Growing Up in Ireland
National Longitudinal Study of Children

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COHORT '08

Report on the Pilot for Wave Six of the Cohort '08 Survey (at 13 Years of Age)

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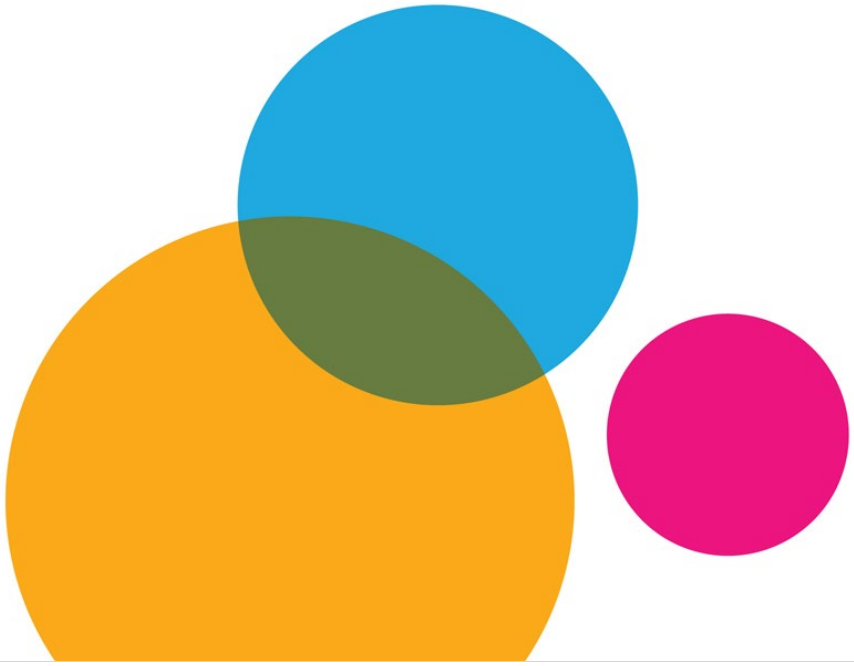


EXECUTIVE SUMMARY

ABOUT THIS REPORT

This report summarises the pilot study conducted in July/August 2020 for ***Growing Up in Ireland*** Cohort '08 (formerly the Infant Cohort) at 13 years of age in 2021/22, describing the recommendations for the design and instrumentation for the subsequent main fieldwork. This wave represents the sixth survey for this cohort who were first interviewed at age 9 months—and subsequently surveyed at 3, 5, 7/8 (postal survey) and 9 years. Since the pilot was conducted while the COVID-19 restrictions on contact were in place (July/August 2020), it was conducted on a reduced questionnaire by web survey and telephone interview rather than the planned in-home survey. The emphasis was on testing new items, including items on the family's experience during the COVID-19 restrictions.

The original plan for the pilot approved by the Steering Group[1] and the Research Ethics Committee[2] (REC) was for in-home fieldwork with the 13-year-olds and their parents (referred to here as the 'original submission') was drawn up in Autumn 2019 and approved in March 2020, just before COVID-19 became a public health emergency. References in this report to 'the original submission' relate to this initial, pre-pandemic plan for in-home fieldwork which would have allowed for a much longer interview and additional components such as interviewer-measured height and weight.

Following advice on the likely trajectory of the COVID-19 pandemic in 2021, the project Steering Group reached the decision to conduct the 2021/22 main fieldwork using a combination of telephone and web survey. The recommendations in this report therefore focus on that option, even though just prior to the pilot it had been expected that it would be possible to resume in-home interviewing by the time of main fieldwork. In brief, that revised option for main fieldwork was a Computer Assisted Telephone Interview (CATI) survey of Primary and Secondary Caregiver and the 13-year-old; short web surveys with all three for the more sensitive items; and a postal survey of school principals.

The necessity to quickly make adaptations to the original plan for the pilot was facilitated by timely co-operation with the Research Ethics Committee (REC), Central Statistics Office (CSO) and Department of Children, Equality, Disability, Integration and Youth (DCEDIY).

The Appendices to this report include the questionnaires for the 13-year-olds and the Primary Caregiver (Appendix B) with 'tracked-changes' to show the evolution of the instruments as the context for fieldwork

[1] The Steering Group is an inter-departmental committee which provide input to, and oversight of, the ***Growing Up in Ireland*** study. It is convened and chaired by the Department of Children, Disability, Equality, Integration and Youth (DCEDIY) who fund the Study.

[2] The study has a dedicated Research Ethics Committee comprised of external stakeholders and experts. They examine all proposals for instruments and procedures with the ***Growing Up in Ireland*** cohorts. It is convened, but not chaired, by the DCEDIY.

rapidly evolved. The text of material for respondents is what was actually used with pilot participants (advance letter/email, information sheets and infographics; Appendix A).

- The 13-year-old questionnaire contains both the Main Questionnaire for telephone administration and the Sensitive Questionnaire proposed for web administration.
- The Primary Caregiver (PCG) questionnaire also shows both the main and sensitive items. Since the Secondary Caregiver (SCG) questionnaire is intended as a subset of the PCG items, the SCG items are indicated by a subscripted SCG (i.e. SCG) on the PCG Questionnaire.[3]

PILOT FIELDWORK SCHEDULING

Fieldwork for the pilot phase of the Cohort '08 at 13 years of age was carried out in July and early August 2020. This report deals with the experience of the pilot conducted through telephone and web survey in the context of presenting the items proposed for the main survey.

Separate tests of elements not included in the main pilot (time-use diary, cognitive tests and the school principal's questionnaire) were completed through the kind co-operation of a small, convenient sample of participants, including young people and school principals. The proposed Principal Questionnaire for the main survey is included in Appendix B.

QUESTIONNAIRE DEVELOPMENT AND CONSULTATION

A broad consultative process was carried out in developing the questionnaires used in this pilot exercise. These included inputs from young people, reviews of the literature on this age group and of questionnaires used at this stage by other cohort studies; feedback from the Study Team Management Group; a survey of the Scientific Advisory Group (SAG) and the policy stakeholders followed by a roundtable discussion with both groups; and feedback from the project's Steering Group and Research Ethics Committee (REC). Ethical approval was secured for all procedures, questionnaires, tests and measurements carried out as part of this pilot process. Although the pilot did not actually test the in-home elements proposed for Plan A in the main study, these were also approved by the project Research Ethics Committee in March 2020.

THE PILOT SAMPLE AND RESPONSE RATES; LESSONS FOR THE MAIN PHASE

The sample used in this pilot consisted of 200 13-year-olds (including 5 twin pairs) in 195 families who had participated in the pilot at 9 years of age. This represented a subset of all pilot cases. The sample was selected to provide a sufficient number and diversity of cases to test the instrument and to complete the survey in the time available.

[3] The items to be repeated for a second twin, where relevant, are indicated by a subscripted TWIN after the item (i.e. TWIN).

The overall response rate was 85% for the telephone survey with PCGs completed by the interviewers. The response rate was lower for the web survey: 67% for the web survey with the 13-year-old and 66% for the PCG Sensitive Questionnaire which was also completed on the web.

The drop-off in response rate between the telephone and web surveys is concerning. It may be improved in the main phase by making greater use of reminders to complete the survey, particularly via interviewer telephone contact.

The Study Team also recommended conducting the Main Questionnaire by telephone interview with the 13-year-old. The telephone methodology would reduce some of the concerns about confidentiality of the interview process that led to the adoption of self-completion on the laptop for the older Cohort.[4]

THE PILOT INTERVIEWERS AND TRAINING

Eighteen experienced interviewers were recruited for the pilot. All interviewers had been Garda-vetted, were appointed as Officers of Statistics by the CSO before commencing fieldwork and had signed a Child Protection Agreement Form – declaring they have read and understood the study's child protection guidelines for this phase.

Because of the COVID-19 restrictions, training was provided remotely over three days (April 1st – 3rd, 2020), via Microsoft Teams. Refresher training was provided on June 9th to update interviewers on the procedures for remote surveying.

The success of the remote interviewer training means that the Study Team can confidently recommend adopting remote training in the main phase, particularly since the interviewers can be selected from the panel of experienced ***Growing Up in Ireland*** interviewers.

APPROACHING THE FAMILIES AND SECURING INFORMED CONSENT: PILOT AND LESSONS FOR MAIN

Given the difficulty in preparing materials to post to respondents in the context of the COVID-19 restrictions (Study Team staff were working remotely), the Study Team tested whether initial contact by letter or email had an impact on response rates. This was supplemented by providing links to the more detailed information sheets and to videos explaining the survey content on the ***Growing Up in Ireland*** website. The highest responses were for those that were contacted in advance by both letter and email, or by email only. The lowest response rates were for those that were contacted by letter only, and those that had no advance contact at all.

[4] The ***Growing Up in Ireland*** Child Protection protocol prohibits interviewers from being alone with a child. In the event of an in-home interview of the Young Person, the parent would need to be present, limiting the confidentiality of the interview process.

- For the main phase, the Study Team recommended making advance contact by email and by advance letter as well, with the information sheets to be included with the letters. They would also be available on the website.

In the pilot, following the advance letter/email (where applicable), contact with the PCG was made by the interviewer on the telephone. The interviewer took the PCG through the points on the consent form regarding their own and the Young Person's participation in the survey, and separate consent for the Young Person's participation in the Sensitive Questionnaire. The interviewer also answered any questions the PCG had.

- The proposal for the main was similar but involves a more concise presentation of the main points on the telephone, following from lessons learned in the pilot.

At the end of the PCG telephone interview, the interviewer gave the PCG the username and PIN required to access their Sensitive Questionnaire on the web survey facilitated by the Central Statistics Office.

- In the main phase, the link to the survey and the ID codes would be made available after the PCG has given consent

The interviewer separately spoke to the 13-year-old to take them through the points on the Young Person assent form and to answer any questions the Young Person may have had. At the end of the consent process, the interviewer gave the Young Person the username and PIN needed to access their questionnaire on the web survey facilitated by the Central Statistics Office. The username and PIN were different depending on whether the parent had consented to the Young Person completing the Sensitive Questionnaire. This determined whether the Young Person's questionnaire included or excluded the sensitive items.

- In the main phase, the interviewer would take the 13-year-old through the main points and obtain their assent to participation. The main questionnaire would be administered by the interviewer on the telephone

After the consent process, the link to the CSO web questionnaire 'landing page' was sent by email to the PCG.

- In the main phase, the link to the web survey would be made available at the outset (to simplify the procedure for participants and hopefully reduce attrition) and the required ID codes given to the respondents after they have completed their telephone survey.
- Since the web survey would not be available until July/August 2021 (the soonest the CSO could facilitate this), the interviewers would call back any respondents interviewed earlier at that stage to give them their ID codes, links to the survey and to encourage them to participate (see Section 3.3.6).

INFORMANTS AND INSTRUMENTS

In the pilot, the PCG Main Questionnaire was completed by interview on the telephone. This is also proposed for the main phase. In the main phase, however, the SCG will also be interviewed by telephone. The SCG Questionnaire was not pilot tested as it is a subset of the items on the PCG questionnaire and it was deemed that pilot testing was not needed.

The PCG Sensitive Questionnaire was completed on the web in the pilot, using the ID and password given to the PCG by the interviewer. In the Main phase, both the Primary and SCGs would complete the Sensitive Questionnaire on the web.

In the pilot, the full 13-year-old questionnaire was completed on the web. A different ID and password were provided depending on whether the PCG consented to the sensitive questions. This determined whether the 13-year-old was presented with a questionnaire with or without the sensitive questions. In the main phase, the Main Questionnaire would be completed by telephone with the 13-year-old and the much shorter Sensitive Questionnaire would be completed on the web.

The questionnaire for the parent living elsewhere was not piloted and was not recommended for the main phase because the instrument cannot be safely and securely managed in the COVID-19 context.

For logistical reasons related to workflow, the CSO were not in a position to host the web survey until August/September 2021 (see Section 3.3.6). As it was not possible to delay the start of the telephone interviewing until then, it was anticipated that there would be a gap between some of the earlier telephone interviews and the web survey. This required an additional contact with PCGs in August/September to let them know that the web survey is open, provide the link to the survey and the ID codes.

ASSESSMENT OF QUESTIONNAIRE LENGTH

The PCG Main questionnaire was interviewer-administered over the telephone in the pilot and the median length was 39 minutes. Feedback from interviewers and respondents suggested this length was manageable. The timings were not available for the questionnaires completed on the web but are estimated to be about 6 minutes.

The proposed PCG questionnaires for the main phase are estimated at 49 minutes for the telephone survey and 9 minutes for the web survey.

The 13-year-old questionnaires were both completed on the web, so precise timings were not possible but were estimated at 27 minutes for the main questions and 5 minutes for the sensitive questions. Feedback from 29% of the PCGs responding to the back-check survey was that the young people found the web questionnaire (most including the sensitive questions as well) too long.

The Study Team proposed a combination of web and telephone survey for young people to reduce the overly long period of answering on the web survey. The proposed timings for questionnaires for the main

phase were 33 minutes for the main questionnaire (proposed to be completed by telephone) and 10 minutes for the sensitive questions (to be completed by web-survey).

THE 13-YEAR-OLD'S QUESTIONNAIRES – RECOMMENDATIONS FOR THE MAIN PHASE

Apart from the reduction in response rates between the telephone and web surveys, the questionnaire was generally well-completed in the pilot with most items answered and useful variation in responses provided. For the 2021/22 fieldwork, it was recommended that the Main Questionnaire for the Young Person be completed by telephone to avoid any potential loss of information if the response rate is lower to the web survey.

Most of the recommendations for the main phase are driven by the need to collect as much high-quality information as possible, accommodating the new items but also reducing the respondent burden. There has been a considerable expansion of the 13-year-old Questionnaire, particularly in the areas of screen time and internet use, experience of the transition to second level, experience of the new junior cycle curriculum, eating patterns, child-specific deprivation and a more inclusive approach to measuring the Young Person's experience of bullying. In the pilot, 29% of parents who completed the back-check questionnaire felt the 13-year-old questionnaire had been too long, despite the fact that the pilot included only the new items and many core elements that had been tested previously had been omitted.

The Study Team recommended retaining, with some modifications, the new material on the screen time and internet use, experience of the transition to second level, experience of the new junior cycle curriculum, eating patterns and child-specific deprivation (things the Young Person could have or do), the experience of bullying as well as the core sections which had been used previously, apart from those listed below. It also recommended allowing for a short set of questions on the experience of COVID-19 to be included, with the content to be developed closer to fieldwork so as to take account of the situation pertaining at the time.

To reduce the length of the 13-year-old questionnaire and because the PCG is likely to be the better informant in this area, the Study Team proposed moving the detailed items on types of food consumed to the PCG questionnaire.

Some of the main reductions are associated with changes necessitated because the instruments cannot be safely included in a remote survey. These are:

- The Time-Use Diary
- Physical measurement of height and weight by interviewer
- Vocabulary Test and Drumcondra Numerical Ability Test

A fuller discussion of the reasons for recommending exclusion of these instruments (and of alternatives proposed, where possible) can be found in Section 2.6.3.

Other reductions recommended by the Study Team included:

- Replacing the full Parenting Style Inventory (which was to be completed for each parent figure in the 13-year-old's life) with the responsiveness subscale of this inventory completed for the 'main person who looks after' the 13-year-old.
- Dropping the detail on bullying others
- Shortening the list of anti-social behaviours
- Replacing the Piers-Harris scale with the shorter Rosenberg Self-Esteem scale
- Dropping the Inventory of Peer Attachment
- Shortening the questions on symptoms of psychosis (including only the item on 'hearing voices'.

THE PRIMARY CAREGIVER'S MAIN QUESTIONNAIRE

As with the 13-Year-Old questionnaires, a shortened version of the Primary Caregiver (PCG) Questionnaire was developed for the pilot, emphasising the testing of new items such as a more streamlined approach to measuring disability of both the Young Person and PCG, choice of second-level school, internet and screen time, housing affordability and quality, parental leave, and moving the basic deprivation items to the Sensitive Questionnaire.

In broad terms the PCG questionnaires did not pose major problems. The length of the telephone survey was about the maximum tolerable for this mode (almost 40 minutes), however. Since the items that had not been piloted were among the more significant (but previously used) core items, a considerable adjustment to content would be needed for telephone and web administration.

The detailed recommendations on items to include or exclude in the main phase can be found in Chapter 2, Section 2.6. The major recommendations for the main phase were to retain, but with some modifications, most of the new material on disability (of Young Person and PCG), choice of second-level school, internet and screen time and housing quality. Apart from some exceptions noted below, the Study Team also recommended retaining the 'tried and tested' items that were not piloted but are core to assessing outcomes for young people and the factors that affect them. In addition, provision should be made for a short set of questions on the family's experience during the COVID-19 restrictions. The items are to be informed by conditions prevailing towards the beginning of fieldwork in early 2021.

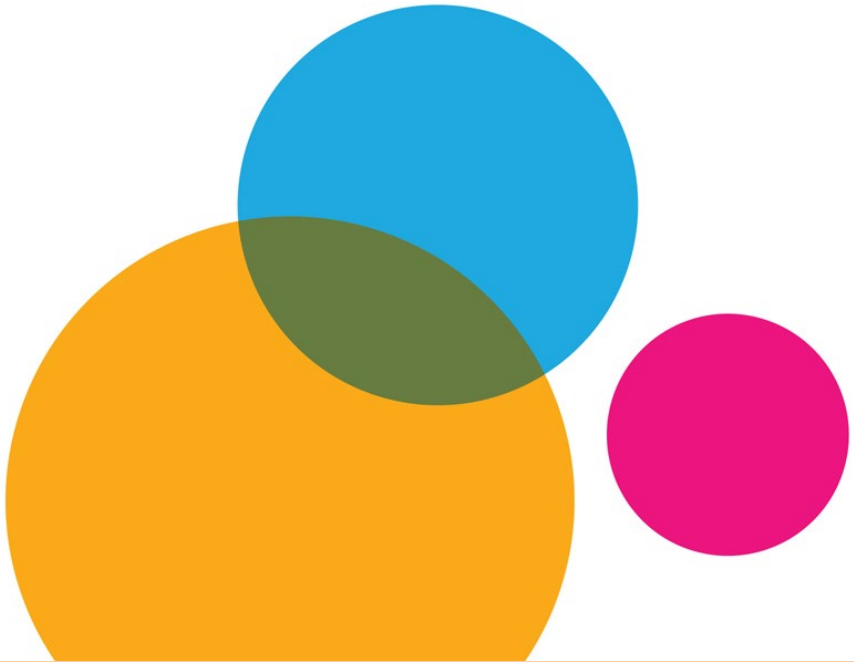
Based on the pilot and previous experience with these items, the Study Team recommended dropping the basic deprivation items as, despite moving them to the Sensitive Questionnaire in the pilot, the scale had much lower than expected (based on related items such as financial strain) variation.

The Study Team also recommended moving the survey items on foods usually eaten from the 13-year-old's questionnaire to the parent questionnaire, shortening the former but lengthening the latter. The

parent is likely to be the best informant on foods eaten at regular meals; but the items on snacking (where the 13-year-old may be the best informant) are retained on the 13-year-old questionnaire.

Chapter 1

BACKGROUND TO PILOT PHASE



1 BACKGROUND TO PILOT PHASE

1.1 INTRODUCTION

Growing Up in Ireland is the national longitudinal study of children and young people in Ireland. It is funded by the Department of Children, Equality, Disability, Integration and Youth (DCEDIY), with a contribution from The Atlantic Philanthropies in Phase 2. It is managed and overseen by the DCEDIY in conjunction with the Central Statistics Office. The study is carried out by an independent team of researchers, led by the Economic and Social Research Institute (ESRI) and Trinity College Dublin (TCD).

This report gives an account of the modified pilot phase in preparation for the main phase of fieldwork with ***Growing Up in Ireland*** Cohort '08[5] at 13 years of age. The COVID-19 outbreak early in 2020 necessitated a change from the planned in-home interviewing to remote data collection at short notice, although as it transpired, the main phase data collection would also be remote as the pandemic continued into 2021. This report describes the status of the study after the pilot had been completed, and the decision had been taken to continue remote data collection for the main phase, but before actual main fieldwork commenced. Therefore, not all of the recommendations were necessarily executed for the main phase (although the authors have attempted to signpost any significant, late alterations). A definitive guide to instruments and procedures as rolled out for the main phase are the subject of a separate report.

This survey represents the sixth wave[6] of interviewing with Cohort '08, which was recruited into the project as a random sample from the Child Benefit Register in 2008.

1.1.1 A CHANGE OF PLAN

The original plan for the pilot approved by the Steering Group and the Research Ethics Committee was for in-home fieldwork with the 13-year-olds and their parents (referred to hereafter as the original submission). This original, pre-pandemic submission is summarised in section 2.1.1 for context. As noted, due to the COVID-19 restrictions on contact, this mode was not possible for the pilot. Instead, a reduced version of the pilot was conducted by telephone interview and web survey, emphasising the testing of new items which had not been used previously in ***Growing Up in Ireland***. A set of questions was also included on the experience during the COVID-19 restrictions of the parents and 13-year-olds. Due to the mode

[5] This cohort was originally named the 'Infant Cohort', and the older cohort the 'Child Cohort', but the nomenclature was changed to 'Cohort '08' and 'Cohort '98' reflecting the main year of birth of the cohort.

[6] Data were collected on a face-to-face basis when the Study Child was: 9 months, 3 years; 5 and 9 years of age, and on a postal basis from the Primary Caregiver (mostly the child's Mother) when the Study Child was 7/8 years old.

of administration, the questionnaires needed to be much shorter. The contact with the families was supplemented in September/November with a test of the school principal questionnaire, a test of telephone administration of the 20-item vocabulary test and a test of the time-use diary which was sent by post to a smaller sample of 13-year-olds.

The chapters dealing with the questionnaires (Chapters 5 and 6) cover the set of items considered for inclusion in the 2021/22 fieldwork, with a note on how this differs from what was originally proposed in 2019. It was necessary to considerably reduce the questionnaire content in order to make it manageable to complete by telephone and web.

The full set of administrative instrumentation, including the advance letter, information sheets and interviewer telephone script, are included in Appendix A. Questionnaires are included in Appendix B but, for ease of reading, the questions are also included in the main body of the report per section.

1.2 SUMMARY OF THE CONCEPTUAL FRAMEWORK

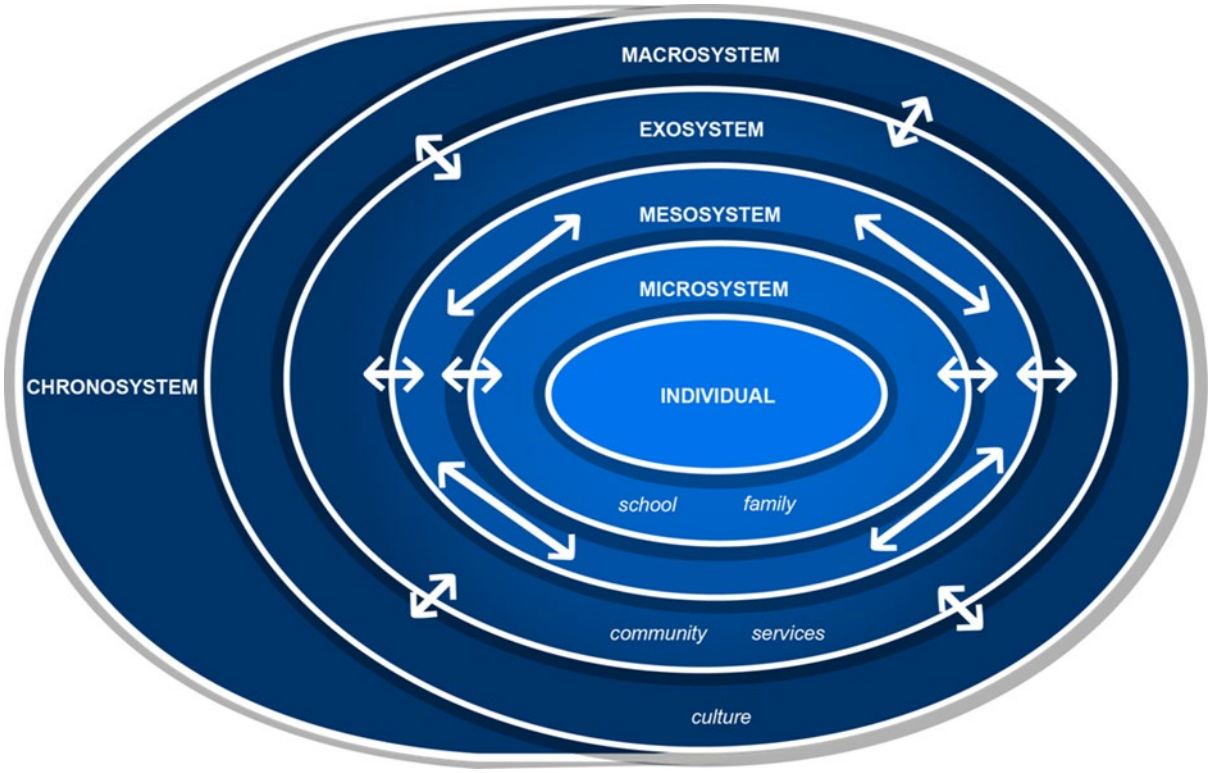
Information has been collected at each phase of ***Growing Up in Ireland*** on outcomes for the young people in three broad domains:

- Physical health and development
- Social, emotional and behavioural wellbeing
- Education and cognitive development

These are the key domains which have been explored by the study since it began in 2007 within a broadly-based bio-ecological model. This has been the lynchpin of the conceptual framework underlying the study since its inception. This framework draws heavily from the work of Bronfenbrenner (1979, 1993), whereby the ecological context of the child's development is conceptualised as a multi-layered set of systems, all of which influence the child with varying degrees of directness (Greene et al., 2010). Starting with the child's own attributes such as gender, health status and temperament, their development is thought to be influenced not just by their immediate environment (the 'microsystem')—typically family and school at 9 years of age—but by the wider community and circumstances ('exosystem' and 'macrosystem'). These more distant systems may affect them either directly—such as the setting of school curricula at the national level—or indirectly through effects on the microsystem (such interactions being termed the 'mesosystem'). Changes over time, both cohort and period effects, are captured in the model by the 'chronosystem'. The model is broadly illustrated in Figure 1.1.

