broad content of their Self-Complete Questionnaire was also outlined.

The parent / guardian was invited to inspect a blank copy of the Young Person Sensitive questionnaire prior to signing consent for the Young Person to participate in this wave. On debriefing, the interviewers who participated in the pilot phase noted that only a minority of



Parents/Guardians took up this offer. Those who did generally noted that the content of the Young Person Self-Complete Questionnaire was largely in line with what they would anticipate for a survey of 17/18-year-olds.

4.2.2.2 YOUNG PERSON CONSENT

The Young Person was asked to sign a Consent or Assent Form, depending on whether or not they had passed their 18th birthday. The form was signed before their interview took place. This was very similar in content and structure to the Consent Form had been signed by his/her parent/guardian. It noted (among other things) that the Young Person questionnaire contained questions on sensitive issues around the following topics:

- Sexual orientation, behaviour and health
- Mental health, including some issues around self-harm
- Risky behaviours such as illicit drug-taking; alcohol consumption; smoking and anti-social behaviours

A copy of the Young Person Consent Form used in the pilot phase is included in Appendix A5 and A6 – (where Young Person is less than or greater than 18 years of age respectively). The Young Person Consent form explicitly noted that, for legal reasons, the Study Team had secured signed consent from the Young Person's Parent/Guardian for the Young Person's participation in the study.

At their de-briefing session the interviewers who carried out the pilot study noted that the consenting process for both Parent/Guardian and 17/18-year-olds did not precipitate any sort of negative response from anyone in the course of the pilot. Both Parents/guardians and Young People alike respected the need for signed consent, even for 17/18-year-olds who are almost adults – though not in legal terms.

Interviewers noted that they felt that the 4-page Information Sheet was essential to provide all the information necessary for the study to families. They also noted, however, that a summary Information Sheet should be developed to facilitate them in securing signed consent on their first visit. These information sheets will be included in the Appendices of the 17/18 year main design and instrumentation report.

4.2.3 CONSENT TO DATA LINKAGE

In the course of their interview the 17/18-year-olds were asked to sign a consent form which permitted linkage to (a) Junior and Leaving Certificate results and (b) CAO application data. The permission was both retrospective (where the exams had already been sat or the CAO application already submitted) or prospective (where neither exams nor CAO application had



yet been completed. In the course of the pilot phase, all Young People in the sample agreed to linkage consent to State exam results and CAO applications.

4.2.4 INTERVIEWER BEING ALONE WITH THE 17/18-YEAR-OLD

In discussions with the Research Ethics Committee (REC) on procedures for the pilot phase the Study Team suggested that in completing the questionnaire the interviewer could be alone in a room with the Young Person provided: (i) an adult (over 18 years of age) was present in the accommodation at all times throughout the interview and (ii) that the door of the room in which the interview was taking place was left open.

Interviewers were instructed at training that they should not enter a home without another adult present at the accommodation, but the other adult need not necessarily be present in the room with the Young Person at all times. During the administration of the interview the door of the room should be left open at all times. In adopting this approach the Study Team feels it met our duty of care to both the Young Person and the interviewer, demonstrated respect for the Young Person and facilitated the recording of high quality information in a secure and private environment.

On de-briefing the interviewers who carried out the pilot phase noted that this process worked well and did not attract any criticism from parents or Young Persons at the centre of the study.

4.2.5 RECOMMENDATION ON SECURING INFORMED CONSENT FOR THE MAIN PHASE OF THE STUDY WITH 17/18-YEAR-OLDS.

The Study Team recommended that the recruitment and consenting of families be continued into the main phase of interviewing in line with the approach adopted in the pilot study, including securing explicit parental/guardian consent for participation of 17-year-olds in this wave. Parent and Young Person Information Sheets and Consent Forms for both 17 and 18-year-olds were produced for use in fieldwork and the new, shorter versions will be included in the appendices of the 17/18 year design and instrumentation report on the main study.

The revised Information Sheet mentioned has also been developed and will be included in the appendices of the 17/18 year design and instrumentation report on the main study. Ultimately the main study included a two-page Information Sheet with the initial household letter issued with the first mailshot to families familiarising them with GUI and recruiting the families to this phase of the study.

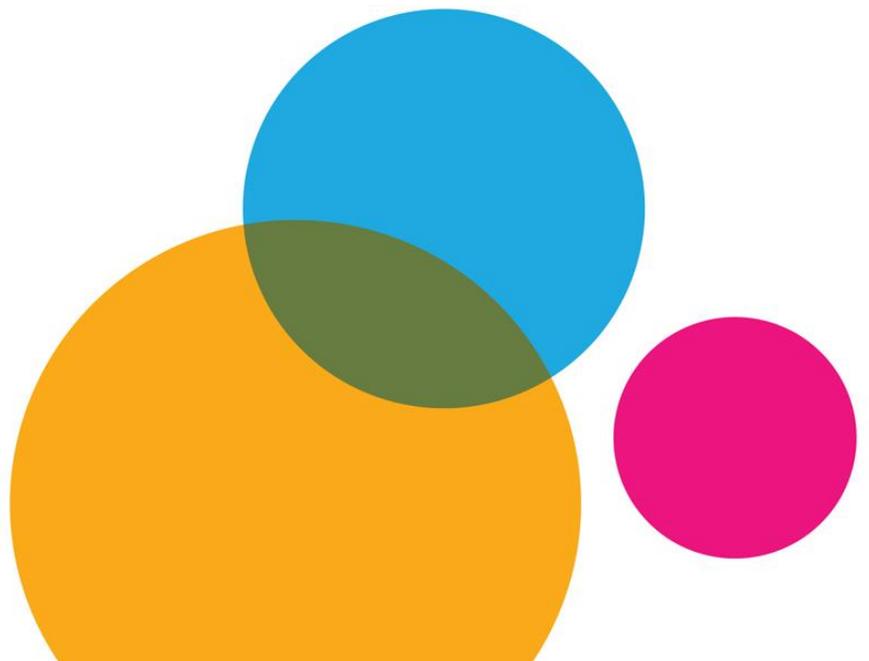
The Study Team recommended that the approach to child and interviewer protection outlined above in section 4.2.4 be continued into the main phase with the 17/18-Year-olds.





Chapter 5

SURVEY IMPLEMENTATION AND INTERVIEWER TRAINING





5 SURVEY IMPLEMENTATION AND INTERVIEWER TRAINING

5.1 INTRODUCTION

This chapter briefly considers operational aspects of the survey implementation at 17/18 years of age, including details on completion of the surveys in the home (both administered and self-completed) as well as issues around security of data capture and transfer and interviewer training for the main phase of the study.

5.2 ADMINISTERING THE SURVEY

The surveys in the pilot phase were administered by Computer Assisted Personal Interview (CAPI) and Computer Assisted Self-Completion interview (CASI). The interviews were programmed in BLAISE (Westat, 2018). The CAPI interviews were administered by the interviewer. The CASI were self-completed by the respondent on a laptop provided by the interviewer.

In the pilot, two laptops were used in the home, as was done during the interview with the 13-year-olds. This allowed parallel CAPI / CASI to be carried out by the Young Person and his/her Parent and so reduced respondent burden in the form of direct family contact time with the interviewer.

5.2.1 RECOMMENDATIONS ON ADMINISTERING THE SURVEYS IN THE MAIN PHASE OF FIELDWORK WITH THE 17/18-YEAR-OLDS

It was recommended that CAPI and CASI interviews take place, using two laptops in the home. The pilot showed that this clearly improved the efficiency with which the interviews could be conducted in the home.

5.3 DATA CAPTURE AND TRANSFER

All CAPI and CASI programs were developed in the BLAISE computer language (Westat, 2018). All questionnaires were identified only by an anonymised numeric code. No contact details or surnames appeared on completed questionnaires. The BLAISE program for each questionnaire was developed in such a way that the questionnaire was 'locked down' on completion. Once a questionnaire was 'locked down' neither the interviewer nor any third party could access it in the field. This is particularly important in a situation in which the laptops are used to complete both CAPI and CASI (self-completion) interviews by other respondents.

All laptops used in this process had 256-bit hard drive encryption, a password protected boot up and needed username and password credentials to log on.

All laptops were configured to run only the BLAISE applications for the various questionnaires and had the facility to upload and download questionnaire data. Field interviewers were not able to use the laptops for any other application, for example, to access the internet, browsing, email, word processing etc. All access to external media (e.g. USB storage) was disabled so that interviewers could not load software or change the configuration of their



machine in any way. Only the system administrator in the ESRI can change the operating system or applications installed on field laptops.

The secure IT communications network for the second phase of the *Growing Up in Ireland* study is used to download and upload electronic data to and from field interviewers' laptops. The main type of information downloaded from the ESRI's offices was information which was recorded in previous rounds of the study and which was 'fed forward' to laptops so that it could be used in the course of the pilot interviews at 17/18 years of age.

The best example of this forward-feed is the details which were recorded in the household register at the previous interview (when the Study Child was 13 years of age). The household register data collected at that time was fed forward to the interviewer's laptop for use in the 17/18-year interview. In the course of the more recent interview it was displayed on the laptop and was verified and updated by the interviewer to reflect changes in household composition since the 13-year interview.

The main form of information uploaded from the field to the ESRI's offices is, of course, the completed questionnaire interviews.

All data uploaded or downloaded are in encrypted ASCII format. The files do not have any structure or layout map. The structure of the data field is built when the data reach the laptop or the dedicated server in the ESRI's offices. This means that even if an encrypted ASCII file were intercepted (which is highly unlikely) its content would not be apparent. The contents could be interpreted only after they are read into the appropriate application on either the interviewer's laptop or on the dedicated *Growing Up in Ireland* server located in the ESRI. In transfer, the files are encrypted strings of numbers, with no interpretable structure.

Contact details are not uploaded or downloaded to and from the ESRI's offices and the field laptops. First names appear at several points in the questionnaires, especially in the household register section. These are used within subsequent sections of the questionnaire when referring to the child or Young Person at the centre of the study, to ensure the integrity of the data being recorded, i.e. that the respondent is providing information in respect of the correct person in the household. This is particularly important when recording details on intra-household relationships. Only the first name, however, ever appears on the data in transit and not a survey, address, phone number or other contact information.

5.3.1 RECOMMENDATION ON DATA CAPTURE AND TRANSFER

It was recommended that all data capture and transfer protocols be continued in the same way for the main phase of fieldwork with the 17/18-year-olds as were used in the pilot phase and in previous rounds of the project. This has proven itself to be a tried, tested and secure system. Constant monitoring of the system takes place on an on-going basis to ensure it is maintained to the highest security and other standards.



5.4 INTERVIEWER TRAINING

Twenty-eight experienced GUI interviewers underwent intensive dedicated training of 3 or 4 days, depending on the recency of their experience of interviewing on *Growing Up in Ireland*. Training took place in the ESRI's offices in Dublin and all but one of the interviewers went on to conduct the pilot fieldwork. Interviewers were paired with a family they had interviewed in previous waves, where possible, as this has been associated with a better response rate at each wave of data collection.

The interviewer training modules were developed before the May 2018 rollout of the General Data Protection Regulation (European Parliament, 2016) and the corresponding Irish Data Protection Act, 2018. Nevertheless, the content of GDPR had been anticipated and the interviewer training and fieldwork protocols took account of GDPR requirements (Data Protection Working Party, 2016). Training also covered the responsibilities of interviewers as Officers of Statistics, collecting data under the legislative framework of the Statistics Act (Government of Ireland, 1993). The training program for the pilot 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 previous phases
2. *Detailed review of the consenting process* – This aspect involved an in-depth consideration of the Information Sheet and Consent Forms, focusing on the detail of the contents and their interpretation
3. *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 interviewer with the opportunity of seeking clarification from the Study Team on any of the questions included on the instruments
4. *CAPI* – This involved taking the interviewers through all sections, all questions, on the CAPI instruments and ensuring that they are fully familiar and comfortable with the CAPI and full laptop functionality
5. *Role-play on CAPI* – Interviewers paired off to administer sections of the instruments to a partner. In the course of these role play sessions the trainers observed and assessed the interviewer's performance. Upholding ethical standards played an important part in this evaluation
6. *Administration of cognitive assessments* – The administration of the Vocabulary Test from the British Cohort Study (BCS-70); the 'Animal Naming Test' and the financial / numeracy literacy and numeracy test



7. *Field procedures* – This module includes a review of all field procedures from initial contact with the family to final disengagement, emphasising throughout the need to leave a very professional impression with the respondents
8. *Physical measurements and GPS* – This module focuses on the physical measurements of the Young Person – height, weight and blood pressure / heart rate. It addresses practical issues on using the equipment, advising on how to position the respondent for the measurements and how and where to set up the weighing scales, height sticks and blood pressure monitors
9. *Child Welfare and Protection Guidelines* – This dealt with the Study’s Child Welfare and Protection policy and procedures. It principally focused on the identification and assessment of risks specific to the young adults in question in this wave of the project (along with reporting protocols for the study), though it also considered child welfare and protection issues of relevance to younger children, whom the interviewer might encounter in families in the course of their work with the study. This module also covered the legislative framework of the Statistics Act (1993) and covers the content required to appoint interviewers as Officers of Statistics
10. *Ethics* - This module covered the main ethical issues involved in work of this nature, in particular in relation to items included on the Self-Complete Questionnaires. It also covered the interviewers’ responsibilities under GDPR and their duties and responsibilities as Officers of Statistics operating under the Statistics Act, 1993
11. *Human Resource and related issues* – This module focused on administrative and contractual issues around employment as an interviewer for the project
12. *General interviewing practice, with emphasis on the context of families* – This included a review of general best practice in interviewing with families and Young People
13. *Summary of other documentation used in the administration of the survey* – This looked at completing the Work Assignment Sheet and other administrative documents involved in carrying out the work

Following each training session, all interviewers were assessed according to a standard set of criteria (including a competency test on the laptop). Notwithstanding prior experience on the project, only interviewers who met an acceptable standard were assigned work on the project.

The following interviewer assessment criteria were used:

1. Understanding of the interview process and procedure
2. Competence with the study laptops
3. Communications and interpersonal skills



4. Punctuality and attendance at training
5. An accuracy test on the study laptops

In addition to vetting by An Garda Síochána (the Irish police) and appointment as Officers of Statistics, all interviewers working on all phases were required to provide:

- Two recent written references; these were verbally verified by phone, in line with HSE (as was) best practice recommendations given to the Study Team when it requested the HSE to review its Child Welfare and Protection Protocol
- A declaration of appropriate health and fitness for the work in question
- Confirmation of class 2 car insurance on their motor policy
- A copy of a current valid driving licence

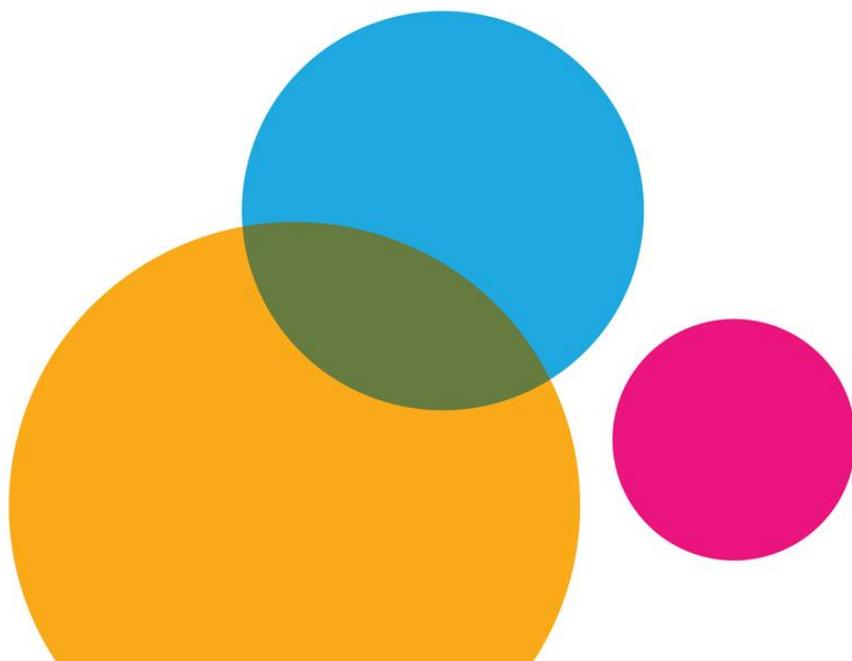
5.4.1 RECOMMENDATION ON INTERVIEWER TRAINING FOR THE MAIN STUDY PHASE

The Study Team proposed carrying out vetting and selection procedures adopted to date in the recruitment of the ***Growing Up in Ireland*** interviewer panel. Intensive interviewer training took place for the main phase of the Study as for the pilot phase and earlier phases of the project.



Chapter 6

THE PILOT SAMPLE AND RESPONSE





6 THE PILOT SAMPLE AND RESPONSE

6.1 COMPOSITION OF PILOT SAMPLE

Growing Up in Ireland is based on a fixed panel design. The design is fixed in the sense that the sample in each round is re-weighted to take account only of children who had been definitively identified as having left Ireland to live elsewhere or who have deceased between rounds of interviewing. On this basis, the sample at the third round of interviewing with the 17/18-year-olds will be representative of 17/18-year-olds who were resident in Ireland at nine years of age (on recruitment) and who continued to be resident here when they are 17/18 years old. Clearly, some 17/18-year-olds who will be resident in Ireland at the time of the third interview will not have been resident here when the first interview took place at 9 years of age. They are not included in either the sample or population of 17/18-year-olds in GUI's fixed design model.

In implementing the fixed design model two options presented themselves for the pilot (and main) samples at Wave 3 of the study (at 17/18 years of age).

Option A involved approaching all families who participated in Wave 1 of the project, regardless of whether or not they participated at Wave 2, with the exception of three specific groups: families who had been definitively identified as having moved outside Ireland between Waves 1 and 2 – those families who no longer lived in Ireland; families where the Study Team had been made aware of the Study Child having deceased between interviews; the small number of families who had given a very strong refusal at Wave 2 (13 years of age) and who had indicated at that time that the Study Team should not, under any circumstances, return to their home in future rounds of the study.

Option B involved approaching only those families who were successfully interviewed in the study at the second round of interviews (at 13 years of age), and not returning to families who did not participate at that time, for whatever reason.

The more inclusive Option A was adopted in carrying out the pilot with the 17/18-year-olds. Accordingly, a component of the pilot sample was made up of Young People who participated at 9 years of age but not at 13 years.

6.2 RESPONSE IN THE PILOT

A total of 214 Young People and their families were included in the pilot sample, 175 of whom participated in the study at 13 years and the other 39 who were not successfully interviewed at that time.

In all, 119 (68%) of the 175 target pilot respondents who were interviewed at 13 years of age were interviewed. Response levels among the families of 17/18-year-olds who did not participate at 13 years of age were substantially lower than their counterparts who participated in the earlier round of the study. This is in line with expectations, especially given the extent of refusal conversion which took place with the non-participants at the earlier wave of the study. As a result, the response rate overall was 60%, with a total of 128 17/18-year-olds completing the interview.



Notwithstanding the usual caveats regarding inferences based on relatively small sample sizes, the Study Team notes that participation in the pilot did not appear to have been strongly correlated with social advantage / disadvantage, measured, for example, in terms of maternal education. This trend is contrary to expectations, as well as to the experience at 13 years of age. The pilot sample was also too small to explore regional variation in participation, as the pilot sample could not be considered nationally representative. In the main phase, regional distribution will be used as a control factor in statistically weighting the sample.

The timing of fieldwork (when students were sitting their state Leaving Certificate and other examinations) may have had a negative impact on response rates. Despite little evidence for bias in attrition at the pilot stage of the project, this was not expected to be the experience across the main study.

6.2.1 RECOMMENDATION FROM PILOT ON TARGET SAMPLE COMPOSITION IN MAIN PHASE OF THE STUDY

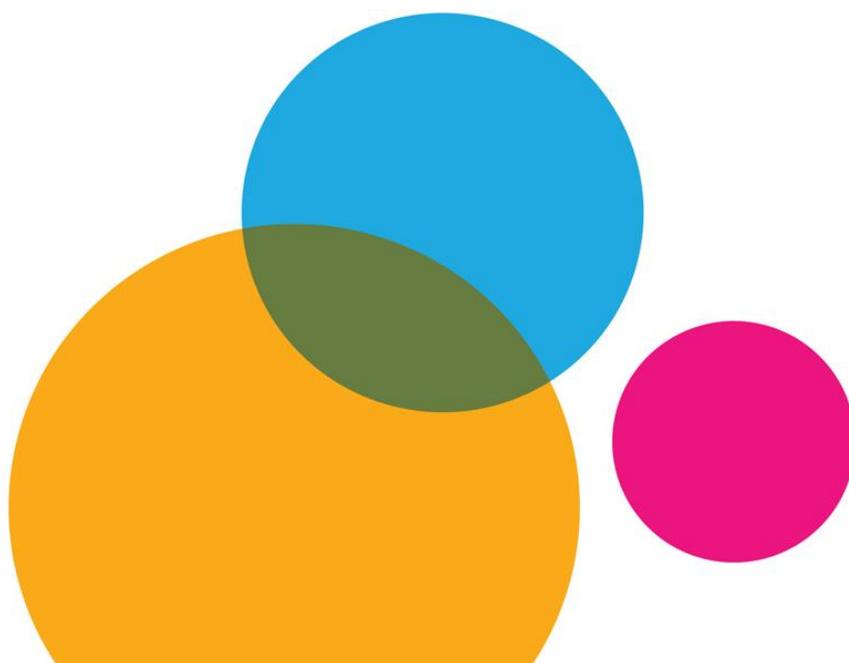
Although the response rates among the sub-group of families who had not participated at 13 years of age were substantially lower than among those who had completed the surveys at that time the Study Team felt that the more inclusive approach of including the non-respondents of Wave 2 in the target Wave 3 sample should be continued into the main phase of fieldwork for the study. This has the major advantage of ensuring that the overall sample is as large as possible at 17/18 years of age, although one will not have a continuous longitudinal data series for all respondents. The larger sample would be preferable, however, if one were analysing only changes in outcomes between 9 and 17/18 years of age.





Chapter 7

RESPONDENTS, QUESTIONNAIRES AND IMPLEMENTATION





7 RESPONDENTS, QUESTIONNAIRES AND IMPLEMENTATION

7.1 THE MAIN RESPONDENTS

Almost all 17/18-year-olds in Ireland live in their parental home. Although the possibility of conducting interviews in the Young Person's own household was incorporated into the protocols for the data sweep, the Study Team anticipated that almost all of the Young People would be interviewed in their parental home. A small number of the 17/18-year olds could be expected to be in apartments or flats while at college but the experience in Ireland is that the numbers involved would be small at this age and that there would still be a very strong financial and emotional links to the parental home, the latter remaining as the Young Person's primary address.

The main respondents in the pilot were:

1. The Young Person – at 17/18 years of age
2. Parent / Guardian One
3. Parent / Guardian Two
4. Non-singleton sibling of the Young Person (where applicable).

The Young Person was the main respondent, with most information being provided by him/her.

In all earlier rounds of *Growing Up in Ireland* (when the study children ranged in age from 9 months to 13 years) the resident parent(s)/guardian(s) of the Study Children were referred to as Primary and Secondary Caregivers – self-defined by the family in terms of level of care provision to the Study Child. In practice, in most (but not all) cases Primary Caregivers were the Study Child's mother (biological or otherwise). There was provision for the Primary and Secondary Caregiver roles to be changed between waves of data collection. This allows events such as relationship disruption etc. to be recorded in the dataset.

As the Young People move into adulthood at 17/18 years of age the Study Team felt that it was no longer appropriate to refer to their parent(s)/guardian(s) in terms of Primary or Secondary Caregiver and, accordingly, the terms Parent One and Parent Two were adopted for this phase of the study. Notwithstanding the change in terminology, the same concept of Parent One as Main (or Primary) Caregiver and Parent Two as Secondary Caregiver was continued within the study.

Throughout the project, non-singleton siblings of the Study Child (n = 166 in the Child Cohort), were interviewed to provide (at very low marginal cost) a nationally representative longitudinal sample of twins and triplets. A question on whether the twin was identical or not was asked in the data collected at 9 years of age. It was proposed to continue this practice of including non-singleton siblings of the Study Children into the 17/18-year cohort.



7.2 THE MAIN QUESTIONNAIRES

The pilot questionnaires were completed in the respondent's home, some on an administered basis, and others on a self-completion basis. All were completed by one of two laptops which the interviewer brought to the respondent's home.

7.2.1 QUESTIONNAIRES AND RELATED INSTRUMENTS ADMINISTERED TO THE RESPONDENTS.

7.2.1.1 HOUSEHOLD COMPOSITION

This recorded details on household membership, along with basic information on their socio-demographic characteristics: Information such as stated relationships to Parent One, Young Person, and principal economic activity were fed forward to the current interview so that Parent One could confirm or update the current household composition. It was completed by the Young Person's parent in almost all circumstances in the pilot. If the parent filling the main questionnaire had changed for any reason, no forward feed information was used and a new household grid was filled in. This served to contain and protect sensitive personal information. In circumstances where the Young Person had moved out of the parental home the facility existed for details on household composition of their new address to be completed by the Young Person in question.