The conceptual framework guided the development of procedures, questionnaires and other instruments and facilitates subsequent analysis.

Figure 1.1: Bronfenbrenner's Ecological Perspective on Child Development



1.3 SUMMARY ISSUES AND PRINCIPLES IN DEVELOPING INSTRUMENTS AND PROCEDURES

The following criteria were used in developing the original instruments. Section 2.6, in the next chapter, discusses how the decision was made when it became evident that the questionnaire content had to be substantially reduced to make it possible to collect data by telephone and web survey.

1.3.1 CONSIDERATIONS RELATED TO CONTENT OF INSTRUMENTS

The following themes were identified as important.

- Provide data of relevance to the development and wellbeing of young people, especially in the areas of health, education and socio-emotional wellbeing
- Give appropriate weight to the voice of the Young Person
- Contribute to the understanding of developmental trajectories, giving due consideration to longitudinal consistency
- Consider other cohort studies (including the older GUI Cohort '98 as well as international studies) to allow comparison with young people at different time points and in other jurisdictions
- Ensure that aspects of the changing social and economic context are adequately captured

- Provide data of relevance to policy
- Ensure the data collected are age-relevant
- Where possible, seek to capture data not available elsewhere

Although the data are to be collected using a different mode (telephone and web as opposed to in-home personal and self-completed surveys), the core objectives of ***Growing Up in Ireland*** remain to provide data relevant to understanding factors affecting the developmental trajectories of children and young people in order to inform policy to support their well-being. This involves a balance between collecting data on new and emerging areas, on the one hand, and data that will allow longitudinal tracking and cross-cohort comparisons, on the other.

1.3.2 CONSIDERATIONS RELATED TO THE PROCESS OF DATA COLLECTION IN *GROWING UP IN IRELAND*

The main themes under this heading relating more specifically to methodology are summarised as follows:

- Whether the domain can be reliably and validly measured, given the proposed survey mode (in-home or telephone plus web)
- The acceptability of the instrument to the survey participants, in terms of length/burden and also in terms of content and the consideration of questionnaire flow and interest
- Ensuring compliance with best practice in terms or research ethics and with legal requirements in areas such as Data Protection, Child Protection and the Statistics Act

Because of the survey mode for the pilot and main survey phases, a basic requirement of the instruments and procedures was that they could be implemented by telephone and web. The instruments needed to be (a) acceptable to participants, (b) ethically and scientifically rigorous and (c) able to provide the quantitative data necessary for the varied analytical frameworks underlying the research now emerging from the study.

1.4 LEGAL AND ETHICAL ISSUES

The main legal and ethical issues arising were as outlined in the following paragraphs.

1.4.1 ETHICAL CONSIDERATIONS

Apart from the legal issues related to data protection and confidentiality, there are several ethical principles that are applied in the conduct of ***Growing Up in Ireland***, in line with best practice in research. These include:

- Informed consent – providing information on the purpose of the study, the type of information gathered and what will be involved for participants

- Reporting concerns regarding risks to children – a protocol for reporting any incidents and for handling these appropriately
- Interviewers never being alone with children
- Confidentiality of information provided – also a legal requirement under the Statistics Act
- Avoidance of harm (including embarrassment/distress)
- Instruments and protocols reviewed by an independent Research Ethics Committee.

1.4.2 RELEVANT LEGISLATION

Four pieces of legislation are of particular relevance for this Study:

- the Statistics Act, 1993 - provides a strong legal basis for the protection of all information collected against unlawful disclosure
- the Children First Act 2015 - designed to raise awareness of child abuse and neglect and to ensure an appropriate response to it and further elaborated in the Children First National Guidance for the Protection and Welfare of Children 2017 (DHC, 1999; DCYA, 2017)
- the Data Protection Acts 1988, 2003, 2018 – clarify the rights of persons with respect to personal data that is processed concerning them, with the 2018 Act giving effect to the EU General Data Protection Regulation; the DCEDIY and CSO are joint Data Controllers for the survey
- the Data Protection Act 2018 (Section 36(2)) (Health Research) Regulations 2018– provides for additional safeguards when processing data of a sensitive nature (such as health data); including a requirement for explicit consent for research projects deemed health.

1.5 THE CONSULTATIVE PROCESS

The development of the protocols and instrumentation for the fieldwork with Cohort '08 at age 13 built on earlier work in ***Growing Up in Ireland***. In particular, the instruments and protocols used with Cohort '98 at age 13 in 2011 were taken as the starting point. Considerable work was needed in order to develop and update the instruments, however, due to the substantial social, economic and technological change in the interim.

The first step in the updating process was for the Study Team to consult with young people themselves as well as with scientific and policy experts, whose professional focus was on the development and wellbeing of children and young people. Following the initial consultation exercise, the scientific and policy experts were brought together in a roundtable workshop to discuss the criteria to be used in making the difficult choices about what to include and which specific topics to be emphasise.

This section describes the consultation process and the implications of the process for the design of the sixth wave of data collection with Cohort '08. The consultation phase took place pre-pandemic and, at the time, it was assumed that the 13 year data collection for the younger cohort could continue along similar lines to the older cohort, with an extended in-home interview. Ultimately, due to the changes brought about by COVID-19, it was not possible to collect as much data on the suggested topics as had originally been hoped; however, the record of the consultation is presented here as it was captured at the time.

1.5.1 CONSULTATION WITH YOUNG PEOPLE

One of the key principles informing ***Growing Up in Ireland*** is to ensure that the voices of children and young people are heard in the development of the study. In line with this, the consultation began by organising five focus groups with 6-12 young people in each in order to gain insight into the issues that are important in the lives of 13-year-olds. The protocols for the focus groups were developed in consultation with the independent ***Growing Up in Ireland*** Research Ethics Committee. These included the development of consent forms to be signed by the young people's parents and assent forms to be signed by the 13-year-olds themselves as well as ground rules for the conduct of the focus groups. The ground rules emphasised that the interest was in the lives of 13-year-olds generally; that participants were to give everyone a chance to speak and to respect opinions even if the participant did not agree with them. Protocols were also put in place for child protection.

The focus groups were designed to include a cross-section of young people as follows:

- An urban group organised with the assistance of the Dublin Comhairle na nÓg
- A suburban group in a co-educational disadvantaged (DEIS) school
- A suburban group in a large co-educational school with a mixed social background
- An urban group in a girls' middle-class school
- A rural group in a co-educational disadvantaged (DEIS) rural school

The focus groups typically lasted between 45 minutes and 1 hour. While the emphasis was on gleaning insight into the issues that were considered important in the lives of 13-year-olds, a number of other issues were also emphasised for inclusion with all groups:

- Digital technology (including social media / screen time / smart phones)
- Cyber bullying
- Choices and experiences at junior cycle
- Best/worst aspects of being a teenager

Other topics that were discussed with some, but not all groups, were the transition from primary to second-level school, sources of help and support, physical exercise / sport and food choices.

Following the group discussions, the notes were written up by one of the Study Team (with the assistance of an audio-recording in most cases).

The topic on which young people spent the most time was that of digital technology use. Most young people had access to a smartphone with internet access. Among the most popular apps were those used for communication, especially Instagram, Snapchat, Reddit, WhatsApp, Tik Tok and the Snapchat add-on Yolo. The young people noted that apps that allowed users to post material anonymously were most likely to be used for negative commentary and bullying. These apps were not seen as important in themselves (especially as what is popular changes quickly) but in terms of what young people used them for.

In most cases, parents checked smartphones regularly to monitor the young people's usage or used an app to control the young people's access to the internet. There was variation in the extent the parents limited access to the devices, however. There was a sense that adults were 'out of touch' with technology.

Young people noted a pressure to be 'always on' and to respond instantly to their friends' posts. This 'always on' aspect of technology could also mean that if there was bullying by someone in school, for instance, it would be difficult to get away from it as it could continue after school through technology.

Young people noted that it would be difficult to estimate screen time with precision – particularly the time spent on particular types of screen-based activity – as smartphones were often used simultaneously with other devices (such as TVs or tablets) or activities (while doing homework or socialising). There was also a comment that 13-year-olds might not be honest about the time they spent on screen-based activity.

The 13-year-olds reported that most of the television they watched was as individuals using services such as Netflix, though some would watch 'regular' broadcast television such as quiz shows or sports together with their families.

Issues that came up in the context of school and education included the sense that the young people have changed as individuals with the transition to second level: they had lost contact with some friends from primary school and felt some apprehension about being in a school where the seniors were physically much bigger than they were. The transition to second-level subjects also meant an increase in the school-related workload, which caused stress for some and led to mental health problems or skipping meals in an effort to catch up. With a larger number of subjects and different teachers, there was a need to learn organisational skills and some struggled with this. Another issue the young people raised in the context of the increase

in the number of subjects was the weight of the school bags. One group suggested that the weight of school bags should be measured at interview.

The choice of subjects at second-level was reported to be influenced by what the popular students picked and also by 'how nice the teacher was'. The change to having several teachers rather than the typical primary school pattern of spending most of the day with one teacher led to a frustration with some inconsistencies in how school rules were applied or interpreted. For instance, some teachers prohibited students from leaving the classroom during a class (even to go to the bathroom) and in some cases there were 'penalty points' for being late in arriving at school even though the circumstances (such as traffic) might be outside the student's control.

Mental health was identified as an important issue for 13-year-olds. The young people noted the impact of seeing 'ideal lives' portrayed on social media and also the impact of bullying. There was some uncertainty as to where to go for help if they felt their parents could not be approached about an issue. Although some of the downsides of technology were mentioned in relation to mental health, some young people also noted a role for devices in coping with stress: they could sometimes put their headphones on to have a 'time out', listening to music.

The young people spoke of friends as a source of support, and also siblings. How well they got on with siblings depended on the age difference and on whether the sibling was still living at home. In some cases, siblings close in age were likely to have a good relationship because they shared interests. In other cases, where an older sibling moved out, the relationship improved. Being the eldest in a family can mean taking on more responsibility. There was a sense from one group that it would be important for ***Growing Up in Ireland*** to ask about relationship with siblings.

Some differences were apparent between young people in rural and urban areas. These differences centred on the use of technology (which was lower in the rural group) and in the kinds of activities young people were involved in (such as helping out on the family farm). There was also a sense among rural participants that their urban counterparts were more concerned with having the latest and most fashionable brands in clothing.

1.5.2 CONSULTATION WITH THE SCIENTIFIC ADVISORY GROUPS AND POLICY STAKEHOLDERS

While the consultation with young people was being implemented, a parallel process of consultation with the Scientific Advisory Group and policy stakeholders was undertaken. The Scientific Advisory Group (SAG) is made up of over 50 experts from a wide range of fields, drawn from institutions and universities across Ireland. The policy stakeholders were a group of policy experts from across a range of government departments whose policy remit includes a significant concern with the wellbeing and development of children and young people. This process began with an online confidential consultation survey where participants were asked

to rate the importance to Cohort '08 at 13 of topics in four broad areas: physical health, socio-emotional/behavioural wellbeing (including relationships), education and socio-economic and family context. Respondents could choose to respond to topics in one area or more areas. As well as rating the importance of the topic presented, participants were invited to submit new topics in the area and to provide references in support of their case. The four topics are here grouped into five categories, for reasons of manageability and relevance, with 'activities and attitudes' split into a category of its own (as activities tend to cross the three main outcome areas).

The survey was completed by 31 respondents from the Scientific Advisory Group and 13 policy stakeholders (with slightly smaller numbers responding to the different sections). In many cases, the policy stakeholders who completed the survey synthesised the responses of several colleagues within the department or agency, so more than this number of people actually contributed to the responses. The relative ranking of topics in each of these areas is shown in the next section, as well as new topics which the consultation survey participants were invited to contribute.

Physical Health

Table 1.1 shows the ranking of physical health items by the number of respondents to this section who rated the item as essential or high priority.[7] The highest priority was given to overall health, exercise, substance use, nutrition/diet, long-term conditions or disabilities, height and weight and parental health. Lower priority was given in the survey to antibiotic use, parent caring for a teen with disability, specific disabilities (hearing, vision, mobility, speech and language) and accidents/injuries. There was generally a good correspondence between the responses of the scientific and policy stakeholders, but the policy stakeholders tended to rate parental health and substance use, sleep and mobility problems higher than academic respondents.

[7] Tied ranks are given the same number (e.g. both given a 1 for tied 1st place) and there is a skip to the next rank.

Table 1.1: Ranking of physical health items by whether respondents considered them as essential or high priority (N=32)[8]

Highest-ranked items	Rank	Lower-ranked items	Rank
Overall health	1	Reasons for not accessing health care	13
Exercise	1	Medical card/private health insurance	14
Substance use (e.g. alcohol, smoking, drugs, vaping)	3	Parental exercise	15
Nutrition/diet	4	Hospitalisation	16
Long-term physical/mental condition (YP & Parent)	5	Dental care/treatment	16
Height and weight	6	Speech and language problems	16
Parental health	7	Mobility problems	16
Waist circumference	8	Accidents and injuries	20
Parental substance use	9	Hearing problems	21
Sleep	10	Vision problems	22
Health service utilisation	11	Parent caring for teen with disability	23
Parental height and weight	11	Antibiotic use	24

The following were among the new topics suggested by those responding to the consultation survey:

- Sexual health including (a) gay health and (b) how to manage periods;
- Uptake of the HPV vaccination (and reasons why not)
- Request for better method of collecting information on diet/nutrition
- Sedentary behaviour

There was also a request for a more succinct and informative method of collecting information on diet/nutrition and a mention of the importance of positive conceptions of this life stage (with a focus on the 5Cs: confidence, caring, competence, character, connection).

Education and Cognitive Development

Table 1.2 shows the ranking of the education and cognitive development topics. The highest-ranked topics for the 13-year age group were the child's attitude to school and teacher, bullying, direct assessment of academic attainment, special educational needs and absenteeism.

[8] A number of respondents (particularly among policy stakeholders) consulted with colleagues before submitting their responses, so the number of completed questionnaires is an underestimate of the number of people contributing.

Table 1.2: Ranking of education topics by whether respondents considered them as essential or high priority (N=31)

Highest-ranked topics	Rank	Lower-ranked topics	Rank
Child's attitude to school and teacher	1	Home learning environment	10
Bullying	2	School transition	11
Direct assessment of academic attainment	3	School characteristics (via Principal questionnaire)	12
Special educational needs	4	Parental perception of ability	13
Absenteeism	4	Parent-school interactions	14
Relationship and sexuality education	6	Homework	15
Child self-perception of ability	7	Child's attitude to individual subjects	16
Parental expectation/aspiration for child	8	Travel to school	17
Lateness/truancy/detention	9		

Policy stakeholders rated absenteeism, relationship and sexuality education, child self-perception of ability and parental expectations as more important than scientific respondents. Other topics included:

- Child attitudes to supports provided at school – including Special Needs Assistants, Occupational Therapists, Speech and Language therapists and Special Education Teacher
- Education and cognitive development in settings outside of school: music, religious instruction, scouts etc.
- Perseverance (grit), educational and occupational aspirations, effort
- Question in relation to use of reduced timetables for students with a disability - parents' views
- Relationships at school: teacher support and peer support
- How schools support the holistic development of adolescents (including feeling connected and belonging)

Socio-emotional/behavioural wellbeing and relationships

Table 1.3 shows the ranking by importance of the topics in this section. The mental health of the Young Person was rated most important, followed by conditions affecting socio-emotional wellbeing and learning, self-concept, friends and adverse life events. Less importance was attached to maturation, siblings and extended family, romantic relationships with peers and personality.

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attached to maturation, siblings and extended family, romantic relationships with peers and personality.

Table 1.3: Ranking of SEB topics by whether respondents considered them as essential or high priority (N=34)

Highest-ranked items	Rank	Lower-ranked items	Rank
Child's mental health (depression, anxiety, self-esteem, stress, psychosis)	1	Parenting style and discipline	9
Conditions affecting emotional wellbeing & learning (ADHD, autism)	2	Experience of discrimination	11
Self-concept (Piers Harris, incl. happiness, intellectual ability, physical appearance)	3	Parental mental health	12
Friends	3	Parental control	13
Adverse life events	3	Personality (TIPI)	14
Pianta questionnaire (parent-child relationship)	6	Romantic relationships with peers	15
Strengths and Difficulties Q. (parent report)	7	Siblings/extended family	15
Bullying	7	Maturation (gender specific)	17
Anti-social behaviour/conduct problems	9		

Other topics mentioned by participants in the consultation survey included:

- A request for a greater focus on stress, coping and resilience
- Social support/help seeking by teenager if/when in need
- Sleeping patterns, body esteem and body dissatisfaction
- Local connectedness
- Questions on psychotic symptoms, DASS 21, and Short Mood and Feelings Questionnaire; accessing mental health services

Activities and Attitudes

Table 1.4 shows the ranking of the topics in this category. Note that this was not a specific category of items on the survey, but these items were drawn from the other sections and compiled here because of the common themes of activities and attitudes (other than school-specific attitudes which are included in the education section, above). There was also an emerging sense among the Study Team that further development of the section on technology use needed to be set in the context of other activities in which the young people engage. A greater emphasis on activity choices by young people was also seen as a way to reflect the things that were important to them and give greater emphasis to their agency.

The highest-ranked items in this section related to use of technology and access to the internet. This was followed by extra-curricular activities linked to the school and pastimes/hobbies. Organised/paid activities as a category received less emphasis as did family

activities and household chores. The attitude items also received less emphasis overall. The scientific and policy stakeholders did not rank the topic of pets highly.

Table 1.4: Ranking of activity and attitude items by whether respondents considered them as essential or high priority (N=32)

Topic	Rank
Access to internet/ rules regarding usage	1
Internet activities (incl. social media)	2
Time and type of screen-time	3
Extra-curricular activities	4
Pastimes/hobbies	5
YP attitudes re gender/race equality/ alternative sexualities	6
Young Person's concern over issues (e.g. climate change)	7
Family activities and meals etc	8
Open-ended question on future occupation	9
Household chores/self-care	10
Organised/paid activities (incl. youth clubs, sports, music)	11
Pets	12

Other items mentioned in relation to these topics were:

- Difference between virtual friends online and friends in real world
- Whether 13-year-olds keep devices in their rooms at night
- Experience of ICTs in the learning environment; access to e-skills and digital literacy education

Socio-economic and Family Context

The topics in this area relate to the economic status, employment situation and resources of the parents as well as family type and markers of social differentiation (such as migration status, religious affiliation, ethnicity and citizenship). The highest-ranked items were material deprivation (lack of basic goods and services) and housing (Table 1.5). The key socio-economic markers such as income, parental education, while family social class were also ranked as important. Factors which might be expected to impact on parenting, such as the quality of the parental relationship and parent stress or depression, were also ranked as important. Less emphasis was placed on pocket money, career breaks/parental leave, religion, parent role as carer for other family members, family-friendly work-places and work-life balance.

Table 1.5: Ranking of socio-economic and family context items by whether respondents considered them as essential or high priority (N=33)

Highest-ranked items	Rank	Lower-ranked items	Rank
Material deprivation (household)	1	Economic hardship (parent perception)	14
Housing/accommodation	1	Parent working hours and shift work	15
Income	3	Neighbourhood/community (child perception)	16
Parental education	4	Parental disability status	17
Material deprivation (child-specific)	4	Parental support networks	18
Family social class	6	Neighbourhood/community (parent views)	19
Social welfare payments	7	Work-life balance	20
Parental stress/depression	8	Family-friendly work policies	21
Marital/couple relationship quality	9	Citizenship (child and parent)	22
Economic hardship (child perception)	10	Parent as carer for other family members	23
Parental literacy/numeracy	10	Religion (child and parent)	24
Non-resident parents	12	Career breaks/parental leave	25
Before/after-school childcare	13	Pocket money	26

Other items suggested by the respondents to this section of the consultation questionnaire were:

- Housing security and homelessness (real or threatened)
- Retrospective exploration of their accommodation/housing status and the length of time in different housing situations
- Local connectedness – whether child plays with neighbouring children

1.5.3 ROUNDTABLE WORKSHOP

As already noted, a roundtable workshop was held on October 24th 2019. Members of the Scientific Advisory Group and policy stakeholders were invited and 32 of them attended. The attendees were first presented with a summary of the findings from the consultation with young people and from the consultation survey with the Scientific Advisory Group and policy stakeholders.

Those present were then divided into groups of five to six, broadly along the lines of the main topic of their interest/expertise (physical health, socio-emotional/behavioural wellbeing, education/cognitive development, activities/ attitudes and background/context). Each table

also had a rapporteur from the Study Team Management Group or the Study Team. Those at the tables were provided with

- A list of the topics in each area that were emphasised by the 13-year-olds in the focus groups
- A ranking of the topics in each area (from those deemed most important to least important) from the consultation survey
- A list of the new topics in each area proposed by survey respondents

The small groups were given two tasks. The first task involved the group considering the criteria that should be used in deciding which topics to include. This was done by having the group consider the above material in relation to a topic outside of their main area of expertise (e.g. those at the health table considered education/cognitive development). The purpose of this task was to identify the criteria which the attendees deemed most important. The second task involved the groups discussing the area of their expertise in order to draw out the content deemed most important.

A number of criteria were suggested to the groups for consideration:

Content-related considerations

- Importance to child wellbeing or development (outcome / influence outcomes)
- To whom is it important – policy stakeholders, researchers, 13-year-olds, parents?
- Developmental trajectories and longitudinal value (influencing later outcomes)
- Comparability to other cohorts/populations
- Capturing changing social contexts
- Relevant to policy – policy-malleable or would influence how policy is targeted
- Age-relevant
- Data not available elsewhere

Process-related considerations

- Reliably and validly measurable in a home-based survey
- Length/burden
- Acceptable to participants and parents
- Questionnaire flow / interest

Criteria for inclusion

Almost every group emphasised the importance of giving weight to the voice of the child or Young Person in deciding what to include. A mechanism was proposed by several tables to gain a child's eye view on how government policy is working/not working in addition to seeking information on relevant topics from parents.

There was also an emphasis on the need to gather policy-relevant information during the study, with one group emphasising the need to balance the perceptions of children, adults, school staff and policy makers when making decisions about what to include in fieldwork. Other major themes that emerged included the need for longitudinal and cross-cohort consistency for major outcome variables and the potential to set targets for policy-based outcome variables, the ability to capture social change and the capacity to assess the impact of experiences at age 13 on future outcomes. It was noted that there may be a tension between the need to reflect the changing context and longitudinal consistency.

There was also a suggestion to emphasise the inclusion of topics which had been widely used by researchers, though the use of indicators may reflect the availability of funding for the topic, the presence of expertise in the Irish research community or the fact that further waves of data are needed in order to realise their value.

In the discussion of specific topics (the content of the instruments), the following points were made:

Physical Health

- Some topics were identified as being of more importance than suggested by the survey ranking: overall health, substance use, height, weight, waist circumference, sleep and dental care. There was agreement among those discussing the health topic at the roundtable session that dental care needed to be ranked more highly as there were no other national data on dental health in Ireland
- Topics identified as important included: sexual health, maturation, puberty, and vaccination uptake
- Consideration of the potential of directly measuring exercise (accelerometers could also be used to track sleep) and sampling saliva
- The weighing of school bags (which had been mentioned by the 13-year-olds in one focus group) could provide useful information and contribute to understanding back pain either concurrently or longitudinally
- Behaviours around food, including snacking and skipping meals
- Head injury and concussion could be important to track, especially for children involved in sport

- Some items that could be dropped were noted:
    - Some doubt was expressed about the IPAC measure of physical activity
    - Reasons for not accessing health care was suggested as a less useful item as it was not well-answered in previous waves
    - Delegates felt that speech and language difficulties, hearing, or visual difficulties, and acute or minor injuries were less relevant at this age

Education and cognitive development

Topics that were emphasised as important were:

- The transition to second-level school and supports available
- Young people's agency, their choice processes
- Bullying
- Technology in the classroom
- The change of junior cycle curriculum and the effect this has had on wellbeing
- School ethos
- The home learning environment
- School attendance and truancy
- Whether parents feel supported and welcomed by the school
- The items capturing disability could be consolidated; currently they are split between the health and education sections of the questionnaire. The terminology around students with a disability could be reviewed – this term (or 'additional support needs') is preferred to 'special educational needs'.

Socio-emotional and behavioural wellbeing

Topics that were emphasised as important were:

- Mental health, including indicators of anxiety, stress and psychosis, suicidal ideation
- Adverse experiences from the child's perspective
- The 'always on' phenomenon associated with technology and social media use
- SDQ as measured by the parent and the Young Person
- Parental mental health

- The Young Person's sense of feeling supported ('one good adult', My World Survey (Dooley et al., 2019)).

Socio-economic background and context

Participants agreed on the importance of topics highlighted as important in the poll.

- Some important new topics identified were housing:
    - Housing security (subjective measures, worries, security of tenure)
    - Changes of housing (or people moving in/out) and whether this was voluntary or not; enforced sharing of accommodation
    - Housing quality (e.g. SILC items)
- Changing household structures including family breakdown, parental conflict[9]
- Social pressures, exclusion, and social support (including peers, family, and local community)
- Social support, including local connectedness, neighbourhood and community (see Understanding Society as a measure of support networks)
- The group emphasised the need for a strong measure of material deprivation, noting that the current measure had less variance than would be expected.
- After-school care was seen as less important although arrangements such as whether the Young Person was alone or perhaps caring for younger siblings could be important.

Activities and Attitudes

Topics that were emphasised as important were

- Organised /structured activities
- Face-to-face contact and the social aspect of activities
- Civic involvement
- Young people's social networks
- Young people's agency

[9] This is already captured in the household grid and in the DAS scale on quality of marital relationship.

- Time-use diaries and having a secondary-activity option on time-use diaries to capture multiple screen use
- Possibly how young people would like to spend their time
- Use of technology, especially
    - difference between adult and 13-year-old's perceptions of devices
    - how young people use social media and technology (not just the amount of time)
    - young people's own concerns about their use of electronic devices
    - the impact of electronic device-use on their relationships
    - use of technology for individual-driven learning
    - use of technology in school and in school-parent communication
- A module specifically for migrants and their experience within Irish society
- Attitudes to gender identity and gender roles (compared to parent attitudes).

This group also noted that young people's attitudes had not been strongly emphasised in previous rounds of ***Growing Up in Ireland***. Attitudes to issues such as climate change may be important to this group.

Other inputs from the scientific advisory group and policy stakeholders

A number of scientific and policy stakeholders got in touch with the Study Team, either before or after the roundtable workshop, with additional points, clarifications or resources. These included the following:

- Role of community/neighbourhood with respect to social control and social support of children (parent's perception)
- Suggestions for items to drop and additional items to include on dental health
- Suggestions for items on food/diet
- A renewed emphasis on the quality of the parent-school relationship and whether the child feels supported in school
- Engagement with an expert on young people's use of technology and their online safety in order to inform the development of this section of the 13-year-old and parent questionnaires.

1.6 LITERATURE REVIEW

Following the consultation with the young people and the scientific and policy experts, the Study Team identified topics that were in need of major development. This was informed by of a review of recent literature and further consultation with experts in the areas. In addition, the literature to date using the 13-year-old data from Cohort '98 was examined to identify topics that were frequently used. Finally, the literature that was drawn on in developing the Cohort '98 13-year instrument and the more recent instruments was updated.

The following sections provide a detailed review of some key topics that were believed to have emerged or substantially evolved since the 13-year phase with the older Cohort '98. Again, at the time of the initial review pre-pandemic, it was expected that fieldwork would be an extended in-home interview. In particular, the intention to capture more detailed information on structured and informal activities was affected not just by the need to change the overall plan for the pilot, but also by the curtailment of many such activities due to COVID-19 public health restrictions. Literature on other topics is included in the relevant discussion of questionnaires (chapters 5 and 6) later in this report.

1.6.1 JUNIOR CYCLE REFORM

There have been significant changes in recent years in curriculum, teaching, learning and assessment at junior cycle level (DES, 2015), with second-level entrants in the school year 2019/20 the first to experience the full complement of revised subjects. A new feature of the revised junior cycle is the provision of Level 1 and 2 Learning Programmes for students with additional educational needs. New subject specifications have been introduced for all subjects as has a new wellbeing curriculum. All subjects are now taken at a common level, with the exception of Irish, English and Maths which can be taken at higher or ordinary level. Reporting is in form of the Junior Cycle Profile of Achievement (JCPA) which includes a record of grades in the final exams and Assessment Task, student's achievements in the Classroom-Based Assessments (in subjects and short courses) and achievement in other areas of learning. These policy changes were a response to, among other factors, the way in which teaching and learning at junior cycle had been driven by preparation for the exam, especially in third year, with less space for the kinds of teaching approaches which students found engaging (Smyth & Hannan, 2007). The revised junior cycle is expected to lead to differences in the number of subjects taken and the kinds of teaching and learning students experience as well as a renewed emphasis on promoting wellbeing in schools. All of these dimensions and their implications for young people's educational and socioemotional outcomes can be captured in the wave of data collection at age 13.

Additional items have been added to the 13-year-old questionnaire in order to capture their experience of the new junior cycle curriculum. It is worth noting, however, that some of the 13-year-olds may still be in the first year of second level, so their experience of the new

curriculum may be of short duration. The main source of new data on this topic will be from the Principal Questionnaire, discussed in Chapter 7, rather than the Young Person.

1.6.2 STRUCTURED ACTIVITIES, INFORMAL ACTIVITIES AND CHORES

Structured Activities

Adolescence is a critical time period in the life cycle. There are over a billion adolescents worldwide (WHO, 2014) and their health and wellbeing has been highlighted as a global health priority reflecting the acknowledgement that investing in the wellbeing and health of adolescents is to invest in society's future (United Nations Children's fund/UNICEF, 2014; Hunt, McKay, Fitzgerald, & Perry, 2014). Critically, although improvements have been seen in children's health in the last half century, these same improvements have not been seen in adolescence (Sawyer et al., 2012). Central to young people's health and wellbeing is their lifestyle, how they spend their time, the activities they engage in, and the patterns of their daily lives (Christiansen & Townsend, 2010; Erlandsson, 2013; Hocking, 2011). It is therefore essential to capture both detailed data reflecting the activity choices of young people, as well as capturing the complex interconnectedness of activity choice within their environment (Bergen, 2002). The pattern of activities – their timing and sequencing -- can best be achieved through time-use diaries, allowing a more complete picture of the complexities of patterns of activities embedded within young people's time use (Linver, Roth, & Brooks-Gunn, 2009). The reasons for young people's choices and the details of their activities can be best captured through detailed questions regarding participation in specific organised/structured and less structured activities (Kroska, 2004).

As mentioned, activity choices contribute to maintaining or undermining one's health (Hocking, 2011). Structured activity participation, involving adult supervision, scheduled participation, rules, and skill building, has been linked to a plethora of positive developmental outcomes in adolescence. Research suggests that such structured activities are important contexts which allow young people to develop awareness of appropriate social norms (Hoffman, 2006) as well as initiative (Larson, 2000), skill advancement, social skills (Denault & Poulin, 2009), increased social capital, teamwork skills (Larson et al., 2006), and autonomy (Denault & Poulin, 2009). Such positive development has knock-on positive effects in other areas such as wellbeing, better school commitment, school outcomes (Darling, 2005), less risky behaviour (Mahoney, 2000), lower rates of early school-leaving (Mahoney & Cairns, 1997), lower depression rates (Mahoney, Schweder, & Stattin, 2002) and more positive societal attitudes, as well as increased civic participation (Gardner et al., 2008).

It is well-documented that structured activity participation increases from early childhood to late childhood and early adolescence where it is seen to peak and then reduce as young people transition into late adolescence (Hofferth & Sandberg, 2001; Denault & Poulin, 2009). It has been suggested that this is due to increased discretionary time availability in early adolescence (Shanahan & Flaherty, 2001) as well as being a socially acceptable form of time

use away from caregivers, allowing young adolescents autonomy. As adolescents get older, factors such as relationships, part-time jobs, and the financial cost of structured activity may explain the lower rate of participation (Shanahan & Flagherty, 2001). Furthermore, developmental outcomes resulting from structured activity participation seem to be particularly influenced by participation during early to mid-adolescence and these developmental outcomes are robust against any reduction or drop-out in activity participation in later adolescence (Denault & Poulin, 2009). Thus, early adolescence is a developmental time period in which participation in structured activities is especially important.

Some factors which have been found to be related to whether young people will continue with structured activities are task competency, whether they enjoy the activity, peer pressure (Huebner & Mancini, 2003), time availability, motivation, positive peer relationships within the activity setting (Fredricks et al., 2002), friends' endorsement of the activity (Huebner & Mancini, 2003), parental support (Anderson et al., 2003), and availability of other more preferable activities (Persson, Kerr, & Stattin, 2007) (for a review see Brustad, Babkes, & Smith, 2001).

When considering structured activities, it is important to recognise the importance of both intensity and breadth (in the Denault & Poulin, 2009 sense) of participation as two separate dimensions which influence developmental outcomes. By breadth, Denault and Poulin refer to the range of activities a Young Person may be involved in which can effectively be accessed by the detailed questionnaire structure, while intensity refers to the frequency of participation which can be accessed through the time-use diary (see also Fredricks & Eccles, 2006).

Informal Activities

Conversely, leisure time consisting of participating in informal or unstructured activities (unsupervised) is sometimes associated with poor adjustment and anti-social behaviour (Mahoney, Stattin, & Lord, 2004). Although this is, to some extent, related to and explained by self-selection of activity choice, research has found that choice of activity (structured versus unstructured) has an impact on wellbeing and adjustment and that this holds true when variables such as gender, personality, socioeconomic status, and family situation are controlled for (Persson, Kerr, & Stattin, 2007). Nonetheless some unstructured activities have positive effects. Some of the most popular unstructured activities for young people include listening to music, reading, watching television, internet use, playing games, cooking, writing, and arts and crafts, as well as hanging out with friends. Some of these tasks have a positive developmental effect such as reading (literacy and lexical development, Nippold, Duthie, & Larsen, 2005) and cooking (task competency).

Chores and Housework

Another activity that young people engage in during their free time is chores or housework. Undertaking chores in the home allows young people to practise and learn diverse skills. They

learn competence in tasks necessary for life such as cooking and cleaning which allows them to be responsible, independent, and self-disciplined (Penha-Lopes, 2006). On the other hand, not doing housework affords children more time to peruse activities which give them a head start in life by giving them opportunities to expand their human capital (Bonke, 2010). It has been found in many studies across many countries that the level of housework participation is not equal for girls and boys and that the tasks in which they are involved are highly gendered (e.g. washing dishes v. taking out rubbish) (Raley and Bianchi, 2006; Gager, Sanchez and Demaris, 2009; Sani, 2016), mirroring the gendered pattern found in adults (Bartley et al., 2005). Early socialisation regarding gendered domestic labour roles during childhood and early adolescence may perpetuate the norm that housework is women's work and as a result contribute to barriers for women in the public sphere (Leonard, 2004). Research using ***Growing Up in Ireland*** Cohort '08 data has found that there is a gender difference in time spent doing housework at 9 and 13 years of age and that chore participation is gendered according to tasks traditionally seen as 'male' or 'female' (i.e. boys put out the bins, girls wash the dishes) (O'Reilly & Quayle, 2019).

1.6.3 ONLINE ACTIVITIES

Networked device use is now an integral part of their everyday lives for many people in Ireland. A recent Ipsos MRBI poll of Irish people aged 15 and over found that two-thirds had a Facebook account and two-thirds of those used it daily (Ispos MRBI, 2018). Despite this growth, which is true internationally as well as in Ireland, a recent report by the House of Commons Science and Technology Committee (2019) noted the limited quality and quantity of academic evidence on the benefits or harms of social media and screen use among children. Much of the published research, the Committee noted, focused on associations and did not provide a clear indication of causation. As a longitudinal study which collects a broad range of data on the lives of young people, ***Growing Up in Ireland*** has the potential to contribute in a valuable way to research and policy in the area.

There is a challenge in that trends in popular platforms and the available technologies tend to shift rapidly; for example, there has been a large shift towards using Instagram with 40% using the service in 2018, meanwhile "Google +" a service used by a quarter of Irish people 15+ shut down in April of 2019, demonstrating the difficulty in tracking digital usage patterns.

The EU Kids Online research programme set up a comprehensive survey for research into online activities (Livingstone et al., 2011a). This multicentre project had an Irish centre for the study that contributed to the overall project (O'Neill et al., 2011) and reported specifically on Irish technology use in the Net Children go Mobile report (O'Neill and Dinh, 2015). The rationale for, and questionnaires presented in, Net Children go Mobile have a direct link with the original EU Kids online study and demonstrate the value of using the 'ladder of opportunities' concept as one of the ways of exploring the outcomes of technology use (Livingstone et al., 2011b).

The ladder of opportunities concept represents a pathway to technology use having a constructive and productive influence on the life of the child. This begins with children showing an interest in information-seeking and learning to use technology to communicate and advance their interests. Over time a more advanced and diverse pattern of usage emerges where the Young Person engages in productive and creative technology use; in a similar way that literacy enables young people to engage in higher learning and achieve better outcomes (O'Neill and Dinh, 2012). The ladder of opportunities concept can be considered an important feature of current research into technology that the current ***Growing Up in Ireland*** wave could model more explicitly. Large scale research shows, however, that many children do not tend to advance the complexity of their technology use over time remaining largely consumers of media content from a shifting cohort of apps from YouTube to Instagram (European Commission, 2013). Groups such as Comreg in Ireland and Ofcom in the UK maintain a regularly updated register of usage patterns across key demographic groups that can form the basis for up-to-date information on the types of popular apps and platforms in use at any given time period (Comreg, 2019, Ofcom, 2019); which could complement data from ***Growing Up in Ireland*** on time spent and parental supervision.

Previously 17/18 and 20-year-olds in ***Growing Up in Ireland*** have been asked whether they had an account with a particular site and if so, whether they had a public profile, if they were frequent users, and whether they knew how to change their privacy settings. Seven types of social media app were listed (e.g. Twitter, Instagram) and the list was based on relative popularity statistics for Ireland (Ispos MRBI, 2017). The Study Team note, however, that the relative popularity of apps is a rapidly evolving context and attempting to collect specific app data from 13-year-olds across six months of fieldwork would have limited usefulness. Therefore, data collection will focus on categories of usage such as games, TV, music and information search.

The Study Team proposed a measure that captures usage patterns, as well as an indicator of overall usage of devices. Combined overall usage is often termed "screen time", which is a catch-all term for the time an individual spends in front of any electronic screen such as a television, computer, or smart phone. Submissions by academics to the UK's House of Commons Science and Technology Committee (2019) noted the need to disaggregate screen time, distinguishing, for example, television from computer use and gaming, and to distinguish between active and passive use of social media (e.g. posting and reading).

A moderate amount of screen time can be useful for education or leisure as has been shown by research using previous waves of the ***Growing Up in Ireland*** study (Casey et al., 2012). However, excessive amounts of screen time can be harmful as it has been linked to a lack of physical exercise, sleep problems, obesity, reduced academic performance, reduced self-esteem, and other issues such as reduced time in person with family and friends (Hale and

Guan, 2015, Melkevik et al., 2010, All Party Parliamentary Group on Social Media and Young People's Health and Wellbeing, 2019).

However, some researchers and commentators believe the negative effects of digital technology may be overstated. An opinion piece published in Nature (Makin, 2018) noted that many of the studies which show a negative impact of screen time have statistically small effects and that there was a danger of "acting prematurely, before the evidence is in" in terms of prescribing interventions to counter the perceived threat from digital technology. A three-country analysis of time-use diaries by Orben and Przybylski (2019), which included data from ***Growing Up in Ireland***'s Cohort '98 at age 13, found little evidence of an association between negative outcomes and screen-use in adolescence. Although there was a negative association between both self-reported and diary measures of time spent engaging with digital screens and psychological wellbeing, the effect sizes were very small and below the authors' preregistered threshold for a practically significant effect.

Social media is an important element of digital technology and the benefits (as well as the risks) of this technology have been noted. In the UK, the All Party Parliamentary Group on Social Media and Young People's Health and Wellbeing (2019) note that social media can have many positive effects for young people, including providing a platform for self-expression, enhancing social connections, and supporting learning; and a significant proportion of young people find social media to be a good source of health information.

A recent position paper from the Royal College of Psychiatrists (January 2020) summarises the pluses of technology use for children and young people as (p.10):

- Facilitating communication with friends and family
- Enabling play and creativity
- A source of information
- A forum for socialising
- Access to support for "health concerns and identity themes"

These are contrasted with the following identified "potential challenges to the health and wellbeing of children and young people" (p.10):

- Screen time replacing time that might otherwise have been spent in face-to-face interactions with family and friends, physical activity or sleep
- Exposure to disturbing content online
- Cyber-bullying
- An increased risk of being exploited, including sexually

- Spending money online for in-app purchases, gambling or drugs
- A possible increased risk for problems with weight, mood and self-harm
- Increased vulnerability to harmful effects for some groups such as those with a mental health issue
- Emergence of addiction to digital technology

Current EU level policy (Council of Europe, 2018) marks advancement of digital literacy, access to resources, freedom of digital expression and online security as policy level goals that should be pursued at a national level by EU governments. A position that reflects an acknowledgment of the 'pros' and 'cons' of developing digital technology.

Growing Up in Ireland can monitor progress of many of these goals in the long-term and provide evidence for policy formation. This can be explored by asking the study children about safety behaviours such as understanding how to remove their name from photos that have 'tagged' them or if they had ever regretted sharing things online. These questions were also similar to ones used in an American survey of teenagers conducted by the Pew Research Centre, where online safety behaviours were considered quite low. In that study (conducted in 2012), 45% of 12-17-year-olds who used Facebook had 'removed their name from photos that have been tagged to identify them', 19% had later regretted a post they had shared online and 53% had deleted a comment someone else had posted on their account (Madden et al., 2013). For the youngest group in the Madden et al. (2013) study (12 and 13-year-olds), access to and use of devices were found to be more commonly mediated by parents and teachers than in the older groups (14-17 years). Since that study has been carried out in 2013, additional abilities to restrict access to social media accounts until a child is over 13 years of age, or 16 on some platforms have emerged (www.internetmatters.org). This means that tracking online safety behaviours at this age will not provide as much meaningful data as the questions that were used in the pilot study exploring usage patterns, digital literacy, and parental monitoring in more detail. Therefore, the online safety items previously used in Cohort '98 at 20 years of age are not proposed for use with the 13-year-olds but should be considered at their next interview, when most children will be independent users of technology. A useful example of a structure used for the exploration of online safety issues in future waves is briefly presented below:

The EU Kids Online and "Global kids online" research programmes class online risks based on 'online content', 'online conduct' and 'electronic or physical contact' (Global Kids Online, 2019). Questionnaires and materials for studying online risks are shared as a 'toolkit' that allows for a wide array of contextual information to be used to better understand children's online activities.

Historically, ***Growing Up in Ireland*** has monitored several online risks such as the inclusion of items asking about meeting someone face-to-face that you first met online. This kind of

monitoring would benefit from closer alignment with the Global Kids Online framework (outlined at the beginning of this section), through the use of questionnaire wording from the Global Kids online toolkit. This would improve the international comparability of ***Growing Up in Ireland*** longitudinal findings on a child's developing understanding of issues of online safety and security.

1.6.4 PHYSICAL ACTIVITY AND DIET

Physical Activity

Physical activity habits established in early childhood tend to persist into adulthood (Rimal, 2003; Telama et al., 2005; Starc & Strel, 2011) and research has demonstrated that physical exercise has a protective effect against the development of many diseases (including diabetes, cardio-vascular disease and cancer) in later life (Lee et al., 2012; Reiner et. al, 2013). Evidence also exists of a causal relationship between physical activity and improvements in numerous mental health outcomes for young people, including depression, anxiety and cognitive functioning (Biddle et al., 2019). However, the authors stressed that evidence is limited and there exists a need for further research in this area.

Strong associations between parental and child physical activity patterns have previously been observed (Mitchell et al., 2012). Possible mechanisms for this relationship include the parents' serving as role models, sharing of activities by family members, enhancement and support by active parents of their child's participation in physical activity, and genetically transmitted factors that predispose the child to increased levels of physical activity. Informed and motivated parents can become a model for children by promoting a healthy lifestyle in terms of diet and activity from the first years of life.

Current international (and Irish) physical activity guidelines (WHO, 2010) recommend that:

- Children and young people (5-17yrs) should do at least 60 minutes of moderate to vigorous intensity physical activity daily
- Adults should do at least 30 minutes of moderate-intensity physical activity five days a week

The Scientific Advisory Group raised some questions about the measurement of physical activity levels in ***Growing Up in Ireland***. In particular, the way the questions had been asked in the previous 13-year-old Main Questionnaire (referring the number of days in the last fortnight in which the Young Person engaged in hard or light physical activity of at least 20 minutes duration) did not allow them to be mapped to the WHO and national guidelines for child physical activity. A modified question is proposed for the 13-year-olds that will allow researchers to determine whether they are achieving these guidelines. In addition, it is proposed to collect data from the parents (Primary and Secondary Caregivers) to allow researchers to determine whether they meet the adult guidelines.

Dietary Behaviours

The section on dietary behaviours and content has also been updated in response to input from the Scientific Advisory Group.

Eating breakfast is important for a number of reasons. According to an extensive review of 47 studies conducted by Rampersaud et al (2005), breakfast-skipping is associated with a range of negative nutritional, health and educational outcomes: those children and adolescents who skipped breakfast were more likely to be overweight or obese, consumed unhealthy (high fat, high sugar) snacks more frequently and displayed increased inattentiveness and apathy in school when compared to those who consumed breakfast. While the previous 13-year-old questionnaire contained information on whether the Young Person had breakfast, it was limited in terms of information on other eating patterns, including regular lunch and dinner meals, snacking and skipping meals. Snacking is important because snack foods often contain sugar and can have implications for maintaining a healthy weight and for dental health.

The adapted food frequency questionnaire employed at previous waves of the study was designed to obtain information on the Study Child/Young Person's dietary intake. Some of the items were derived from Growing Up in Australia, which were in turn adapted from the Sallis Amherst Food Frequency Questionnaire (Sallis et al.,2002); other items were added following consultation with the Scientific Advisory Group. For Cohort '98 at 13, the questionnaire asked whether each food item had been consumed once, more than once, or not at all, in the previous 24 hours.

However, according to the Diet, Anthropometry and Physical Activity Measurement Toolkit guidelines developed by the Medical Research Council (https://dapa-toolkit.mrc.ac.uk/about), 24-hour food recall questionnaires have a number of limitations: they do not account for daily variations, they may be biased towards certain days of the week (weekday versus weekend), and they do not tend to capture habitual dietary behaviour.

In light of these limitations, a food frequency questionnaire format wherein participants are asked 'how many times a week do you usually have….?' (for each food item) may be preferable, with possible answer categories of never, less than once a week, once a week, 2-4 days a week, 5-6 days a week, once daily or more than once daily. This format has been employed in the World Health Organization's Health Behaviours in School-aged Children Study (Inchley et al., 2018).

These questions will allow researchers to look at eating and dietary habits in the context of current government guidelines with regard to nutrition. Irish guidelines, summarized within the 'Healthy Food for Life' initiative,[10] suggest the following:

- Limit high fat, salt and sugar foods and drinks – maximum once or twice a week
- Eat more fruit and vegetables – between 5 and 7 portions per day

Adherence to both of these guidelines can be explored with the updated question and answer categories (Section 4.3.6, below) and an additional question specifically on typical daily fruit and vegetable consumption.

1.6.5 13-YEAR-OLD'S PERCEIVED DEPRIVATION

Previous experience with the measurement of deprivation in ***Growing Up in Ireland*** and on the SILC Questionnaire suggested that the level of child-specific deprivation reported by parents is very low,[11] even when the household income is relatively low and when adults in the household report deprivation on general items, such as being able to keep the home adequately warm[12] (Watson, Maître and Whelan, 2012; Watson et al., 2014). Given this experience, and in view of the general consensus to give increasing emphasis to the voice of the child, the Study Team proposes including a measure of deprivation from the 13-year-old's perspective.

Several sources were drawn on to inform the development of the measure, including previous experience in the measurement of deprivation in the Study Team and ESRI colleagues (Watson and Maître, 2012; Watson et. al, 2014; Maître et al., 2006; Whelan et al., 2007); Irish and international research on deprivation where the child is the informant (Swords et al., 2011; Saunders et al., 2019;); and recent European analysis on child deprivation indicators (Guio et al., 2018).

In developing indicators of deprivation for adults, it is common to begin by determining whether an item is seen as a necessity for someone to have a decent life, as proposed by Mack and Lansley (1985), and subsequently widely adopted, including in Ireland (Callan et al., 1993) and in the EU (e.g. Guio et al, 2012; 2018). The second step is to determine whether the person or household lacks the item and the third step is to identify whether the reason for the lack is because they cannot afford it (enforced lack). This approach was adopted by Swords

[10].https://www.hse.ie/eng/about/who/healthwellbeing/our-priority-programmes/heal/healthy-eating-guidelines/

[11] The child-specific items included clothing and shoes for the children, books, indoor games, a regular leisure activity and celebrations on special occasions.

[12] These are the household-level items, including food, clothing, heating, furniture and adult social participation.

et al. (2011), in presenting almost 300 children aged 9 to 11 with a set of 47 items and asking whether they thought it was a necessity for children their age; whether they had (or could do) it and, if not, whether this was because the family could not afford it. Parents were presented with the same set of 47 items. In general, there was a high level of agreement between parents and children about which items were considered necessities, but children were more likely than parents to say that they wanted an item, but the family could not afford it.

Swords et al. tested 47 items and narrowed the list to 12 that met the following criteria: most (over 50 per cent) children regarded them as necessities and 3 per cent or more of the children reported lacking the item. The 12 items are shown in the first column of Table 1.6. The advantage of the study by Swords et al. from the perspective of informing this submission is that it was conducted in Ireland, took account of children's perspectives on what items they thought were essential and what they would like to have, and the age group (9 to 11 years) was reasonably close to the 13-year-olds. The items included clothing, food, social participation, some money of their own and access to services such as shops and library.

Table 1.6: Child-specific Deprivation items identified in three different studies

Swords et al. 2011 (Ireland; N=292, age 9-11)	Saunders et al. 2019 (Australia, N=2600, age 11-17)	Guio et al. 2018 (N=big; EU; adult for children 1-15)
Food		
• Three balanced meals each day with fruit/vegetables and meat/fish (if they eat meat or fish)	• Three meals a day; • Fruit or vegetables at least once a day	• Fresh fruits and vegetables daily • Meat, chicken, fish or vegetarian equivalent daily
Clothing		
• Enough of the right clothes for different seasons, for example, a coat to keep warm and dry in winter	• The right kind of clothes to fit in with other people your age • Clothes you need for school (including sports gear)	• Some new (not second-hand) clothes • Two pairs of properly fitting shoes
Digital technology		
	• Internet at home • A computer or other mobile device • Internet access in public spaces	
Other possessions		
• Separate bed and bedding of their own • Own books for reading for fun • A bank, post office or Credit Union account to save money	• A separate bedroom for each child 10 years and older • Books at home suitable for your age • Some money (from paid work or from your parents/carers) to spend or save each week	• Outdoor leisure equipment • Indoor games • Books at home suitable for the children's age
Social participation and activities		
• Food and drinks for friends when they call over to play • Family holiday once a year (can be in Ireland or a different country) • Own money for school activities or days out • Go to a restaurant for a family meal at least twice a year • Day out with family at least twice a year (like going to the beach, fun fair, leisure centres)	• A holiday away with my family at least once a year • Go on school trips or excursions at least once a term; • Money to pay for classes or activities outside of school • Extra-curricular activities at your school (like sport or music) • A meal out with my family at least once a month • A place at home to study or do homework	• Invitation of friends to play and eat from time to time • Holiday • Participation in school trips and school events that cost money • Regular leisure activities • Celebrations on special occasions • Suitable place to do homework [Dropped due to not meeting reliability criteria in 2018)
Environment		
• Shops close to home (like food shops, clothes shops or chemists) • Access to the library	• A local park or green space • Access to public transport in my local area	

The second set of items examined in detail include those identified by Saunders et al., based on a school-based self-complete survey conducted in 2016 of 2,600 young people aged 11 to 17. The survey presented the young people with a set of 24 items that have either been the identified in other child deprivation studies or that emerged from focus group discussions as being essential for Australian children and young people. The respondents were asked whether each item was essential for all, whether they had it (or could do it) and, if they did not, whether it was something they wanted. The authors used the following criteria to select the final 18 items (shown in the middle column of Table 1.6): the item must be considered essential by at least 50 per cent of respondents and must meet reliability criteria as described by Guio et al. (2016, 2017).[13] A Young Person is considered deprived on an item if more than 50 per cent of young people identify it as essential and the Young Person does not have it but would like to have it.