7.2.1.2 YOUNG PERSON:

The 17/18-year-old was asked to complete the following questionnaires and instruments:

- Main Questionnaire
- Self-Complete Questionnaire
- Cognitive tests – Animal naming test; Vocabulary test (BCS-70); Financial literacy test
- Time-use diary (postal)

7.2.1.3 PARENT(S)

The parent(s)/guardian(s) of the 17/18-year-old were asked to complete the following questionnaires and instruments:

- Parent / Guardian One – Main Questionnaire
- Parent / Guardian One – Self-Complete Questionnaire
- Parent / Guardian Two – Main Questionnaire
- Parent / Guardian Two – Self-Complete Questionnaire

7.2.1.4 NON-SINGLETON SIBLING(S):

In families in which the 17/18-year-old had non-singleton siblings (twin or triplets) the following 'non-singleton' questionnaires were completed:



- Parent / Guardian One - Non-singleton sibling questionnaire – Main
- Parent / Guardian One - Non-singleton sibling questionnaire – Self-Complete
- Parent / Guardian Two - Non-singleton sibling questionnaire – Main
- Parent / Guardian Two - Non-singleton sibling questionnaire – Self-Complete
- Repeat administration of the Young Person questionnaire with the non-singleton siblings of the Young Person at the centre of the study.

As in previous waves of the project the parents of twin or triplet siblings of the study child were asked to complete a questionnaire in respect of the twin / triplet. The questions included in the non-singleton questionnaires were specific to the twin / triplet of the 17/18-year-old and did not repeat any information about the parent(s) or home environment. The sort of information included details on parent-child relationship; expectations and aspirations for the twin / triplet etc. The non-singleton twin of the Young Person completed a full interview in their own right.

7.3 ADMINISTERING THE SURVEY

The surveys were administered by Computer Assisted Personal Interview (CAPI) and Computer Assisted Self-Completion interview (CASI).

The CAPI interviews were administered by the interviewer. The CASI were self-completed by the respondent on one of the laptops provided by the interviewer.

Two laptops were used in each home in the pilot – a Young Person (YP) laptop and the Parent laptop. This allowed parallel CAPI/CASI to be carried out across the respondents and so reduce respondent burden in the form of direct family contact time with the interviewer.

7.3.1 RECOMMENDATIONS FOR THE MAIN PHASE OF INTERVIEWING AT 17/18 YEARS OF AGE

The Study Team recommended that the respondents in the main phase of the study at 17/18 years of age should remain the Young Person and his / her resident Parents One and Two, exactly as in the pilot phase. Equally, the same basic instruments (with appropriate changes to their content as outlined in the chapters below) as were used in the pilot phase should be used in administering the Main Phase of fieldwork. In summary this involves the following:

Household Level:

- Household composition – to be completed by Parent One in circumstances in which Young Person was still resident in the family home or by the Young Person him / herself in circumstances in which s/he was resident in his / her own home.

Young Person:

- Main Questionnaire



- Self-Complete Questionnaire
- Cognitive tests
- Physical measurements
- Time-use and detailed Food-frequency Questionnaire (postal)

Parent(s)

- Parent / Guardian One – Main Questionnaire
- Parent / Guardian One – Self-Complete Questionnaire
- Parent / Guardian Two – Main Questionnaire
- Parent / Guardian Two – Self-Complete Questionnaire

Non-Singleton Sibling(s):

- Parent / Guardian One - Non-singleton sibling questionnaire – Main
- Parent / Guardian One - Non-singleton sibling questionnaire – Self-Complete
- Parent / Guardian Two - Non-singleton sibling questionnaire – Main
- Parent / Guardian Two - Non-singleton sibling questionnaire – Self-Complete
- Repeat administration of the Young Person questionnaire with the non-singleton siblings of the Young Person at the centre of the study

All questionnaires are available on the ***Growing up in Ireland*** website: growingup.ie.

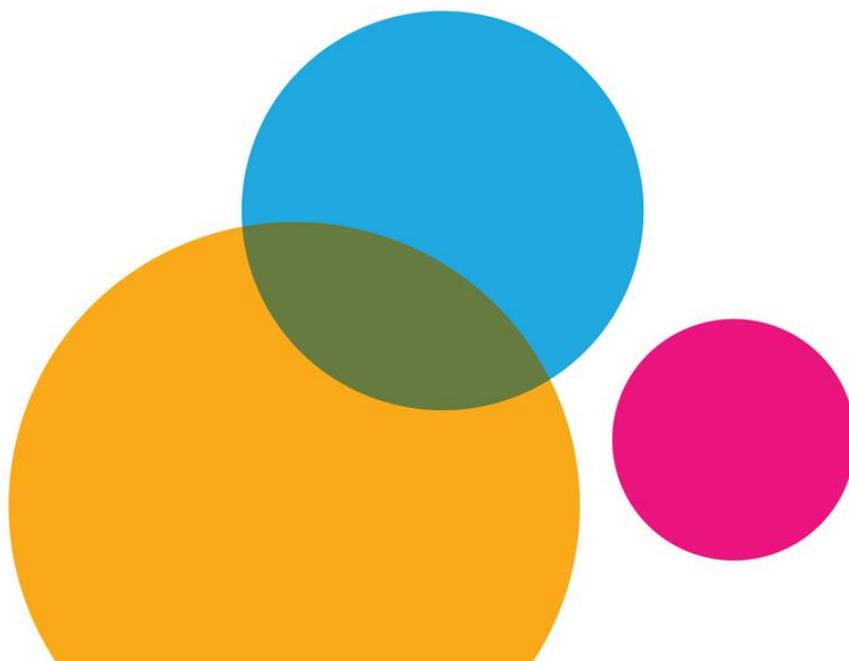
The Study Team also recommended that it should continue to generate the longitudinal sample of non-singleton 17/18-year-olds by interviewing the twin or triplet of main respondent (the Young Person) as they are encountered in the course of fieldwork.





Chapter 8

YOUNG PERSON MAIN QUESTIONNAIRE





8 YOUNG PERSON MAIN QUESTIONNAIRE

8.1 INTRODUCTION

This chapter considers the broad content of the Young Person (YP) Main Questionnaire and makes some comment on how it performed in the pilot. This questionnaire is included at Appendix A8. The comparable revised questionnaire developed for the main phase of the study will be included in the appendices of the design, instrumentation and procedures report for the main study and on growingup.ie. The present chapter has been written with a view to it being read principally in conjunction with Appendix A8. The question or section numbers in the tables below refer to the Pilot questionnaire.

The structure of the YP Main questionnaire was subject to some experimentation pre-piloting, and it was found that collecting Current Economic status as an opening section facilitated efficient routing through the rest of the questionnaire. Some questionnaire items were removed and revised between the pilot and main study, with a view to reducing the overall length of the home visit. This is detailed in a comment at the end of the description for each section. The overall goal was to reduce the length of the home visit by roughly 30 minutes while still retaining as many items that had both policy and developmental relevance. The greater length of the Young Person's questionnaire at this round of the study (compared to that of their Parent(s)/Guardian(s)) reflects the fact that the emphasis has shifted to them as a main source of information in this round of the study.

Overall, there were 18 sections in the YP Main Questionnaire in the pilot as follows:

Section A1	Current Economic Status
Section A2	Education Programs Undertaken
Section A3	Experience of School and Teachers
Section A4	Subject Choice and Opinion
Section A5	Career Guidance / Role of Individuals in Career Planning
Section A6	Additional Supports / Special Education Needs
Section A7	Parental / Familial Engagement in Education
Section A8	Homework and Grinds
Section A9	Part-Time Work / Work Experience / Activities
Section A10	Attitudes / Aspirations for Future Education and Training
Section A11	Involvement in Further Education / Higher Education
Section A12	Early School-Leaving



Section A13 Occupational Aspirations / Attitudes to Work

Section A14 Recent Work Status and Broad Work History

Section A15 Citizenship, Identity and Civic Participation

Section B Physical Health

Section C Dietary Profile, weight perception and physical exercise

Section D Dental Health

This questionnaire was administered by the interviewer, on a CAPI basis using the laptop. A brief outline of the broad topics is given below, along with the relevant questions involved. Whether or not each topic was included in the child's questionnaire at 9 and 13 years of age is indicated (by a ✓).

From this it is clear that the 17/18-year survey recorded information on a range of new topics which were not previously addressed with the Young People themselves at earlier sweeps of the project. This is as one would expect, given the nature of the topics in question and their relevance only to the older adolescents/young adults. The information on whether a topic was covered in previous waves at both 9 and 13 years refers to broad topics and not to the specific wording of questions; though in most cases the same questions were used.

8.2 SECTION A: EDUCATION, EMPLOYMENT AND CIVIC PARTICIPATION

Section A, and its various subsections, formed a large component of the main face-to-face interview. It was also a programmatically complicated section given all the different possible pathways which young people may be on at 17/18 years of age. In summary, the general routing was as follows:

- All young people were asked about their experiences of secondary school
- Those still in school were asked about their plans for further education
- Those already in further education were asked about their current course
- Only those who are not in education were asked about full-time employment
- All young people were asked about civic participation and identity-related questions

8.3 SECTION A1: CURRENT PRINCIPAL ECONOMIC STATUS

This section focused on establishing the Young Person's Principal Economic Status (i.e. school, further education, employment, home duties etc.). This question was essential for further routing through the rest of Section A. It also established whether the Young Person sat the Junior Certificate and records detail on their results.



Table 8.1 Usage of Current Principal Economic Status in previous GUI waves

Construct	Questions	9 years	13 years
Principal Economic Status / current school year	1 - 2	√	√
Details on when finished second level	3 - 4		
Junior Certificate results	5 - 7		

Almost all Young People in the pilot were still in school. Those who were not in school were split between ‘Studying for a Higher Education Course’; ‘Studying for a Further Education Course’; doing an ‘Apprenticeship’; ‘Unemployed’; on a ‘State-sponsored training course such as: Solas; Fáilte Ireland; Teagasc’; or on a ‘Youthreach’ program (a program for early school leavers).

A small number of participants were recorded as being in a Transition year. Roughly 60% of participants were in 5th year (second last year in secondary school) and 30% were doing their Leaving Certificate examinations. It was also seen that over 98% of the participants had completed the Junior Certificate examination.

In broad terms this section of the questionnaire worked with little apparent need for revision.

8.3.1 RECOMMENDATIONS FOR MAIN FIELDWORK:

It was recommended that these questions (central to defining the Young Persons Principal Economic Status) be retained without major changes for the main phase of the study. Some minor changes were made to question A1 (principal economic status) for clarity and questions on the Junior Certificate were moved to the revised Section B ‘Experience of Secondary School’.⁴ The questions on the Junior Certificate were also reformatted from an open text list of subjects to a ready-prepared ‘tick all that apply’ format.

8.4 SECTION A2: (SECOND-LEVEL) PROGRAMS TAKEN

This section mainly comprised factual and attitudinal questions on participation in Transition year, and choices made for the senior cycle program leading to the Leaving Certificate.

Table 8.2 Usage of Programs Taken in previous GUI waves

Construct	Questions	9 years	13 years
Details on school attended	1	√	√
(New questions at wave 3) Choice of and satisfaction with senior cycle program	2 - 4		
(New question at wave 3) Participation in Transition Year program and satisfaction with choice	5		

⁴ See growingup.ie for final questionnaires as used in the main phase at 17/18 years



Overall this section appears to have worked as anticipated, providing information on the particular program which the YP was taking (or most recently took) in school.

There are few studies looking at satisfaction with Transition Year. The Transition year program acts as a bridge between the Junior Certificate and Leaving Certificate programs. It is available to all second level schools who have some basic guidelines around the program but devise their own Transition Year program (Department of education and Skills, 2006). The courses therefore have a degree of heterogeneity but are all designed to act as a period to reduce the rigidity of the learning environment in order to help pupils take greater responsibility for their own learning and decision making. Despite being of substantive interest, *Growing Up in Ireland* could not devote the space required to determine the dimensions that drive satisfaction with this program in great detail. The information about Transition Year which the study is best suited to deal with is the relationship between participation in transition year, objective measures of well-being, and academic choices made in the run up to the Leaving Certificate.

8.4.1 RECOMMENDATIONS FOR MAIN FIELDWORK:

The Study Team recommended that Question 5a and 5b, on satisfaction with Transition Year (if they took it), be retained despite providing modest information on satisfaction with the year. For the main phase, the questions in this ‘A2’ section were moved into the new Section B with other questions on secondary school.

8.5 SECTION A3: EXPERIENCE OF SCHOOL AND TEACHERS

This section focused on attitudes and experiences of secondary school.

Table 8.3 Usage of Questions on School and Teachers in previous GUI waves

Construct	Questions	9 years	13 years
Attitudes to school and teachers	1	√	√
Positive and negative interactions with teachers	2		√

These questions displayed good differentiation in terms of response patterns, although there was some comment that there was a lot of overlap in the questions. Mixtures of positively and negatively phrased questions were used in this section in order to reduce potential response bias.

8.5.1 RECOMMENDATIONS FOR MAIN FIELDWORK:

Given the overlap in the questions it was decided to retain items c, g, and i. The wording of i was amended from “I couldn’t talk to any of my teachers if I had a problem” to “I could talk to my teachers if I had a problem”. Question 2 on positive and negative interactions with teachers has been used extensively in Ireland in previous studies and has been found to be predictive of academic performance, retention and success following second level. These questions were moved to the new Section B for the main phase.



8.6 SECTION A4: SUBJECT CHOICE AND OPINIONS

This section recorded details on the program being completed for the Leaving Certificate. In the pilot, detailed subject information was requested only if the Young Person declined permission to link to the Leaving Cert results through the State Examinations Commission.

Table 8.4 Usage of Subject Choice and Opinions in previous GUI waves

Construct	Questions	9 years	13 years
Participation in Leaving Cert Exam	1		
Opinion on Maths, English and Irish	2	√	√
Leaving Cert subjects / results	3 - 4		
Satisfaction with choice of subjects for Leaving Cert	5		
Perceived importance of doing well in Leaving certificate	6		

All Young People who had sat or intended to sit the Leaving Certificate said they were willing to provide permission for us to link to the State Exams Commission to link to their Junior and Leaving Certificate results.

Approximately 30% of Young People said they had regrets about subject choice for the Leaving Certificate. Question 5a regarding specific subject regrets comprised of a yes/no question about regrets, as well as a free text section allowing a specifically regretted subject to be mentioned. The regrets which were recorded were very specific to the individual Young Person. In congruence with the findings of the Longitudinal Study of Post-School Transitions (McCoy, Smyth, Watson, & Darmody, 2014), information about the specific subjects that students regretted in fact taking added little information over and above the fact that they had had any regrets in the first place.⁵

8.6.1 RECOMMENDATIONS AND CHANGES FOR MAIN FIELDWORK:

In broad terms this section of the questionnaire worked well, although it was recommended that Question 2 on how 'Interesting' or 'Difficult' Young People found Maths, English and Irish be dropped. Compared to other questions in this section, they have limited scope to explain outcomes and the subjects are compulsory in any case. Q5a on regrets in Leaving Certificate subject choice was retained but Q5b listing a specifically regretted subject was dropped as it added little to potential analysis. In addition, these questions were moved to the new Section B.

While the pilot process indicated that young people were very open to the idea of linking to their Leaving Cert results, ultimately its operationalisation for the main phase presented some challenges around the transfer of data. Therefore for the main study at 17/18 years, young people who had already sat the Leaving Cert were asked to provide details of subjects and results directly to the interviewer.

⁵ The responses were very heterogeneous with little discernible pattern.



8.7 SECTION A5: CAREER GUIDANCE / ROLE OF INDIVIDUALS IN CAREER PLANNING

In this section, Young People were asked whom they consulted in making decisions about their future and what career guidance they had received in school or elsewhere.

Table 8.5 Usage of Career Guidance questions in previous GUI waves

Construct	Questions	9 years	13 years
Individuals consulted about future	1		
Career guidance and resources used in decision-making	2		

Quite high levels of career guidance and support were sought and received. Albeit on the basis of the small sample, mothers were most frequently consulted (93%), followed by father (80%); friends (74%) and career guidance councillor (70%) followed by subject teachers (55%); siblings (43%) and other family (38%).

8.7.1 RECOMMENDATIONS FOR MAIN FIELDWORK:

In broad terms, this section of the questionnaire worked well. However, as above, it was felt that some repetition needed to be addressed. To this end it was proposed that in Q1 on whom the 17/18 year old had consulted about their future, ‘Older brother / sister’ and ‘Other family member’ be amalgamated into ‘Other family member’ for the main fieldwork. The Study Team proposed retaining Q2 in this section (on career guidance) as used in the pilot, with some minor changes implemented before the main phase. These questions later formed part of the new Section B.

8.8 SECTION A6: ADDITIONAL SUPPORTS / SPECIAL EDUCATIONAL NEEDS

Where relevant, Parent One answered detailed questions about special educational needs and supports at second-level. This section on the Young Person Main Questionnaire focused on a broader definition of extra help received (even if not in a SEN context) and whether needs for SEN supports were perceived at third level.

Table 8.6 Usage of Special Educational Needs questions in previous GUI waves

Construct	Questions	9 years	13 years
Extra help with subjects at school	1 - 5		
Special Educational Needs support in further education	6 - 10		

A small number of Young People were receiving extra help in school and a further small group indicated that they had received support earlier in the year. Another larger group of respondents said they would have liked to have received extra help within school with specific subjects but did not receive it (A6_5, pg. 7, YP Main questionnaire).

A minority of Young People recorded that they had a special educational need or disability (other than being ‘exceptionally able or gifted’) which would affect their learning at school or college.



8.8.1.1 RECOMMENDATIONS FOR MAIN FIELDWORK:

The questionnaire items operated as intended with little apparent need for revision in this section of the questionnaire for the main phase of interviewing. Questions A1-A5 later formed the new Section C on career guidance, whereas A6-A10 were moved to the new Section D (post-secondary education).

8.9 SECTION A7: PARENTAL / FAMILIAL ENGAGEMENT

The questions in this section recorded details on educational support received from parents and siblings (in respect of either second or third level education), depending on which was applicable to the Young Person.

Table 8.7 Usage of Familial Engagement questions in previous GUI waves

Construct	Questions	9 years	13 years
Parental engagement	1	√	√
Sibling help	2		
Help from friends	3		

Differentiated response patterns were clear from these questions. There were relatively high levels of engagement from parents with over 60% of 17/18-year-olds indicating that they received help from parents, siblings or friends with homework or study.

8.9.1 RECOMMENDATIONS FOR MAIN FIELDWORK:

This section of the questionnaire worked well and did not require revision for the main phase of fieldwork. They were, however, moved to a new Section E for the main phase.

8.10 SECTION A8: GRINDS

‘Grinds’ are private tuition sessions, usually on specific subjects. They are paid for privately (usually by parents or the students themselves) and may be used with a view to optimizing good performance as well as redressing poor performance.

Table 8.8 Usage of Grinds questions in previous GUI waves

Construct	Questions	9 years	13 years
Use of grinds	1 - 3		

A little over a quarter of 17/18-year-olds indicated that they had received grinds in the current or most recent year in school.

8.10.1.1 RECOMMENDATIONS FOR MAIN FIELDWORK:

There was additional interest in this area from reviewers and recommendations were implemented by the study team to increase the number of questions on the topic, with two additional questions on the frequency with which grinds were taken added to this section by the Study Team. For the main phase, they were moved to the new Section B on secondary school experiences.



8.11 SECTION A9: PART-TIME WORK / WORK EXPERIENCE / ACTIVITIES

This section looked at extra-curricular, organised activities and work experience both within and outside of education. It also asked about money received other than wages.

Table 8.9 Usage of Part-Time Work / Work Experience questions in previous GUI waves

Construct	Questions	9 years	13 years
Part-time work while in education	1 - 3		
Helping out with a family business	4		
Work experience placement as part of education	5		
Organised activities and whether paid for	6	√	√
Receipt of money other than wages	7	√	√

Around 44% of Young People recorded that they had ever worked in a part-time job during term time while attending school or college – not jobs during holidays. The number of hours per week ranged from 1 to 20.

Details on participation in structured and unstructured activities were also recorded, along with whether or not these activities had to be paid for.

Regular pocket money / allowance was received from parents / or other relatives by 57% of 17/18-year-old participants in the pilot. A very small percentage received a Social Welfare payment in their own name and/or received money on a regular basis from a non-relative. This information was consistent with information gained about these participants from other sections of the questionnaire.

8.11.1 RECOMMENDATIONS FOR MAIN FIELDWORK:

It was proposed to include a question on the nature of the part-time work after Q3 and questions on part-time work were moved to the new Section F for the main phase.

It was proposed to drop some of the items at Q6 on activities undertaken, as they were felt to be redundant. It was also proposed dropping the questions on whether or not these activities were paid for. This latter was principally to reduce respondent burden. These questions were moved to the new Section J (activities) in the main study.

The Study Team also recommended dropping Questions 8 through 9 (on regular transfers to the 17/18-year-old from someone who is not a relative). The information recorded here was of little relevance in furthering an understanding of developmental or longitudinal trajectories at this time-point.

8.12 SECTION A10: ATTITUDES / ASPIRATIONS FOR FUTURE EDUCATION AND TRAINING

This section was mainly focused on Young People either still in school or planning to return to education next year, rather than those currently in further education (except for permission to link to



CAO data). There was complex routing within this section depending on which option they indicated as their planned choice.

Table 8.10 Usage of Aspirations for Future Education and Training questions in previous GUI waves

Construct	Questions	9 years	13 years
Planned Principal Economic Status after school	1	√	√
Choice of course / apprenticeship	2 - 3		
Plans for joining armed forces or police	4		
Permission to link to CAO (third level) applications data	6 - 7		
Factors affecting choice of further education institution	8		
Likelihood of returning to education if not going immediately after school	9		
Attitudes to university if not going	10		
Financial barriers to further education	11 - 12		

Approximately 72% of Young People said they wanted to continue to degree-level higher education. Approximately 60% of those who wanted to go on to higher education had decided on their course at the time of interview. In response to suggestions from reviewers, a mixture of both positively and negatively worded questions were included across these sections.

Details on the factors influencing choice of further education (or not) as well as course choice were successfully recorded.

8.12.1 RECOMMENDATIONS FOR MAIN FIELDWORK:

This section of the questionnaire appeared to work as expected, with just minor revisions for the main phase of interviewing. These questions were moved to the new Section C on the main study questionnaire.

8.13 SECTION A11: INVOLVEMENT IN FURTHER / HIGHER EDUCATION

This section was asked only of those who had left second-level education. It included both those who were still in further education and those who at had least started a course, even if they were not enrolled at the time of interview (i.e. they had left it without completion). There were detailed questions on choice of course, institution, attendance and funding.

Table 8.11 Usage of Involvement in Further / Higher Education questions in previous GUI waves

Construct	Questions	9 years	13 years
Details on type of further education course	1 – 2b		
Attendance / duration of course / reason for leaving	2c - d, 2f - g		
Receipt of State grants	2e		
Applications for higher education (if not already in higher education)	3 - 10		
Funding of studies	11		



In keeping with the age profile of the sample, fewer than 10% of the Young People met the requirements to take part in this section of the questionnaire (most respondents were too young to be routed into this section). These Young People had engaged in a variety of higher level and further education courses. Of the respondents engaged in further education courses, most were currently completing a course.

8.13.1 RECOMMENDATIONS FOR MAIN FIELDWORK:

Although numbers were small in this section for the pilot, it is an important one for those who have left school.

There were some minor revisions to content but more structural changes. Improved routing between questions in this section was recommended to ensure that participants saw only questions relevant to their current status, which helped to reduce the overall response burden. Questions about participation in courses were moved in order to follow additional questions on applications. All questions for the main phase form part of the new Section D.

8.14 SECTION A12: EARLY SCHOOL LEAVING

This section was intended only for individuals who had left school before sitting the Leaving Certificate.

Table 8.12 Usage of Early School Leaving questions in previous GUI waves

Construct	Questions	9 years	13 years
Age of leaving	1		
Reasons for leaving	2		
Friends/siblings leaving school early	3 - 4		
Likelihood of returning to education	5		

Just a small percentage of participants in the pilot survey had left school prior to completing or intending to complete the Leaving Certificate examinations. Among the factors cited for early school leaving were suspensions or expulsion from school, health concerns, and wanting to get a job and earn money.

Among the early school leavers, the question around peers who also left schooling early and whether there were future plans of returning to education appeared to work as intended.

8.14.1 RECOMMENDATIONS FOR MAIN FIELDWORK:

This section of the questionnaire appeared to work well in the pilot, with little apparent need for revision for main phase fieldwork. They formed part of the new Section B in the questionnaire used for the main study.

8.15 SECTION A13: OCCUPATIONAL ASPIRATIONS / ATTITUDES TO WORK

This section was administered to everyone, regardless of their employment or educational status. It recorded details on ideal and expected employment, and attitudes / values towards work and other aspects of life.



Table 8.13 Usage of Attitudes to Work questions in previous GUI waves

Construct	Questions	9 years	13 years
Occupational aspirations	1(a) & (b)	√	√
Things to look for in a job	2		
Perception of themselves as an adult	3		
Importance of areas of life	4		
Belief in the value of work	5		
Support for Sex Equality	6		

Very varied details were recorded in the pilot on the types of jobs people would: (a) like to do and (b) expect to get. An ‘interesting job’ and ‘income’ were the most frequently mentioned factors in choosing a job.

8.15.1 IMPORTANCE OF AREAS OF LIFE

This 12 item measure asked Young People to rate the relative importance of different aspects of life on a six-point scale. It included areas such as ‘parents and siblings’, ‘profession and work’, and ‘art and culture’. It was based on a measure used in two Youth surveys of the German Youth Institute (“Deutsche Jugendinstitut”) (DJI) and the Growing Up in Germany: “Everyday life” study (Aufwachsen in Deutschland: “Alltagwelten”) (AID: A) study (Deutsches Jugendinstitut (DJI), 2012). It was included as Q4 in Section A13 on occupational aspirations. On the basis of pilot responses the most highly valued aspects of life among 17/18-year-olds included: parents / siblings; free time; partnership; friends. Religion and politics were least highly valued.