The advantage of the Saunders et al. study from the perspective of instrument development for the 13-year-olds is that it draws on the perspectives of young people, includes the age group of interest here (13 years old) and it is more recent than the Swords et al. (2011) study. The items identified fall into the same broad categories – food, clothing, other possessions (including books), activities/participation, and environment. An additional set of items capture access to digital technology and internet.

The third set of items considered were those identified by Guio et al. (2012, 2018) for the purpose of measuring child-specific deprivation in the European context. The studies differ from the others in that they are based on data collected from householders (rather than children themselves) and the reliability and validity testing is conducted with a view to identifying items that can be used to monitor social exclusion across the EU, in countries as diverse in terms of living standards as Sweden and Romania. Also, the items need to be reliable and valid for children from 1 to 15 years old so that some items specific to teenagers, for instance, might not meet the reliability criteria. As a result, the items are unlikely to be the optimal ones for identifying child-specific deprivation among 13-year-olds in Ireland. Nevertheless, because of the very large sample and the careful attention to reliability and validity, it is worth considering the items identified.

The approach adopted by Guio et al. (2012, 2017, 2018), drew on special modules on material deprivation in the 2009 and 2014 EU-SILC instrument. Respondents were presented with a set of items and asked whether all the children in the household had the item (or, for activities, could do it) and if not, whether they lacked it because they could not afford it or for other reasons. Rather than ask whether an item was considered a necessity, the authors relied on

[13] Four items did not meet the reliability criteria: a mobile phone; a pair of shoes that fit properly; a family car; and a good education.

the prevalence of an item to give an indication of its 'desirability'. Deprivation on an item exists when any child in the household is lacking it because the household could not afford it. Following comprehensive tests of the reliability and validity, 12 items were identified (though in the 2018 analysis, 'a suitable place to do homework' was dropped because it did not meet the reliability criteria). The items are shown in the third column of Table 4.1. Again, the domains of food, clothing, other possessions (including books) and the capacity to participate in social events and activities are identified.

In an analysis of the child-specific items included in EU-SILC 2009, Watson, Maître and Whelan (2012) examined 13 child-specific items[14] in the context of household income-poverty and basic deprivation.[15] Responses were provided by the household respondent. The percentage of children experiencing an 'enforced lack' (i.e. because the household could not afford it) of any of the 13 child-specific items was 13 per cent, much lower than the percentage of them living in household experiencing basic deprivation (24 per cent). There was considerable overlap between the 13 child-specific items identified by Watson et al. (2012) and the items identified by Guio et al. (2018). The exceptions were that a suitable place for homework and having three meals a day were included in the Irish set while a holiday was not included. While this analysis was specific to Ireland, it still had the limitation of relying on the householder's assessment of the reason for the child(ren) not having the item and on the fact that the focus was on identifying items that would form a reliable scale for all children under the age of 15.

The Study Team drew on the items identified in this earlier research, and the methods used, in considering which to include as indicators of child-specific deprivation for the pilot with Cohort '08 at 13. An important consideration was to avoid unnecessary duplication within the questionnaire and to minimise burden on the respondents. For example, the items on participation in leisure activities (both structured and unstructured) were covered elsewhere in the 13-year-old questionnaire (see xQ13-14), as were the items on foods (see xQ32-33), and digital technology (xQ15-22x). Items on the environment are included in the Primary Caregiver (PCG) questionnaire.

In terms of the format of the items, the proposal was to ask the 13-year-olds whether they have the item or can 'do' the activity and, if not, whether this is something they would like. While it would be possible to ask young people whether their family can afford to provide

[14] The 13 items were an enforced lack of the following: eat fruit and vegetables, have indoor games, eat 3 meals a day, have parties or celebrations, invite friends to play, have books at home, have outdoor leisure equipment, suitable place for homework, eat daily protein meal and new (not second-hand) clothes, properly-fitting shoes, go on school trips and participate in regular leisure activities. The items not included were: made required doctor visits, made required dentist visits and had an outdoor place to play.

[15] Basic deprivation consists in the household being unable to afford 2 or more of 11 basic items relating to food, clothing, furniture, debt, and minimal participation in social life. See section 5.3.7.

them with certain things or activities, the Study Team agreed with Saunders et al. (2019) that posing this question to 13-year-olds would be problematic as it is their parents who 'hold the purse-strings'. In addition, asking about affordability may create a conflict for them, as it may be seen to reflect badly on their parents' capacity to provide for them. An alternative approach, which has been adopted in Saunders et al. (2019) and also by Gross-Manos (2015) in the Israeli context is simply to ask whether the Young Person has the item and, if not, whether it is something they would like to have. This approach is further supported by the work of Main and Bradshaw (2014) in the UK who found that the distinction between 'any lack' and 'enforced lack' did not result in any major differences in the conclusions that would be reached.

Taking account of the above considerations, the items identified for inclusion in the pilot, therefore, are as follows:

- The right kind of clothes to fit in with other people my age
- Gear and equipment that I need for school (including for sports)
- Books (including e-books) at home suitable for my age
- My own bed or bunk bed
- The right kind of electronic devices to keep in touch, or play games, with other people my age.
- A suitable place at home to study or do homework
- To be able to invite friends over from time to time
- To have a celebration for my birthday or special events
- To go on school trips or to school events
- To have meal out with my family at least once a month
- To go on a family holiday at least once a year (in Ireland or elsewhere)

A potential issue with the approach adopted is that the responses might be affected by adaptive preferences. This would happen if young people who lacked an item adapted their preferences so that they did not want it. There is some evidence that adaptive preferences may affect responses to these kinds of items, but using a more complex measurement approach to take account of adaptive preferences does not necessarily produce an indicator that is more strongly associated with child outcomes (Abe, 2018).

1.7 TOPICS IDENTIFIED FOR INCLUSION OR SIGNIFICANT DEVELOPMENT

While retaining core topics related to outcomes for 13-year-olds, there was a need to develop or update the instrumentation in areas that had changed in the last decade. Taking the

instruments used for Cohort '98 at age 13 as the starting point, on the basis of the consultation process and a review of recent literature, a number of areas were identified as in need of major development, as shown in Table 1.7.

Table 1.7: Areas for major development in fieldwork with Cohort '08 at 13

Topic
Technology use and online activities of young people
Structured and informal activities (developed so that technology use could be set in the context of activities more generally)
Parental device-use and screen time
Housing – access, security and quality
Child-specific material deprivation (things 13-year-old has or can do and, if not, whether it is something they would like)
The new junior cycle curriculum
Enhancing the 'voice of the Young Person' – their agency and choice processes
Physical activity, diet and nutrition – including snacking and skipping meals
Identifying 13-year-olds with a disability – streamlining the measurement process
Relationships with siblings
Bullying (changes to how the questions were asked by not filtering on whether behaviour was labelled as 'bullying')

A note on abbreviations

In referring to the questionnaires, the following abbreviations are used:

PCG Primary Caregiver (PCG-s – Primary Caregiver Sensitive Questionnaire)
YP 13-year-old questionnaire (YP-s – Sensitive Questionnaire)
PQ School Principal questionnaire

Some topics mentioned as important at the roundtable workshop were already covered by the survey, including young people's mental health and parent mental health. Others were covered in less depth and were not further developed: these included sources of information about sexual health; parent-child discussions on sexual health; maturation, puberty, school ethos, the home learning environment, school attendance and truancy.

Short additions were proposed in a number of areas:

- Head injury and concussion (PCG)
- Additional items on dental health (PCG)
- Neighbourhood engagement (PCG)
- Technology in the classroom (PQ); school ethos (PQ)
- Choice of second-level school (PCG)

- Relationship between parents and the school (PCG)
- Young Person having someone (apart from parents) they could go to with a problem (YP-s)
- Weight of school bags (proposal to measure when Young Person is being weighed)
- Social pressures (whether the Young Person has the 'right' kind of clothes and devices (YP); the 'always on' social media pressure (YP)
- Material deprivation captured on the PCG questionnaire (the national basic deprivation indicator) was supplemented with additional items on financial strain (PCG; PCH-s)
- Allowing more than one activity at a time to be recorded in the time-use diary
- Two items were added comparing face-to-face and 'virtual' friends or modes of contact (YP)

As is always the case in designing survey instruments, there were more suggestions for new items than could be accommodated. Similarly, a number of sections had to be dropped from the previous 13-year instruments used with Cohort '98 in order to make room for the new additions (including the Piers-Harris self-concept scale, the Ten Item Personality Inventory, the parent-child closeness scale from the Pianta measure, items on parental involvement with the Gardaí and items regarding basic deprivation). Finally, the need to conduct remote fieldwork (by telephone and web instead of in-home) meant that a further shortening of the questionnaires was needed, as discussed in the next chapter.

1.8 STRUCTURE OF THIS REPORT

The report is divided into seven subsequent chapters as follows:

Chapter Two provides details on the modification to the pilot design necessitated by the COVID-19 restrictions.

Chapter Three describes the design of the pilot phase, including the sample selected, the informants, the protocols and the questionnaires. It also discusses interviewer training and de-briefing, data capture and transfer. It concludes with a plan for the informants and instruments in the main study.

Chapter Four describes the response rate achieved in the pilot, distinguishing between responses to the telephone and web surveys and examining any patterns to non-response.

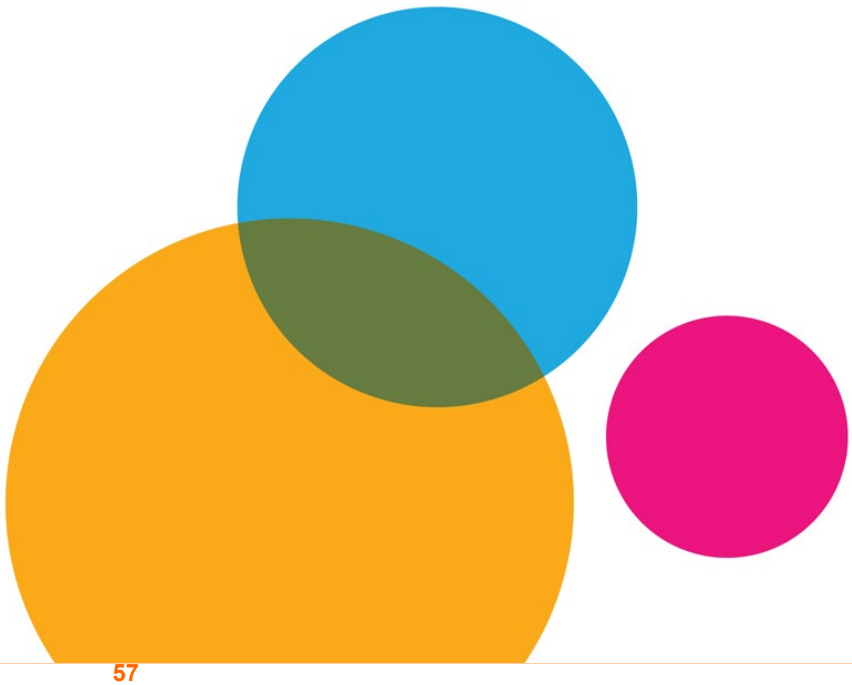
Chapters Five and Six discuss the proposals for the questionnaires to be used in the main phase of fieldwork, drawing on the results of the pilot.

Chapter Seven describes the proposed School Principal Questionnaire and discusses how it is to be completed in the main phase. It describes modifications to the original proposal (outlined in the original submission) following the test conducted in October/November 2020.

Chapter Eight summarises the implications of the pilot for the design of the main survey instrumentation and protocols. It provides a suggested timeline for the work to be completed between now and the beginning of fieldwork in March/April 2021.

Chapter 2

MODIFICATIONS TO THE DESIGN DUE TO COVID-19 RESTRICTIONS



2 MODIFICATIONS TO THE DESIGN DUE TO COVID-19 RESTRICTIONS

2.1 INTRODUCTION

This chapter describes the modifications to the proposed fieldwork with Cohort '08 as 13 necessitated by the COVID-19 pandemic. It draws on the experience of the pilot, where many of these modifications to mode of data collection and to the survey content were first introduced.

Under the governance structures in place for ***Growing Up in Ireland***, the design and instrumentation for the pilot were considered by the Steering Group and the Research Ethics Committee, with final sign-off in March 2020. The original plan had been to conduct a pilot of the in-home data collection in June and July 2020, with interviewer training taking place in April. By mid-to-late March, however, the COVID-19 pandemic was developing in Ireland and the government imposed a set of restrictions including school closures, closure of all but essential workplaces with people working from home where possible and people asked to remain at home except for very limited purposes (including essential shopping for groceries and medicines). Physical distancing was in operation – people must remain two metres from others, apart from those living with them.

The planned interviewer training at the ESRI headquarters was not possible, though it was still hoped at the time that in-home pilot fieldwork could take place by June/July. Interviewer training was re-designed so that it could be administered over three days via the web, using Microsoft Teams. This allowed presentation of material by the Study Team and interaction with interviewers through the text Q&A facility. Training was delivered on schedule between April 1 and April 3. At that stage, training was delivered on the assumption that in-home pilot fieldwork would be possible.

Over the early weeks in April, it became evident that in-home pilot fieldwork was not going to be possible in 2020. The Study Team re-designed the pilot to be completed by telephone and web survey, with the assistance of the Central Statistics Office for the latter. The questionnaires were radically reduced in content to allow for the shorter surveys possible with these modes and also to allow for the inclusion of questions on the family's experience of the COVID-19 pandemic and associated measures. The emphasis was on testing new items and scales. At this stage, it was still hoped that the main fieldwork in 2021/22 would be possible using the in-home data collection originally envisaged.

In the following, we begin by outlining the experience of other cohort studies with changing the mode of data collection. We then turn to the modifications to aspects of the fieldwork necessitated by the pandemic, including changes in interviewer training, changes to the choice of informants for the pilot, and modifications to questionnaire content. While the pilot could adopt a reduced questionnaire by focusing on testing the items that were new to ***Growing Up***

in Ireland, the changes to the questionnaire for the main phase required a great deal more deliberation. The criteria considered are outlined in Section 2.6.

2.1.1 SUMMARY OF THE ORIGINAL, PRE-PANDEMIC SUBMISSION

A detailed Research Ethics Committee submission, focusing on the implementation of the pilot phase with the young people, families and schools of Cohort '08 at 13 years old was drafted in late 2019, referred to in this report as the original submission. Given the timing of this submission, it did not include any reference to the subsequent COVID-19 pandemic and assumed that interviews with the 13-year-olds and their parents would be conducted face-to-face in the home; as had been the case for Cohort '98 at the same age. As such, it did not propose any of the methodological or content-related adaptations that are outlined in the current report. In summary, the original submission included the following topics:

Longitudinal Consistency: Major issues in preparing procedures and questionnaires for the original pilot were intra- and inter-cohort consistency, in terms of measures and scales used in previous waves of data collection with both Cohort '98 (at age 13) and Cohort '08 (at age 9). In many instances, consistency became a moot point as a result of the pandemic-enforced adaptations to the study design and content.

The Consultation Process: Development of the questionnaires and other instruments proposed for the original pilot phase of the study included a consultative phase with 13-year-olds, as well as with the Study's Scientific Advisory Group and Policy Stakeholders. A Roundtable Workshop was organised, bringing together the Study Team, Study Team Management Group, Scientific Advisory Group and Policy stakeholders in order to identify the themes and criteria to be emphasised. As a result of the consultation, the following were the areas selected for major development:

- Junior Cycle reform
- Structured Activities
- Physical Activity and Diet
- Technology use (13-year-olds and parents)
- Housing
- Measurement of disability
- Measurement of childhood deprivation

The findings from the consultation process remained relevant to this revised submission and are summarised in Chapter 1.

Literature Review: Prior to and following the consultation process, a focused literature review was conducted with a view to informing the development of the instruments and procedures in areas that need significant development. In addition, the research and policy literature were updated to take account of new developments. The resulting literature review was integrated into this document.

Design overview: The original plan had been to conduct face-to-face interviews with the 13-year-olds and their families in the family homes. Interviews would be conducted with the 13-year-old, the Primary Caregiver and the Secondary Caregiver, where applicable.

Each respondent was to be asked to complete a 'Main' and 'Sensitive' questionnaire. In addition, the 13-year-old would be asked to complete tests of vocabulary and numerical reasoning and the Primary Caregiver would also complete a short vocabulary test. A one-day drop-off time-use diary to record the Young Person's activities would also be left with the family. Physical measurements of the 13-year-old, Primary and Secondary Caregivers would be taken by the interviewer: height and weight. In addition, the school bags of the 13-year-olds would be weighed.

In the main phase, all second-level School Principals would be asked to self-complete questionnaires about the school and its resources (the 'Principal's questionnaire'), since the 13-year-olds have dispersed to virtually every second level school in the country. Information from the PCG on school attended would allow the school-level information to be matched to the 13-year-olds. For the pilot, the Principal Questionnaire was to be tested on a sample of 8-10 School Principals.

The sample: A subset of the longitudinal sample used in the 9-year pilot of the study was to be used, as the pilot sample did not need to be as large for this phase. The 13-year pilot sample would include only the respondents from the 9-year pilot in order to keep the sample to a manageable size. The final sample size of c.230 would be sufficiently large to provide a thorough test of the instrumentation but also small enough to be reasonably completed within the planned time frame.

Recruiting the families: Signed consent and assent was to be secured before interviews took place in the home. All questionnaires and tests completed by the 13-year-old were be completed in the home. This was consistent with the procedures adopted with this cohort at age 9 and with the Cohort '98 13-year-olds.

Recruiting the schools: Given the geographic dispersion of the Cohort '08 sample across the country, and the relatively small number of second-level schools, it was anticipated that virtually all schools will be approached for the main study. Rather than seek to pilot the school-based instruments with the schools attended by the pilot 13-year-olds (as it was likely that all schools would be part of the main study), the Study Team proposed to field test the

questionnaires with the help of a number of school principals who have been very engaged with ESRI educational research in the past.

Questionnaires / Measurements Proposed for Pilot:

13-year-old

- Main questionnaire – self-complete (including Piers Harris self-concept scale)
- Sensitive questionnaire – self-complete (including Parenting Style Inventory)
- Test of vocabulary and numerical reasoning (on paper)
- Direct measure of height and weight; weight of school bag
- One-day time-use diary (drop-off and postal return)

Primary and Secondary Caregivers

- Main questionnaire – interviewer-administered on CAPI
- Questionnaire on Twin/Triplet of Study Child (where applicable)
- Sensitive questionnaire – self-complete on CASI
- Direct measure of height and weight
- Test of vocabulary (on paper)
- Abbreviated questionnaire on 13-year-old's twins/triplets (as relevant)

Parent living elsewhere

In the course of the PCG's interview contact details would be recorded on the 13-year-old's biological parent who may be living elsewhere (outside the family home). A short postal survey would be administered to them, where appropriate contact details could be secured.

Interviewer Training: All interviewers working on the pilot were to attend a four-day in-person training session at the GUI offices.

Timeline: Pilot fieldwork in the home was scheduled to run from June to July of 2020.

2.2 RESEARCH ON CHANGES IN MODE OF DATA COLLECTION

2.2.1 BACKGROUND

Many longitudinal and cross-sectional studies internationally were making efforts to move towards mixed mode data collection strategies involving web/online modes (Leeuw et al., 2019). Originally, the main motivations for this transition included efforts to combat falling response rates and increasing study costs. However, the sudden onset of the COVID-19

pandemic and resultant implications for face-to-face home visits accentuated and accelerated the need to adopt mixed-mode data collection strategies.

Traditionally, the need to maintain comparable population trend data is the main barrier to greater use of mixed-mode in longitudinal and panel-design studies (Brown & Calderwood, 2020). In the context of COVID-19, other studies have also been faced with the choice of either pausing fieldwork or switching mode. The German PAIRFAM study switched mode in the middle of 2020 fieldwork (Gummer at al., 2020), as did the Growing Up in Scotland Study with their age 14/15 cohort.[16] Gummer et al. (2020) note the need for caution in analysing data after a mode switch, since any difference due to mode may be misinterpreted as changes over time.

2.2.2 IMPACT ON DATA QUALITY

Given the unprecedented challenge to fieldwork posed by COVID-19, it was simply not possible to plan with any assurance for in-home ***Growing Up in Ireland*** fieldwork in 2021/22. There are some reassuring findings on the stability of results under different modes of data collection, but also some areas for concern.

Using data from the Understanding Society Innovation Panel, Cernat (2015) found no differences in reliabilities and stabilities when moving from CAPI to CAPI-CATI mixed mode design either in the wave when the switch was made or in the subsequent waves.

Examining panel surveys within the UK, US, Netherlands, Switzerland and Germany, Couper and McGonagle (2019) found that differences in response distributions when moving to web-based questionnaires were non-significant for most survey questions. However, they did note that there were still issues in understanding response differences to cognitive tests, life history calendars, job descriptions, occupational coding and complex financial questions (i.e. income and expenditure).

Focusing on cognitive ability testing, Baghal (2017) noted that those respondents using a web-based mode of data collection performed significantly better on a number of cognitive ability indicators than those using a CAPI mode. The author noted that this difference did not appear to be wholly explainable by respondents of different ability self-selecting into particular modes. Rather, it appeared that measurement of cognitive ability may differ across modes.

Telephone interviews have often been avoided in the context of in-depth, semi-structured interviews, because of the presumed importance of personal contact. However, research from Germany with children ranging from 5 to 11 years of age compared the results of in-person

[16] https://growingupinscotland.org.uk/information-about-age-14-15-online-and-telephone-surveys-summer-2020/

and telephone interviews. It has found very little difference in the results from the two modes (Vogl, 2013).

An experimental study compared responses to European Social Survey questions between surveys conducted through face-to-face and telephone interviews, selecting items believed to be most susceptible to mode effects (Jäckle, Roberts, and Lynn, 2006). The authors found significant differences between the two modes for about one-third of the items compared, but the differences were small and did not affect the relationships between variables. The telephone methodology did, however, lead to a slightly greater tendency to give socially desirable responses. The authors concluded, based on the small differences found, that a change in mode might not affect the conclusions analysts would draw from the ESS data.

2.2.3 IMPACT ON SENSITIVE DATA COLLECTION

Focusing on the collection of sensitive data, mixed-mode telephone and online interviews were deemed preferable to single-mode telephone interviews in that there was a reduction in social desirability bias for the former method (Kriwy, Krug & Carstensen, 2015). The issue of social desirability is also cited by Molina et al. (2017), who note that face-to-face interviews can lead to respondents providing socially acceptable (and potentially untrue) responses to sensitive or intimate questions – an issue resolved by using CASI and CAWI modes.

Other examples of the mode affecting sensitive data collection can be found in the literature, potentially pointing towards more openness/honesty in non-interviewer-led modes of data collection. As part of the British National Survey of Sexual Attitudes & Lifestyles, Burkill et al. (2016) asked participants sensitive questions about their sexual behaviour using both a CAPI/CASI survey and a web survey. One-third of all variables showed significantly higher reporting of sensitive questions using the web survey. Luong et al. (2015) found adult respondents were more likely to report positive affect and less likely to report depressive symptoms when there was greater contact with the interviewer (e.g. in-person interviews versus telephone interviews).

2.2.4 CONCLUSION

While it will be important to be cautious in comparing the results of the upcoming Cohort '08 data sweep with those of the older cohort and with those from Cohort '08 at age 9, the impact of mode changes need to be placed in the context of all the other changes that have taken place in the intervening time and all the other potential changes to the survey organisation. In terms of historic changes, there was the rapid recovery of the economy from the depths of recession prevailing 10 years ago and the onset of COVID-19 in 2020. In terms of the organisation of fieldwork, the experience of the Study Team and of interviewers has increased over time.

The findings on cognitive tests suggest a need for caution in conducting these using an online methodology – which would be difficult in any case given the impossibility of invigilating the

test-taking. There is a general sense that moving to a web survey rather than an interviewer-administered questionnaire is beneficial for sensitive items and it is for this type of data that the web survey was proposed for 2021/22 fieldwork.

2.3 MODIFICATIONS TO INTERVIEWER TRAINING

2.3.1 THE EXPERIENCE IN THE PILOT

In general, three days of interviewer training would be provided to experienced interviewers who had previously worked on ***Growing Up in Ireland*** while four days would be provided to new interviewers. Experienced interviewers are selected for pilot surveys since interviewer feedback is an important indicator of how well proposed instruments and procedures work in the field, in terms of time taken to administer them, respondent burden, ease of understanding and efficiency of administration.

In the past, all interviewer training had taken place face-to-face at the ESRI premises, with training delivered by members of the Study Team. This was clearly not going to be possible in April 2020. In order to keep the pilot on track, the Study Team re-organised the training so that it could be delivered via webinar. This was possible because the interviewers involved were very experienced.

As this was a new method of delivering training for the Study Team and the interviewers, considerable effort was put into rehearsing the sessions and ensuring the interviewers could connect in advance.

Overall, the remote training for the pilot worked very well and was convenient and popular with interviewers. Details of the training content and structure are provided in Section 3.2 as well as the proposed approach to training for the main phase.