8.15.2 BELIEF IN THE VALUE OF WORK

The period of transition from school to work is considered to be an important stage in the identity formation of adolescents as they approach adulthood. With major transformations occurring in the educational system and labour market in the period in which the Pilot survey was being carried out, however, a limited understanding of how adolescents perceive these changes hinders educators in helping young people formulate effective strategies for coping with the transition.

This is a five item scale looking at how a person values work and being employed. It was included as Q5 in Section A13. A high score indicated a belief that being employed is important. A sample item is: “A person must have a job to feel a full member of society”. This scale was adapted by researchers on the ESRC 16-19 Initiative research programme. They reported moderate reliabilities ($\alpha = .62$ & $.63$) in their first and third waves respectively.

Reliability for this measure in the *Growing Up in Ireland* pilot with the 17/18-year-olds showed a slightly weak value for internal consistency ($\alpha = .58$).

The association between belief in the value of work and basic deprivation was examined. This indicated that those living in deprivation put a higher value on work than those who were not ($F = 3.89, p < .05$). Differences by mother’s education and Young Person’s gender were not found in this



analysis. The relatively small sample size did not permit a detailed analysis of this relationship however.

8.15.3 SUPPORT FOR SEX EQUALITY

This section also included a scale to measure support or otherwise for sex equality. This scale comprised six items also adapted by researchers on the ESRC 16-19 Initiative research programme. A sample item is ‘it is less important for a woman to go out to work than it is for a man’. Reliability for this scale in the ESRC wave three was high ($\alpha = .79$).

In the pilot, reliability for this measure showed an acceptable value ($\alpha = .76$). The scores range from 6 to 24.

There was a significant gender division in support of sexual equality. Girls were considerably more likely than boys to support the notion of equality ($F = 27.28, p < .001$), however there was no difference by mother’s education – again, as noted above, possibly due to the small sample size.

8.15.4 RECOMMENDATIONS FOR MAIN FIELDWORK:

This section worked reasonably well, although on review of the pilot, removal of four items was recommended. These were from the list of factors a Young Person might consider when choosing a job. The items in question were: ‘Reasonable commute’; ‘Nice working environment / co-workers’; ‘A job that allows someone to work independently’; ‘A job that allows someone to help other people’. It was recommended that these be replaced with a pair of items: ‘Be your own boss’ and a composite item on ‘A job that is useful to society or helps other people’.

Feedback from the interviewer de-briefing indicated a high level of ambiguity and misinterpretation in one of the items in the scale on support for sex equality. Item 5 in this scale in the pilot read “There should be more women bosses in the important jobs in business and industry.” Young People frequently noted that gender per se was not the issue and they expressed confusion on how to answer the question. In order to reduce potential biases in item construction, the Study Team discussed the issue with the International Advisors and subsequently changed the item to read: “Women are as capable in senior positions as men.” All the questions in this section were moved to the new Section G (attitudes to work) for the main study.

8.16 SECTION A14: WORK STATUS AND HISTORY

These questions were asked only of those who were not in education and so were answered by fewer than 10% of respondents. The section covered details on current or most recent job, and periods of unemployment.



Table 8.14 Work Status and History questions in previous GUI waves

Construct	Questions	9 years	13 years
Work status and details of current / most recent job	1 - 8		
Perceptions of security and 'fit' of job	9 - 11		
Experience of unemployment	12 - 13		

8.16.1 RECOMMENDATIONS FOR MAIN FIELDWORK:

The study team proposed cutting Questions 8 to 11. These dealt with training in the job, the fit between the job and Young Person's education, and perceptions of job security.

In discussion with subject experts, it was understood that the type of employment engaged in at 17/18 years of age was likely to be tenuous and at such an early stage of the Young Person's working life that the proposed questions would have limited relevance.

The deletions were therefore based on the balance of the information that would contribute to longitudinal trajectories and the response burden on the participants. One question on how well the respondent liked their job was added subsequently. This and all remaining questions were moved to the new Section H (work history).

These questions will be revisited in the 20-year-old wave of the study when the topics will be of more relevance.

8.17 SECTION A15: CITIZENSHIP, IDENTITY AND CIVIC PARTICIPATION

This was a wide-ranging section containing questions relevant to the Young Person's identity, their attitudes to other people and to State institutions, and their perception of the area in which they live.

Table 8.15 Usage of Citizenship, Identity and Civic Participation questions in previous GUI waves

Construct	Questions	9 years	13 years
Trust in other people	1		
Confidence in State institutions	2		
Volunteering	3		
Social Media	4		
Religious identity and spirituality	5 - 6	√	√
Political cynicism	7		
Citizen of Ireland?	8 - 9	√	
Plans to emigrate / stay in Ireland	10		
Quality of neighbourhood	11 - 12		
Modes of transport / use of seatbelts and cycling helmets	13 - 15		
Driving licence	16		
Personality	17		

Trust in other people ranged across the full distribution of 1 – 10. There was also a substantial spread in the distribution on recorded trust in State institutions. These variables were used in a generic sense



and designed to capture a general and first reaction to the topic. These kinds of questions have proven successful in many other studies in both Ireland and elsewhere (Wang & Gordon, 2011).

Just over one third of Young People recorded that they participated in voluntary activity. Around 96% of respondents said they had a social media profile.

Seventy nine percent of the 17/18-year-olds said they subscribed to a religion; almost 90% of those who did recorded Catholicism.

8.17.1 POLITICAL CYNICISM

Political cynicism is a three-item scale adapted by researchers on the ESRC 16-19 Initiative research programme. Young People reply on a Likert-scale to statements such as ‘none of the political parties would do anything to benefit me’. Reliabilities reported for its use in the ESRC were modest, ($\alpha = .58$), recorded on the first and second waves.

It was included as Q7 in Section A15 of the Young Person Main Questionnaire. Internal consistency for this measure in the *Growing Up in Ireland* pilot was acceptable ($\alpha = .66$).

Q13 of Section A15 on modes of transport did not yield a great deal of information. It was also unlikely to give much traction in increasing understanding of Young People and their behaviours although, in principle, it might serve as a proxy measure of risk-taking. It was felt, however, that the question of owning a full or provisional driving licence should be retained. Information about this aspect of mobility, especially in rural areas of Ireland, was felt to be particularly important.

8.17.2 THE TEN ITEM PERSONALITY INVENTORY (TIPI)

The Ten Item Personality Inventory (TIPI) (Gosling et al., 2003) measures the ‘Big-Five’ traits of: Openness, Conscientiousness, Extraversion, Agreeableness, and Neuroticism. Many contemporary personality scales measuring the ‘Big-Five’ personality dimensions are very long. Because of the response burden which these would represent (in an already crowded survey) these would not be appropriate for use within the current study.

The TIPI was previously used with this cohort at age 13 years and thereby provides longitudinal continuity in an important measure of the Young Person’s development. This measure was used in both the Parent and Young Person questionnaire. Please see the findings from the Parent One Main Questionnaire in Chapter 11 above for a full discussion of the TIPI.

8.17.3 RECOMMENDATIONS FOR MAIN FIELDWORK:

In broad terms this section of the questionnaire worked well, although some amendments were proposed. In Question 2 (on confidence in State institutions) ‘Politicians’ were added as an extra category.

Details on the particular social media sites used by 17/18-year-olds were not found to be particularly insightful and it was proposed, therefore, to drop this information from the main phase of



interviewing. The Study Team recommended re-structuring the question to ask: (a) whether or not the Young Person had a social media profile or account; if not, (b) whether or not they ever had one; and (c) why they no longer had one. This re-structured question was expected to provide details on whether or not the Young Person discontinued their social media use due to cyber bullying. It was also proposed to drop the question on which groups, organisations and public individuals were followed on social media as the responses tended to be very general and did not yield useful information. In particular these items would not provide information that would enhance understanding of longitudinal development.

A list of leisure activities, such as reading for pleasure, going to the gym, running etc., have also been moved from the Self-Complete Questionnaire to this section in the main questionnaire, as the issue and topics in question were felt not to be particularly sensitive. This change removed some of the response burden on young people in the Self-Complete Questionnaire.

With a view to reducing response burden in the main phase of fieldwork, cuts were also suggested in the section on neighbourhood safety. Information on the parents impression of the locality has been taken at all waves, complementary information from the Young Person does not need to be as detailed as it is expected that the vast majority of the sample will still be living in their parental home. Exploratory factor analysis also revealed that items B, C and D: how safe the Young Person feels it is to walk alone in the area after dark; how happy s/he is living in the area; whether or not s/he intends to continue living in the area respectively could be dropped, as they correlated heavily with more prominent items such as item A: This is a safe place. It was also proposed to amalgamate the highly overlapping item content of G and H into ‘I have lots of family and friends living in this area’.

The details on modes of transport used, whilst interesting, were not deemed critical by the Study Team and were identified as an area that could be removed in order to save time and reduce response burden in the home. Similarly, three more items at question 7 were subsequently removed. The questions in this section from 1-8b were relabelled as the new Section K for the main study. Questions on neighbourhood (11, 12 and 16) became the new Section L. The Ten Item Personality Inventory (TIPI), Q17, appeared slightly earlier as part of the new Section G.

8.18 SECTION B – YOUNG PERSON’S PHYSICAL HEALTH

Section B focused on the current health of the Young Person. It recorded details on general health status; on-going chronic illness(es) or disability; impact of and diagnosis of chronic illness / disability; nature of any accidents or injuries; health care utilisation; and use of complementary therapies.

Table 8.16 Usage of Young Person’s Physical Health questions in previous GUI waves

Construct	Questions	9 years	13 years
Current health	B1	√	√
Chronic, longstanding illnesses, conditions, impact and diagnosis	B2 – B6	√	√
Health care utilisation	B7 – B8	√	√
Use of complementary therapies	B9		



This section of the questionnaire worked very well and recorded very worthwhile and meaningful information.

8.18.1 RECOMMENDATIONS FOR MAIN FIELDWORK:

It was proposed that Accident and Emergency department usage be added to the list of types of healthcare used in the last 12 months, at Question B8. Prevalence of complementary therapies at B9 was low and this level of detail was unlikely to be central to the study, so it was proposed to remove these questions. Subsequently ‘alternative therapists’ and ‘health helplines’ were added as options at B8 in terms of whom consulted about health issues. The whole section was relabelled as Section M for the main study; which included some items on adverse life events that were moved from the self-complete questionnaire

8.19 SECTION C – YOUNG PERSON’S DIETARY PROFILE, WEIGHT PERCEPTION AND PHYSICAL EXERCISE

Section C focused on the Young Person’s dietary profile and diet; use of supplements; exercise; details on time spent outside; and sleeping patterns.

Table 8.17 Usage of Young Person’s dietary profile, weight perception and physical exercise questions in previous GUI waves

Construct	Questions	9 years	13 years
Young Person’s dietary profile	C1	√	√
Number of meals eaten during the day	C2		
Frequency of eating breakfast	C3	√	√
Frequency of eating out	C4		
Daily consumption of tea and coffee	C5		
Type of diet (e.g., vegetarian, vegan etc.)	C6	√	√
Use of supplements	C7		
Exercise	C8 - C9	√	√
Time spent outside and exposure to UV rays	C10 - C11		
Sleeping patterns	C12 - C18	√	

8.19.1 FOOD INVENTORY

A short form inventory of food consumed in the previous 24 hours was used in the main questionnaire in the 17/18-year pilot. This was much less intensive than the detailed Food Frequency Diary than was used with other waves of the study, for example with the 5-year-olds.

Although the Food Frequency Diary provided much more information on food intake, it also took much more time to complete. The detailed Food Frequency Diary was, therefore, included with a drop-off time use diary which respondents were asked to return in the post. The less detailed inventory of food consumed in the previous 24 hours was included in the Young Person’s Main Questionnaire at C1, Section C, pg. 21 of the YP Main Questionnaire.



The food inventory in the 17/18-year-pilot was the same one used with the 9-year-olds and 13-year-olds in this cohort. Overall, the questions (in the Main Questionnaire) on food and diet worked well in the pilot, as they had done in the previous rounds of the study in which they were used.

8.19.2 UVB EXPOSURE AND VITAMIN D

Questions C9 - C11 record information on the amount of time spent outside by the Young Person, as well as their skin tone. These questions record information which could be used to investigate Vitamin D deficiency.

There is a clearly established relationship between exposure to UVB (which is the main source of vitamin D) and serum levels of vitamin D (Kelly et al., 2016). This means that UVB exposure can serve as a reliable proxy of vitamin D level. Vitamin D deficiency is an extremely important topic in public health and clinical medicine. Associations with a wide range of health issues have been established. These include bone health, obesity, autoimmune illnesses, and depression.

The issue of bone health is especially important for early life development in children with cases of deprivation leading to serious medical conditions such as rickets. Many common foods such as milk and breakfast cereals are, or have the potential to be fortified with vitamins to address vitamin D deficiency at a population level. The regulation and control of these sources of vitamin fortification is something that is under direct policy control and from this perspective, several important policy questions can be addressed such as the appropriateness of current daily allowance recommendations for vitamin D and whether regulations should be altered around the fortification of food products.

8.19.3 SLEEP PATTERNS

The pilot suggests that responses to questions on sleep patterns were well differentiated with a substantial variance and should lead to some very interesting analytical work in this area.

8.19.4 RECOMMENDATIONS FOR MAIN FIELDWORK:

In broad terms this section of the questionnaire worked well. Question C2 on eating patterns led to ambiguous interpretations on the part of respondents and was not felt to be a good measure of this behaviour. On this basis it was proposed that this question be dropped from the main phase of fieldwork. This section became the new Section N for the main study.

8.20 SECTION D – YOUNG PERSON'S DENTAL HEALTH

This section focused on the dental health of the Young Person, including visits to the dentist, extractions and fillings.



Table 8.18 Usage of Young Person’s Dental Health questions in previous GUI waves

Construct	Questions	9 years	13 years
General rating of oral health	D1		
Frequency of brushing teeth	D2	√	√
Frequency of visiting dentist	D3	√	√
Fillings and extractions	D4 – D5		√
Orthodontic treatment	D6		
Braces	D7		

The data recorded in this section were considered to be the minimum questions necessary to provide detail on dental health of the 17/18-year-olds.

8.20.1 RECOMMENDATIONS FOR MAIN FIELDWORK:

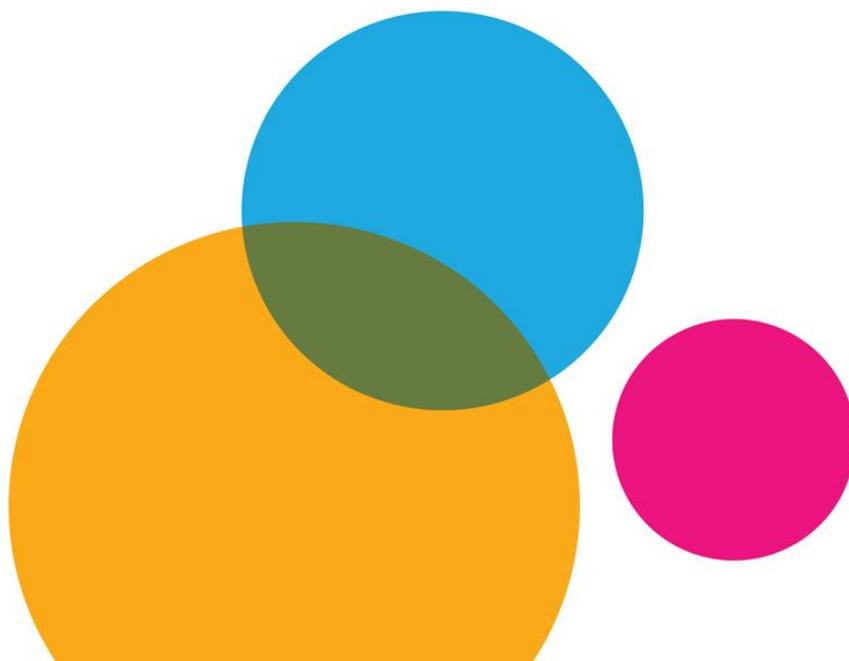
Overall this section of the questionnaire worked well in the pilot phase of the project and the only changes envisaged for the main phase of fieldwork were to the questions on the number of fillings and extractions (questions D4 & D5 of the pilot questionnaire). As almost all Young Persons referred to their parent(s) in answering these questions, it was felt best to simply move the two questions to the Parent One questionnaire for main fieldwork.





Chapter 9

YOUNG PERSON SELF-COMPLETE QUESTIONNAIRE





9 YOUNG PERSON SELF-COMPLETE QUESTIONNAIRE

9.1 INTRODUCTION

The Young Person Self-Complete Questionnaire recorded details on a range of sensitive issues from the 17/18-year-old him/herself. This questionnaire was self-completed on a laptop. As with all questionnaires, when it was completed it was 'locked down' so that no-one in the field (respondent, interviewer or third party) was able to access it. The interviewer prepared the laptop for the Young Person and took him/her through a few simple demonstration questions to ensure that the respondent fully understood what was expected of him/her before completing the main bank of questions.

A copy of the Young Person Self-Complete Questionnaire which was used in the Pilot is enclosed in Appendix A9. The corresponding questionnaire proposed for use in the Main Phase fieldwork is enclosed in the appendices of the design, instrumentation and procedures report for the main study and on growingup.ie.

The Self-Complete Questionnaire contained the following sections:

Section A	Peer relationships
Section B1	Smoking
Section B2	Alcohol
Section B3	Drugs
Section C	Sex education and age of menarche
Section D1	Sexuality and sexual behaviour
Section D2	First sexual intercourse
Section D3	Other sexual intercourse
Section E	Pregnancy
Section F	Physical health
Section G	Self-esteem, life events and attitudes
Section H	Family
Section I	Mental health
Section J	Self-harm
Section K	Bullying



Section L Anti-social behaviour and trouble with an Garda Síochána

Section M Leisure activities and internet usage

9.2 SKIP OPTION IN THE SELF-COMPLETE QUESTIONNAIRE

In view of the potentially sensitive nature of some of the content in this questionnaire, it was decided to include a statement at the start of each section outlining very briefly what the section focused on and to provide the Young Person with the facility to press a key on the laptop to skip the section in question, should they wish to do so. This was included to avoid potential upset to a Young Person who may have had negative experiences around some of the topics under consideration.

The pilot raised some unanticipated but potentially serious issues for the quality of the information recorded in the survey, arising from this skip facility. Skip patterns identified from respondents in the pilot suggested an increased frequency in the use of the skip option towards the end of the questionnaire – especially towards the last 3-4 sections. This may have reflected survey fatigue at this point in the interview, with some participants feeling that they had already contributed sufficient time to the study. Of even greater importance and concern is that some Young People who used the skips may have done so as they felt that a section was not relevant to them. For example, in the section on self-harm, the first laptop screen in the section presented the skip option, noting the following:

Section J: This section contains questions on SELF HARM. If you would prefer not to answer these questions press '1' and skip to the next section.

The Study Team was concerned that some Young People may have read this and skipped the section as they had not experienced self-harm and so felt that the section did not apply to them. For such respondents, a 'skip' was effectively being used in place of a 'No' in the filter to the questions on experience of self-harm. This would have a substantially distorting effect on prevalence estimates of the topics under consideration – in this example the prevalence of self-harm. It would probably result in a higher than actual prevalence level, as those who would go through the sections in question would have a higher than average chance of having experienced the topics under consideration.

9.2.1 RECOMMENDATIONS FOR MAIN FIELDWORK:

In view of these concerns, the Study Team strongly recommended that the skip option should not be used in the main phase of interviewing as it would undermine the scientific validity of the data being collected and could have a serious impact on the reliability of the estimates in question.

It was also proposed not to include filter questions that prevented sub sections of the Self-Complete Questionnaire from being seen by the participant. In this way, it is much clearer what the profile of answers for each participant refer to. Progress through the Self-Complete Questionnaire would still allow a participant to skip individual questions, but additional explicit options of (i) 'Don't know' (ii) 'Prefer not to say' were added to relevant questions in the Young Person Self-Complete Questionnaire for the main study.



This change did not override the participant’s right to refuse to answer individual questions which was clearly outlined on both the Consent Form and the Information Sheet.

A further Study Team recommendation was for the interviewer to remind the participant that all answers to the questionnaires are covered under the Statistics Act (Government of Ireland, 1993) and cannot legally be used for any purpose than statistical analysis. By explicitly re-iterating that this was the case it was hoped to improve the quality and accuracy of the information given to often very sensitive questions.

9.3 SECTION A – PEER RELATIONSHIPS

This section tapped into friendship networks – number and age of friends, experience of different forms of discrimination, and relationship with close friends. The information recorded is extremely important in substantive terms. It also serves as an introductory ice-breaker for the more sensitive topics which follow in the remainder of the questionnaire.

Table 9.1 Usage of Peer Relationships questions in previous GUI waves

Construct	Questions	9 years	13years
Number of friends	A1	√	√
Number of close friends	A2	√	√
Age of friends (older, younger, same age)	A3	√	√
Number of friends from different ethnic background	A4		
Number that parents have met	A5	√	√
Experience of different forms of discrimination – Everyday Discrimination Scale (EDS) short form	A6		
Relationship with close friends (IPPA)	A7		√

There was little of note in completion of this section of the questionnaire. Number of close friends; number from different ethnic background etc. were answered without any apparent problems.

9.3.1 THE EVERYDAY DISCRIMINATION SCALE - EDS (SHORT VERSION)

9.3.1.1 INSTRUMENT RATIONALE AND DESCRIPTION

This 5-item scale asked respondents to indicate how frequently they feel that they experience various forms of interpersonal mistreatment in their day-to-day lives, assessed on a six-point scale (0 = never, 1 = less than once a year, 2 = a few times a year, 3 = a few times a month, 4 = at least once a week, 5 = almost every day). Examples of items in the scale include: “You are treated with less courtesy than other people”, “You receive poorer service than other people at restaurants or stores” and “People act as if they think you are not smart”. Follow up questions are asked of respondents who answer ‘a few times a year’ or more, to ascertain what they think is the main reason for the experience. They are presented with a list of possible reasons which include race, age, gender, religion, height, weight.



9.3.1.2 PSYCHOMETRIC INFORMATION

The 5-item scale was adapted from the original 9-item version of the EDS (Williams, Yan, Jackson, & Anderson, 1997), which demonstrated good reliability and validity (Bernstein, Park, Shin, Cho, & Park, 2011). Stucky et al. (2011) found that a shortened version of the EDS retained strong psychometric properties. Good reliability ($\alpha = .84$) was found with an African American sample of law students ($n = 589$), and with a representative sample of African Americans ($\alpha = .82$) ($n = 3,570$), obtained as a subsample of the National Survey of American Life (Pennell et al., 2004).

9.3.1.3 PERFORMANCE IN THE PILOT STUDY

The scale worked well. Reliability statistics for the EDS were very acceptable in the pilot ($\alpha = .73$). Findings also showed that there were a good range of scores obtained: Highest score 21 out of 25; lowest score of 0 out of 25.

9.3.2 INVENTORY OF PARENT AND PEER ATTACHMENT

9.3.2.1 INSTRUMENT RATIONALE AND DESCRIPTION

Relationships with peers have an influence on the child that is distinct from that of parent-child relationships, though the latter can influence the peer relationships that children form (Reich & Vandell, 2011). Although peers become important in middle childhood, evidence suggests they do not become attachment figures at that point. Attachment to peers tends to emerge in adolescence, although parents continue to be attachment figures (Kerns, 2008).

The Inventory of Parent and Peer Attachment (IPPA) (G. C. Armsden & Greenberg, 1987) was developed to assess adolescents' perceptions of the positive and negative affective / cognitive dimensions of relationships with their parents and close friends. This measure focuses only on peer relationships. The theoretical framework is attachment theory, originally formulated by Bowlby and since then expanded by others.

Three broad dimensions of peer attachment were assessed: degree of mutual trust (Trust); quality of communication (Communication); and extent of anger and alienation (Alienation). The original development samples for the scale were 16 to 20 years of age. However, the IPPA has been used successfully in several studies with respondents as young as 12 years of age. The instrument is a 25 item self-report questionnaire with a five point Likert-scale response format. The main difference between the version used in the 17/18-Year-Pilot and the version used at 13-Years is that, previously, only the 17 items comprising the Trust and Alienation subscales were used. For the 17/18-year-pilot, the full 25 item questionnaire was used.

9.3.2.2 PSYCHOMETRIC INFORMATION

For this version of the IPPA, internal reliabilities for peer attachment were high ($\alpha = .92$). Peer attachment was also found by the authors to be positively related to social self-concept and strongly and negatively correlated with loneliness. Peer attachment was modestly correlated with parent



attachment (Armsden & Greenberg, 1987; Armsden, 1986; Lewis, Woods, & Ellison, 1987) and associated with a number of personality variables.

Among late adolescents, secure attachment to Parents and secure attachment to peers correlated with positive and stable scores for self-esteem, higher life-satisfaction, and lower scores for depression, anxiety, resentment/alienation, covert anger, and loneliness (Armsden & Greenberg, 1987; Armsden, 1986).

9.3.2.3 PERFORMANCE IN THE PILOT STUDY

The internal reliability consistency of the subscales was found to be high for the Alienation and Communication subscales ($\alpha = .83$ and $.92$ respectively) and for the Trust and Attachment score ($\alpha = .74$ and $.79$ respectively).

Convergent validity was explored by cross-referencing against related items from the survey. A positive correlation between Alienation and the Study Child's self-reported depressive symptoms (as measured by the Short Mood and Feelings Questionnaire) ($r = .37$, $p < .01$) was found. Similar results were found from a parent-report of negative aspects of the Young Person's emotional well-being ($r = .38$, $p < .01$), hyperactivity ($r = .32$, $p < .01$), peer problems ($r = .24$, $p < .05$), and overall difficulties ($r = .38$, $p < .01$) as measured by the SDQ. Peer Trust on the other hand was negatively associated with emotional symptomology (SDQ) ($r = -.36$, $p < .01$) and overall difficulties ($r = -.45$, $p < .01$). Higher values in peer Communication were also associated with fewer overall difficulties ($r = -.37$, $p < .05$). These findings were similar for overall peer Attachment.

9.3.2.4 RECOMMENDATIONS FOR MAIN FIELDWORK:

Input from some stakeholders suggested that sources of discrimination against the Young Person be recorded. A list including shopkeepers, teachers, Gardaí, medical professionals, and others was devised. A number of other follow-up questions on reasons for discrimination were also added such as disability, accent, and fluency with English.

For the IPPA, it was felt that all available subscales should be retained as the constructs covered were of substantive interest to exploring peer and family relationships in later life in a longitudinal context.

9.4 SECTION B 1 – SMOKING

This section recorded details on smoking behaviours as well as the use of e-cigarettes.



Table 9.2 Usage of Smoking questions in previous GUI waves

Construct	Questions	9 years	13 years
Ever smoked	B1 - 1		√
Age when first smoked	B1 - 2		√
Frequency of smoking	B1 - 3 - 4		√
Ever smoked e-cigarettes	B1 - 5		
Comparison between cigarettes and e-cigarettes in terms of harm	B1 - 6		
If smoked, tried giving up	B1 - 7		

Just over 41% of pilot participants had ever smoked, the age range for starting to smoke going from 8 to 17 years. 53% recorded that they had only ever tried smoking once or twice. Approximately 32% had smoked an e-cigarette.

There do not appear to have been any issues around the questions asked in this section. The Study Team did not propose significant changes, except perhaps to refer to ‘vaping’ in relation to e-smoking (Vaping was the term used by 17/18-year-olds in focus groups and it was suggested for adoption in the study). It was also recommended that the answer options on the frequency of smoking be simplified.

9.5 SECTION B2 – ALCOHOL USE

This section recorded details on alcohol use and included the AUDIT measure to tap into alcohol misuse.

Table 9.3 Usage of Alcohol use questions in previous GUI waves

Construct	Questions	9 years	13years
Ever drank and age at first drink	B2 1 – 2		√
The Alcohol Use Disorders Identification Test (AUDIT)	B2 3a - 3g		

9.5.1 THE ALCOHOL USE DISORDERS IDENTIFICATION TEST (AUDIT)

The AUDIT was developed by the World Health Organization as a simple screening tool to determine if a person's alcohol consumption may be harmful. The test was designed to be used internationally, and was validated in a study using patients from six countries. Questions relate to consumption, dependence and problems related to drinking. Questions 1 – 3 deal with alcohol consumption, questions 4 – 6 relate to alcohol dependence and questions 7 – 10 consider alcohol related problems. Scores can be used to indicate likelihood of hazardous or harmful alcohol consumption, and alcohol dependence.

9.5.1.1 INSTRUMENT RATIONALE AND DESCRIPTION

The AUDIT (Babor et al., 1992; Babor, Higgins-Biddle, Saunders, & Monteiro, 2001), has been broadly described above. Additional information about item coding shows that responses to questions 1 - 8 are reported on a 5 point scale and questions 9 and 10 on a 3 point scale.



The AUDIT is the only alcohol-use screening test designed for international use. It is brief to administer, focuses on alcohol use over the past year, and it allows for the identification of harmful alcohol use as well as possible dependence.

9.5.1.2 PSYCHOMETRIC INFORMATION

The AUDIT has excellent concurrent validity correlating well with other self-report alcohol use measures, e.g. the CAGE alcohol screening measure (Hays, Merz, & Nicholas, 1995). It demonstrated good reliability ($\alpha = .83$) among 832 hazardous drinkers (Hays et al., 1995) and in a sample comprised of non-hazardous drinkers, cocaine users, and alcoholics ($\alpha = .86$); (Sinclair, McRee, & Babor, 1992).

A score of 20 or more is suggestive of alcohol dependence (although some authors quote scores of more than 13 in women and 15 in men as indicating likely dependence). Scores of 8 or more have been used to indicate a strong likelihood of harmful alcohol consumption (Cassidy, Schmitz, & Malla, 2008). The WHO propose the following interpretation of AUDIT scores in an intervention context: Scores 8 - 15 warrant advice on the reduction of hazardous drinking; scores 16 - 19 suggest counselling and monitoring; and scores above 20 warrant further diagnostic evaluation and intervention for alcohol dependence.

9.5.1.3 PERFORMANCE IN THE PILOT STUDY

Findings from the pilot showed that alpha reliability for the overall AUDIT measure was high ($\alpha = .81$). Looking at the total score on the AUDIT indicated that there were no gender differences at this point, although the findings did point to a negative association between total scores on the AUDIT and peer attachment ($B = -1.11, p < .001$).

This section worked well and no changes to it were envisaged for the main phase of fieldwork.

9.6 SECTION B3 – DRUG USE

This section recorded details on the use of cannabis, aerosols and glue as well as various other drugs, including some prescription drugs.

Table 9.4 Usage of Drug use questions in previous GUI waves

Construct	Questions	9 years	13years
Ever used cannabis and age of first use	B3 - 1 B3-2		√
Frequency of use and use when alone	B3 - 3 B3 - 4		
Use of aerosols, solvents, glue, etc.	B3 - 5		√
Use of other drugs (Ecstasy, heroin, LSD, cocaine etc.)	B3 - 6		√

Details were also recorded on the effects of using cannabis. Though the numbers in the pilot were small, the figures indicated that these questions were providing meaningful estimates.

Other drug use from the pilot sample was also recorded appropriately. A small percentage of participants had reported using one or more of ecstasy, cocaine, or magic mushrooms. Fewer



participants recorded using amphetamines, LSD, heroin, ketamine, or benzodiazepines (benzos). Prescription pain killers were also recorded as having been used.

9.6.1 RECOMMENDATIONS FOR MAIN FIELDWORK:

These are important questions and it was proposed to retain the section largely unchanged, with a few minor amendments. Firstly, it was suggested that Question B3_4 on the circumstances surrounding the Young Person’s use of cannabis be dropped. The section was rather long, given the number of remaining questions on cigarettes, e-cigarettes, alcohol and other drugs. It was also proposed to simplify answer options on the frequency of cannabis consumption. Some respondents to the follow up survey of young people who participated in the pilot complained of repetition in this section.

The Study Team also suggested that use of aerosols, gas, glue, and solvents at Question B3_5 should be asked as one item, i.e., ‘use of any of the following’. Poppers were moved to the main list of drugs which was prefaced at B3_5a with: ‘Have you ever tried, taken or used any non-prescribed drugs, such as ecstasy, cocaine, heroin, etc?’ A filtering question for drug use was also suggested by the pilot study participants in the online survey.

9.7 SECTION C – SEX EDUCATION AND AGE OF MENARCHE

This section asked about Relationship and Sexuality Education (RSE) in school and also recorded details on sources of information on sexuality. In addition, it recorded age of menarche for girls who had not started their periods at the time of the previous interview.

Table 9.5 Usage of Sex Education questions in previous GUI waves

Construct	Questions	9 years	13years
Sex education in secondary school	C1		√
Where most likely to get information or advice on sex or relationship issues	C2a - b		√
Age of menarche	C3a - b		√

Approximately 93% of 17/18-year-olds in the pilot recorded having been taught Relationships and Sexuality Education (RSE) at school and 70% recorded having discussed sex and relationships with parents / guardians. Young people were most likely to get information or advice on sex or relationship issues from friends (39%).

9.7.1 RECOMMENDATIONS FOR MAIN FIELDWORK:

The Study Team recommended that this section be continued in the main phase of fieldwork. An option of ‘doctor / nurse’ was also added to the main sources of advice on sex and relationship issues at C2b, and the aggregation of some answer categories (such as including ‘cousins’ and ‘aunts/uncles’ with ‘other family members’) was proposed. Additional answer options of “don’t know” and “prefer not to say” were also included for the same question.



9.8 SECTION D 1 – SEXUALITY AND SEXUAL BEHAVIOUR

This section asked about the Young Person’s sexual orientation, followed by a series of questions relating to current sexual behaviour. This latter used an adapted version of the Adolescent Sexual Activity Index which was designed to present questions on sexual behaviour in an ordered and progressive manner.

Table 9.6 Usage of Sexuality and Sexual Behaviour questions in previous GUI waves

Construct	Questions	9 years	13years
Degree of ease of difficulty talking to parents about sex	D1-1 - 2		
Sexual orientation; transgender	D1 - 3		
Current and past relationship status	D1-4 - 5		
Sexual behaviour (adapted from the Adolescent Sexual Activity Index)	D1 - 6		
Pressure to have sex	D1-7 - 8		
Number of sexually active friends	D1 - 9		

A good distribution of answers was recorded in respect of ease of talking about sex issues and sexuality with mothers and fathers. Most 17/18-year-olds reported finding it easier to talk about sex with mothers than fathers.

The questions on sexual orientation and whether or not the Young Person would describe themselves as transgender also had a good range of answer categories. Using valid percentages, 89% said they were ‘heterosexual’. The remainder were distributed across other categories of sexual orientation. These questions, although sensitive, did not precipitate any problems with respondents.

9.8.1 ADOLESCENT SEXUAL ACTIVITY INDEX – ADAPTED

This is an 11-item scale adapted from the Adolescent Sexual Activity Index (Hansen, Paskett, & Carter, 1999), used to measure the spectrum of sexual behaviours typical of adolescents. The original index was developed following prior work which showed that sexual behaviour was ordered and progressive. The items were presented sequentially and there were several points where the section could end, depending on the participant’s responses. It is important to note, for example, that if the Young Person had recorded a ‘NO’ to the questions on:

‘Have you kissed?’ or ‘Have you cuddled?’ s/he is routed out of the section and is not progressed to the next set of items which are:

‘Has someone put their hands under your clothing?’,

‘Have you put your hands under someone else’s clothing?’

If a ‘NO’ is recorded to both of the above questions the Young Person is routed out of this section and is not asked the next items which are:

‘Have you touched someone’s private parts?’,



‘Has someone touched your private parts?’

If a ‘NO’ is recorded to both of the above questions the Young Person is routed out of this section and is not progressed on to the next items which are:

‘Have you been undressed with your private parts showing?’,

‘Have you had oral sex?’,

‘Have you had sexual intercourse?’

An adapted version of this scale was used with 12-13 year olds in the ALSPAC Study in England.

9.8.1.1 INSTRUMENT RATIONALE AND DESCRIPTION

As noted above, this 11-item scale had the advantage of routing the respondent out of the section following a ‘No’ response to a particular class of sexual activity, which avoids the Young Person answering a set of questions which are not relevant to them. This was not only time efficient, but also helped to minimise any discomfort or embarrassment on the Young Person’s part.

9.8.1.2 QUESTIONS ON SEXUAL BEHAVIOUR FROM THE PILOT STUDY

This section of the questionnaire contained very sensitive questions. The questions were asked in such a way, however, that they did not appear to cause any problems for the Young People and the answers provided were very much in line with prevalence levels of the relevant activities which are available from other sources.

9.8.2 RECOMMENDATIONS FOR MAIN FIELDWORK:

The Study Team recommended that this set of questions should be included in the main phase of interviewing. An additional question on gender identity was also included prior to the main study.

9.9 SECTION D2 – SEXUAL INTERCOURSE

These questions referred specifically to the Young Person’s first sexual experience, and were asked only of those who had responded affirmatively to the question on sexual intercourse previously.

Table 9.7 Usage of Sexual History questions in previous GUI waves

Construct	Questions	9 years	13years
Sexual orientation of the person you first had sex with	D2 - 1		
Relationship with the person you first had sex with	D2 - 2		
Precautions used the first time having sex	D2 - 3		
Regrets about first sexual experience	D2 - 4		
Reasons for having sex the first time	D2 - 5		
Still in a relationship with first sexual partner	D2 - 6		
Number of sexual partners in last 6 months	D3 - 1		
Use of condom in last 6 months	D3 - 2		



Construct	Questions	9 years	13years
Use of contraception in last 6 months	D3 - 3		
Whose decision was it to use / not use contraception	D3 - 4		
Experience of sexually transmitted disease	D3 - 5		

The answer patterns on these questions appeared to have quite a broad distribution. Of the Young People who recorded having had sex, a very substantial majority said their first intercourse was with someone of the opposite sex, over half had been in a steady relationship with their partner at the time; a very large percentage had used contraception or precautions. Approximately one-third said they should have waited longer before having sex; just over 1-in-10 said they shouldn't have waited so long and approximately half said it was the right time.

None of the respondents to the pilot who had had sexual intercourse reported ever having had an STD.

9.9.1 RECOMMENDATIONS FOR MAIN FIELDWORK:

Given the number of questions asked about current and past sexual behaviour, it was decided that D2_5 (ascribing reasons for their first sexual behaviour) should be dropped. It was not central to study requirements and there could be serious ex-post attribution issues which would make the interpretation of the data somewhat difficult.

9.10 SECTION E – PREGNANCY

The first two questions in Section E were asked only of girls who had ever been pregnant or who were pregnant at time of interview. A question on ever having had a child was asked of girls who had been pregnant, and all boys.

Table 9.8 Usage of Pregnancy related questions in previous GUI waves

Construct	Questions	9 years	13years
Current pregnancy status	E1		
Ever been pregnant	E2		
Young Person has children of their own	E3		

None of the Young People in the pilot reported ever having had children or having been pregnant.

9.10.1 RECOMMENDATIONS FOR MAIN FIELDWORK:

The Study Team recommended no changes to these questions for the main phase of fieldwork.

9.11 SECTION F – PHYSICAL HEALTH

Many of the health questions about the Young Person were asked of Parent One. Section F on the 17/18-year-old's Self-complete questionnaire supplements this information with questions on access or difficulties with access to healthcare, as well as their own weight perceptions.



Table 9.9 Usage of Physical Health questions in previous GUI waves

Construct	Questions	9 years	13years
Access or difficulties with access to healthcare	F1a - b		
Perception of weight, dieting behaviours	F2 - F8	√	√

Questions F2 - F8 included the ‘ESP: Eating disorder Screen for Primary care’. These five questions are intended to help health professionals to screen for eating disorders among adolescents. The Young People provided yes / no answers to questions such as ‘does your weight affect the way you feel about yourself?’ A cut-off of two or more affirmative answers to the five questions is suggested as indicating potential problems with eating behaviours (Cotton, Ball, & Robinson, 2003). These particular questions were new to the study at 17/18 years.

9.11.1 RECOMMENDATIONS FOR MAIN FIELDWORK:

Given the level of detail recorded on dieting and weight-related behaviours in this section, the Study Team proposed keeping the five items of the ESP: Eating Disorder Screen for Primary Care but dropping questions on frequency of weighing and whether or not the 17/18-year-old is currently trying to lose weight.

9.12 SECTION G – SELF-ESTEEM, LIFE EVENTS AND ATTITUDES

The measures in Section G were aimed at ascertaining the Young Person’s perception of themselves, their self-esteem, locus of control and attitudes to authority (opposition to authority scale). In addition, it included questions on experience of adverse life events and a one-item question on life satisfaction. The questions on the Young Person’s experience of adverse life events had been completed by Parent One (primary parent/guardian) in previous rounds of the study. It is, of course, possible that the Parent/guardian may not have known about the experience of all adverse (or other) events in the life of their child. This information was recorded directly from the main respondent (at this wave of the 17/18-year-old) for the first time at this round of the study.

Table 9.10 Usage of Self-Esteem, Life Events and Attitudes questions in previous GUI waves

Construct	Questions	9 years	13years
Rosenberg self-esteem scale	G1		
Locus of control scale	G2		
Opposition to authority	G3		
Self-efficacy	G4		
Adverse life events (although previously asked of parents)	G5		
One-item life satisfaction	G6		



9.12.1 ROSENBERG SELF-ESTEEM MEASURE (RSE)

9.12.1.1 INSTRUMENT RATIONALE AND DESCRIPTION

Self-esteem is a measure of the self-value and self-worth which an individual places on him/herself. Psychologists, psychiatrists, sociologists, and educators have identified global self-esteem as a factor that influences motivation, career aspirations, educational success, job satisfaction, and mental and physical health (e.g. Baumeister, Campbell, Krueger, & Vohs, 2003). The measure used in the pilot was a 10-item measure assessment of both positive and negative traits and feelings about oneself. Questions were answered on a 4-point scale: 'Strongly agree', 'Agree', 'Disagree', and 'Strongly disagree'. Items include, for example: 'At times, I think I am no good at all' and 'I feel that I have a number of good qualities'.

9.12.1.2 PSYCHOMETRIC INFORMATION

The Rosenberg Self-esteem measure (RSE) has good concurrent validity with other measures of self-esteem, such as the Coopersmith Self-Esteem Inventory and Harter's Self-Perception Profile for Adolescents (Hagborg, 1993). The measure also demonstrates good internal consistency ($\alpha = .88$) (Roth, Decker, Yorck Herzberg, & Braehler, 2008). In addition, the RSE correlates in the predicted direction with measures of depression and anxiety.

9.12.1.3 PERFORMANCE IN THE PILOT STUDY

Findings from the pilot showed that reliability for the 10-item self-esteem measure was high ($\alpha = .91$). There was reasonable variance in the self-esteem measure with some skewness towards the right hand (positive) side.

Findings showed that those engaged in harmful drinking patterns were also more likely to have lower self-esteem ($F = 6.66, p < .05$), while delinquency was also weakly associated with lower self-esteem ($B = -0.19, p = .07$). Although, as with other findings discussed in this report, causality could not be directly attributed in the pilot data.

Exploration of the pilot data revealed that neither mother's education nor Young Person's gender appeared to be linked to self-esteem, although positive associations between self-esteem and peer attachment were evident ($B = 2.26, p < .001$).

9.12.1.4 RECOMMENDATIONS FOR MAIN FIELDWORK

The Rosenberg Self Esteem Inventory worked well in the pilot, however the Study Team has been made aware of a 6-item revised version of the RSE which has been used to measure perceived self-worth (used by Bachman and Cobb in the longitudinal study of young American men and in ALSPAC (see: Bachman, O'Malley, & Johnston, 1984; O'Malley, Bachman, & Johnston, 1978) and the Millennium Cohort Study in the UK. Initial analysis in the GUI 17/18-year pilot data indicated that when the number of items was reduced from 10 to 6, reliability remained high ($\alpha = .87$). It was therefore proposed using this shorter measure in the main study.



9.12.2 LOCUS OF CONTROL

9.12.2.1 INSTRUMENT DESCRIPTION AND RATIONALE

People with an internal locus of control believe that they are in control of their own lives while those with an external locus of control see control as being out of their hands and dictated either by fate or people with power over them (Rotter, 1966). Locus of control is an important aspect of personality psychology because it helps explain why some people are more proactive about their lives than others.

The scale included in the study was the Rotter locus of control scale (Rotter, 1966). The scale consisted of five items measured on a six point scale from '1' *strongly agree* to '6' *strongly disagree*. An examples of an item includes: "Becoming a success is a matter of hard work. Lucky breaks have little or nothing to do with it".

Research has shown that people with an internal locus of control perform better in school and have better overall mental health than people with an external locus of control (Lang & Heckhausen, 2001; Prociuk & Breen, 1975; Prociuk, Breen, & Lussier, 1976).

9.12.2.2 PERFORMANCE IN THE PILOT STUDY

The internal locus of control scale had good internal consistency ($\alpha = .70$). While there was a higher likelihood of self-harming among those with lower internal locus of control ($F = 3.28, p = .07$) this was not found to be statistically significant within the pilot sample. Additionally, no associations were found for gender, mother's education, harmful drinking, or sexual behaviour in the pilot data.

9.12.2.3 RECOMMENDATIONS FOR MAIN FIELDWORK

Although, the Study Team had suggested this scale be dropped for the main study it was ultimately retained. However, in consideration of the feedback that this section of the Self-Complete Questionnaire was long and quite repetitive given the number of scales, the locus of control measure was moved to the end of the questionnaire.

9.12.3 ADAPTED BRIEF SELF-CONTROL SCALE

9.12.3.1 INSTRUMENT DESCRIPTION AND RATIONALE

Self-control is associated with better social adjustment, higher academic performance, and reduced instances of harmful levels of substance use or binge drinking (Tangney, Baumeister, & Boone, 2004). Tangney et al. also demonstrate that there is wide individual variability in the capacity for self-control. Low levels of self-control may be a possible risk factor for a range of personal and interpersonal problems.

The adapted brief control scale measures dispositional self-regulatory behaviours. The scale has 10 items rated on a five point scale from 1 "Very much like me" to 5 "Not at all like me". An example of the items included: "I have a hard time breaking bad habits"; "I say inappropriate things"; "I often act without thinking through the alternatives".



9.12.3.2 PSYCHOMETRIC INFORMATION

As noted above, in previous work the scale showed good internal consistency and retest reliability. Higher scores on self-control correlated with a higher grade point average, better adjustment (fewer reports of psychopathology, higher self-esteem), less binge eating and alcohol abuse, better relationships and interpersonal skills, secure attachment, and more optimal emotional responses (Tangney et al., 2004). Low self-control is thus a significant risk factor for a broad range of personal and interpersonal problems.

9.12.3.3 PERFORMANCE IN THE PILOT STUDY

In the pilot phase internal consistency for this measure was good ($\alpha = .64$). In terms of other measures on the questionnaire, self-control was associated with past or present eating disorders ($F = 14.96, p < .001$), having sexual intercourse ($F = 10.0, p < .01$), and past or present self-harm ($F = 9.98, p < .01$). Self-control was also negatively correlated with scores on the AUDIT ($r = -.34, p < .05$) and delinquency ($r = -.27, p < .05$). Self-control showed a significant positive relationship with self-esteem ($r = .40, p < .01$).

Higher self-control was positively associated with conscientiousness as per the parent-report on the TIPI personality scale ($r = .44, p < .01$).

9.12.4 OPPOSITION TO AUTHORITY

9.12.4.1 INSTRUMENT RATIONALE AND DESCRIPTION

This is an eight-item measure relating to attitudes towards authority which came from the UK-based ESRC 16-19 Initiative research programme (Banks et al., 1992). There is a four-point answer scale ranging from 'strongly agree' to 'strongly disagree'. The questions include, for example: 'It can be okay to do something which is against the law if it is to help a friend'. In the ESRC 16-19 study, reliabilities were reported as $\alpha = .56$ at Wave 1 and $\alpha = .69$ at Wave 2.

9.12.4.2 PERFORMANCE IN THE PILOT STUDY

Internal consistency for this measure was good ($\alpha = .77$). Boys were more likely than girls to show opposition to authority ($F = 7.87, p < .01$), and, while not significant, young people whose parents had lower levels of education tended to be more likely to oppose authority.

Young people with more emotional and behavioural problems (SDQ) were significantly more likely to show opposition to authority ($B = 0.25, p < .001$) as were those who reported higher levels of antisocial behaviour ($B = 0.41, p < .001$). Parent-reported personality traits for their 17/18-year-old (namely agreeableness and conscientiousness) were significantly associated with less opposition to authority ($B = -0.80, p < .05$; $B = -0.90, p < .01$ respectively). Finally, opposition to authority was correlated with higher levels of political cynicism ($r = .26, p < .05$).



9.12.4.3 RECOMMENDATIONS FOR MAIN FIELDWORK

The Study Team recommended retaining the scale measuring opposition to authority in the main phase of interviewing, as it was used in the pilot.

9.12.5 SELF-EFFICACY SCALE

9.12.5.1 INSTRUMENT RATIONALE AND DESCRIPTION

The six-item scale used to measure Self-efficacy was adapted from the scale used by researchers on the ESRC 16-19 Initiative research programme (Banks et al., 1992) and is an adapted version of Sherer and Maddox’s self-efficacy scale (Sherer et al., 1982). Items relate to general self-efficacy ‘If I can’t do a job the first time I keep trying until I can’ and social self-efficacy ‘I find it easy to make new friends’ with four answer categories ranging from ‘Strongly Agree’ to ‘Strongly Disagree’. In the ESRC 16-19 study, reliabilities ranged from .61 to .63 over three waves.

9.12.5.2 PERFORMANCE IN THE PILOT STUDY

The self-efficacy scale performed well in the pilot in terms of its internal consistency ($\alpha = .84$). It was significantly and negatively associated with self-harming behaviours ($F = 20.41, p < .001$), as well as self-report of having an eating disorder ($F = 5.02, p < .05$).

No significant differences were found in the current analysis for gender, mother’s education or alcohol use and self-efficacy.

9.12.5.3 RECOMMENDATIONS FOR MAIN FIELDWORK:

The Study Team recommended using the Self-efficacy scale in the main phase of fieldwork.

9.13 SECTION H – YOUNG PERSON’S FAMILY

This section recorded details on family relationships, with a main focus on the Young Person’s relationship with his or her mother and father. Young People were also asked about family time spent doing things together, parental control, and caring for another family member.