2.4 MODIFICATIONS TO INFORMANTS

Only the 13-year-old and the PCG were to be interviewed in the pilot. No pilot test of the Secondary Caregiver (SCG) questionnaire was to be conducted as this was essentially a subset of the questions administered to the PCG. The questionnaire proposed for parents living elsewhere was not piloted because it was virtually unchanged compared to versions used previously. Table 2.1 compares the informants and instruments from the original submission (i.e. pre-pandemic when in-home interviewing was expected) to those used in the pilot and then proposed for the main phase in 2021/22. The next section discusses in more detail the items and measures retained and those that need to be dropped compared to the original in-home proposal.

Although the pilot had used a web survey for both the main and Sensitive Questionnaire items for the 13-year-old, as discussed in more detail in the next chapter, a telephone survey with

the 13-year-olds was proposed for the main phase. This is because the drop in response rates between the telephone and web surveys in the pilot, if replicated in the main phase, would result in a significant loss of information provided directly by young people themselves.

Table 2.1: Proposed (in the original submission) and actual Pilot Instruments and Mode of Completion

Informant	Instrument	Original Proposal	Actual Pilot	Proposed for Main
13-year-old	Main Questionnaire	In home, Computer-assisted self-complete instrument (CASI)	Shortened version, web-completion	Shortened version, telephone completion
	Sensitive Questionnaire	In home, CASI	Shortened version, web-completion	Shortened version, web-completion
	Physical measurement (height, weight, weight of school bag)	In home, by interviewer	Not included	Height and weight reported by PCG on sensitive q'aire. School bag weight not included.
	Cognitive measurement (short vocabulary and numerical ability tests)	In-home, self-complete on paper	Not included (but see Section 5.5 for discussion)	Animal naming test on telephone
	One-day time-use drop-off diary	In-home, self-complete on paper; postal return	Not included (but see Section 5.4 for test)	Not proposed for main phase
Primary Caregiver	Main Questionnaire	In home, CAPI	Telephone interview; shortened version	Telephone interview; shortened version
	Sensitive Questionnaire	In home, CASI	Shortened version; web-completion	Shortened version; web-completion
	Physical measurement - Height, weight	In-home, by interviewer	Not conducted	Self-reported weight on Sensitive Questionnaire
	Vocabulary test (as for 13-year-old)	In-home, on paper	Not conducted	Not proposed
Secondary Caregiver	Main Questionnaire	In home, CAPI	Not included	Telephone interview; shortened version
	Sensitive Questionnaire	In home, CASI	Not included	Shortened version; web-completion
	Physical measurement - Height, weight	In-home, by interviewer	Not conducted	Self-reported weight on Sensitive Questionnaire
Parent living elsewhere	Questionnaire for parent living elsewhere	Postal self-complete on paper	Not included	Not proposed for main phase

Informant	Instrument	Original Proposal	Actual Pilot	Proposed for Main
School Principal	Principal Questionnaire	Postal self-complete on paper	Reviewed by small number of school principals (See Ch. 7)	Postal survey of all second-level school principals

2.5 MODIFICATIONS TO THE QUESTIONNAIRE CONTENT FOR THE PILOT

As noted above, the questionnaires had to be considerably shortened for the pilot to permit completion via the telephone and web surveys. It was fortunate that many of the items proposed in the original submission had been previously tested in the ***Growing Up in Ireland*** cohorts, so the Study Team could be confident that they would work well in the field, being acceptable to respondents and producing data of value. The emphasis in the pilot, therefore, was on testing new items proposed for this cohort.

2.5.1 MODIFICATIONS TO 13-YEAR-OLD QUESTIONNAIRES FOR THE PILOT

The 13-year-old questionnaires were to be completed by web survey.

The main new sections from the original submission included in the now-remote pilot were:

- Structured and informal activities (changed question format)
- Internet and screen time (substantially developed and expanded)
- Experience of new junior cycle curriculum (short courses, classroom team and project work)
- Settling into second level (previously asked of PCG only)
- Time on homework (new response categories)
- Physical activity levels (time active, favourite activity)
- Chores (additional types)
- Food (items on meals, snacking, types of food usually eaten, fruit/vegetable portions)
- Sleep time
- Child-specific deprivation items (things they would like to have/do)
- Relationship with siblings
- How they met close friends and how they communicate with them (face-to-face, voice, video, text)
- Sexual orientation and gender identity

- Experience of bullying and bullying others (new format and items on impact)
- Use of e-cigarettes and perception of their safety.

Table 2.2 shows the Sections of the Questionnaire (matching the headings used in the questionnaire in Appendix B and in Chapter 5) and notes the main modifications made, compared to the original submission. Note that most of the items not piloted are still proposed for inclusion in the main phase (see Chapter 4).

As shown in the table, several of the longer blocks of items were not piloted, including details of subjects taken and classroom experiences, sections of the Strengths and Difficulty Questionnaire, the Short Mood and Feelings Questionnaire (SMFQ) and the Parenting Style Inventory. At the same time, questions on the Young Person's experience of COVID-19, which had not been anticipated when the original submission was prepared, were included.

Table 2.2: Main modifications to the 13-year-old Questionnaire for the Pilot compared to the original (in-home) submission

13-year-old questionnaires	Changes to Pilot compared to original submission
A. Preliminaries	Added for web pilot: confirmation of date of birth and of consent to participate; device used to complete survey.
B. Activities & Education during COVID-19	These are new items on experience during COVID restrictions introduced in the pilot.
C. Activities in Normal Times	Shortened response categories for formal activities; shorter list of informal activities;
D. Internet and Screen Time	All questions included but simplified response categories on some items (Access to internet devices; screen time - no distinction between weekend and weekday)
E. School and Education	Items used before not piloted (subjects taken; friends from primary school; classroom experience; interaction with teachers; finding subjects difficult/interesting; trouble in school; absences; extra help with school work; expected highest level of education).
F. Parent Monitoring & Supervision; Pocket Money	These items were used before and not piloted (Time alone after school; parental control; parental discipline; pocket money)
G. Physical Activities, Chores, Food & Self-care	Most items piloted, but questions on specific foods significantly shortened and item on frequency of brushing teeth not piloted.
H. Things you have or can do	All piloted.
J. Feelings and how you see yourself	Most items not piloted but 5-item Mental Health Index included in pilot for validation purposes. Items not piloted include: Short Mood and Feeling Questionnaire (SMFQ), items on body image and Piers-Harris self-concept scale.
K. Siblings and Friends	Pilot did not include detailed characteristics of friends (age, whether parents have met them, whether 13-year-old met them online or in-person, how 13-year-old usually communicates with them). Peer Attachment Scale not piloted.
S. Sensitive Q'aire and ending	Items not piloted included information on relationships and sexuality; puberty; anti-social behaviour; symptoms of psychosis; use of cigarettes, alcohol and other illicit substances; Parenting Style inventory. Ending items not included: job they would like to get; who was present when completing survey.

2.5.2 MODIFICATIONS TO PARENT QUESTIONNAIRES FOR THE PILOT

The PCG questionnaires also had to be considerably shortened for the pilot, as it was completed via telephone interview and web self-completion. Again, the emphasis in the pilot was on testing new items proposed for parents of this cohort. The main new sections from the original submission included in the pilot were:

- Streamlined collection of data on disabilities of 13-year-old and of the PCG
- Dental health
- Special diets
- Choice of second-level school
- Parent involvement with the school
- Internet and screen time
- Time spent with child (new for PCG; had been asked of SCG)
- Parental leave
- Housing
- Additional measures of financial strain
- Parental education (new, updated categories)
- Co-parenting conflict scale
- Use of e-cigarettes
- HPV vaccine
- Basic Deprivation items moved to Sensitive Questionnaire.

Table 2.3 shows the sections of the questionnaire and identifies the changes that were implemented in the pilot compared to the original submission. The table generally notes the items that needed to be dropped or simplified in order to accommodate the changed mode of data collection. As with the 13-year-old questionnaire, however, there are a number of items that were added in order to capture information about the parent's experience of the COVID-19 pandemic.

Table 2.3: Main modifications to the Primary Caregiver Questionnaire for the Pilot compared to the original (in-home) submission

Primary Caregiver Questionnaire	Actual Pilot compared to original submission
A. Household Composition	A short set of items on household type and composition was used in the pilot in place of the full household grid.
Z. COVID-19 Experiences	These questions on experiences during the COVID-19 pandemic were added for the pilot.
B. 13-Year-old's Health and Disability	Questions not included in the pilot were: items on accidents; hospital admission and use of Emergency Department; perception of child's weight; distance from and travel to school.
C. PCG's Health	Questions not included in the pilot were those on physical activity; perception of own weight; efforts to lose weight; health care coverage.
D. 13-Year-Old's Emotional Health & Well-being	Pilot did not include: Adverse Childhood Experiences, the emotionality, peer relationship problems and pro-social subscales of the SDQ; the short personality inventory; parent's knowledge of child being bullied.
E. Education and School	Pilot included extra items on child's experience of learning during COVID-19 restrictions. Pilot did not include: school contact details, parent's perception of how child is settling (or will settle) into second level; absences in last year; homework; expected educational achievement; after-school care; books in the home.
F. Internet and Screen Time	Pilot had extra items on adequacy of internet connection and connected devices during COVID-19 restrictions.
G. Family Relationships and Context	Items not piloted: Pianta closeness and conflict scale; parental monitoring and child disclosure scales; joint activities with child; contact with relatives outside the household; work-life balance; fairness of household task distribution.
H. Housing and Socio-Demographic Background	Pilot had extra items on special payments related to COVID-19 pandemic. Pilot did not include household income amount.
J. About You	Pilot did not include language, religion, citizenship, nationality (where born) and ethnicity.
K. Neighbourhood/Community	Pilot did not include items on problems in the area, perceptions of area.
S. Sensitive Questionnaire	Pilot did not include: reasons people left household (where relevant); whether PCG is biological/adoptive/foster parent; details and quality of couple relationship (but coparenting stress scale was included); parenting stress; alcohol use; treatment for mental health issues; contact with Gardai; knowledge of child substance use; discussion of sexual health with child; details of non-resident parent; whether female PCG is pregnant.

2.6 MODIFICATION TO QUESTIONNAIRE CONTENT PROPOSED FOR MAIN PHASE

2.6.1 BACKGROUND

Because of the COVID-19 pandemic, main fieldwork with this cohort in 2021/22 would take place by a combination of telephone survey (with parents and 13-year-olds) and web survey

(the sensitive items) rather than the in-home survey originally envisaged. This means that the content of the questionnaires needed to be reduced, compared to the original plan.

As noted above, the pilot emphasised testing items which were new or had been significantly developed since the fieldwork with Cohort '98 at age 13, a decade earlier. It was always intended that core items used previously would be re-introduced for the main phase.

This section summarises the topics and indicators proposed for inclusion on the PCG or 13-Year-Old (YP) questionnaires and noting where some items or instruments have been proposed for deletion.

2.6.2 CRITERIA

As noted in Section 1.3.1, several criteria were considered in selecting items for inclusion in the original in-home proposal, including relevance to the well-being of young people in the three core areas of physical health, emotional health and educational development; issues of concern to young people themselves; relevance to developmental trajectories (longitudinal consistency); learning from other cohort studies; adequately capturing changing social and economic circumstances; policy relevant; relevance to this particular age and stage and, where possible, capturing data not available elsewhere.

All of the items proposed for inclusion in the original submission met these criteria and warranted serious consideration. With the onset of COVID-19 and its likely persistence into 2021, the Study Team, Research and Evaluation Unit in the DCEDIY and the Steering Group were faced with the difficult decision of choosing items to be dropped. The change of mode to telephone and web meant that some things simply could not be measured (such as height and weight measured by the interviewers) and the overall content of the instruments had to be reduced to work on the telephone and web. In deciding what to drop, the Study Team considered the criteria in Table 2.4.

Table 2.4: Criteria for exclusion of items in the move from in-home to remote fieldwork

Criterion	CODE
Alternative or closely-related measure is already included (the question number of the alternative item on the Young Person (YP) or parent (PCG) questionnaire is shown)	(A)
Respondent burden of this item/scale due to length, difficulty in answering it or sensitivity	(B)
Usefulness of item (especially in longitudinal or cross-cohort context) compromised because of COVID-19 pandemic	(C)
Lower association with outcomes than items suggested for inclusion	(O)
Not possible to measure by phone/web	(P)
Low level of variation (very rare or very common)	(V)

2.6.3 MAJOR INSTRUMENTS TO BE EXCLUDED

A number of instruments were proposed for exclusion in their entirety because it was not possible to conduct them remotely. These are discussed in this section.

PHYSICAL MEASUREMENTS CONDUCTED USING CALIBRATED SCALES/HEIGHT STICKS

Physical measurement by trained interviewers of the height and weight of the 13-year-olds was not possible under remote fieldwork. As there would be no in-home visits in the main phase, the questionnaires would include items asking the PCG to report the height and weight of the Young Person. The PCG would be asked to take a measurement of the Young Person's height and weight, if he/she agrees to be measured, and record the values as part of their self-complete survey online. Both parents could similarly measure and report their own weight. Information sheets or videos could be made available to help parents take the measurements as accurately as possible. If measured height and weight are not available, the parent will be asked to estimate the height and weight of themselves and the Young Person, although this is considerably less desirable than an actual measurement.

The Study Team note that asking a parent to measure the height and weight of the 13-year-old may be sensitive. Interviewers would be instructed to let the PCG know during their initial contact with the families that these questions will be asked, but to deal with it sensitively; noting that completion of this part of the questionnaire (as with all parts), though it would be very helpful, is voluntary.

MEASUREMENT OF VERBAL AND NUMERICAL ABILITY

Direct measurement of cognitive development was emphasised by the Scientific Advisory Group and has been an important component of ***Growing Up in Ireland*** at all (age-appropriate) waves. In the original submission, the Study Team proposed two cognitive tests:

- A short vocabulary test (4 minutes, on paper) for both parent and 13-year-old, and
- A shortened version of the Drumcondra numerical ability test to be administered on paper.

The proposed measure of verbal ability was a vocabulary measure previously used at age 17/18 for GUI Cohort '98, that came from the UK Centre for Longitudinal Studies. It comprises 20 words that increase in difficulty. Each word is accompanied by five other words and the respondent has to choose which of the five is closest in meaning to the target word. Respondents complete the test on paper with a time limit of four minutes. This vocabulary test was used with both the 14-year-olds and their parents in the Millennium Cohort Study. The Study Team had proposed including this test for both the PCG and the 13-year-olds of Cohort '08 as it can be used to assess the intergenerational transmission of vocabulary (see Sullivan et al., 2017).

The Study Team conducted an internal test (between team members) of whether it would be possible to administer the vocabulary test on the telephone. The conclusion was that this would not work, for a number of reasons. Essentially, the experience of the test was very different on the phone and the potential for embarrassment on the part of the test-takers was high. It was not possible for those taking the test to skip to the items they could answer easily and come back to the difficult ones. It was more difficult to review the alternative responses – requiring recall. In addition, errors occurred when 'respondents' misheard the target word being read out over the phone (e.g. in one case the word 'seethe' was misheard as 'seed').

The Study Team looked for possible instruments to measure numerical ability, in place of the Drumcondra Numerical Ability Test that had previously been administered on paper. Unfortunately, it was not possible to source an age-appropriate measure of numerical ability that could be conducted on the telephone. Web administration was briefly considered but was dismissed as it would not be possible to monitor the test-taking conditions. The Young Person may be tempted to ask for help, use a calculator or 'Google' the answer, which would make the results misleading. In addition, there would be no control over the length of time allowed for completion of the test.

As an alternative, a verbal semantic fluency test was proposed. This is a short (1-minute) animal naming task, providing an accessible way to explore cognitive ability. Good performance on the test requires knowledge of the world, vocabulary, speedy processing, and attention (because repetitions are not counted). Although more typical of studies involving older adults, this task was successfully used with Cohort '98 at age 17/18 years. From the participants' perspective, the experience would be very similar to the previous face-to-face administration, as they are just asked to call out the names of animals. Trials within the Study Team suggested that the task would be feasible. The test was recommended for main fieldwork, subject to early interviews being operationally successful.

TIME-USE DIARY

The original submission proposed that, at the end of the interview, the interviewer would leave a copy of a self-completion time-use diary with the young person and ask him/her to fill it out on a specified day,[17] for return to the Study Team by post in a pre-paid envelope. The purpose of the time-use diary is to record what the Young Person does (from a list of 22 activities) for each 15-minute slot during the reference day.[18]

[17] Day for completion is provided on the interviewer's Work Assignment Sheet and is transferred to the time-use diary by the interviewer.

[18] The structure, format and implementation of time-use diary was taken from a national study carried out by the ESRI in 2005. See McGinnity, Russell, Williams and Blackwell (2005).

This information would allow researchers to examine variations in time-use with the child and family characteristics; the association with time-use patterns at 9 years of age; and (most importantly) the relationship between time-use and outcomes of interest, especially those in subsequent waves of the study in later adolescence. An additional proposal had been made for 2021: recording a main and secondary activity (instead of just one activity), primarily as a way to capture use of digital technology that may be sporadic, rather than continuous – such as pausing to 'like' a friend's post while doing homework.

Administration of the Time-Use Diary in 2021 is not possible, however, even apart from the additional complexity of having young people record a main and secondary activity. In previous waves, the Time-Use Diary was brought to the home by the interviewer; the Young Person's ID was added to it by the interviewer; and the interviewer explained how to complete it, by going through the worked example. The Diary was left with the Young Person, together with a reply-paid envelope for them to return it. While it might seem feasible to send the Time-Use Diary to the PCG by post, there are a number of logistical problems with this.

First, a distribution job of this magnitude could not be conducted without access to the ESRI offices and several Field Support Staff to work on printing and packing. While it might be feasible to engage an external company to print and pack the diaries, there would need to be a very careful matching of the ID numbers and the name and address of the PCG on a separate sheet.

Second, it would be difficult to closely align the sending of the Time-Use Diaries to the interviewer contact with the households. This is needed so that the interviewer could talk the Young Person through the completion of the diary. Experience with sending advance information sheets suggests that it can be difficult for parents to keep track of these, so there is a similar risk of the Diary getting lost before the interviewer makes contact.

Third, continuous monitoring of incoming post from households would be needed in order to manage the sending of reminders (and a replacement Time-Use Diary). This would require access to the ESRI building. There is a checking job too before the reminders go out to make sure the diary is sent to the correct PCG, e.g. making sure it is not being addressed to a PCG that is recorded on the household grid as deceased or as having left the household.

Fourth, incoming post from children is also scanned on arrival for child protection concerns. This is rare, but some issues have come up on diaries in the past. The diaries need to be opened as soon as they arrive.

Fifth, there are challenges in managing the data entry remotely. Special procedures would need to be put in place for the secure storage of the paper diaries in the home offices of the field support staff. The data-entry on the Time-Use Diaries has never been straightforward: even when asked to record only one activity in a time period, young people have often recorded more than one. In order to ensure consistency in dealing with these issues, it would

be necessary for the people doing the data entry to work in close co-operation and with supportive supervision. This would be difficult to accomplish with field support personnel newly recruited to GUI and working from home.

Finally, depending on the extent of the restrictions on movement in place during the fieldwork period, it may not be easy for respondents to get to a post office to return the Time-Use Diaries to the ESRI.

These difficulties have to be weighed against the fact that Time-Use Diary data have been under-used, relative to the effort involved in collecting the data. In the context of the COVID-19 pandemic and the uncertainties regarding its impact on work practices in 2021, the Study Team, with regret, recommended not including the Time-Use Diary with the 2021/22 fieldwork.

QUESTIONNAIRE FOR PARENT LIVING ELSEWHERE

A short postal questionnaire was completed by non-resident biological parents of the Study Child of (Infant) Cohort '08 at 9 months, 3 years, 5 years and 9 years old and from (Child) Cohort '98 at 9 years and 13 years old. Contact with the non-resident parent was made possible by the PCG, where the PCG was willing and able to give the contact details.

Across both cohorts, the potential pool of non-resident parents was in the region of 12% of households. Just over one-third of PCGs (37% on average) were willing for the non-resident parent to be contacted and were able to provide contact details. Of the non-resident parents who were contacted, the response rates averaged just over one-third (35%). Overall, the proportion (of the potential pool) of non-resident parents for whom a postal questionnaire was completed was 13%, an average of 143 cases per wave.

The number of cases is relatively small and the completed surveys are unlikely to be representative of all non-resident parents. They are more likely to be skewed towards those who maintain an amicable relationship with the PCG and are more involved in the life of the Young Person. In addition, the number of cases available for longitudinal analysis is very small indeed. For instance, only 5 non-resident parents in Cohort '08 completed the questionnaire at all of the first three waves (ages 9 months, 3 years and 5 years old).

While acknowledging the unique potential of these data, the Study Team must balance this against the very low response rate and against the difficulty in effectively managing a postal survey in the context of the COVID-19 pandemic. All of the issues noted above in the discussion of the Time-Use Diaries (apart from the scale of the exercise) apply here: managing the printing/packing/ mailing when there is uncertain access to the office, securing the data during data entry by staff working from home, and delays in dealing with post if access to the building is restricted.

Given these considerations, the Study Team recommended not proceeding with the non-resident parent questionnaire in 2021.

2.6.4 DETAILED ITEMS INCLUDED AND EXCLUDED BY TOPIC

This section summarises the items included or excluded (compared to the original submission). The results are presented in a set of tables (2.5 to 2.8) under 4 broad headings:

- Physical health and wellbeing (Table 2.5)
- Educational and cognitive development (Table 2.6)
- Socio-emotional and behavioural wellbeing (Table 2.7)
- Family context and background (Table 2.8).

The second column of the tables indicates whether an item was included or excluded. Yes (in second column) – indicates that an item or scale was proposed for inclusion in the main phase fieldwork following the pilot (although not necessarily as a result of the pilot). No (in second column) – indicates that an item or scale was proposed for exclusion. 'No' is followed by a letter from the criteria for exclusion in Table 2.4, above (e.g. No-B indicates an item/scale excluded because of heavy response burden).

An asterisk (*) indicates a new item or scale compared to those used with the older Cohort '98 at age 13.

PHYSICAL HEALTH AND WELL-BEING TOPICS

The topics in this area are shown in Table 2.5. As can be seen, many of the core topics are included, such as general health, health service usage, physical activity and use of alcohol, tobacco and other substances. There was a shortening of the initially proposed sections on disability, types of activity, detail on dental treatment, detail on foods, detail on problematic alcohol use and parent knowledge of 13-year-old's use of substances.

Table 2.5: Physical Health and Wellbeing

Physical Health & wellbeing	Included or why excluded
General health as rated by PCG	Yes
Puberty (YP– separate items for boys and girls)	Yes
*Disability – streamlined format in line with Census approach; reported by PCG for 13YO & self; type / severity of disability ; nature of condition, date of onset, whether hampered; resources/supports for 13YO & their adequacy Drop *detailed type of limitation in activities, drop whether takes medication; streamline list of resources;	Yes No- B, A, V
Health service usage in last year of 13-YO (GP, other health professional, hospital, Emergency Department) (PCG) Health coverage (medical card, insurance) of YP (PCG) Accidents/injury in past year (PCG – dropped detail on type)	 Yes Yes Yes
Physical Activity: *Number days with 1 hour of moderate/vigorous (YP; PCG) or light activity (YP); Distance from school and travel to school (PCG) Drop *Number of different activities and favourite type of activity (YP)	Yes Yes No-A
Height & weight - *Height & weight reported by PCG (of parent and YP) Drop physical measurement by interviewer Drop PCG-reported weight concerns for self and for child	Yes No-P; No-B, O
Perceived weight and efforts to reduce weight/bulk up (YP) Drop frequency of weighing self , whether seeking to gain weight	Yes No-A
Food: *meals and snacking, type of snack (YP) Food frequency moved from YP to PCG Q're; *special diets Drop *detail on dairy/cheese, vegetarian diet (YP); Drop items duplicated between YP and PCG Questionnaire	Yes Yes No-B, A No-A
*Sleep – usual weekday bed time and rising time (YP)	Yes
Dental health: How often brush teeth (YP); *Rating of dental health of 13YO ; frequency of dental visits, date of last visit, whether HSE or private ; fillings and extractions Drop detail of treatment at last visit (number of fillings/extractions; orthodontic treatment	Yes No - B
Pregnancy (if parent is female) – whether currently pregnant (PCG)	Yes
HPV Vaccine of Young Person (PCG)	Yes
Alcohol, tobacco, *e-cigarettes, drugs -13-year-old & parent use of (YP; PCG) Reduce sections on problematic alcohol use (PCG and YP) Drop: Parent knowledge of child use of tobacco, alcohol, smoking (PCG)	Yes No-B, V No-B, A

Reason codes: A=alternative available; B=significant response burden; C=COVID-19 pandemic distorts responses; O=low association with outcomes; P=not possible in phone/web survey; V=low level of variation.

EDUCATION AND COGNITIVE DEVELOPMENT TOPICS

The topics in this area are shown in Table 2.6. The biggest change in this area is that it is not possible to administer the cognitive tests remotely. There is no suitable numerical or verbal ability test that can be administered over the telephone and if web-completion of cognitive tests were used, it would not be possible to monitor the conditions under which they were completed. An alternative 'Animal Naming' test, similar to those used previously in ***Growing Up in Ireland***, is proposed instead (see Chapter 5).

Table 2.6: Education and Cognitive Development

Education and Cognitive Development	Included or why excluded
School class, subjects taken, taking any *short courses, subject choice (YP) School class and school name/address (PCG) Drop details on which short courses taken (YP) – add item to Principal Questionnaire on short courses provided.	Yes No-B, A
*Choice of School and reasons (PCG), *Parent contact with/involvement in school (PCG); Books at home (PCG) Drop items on *parent satisfaction with aspects of school – low variation in pilot	 Yes No-V, A (PCG E10-12)
Friends from primary school – in your secondary school (YP) Friends from primary school in secondary school class (YP) – Previous research suggested that friends in school more predictive than friends in class	Yes No-O, A (E8a)
*Young Person's experience of transition to second level (YP) Parent's perception of Young Person's transition (PCG)	Yes No-A (YP, E9)
Young Person's experience of *new junior cycle curriculum (YP) Drop item on getting homework, viewing films – little variation/less relevant	Yes No-V, O
School Experiences: School attachment (YP), Interaction with Teacher (YP) Time on homework (YP), Negative experiences/misbehaviour in school (YP), Absences (YP); parent homework help (PCG) Drop Homework club (YP)	Yes Yes Yes No-V
Drop favourite/least favourite subject (YP), Keep whether finds subjects interesting (YP), whether finds subjects difficult Keep whether gets extra help with certain subjects (YP)	No-b, A Yes Yes
Highest qualification expected by YP (YP) and parent (PCG)	Yes
Internet and screen time: Home internet access (PCG) *YP access to internet devices (YP; PCG);* Type of device on which web questionnaire was completed (PCG) Screen time: on weekend and weekday of YP (YP; PCG) and of parent (PCG) *Online profile of YP (YP), *Problematic internet use (YP; PCG); PCG distracted by smartphone (YP) Parent *monitoring/managing of YP internet use (YP; PCG),	Yes
Drop detailed *types of internet activity (YP), *detailed parental monitoring of internet use – often YP did not know	No-B
No Drumcondra Numerical Ability Test	No-P
No vocabulary test	No-P
Animal Naming test to be administered over the telephone to 13-year-old	Yes

Reason codes: A=alternative available; B=significant response burden; C=COVID-19 pandemic distorts responses; O=low association with outcomes; P=not possible in phone/web survey; V=low level of variation.

SOCIO-EMOTIONAL AND BEHAVIOURAL WELLBEING AND ACTIVITIES

The topics in this area are shown in Table 2.7. As can be seen, many of the core topics are included, such as the Strengths and Difficulties Questionnaire, the Short Mood and Feelings Questionnaire, structured and informal activities, and parental depressive symptoms. Some of the detailed items proposed on bullying have been dropped, as well as several of the items on psychotic symptoms (but retaining the item on hearing voices). The Ten-Item Personality Inventory is not proposed for inclusion.

Table 2.7: Socio-Emotional and Behavioural (including activities)

Socio-emotional and behavioural well-being	Included or why excluded
Activities – structured and informal (YP) Some reduction in informal activities	Yes No- V, A (YP,D2)
Chores – *time spent on chores in typical week (YP) Drop detail on the types of chores (YP)	Yes No-A (G5_1)
Friends: Number of friends YP hangs around with; number close friends; whether older/younger; whether met by parents, *how communicate (YP) Parent report on number of close friends (PCG) Drop item on how first met close friends (YP) Drop Inventory of peer attachment (YP)	Yes Yes Yes No-V No-B,A (PCG,D2)
Adverse Childhood Experiences since age 9 (PCG)	Yes
Strengths and Difficulties of YP - conduct problems, emotionality, hyperactivity/ inattention, peer relationship problems, pro-social behaviour (PCG)	Yes
Socio-emotional wellbeing of YP Keep Short Mood and Feelings Questionnaire (YP moved to Sensitive Q) Keep *Mental Health Inventory (YP)	Yes Yes
Parent Depressive Symptoms CES-D scale(PCG) Drop Mental health treatment of PCG (PCG)	Yes No-B, C
*Rosenberg Self Esteem scale instead of 60-item Piers-Harris (YP) Drop Piers Harris self-concept scale (YP)	Yes No-B, A (J9)
*Sexual orientation (YP), *Gender identity (YP), Talk about sexual health with YP (PCG)	Yes Yes
Anti-social behaviours (keep the 7 most common + carrying knife), trouble with Gardai (YP) Drop the 7 rarer ASB types – identify virtually no additional cases Drop parent in trouble with Gardai, ever in prison (PCG)	Yes No-B, V No-V, A (D1)
Keep Young Person symptoms of psychosis 'hearing voices' (YP) But drop the other symptoms of psychosis	Yes No-B
Experience of bullying – *new format (YP), whether bullied others (YP) Drop detail on who told and detail on bullying others Drop PCG knowledge of detailed bullying experienced by YP (PCG)	Yes No-B No-A
Drop Ten Item Personality Inventory of YP (PCG reported)	No-B

Reason codes: A=alternative available; B=significant response burden; C=COVID-19 pandemic distorts responses; O=low association with outcomes; P=not possible in phone/web survey; V=low level of variation.

FAMILY CONTEXT AND BACKGROUND

The topics in this area, which includes indicators of family relationships as well as socio-demographic variables, are shown in Table 2.8.

Table 2.8: Family Context and Background

Family Context and Background	Included or why excluded
Household Composition –For all household members: DOB, gender, relationship to YP & PCG, main status; siblings outside household; movers in/out (PCG)	Yes
Drop Sensitive Questionnaire items on why person left household (PCG)	No-P
Parent-Child relationship/monitoring: Time alone after school (YP; PCG), Parental control (YP), Parental discipline (YP); *How get on with parent (YP) Parenting Stress (PCG) Parent-child conflict (PCG – conflict items) Parent-child closeness (PCG -closeness items) - less predictive of outcomes. Keep Parenting Style inventory warmth subscale for PCG (YP); Drop Parenting Style Inventory for other parent-figures replace with short item (YP)	Yes Yes Yes Yes No- O, B Yes No-B, A
*Time parent spends with YP on school day & weekend day (PCG) Drop Parental Monitoring & Child Disclosure (PCG) (keep Parental Control- YP) Reduce detail on activities with parent; keep eat & household tasks together (PCG)	Yes No-B, A No-B
Pocket money (YP –regular pocket money)	Yes
PCG relationship status (Household Grid and PCG) Couple relationship quality (arguing; Dyadic Adjustment Scale; PCG) Drop details of relationship with partner (marital status, since when etc., PCG); detailed relationship with child (available from previous waves, PCG) Drop *Co-parenting conflict scale (Alternative= PCG)	Yes Yes No-B No-A No-B,A
Siblings: *Activities with siblings (YP but drop eating/talking together)	Yes
Contact with extended family/family friends (PCG)	Yes
Sources of Information for Young Person (YP)	Yes
Experience during COVID-19 pandemic: short set of items to be chosen closer to fieldwork (YP; PCG).	Yes – short set of items
Parental employment, employment status, hours, occupation/industry/sector (used to construct household social class; PCG); Work-family balance (PCG)	Yes
PCG reported parental leave (PCG)	Yes - Main item on whether had taken leave retained Detailed questions -No-B
Household income: % from welfare, amount of income, income from farming; income change since last interview at age 9 (PCG)	Yes
Parent background: Education, language spoken at home, religion, citizenship, place of birth, ethnic identity (PCG; item on language child speaks at home dropped – should be captured by other question on language spoken at home) Drop: frequency attend religious services	Yes No-C
Community/Neighbourhood: How long living in area, *involvement in local organisations, *attachment to area, park/green space within 2km. (PCG) Problems in neighbourhood – pollution, vandalism etc. (PCG) Some reduction on items on attachment to area	Yes Yes No-B
Non-resident Parent (NRP) – status of relationship (all PCG); contact with YP; financial support; talking about YP; How well get on with NRP Drop detailed parenting arrangement; distance from NRP; joint decision-making re YP; Children living with NRP Drop Non-Resident Parent Questionnaire	Yes Yes No-B No-P

Family Context and Background	Included or why excluded
*Child-specific deprivation (YP, but drop original item b (gear and equipment for school – no variation in pilot)	Yes
Drop Basic Deprivation items (PCG) Keep Access to car and, if not, whether could afford (moved to PCG Main)	No-V Yes
Financial Strain: Making ends meet, *Raising €1000 in emergency (PCG) Drop: *burden of housing costs, *arrears (PCG)	Yes No-A
*Housing type, tenure, outdoor space, number rooms/bedrooms, amenities, problems with accommodation (PCG). Drop involuntary moves (PCG)	Yes

Reason codes: A=alternative available; B=significant response burden; C=COVID-19 pandemic distorts responses; O=low association with outcomes; P=not possible in phone/web survey; V=low level of variation.

2.7 SUMMARY

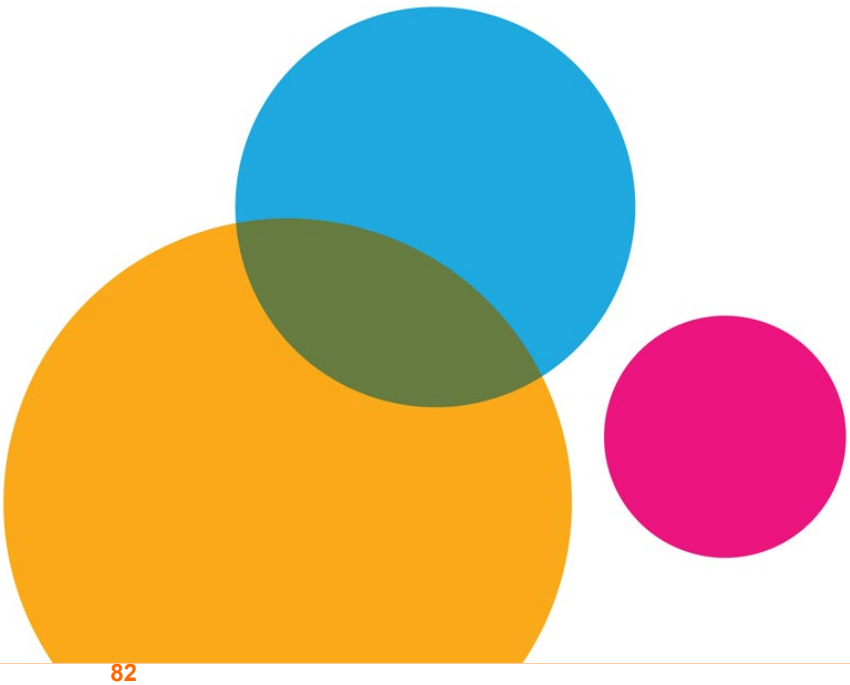
This chapter described the need to modify the design of the pilot and of the main phase of fieldwork with Cohort '08 at 13 because of the COVID-19 pandemic. This was necessitated because in-home data collection and in-house interviewer training were not going to be possible. The main changes were:

- Conducting web-based interviewer training
- Reducing the number of informants in the household
    - For the pilot, the PCG and 13-year-old only
    - For the main phase, all proposed informants (Primary and Secondary Caregivers, 13-year-old) but not including parents living elsewhere.
- Reducing the length of the questionnaires
    - In the pilot, emphasising the testing of items that are new to ***Growing Up in Ireland***
    - In the main phase, including as many core items as feasible, consistent with obtaining good quality data
- Adding items on the experience of parents and young people of the COVID-19 pandemic and associated restrictions, especially as regards family time, learning, exercise, diet and impact on work and financial situation
    - An extended set of items in the pilot
    - A smaller set of items proposed for the main phase, to be finalised in early 2021
- Separating pilot testing of the Principal Questionnaire in October/November 2020 after the schools had been opened following closure in March 2020
- Separating pilot testing of the cognitive tests on a small group of young people.

- Proposal for the main survey was for an animal naming test of cognitive ability and to defer the time-use diary until after the pandemic is over.

Chapter 3

DESIGN AND PROCEDURES



3 DESIGN AND PROCEDURES

3.1 INTRODUCTION

This chapter provides an overview of the design and procedures adopted for the pilot and those proposed for the main phase. As mentioned in the last chapter, the procedures implemented for the pilot were modified (compared to what was initially planned) due to the COVID-19 pandemic restrictions. This chapter provides a summary overview of the procedures used for the pilot and recommended for the main phase under the following headings:

- Interviewer training and debriefing
- Respondents, questionnaires and mode of data collection
- Contacting the families and securing consent/assent

Following each topic, there will be a review of what we learned from the pilot informed by the fieldwork experience; interviewer feedback by means of a post-training interviewer questionnaire, a de-briefing questionnaire and an interviewer debriefing session; and respondent feedback by means of a quality control back-check questionnaire. Recommendations for the main fieldwork will be discussed under each heading.

3.2 INTERVIEWER TRAINING AND DE-BRIEFING

3.2.1 TRAINING VIA WEBINAR FOR THE PILOT

Eighteen interviewers were employed on the pilot study. All ***Growing Up in Ireland*** interviewers are vetted by An Garda Síochána (which includes providing proof of identity – usually passport and/or driver's licence) and are required to provide two references which are verbally checked on the phone by the ESRI. Before working on the pilot, these 18 interviewers were also appointed as Officers of Statistics by the Central Statistics Office and required to sign a Child Protection Agreement Form – declaring they have read and understood the study's child protection guidelines for this phase. A valid Health Self-Declaration Form was already on file for these interviewers – they were requested to let the ESRI know of any relevant updates to their health. Interviewers were also requested to submit a Declaration of Double Employment to facilitate compliance with working time regulations.

As strict COVID-19 restrictions on contact and travel were in place at the scheduled time for training, it was conducted online, using Microsoft Teams, rather than in-house. Training took place over three days, from the 1st to 3rd of April, and was conducted with the view that in-home fieldwork would be possible from mid-2020. Training covered the content of the questionnaires and other instruments as well as fieldwork protocols. Where feasible, continuity of individual interviewers to families was maintained.

The modules covered are shown in Table 3.1. Training modules were delivered in 45-minute blocks, followed by a period for Q&A, then a break. Three blocks were delivered each day. The GUI team were available for questions for an hour at the end of each training day.

At the end of training, interviewers were required to complete a paperwork assessment (to assess their understanding of how to complete the administrative documents associated with the survey) and return this by email. An assessment of their suitability to work was based on their attendance at training; communication and interpersonal skills throughout training; and paperwork assessment score.

Table 3.1: Modules covered in training for pilot fieldwork with Cohort '08 at 13

1. Background and Introduction 2. Role of the Interviewer 3. Human Resources 4. Interviewer Pay 5. Sample, Participants and Questionnaires 6. Child Welfare and Protection 7. YP Cognitive Tests 8. Time Use Diary 9. Physical Measurements 10. Consents and Assents 11. Work Assignment Sheet 12. Approaching the Family 13. CAPI – Interviewing on the Computer	14. CAPI – Types of Questions 15. CAPI – PCG Main Questionnaire 16. CAPI – SCG Main Questionnaire 17. CAPI - P/SCG Sensitive Questionnaire 18. CAPI – YP Main Questionnaire 19. CAPI – YP Sensitive Questionnaire 20. E-diary, Motoring and Data Transfer 21. Statistics Act 22. Incidents 23. The School Phase 24. Summary, Review 25. COVID-19 Precautions

3.2.2 INTERVIEWER REFRESHER FOR THE PILOT

When it became evident that in-home fieldwork would not be possible, as described in Chapter 2, the instrumentation and protocols were re-designed so that fieldwork could be conducted remotely, using a telephone interview for the PCG and a web survey for the PCG sensitive questionnaire and for the 13-year-old survey. The web survey was facilitated by the Central Statistics Office who had a platform in place for the conduct of web surveys in compliance with the Statistics Act and Data Protection requirements.

On the 9th of June, interviewers attended a refresher training session to prepare for the new mode of data collection. This covered the following areas:

- An Overview of Revisions to Fieldwork
- Communication from the ESRI to Respondent Families
- New Participant Section of the GUI Website
- Field Equipment
- Sequence of Fieldwork
- New CATI and CAWI systems, including a demonstration

- Q & A.

After training, interviewers were sent a link to a recording of the session and asked to contact their dedicated Field Support Contact if they had follow-up questions. They were also asked to complete a web-based survey giving their feedback on this new mode of training.

Summary of Interviewer Feedback on Interviewer Training:

- Most felt the online training worked well and appreciated the 45-minute slots but would welcome shorter breaks in between and perhaps 4 sessions instead of 3 to cover more each day.
- Most would feel happy to complete continuous assessment questionnaires designed to reinforce the content of training after each 45-minute session.
- Two days training may be sufficient for more experienced interviewers.
- New interviewers may require longer and more in-depth training – suggestion to consider a buddy programme where a more experienced interviewer is paired-up with and can assist a less experienced interviewer.
- Role play would be useful – perhaps just having two people do the role play while others watch.

3.2.3 PROPOSALS ON INTERVIEWER TRAINING FOR MAIN FIELDWORK

The Study Team recommended that interviewer training for the main phase follow the broad outlines of that adopted for the pilot. The recommendation was for training to be conducted remotely, as it was in the pilot.

3.3 RESPONDENTS, QUESTIONNAIRES AND MODE OF DATA COLLECTION

As noted in the previous section, the mode of data collection for this pilot differed from previous waves to facilitate remote interviewing. Face-to-face, in-home interviews were not possible, so interviews were conducted over the telephone with a web-based follow-up survey. Only the 13-year-old and their PCG were interviewed (there was no SCG interview) and physical measurements and cognitive assessments did not take place. Both the PCG and 13-year-old's survey were substantially reduced in length to facilitate the new mode of completion.

3.3.1 SUMMARY OF RESPONDENTS AND SURVEY MODE FOR PILOT AND MAIN

A summary of respondents and mode of interview is given in Table 3.2. As in previous rounds of the study, the child's PCG was defined as the person who provided most care to the Young Person, knew most about them and was in the best position to provide detailed factual and other information about them. As with other rounds of the study, the PCG was the child's mother in a very large majority of cases (almost 99% in the pilot).

Table 3.2: Household respondents and survey mode in Pilot and proposed for main phase

Survey	Pilot	Main phase
13yr old Young Person Main Interview	Web-completion	Telephone
13yr old Young Person Sensitive Questionnaire	Web-completion	Web-completion
PCG Main Interview (and twin, if relevant)	Telephone interview	Telephone interview
PCG Sensitive Questionnaire	Web-completion	Web-completion
Secondary Caregiver, Main interview	Not included	Telephone interview
Secondary Caregiver, Sensitive Questionnaire	Not included	Web-completion

For the main phase, the Study Team proposed moving the main questionnaire for the Young Person to the telephone, for the reasons discussed below (the web survey was found to be too long in a significant number of cases) and in the next chapter (the disproportionate loss of respondents from disadvantaged families between the telephone and web surveys).

3.3.2 THE PILOT TELEPHONE INTERVIEW

The telephone PCG Main questionnaire in the pilot and that proposed for the main phase involved the same technology and IT infrastructure. The telephone interview was completed using a questionnaire in the BLAISE program. Questionnaires were identified on the computer only by an anonymised numeric code. No contact details or surnames appeared on completed questionnaires. The BLAISE program for the questionnaire was developed in such a way that it is 'locked down' on completion. Once a questionnaire was 'locked down' neither the interviewer nor any third party is able to access it in the field.

All laptops used in this process were encrypted, had password-protected boot-up and needed username and password credentials to log on. Laptops were configured to run only: (i) the BLAISE applications for the various questionnaires and (ii) the upload and download questionnaire data. Field interviewers were not able to use the devices for any other application; for example, they could not use them to access or browse the internet, email, word processing or other applications. All external media connections (e.g. USB ports) were disabled so that interviewers could not load software or change their configuration in any way.

The ***Growing Up in Ireland*** IT communications network was used to download and upload electronic data to and from field interviewer laptops. The main type of information which was downloaded from the ESRI's offices included forward-fed information which was recorded in previous rounds of the study and which was used throughout the interviews. This included, for example, first name and date of birth of the 13-year-old which was used to verify that the interviewer had entered the correct identifiers for the household. The main form of data uploaded from the field was the completed questionnaire interviews. Administrative details recording progress through fieldwork were also uploaded by field interviewers on a regular basis via an e-diary.

All data which were uploaded or downloaded were encrypted.

3.3.3 THE PILOT WEB-BASED SURVEY

The web-based surveys in the pilot were hosted for ***Growing Up in Ireland*** by the Central Statistics Office (CSO). The system used by the CSO for online surveys is called eQ (electronic questionnaire). The eQ platform was originally developed by the UK Office of National Statistics (ONS). All data stored within eQ is considered private personal information. It is always encrypted both in transit and at rest using 256-bit keys. The application also encrypts the data using its own encryption keys. Data is transferred to internal CSO servers using a VPN. Monitors are also in place to detect unusual activity.

After the PCG telephone interview, the interviewer provided each respondent (PCG and 13-year-old) with their own unique CSO Identifier and PIN which was used to log on to the online survey. The link to the survey was either sent via email from Head Office, read out to the respondent by the interviewer over the phone, or texted to the respondent by the interviewer. Interviewers told respondents to keep their PIN secure and recommended that they complete the survey in one sitting, because if they part-complete a survey, and someone else has their PIN, the other person may access their data. This was also included in the introduction to the online survey. As a data protection measure, if a respondent reported they had mislaid their CSO Identifier and PIN they were issued with a new replacement Identifier and PIN.

Primary Caregivers were asked to give separate permission for the 13-year-old to complete the Young Person Sensitive Questionnaire. If the PCG gave their consent (only 6 of the 133 completed YP Main interviews did not have permission to complete the Sensitive), the interviewer gave the Young Person a CSO Identifier and PIN which brought them to an online survey which contained both the YP Main and Sensitive interviews. If the PCG Main did not consent, they gave them a different CSO Identifier and PIN which brought them to an online survey with just the YP Main interview. The Young Person did not have any indication that any questions were missing or skipped in their interview.

From the second week of fieldwork, reminder emails were sent out to PCGs where the PCG telephone interview had been completed more than a week previously but there were outstanding web-surveys to be completed. Three different versions of reminder emails were sent: PCG Sensitive only to be completed; YP survey only to be completed; both PCG Sensitive and YP survey to be completed. The day of the week and time of day reminder emails were issued was staggered to maximise response rates. In total, 4 reminders plus a final reminder with a survey closing date were sent out.

In 42% of cases, we found that the PCG completed their online sensitive survey on the same day as their telephone interview. Reminders seemed to work well at encouraging respondents to complete the online survey, raising this figure to 79%.

Respondents were asked to report what type of device they used to complete the online survey. Both PCGs and 13-year-olds were most likely to report that they completed the online survey on a laptop computer (46% and 52% respectively). PCGs were more likely than 13-year-olds to use a smartphone (35% and 24% respectively) and were less likely to use a tablet/iPad (9% and 15% respectively).

Table 3.3: Device used to complete the web survey

	PCG		YP	
Device	N	%	N	%
Laptop computer	60	46.2	68	51.5
Smartphone	46	35.4	32	24.2
Tablet/iPad	12	9.2	20	15.2
Desktop computer	12	9.2	12	9.1
	130	100	132	100

Although it was not possible to support an alternative to online-only participation in the narrow time-window for the pilot, recommendations were made for the main phase to include provision to facilitate proxy or assisted data collection in order to be as inclusive as possible and this is discussed below (Section 3.3.6). The proposed change in mode for the 12/13-year-old questionnaires from mainly-web to mainly-telephone should also facilitate participation by young people with literacy issues or with poor broadband connection.

3.3.4 GIFTS TO PARTICIPANTS AND QUALITY-CONTROL BACK-CHECKS WITH RESPONDENTS

Following their interview, personalised Certificates of Participation and a small gift (a branded notepad and pen) were posted to each Young Person that took part in the pilot.

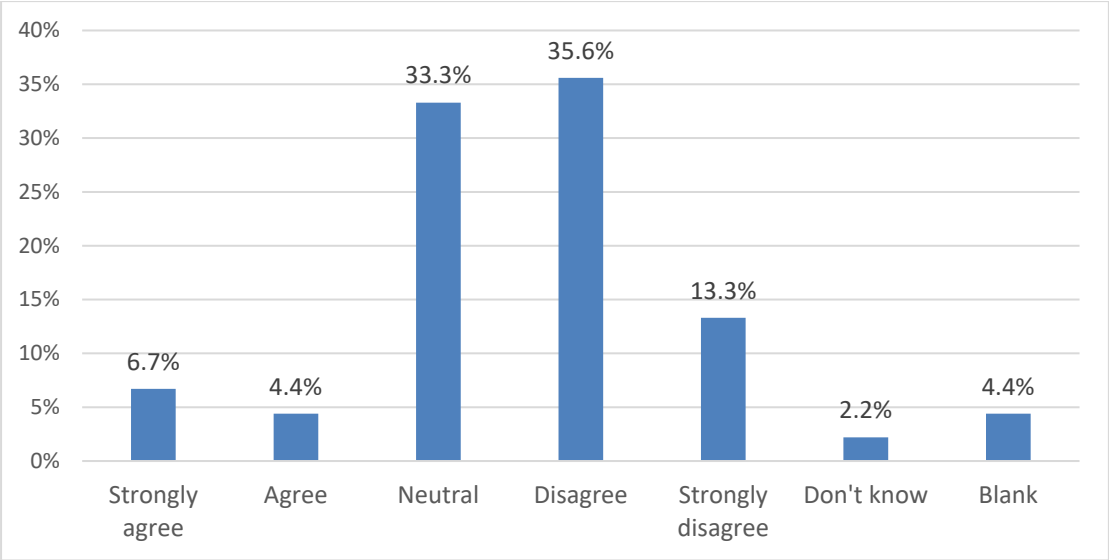
A quality-assurance follow-up questionnaire was issued to all families who had participated in the pilot. Links to the support services information on the GUI website were included with the follow-up questionnaire sent to all pilot participants. These 'back-checks' asked the respondents to give feedback on the interviewer and all aspects of the pilot fieldwork. The back-check was issued directly by Head Office, not via the interviewer who had administered the survey. In total, 46 PCGs responded. The information gained from these back-checks, along with the interviewer debriefing feedback (see 3.3.5, below), forms an important part of our evaluation of the pilot and in the recommendations presented for the main phase of fieldwork.