Table 9.11 Usage of Family Relationship questions in previous GUI waves

Construct	Questions	9 years	13 years
Relationship with mother	H1	√	√
Relationship with father	H2	√	√
Other adults you would turn to for advice	H3	√	√
Sibling relationships	H4 - H6	√	√
Family activities	H7	√	√
Parental control	H8		√
Caring for another family member, and time spent on this	H9	√	



9.13.1 NETWORK OF RELATIONSHIPS INVENTORY WITH MOTHER / FATHER

9.13.1.1 INSTRUMENT RATIONALE AND DESCRIPTION

Positive and supportive interactions between parents and children have been shown to impact positively on social behaviour, school grades and externalising behaviours (O'Connor, Hetherington, & Clingempeel, 1997). The parent-child relationship may be affected by the quality of the marital relationship, and vice-versa (Erel & Burman, 1995; McKeown, Pratschke, & Haase, 2003). The parent-child relationship has been highlighted by researchers as one of the salient factors mediating the association between family structure and child outcomes. Positive and supportive interactions between parents and children encourage appropriate social behaviour, and have been shown to raise school grades and decrease externalising behaviours (Mosley & Thompson, 1995; O'Connor et al., 1997).

Questions used in the pilot phase on the relationship with mother and father were taken from measures used by the German PAIRFAM study (Brüderl et al., 2018; Huinink et al., 2011). The Young Person reported on four dimensions of their relationship with their parents: 'intimacy', 'admiration', 'conflict' and 'reliability'. Each subscale comprises two items with a five-point frequency scale that goes from 'never' to 'always'. Sample items are 'you tell your mother what you're thinking' and 'your mother shows recognition for the things you do'. A fifth dimension, 'fear of love withdrawal', has three items with a five-point scale ranging from 'not at all true' to 'completely true'. It should be noted that the original translation from the German was 'not at all correct' to 'completely correct', however it is suggested that the wording 'not at all true' to 'completely true' is more suitable for the Irish sample. All questions were asked separately about mothers and fathers.

9.13.1.2 FINDINGS FROM THE PILOT STUDY

Internal consistency for the scale was high ($\alpha = .85, .79, .84$ and $.78$) for Intimacy, Admiration, Conflict and Trust subscales respectively, but were disappointing ($\alpha = .27$) for Reliability of parent.

Preliminary findings also demonstrate correlation between the parent-child relationship measure used at 13 (Pianta) and the current measure, in that conflict in the relationship at age 13 was associated with conflict at 17/18 years of age ($r = .35; p < .01$) as well as less positive aspects in the relationship, including intimacy ($r = -.52; p < .01$) and admiration ($r = -.43, p < .01$).

Links between aspects of the relationship with the Parent One and the monitoring and disclosure habits of the parent and Young Person were also highlighted. Overall, positive relationships were associated with significantly higher disclosing behaviours on the part of the Young Person, particularly intimacy ($r = .43, p < .01$) and admiration ($r = .49, p < .01$), which was also associated with higher levels of monitoring ($r = .24, p < .05$).

Both positive and negative aspects of the parent relationship with the Young Person were also reflected in the Young Person's peer relationships. For example, regression analysis of pilot data showed that intimacy in the relationship between the Young Person and their parent was associated



with significantly higher levels of peer attachment ($B = 1.9, p < .05$), trust ($B = 0.85; p < .05$), and communication ($B = 0.65; p < .05$), while conflict was positively associated with peer alienation ($B = 1.37, p < .001$).

9.13.2 PARENTAL MONITORING AND CONTROL, CHILD DISCLOSURE, AND MONITORING AND SUPERVISION SCALE

Two of the subscales from the Monitoring and Supervision Scale (Kerr & Stattin, 2000) – the Monitoring and Disclosure subscales – were included at questions C3 and C4. The Monitoring subscale has 9 items and includes statements about the parent’s knowledge of the Young Person’s schoolwork, what the Young Person does in his/her spare time, those whom they hang around with, and what they spend their money on. The Disclosure subscale has 5 items relating to how much the Young Person voluntarily discloses information about their friends, school and what they do in their spare time. Control is measured in the Young Person Self-Complete Questionnaire, but findings from the pilot will be discussed here given its close links with the other two subscales.

The Monitoring and Disclosure subscales were completed by Parent One and the Control scale was reported by the Young Person. A full discussion of the Monitoring, Disclosure and Control subscales are given in Chapter 11 above on Parent One’s main questionnaire in this report.

9.13.2.1 RECOMMENDATIONS FOR MAIN FIELDWORK:

This section worked very well on the whole in the pilot phase and no changes were envisaged for the main phase.

9.14 SECTION I – MENTAL HEALTH

Table 9.12 displays usage of mental health questions in the current and previous waves of the *Growing Up in Ireland* study.

Table 9.12 Usage of Mental Health questions in previous GUI waves

Construct	Questions	9 years	13years
Depression – Short Mood and feelings Questionnaire	I1		√
Anxiety and Stress – 2 subscales of the DASS	I2		
Diagnosis / treatment for depression and / or anxiety	I3 - I5		
Psychotic symptoms	I6		√

9.14.1 DASS21 (DEPRESSION, ANXIETY, STRESS SCALES)

The Depression, Anxiety and Stress Scales (DASS) (Lovibond & Lovibond, 1995) is a set of three self-report scales designed to measure the negative emotional states of depression, anxiety and stress.

9.14.1.1 INSTRUMENT RATIONALE AND DESCRIPTION

Each of the three DASS-21 scales contains 7 items. Because a measure of depression (the Short Mood and Feelings Questionnaire which was also used at age 13) has already been included in the Young Person questionnaire, it was decided to use only the Anxiety and Stress scales in the pilot.



Young People are asked to answer on a four point scale with responses of ‘Did not apply to me at all’, ‘Applied to me to some degree’, ‘Applied to me a considerable degree’ and ‘Applied to me very much’. Scores are summed to give the total score for each subscale. Scores can also be categorised into Normal, Mild, Moderate, Severe, and Extremely Severe.

9.14.1.2 PSYCHOMETRIC INFORMATION

The scales of the DASS have been shown to yield meaningful discriminations in a variety of settings, and to have high internal consistency (e.g. $\alpha = .80$ and $.84$) for the subscales of Anxiety and Stress respectively (Sinclair et al., 2012).

9.14.1.3 PERFORMANCE IN PILOT STUDY

The DASS21 is discussed in conjunction with the Short Mood and Feelings Questionnaire in Section 9.14.2.3 below.

9.14.2 SHORT MOOD AND FEELINGS QUESTIONNAIRE

9.14.2.1 INSTRUMENT RATIONALE AND DESCRIPTION

About 10% of all children report clinically significant signs of depression (Green, Mc Ginnity, Meltzer, Ford, & Goodman, 2005; O’Keeffe, Gavin, Cullen, & McNicholas, 2013). Although depressive disorders are relatively common in children and adolescents, many depressed youth do not seek or receive either psychiatric evaluation or treatment.

The Short Mood and Feelings Questionnaire (SMFQ) (Angold et al., 1995) was chosen for use in *Growing Up in Ireland* as it is a brief (13-item) self-report measure, and is a measure of childhood and adolescent depression which is relatively easy to administer. The 13 items come from the original Mood and Feeling Questionnaire (MFQ) and focus on affective and cognitive symptoms, including one item pertaining to low mood (I felt miserable or unhappy) and one item addressing anhedonia (I didn’t enjoy anything at all). The respondent rates each statement as 2 (true), 1 (sometimes true), or 0 (not true) over the past two weeks, yielding a maximum total score of 26 (Angold et al., 1995).

9.14.2.2 PSYCHOMETRIC INFORMATION

The developers of the SMFQ found it to have good internal reliability ($\alpha = .87$) (Rhew et al., 2010) using a school-based sample of 521 children aged between 11 and 13 also found internal reliability to be good ($\alpha = .84$).

The score for depression is calculated by summing across the items. Rhew et al. (2010) recommend a cut-off score of 8 or above (maximum possible score is 26) to differentiate between those who show clinically significant depressive symptoms and those who do not.

9.14.2.3 PERFORMANCE IN THE PILOT STUDY (SMFQ AND DASS21)

Reliabilities for the scales were $\alpha = .92$, $.91$, and $.94$ for DASS21 Stress, Anxiety, and SMFQ Depression respectively. This showed that internal consistency was universally high across all constructs. At 17/18,



measures for stress and anxiety were introduced with the recognition that these emotional states often co-exist, and indeed this was borne out by the correlations of ($r = .50$) for stress and depression, ($r = .35$) for anxiety and depression, and ($r = .86$) for stress and anxiety from the pilot data.

Analysis of pilot data did not provide evidence of a link between gender or mother’s education and stress, anxiety or depression. However, the findings did show that self-harm was associated with all three affective states (Stress: $F = 16.65$, $p < .001$; Anxiety: $F = 7.17$, $p < .01$; Depression: $F = 38.04$, $p < .001$). Finally, presence of an eating disorder was also associated with elevated depression ($F = 25.66$, $p < .001$) among a small number of Young People in the pilot.

9.14.2.4 RECOMMENDATIONS FOR MAIN FIELDWORK:

All three subscales (DASS stress and anxiety, as well as the SMFQ) worked well in the pilot in terms of both reliability and validity. The correlation between stress and anxiety was very high ($\alpha = 0.86$). From this perspective it was proposed to drop the stress subscale and retain DASS21 Anxiety and SMFQ Depression for the main study.

9.15 SECTION J – SELF-HARM

Section J tapped into whether or not the Young Person had ever self-harmed and if they did, the frequency, method and whether or not they sought medical help.

Table 9.13 Usage of Self-Harm questions in previous GUI waves

Construct	Questions	9 years	13years
Ever self-harmed	J1		
Frequency, method, and seeking medical help for self-harm	J2 - J4		

Somewhat less than one-quarter of Young Persons in the Pilot recorded that they had ever self-harmed. The overall trends for self-harm in the pilot sample were close to those of nationally representative reports from groups such as the National Suicide Research Foundation (NSRF) and the Health Service Executive (HSE) (Griffin et al., 2015).

9.15.1.1 RECOMMENDATIONS FOR MAIN FIELDWORK:

This is a very sensitive but important area in the life of a 17/18-year-old. The questions on self-harm worked well and no changes to this section were suggested for the main study.

9.16 SECTION K – EXPERIENCES OF BULLYING AS VICTIM OR PERPETRATOR AND COPING STRATEGIES

Section K asked the Young Person about their experience of being bullied or being a bully. It also asked about coping mechanisms more generally.



Table 9.14 Usage of Bullying questions in previous GUI waves

Construct	Questions	9 years	13 years
Been bullied in last 3 months	K1	√	√
Frequency, form and telling anyone about being bullied	K2 - K5	√	√
Bullied someone else in last 3 months	K6	√	√
Frequency and form of bullying	K7 - K8	√	√
Coping mechanisms	K9		

9.16.1 BULLYING

Prevalence levels for bullying at 17/18 years of age were low in the Pilot phase and no one recorded that they had bullied anyone in the previous 3 months. As these rates seemed surprisingly low, the Study Team recommended removing the filter question ‘Have you been bullied in the last 3 months?’ and instead asking everyone if they had been subjected to any of the full list of bullying behaviours in the last 3 months. Similarly, removal of filter questions on perpetration of bullying was also recommended.

9.16.2 COPING MECHANISMS

Coping mechanisms are the particular methods a person uses to deal with stresses or unanticipated situations. Coping mechanisms are important as they may have other positive or negative effects. For example, negative behaviours would include self-injury, drug use, alcohol use, and overeating, which in themselves can have long term physical and mental health consequences.

9.16.2.1 INSTRUMENT RATIONALE AND DESCRIPTION

Three coping strategies were assessed using a measure of coping derived from the Coping Strategy Indicator (CSI) (Amirkhan, 1990). This scale had been previously used in the Irish context as part of the My World Survey (Dooley & Fitzgerald, 2012). The selected coping strategies are: Problem solving; Seeking social support; and Avoidance. Higher scores on Problem solving and Seeking social support, and lower scores on Avoidance indicate more adjusted coping strategies. Young People are asked to indicate how, when they have difficulties or problems, they respond from ‘never’ to ‘always’ on a 5-point scale. Items are focussed on being proactive (‘I plan how to solve the problems before I do anything else’), approaching a friend (‘I go to a friend for advice’), or avoidance (‘I avoid the problem by spending more time alone’). The Problem-solving subscale has 5 items; the Social Support subscale 4 items and the Avoidance subscale 6 items.

Dooley and Fitzgerald (2012), indicated that the adapted version of the coping strategies scale demonstrated a three-factor structure in line with the original CSI and has shown good internal consistency.

9.16.2.2 PERFORMANCE IN THE PILOT STUDY

The measure worked well in the pilot and internal consistency was good for all subscales (α for Avoidance = .82, Problem solving = .84, and Seeking social support = .89).



Girls were more likely than boys to use problem solving as a coping mechanism ($F = 9.91, p < .01$). Furthermore, avoidance was associated with higher levels of anxiety ($r = .30, p < .01$), stress ($r = .34, p < .01$) and depression ($r = .58, p < .01$) in the Young Person. On the other hand, seeking social support or using problem-solving techniques were associated with significantly lower levels of stress and anxiety. Avoidance was also negatively correlated with parent report of ‘agreeableness’ in the Young Person’s personality ($r = -.44, p < .01$), as well as emotional stability ($r = -.23, p < .05$).

Higher levels of avoidance were associated with lower levels of peer attachment ($B = -1.24, p < .01$) and higher levels of alienation from peers ($B = 0.43, p < .01$). Problem-solving coping strategies were also linked to higher levels of peer attachment ($B = 1.45, p < .05$). Higher avoidance correlated with higher AUDIT scores ($r = .28, p < .05$), while problem-solving coping strategies correlated with lower scores ($r = -.24, p < .05$).

Furthermore, avoidance was found to be positively associated with the Young Person’s self-report of having an eating disorder ($F = 21.36, p < .001$), as well as being correlated with internet addiction ($r = .44, p < .01$), which in itself could be seen as an avoidant coping behaviour.

9.16.2.3 RECOMMENDATIONS FOR MAIN FIELDWORK:

Questions on bullying and coping styles were moved into a new Section L for the main phase. Question K5 on informing others of bullying was removed as not all participants would still be in school and no information on where they bullying took place – or by whom – was collected to place answers to K5 in context. The coping mechanisms section worked well in the pilot and no changes to this measure were proposed for the main phase of interviewing. An additional question was included for the main study, however, specifically on whether the young person could talk to their mother, father or another adult when they had difficulties or problems.

9.17 SECTION L – ANTI-SOCIAL BEHAVIOURS AND TROUBLE WITH AN GARDA SÍOCHÁNA (POLICE)

These questions asked the Young Person about driving, or allowing someone else to drive them, under the influence of drink or drugs, or over the speed limit. It also asked about their experiences of accidents and injuries, anti-social behaviour, being in trouble with the Gardaí (Police), and friends’ anti-social behaviour and use of drugs and alcohol.

Table 9.15 Usage of Anti-Social Behaviour questions in previous GUI waves

Construct	Questions	9 years	13 years
Driving or being driven under the influence of drink, drugs, or over the speed limit	L1		
Accidents and injuries and whose fault these were	L2 - L3		
Anti-social behaviour	L4		√
Trouble with the Gardaí (Police)	L5 - L9		√
Drug / alcohol use and anti-social behaviour by friends	L10 - L11		



Prevalence levels of risky behaviours associated with driving or being driven whilst under the influence of alcohol or drugs (Question L1) were low, as were levels of attending hospital or A&E in respect of road accidents, assaults, alcohol or drug poisoning (Question L2).

A broad range of anti-social behaviours were covered (Question L4). Although most Young People ‘Never’ participated in these activities, responses displayed credible variation depending on the degree of behaviour in question. For instance, some behaviours such as ‘not paying the correct fare on a bus or train’ were endorsed more frequently than, for example, causing physical injury to another person or animal or ‘deliberately setting fire to someone’s property or a building’. Approximately 46% of respondents in the pilot recorded that they had never participated in any of these activities.

This measure worked well at 13 years and related statistics can be found in the 13 Year reports.

Very low percentages of 17/18-year-olds recorded that they had been in trouble with or cautioned by the police or had participated in a Police Juvenile / Youth Diversion Project. Involvement with the courts service was similarly low in cases where the participant was not a witness.

9.17.1 RECOMMENDATIONS FOR MAIN FIELDWORK:

Given the very low prevalence levels for risky driving behaviours (Question L1), it was decided to drop these questions for the main phase. Further questions were subsequently removed given the response burden for the questionnaire in general, and this section in particular. These were Questions L2 and L3 on injuries due to assaults and accidents, L11 on friends being in trouble with Gardaí, and some of the items from L10 (problems with alcohol and drugs).

It was also decided to drop the question referring to ‘having details taken by Gardaí’ as it was felt that the question was ambiguous and did not necessarily refer to occasions where criminal activity was suspected. The content in this section was renamed Section M for the main phase following other structural changes elsewhere.

9.18 SECTION M – LEISURE ACTIVITIES AND INTERNET USAGE

Section M recorded details on screen time and internet use – asking young people to record the purposes for which they mostly used the internet. A measure of internet addiction was also included. Separately, young people were asked to record from a pre-coded list the activities in which they participated for fun or relaxation.

Table 9.16 Usage of Leisure Activities and Internet Usage questions in previous GUI waves

Construct	Questions	9 years	13 years
Time spent reading for pleasure, listening to music, watching TV / DVDs, social media, internet (mostly parent report at 9 years)	M1		√
What devices you use and what you use the internet for	M2 - M3		
Accessing potentially disturbing material on the internet	M4		
Internet addiction	M5		
Other activities for fun or relaxation	M6	√	√



There were high prevalence levels of common activities (though far from universal activities among all participants) as well as considerable variability in terms of the activities in which 17/18-year-olds participated. Among the most popular activities were social media consumption and listening to music.

9.18.1 INTERNET ADDICTION

Simply spending a lot of time online is not necessarily a sign of a Young Person having problems related to internet use. The term ‘excessive use’ has been used to indicate a pattern of use that is repetitive, compulsive and uncontrolled which is much more indicative of negative effects on well-being.

Results from Europe-wide research (EU Kids Online, 2010) suggest that those children who are most vulnerable to excessive internet use and its negative consequences are those who are older, have emotional problems and exhibit high levels of sensation-seeking. Spending more time online might lead children who are already psychologically vulnerable to reach pathological levels of excessive use.

Furthermore, previous research also identified a link between higher levels of internet use and higher levels of alcohol use (Ko et al., 2008; Yen, Ko, Yen, Chang, & Cheng, 2009). These studies also found a common personality link between the two.

9.18.1.1 INSTRUMENT DESCRIPTION AND RATIONALE

The measure used in the 17/18-year-old pilot was also used in the EU Kids Online survey (EU Kids Online, 2010). This was a thematic network coordinated by Professor Sonia Livingstone and Dr Leslie Haddon at the Department of Media and Communications, London School of Economics and Political Science.

The measure used contains 6 statements such as ‘*Felt bothered when I cannot be on the internet*’, with answer categories ranging from ‘*Never or almost never*’, ‘*Not very often*’, and ‘*Very or fairly often*’.

9.18.1.2 PERFORMANCE IN THE PILOT STUDY

The measure worked well in the pilot study showing good internal consistency, ($\alpha = .76$). Other analyses showed significant and positive correlations with depressive symptoms ($r = .25, p < .05$), and ($r = .28, p < .05$) for total AUDIT scores. This lends some support to the literature that internet addiction belongs to a group of problem behaviours in young people.

Potential psychosocial proneness to problem behaviours as mentioned above was also demonstrated in the link between higher levels of emotional and behavioural difficulties (measured by the SDQ) ($B = 0.15, p < .05$) and internet addiction.

9.18.1.3 RECOMMENDATIONS FOR MAIN FIELDWORK:

This section became Section N under the amended questionnaire structure for the main phase. The Study Team decided to move questions on leisure activities to the Young Person main questionnaire, both to reduce the burden of the self-completion part of the questionnaire and to facilitate an open-



ended response option to capture other activities not in the presented list⁶. In addition the question on ‘uses for the internet’ was expanded to incorporate a wider range of activities including social media apps that had previously been in the Young Person main questionnaire.

The question on type of device used to access the internet was dropped as it was felt that it was less useful information given the proliferation of devices with internet connectivity. Young people who attended the post-pilot focus group told the Study Team that it was very difficult to give an accurate estimate of time spent in various modes of screen-time so the open ‘hours and / or minutes’ answer option was changed to an ordinal format of ‘none’, ‘less than an hour’, etc. A question on ‘multi-screening’ was also added on the basis of the feedback from the focus group.

Finally, the Locus of Control items (Rotter, 1966) were moved here from an earlier place in the questionnaire.

9.18.1.4 ADDITIONAL CHANGES

For the main study, a closing paragraph was added to the Young Person sensitive questionnaire as follows:

*“The people responsible for **Growing Up in Ireland** would like to make it clear that a lot of the activities mentioned in this questionnaire are dangerous and undesirable and that some of them are illegal. Drinking alcohol, taking drugs, fighting and so on can cause damage, pain and injury for everyone involved. You may also have indicated that you are experiencing worries, anxiety or depression.*

If you have answered yes to any of the activities or experiences we would ask you to reflect on the following:

Could these activities cause you harm or put you at risk?

Does your participation in these activities ever make you worried or upset?

Have you ever spoken to anyone about being worried or upset about these activities?

If you have indicated that you are worried, anxious or depressed have you spoken to someone about this?

If any of these issues apply to you it is important that you talk to someone. If you tell the interviewer at the end of the interview they will put you in touch with someone who can talk to you about the issues in question. Alternatively, you can phone one of the Helplines on the list which will be provided.”

⁶ No open-ended responses are included in the self-complete questionnaires. All answer options to questions are closed.



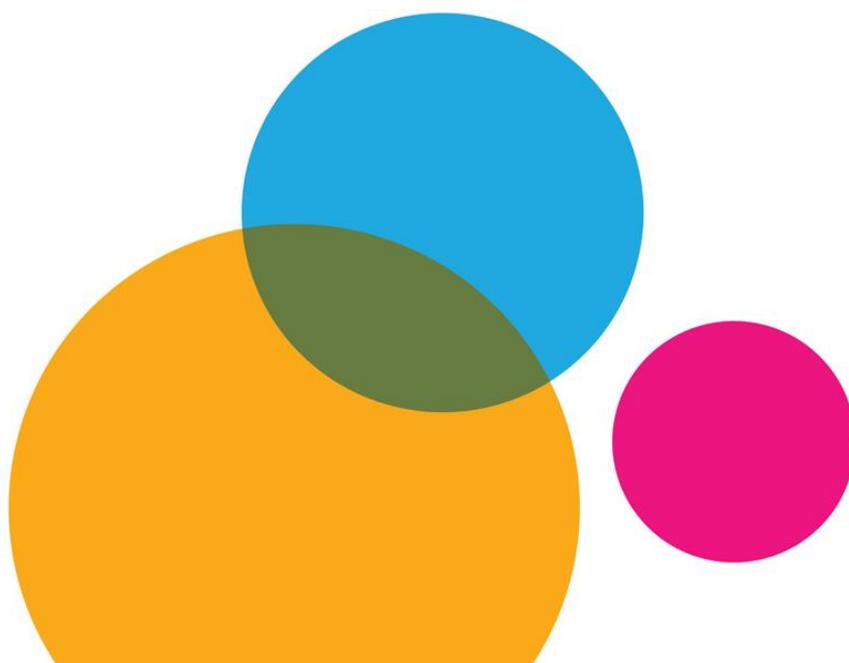
It was intended that this piece, in conjunction with the list of helplines and wallet-sized card with the numbers of the Study Team and the Samaritans, would encourage young people affected by the issues in the questionnaire to seek help.





Chapter 10

YOUNG PERSON COGNITIVE TESTS





10 YOUNG PERSON COGNITIVE TESTS

10.1 INTRODUCTION

Measuring cognitive development is an important component of *Growing Up in Ireland*. The challenge faced by the Study Team at 17/18 years of age was to find an age-appropriate set of questions to measure cognitive development longitudinally. It was also important to find measures that possessed strong measurement properties, could be used as part of a large quantitative survey and which would not place an unacceptable response burden on the Young Person in an otherwise lengthy questionnaire. A variety of measures such as elements of the Wechsler Adult Intelligence Scale (WAIS) were considered by the SAG, but they would have added considerably to the survey length with a consequent increase in respondent burden.

In the pilot phase of the study, interviewers administered three cognitive tests to the Young Person after the main (administered) interview and before the Self-Complete Questionnaire.

These tests were a Semantic Fluency test, a Vocabulary test and three mathematical questions. These tests allowed continuity with previous measures while preventing learning effects and issues around familiarity with testing procedures common in longitudinal studies deploying a fixed bank of cognitive tests. The semantic fluency and numerical tasks were drawn from similar tasks employed in Irish Longitudinal Study of Aging (TILDA) and were suggested by the SAG as they would allow comparative work between the two datasets.

The three tests used in the pilot are in Appendix A10. The content of the vocabulary test has been redacted for copyright reasons, the other tests are more freely available so have been retained in full.

10.2 SEMANTIC FLUENCY TEST

The Semantic Fluency Test, otherwise known as the 'Animal Naming Test', involved the participant naming as many animals as they could think of in one minute. This type of test draws on general knowledge in long-term memory and requires use of executive function to access that knowledge and self-monitor responses for repetitions, acceptable items etc.

According to (Tombaugh, Kozaki, & Rees, 1999), this type of task features as part of many wider batteries of cognitive function and usually people are asked to name animals (in preference to fruit, colours etc.). Although often associated with testing among older people or those suspected of some cognitive impairment, there are now norms for cognitively healthy individuals ranging in age from 16 to 95 years (Tombaugh et al., 1999). Tombaugh et al. (1999) found variation in performance on the animal naming task by both years of education and age. The mean number of animals named in a minute for young adults aged 16-19 years was 21.5. The animal naming task has been used successfully in an Irish context by The Irish Longitudinal Study of Aging (TILDA).