RELEVANT FEEDBACK FROM RESPONDENT BACK-CHECKS:

- New mode: most commented that they preferred the new mode of data collection as it is less time consuming, more convenient, doesn't involve having someone in your home and is less daunting for the child. Four commented they would prefer a

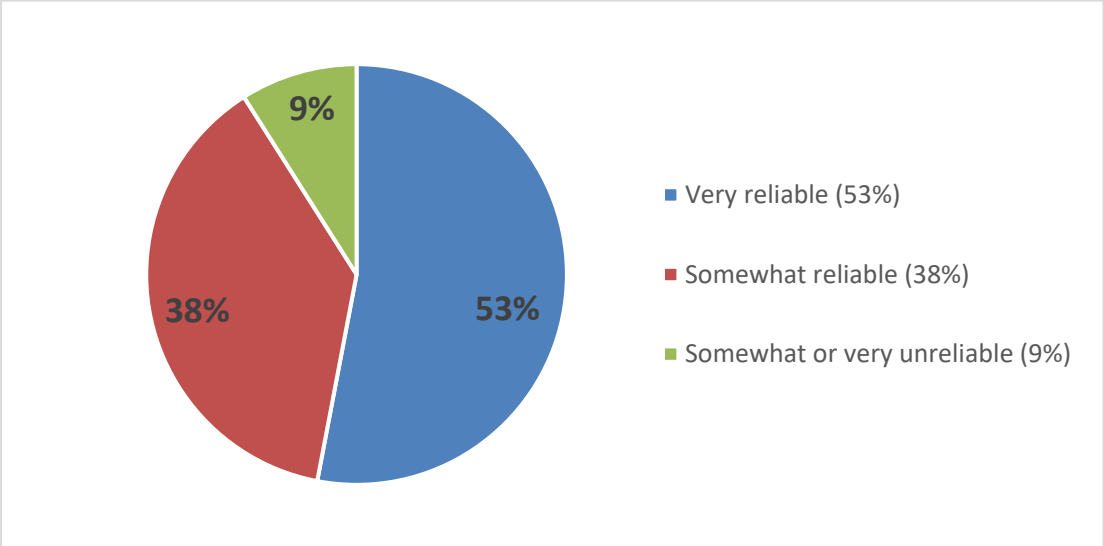
face-to-face visit. Only 11% felt their child would prefer a face-to-face interview, as shown in Figure 3.1.

Figure 3.1: Parent perception of 13-year-old's preferred mode of data collection



- PCG questionnaires: 9% found their phone interview too long and 7% found their online survey too long.
- YP questionnaires: 91% were reported by parents to have found the survey both easy to access and to complete but 29% found their survey too long.
- Broadband: 9% of families have an unreliable broadband connection. A further 16% only have a limited broadband package.

Figure 3.2: Reliability of Broadband reported by PCG who completed the Back-Check



- Respondents were asked what type of surveys they would be willing to participate in over the following year:

- Online: 78% willing to participate
- Over the phone: 74% willing to participate
- Face-to-face: 58% willing to participate

3.3.5 INTERVIEWER DEBRIEFING FOLLOWING PILOT FIELDWORK

On completion of fieldwork, interviewers were asked to complete a web-based survey on their experience of fieldwork. This recorded any issues arising on the content of the questionnaires and procedures in contacting respondents. Interviewers were also asked to rate their experience of training, support and the wireless data transfer. They subsequently attended a group de-briefing session, again conducted remotely using Microsoft Teams, on the 10th of August to further discuss their feedback.

RELEVANT FEEDBACK FROM INTERVIEWER DE-BRIEFING:

- New mode: worked well and was appropriate during COVID-19 restrictions. In general, it was easier than face-to-face to make initial contact with the households and to carry out the interview, and easier to organise without needing to also secure the engagement of the SCG. However, interviewers felt face-to-face interviews would be preferable and are better for explaining participation, getting consent and building rapport.
- PCG telephone interview: Interviewer reports were very positive in terms of respondents being attentive, understanding the questions and engaging well with the interview – on average rated 'same' as face-to-face interview. However, some interviewers commented that occasionally it was more difficult to interpret spoken responses without the benefit of the visual cues in a face-to-face conversation.
- Online surveys: Interviewers felt this was more convenient for respondents to complete in their own time. They noted that it was important for the respondents have access to the weblink soon after the telephone interview to maintain momentum.
- Interviewers were asked if they would feel comfortable going back to face-to-face interviews – most expressed willingness to do so, once suitable PPE was provided as no physical contact would be needed and a two-metre distance could be maintained.
- Most interviewers agreed they would be comfortable conducting a telephone survey with the young people and that young people would be willing to complete a telephone survey. However, interviewers did find some young people who were happy to do the online survey but were shy on the phone during the process of obtaining their assent to participate.

3.3.6 RECOMMENDATIONS ON RESPONDENTS, QUESTIONNAIRES AND MODE OF DATA COLLECTION FOR MAIN FIELDWORK

MODE OF DATA COLLECTION

Given the likely persistence of COVID-19 into 2021, the Steering Group for the study agreed that the fieldwork should proceed with remote data collection using a combination of telephone and web survey. The Study Team recommended a similar mode to that used in the pilot but with some adjustments. The PCG and SCG main interviews would be completed by an interviewer over the telephone. The Study Team proposed that the Sensitive Questionnaires be completed online and that the survey link would be made available with the initial information about the study, rather than the respondent having to wait for the link to be sent by Head Office or their interviewer.[19] Respondents would be encouraged to complete the online survey immediately after the telephone survey – they would need their ID-Code to begin the survey, however, and this would be provided only after the interviewer has taken them through the consent process. In the case of telephone interviews conducted prior to August/September 2021 when the web survey opens, the interviewers would need to make telephone contact again in August/September to boost response rates to the web survey (See 'Timing of the Web Survey,' below).

Following the pilot, the Study Team proposed switching to a telephone interview for the main 13-year-old questionnaire in an attempt to avoid the drop-off between PCG telephone and YP online survey response rates experienced in the pilot. To further simplify procedures, the Study Team proposed having only one online ID and PIN, rather than the separate ones used in pilot (which depended on whether or not the PCG gave consent for the YP to complete the Sensitive Questionnaire). From a follow-up and interview management point of view also, the telephone survey was preferable as the interviewer would be fully in control of conducting the interview and managing the follow-up, rather than relying on weekly updates from the CSO via Head Office on who has and has not completed the web survey. The Study Team proposed beginning the interviewing with an experienced group of interviewers in March 2021, with a view to ironing out any potential difficulties in conducting the telephone interview with the young people before the main fieldwork started in earnest in April.[20] The 13-year-old would still need to complete their Sensitive Questionnaire online to ensure confidentiality.

One of the benefits of conducting main fieldwork in the way proposed, particularly through the summer, is that remote fieldwork would facilitate the participation of families who were away from home (even abroad) at that time.

[19] However, see the next section on the timing of the Web survey.
[20] Main fieldwork did not, as it transpired, start in March/April but was delayed until Summer 2021

TIMING OF THE WEB SURVEY

The Central Statistics Office subsequently indicated in early 2021 that they would only be in a position to facilitate a web survey from August/September 2021 because of the pressure of other work.

The Study Team considered a number of alternatives:

- Deferring the start of fieldwork until August/September. This would mean that a significant proportion (an estimated 50-60%) of the young people would have moved to second year in second-level school by the time of the interview. This would reduce the quality of the data on their experience of the transition to second level. Starting in August/September would also create severe logistical problems for the Study Team in terms of workflow.
- Engaging an alternative provider to host the web survey. There would be difficulties in ensuring that the requirements of the Statistics Act were met, in particular the requirement that cloud storage of data be avoided.
- Moving all items to the main questionnaire. This would be difficult given the sensitivity of some of the items. While a telephone survey would be less 'personal' than being interviewed face-to-face, some of the items on the quality of the couple relationship and the use of alcohol, drugs, smoking and anti-social behaviour may be more affected by social desirability influences on a telephone survey than when self-completed.
- Drop all the items on the Sensitive Questionnaire. This would mean a loss of items on crucial areas as noted in the previous point.
- Beginning the survey on schedule in March/April, moving all possible items to the main questionnaire and following up with the web survey in August/September. This would mean that there would be a gap between completion of the main and sensitive surveys for some respondents: about half would have a gap of one month or more and about 38% would have a gap of at least two months.

The Study Team recommended the final option: beginning the main fieldwork in March/April and follow up with the web survey in August/September. The addition of an item on current emotional well-being to the main questionnaire as well as the Sensitive Questionnaire would go some way to reducing the impact of having data collected at two points in time.[21]

As noted in the next chapter, the response rate to the web survey in the pilot was lower than the response rate to the telephone questionnaire. A number of additional strategies were

[21] Although as noted, the main fieldwork did not actually start until July/August 2021 due to other delays.

recommended for the main survey to enhance the response to the web survey. In particular, the adoption of the telephone interview for the main part of the 13-year-old questionnaire would make any drop-off in response less consequential in terms of total data capture than if both the main and Sensitive Questionnaires were to be completed by web.

INFORMANTS

The main phase proposed interviews with the PCG and the 13-year-old as in the pilot, plus the re-inclusion of the SCG (the resident spouse or partner of the PCG). They will be administered a shorter version of the PCG questionnaire.

A main and Sensitive Questionnaire would be administered to all respondents. The content and, more importantly, the length of these questionnaires, would need to be shorter than those initially proposed in the original (in-home) submission, as discussed in the previous chapter. The content of the instruments will be discussed in detail in Chapters 5 and 6, below.

PROXY QUESTIONNAIRES

To facilitate as many young people as possible to take part in the main phase, the Study Team proposed that the PCG of any 13-year-old who is unable to take part due to disability will complete a 'proxy questionnaire' with, or on behalf of, their child. Ideally, the parent would assist the Young Person in answering the questions themselves, so as to maximise capture of the voice of the child. The proxy interviews would not be conducted where the 13-year-old does not wish to participate. This questionnaire was proposed as a subset of the 13-year-old Main questionnaire and be administered by the interviewer over the telephone. Any interviews completed by proxy would be clearly identified in the data.

DATA CAPTURE AND DATA TRANSFER

For the telephone element, the same data capture and transfer system was proposed for the main phase of the project as was used in the pilot. BLAISE software, developed and distributed by the Central Bureau of Statistics (CBS) in the Netherlands, provides a state-of-the-art CAPI/CASI/CATI system. The preparation and use of forward-fed data worked very effectively in the pilot and would be continued into the main phase of this round of the project. The IT communications system worked very well in the pilot and allowed the upload and download of data to and from the field in a secure environment.

3.4 CONTACTING FAMILIES AND SECURING CONSENT/ASSENT

3.4.1 EXPERIENCE OF THE PILOT

All families in the 13-year pilot sample were families that had participated in the last wave of data collection at age 9; and most had participated in all previous waves, so all were familiar with the study.

ADVANCE CONTACT WITH THE FAMILIES

A split-sample approach was adopted to vary the way in which Head Office made advance contact with families. The reason for this approach was to test if the mode of advance contact affected response rates. The table below shows a somewhat lower response rates among families that received no advance contact from Head Office and those who received an advance letter only, as shown in Table 3.4.

Table 3.4: Response Rate by Form or Advance Contact with Primary Caregiver

Mode of Advance Contact	Number of Households	Response Rate
Advance Letter & Advance Email	34	86%
Advance Letter only	68	79%
Advance Email only	37	97%
No Advance Contact, first contact by interviewer on telephone	61	80%

The advance letter/email was addressed to the person who was the PCG when the 13-year-old last participated in the survey. The letter/email contained information on the purpose of the pilot; the new mode of data collection; the funders; who is involved in running the project; the Statistics Act; and the expanded participants' section of the GUI website. PCGs were told their interviewer would telephone them to discuss taking part.

It is worth noting that the 'No advance contact' group included those who had not responded to the SMS text request to furnish an email address. As such, the slightly lower response rate may partly reflect this group being harder to reach.

INTERVIEWER CONTACT AND SECURING CONSENT

Whether or not the family got an advance letter was flagged on the interviewers' Work Assignment Sheet so that the interviewer had this information in advance of their first telephone call to the family. Interviewers were provided with a script to use as the basis for this first telephone call. The aim of this call was to explain the purpose of the study, to direct the family to the information sheets and consent forms on the website (which will be discussed below) and secure the PCG's consent and the 13-year-old's assent to participate. A second call to secure consent may have been necessary to allow the family time to view the information on the website, particularly if they did not receive an advance letter/email. On average, interviewers contacted families by phone or text a little over 5 times to secure a completed interview.

In lieu of the usual signed consent forms, interviewers were asked to tick a number of boxes on the Work Assignment Sheet, to confirm that they had discussed consent with the respondent and that the respondent had agreed to participate. The interviewer then signed their own signature as confirmation that the consent process had been completed.

The PCG was also asked to consent separately for the 13-year-old to complete the sensitive part of their questionnaire. If the PCG had not seen the content of the questionnaire on the website, the interviewer was instructed to read out the topics to the PCG over the phone. Only once the interviewer was sure that the PCG knew exactly what the questionnaire would ask about, and they were happy with this, was consent recorded on the Work Assignment Sheet.

The Information Sheets covered the following:

- The purpose of the study
- The funders of the study
- That the data were collected under Section 24 of the Statistics Act
- Why the family should take part in the study
- Who was involved in running and implementing the study
- What participation involved
- Issues around confidentiality of the information recorded
- The types of questions asked
- Who the interviewers were and how the family could verify an interviewer's identity
- Contact details for the project

Usually, in ***Growing Up in Ireland*** in-home fieldwork, information sheets are posted to families in advance and interviewers also bring hard copies of the information sheets and the consent/assent forms with them on their first visit to the household. As this was not possible for the pilot and as informed consent was as important as ever in this phase, the Study Team prepared a password-protected area of the GUI website which participants could visit to access the following:[22]

Information Sheets:

- Advance Letter
- Young Person Information Sheet
- Parent/Guardian Information Sheet

[22]https://www.growingup.ie/information-for-participants/participant-information-for-the-infant-cohort/gui-2020-participants-information/ (password GUI2020)

Consent Forms:

- Parent Main Consent Form
- Parent Consent Form for Young Person Sensitive Questionnaire
- Young Person Assent Form

Infographics:

- Highlights of the 'age 9' survey: infographic for parents
- Highlights of the 'age 9' survey: infographic for young people
- Policy publications infographic for participants in Cohort '08

Videos:

- Welcome video from the Head of GUI
- Explanation video for the Parent Main Questionnaire
- Explanation video for the Parent Sensitive Questionnaire
- Explanation video for the YP Main Questionnaire
- Explanation video for the YP Sensitive Questionnaire

Support Services:

- Parent Support Services
- Young Person Support Services

Privacy Statement:

- ***Growing Up in Ireland*** Respondent Privacy Statement

Relevant Feedback from Interviewer De-Briefing:

- Advance contact with family: 10 interviewers felt a letter was best; 6 felt an email was best; none felt a phone call from the interviewer was best; 2 suggested 'other'.
- Informed Consent: There were mixed reports around the ease of explaining the process to respondents.
    - The general consensus was that it was better to send out hard copies of information sheets to families as well as having information online.
    - Eleven of the eighteen interviewers were of the opinion that households had viewed the Participants' section of the website (however, viewing

statistics were lower than that). There was a suggestion that sending the links through email or text might work better for the main phase than referring the PCG to the website in a letter.

- Interviewers reported that a substantial minority of respondents cited difficulty in accessing information on the web, e.g. broadband issues, difficulty in finding videos.

Relevant Feedback from Respondent Back-Checks (of whom 46 responded):

- Participant section of website:
  - Online information sheets:
    - 9% said they did not look at them
    - 11% viewed them after receiving a letter; 53% after a phone call with their interviewer; 27% after receiving an email
  - Online videos:
    - 31% did not look at them
    - 7% viewed after receiving a letter; 40% after a phone call with their interviewer; 22% after receiving an email
- Survey mode:
  - All respondents said they were happy to be contacted by email and post again
  - However, 2% were not happy to be contacted by telephone

3.4.2 RECOMMENDATIONS ON CONTACTING FAMILIES AND SECURING CONSENT/ASSENT FOR MAIN FIELDWORK

Remote-interviewing, as in the pilot, was recommended for the main fieldwork with Cohort '08 at 13, scheduled to be conducted in 2021/22.

The experience in the pilot suggested that all families should receive an advance letter with information sheets for the parent and the 13-year-old from the Head Office. The PCG (as recorded at the previous wave) would also be sent an advance e-mail (where an email address is on file, about 85% of the eligible sample).

This would be followed up with a telephone call from an interviewer, to explain the survey to the respondent and arrange an appointment to complete the telephone interview. An initial call plus at least three call-backs, at different times of the day and days of the week, should be attempted before a non-contact outcome is assigned. Since the interviewer would not be in the respondent's home, the respondents would not be physically signing consent forms.

Instead of having separate consent forms, the consent points could be presented in summary form on the first page of the information sheets. The interviewer would take the PCG through the main points and affirm in the Blaise CATI programme that the respondent has had any questions answered and has agreed to take part. Separate consent would be obtained for the 13-year-old to participate in the survey and for the 13-year-old to complete the sensitive items.

No interviews would take place until the consent and assent forms have been presented and consent has been recorded in Blaise by the interviewer.

When the time comes to interview the Young Person, the interviewer would suggest to the parent that the Young Person move to another room to complete their phone interview, for privacy, but that the parent remain in the household in case the 13-year-old wants to discuss any issues with them afterwards.

The interviewer would complete the assent process with the 13-year-old before beginning the interview. At the end of the phone interview, the interviewer should encourage the Young Person to complete the web survey right away (assuming the parent has consented, and it is available).

As with all phases, interviewers would be trained in how to report child welfare or protection concerns and be provided with a phone number to reach the Study Team out of hours if necessary.

The Study Team proposed a number of other changes to the procedures used in the pilot.

- Take-up of online information sheets and videos was lower than expected. Interviewers also felt it would be better if the respondent had a hard copy of the information sheet to consult. Therefore, the Study Team proposed including a copy of the information sheets with the advance letter.
- A bulk printing, packing and posting job of this scale is contingent on there being office access during fieldwork or an alternative provider of bulk printing/packing services can be sourced. If a full lock-down were in place at the time of fieldwork, respondents would be contacted by email and telephone only.
- A consistent theme in the interviewer feedback was the time-consuming nature of the consent and assent process over the telephone. Given the importance of gaining informed consent from respondents, presenting the main points as bullet-points on the first page of the information sheets was proposed. This bullet-point summary would be used by the interviewers with the family.

- The Study Team proposed entering the 13-year-olds into a prize draw for, as in recent phases with Cohort '98, as a mark of our gratitude for their participation.[23]

PROXY QUESTIONNAIRES

To facilitate as many young people as possible to take part in the main phase, the Study Team proposed that the PCG of any 13-year-old who is unable to take part due to disability or literacy issues will complete a 'proxy questionnaire' with, or on behalf of, their child. Ideally, the parent would assist the Young Person in answering the questions themselves, so as to maximise capture of the perspective of the Young Person. The proxy interviews would not be conducted where the 13-year-old does not wish to participate. This questionnaire would contain a subset of the 13-year-old Main questionnaire and be administered by the interviewer over the telephone. Any interviews completed by proxy would be clearly identified in the data.

[23] Ultimately for the main phase of fieldwork, each child received a gift rather than being entered into a prize draw

3.5 PROPOSALS REGARDING BROAD DESIGN OF MAIN FIELDWORK

Table 3.5 provides a summary of the stages in conducting the main phase fieldwork.

Table 3.5: Summary Proposals for Plan A and Plan B in Main Phase

Item	Detail
Interviewer Training	All training carried out remotely Fewer interviewers required so all can be recruited from experienced interviewer panel 2-day sessions for these experienced interviewers
Respondents, Questionnaires and Survey Mode	YP, PCG, SCG Main Questionnaires administered by interviewer by phone YP, PCG, SCG Sensitive Questionnaires self-completed online (to begin in August/September)
Contacting the Families and Securing Consent/Assent	Advance letter & information sheets posted to all families* Advance email sent Interviewer follows up by phone to discuss participation. They direct respondents to the Participant section of the website for additional information. Interviewer uses concise telephone script and summary of information sheets during call. Respondent gives verbal consent to interviewer. Interviewer records in the CATI programme that they have followed the procedure for securing informed consent. On completion, each 13-year-old to be entered into a prize draw *Letter is contingent on access to Head Office or sourcing a suitable external supplier
Reminders /refusal conversion	Standard refusal conversion in the last month of fieldwork for non-respondents to the telephone interview; After the telephone interview, reminders by emails and/or text to non-respondents to the web survey; Interviewer reminders to those not completing the web survey, targeting 'hard to reach' groups (see Section 4.4)

The documents related to contacting the families and securing informed consent are shown in Appendix A and listed in Table 3.6, below. Since the consent / assent forms would not be signed by the parents and 13-year-olds, as they would be in an in-home interview situation, these will be integrated into the information sheets, clearly showing what the respondents are consenting to and noting that participation (including answering any specific questions) is voluntary.

Table 3.6: Advance letters, Information Sheets and other documents related to securing informed consent

Item	How transmitted
A01. Advance Letter to Primary Caregiver	Posted and emailed
A02. Information Sheet for Parents incorporating consent items, including separate consent for 13-year-old's Sensitive Questionnaire	Posted and web version
A03 Infographic for Parents	Web version (link on email)
A04. Young Person Information Sheet (incorporating assent points)	Posted and web version
A05. Young Person Infographic	Web version (link on email)
A06. Support Lines	Web version (link on email)
A07. Alternative Contact Information Sheet	Web version (link on email)
A08. Child Safeguarding Statement	Web version (link on information sheet)
A09. Privacy Statement	Web version (link on information sheet)
A10. Letter to School Principals	Posted and emailed
A11. Information Sheet for School Principals	Posted and link to web version in email
A12. List of Policy-Relevant Publications for School Principals	Web version (link on information sheet)

3.6 SUMMARY

This chapter described the design and protocol adopted in the pilot phase of fieldwork and that proposed for the main survey in 2021/22. The main lessons from the pilot which will result in changes to how the fieldwork in 2021/22 will be conducted are:

- The importance of advance contact with the families
- The need to keep introductory material succinct and clear
- A short, clear introductory script for the telephone interviewers
- (As described in more detail in the next chapter) the need for a targeted approach to encourage 'hard to reach' groups to participate in the web survey.

Chapter 4

RESPONSE RATE AND PATTERNS OF RESPONSE IN THE PILOT

4 RESPONSE RATE AND PATTERNS OF RESPONSE IN THE PILOT

4.1 INTRODUCTION

This chapter describes the response rates achieved in the pilot and the strategies to be adopted to maximise response rates and the representativeness of the completed sample in the main phase.

As noted in Chapter 3, the pilot study approached 195 parents and 200 13-year-olds (there were five sets of twins) to complete questionnaires by telephone (with the parent) and web (with the Young Person and the parent Sensitive Questionnaire).

Parents of twins were asked to complete the main interview in respect of one twin and a twin module (with child-specific questions) in respect of the other twin. Both twins were asked to complete a 13-year-old questionnaire. The twin modules and the questionnaires of second twins are not included in the response rates quoted below. In other words, the base is the 195 distinct households.

4.2 OVERALL RESPONSE RATE IN THE PILOT

Table 4.1 shows the overall response rates for the pilot survey. Of the 195 PCGs, 85 per cent completed the survey on the telephone with the interviewer. This is a very encouraging response rate, given that this was the first time the Study Team and the respondents had completed the survey in this mode. As noted in Chapter 3, the fact that the sample had participated in ***Growing Up in Ireland*** since the Study Child was 9 months old, and since all had participated at age 9, their commitment to the project was high. In the main phase, it is intended to approach all families apart from those who had definitively refused in an earlier wave or who had become ineligible.[24]

Table 4.1: Response rate by type of questionnaire

Response	Did not complete	Completed	% Completed
PCG Main	30	165	84.6%
PCG Sensitive	66	129	66.1%
YP	65	130	66.6%

The response rate was lower for the two web surveys, however. The PCG Sensitive Questionnaire was completed on the web by 129 parents, accounting for 66% of those contacted (or 78% of those who completed a telephone interview). Of the 13-year-olds, 130

[24] A family would no longer be eligible if they lived outside Ireland or if the Study Child/Young Person was no longer living.

completed the web survey, representing 67% of those contacted and 79% of cases where parents had completed the telephone interview.

The average number of days to completion of the PCG Sensitive Questionnaire, after completion of the main questionnaire on the telephone was 1 day. Of those who completed the web survey, 42% completed it on the same day as the telephone interview; 11% on the next day and 67% within a week. It does mean that about a third were completed more than a week later. The pattern was similar for the timing of the completion of the Young Person questionnaire on the web: of those who completed the web survey, 45% were completed on the same day as the PCG telephone interview; 10% were completed the next day and 69% within a week.

4.3 CHARACTERISTICS OF RESPONDENTS AND NON-RESPONDENTS

Table 4.2 shows the response rate to the PCG main questionnaire, the PCG Sensitive Questionnaire and the Young Person Questionnaire. The characteristics are those measured at age 9, so that we have the indicators for both respondents and non-respondents. Turning first to the completion of the PCG main questionnaire on the telephone, there is a tendency for response rates to be higher among those in more advantaged groups. Response rates were lower among those in the lowest income group and among parents who were younger on the birth of the child. The latter tends to be correlated with maternal education: mothers who have completed further or higher education tend to begin their families later. The differences were much smaller by family type (one- or two-parent) and by gender of the Young Person.

Table 4.2: Response rate by characteristics (at age 9) of family and Young Person

		PCG Main	PCG Sens	YP Main
		As % of pilot sample	As % of PCG completions	
Age of PCG on child's birth	Under 30			
	30-35	89%	82%	77%
	36+	89%	78%	84%
Family type at 9	One-parent	82%	50%**	50%**
	Two-parent	85%	81%	81%
Income third	Lowest	75%**	66%	66%*
	Middle	84%**	82%	86%
	Highest	93%**	83%	81%
13-year-old gender	Male	83%	78%	78%
	Female	86%	78%	80%
Total		85%	78%	79%

Note: * Value too small to report. ** Indicates significant difference (at alpha<=.05) based on Chi-square test of significance.

The response rates for the PCG Sensitive Questionnaire and the Young Person Questionnaire are shown as a percentage of cases where the PCG completed the telephone survey. In effect,

this removes the influence of factors on the participation of the PCG in the telephone survey, allowing an assessment of any additional patterns influencing completion of the web surveys.