In the Pilot phase interviewers wrote down the names of animals which the Young Person called out and totalled the number of acceptable answers, recording their estimate on the test sheet. As a cross-check of the accuracy of the interviewer's estimate, a member of the Field Support Team checked the



list of animals and estimated their own total of acceptable answers. The two estimates were then compared as a measure of how feasible it would be to have interviewers total the number of animals recorded in the field, rather than relying on Field Support Staff to do this once test sheets were returned. In the majority of cases (89%), Field Support Staff estimated the same total as the interviewer and in most of the remaining cases, the difference was just one. These results suggested that it would be appropriate to have interviewers enter a final total score for this test. As a supplemental check, interviewers audio recorded participant's responses to the naming test on a digital voice recorder. Field staff in the Head Office subsequently checked the accuracy with which the test was administered by the interviewers, with feedback being given to interviewers as required.

The total score as verified by Field Support Staff (where different) was used for subsequent analysis. The mean number of answers correct was 21.2 (n=134), which corresponded with the expected score based on norms for this age group. There was good variance, with scores ranging from a minimum of 10 to a maximum of 41, and a standard deviation of 5.8 with an approximately normally distributed spread of scores.

10.3 VOCABULARY TEST

In the pilot the 17/18-year-old's vocabulary was tested using the same vocabulary measure given to BCS70 participants at age 42 and the Millennium Cohort Study when participants were 14, in 2015. The words originally came from the standardised vocabulary tests devised by the Applied Psychology Unit at the University of Edinburgh in 1976. The task includes 20 words that increase sharply in difficulty. Each word is accompanied by five other words and the Young Person has to choose which of the five is closest in meaning to the target word. The test is completed on paper with a time limit of four minutes.

While a measure of vocabulary does not give as broad a picture of an individual's cognitive skills as a wider battery of assessments, there is a widely observed correlation between measures of vocabulary and other measures of intelligence. Graves (2008) summarises Bauman's three hypotheses for this relationship as (a) expanding one's vocabulary facilitates increases in intelligence/cognitive ability, (b) wider vocabulary reflects a wider knowledge base or (c) greater intelligence facilitates the acquisition of a wider vocabulary. In addition, vocabulary measures frequently form a core component of intelligence batteries; and reading ability or verbal reasoning (closely related to vocabulary) were measured with this cohort at both 9 and 13 years.

Example item asked in the vocabulary test:

1 Chair Poor Step Seat Thick Mat

The vocabulary test was completed on a multiple choice format test sheet. The completed test sheets were not corrected by interviewers in the field but returned to the Study Team, where actual answers were recorded and syntax was used to calculate the number of correct answers.



The mean number of words correct (out of 20) was 9, or 45%. This was somewhat lower than the 63% recorded by the BCS70 cohort at age 42 years, but it is expected that the breadth of vocabulary increases with age (up to a point). There was good variance with a minimum score of 2 and a maximum of 19, with a standard deviation of 3.6. The vocabulary data also showed an approximately normal distribution.

Table 10.1 Frequency of correct answers for individual words on the vocabulary test (n=134)

Word No.	% Correct	Word No.	% Correct
1	99	11	48
2	47	12	43
3	91	13	34
4	72	14	22
5	42	15	29
6	37	16	40
7	66	17	25
8	86	18	<20%
9	34	19	25
10	19	20	22

The table above shows the percentage correct scores across the pilot sample for the vocabulary test. The table suggests that the ordering of words is not strictly hierarchical although there was a general trend for the earlier words to be answered correctly more often than the later ones.

10.4 FINANCIAL LITERACY/NUMERACY TEST

The third component of the cognitive assessment consisted of three short questions aimed at testing the Young Person’s ability to work out relatively simple mathematical calculations. The three individual questions have been used with an Irish sample in The Irish Longitudinal Study of Aging (TILDA). As in the vocabulary test, the questions were answered on paper, with extra space provided to allow the Young Person to perform any calculations. There was no fixed time limit for completing the questions.

While the questions do not form part of a standard measure, they are similar to other questions that have been used in other surveys such as the 2009 National Financial Capability study in the USA. In addition, they serve as a contrast to the vocabulary measure – being less language focused – and the issue of financial literacy and numeracy is a topic of interest among researchers and policy makers, particularly in the area of behavioural economics and future employability.

Example of a question:

Question 3: Let’s say you have €200 in a savings account. The account earns 10% interest per year. How much would you have in the account at the end of two years? Assume compound rather than simple interest.



The Young Person’s final answers were recorded by the interviewer who did not score them. Answers were entered by Field Support Staff and corrected syntactically. The third question, which involved an interest calculation, was marked as correct if the answer corresponded to either the value after simple interest or compound interest. An additional point was awarded for the latter calculation giving a maximum score of 4.

The mean score (out of 4) was 2.4, with a minimum of 0 and a maximum of 4 correct (SD = 1.3). Table 10.2 shows the distribution of total scores from 0 to 4.

Table 10.2 Frequency of total scores on Financial Literacy / Numeracy questions

Total number correct	%
0 or 1	21%
2	34%
3	20%
4 (incl. compound interest)	25%

In terms of individual questions, 85% answered Question 1 correctly (effectively calculate 10% of 1,000, see Appendix A10 for actual wording). A lower percentage answered Question 2 about division of lottery winnings (59%) and Question 3 on an interest calculation (66%). However, if only compound interest was accepted as a correct answer for Question 3, just 28% would have been correct.

Table 10.3 Frequency correct on individual Financial Literacy / Numeracy items (n=134)

Item No.	Description	% Correct
1	Disease risk (calculate 10% of 1000)	87%
2	Lottery winnings (divide €2m by 5)	59%
3 (all)	Interest (calculate simple or compound interest @ 10% p.a. on €200 for two years and add to original sum)	66%
	Of which simple interest	39%
	Of which compound interest	28%
Total	Percent of Young People with maximum points	25%

10.4.1 INTER-RELATIONSHIPS BETWEEN THE TESTS

There was a significant positive correlation between scores on the animal naming test and scores on the vocabulary test ($r = .45, p < .001$). There were also significant positive correlations between the total financial literacy / numeracy score and both animal naming ($r = .29, p < .01$) and vocabulary ($r = .49, p < .001$; bearing in mind the limited range of scores on the numeracy measure which could range between 0 – 4).

10.4.2 RELATIONSHIP WITH OTHER VARIABLES

The overall number of pilot participants in some categories were small, and some items had a limited range, so scores here should be considered as indicative of trends.



All three cognitive had a positive correlation with the 17/18-year-old's self-rating of their ability in exams. (Asked in the main interview before they attempted the cognitive tests). When their self-rating is recoded 1 - 4 where 1 = 'just below average' and 4 is 'above average', the correlations with the test scores were $r = .25$ ($n = 70$, $p < .05$) for the semantic fluency (animal naming test), $r = .35$ ($n = 70$, $p < .01$) for vocabulary and $r = .41$ ($n = 70$, $p < .001$) for financial literacy.

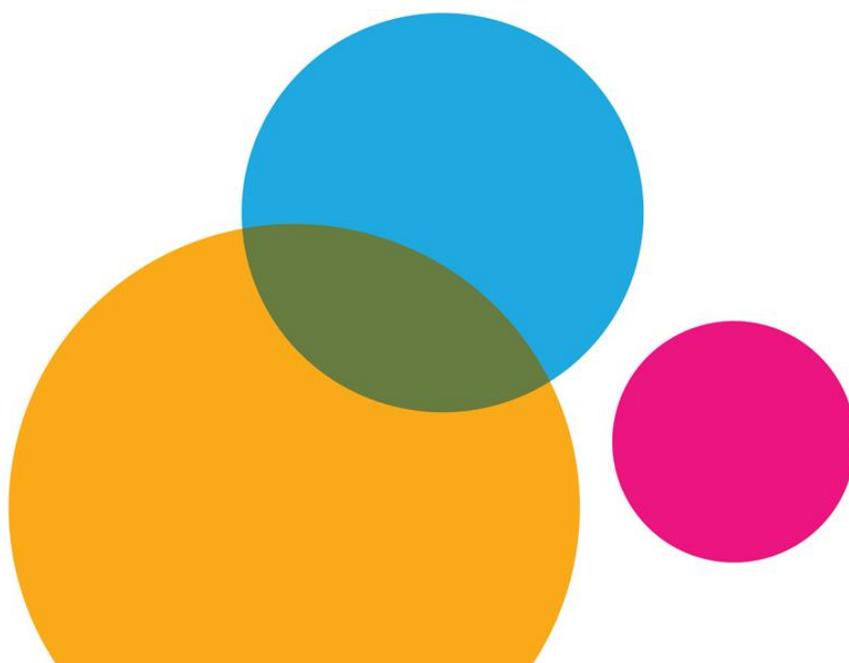
10.4.3 RECOMMENDATION FOR MAIN STUDY

The Study Team recommended that the three cognitive tests administered in the pilot phase be continued unchanged into the main study at 17/18 years of age. The proposal to score the mathematics literacy test such that the final item would be scored with two points if a compound interest approach were taken, and 1 point if a simple interest approach were taken was implemented. This broadened the possible range of scores for the mathematics literacy test from 0 - 3 to 0 - 4.



Chapter 11

PARENT ONE AND PARENT TWO MAIN QUESTIONNAIRE





11 PARENT ONE AND PARENT TWO MAIN QUESTIONNAIRE

11.1 INTRODUCTION

This chapter considers the Main questionnaire for Parent One and Parent Two, which were administered by the interviewer. The Parent Two questionnaire was a substantially abbreviated version of the Parent One questionnaire. It recorded background information and characteristics only on Parent Two and did not repeat any of the factual information on the Young Person, which was already recorded in the course of the Parent One interview.

Copies of the main questionnaires administered in the Pilot phase for Parent / Guardian One and Two are enclosed in Appendix A11 and A13. The corresponding revised versions proposed for the Main Phase of fieldwork will be contained in the Appendices for the Main 17/18 year design and instrumentation report.

11.2 QUESTIONNAIRE CONTENT

11.2.1 SECTION A: PARENT ONE HEALTH

These questions recorded details on the parent’s own general health, chronic illness / disability, physical activity and medical insurance.

Table 11.1 Usage of Parent One Health questions in previous GUI waves

Construct	Questions	9 years	13 years
Parent One general health	A1	√	√
Ongoing chronic illness or disability, nature and diagnosis	A2 - A6	√	√
Parent One’s physical activity	A7	√	√
Parent One’s perception of own weight and dieting habits	A8 - A9	√	√
Parent One and Young Person medical insurance cover / medical card	A10 - A15	√	√

These variables have been used at all previous phases of *Growing Up in Ireland* (Child and Infant Cohorts). They worked well in the pilot phase at 17/18 years of age, as in previous rounds of the study. With the usual caveat regarding the smaller number of cases in a pilot sample, the distributions in question represent a good spread of answers across response categories and were generally in line with expectations.

The information in this section represents key background information on the parental health status. No changes to the questionnaires for the main phase of the study were recommended for this section.

11.2.2 SECTION B: YOUNG PERSON’S HEALTH AND ILLNESS

Parent One was also asked about the physical health of the Young Person, as it was assumed that they would have the most knowledge regarding access to healthcare, diagnosis and adequacy of supports etc.



Table 11.2 Usage of Young Person’s Health and Illness questions in previous GUI waves

Construct	Questions	9 years	13 years
Young Person’s general health in past year	B1	√	√
Young Person’s chronic health conditions, nature and impact of condition on the Young Person, and diagnosis	B2 – B4	√	√
Inability to access GP or specialist health care services	B5 – B5a	√	√
Conditions affecting Young Person’s learning in school, age of diagnosis and medication, where relevant	B6 – B10	√	√
Type and adequacy of supports received in school where relevant	B11 – B12	√	√
Type and adequacy of supports received outside school where relevant	B13 – B14	√	√

Overall, a small number of the pilot sample suffered from a longstanding illness, condition, or difficulty. The section also recorded new information on the nature of chronic conditions experienced by the Young Person, whether or not s/he was hampered by it, and whether or not it has been diagnosed by a medical professional. A total of seven disabilities were included in this set of questions (at Qs. B2 – B4).

Evidence of restricted access to a consultation with a GP or medical practitioner was extremely low across the pilot sample.

Questions B6 – B10 dealt with conditions that affected the Young Person’s learning in school. Questions B11 – B12 targeted supports in school. Questions B13 – B14 were concerned with supports outside school. This set of questions recorded more detail in the 17/18-year survey than in previous surveys.

11.2.3 RECOMMENDATIONS FOR MAIN FIELDWORK

Only minor modifications were proposed for the questionnaires in this section for the main phase of fieldwork.

Firstly, it was proposed to move the question on special educational needs to a later part of the questionnaire to avoid the impression of repetition with the initial health and disability questions. There was still some overlap, for example in relation to sensory impairments and intellectual disabilities, but advisors on the respective topics felt that distinct questions were necessary to adequately cover both issues.

Secondly, in the pilot the 17/18-year-olds asked (in Section B of their main interview) to record the number of dental fillings and extractions which they had received. On de-briefing the interviewers, it became clear to the Study Team that almost all of the Young Persons referred to their parent on this matter. Interviewers felt that it was more sensible to simply address the question to the Young Person’s Parent / Guardian.



11.2.4 SECTION C: FAMILY CONTEXT

This section recorded details from the Parent / Guardian about discussions they had had with the Young Person on their plans for the future, and parental aspirations for the Young Person. It also recorded details on monitoring and disclosure patterns between parent / guardian and the Young Person.

Table 11.3 Usage of Family Context questions in previous GUI waves

Construct	Questions	9 years	13 years
Young Person's education status	C1a	√	√
How often discussed school / college and plans for the future with the Young Person	C1b		
Educational aspirations for the Young Person	C2	√	√
Questions on parental monitoring and Young Person's disclosure	C3 – C4		√
Family activities together	C5	√	√
Immediate concerns for the Young Person	C6		

11.2.5 RECOMMENDATIONS FOR MAIN FIELDWORK:

Overall the section worked well in the pilot. No recommendations for change were made for the main phase of fieldwork.

11.2.6 MONITORING AND SUPERVISION SCALE.

Two of the subscales from the Monitoring and Supervision Scale – the Monitoring and Disclosure subscales – were included at Questions C3 and C4. The Monitoring subscale has nine items and includes statements about the parent's knowledge of the child's schoolwork, what they do in their spare time, whom they hang around with and what they spend their money on. The Disclosure subscale has five items relating to how much the Study Child voluntarily discloses information about their friends, school and what they get up to in their spare time. Control is measured in the Young Person Self-Complete Questionnaire, but findings from the pilot are presented here given its close links with the other two subscales.

11.2.7 PSYCHOMETRIC INFORMATION

Kerr and Stattin (2000) report reliabilities for a sample of 703 14-year-old students and 539 of their parents who completed the questionnaires (mother, father or other guardian). Internal consistency reliabilities for the subscales were substantial for both student and parent scores respectively: Monitoring ($\alpha = .89, .86$), Disclosure ($\alpha = .84, .81$), and Parental Control ($\alpha = .82, .77$). The authors point out that mothers and fathers can have different levels of knowledge under certain conditions (e.g. Crouter, Helms-Erickson, Updegraff, & McHale, 1999) however this was not addressed in their study because they could not compare mothers and fathers in the same families as they did not collect data from both. This issue can be addressed in *Growing Up in Ireland*.



11.2.8 PERFORMANCE IN THE PILOT STUDY

Analysis of the pilot data indicated that the internal reliability of the Monitoring, Disclosure, and Control subscales were $\alpha = .73, .72, \text{ and } .84$) respectively.

Analysis of Variance was used to explore whether gender (of the child) was associated the levels of monitoring, disclosure or control. Girls were significantly more likely to be monitored, and to spontaneously disclose information to their mothers ($F = 5.69, p < .05; F = 4.23, p < .05$) than boys. These findings replicate those of the original authors and also of the findings from the *Growing Up in Ireland* 13 year pilot.

Using regression analysis, it was also found that monitoring and control were both negatively associated with total Young Person AUDIT scores measuring alcohol intake ($B = -0.34, p < .05; B = -0.28, p < .01$). Monitoring and control were also found to be negatively correlated with levels of Young Person delinquency ($B = -0.21, p < .05; B = -0.16, p < .05$). Other findings relating to these measures, for example links to the parent-Young Person relationship, are discussed in Chapter 9 on the Young Person Self-Complete Questionnaire.

11.2.9 RECOMMENDATIONS FOR MAIN FIELDWORK:

It is proposed that question C2 in the pilot concerning educational aspirations of the parent for the 17/18-year-old be asked only of those who haven't already left education. It is also proposed that the questions at C3 - C4 relating to parental monitoring and disclosure are kept as they have provided good information in the past, and appear to be working well in the pilot.

The Study Team recommended C5 (on family activities undertaken together) be removed from the pilot questionnaire. The wording of the question was too oriented towards younger children. It was proposed that the question be replaced in the main phase of fieldwork by additional questions on how well both caregivers perceive that the family gets on together as a unit. It was proposed that this question on how well the family gets on together also be asked of the Young Person him / herself, thus allowing triangulation of all main participants in the study.

11.2.10 SECTION D YOUNG PERSON'S EMOTIONAL HEALTH AND WELLBEING

The Strengths and Difficulties Questionnaire and short form personality questionnaire are asked of the parent as they were at 9 years and 13 years.

Table 11.4 Usage of Emotional Health and Wellbeing questions in previous GUI waves

Construct	Questions	9 years	13 years
Strengths and Difficulties Questionnaire	D1	√	√
Personality measure - Ten Item Personality Inventory	D2	√	√



11.2.10.1 THE STRENGTHS AND DIFFICULTIES QUESTIONNAIRE (SDQ).

The SDQ is a 25-item scale that provides an outcome measure of psychological adjustment across behavioural and psychosocial domains of hyperactivity / inattention, peer problems, conduct problems, emotionality and pro-sociality. It has good psychometric properties (Goodman, 1997).

The Strengths and Difficulties Questionnaire has been a most important scale in the study across all phases from the 3-year sweep with the Infant Cohort and has provided an invaluable outcome measure for the child's / Young Person's socio-emotional well-being. The Study Team is very conscious that at 17/18 years of age, the respondents are at the upper limit for use of the scale. However, the scale has been used successfully with participants in this age group (Hartberg, Clench-Aas, Raanaas, & Lundqvist, 2015). The SDQ questionnaire developers suggest not changing the wording to reflect an older age group in order to maintain the integrity of the questionnaire and ensure direct comparability with previous waves of *Growing Up in Ireland* and also with studies conducted in other countries.

11.2.10.2 PSYCHOMETRIC INFORMATION

A nationwide epidemiological sample of nearly 10,000 British 5 - 15-year-olds found reliability to be good, with internal consistency $\alpha = 0.82$ for the total difficulties score in the parent version and a test-retest correlation over a 4-6 month period of .72 among a subsample of just over 2,000 parents (Goodman, 2001). The same author also found that SDQ scores above the 90th percentile predicted a substantially raised probability of independently diagnosed psychiatric disorders (Odds ratio of 15.2 for the parent-reported total difficulties score).

11.2.10.3 PERFORMANCE IN THE PILOT STUDY

In terms of internal consistency, reliability findings were good for the subscales in the pilot data. For example, alphas were high for Hyperactivity ($\alpha = .72$), Prosocial behaviour ($\alpha = .76$), Peer problems ($\alpha = .67$), and Emotional symptoms subscales ($\alpha = .71$). Scores were somewhat lower for Conduct problems ($\alpha = .62$). The alpha for the Total Difficulties scales was ($\alpha = .64$). Overall, the total difficulties scores were relatively low for the pilot group, as they were at 13, (maximum score of 24 out of 40) with a mean score of 6.9.

The total difficulties measure and all the subscales from the SDQ showed fairly high levels of consistency over time (i.e., since 13 years): Total difficulties ($r = .80, p < .001$); Emotion ($r = .48, p < .001$); Hyperactivity ($r = .68, p < .001$); Conduct ($r = .52, p < .05$); Peer problems ($r = .68, p < .001$) and Prosocial behaviour ($r = .74, p < .001$).

Some findings from the pilot indicate that higher total difficulties scores were associated with higher alcohol use scores on the Alcohol Use Disorders Identification Test (AUDIT) ($B = 0.23, p < .05$), higher internet addiction scores ($B = 0.15, p < .05$) and higher levels of peer alienation ($B = 0.35, p < .01$). Further findings using this measure were discussed throughout Chapter 9.



11.2.11 THE TEN ITEM PERSONALITY INVENTORY (TIPI).

This is a ten item scale measuring Openness, Conscientiousness, Extraversion, Agreeableness and Neuroticism (Gosling et al., 2003). Many of the personality scales measuring the 'Big-Five' personality dimensions are very long and, because of time limitations and the need to reduce response burden in an already very substantial questionnaire in *Growing Up in Ireland*, are not appropriate for use within the current Study. The TIPI scale was previously used with this cohort at age 13 years and so provides longitudinal continuity in a most important measure of the Young Person's development.

11.2.11.1 PSYCHOMETRIC INFORMATION

Although the psychometric properties are somewhat inferior to standard multi-item instruments, this scale is still regarded as useful where personality is not the primary topic of interest, as is the case in the *Growing Up in Ireland* (Gosling et al., 2003). The scale's authors stress that the TIPI was not designed with internal consistency in mind as it was developed to measure very broad domains with only two items per domain. With such a small number of items in each dimension, other researchers have pointed out that the use of Cronbach's alpha is often misleading (e.g. Woods & Hampson, 2005). In the case of the TIPI, the goal instead was to create a short instrument that maximised validity.

11.2.11.2 PERFORMANCE IN THE PILOT STUDY

Internal consistency was moderate to good across the subscales for the parent report on the Young Person's personality. Alphas for the scales were as follows: Extraversion $\alpha = .60$; Agreeableness $\alpha = .56$; Conscientiousness $\alpha = .57$; Emotional stability $\alpha = .66$; and Openness $\alpha = .53$. Correlations between the parent-report and Young Person-report of personality were also significant across each of the subscales.

Exploring associations with other measures indicated that conscientiousness on the parent-reported TIPI was associated with lower scores on the Alcohol Use Disorders Identification Test (AUDIT) ($B = -1.32, p < .01$), higher self-control ($B = 0.15, p < .01$) and higher self-esteem ($B = 0.90, p < .05$). Emotional stability was also associated with higher self-esteem ($B = 1.55, p < .001$) as well as higher self-efficacy ($B = 0.59, p < .05$). Agreeableness was negatively associated with antisocial behaviour ($B = -1.35, p < .001$), while emotional stability was linked to stronger attachment to peers ($B = 3.48, p < .01$).

These findings indicated that individuals who were more agreeable were also significantly less likely to display problematic internet usage patterns, discussed in Chapter 8 ($B = -0.63, p < .05$).

Certain dimensions on the parent-report of the TIPI (agreeableness and emotional stability) were also associated with aspects of the relationship between parent and Young Person. For example, being agreeable was associated with intimacy and admiration for one's parent ($r = .35, p < .05$; $r = .36, p < .05$) while emotional stability was associated with higher levels of admiration ($r = .30, p < .05$).

Many of the findings outlined here were also echoed in the Young Person's report of personality traits using the TIPI.



11.2.12 RECOMMENDATIONS FOR MAIN FIELDWORK:

The Study Team recommended inclusion of both these important scales (SDQ and TIPI) in the main field phase with the 17/18-year-olds. The use of the TIPI scale in both the parent and Young Person questionnaire provides a bridge to the next wave of data collection when the measure will be used only with the Young Person.

11.3 SECTION E PARENT’S SOCIO-DEMOGRAPHICS – PES, CLASS, WORK-LIFE BALANCE

Parent One was asked about the socio-demographics of the household, including information on accommodation, parental occupation and work-life balance. Items relating to the household such as income, accommodation, and social welfare receipt were asked of the Young Person in the event that s/he has moved out of the family home and is the new Head of Household. These socio-demographic and household characteristics are essential for analysis of the data.

Table 11.5 Usage of Parental Socio-Demographic questions in previous GUI waves

Construct	Questions	9 years	13 years
Details on family’s accommodation	E1 - E2	√	√
Work status, occupation and working hours of Parent One	E3 - E22	√	√
Occupation of Parent Two	E23	√	√
Work-life balance	E24	√	√

11.3.1 RECOMMENDATIONS FOR MAIN FIELDWORK:

These questions on the background characteristics of the family have been used in all stages of the study. They performed as expected in the pilot phase. It was proposed that they be continued to the main phase of fieldwork with only two minor modifications.

First, it was proposed that pilot question E1 (on the family’s access to a garden or common space) be dropped. The relevance of this to the development of 17/18-year-olds (relative to earlier stages of development) is questionable. Secondly, it was proposed that pilot question E6 on commuting time be dropped.

11.3.2 SECTION F PARENT ONE BACKGROUND CHARACTERISTICS

Section F of the pilot questionnaire focused on parent education, languages spoken in the home, literacy / numeracy, citizenship and ethnic background. Many of these questions will only be asked of new respondents. New respondents principally enter the study in any given wave by becoming a spouse or partner of a former respondent.



Table 11.6 Usage of Parent background characteristics questions in previous GUI waves

Construct	Questions	9 years	13 years
Parent One education	F1 - F7	√	√
Language spoken most often in the home	F8	√	√
Literacy / numeracy (if new respondent)	F9 - F10	√	√
English literacy	F11	√	√
Religion (if new respondent) and spirituality	F13 - F15	√	√
Citizenship, country of birth and length of time in Ireland (if new respondent)	F16 - F20	√	√
Ethnic background	F21	√	√

These questions had been used in previous waves of the study (with both the Infant and Child cohorts). Forward feed of information previously collected was used as appropriate. For example, level of education previously recorded, citizenship and whether or not the respondent was born in Ireland.

11.3.2.1 RECOMMENDATIONS FOR MAIN FIELDWORK:

It was recommended that the majority of these questions continue to be used in the main study as they were in the pilot.

On the suggestion of the international advisers it was proposed that questions on parental literacy and numeracy be dropped as they were likely to be less relevant to this age group. The primary language spoken in the home continues to be asked in Section F8.

11.3.3 SECTION G HOUSEHOLD INCOME

As in previous waves of the study, Parent One was asked about sources and amount of household income, social welfare dependency, difficulty making ends meet, indicators of material deprivation or access to resources in the home, as well as financial support they may be giving to the Young Person.

Table 11.7 Usage of Household Income questions in previous GUI waves

Construct	Questions	9 years	13 years
Sources of household income	G1 - G2	√	√
Household income from all household members	G3 - G5	√	√
Social welfare dependency	G6 - G11	√	√
Deprivation, including Basic Deprivation Scale	G12, 14 - 16	√	√
Degree of ease of difficulty in making ends meet	G13	√	√
Car ownership	G17 - G18		√
Effects of recession on family	G19 - G20		√
Difficulties with loan repayments	G21		
Financial support provided to the Young Person and whether regular or irregular, and amount	G22		
Money received from the Young Person	G23		



11.3.3.1 BASIC DEPRIVATION SCALE (ESRI)

This scale consists of 11 items relating to poverty in areas such as food, clothing, furniture, debt and minimal participation in social life. The index can be used on its own as a measure of non-monetary deprivation. This measure was developed by the Economic and Social Research Institute (ESRI) and has been previously used very widely in research on income, poverty and deprivation within Ireland and elsewhere. It has also been used in both *Growing Up in Ireland* cohorts.

11.3.3.2 PERFORMANCE IN THE PILOT STUDY

Internal consistency (in the relatively small pilot) was moderate ($\alpha = .55$). At this stage of the analysis some items had zero scores, though this is not surprising given the relatively small number of respondents. Significant correlations with deprivation included delinquency ($r = .48, p < .01$), alcohol use (AUDIT) ($r = .37, p < .01$), and self-esteem ($r = -.29, p < .05$), which was significantly lower for those living in deprivation.

11.3.3.3 OTHER NEW QUESTIONS IN SECTION G:

Questions G22A - G22D were included in the pilot to record details on monetary transfers from the parent(s) / guardian(s) to the Young Person and vice versa.

Feedback from interviewers clearly indicated that these questions were overly ambitious in their information content. Respondents found it difficult at question G22D to quantify the amount of money provided to the Young Person in respect of all items included at G22B. Accordingly, it was felt best to limit the amount of money transferred (as recorded at pilot question G22D) to direct transfers in the form of an allowance or 'pocket money'.

Pilot questions G19 - G20 were included in previous rounds of the study and reflected the economic circumstances of the time. The focus was on the effects of the recession and impact on the family. In light of changed and changing economic circumstances, this question was felt to be outdated. The Study Team considered it more appropriate to pose similar questions in more general terms of changing financial circumstances for the family.

11.3.3.4 RECOMMENDATIONS FOR MAIN FIELDWORK:

It was recommended that these questions be used in the main study broadly as they were in the pilot, with the changes outlined above: revisions to pilot question G19 - G20 on changes in the family's financial circumstances since the Young Person was 13 years of age; changes to pilot questions G22B - G22D to include an estimate only of the amount of money given to the Young Person as 'money to spend as they wish'; deletion of pilot question G22C; expansion of the wording of pilot questions G21 - G21A to include 'loans and debt', not just loans (as was used in the pilot questionnaires).

11.3.4 SECTION H NEIGHBOURHOOD / COMMUNITY INVOLVEMENT

Parent / Guardian(s) of the Young Person were asked about time living in local area and their perceptions of the quality and safety of the area.



Table 11.8 Usage of Community Involvement questions in previous GUI waves

Construct	Questions	9 years	13 years
Time in local area (if address has changed from Wave 2)	H1	√	√
Likelihood of living in Ireland in 5 years times	H2		
Perceptions of local area – quality and safety	H3 - H4	√	√
Concerns about criminal activity by gangs in local area	H5		

The information recorded was in line with expectations and focused on the family’s perception of and attachment to their local neighbourhood. Pilot question H5a - H5b on parental concerns about gang-related activity in the area were new to this wave. They appear to have worked well.

11.3.4.1 RECOMMENDATIONS FOR MAIN FIELDWORK:

It was recommended that these questions be used in the main Fieldwork as they were in the pilot, with only minor changes – principally the restructuring of reasons for concerns about criminal gangs from fully open-ended to a small number of categorical responses plus the inclusion of an option of ‘other specify’.

11.3.5 SECTION I INTERGENERATIONAL CHARACTERISTICS

These questions recorded details on intergenerational characteristics of the family, recording information on the family circumstances of Parent One when s/he was 16 years of age as well as details on the Young Person’s grandparent(s). These latter included levels of education; age and cause of death.

Table 11.9 Usage of Intergenerational Characteristics questions in previous GUI waves

Construct	Questions	9 years	13 years
Parent One family structure at 16	I1 - I2, I7		
Age of parents of Parent One, currently or at death and cause of death if relevant	I3 - I6		
Educational achievement of parents (of Parent One)	I8		
Work status of parents when Parent One was 16	I9		
Main occupations of mother and father of Parent One (where applicable)	I10		
Household degree of ease of difficulty making ends meet when Parent One was 16	I11	√	

Interviewers reported on de-briefing that this set of questions was typically well received by the respondents. Though there was interest in adding more intergenerational variables, the Study Team did not recommend adding further questions to this section as the response burden would become too high.

11.3.5.1 RECOMMENDATIONS FOR MAIN FIELDWORK:

It was recommended that these questions be used in the main phase of fieldwork with only two minor modifications. The first was in the categories used in recording the educational attainment of the



Young Person's grandparents. The revision represents a substantial simplification of the categories used, relative to those included in the pilot phase. The second change was a minor change in wording around referring to the age at which the Young Person's grandparents 'passed away' rather than 'age at which they died' (pilot questions I4a and I6a).

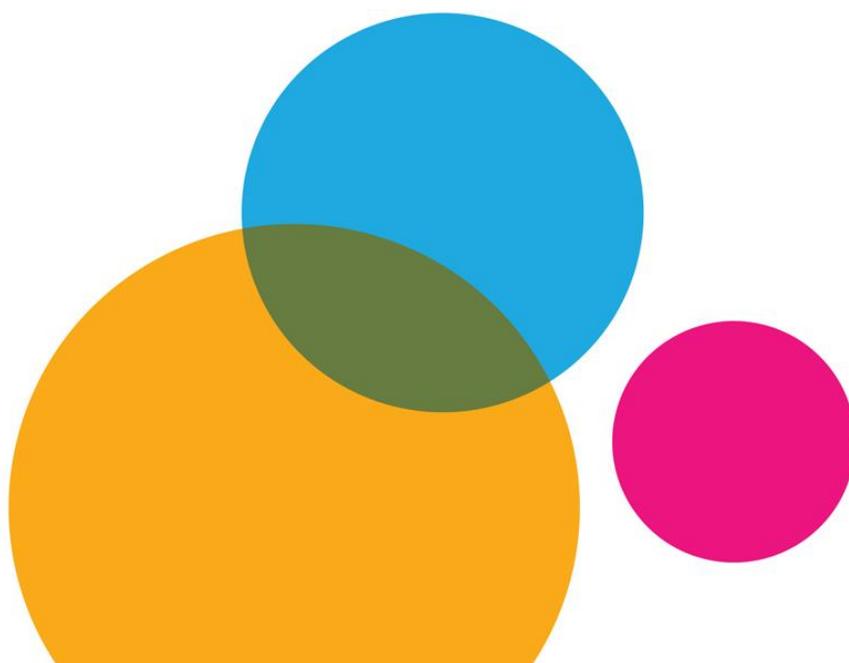
11.4 PARENT ONE AND TWO NON-SINGLETON QUESTIONNAIRE

Questionnaires related to a twin or triplet of the main study child were also developed for Parent / Guardian One and Two. These questionnaires were simply reduced versions of the questionnaires outlined above, with very substantial reductions in length.



Chapter 12

PARENT ONE AND TWO SELF-COMplete QUESTIONNAIRE





12 PARENT ONE AND TWO SELF-COMPLETE QUESTIONNAIRE

12.1 INTRODUCTION

Although the main questionnaire completed by Parent One was substantially longer than that completed by Parent Two, a common questionnaire was self-completed in the pilot by both resident Parent(s) / Guardian(s), as relevant. It was proposed that a common instrument also be used in the main phase of interviewing at this round of the study.

The Parent One Self-Complete Questionnaire was self-completed on a laptop provided by the interviewer. The interviewer prepared the laptop for the respondent and took him/her through a few demonstration questions to make sure that s/he understood how to work the laptop and enter answers. This was the approach adopted in all previous rounds of the study in filling out the self-completion questionnaires and has worked very well throughout the study.

A copy of the Parent One and Parent Two Self-Complete Questionnaires used in the Pilot phase of fieldwork is enclosed in Appendix A12 and A14. The corresponding revised questionnaires proposed for the main phase of fieldwork will be enclosed in the Appendices of the Main 17/18 year design and instrumentation report.

12.2 QUESTIONNAIRE CONTENT

As in previous waves of the Study, the Self-Complete section of the questionnaire used in the pilot phase recorded some more sensitive information from the respondent. It contained the following broad sections:

Section A	Relationship to Young Person (and for Parent One only – reasons for departures from the household grid)
Section B	Parental Marital Status
Section C	Parental Efficacy and Pregnancy Status
Section D	Parental Alcohol Use
Section E	Parental Smoking and Drug-taking
Section F	Parental Depression
Section G	Parental and Relative's Trouble with the Gardaí
Section H	Knowledge of Young Person's Drinking, Drug Use and Discussion of Sexual Health and Sexual Orientation
Section I	Resident Parent's Information on Non-resident Parent



12.2.1 SECTION A RELATIONSHIP TO YOUNG PERSON

The first questions in this section were designed to capture information relating to transitions out of the household since Wave 2; and were asked only of Parent One. They also recorded details on the relationship of the Parent(s) / Guardian(s) to the Young Person and whether s/he was a biological, adoptive or foster parent of the child. These latter questions were asked of both parents /guardians if they were new respondents.

This section worked well, as in previous waves of the Study.

Table 12.1 Usage of Relationship to Young Person questions in previous GUI waves

Construct	Questions	9 years	13 years
Details on person(s) from Wave 1 who are no longer on household grid	S3 - S5		√
Is respondent the biological parent (new respondents only)	S6	√	√
Details on adoptive Study Children (if relevant and a new respondent)	S7 - S11	√	√
Details on fostered Study Children (if relevant and a new respondent)	S12 - S18	√	√

12.2.1.1 RECOMMENDATIONS FOR MAIN FIELDWORK:

It was recommended that these questions be used in the main study as they were in the pilot, with no changes.

12.2.2 SECTION B PARENTAL MARITAL STATUS

Questions S19 - S23 recorded details on the current / previous marital status of the parent(s). The quality of the couple relationship was indexed using the short 4-item form of the Dyadic Adjustment Scale (DAS-4) (Sabourin, Valois, & Lussier, 2005); and was asked only where the parent had a resident spouse / partner.

Table 12.2 Usage of Parental Marital Status questions in previous GUI waves

Construct	Questions	9 years	13 years
Marital status	S19 - S24	√	√
Nature and quality of marital / partner relationship including Dyadic Adjustment Scale	S25 - S28	√	√

Pilot questions S19 - S23 recorded information on the legal marital and partnership status of respondents. In light of the pilot experience, the Study Team felt that a minor point of clarification should be added to question S19 to record details on what best describes the respondent's 'current legal marital status'. Equally, it was proposed that the fifth response category for this question be changed from: 'Never married' to '*Never married (including living with partner)*'. Some respondents who were living as partners but not legally married were uncertain how to answer this question. The recommended change broadened the scope of this answer option to include co-habiting relationships (where the parent had never been married).



12.2.2.1 THE FOUR-ITEM SHORT FORM OF THE DYADIC ADJUSTMENT SCALE (DAS-4).

The 4-item DAS (Sabourin et al., 2005) provided an assessment of dyadic satisfaction based on participants' self-reports and is used as a means of assessing the quality of a marriage / partnership. Compared with the original 32-item version of the DAS, it was found to be effective in predicting couple dissolution. This brief version, and the 7-item version, have been used in previous waves of *Growing Up in Ireland* and so provide longitudinal continuity in measuring quality of partner relationships.

12.2.2.2 PSYCHOMETRIC PROPERTIES

Sabourin et al. (2005), found alpha reliability for the 4-item measure to be high ($\alpha > .81$) at all levels of couple distress. The reliability of the DAS-4 increased to ($\alpha = .92$) for non-distressed participants. The standardised alpha for the DAS-4 was ($\alpha = .84$) and the standardised alphas for the alternative DAS-7 used in previous studies were ($\alpha = .85$) (Sharpley & Rogers, 1984) and ($\alpha = .94$) for the original DAS-32. Differences among the short versions of the DAS were not found to be substantial. Therefore the four-item version preserved good internal consistency.

12.2.2.3 PERFORMANCE IN THE PILOT STUDY

The measure showed good alpha reliability in the pilot ($\alpha = .60$). Quality of parental relationship was significantly linked to the different aspects of the parent-Young Person relationship. For example, stronger parental relationships (higher scores on the DAS) were associated with higher levels of intimacy and admiration in the parent-Young Person relationship ($B = 0.31, p < .001$; $B = 0.17, p < .01$ respectively). Higher DAS scores were also associated with lower conflict between the parent and Young Person ($B = -0.12, p < .05$).

Furthermore, the measure correlated positively with parental Monitoring ($r = .43, p < .01$) and Disclosure ($r = .31, p < .05$) and negatively with the Young Person's Antisocial behaviour ($r = -0.37, p < .01$), which is likely mediated by the parent-Young Person relationship. Better parental relationships were also associated with lower levels of maternal depression ($r = -.26, p < .05$).

12.2.2.4 RECOMMENDATIONS FOR MAIN FIELDWORK:

It was recommended that these questions be used in the main fieldwork as they were in the pilot, with the few small changes mentioned above.

12.2.3 SECTION C PARENTAL STRESS

Section C focused on stress, specifically related to parenting. Female respondents were also asked about their pregnancy status.



Table 12.3 Usage of Parental Stress questions in previous GUI waves

Construct	Questions	9 years	13 years
Parental stressors subscale of the Parental Stress Scale (Berry & Jones, 1995)	S29	√	√
Current pregnancy status (asked only of female respondents)	S30	√	√

12.2.3.1 PARENTAL STRESS SCALE

For Wave 3, as in Wave 2, it was intended to use the Stressors subscale (6 items) from the full 18 item Parental Stress scale (Berry & Jones, 1995), which aimed to assess parental stress for both mothers and fathers and for parents of children with and without clinical problems. The full scale was used by *Growing Up in Ireland* in Wave 1 of the Infant Cohort, and has been reduced to just the stressors subscale on the basis of data collected at that stage.

12.2.3.2 PERFORMANCE IN THE PILOT STUDY

The measure had good internal consistency ($\alpha = .77$). It was also positively correlated with maternal depression ($r = .43, p < .01$), and negatively with some of the more positive aspects of parenting, including intimacy ($r = -.35, p < .01$) and admiration ($r = -.34, p < .01$).

Where maternal stress levels were elevated, parental monitoring tended to be lower ($r = -.24, p < .05$) and levels of antisocial behaviour were higher ($r = .46, p < .01$).

12.2.3.3 RECOMMENDATIONS FOR MAIN FIELDWORK:

It was recommended that these questions be used in the main data collection as they were in the pilot, with no changes.

12.2.4 SECTION D PARENTAL ALCOHOL CONSUMPTION

Section D recorded details on the frequency and the quantity of consumption of wine, beer and spirits in “an average week”, while further questions screen for alcohol misuse.

Table 12.4 Usage of Parental Alcohol Consumption questions in previous GUI waves

Construct	Questions	9 years	13 years
Alcohol consumption	S31 - S32	√	√
Problematic alcohol consumption (FAST)	S33 - S37		√

12.2.4.1 FAST ALCOHOL SCREENING TEST (FAST)

The Fast Alcohol Screening Test (FAST) (Hodgson, 2002) is a short version of the Alcohol Use Disorders Identification Test (AUDIT) questionnaire (Babor et al., 1992), a very useful and robust screening test for problematic alcohol use. The FAST questionnaire consists of just 4 items and screens for hazardous drinking as well as harmful drinking and dependence. Administration is very straightforward and the questionnaire can be self-completed. Average administration time is less than 20 seconds.



Information about alcohol consumption and number of units consumed was asked at age 9 but the FAST questionnaire was introduced to the Parent Questionnaire at age 13 for *Growing Up in Ireland*.

12.2.4.2 PSYCHOMETRIC INFORMATION

The FAST scale was developed using 3,000 administrations in over 100 medical settings. Cronbach’s alpha for the correlation between items was reported to be $\alpha = .77$, with one week test-retest reliability given as ($r = .81, p < .001$) (Hodgson et al., 2002). A check on specificity and sensitivity (see: Altman & Bland, 1994), compared to the original AUDIT using 2,185 patients admitted to an A&E setting found the sensitivity of the FAST to be 93% with 88% specificity.

12.2.4.3 PERFORMANCE IN THE PILOT STUDY

Regression analysis showed that scores on the FAST alcohol screening measure (comprised of a subset of the main questions from the AUDIT scale) were associated with living in deprivation ($B = 0.48, p < .05$) as well as the Young Person’s antisocial behaviour ($B = 1.23, p < .05$).

Although a link between parental stress or depression and alcohol use may have been expected, this was not the case in the current analysis, where the overall alcohol usage was relatively low among this sample. Almost 50% reported never drinking 6 or more drinks in one sitting, 38% reported doing this “less than monthly” and smaller numbers reporting “monthly” or “weekly”. A very low number of parents were classified as hazardous drinkers in the pilot; therefore it was not possible to make any further comment on statistical associations at this point.

12.2.4.4 RECOMMENDATIONS FOR MAIN FIELDWORK:

It was recommended that these questions be used in the main phase of data collection for this wave as they were in the pilot, with no changes.

12.2.5 SECTION E PARENTAL SMOKING AND DRUG USE

Questions S38-S41 asked about the parent’s own current smoking and habits and taking of non-prescribed drugs.

Table 12.5 Usage of Parental Smoking and Drugs questions in previous GUI waves

Construct	Questions	9 years	13 years
Current smoking habits	S38 - S39	√	√
Number of smokers in household	S40	√	√
Current use of illicit drugs	S41	√	√

These questions were included when the Young Person was 13 years of age and worked as expected in the pilot study at 17/18 years of age. They are important questions about parental / guardian behaviour and it was proposed to continue to use them in the main phase of data collection at this wave.



12.2.5.1 RECOMMENDATIONS FOR MAIN FIELDWORK:

It was recommended that these questions be used in the main study as they were in the pilot, with no changes.

12.2.6 SECTION F PARENTAL DEPRESSION

In this section respondents were asked to record whether they had ever received a formal diagnosis of depression, anxiety, or phobias and whether they were currently being treated for that condition. In addition, respondents were also asked to complete a short self-report screening instrument for depression (the Centre for Epidemiological Studies - Depression – CES-D scale).

Table 12.6 Usage of Parental Depression questions in previous GUI waves

Construct	Questions	9 years	13 years
Formal diagnosis of depression, anxiety, phobias and treatment	S42 - S43	√	√
CESD Depression Scale	S44	√	√

12.2.6.1 CENTRE FOR EPIDEMIOLOGICAL STUDIES DEPRESSION SCALE (CESD-8)

The 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 (Melchior, Huba, Brown, & Reback, 1993). *Growing Up in Ireland* uses the short (8 item) version of the CES-D, which correlates highly with the full 20-item version. This measure has also been used in previous waves of *Growing Up in Ireland*.

12.2.6.2 PSYCHOMETRIC INFORMATION

In previous research, the CES-D showed good internal reliability consistency ($\alpha = .86$) and the shortened scale correlates highly ($r = .93$) with the original 20-item version of the instrument. Test-retest reliability is similarly high ($r = .83$ and $r = .87$) for assessment at 6 and 12 months respectively (DiClemente et al., 2005). The concurrent validity of the scale has been established through its association with other depression measures such as the Beck Depression Inventory (Melchior et al., 1993). Furthermore, it has been shown to discriminate depressive disorders from other forms of psychopathology (e.g. Roberts, Andrews, Lewinsohn, & Hops, 1990).

12.2.6.3 PERFORMANCE IN THE PILOT STUDY

Reliability for this measure was good ($\alpha = .84$), and a positive association with the Young Person’s depressive symptomology was also found ($B = 0.59$, $p < .01$). Furthermore, maternal depressive symptoms were associated with elevated levels of antisocial behaviour ($B = 0.41$, $p < .01$), and the drinking behaviour of the Young Person ($B = 0.49$, $p < .01$). While a small percentage of the pilot sample could be classified as potentially depressed, the actual numbers were very small which made it difficult to carry out further analysis on this group at this time.



12.2.6.4 RECOMMENDATIONS FOR MAIN FIELDWORK:

It was recommended that these questions be used in the main study as they were in the pilot, with no changes.

12.2.7 SECTION G PARENTAL AND RELATIVE'S TROUBLE WITH AN GARDA SÍOCHÁNA (POLICE)

The Parent / Guardian Self-Complete Questionnaire also recorded details on their own and other family members' contact with the Criminal Justice System (CJS) as well as their knowledge of the Young Person's contact with the CJS. Questions on the extent of criminal associations in the Young Person's close family were suggested by some experts as possibly indicating a risk to the Young Person becoming involved in crime.

The set of questions in this section of the questionnaire worked well, recording the information as anticipated.

Table 12.7 Usage of Familial Contact with Policing Services questions in previous GUI waves

Construct	Questions	9 years	13 years
Contact with Criminal Justice System and prison	S45	√	√
Knowledge of Study Child's contact with the Gardaí or CJS	S46		
Young Person's sibling contact with the Gardaí or CJS	S47a - s 47b		
Young Person's aunts / uncles' contact with the Gardaí or CJS	S47c - d		

12.2.7.1 RECOMMENDATIONS FOR MAIN FIELDWORK:

It was recommended that these questions be used in the main study as they were in the pilot, with no changes.

12.2.8 SECTION H KNOWLEDGE OF YOUNG PERSON'S DRINKING, SMOKING, DRUG-TAKING; DISCUSSION OF SEXUAL HEALTH AND SEXUAL ORIENTATION

The Parent/Guardian was asked whether (to the best of their knowledge) the 17/18-year-old had ever tried alcohol, cigarettes or cannabis/Marijuana. Four response categories were given: definitely; probably; possibly; I don't know.

Research has shown that parents can have a positive influence on adolescents' sexual behaviours (Hutchinson, Jemmott, Jemmott, Braverman, & Fong, 2003). Adolescents who talk to a parent about initiating sex have been found to initiate sex at a later age, be more likely to use condoms and to have fewer sexual partners. Furthermore, young people who have more open conversations with their parents about sex are less likely to ask friends for advice and as a result are less likely to conform to peer norms of sexual behaviour (Whitaker & Miller, 2000).

Question S49 in the Pilot questionnaire recorded whether or not the Parent/Guardian had ever spoken to their child about a range of sexual issues, including sexual intercourse, contraception and sexually



transmitted infections. This information is important to explore the extent to which parents openly communicate about sex with their child and the implications this may have for sexual behaviour.

Table 12.8 Usage of Parental Knowledge of Young Person's Risky Behaviours questions in previous GUI waves

Construct	Questions	9 years	13 years
Knowledge of Young Person's drinking, smoking, cannabis use	S48		
Discussion of sexual health issues with the Young Person	S49		✓

The set of questions in this section of the questionnaire worked well, recording the information as anticipated.

12.2.8.1 RECOMMENDATIONS FOR MAIN FIELDWORK:

It was recommended that these questions be used in the main study as they were in the pilot, with no changes.

12.2.9 SECTION I RESIDENT PARENT'S DETAILS ON NON-RESIDENT PARENT

These questions were asked of the resident parent when the other biological parent was not resident in the household. As is clear from Table 12.9 these questions were included in previous waves of the study.

Table 12.9 Details on Non-Resident Parent questions in previous GUI waves

Construct	Questions	9 years	13 years
Where other biological parent lives (or is deceased)	S51	✓	✓
Nature of previous relationship with child's non-resident parent	S52 – S53	✓	✓
Custody / shared parenting arrangements	S54 – S56	✓	✓
Non-resident parent's (NRP) contact with Young Person	S57 – S59	✓	✓
Maintenance arrangements	S60	✓	✓
Current relationship with NRP	S61 – 62	✓	✓
Permission to approach non-resident parent	S63	✓	✓

12.2.9.1 RECOMMENDATIONS FOR MAIN FIELDWORK:

It was recommended that these questions be used in the main study broadly as they were in the pilot. The only change proposed by the Study Team was an update to pilot question S53 to reflect the older age of the Young Person at this wave, as follows:

“Do you have a formal or informal parenting arrangement regarding <Young Person> and where s/he lives?”

To:

“Do you and <Young Person's> other parent have a formal or informal arrangement regarding <Young Person> and where s/he lives?”

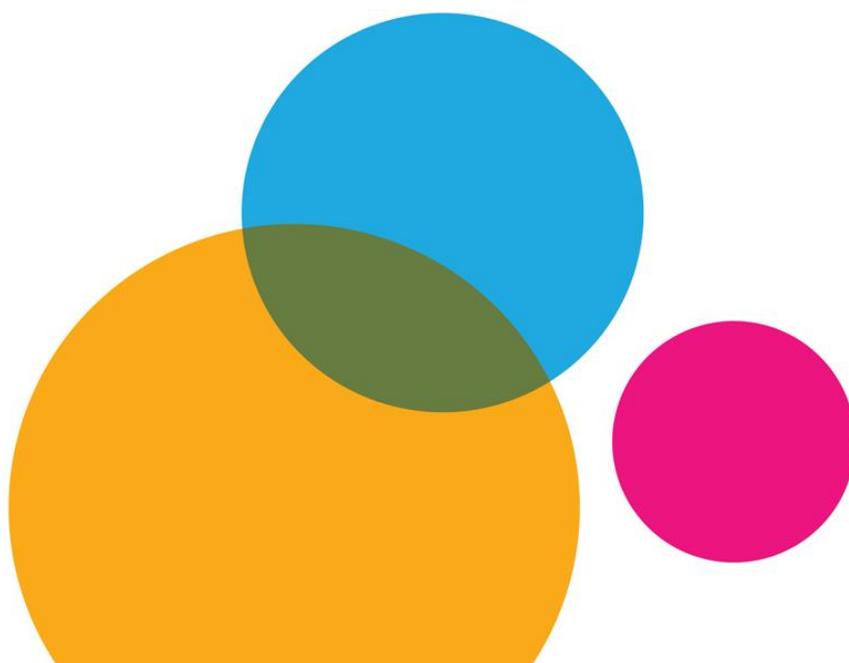


The proposed change in the question reflected a move away from ‘parenting arrangements’ to more general ‘arrangements’.



Chapter 13

OTHER QUESTIONNAIRES AND RESPONDENTS





13 OTHER QUESTIONNAIRES AND RESPONDENTS

13.1 INTRODUCTION

A postal questionnaire was also carried out with non-resident biological parents of the 17/18-year-olds, where the contact details could be secured from the resident parent. Previous study waves have shown that the overall response rate from non-resident parents will be in the region of 40%.

Despite a low response rate, the Study Team felt that information from non-resident parents would remain an important element of the study. Multiple postal contacts accompanied by follow-up phone calls were used to maximise responses in this group.

13.2 PARENT LIVING ELSEWHERE QUESTIONNAIRE

A postal questionnaire was issued to the biological parent(s) of a 17/18-year-old who was not living with the Young Person at the time of the interview, where consent and contact details could be recorded from Parent One in the course of his/her Main Questionnaire.

The 'Parent Living Elsewhere' questionnaire was relevant only in circumstances in which the Young Person lived with his / her other biological parent in a parental home (in contrast to the Young Person's own home). The questionnaire included issues such as:

- Socio-demographic characteristics of the non-resident parent
- Quantity, frequency and quality of contact with the Young Person and how arrangements were reached
- Financial arrangements (maintenance etc.) between non-resident and resident parents
- Nature of relationship with the Young Person's mother/father at the time when she became pregnant with child, timing of separation and guardianship status (asked only of male non-resident parents)
- Current relationship with Parent One of the Young Person and input to his / her upbringing

The postal 'Parent Living Elsewhere' questionnaire is clearly dependent on securing the contact details from the resident parent. It has been included successfully in all previous rounds of the study.

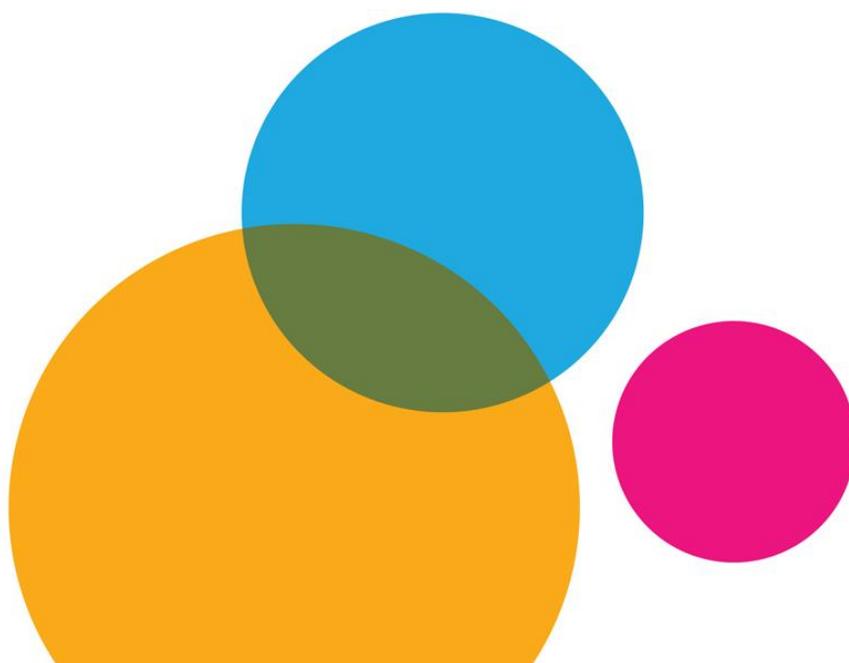
13.2.1 RECOMMENDATION FOR NON-RESIDENT QUESTIONNAIRE AT 17/18 YEARS OF AGE

The Study Team recommended that the postal non-resident questionnaire continue to be used as part of the process in the main fieldwork with the Child Cohort at 17/18 years of age.



Chapter 14

PRINCIPAL QUESTIONNAIRE





14 PRINCIPAL QUESTIONNAIRE

14.1 INTRODUCTION

In the course of the Young Person’s main questionnaire the respondent was asked to indicate the school currently or most recently attended. This worked well in the pilot phase in identifying the school being attended by the 17/18-year-old. A total of 47 separate secondary schools were identified in the course of the pilot phase. The reader is reminded that the Young Person was initially recruited through a random sample of 910 Primary Schools at 9 years of age (from a then current population of circa 3,200). By 17/18 years of age they were dispersed across the secondary sector - hence the 47 schools identified in the pilot. It is quite likely that almost all of the 730 second-level schools in the country will be included in the postal school-based phase of the main study at 17/18 years of age.

In the main phase of the project the school Principal of the schools in question will be sent a questionnaire for self-completion and return in the post. Given the timing of fieldwork for the pilot phase of the study, which took place at the end of the academic school year, it was not possible to issue the Principal Questionnaire in the pilot. However, a copy was issued to ten schools at the beginning of the next school year (September 2015) when the schools re-opened to make sure that data were recorded in an appropriate manner. The Principal’s questionnaire proposed for use in the Main phase of the Study will be enclosed in the Appendices of the Main 17/18 year design and instrumentation report.

14.2 CONTENTS OF PRINCIPAL QUESTIONNAIRE

The broad contents of the proposed Principal Questionnaire are summarised in Table 14.1 below. The information collected in this questionnaire relates to the characteristics, in the first instance, of the Principal. It then moves on to collect details on the resources, staffing levels and pupil composition of the school; the programmes offered by the school; a broad measure of parental engagement with the school; and perceptions of stress and satisfaction levels with the job as Principal.

This information was recorded to assist in assessing school-level influences on Young Person outcomes. It also allows exploration of the influence of school context on school transition decisions and supports used. It is similar to data collected at 13 years of age. Collection of the data at that stage worked very well and provided worthwhile information for the study. The Principal teacher was asked to self-complete the questionnaire on paper and returned it to the Study Team in the post.

Table 14.1 Broad contents of Principal questionnaire proposed for use in the schools currently being attended or most recently attended by the 17/18-year-old.

	Questions	9 years	13 years
Gender and age of Principal	P1 - P2	✓	✓
How many years as Principal of this or other school	P3	✓	✓
Gender composition of school	P4	✓	✓
Religious ethos of school	P5	✓	✓
Type of school and DEIS status	P6 - P7	✓	✓
Number of full and part-time teachers and gender breakdown	P8	✓	✓



	Questions	9 years	13 years
Resources available to the school incl. Home-School Community Liaison Coordinator	P9 - P10	√	√
Perception of adequacy of resources re. teachers, classrooms, sports facilities etc.	P11	√	√
Proportion of pupils in the school with literacy, numeracy or emotional / behavioural difficulties adversely impacting their educational attainment	P12	√	√
Year school was built / capacity of school building	P13	√	√
Personal and social support to students	P14	√	√
Over-subscription to school and entrance criteria	P15 - P16	√	√
Attendance and absence levels	P17 - P18	√	√
Different groups attending the school (incl. foreign nationals, members of the Travelling Community etc.)	P19	√	√
Programmes offered by the school	P20	√	√
Subjects taught at Leaving Certificate	P21	√	√
Extra-curricular activities offered by the school	P22	√	√
Allocation of pupils to base classes	P23	√	√
Does school hold formal parent-teacher meetings at least once per year and approximate number of parents attending	P24 - P25	√	√
Use of formal anti-bullying programme in the school	P26	√	√
Perception of teacher attitudes within the school (incl. being open to new developments and challenges and being positive about the school)	P27	√	√
Perception of pupil attitudes and behaviour in general	P28	√	√
Percentage of students who go on to further education	P29	√	√
Stress and Satisfaction of Principal with the job	P30	√	√

At 17/18 years of age, the Principal’s questionnaire was the only one to be completed in the school. When the Study Child was 13 years of age, an attempt was made in the first pilot to record information from the second-level school in respect of the individual Study Child. Given that the child had multiple teachers in secondary school, however, it was not found feasible to record individual-level information in respect of him or her from the school – even from teachers of core subjects such as English, Irish or Maths.

The Young Person questionnaire recorded details on the school being attended at the time of interview or, for respondents who have left the school system, most recently attended. It was proposed that the Principal questionnaire be administered (on a postal basis) to schools which were (most recently) attended by a Young Person in the sample at 17/18 years of age.

14.2.1 RECOMMENDATIONS FOR PRINCIPAL QUESTIONNAIRE

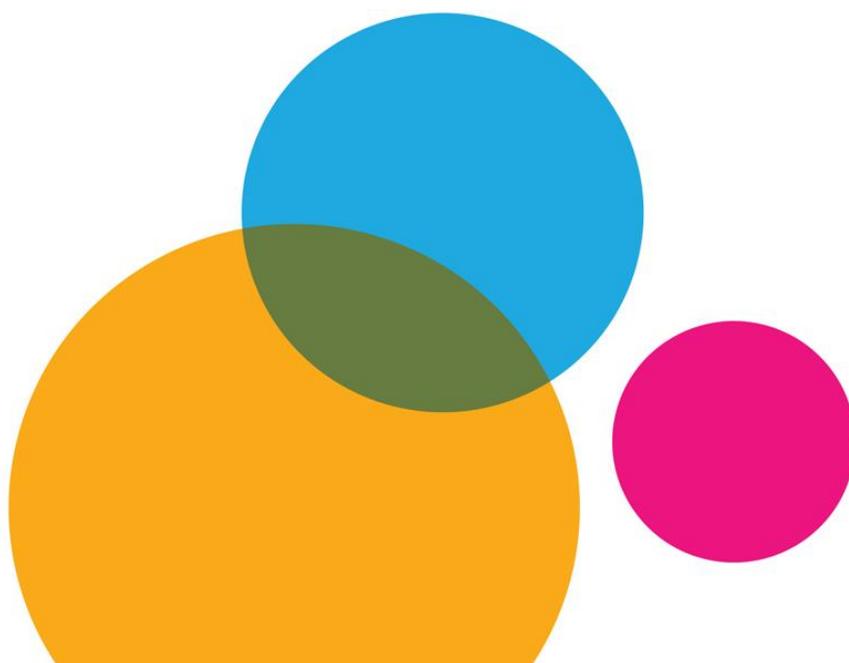
The Study Team recommended that the Principal questionnaire continue to be administered on a postal basis to schools identified in the course of the Young Person Main Questionnaire as being currently attended or having been most recently attended by the respondent.





Chapter 15

MEASUREMENTS AND DATA LINKAGE





15 MEASUREMENTS AND DATA LINKAGE

15.1 INTRODUCTION

In the pilot phase, the height and weight of the Young Person and the weight of his / her Parents were recorded. In addition, in situations in which it was not available from previous rounds of the study the height of the Parent(s) / Guardian(s) was also recorded. The blood pressure of the Young Person was also recorded. A proof of principle experiment using accelerometers was also carried out. Finally, possibilities for data linkage were explored. Each of these is considered below.

15.2 HEIGHT AND WEIGHT

As in previous waves of the study, the interviewer measured the height and weight of the principal respondents (in this case the 17/18-year-olds). The heights and weights of their resident parents were also recorded, the former only where this information was not available from previous rounds of interviewing. Medically approved weighing scales and stadiometers were used for measuring survey participants. No issues arose in the course of the pilot in regard to this aspect of the work.

15.3 BLOOD PRESSURE

A new measure at this stage of the study was the measure of blood pressure. The background to these measurements and preliminary results are discussed here.

15.3.1 BACKGROUND TO RECORDING BLOOD PRESSURE

Technological advances have opened up the feasibility of recording heart rate and blood pressure readings in the home using mobile blood pressure monitors operated by the interviewer. Such cardiovascular information represents an important indicator of current health but also a useful predictor for health outcomes in later adulthood.

Blood pressure and heart rate can be important indicators of cardiovascular health. Although usually more prevalent in the older population, cardiovascular disease is Ireland's number one cause of death among the population as a whole, accounting for 33% of all deaths and 13% of premature deaths measured as deaths under age 65 years (Department of health and children, 2010). Obesity and overweight are major risk factors for poor cardiovascular health and are strongly correlated with hypertension (i.e. high blood pressure) in children and adolescents (Riley & Bluhm, 2012), as well as adults; this has been flagged as "a growing health problem that is often overlooked by physicians" (ibid). Hypertension may also indicate an underlying condition (i.e. 'secondary' as opposed to 'primary' hypertension) such as kidney disease. Information on parental hypertension was not recorded as part of this phase of the interview.

Ideal blood pressure is a systolic reading of between 90 and 120, and a diastolic reading of between 60 and 80. High blood pressure is a systolic reading of over 140 and diastolic reading of over 90. As it is not unusual for first blood pressure measurements to be atypically high due to the nervousness of the Young Person, a first reading was taken after the main face-to-face interview and a second reading was taken just before the interviewer left the home after all other components had been completed.



15.3.1.1 RECORDING BLOOD PRESSURE

The interviewer measured the Young Person's systolic and diastolic blood pressure using an automated blood pressure monitor. The interviewer assisted the Young Person to wrap a cuff around their upper arm and the automated machine took the blood pressure readings requiring a single button press from the interviewer⁷. A large size blood pressure cuff as well as an average size cuff was provided to interviewers for convenience.

A 'Blood Pressure Information Sheet' was given to respondents before taking their blood pressure. In the course of the pilot survey the 17/18-year-old was allowed to view his/her readings⁸, if they expressed an interest in doing so. An explanation of blood pressure values in general was given with reference to a blood pressure chart on the Information Sheet. This provided details on normative levels of blood pressure. However the Information Sheet and Consent Form both made it clear that: the interviewer did not have any medical training; that s/he was not in a position to provide any interpretation of the Blood Pressure readings; that no feedback or interpretation on the blood pressure would be given to the Young Person or his/her family by the Study Team; that the respondent should consult with his/her GP if they had any concerns about their Blood Pressure.

No problems were encountered in taking the measurements, either in practical terms or in the response from the 17/18-year-olds. Some of the Young People who participated in the post-pilot focus group indicated they would like to know more about why researchers would be interested in their blood pressure, and the interviewers reported that the information chart showing the ranges for 'normal', 'pre-high' blood pressure were very well received. In broad terms, even from the small Pilot sample it was clear that one could identify a significant relationship between high blood pressure reading and weight.

15.3.1.2 RECOMMENDATIONS FOR MAIN FIELDWORK:

The study team proposed that blood pressure continue to be measured in the same way for main fieldwork, with the addition of recording of heart / pulse rate as well as blood pressure given that this information is also available from the Omron M2 monitors.

15.3.2 ACCELEROMETERS

15.3.2.1 RATIONALE

The Study Team received a small number of accelerometers (30) on loan from a research team in Cork with a view to investigating proof of concept for the practical use of such accelerometers in a study like *Growing Up in Ireland*. Although out of scope for the main study, with greater interest in and capacity for direct assessments of movement and exercise and their relationship to health and weight

⁷ The study used the Omron M2 Basic Monitor for measuring blood pressure and heart rate. See <https://www.omron-healthcare.com/en/products/bloodpressuremonitoring> for further details on specifications.

⁸ Two readings were taken in the course of the interview with the 17/18-year-old.



status, the Study Team felt that this would be a potentially useful undertaking in future waves of *Growing Up in Ireland*.

Recent technological advances in measurement of movement now make it possible to capture the full spectrum of movement of an individual over multiple days. The newer wearable, mobile devices typically use tri-axial accelerometers to record the data on movement and these data are subsequently transmitted to a computer and analysed. It was this type of accelerometer that was loaned to the Study Team for the *Growing Up in Ireland* pilot. The devices were of the GeneActiv brand and are worn on the wrist like a watch.

Issues that were tested in a proof-of-concept exercise within the pilot phase with the 17/18-year-olds included: (a) the quality of the data which could be captured with the accelerometers and (b) the feasibility of securing agreement from participants to wear the wrist accelerometer for a week and to subsequently return it to the Study Team for data download.

15.3.2.2 IMPLEMENTATION

A sub-sample of respondents (n = 30) were assigned to accelerometers before fieldwork commenced. Given the small number of devices available, only some interviewers received accelerometers for distribution. Interviewers made it clear to the Young Person that this aspect of the study was entirely voluntary and separate to the main study. The devices were configured so that they would start recording on a button-press from the interviewers. All devices were set to record for 7 days at 100Hz frequency.

Young People were given an Information Sheet about the accelerometers and provided with a postage-paid envelope to return their device after the seven days were up. They were asked to wear the device at all times except when showering or swimming but encouraged to remove it if it felt uncomfortable at any stage.

At the debriefing, the interviewers reported that responses to the requests to wear accelerometers were generally favourable but not as positive as, for example, the blood pressure readings.

15.3.2.3 RECOMMENDATIONS FOR FIELDWORK

The usage of accelerometers had no discernible impact on response rates and was seen to provide rich data on activity levels. The relative simplicity of the procedures for accelerometer use demonstrated that these could potentially be incorporated into the battery of measures at future waves of *Growing Up in Ireland* but this option was not pursued for the 17/18 year wave of data collection: it was not part of the original agreed structure of the study and would have required additional funding.

15.4 DATA LINKAGE

Linking to existing datasets has the potential to add value to interviews from the main respondents and also free up time to cover other issues in the Young Person's questionnaire. However, it should be noted that the following requirements need to be met for successful data linkage:



- Permission of the Young Person / parent to link to other data
- The co-operation of (and / or payment to) the agency administering the other dataset
- The organisation of the other dataset in a way which makes it possible to reliably link to the *Growing Up in Ireland* data
- That other required permissions (e.g. from the CSO) are successfully obtained

In the *Growing Up in Ireland* pilot, the two main avenues for data linkage explored related to education as follows:

1. State Exam Results: Namely the Junior Certificate and Leaving Certificate, these data would primarily relate to academic achievement.
2. Post-School Pathways: Linkage to data from the Central Applications Office (CAO) would provide detailed information on the type of higher education course and institution for which young people apply as well as the outcome in terms of being granted higher education places.

As discussed in Chapter 7, permission was sought for both of these from young people participating in the pilot and almost all relevant respondents⁹ provided signed consent for linkage to information on course choices submitted on their CAO application, along with their CAO number. It was mentioned in the post-pilot focus group, however, that young people would be interested to know why this information was being sought or was thought useful – even though they did not foresee any problems gaining the necessary consent. It was determined that minors in this wave of the study would also require parental countersigning for consent to data linkage.

15.4.1 RECOMMENDATION FOR THE MAIN FIELDWORK

The Study Team recommends that it should explore data linkage possibilities as fully as possible for the main phase of interviewing.

15.5 CONTACT INFORMATION FOR THE YOUNG PERSON

In order to advance subsequent phases of the *Growing Up in Ireland* project, where the Study Team would be following up with the Young People at age 20 years, when they are adults and much more likely to have left the parental home, contact information for the individual cohort members was collected in the pilot. The actual details sought were a mobile phone number and email address. This did not pose any problems in the pilot and was recommended to be extended for the main study.

⁹ Relevant in the sense that they had submitted a CAO application by the time of their interview.

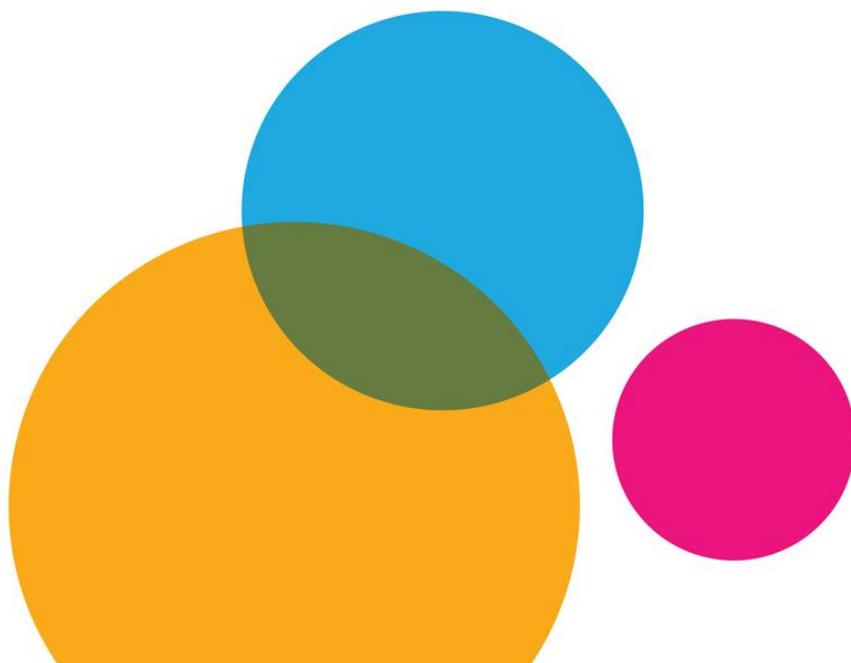


Consent Forms and Information Sheets presented by interviewers in the main phase of the 17/18-year fieldwork will remind participants that further ***Growing Up in Ireland*** waves are planned and that Young Person will be contacted when they are 20 years of age for the next stage of the study.



Chapter 16

SUMMARY





16 SUMMARY

This report summarised the pilot phase of the Child Cohort at 17/18-years of age. Fieldwork was conducted in May and June 2015 on a longitudinal sample which has been involved in *Growing Up in Ireland* since its inception in 2006 and was first interviewed in 2007.

The pilot exercise was carried out after extensive consultation with various stakeholder groups, including young people themselves, researchers, advisory groups, Steering Groups and the Research Ethics Committee.

The respondents in the pilot phase were the 17/18-year-old themselves as well as their resident Parent(s). In addition, a postal self-complete questionnaire was issued to non-resident biological parent(s), where the contact information was made available by the resident Parent.

All questionnaires proposed for the main phase of fieldwork were intensively tested in the pilot phase. Administered, self-completed and postal questionnaires were piloted. All were found to have worked well. Notwithstanding this, however, extensive recommendations were made in light of the pilot experience. These were discussed in full with the various stakeholder groups, in particular with the advisory and Steering Groups, as well as with the Research Ethics Committee.

The operation and implementation of the pilot went very well. Response rates were very much in line with expectations for a pilot in which fieldwork was restricted to a little over 6 weeks. These can be expected to increase in the main phase of the survey, as an extended fieldwork period will allow greater time for follow-up and implementation of a refusal conversion process. The data recorded in the course of this phase of the project performed well, with numerous changes being recommended in light of the pilot experience. These changes have been detailed at the end of each subsection of this report. Continuity with previous waves is also tabulated across tables 8.4 – 11.1. The end of section summaries cover scales and topics that were modified, added or removed in preparation for the main phase of data collection. The overall effect of the changes was to streamline the administration of the suite of questionnaires by about 20% resulting in a median 30 minute reduction in the administration time for each household. This brought the median completion time of 150 minutes from the Pilot down to 120 minutes for the main phase of data collection at this wave.

The questionnaires in the pilot phase of the study focused on recording information relevant to evidence-informed policy in 3 broad areas: Health and Physical Well-Being; Cognitive Development, Educational and Occupational Outcomes; and Socio-emotional Well-Being and Behaviours. A fourth major domain of Economic and Civic Participation was added at this wave of the study. This reflected the emergence of adulthood for the Young Person who has been followed since childhood.

The questionnaire and other data recorded at this wave were in line with the bio-ecological model adopted for the study since its inception in 2006. Much of this model has been adapted from the work of Bronfenbrenner (1979, 1993). This has served as a most appropriate conceptual framework for the study



at all ages and stages of respondents. As the young people approach adulthood, several new perspectives were integrated into the development of questionnaires so that age appropriate information would be recorded. These principally included theories of risk-taking and impulse control (Casey et al., 2008; Steinberg, 2008) as well as many of the features of emerging adulthood as discussed by Arnett (2000).

Looking to the future of *Growing up in Ireland*, these newer topics will assume greater importance for reaching an understanding of young people as they transition into adulthood. Participants will be interviewed again at 20 years of age. By that time many will have moved away from the parental home, setting up their own household, possibly with or without a partner, a proportion embarking on parenthood and a very new phase in their lives. Such diversity will pose new challenges as *Growing Up in Ireland* develops into a full-fledged multi-cohort longitudinal study of children and young people, providing sufficient longitudinal data to allow full analysis of developmental trajectories and a paradigmatic shift from correlational to causal analysis of key trends and outcomes.



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