In general, there is a further loss of respondents from the least advantaged groups, but with a particularly strong pattern by family type observed for the web survey (and only very weakly present for the telephone survey). The patterns are almost identical for the Parent Sensitive and for the Young Person Questionnaire, but, in addition to family type, the differences in response rate only reach significance for the Young Person Questionnaire for income, with a lower rate for young people from the lowest-income families. Although the patterns by maternal age are not strong enough to reach statistical significance, they still tend to suggest a lower response rate among young people from families where the PCG was younger at the birth of the child.

4.4 MAXIMISING RESPONSE TO THE WEB SURVEYS IN THE MAIN FIELDWORK PHASE

The response rate to the telephone survey on the pilot was very satisfactory. This was partly due to the selection of cases for the pilot who had responded in the 9-year wave and the employment of the most experienced GUI interviewers to work on the pilot. Nevertheless, the achievement of this response rate in the relatively short fieldwork period available for the pilot is very encouraging for the main phase.

The lower response rate for the web survey is more concerning, particularly the evidence that the less advantaged sample members were underrepresented in this mode. This may have been due to literacy issues or to a poorer internet connection.

One very important adaptation for the main phase, as discussed in the previous chapter, is the decision to conduct the interview with the 13-year-olds by telephone and use the self-complete web survey only for the sensitive items. According to Primary Caregivers (providing feedback on behalf of their 13-year-olds), the main concern with the pilot Young Person web survey was the length; given it included both the main and sensitive items in one questionnaire, it was considered by some to be too long / time-consuming. This could potentially be problematic for two reasons: respondents might begin but not complete the survey if they thought it was taking too long, or they might be disinclined to even begin the survey if they thought it would be too burdensome. Conducting the Young Person Main Questionnaire via telephone for the main phase should alleviate these concerns for some participants.

A number of other strategies were also proposed for the main phase in order to maximise response to the web survey:

- Have the interviewers encourage the respondents to begin the web survey immediately after the telephone interview and offer to wait until they get connected and enter their ID code. Note that this will be possible from August/September

onwards. For fieldwork conducted before August/September, the Study Team will send details of the web survey (including ID codes) by email in August/September when the web survey opens. For 'hard to reach' cases in this group, interviewers will call to remind respondents to participate and provide assistance where needed

- Keeping the language in the introduction to the web survey as clear as possible
- Minimise the use of graphics or animations that may slow the loading of the survey
- Use of email and/or text reminders to the PCG which re-send the link and the unique ID-codes for both the parent and the 13-year-old
- Use of interviewer telephone reminders targeted towards the 'hard to reach' groups, including those from lower-education backgrounds who may be less likely to participate,
- Planning to include a 'conversion' phase towards the end of fieldwork where interviewers would complete the questionnaire with the respondents over the telephone, if access to the web survey is indicated as an issue.

As in all waves of ***Growing Up in Ireland***, the pattern of responses will be checked and sample weighting will be done prior to analysis of the data. This will ensure, as far as possible, that the results from the data are as representative as possible of the population.

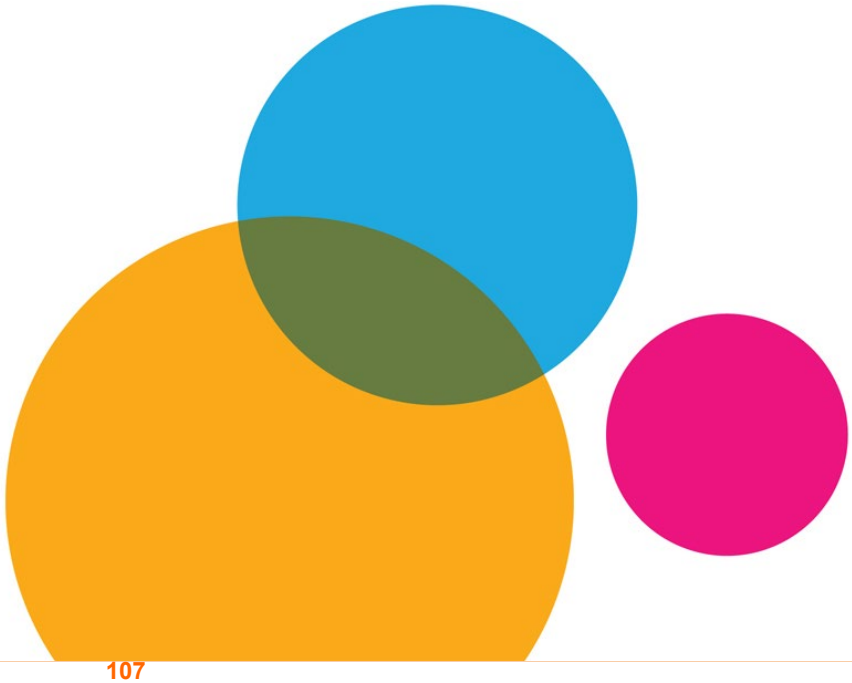
4.5 SUMMARY

The response rate to the telephone survey was high at 85% in the pilot but with a considerable drop-off in response in the web survey. Non-respondents tended to be from less advantaged backgrounds, with significant differences by family income and maternal age (which is correlated with maternal education) for response to the telephone survey and a further significant loss of respondents from one-parent families in terms of response to the web survey.

Because of the lower response rate to the web survey and because of the additional patterning of responses by family type, the Study Team recommended that both the Young Person and parent Main Questionnaires be completed by telephone interview in the main phase. Thus, both the parent and 13-year-old main questionnaires would be completed by telephone interview with only the Sensitive Questionnaires completed on the web. The refusal conversion phase of the main survey would target 'hard to reach' respondents for both the telephone and web components.

Chapter 5

13-YEAR-OLD MAIN QUESTIONNAIRE



5 13-YEAR-OLD MAIN QUESTIONNAIRE

5.1 INTRODUCTION

This chapter outlines the topics proposed for the 13-year-old questionnaires for the main survey with Cohort '08 in 2021/22, drawing on lessons from the pilot for the subset of items that were included in the pilot. The main survey was to be conducted remotely, using a telephone interview for the main questionnaire and web survey for the sensitive items. This is different from the methodology used in the pilot, where the full 13-year-old questionnaire was completed on the web. As discussed in Chapters 2-4, the experience in the pilot prompted this change in methodology: the lower response rate for the web survey compared to the telephone survey and the fact that a significant proportion of young people were reported to have found the web survey too long.

In the original submission (pre-pandemic) a number of areas were identified for significant development in this round of fieldwork with the 13-year-olds of Cohort '08. These included junior cycle reform in the Irish educational system; the significance of structured activities and informal activities; use of technology for communication, information and entertainment; physical activity and diet, and ensuring that the perspective of young people is adequately captured. The focus in this chapter will be on presenting, as concisely as possible, the reasons for including the items proposed and the conclusions on the subset of these that were tested in the pilot.

To simplify the discussion of questionnaire items, they are all reproduced in the body of the text in abbreviated format. The questions are numbered sequentially as they appear in Appendix B. Where these differ to the numbering ultimately used for a specific question in the main phase, this alternative number is also given in parentheses to facilitate cross-referencing with the final main phase questionnaires.

Any of the items that are not proposed for inclusion in the main fieldwork phase are not discussed in this chapter. This includes the items that were proposed for inclusion only in the event that in-home fieldwork would be possible. Chapter 2 (Section 2.6) summarises the decisions made (and criteria used) regarding which items and instruments could be included or excluded in the fieldwork for the main phase.

5.2 13-YEAR-OLD MAIN QUESTIONNAIRE

5.2.1 SECTIONS OF THE QUESTIONNAIRE AND ESTIMATED TIMING

Table 5.1 shows the items considered for inclusion in the 13-year-old pilot. As noted in Chapter 1, the original submission was to administer these in the Young Person's home for self-completion on a laptop. This was not possible in the pilot, so a considerably shorter version of the questionnaire was piloted via self-completion on the web. It was subsequently proposed that the Young Person Main Questionnaire be administered on a phone interview

basis, both to reduce the monotony of an entirely online survey – especially for less confident readers – and to collect this information contemporaneously to the Parent Main Questionnaire.

For each topic in Table 5.1, the columns (left to right) show whether the topic was proposed for the pilot as initially envisioned in the original submission (i.e. face-to-face), whether it was included in the actual modified pilot (i.e. online), and an indication of the number of minutes required to complete each section.[25] As can be seen from the 'Pilot' column, the actual pilot questionnaire was considerably shorter: it was adapted for completion on the web. It covered experiences during COVID-19, school, activities, diet, things the 13-year-old has or can do and relationships with siblings and friends. The final column in Table 5.1 shows the estimated length of the questionnaires proposed by the Study Team for the main phase of fieldwork.

Table 5.1: Content of 13-Year-Old Questionnaires and Estimated Timing in Minutes (rounded)

Sections	Pilot phase		Main phase
	Original Submission	Actual Pilot	
A. Preliminaries	0	1	0
B. Activities and education during COVID restrictions	0	3	2
C. Activities in normal times	3	2	2
D. Internet and screen time	7	6	5
E. School and education	9	2	8
F. Parent monitoring and supervision; Pocket money	3	0	3
G. Physical activities; Chores; Food; Self-care	8	7	4
H. Things you have or can do	2	2	2
J. Feelings and how you see yourself	7	1	3
K. Siblings and friends	5	2	3
Main Questionnaire total	44	27	33
S. Sensitive Questionnaire	15	5	10
Total Main plus Sensitive	58	32	43

Although the proposed questionnaire for the main phase was longer than the pilot, the administration was different: the main questionnaire was to be completed by telephone with the much shorter Sensitive Questionnaire on the web. The experience of being interviewed by telephone should make the experience less onerous for the Young Person than a long questionnaire completed on the web.

[25] This is based on the number of words, including question wording and response categories. It is a rough indication of the relative burden of different sections. However, some formats (e.g. 'tick all that apply') are quicker to complete than others (e.g. 'tick one response category for each item' or responses that require text to be entered.).

This discussion of the pilot results in what follows is based on responses from the 133 13-year-olds who completed the web survey. In reporting on the results from the pilot, we are constrained by the need to protect respondent confidentiality. According to the Central Statistics Office standards on disclosure, cell sizes with fewer than 30 cases should not be reported. Consequently, we do not report exact figures in many cases. Instead, we report broad categories of response.

5.2.2 SECTION A: PRELIMINARY ITEMS (A1-A3)

Since the pilot 13-year-old questionnaire was completed on the web, using a unique ID number and PIN, the Young Person was asked their date of birth and the type of device on which the survey was completed. In the table, and subsequent tables, an asterisk indicates a new item while 'P' indicates an item included in the pilot. The letter 'M' is used to indicate whether the item was proposed for inclusion in the main phase.

Of the young people, 132 reported on the type of device used to complete the survey. Just over half used a laptop and nearly one-quarter used a smartphone, while smaller numbers used a tablet or a desktop computer. All 133 provided a valid date of birth.

These preliminary items were proposed for the web survey in the main phase of fieldwork in 2021/22, but are not required on the main questionnaire which will be administered by telephone by the interviewer. Type of device on which the web survey was completed will be recorded at the end of same.

Preliminaries	A1. Please confirm that you have read the Information Sheet, discussed participating with your interviewer and agree to take part in the survey. [Yes, I agree to take part; No, I do not wish to take part]	*P M
	S1b. Can you tell us on which type of device you completed this survey? [Desktop, Laptop, Tablet/iPad, Smartphone]	*P M-moved to Sensitive
	S1c. What is your date of birth? [dd/mm/yyyy]	P M-moved to Sensitive

5.2.3 SECTION B: ACTIVITIES AND TIME AT HOME DURING COVID-19 RESTRICTIONS

Following the preliminary items, the questionnaire contained a series of items on the experiences of the 13-year-olds during the COVID-19 restrictions. These items were not proposed for the main study as they should be covered by the dedicated COVID-19 survey (December 2020). However, in the calculation of the length of the main survey questionnaires, an allowance is made for a short set of items to capture key elements of the Young Person's experience during the COVID-19 pandemic – approximately the same length as those marked 'M' (for main) in B1 to B3, below. The actual items to be included were not

decided until closer to the start of the main phase, depending on the conditions likely to be prevailing during fieldwork.

LEARNING AT HOME (B1)

The items at B1 dealt with their experiences of learning during the period when the schools were closed (in March-June 2020). They were asked of all young people in the pilot. Like their parents, their reported experience of schooling during the time the schools were closed tended to be positive rather than negative, with only a minority reporting not having a quiet place to study or giving up on trying to learn.

B1. School work during Covid restrictions	B1. Thinking of the time when the restrictions related to COVID-19 were at their strongest – around April – please say whether each of the following was always true, sometimes true or not true for you.	% 'always true'
	a. I had quiet place to study	* P 59% M
	b. I enjoyed the chance to learn on my own	* P <25%[26]
	c. I missed my school friends	* P 81% M
	d. I was assigned work by my teacher at least once a week	* P 96%
	e. I had a chance to attend school lessons with my teacher on the internet	* P 42% M
	f. My teacher sent links to online learning resources	* P 74%
	g. I gave up on trying to study until the school opened again	*P <25%
	h. My teachers gave me feedback on my work	* P 64%
	i. It was good to be apart from other students who bother me	*P <25%
	j. My parent(s) helped with my school work	* P 38% M

There were some differences in responses compared to the parents in the pilot (where there were similar items) which is at least partly due to the different response categories ('always true' on the Young Person's questionnaire vs. 'true' on the parent questionnaire). For instance, 93% of parents responded 'true' to the item on the Young Person having a quiet place to study compared to 59% 'always true' reported by the young people themselves. The Study Team noted that the always true/ sometimes true/not true format captured more variation than the true/sometimes true/not true alternative. Therefore, the Study Team recommended this format if similar items were to be used in the COVID-19 survey or the main survey.

[26] Responses based on fewer than 30 cases are noted as <25%, to protect against statistical disclosure.

FAMILY AND LEISURE (B2)

The items at B2 dealt with family and leisure during the period of the most stringent restrictions.

	B2. Still thinking now of the time when the restrictions related to COVID-19 were at their strongest – around April – please say whether each of the following was always true, sometimes true or not true for you.	% 'always true'
Family and leisure during COVID restrictions	a. I enjoyed the extra time with my family	*P 46% M
	b. My family members argued more than usual	*P <25%
	c. We did more activities together	*P 30%
	d. I worried about the virus infecting me or someone else in my family	*P <25%M
	e. I learned some new skills or improved existing skills	*P 56% M
	f. I could see that my parents were worried about money	*P <25%
	g. I was sorry to miss taking part in sports	*P 61%
	h. I followed an exercise programme using the internet	*P <25%
	i. I was sorry to miss other activities such as scouts/guides, clubs, dancing, art or music lessons	*P 39%
	j. I was able to keep in touch with my friends	*P 81% M
	k. I liked the extra free time	*P 49%
	l. I missed hanging out with my friends	*P 80%
	m. I ate more snack foods than usual	*P <30%M

In the pilot, there were some differences between the responses of the young people and their parents on these items, at least partly reflecting the different response categories. For instance, while about three-quarters of PCGs enjoyed the extra time with family ('true'), the figure was closer to one-half for the 13-year-olds ('always true'). Over two-thirds of PCGs claimed the family did more activities together but this was the perception of only about one-third of 13-year-olds. On the other hand, over half of 13-year-olds said they learned new skills or improved existing skills and about 8 in 10 were able to keep in touch with friends. Even so, 8 in 10 missed hanging out with friends and nearly two-thirds were sorry to miss taking part in sports.

Fewer than one-third of 13-year-olds reported eating more snack foods than usual during the COVID-19 crisis.

CHANGES IN EXERCISE (B3)

B3 asked about the amount of exercise the young people got during the strictest part of the lockdown, compared to their typical amount. In the pilot, 38% reported getting more exercise (mostly 'a little more') and 35% reported getting less exercise. This item has been used in the COVID-19 survey. A decision on whether to include it in the main phase was deferred until closer to fieldwork.

Exercise during COVID-19 restriction	B3. Thinking about how much exercise you got when the COVID-19 restrictions were at their strongest (around April 2020), how did this compare to before the restrictions? [A lot more, a little more, about the same, a little less, a lot less]	*PM

5.2.4 SECTION C: ACTIVITIES

As noted in the development work for the original submission (see Chapter 1), outcomes for young people may be related to their engagement in different leisure-time activities. Compared to the questionnaire used for Cohort '98 at 13, the activities section of the 13-year-old Main Questionnaire for Cohort '08 was substantially re-organised to make it possible to identify which activities were structured and to compare levels of participation across different types of activity. The introduction of a 'if not, why not' component for organised activities was new at this wave, broadening the original question on whether the activity was paid for. Additional questions on other less structured activities, similar to those used with the older cohort at age 17/18, were brought forward (in age terms) for use with this cohort at age 13. Due to restrictions on movement and gatherings due to COVID-19, young people in the pilot were asked to answer these questions in relation to 'normal times' rather than what they were actually able to do at the time of the survey. A decision on whether to retain (or modify) the 'normal times' instruction for the main phase was deferred until closer to fieldwork.

STRUCTURED ACTIVITIES (C1-C5)

Questions C1 to C5 dealt with structured activities the Young Person typically engages in outside of the COVID-19 period. Part (a) of each question C1 to C4 asked whether the person participated in the activities at least once a month (or once a week as initially proposed) and, if no, part (b) asked the reason why not. Similar items were included in Cohort '98 at 13, but 'dance' was separated from other structured cultural activities (music, singing) as it has relevance for physical activity levels. As noted, compared to Cohort '98, the question on paying for an activity was amended to ask why the Young Person does not participate in different activity types (with response options 'no interest', 'not available to me' and 'too expensive'). This is in keeping with eliciting the Young Person's preferences in order to understand their participation in activities.

The answer categories in part (a) of C1 to C4 were simplified for web administration (to yes or no for 'at least once a month'). Part (b) of this question in the pilot asked, 'If not, what is the main reason'; with response categories 'no interest', 'not available to me' and 'too expensive'.

In the pilot, 91% of young people participated in some form of organised activity (in 'normal times'): 80% played sports; about one-fifth took part in dance; about two-thirds took part in art/craft/drama/music lessons and 32% in other clubs/groups. Where a Young Person did not participate, it was because they had no interest in the large majority of cases (nearly 90%, on

average, of those not participating across the activity types), with virtually none of them citing cost. Although the pilot is a relatively advantaged group (for whom cost is less likely than average to be a factor limiting their participation), it is probable that there will be little variation on the item dealing with reasons for non-participation.

Structured activities in ' normal times' Propose keeping modified version	C1. Now, Please think about 'normal' times, rather than during the COVID-19 restrictions. Please tick below to indicate (a) would you do these activities at least once a month (Yes/No) and (b), if you do not, the main reason. (no interest, not available to me, too expensive)	Pilot version
	Propose for main survey for C1 to C4: For each of the following, (a) please say whether you take part in the activity (Yes, at least once a week; Yes, at least once a month; Less often or never),(b) [If less often or never] is that because you are not interested in it or for another reason.	M
	C1. Play sports with a coach or instructor, or as part of an organised team, other than in P.E. class? (swimming, soccer, GAA games, hockey, etc.)	P 80% M
	C2. Take part in dance lessons	P <25% M
	C3. Take part in art, crafts, drama or music lessons / clubs / rehearsals	P 67% M
	C4. Take part in clubs or groups such as Guides or Scouts, youth club, community or church groups	P 32% M
	C5. If you do any of the above activities, do you have special responsibilities, such as team leader, captain, secretary, etc.? (yes, No, Don't do any of the activities)	P 28% M

Depending on the state of any COVID-19 restrictions at the time of the main fieldwork, and if the wording refers to the current point in time (i.e. not 'normal times'), the restrictions might be the dominant reason. The Study Team suggested that a better strategy would be to further differentiate the frequency of participation, as shown in the table above, but limit the reason for 'why not' to no interest or other reason.

Question C5 asked whether the 13-year-old held a position of responsibility with respect to any of the four types of activities in which they participate: in the pilot, about 28% had special responsibilities.

INFORMAL ACTIVITIES AND PASTIMES (C6)

The questions on participation in informal activities in 'normal times' were also included in the pilot and are shown in the table below (C6). The items cover the frequency of participation in activities 'for fun or to relax', either on the 13-year-old's own or with friends. Certain informal activities (such as reading and being physically active) have been shown to be

beneficial to young people's cognitive and physical wellbeing and development (see Chapter 1).

The original submission had 12 types of activity and seven frequency categories (every day; 4-6 times a week; 2-3 times a week; once a week; a few times a month; less than once a month; never). These were cut down to four activities for the pilot (as indicated with a 'P' – essentially technology, which was new, and reading) and four frequency categories, as shown below.

Nearly half of the pilot respondents read for fun three or more times a week; 84% watched TV or videos; nearly half played computer or video games; and 85% engaged in online activities. The Study Team proposed retaining most of the original list of activities as shown above, but shortening the list by excluding listening to music, attending sports events and the items on screen-based activities which overlap with some asked, in a different format, later at D2. The STMG had proposed dropping the items on pets and going to the cinema, but the former was identified as something important by young people themselves in the focus groups and the latter (cinema) has been found to be important in capturing the range of cultural activities in which young people engage. Previous research (Smyth, 2020) suggests that the profile of young people going to the cinema regularly is broader than that for 'high-culture' activities; including the item therefore provides a more complete picture of young people's cultural participation.

Informal activities in 'normal times'	C6. How many times a week do you do these activities for fun or to relax. Please think about normal times rather than during the COVID-19 restrictions. (Categories: Every day, 3-6 times a week; once or twice a week; Less than once a week/never.)	
	a. Reading for fun (include Kindle or other e-book reader) (not for school)	P M
	b. Singing or playing a musical instrument	M
	c. Physical activities or sports without a coach or instructor (e.g. dancing, swimming, biking, soccer, running)	M
	d. Drawing/painting/crafts (such as model-making, knitting)	M
	e. Going to the cinema	M
	f. Spending time with pets	M
	g. Hanging out with friends	M
	h. Watching television, videos or movies	P
	i. Playing computer/video games	P
	j. Online activities such as searching the internet or using social media	P
	Retain for main, except attending sports events and music listening items	M

5.2.5 SECTION D: INTERNET AND SCREEN TIME

This section has been developed and updated to include information on the amount of total screen time, the nature of their online activities and evidence of problematic internet use. As

noted in the review of technology in Chapter 1, the type of internet use (and to an extent type of device, although limited information is collected here) is important to young people's outcomes.

TYPE OF DEVICE (D1)

In a simplified item from the original submission, D1 asked whether the Young Person had access to each of a number of devices for access to the internet and was followed by a question on whether any of the devices were for their sole use or are shared. Having their own smartphone, for instance, means that the potential pressure on young people to be 'always on' may be intensified compared to using a shared device.

In the pilot, almost all 13-year-olds had internet access, apart from a tiny minority – which is not unexpected given that it was an online survey. Most young people had access to a smartphone; half reported having access to a tablet and nearly half had access to a laptop; 57% could access the internet on a gaming console.

Devices for internet access	D1. Do you have any of the following that you can use to access the internet? (Categories: Yes/No)	% Yes
	a. Smartphone	P 89%
	b. Tablet (no keyboard)	P 50%
	c. Tablet with a keyboard	P 50%
	d. Laptop computer	P 48%
	e. Other computer (including desktop)	P <25%
	f. Other device, such as gaming console	P 57%
	D1_use If you do have any of the above, please say whether it is for your sole use or you share it with one other person or more than one other person. (Yes, for sole use; Yes, shared with one other person; Yes, shared with more than one other person).	P-drop
	Retain D1 with new response categories [Yes, for my sole use; Yes, but shared with someone else; No] and drop D1-Use.	M

Over half (52%) had a device for sole use and 31% shared with more than one other person. A drawback with this way of asking the question is that we do not know which device the Young Person shares or has sole use of (given that most of them have more than one). Access to a laptop or tablet with keyboard, for instance, may be more suited to participating in online learning than access to a smartphone. Hence for the main phase, the Study Team recommended dropping 'D1_use' as it stands and instead ask about shared versus sole use for each individual device category at D1.

SCREEN-TIME (D2)

Question D2 expanded the item on screen-time that had been on the questionnaire for Cohort '98 at 13. As for the 17- and 20-year-olds, it was proposed that the time periods be broken

down into weekend and weekday, and into types of screen time (TV/Movies/videos; games and other online activities). The time periods also allow for more differentiation at the upper end (with a top category of 5 or more hours).

Since the pilot took place during the summer holidays, the question was simplified to 'on a typical day in the past week' but retaining the more detailed time categories.

Current screen time - pilot version	D2. How much time have you spent on each of the following on a typical day in the past week (where it is your main activity at the time)? (Categories: None, up to 1 hour, 1-2 hours, 2-3 hours, 4-5 hours; 5 or more hours) Asked for each of the types a, b and c, below.	P
Current screen time - proposed version for Main Survey	D2. How much time do you spend on each of the following activities on a typical day (where it is your main activity at the time)? Please include time before school as well as time after school and include any screen-based device: TV, computer, tablet, smart-phone. For each, please answer separately for weekdays and weekend days. Propose recording separately for the three types of screen time for: • Weekday during term time • Weekend day or holiday [None, Up to 1 hour, 1-2 hours, 2-3 hours, 4-5 hours; 5 or more hours)]	M
	a. Watching television /films/ videos (on TV set, tablet or other device)	
	b. Playing video/computer games	
	c. Other online or screen-based activities	

In the pilot, the median time spent watching TV/videos on a typical day was 1-2 hours. For playing video/computer games was the median time spent was also 1-2 hours for those who played (but nearly one-third spent no time on this). The median for other online or screen-based activities was similarly 1-2 hours. All items had a good spread about the median with some reporting times in the top categories (over 4 and over 5 hours) – perhaps reflecting the fact that the survey took place during the school holidays at a time when there were still restrictions on travel and alternative activities.

The Study Team recommended retaining these items for the main phase.

ONLINE ACTIVITIES AND PROFILES (D3-D5)

At D3, over half of 13-year-olds indicated that using a social network service was something they did every day. Correspondingly, a high percentage of young people reported having a social media profile (89%) at D4 and 53% had a gaming profile (D5). This indicates an increase from the percentage reported by mothers to have an online profile of some kind. A similar item was included for these young people at age 9, where mothers reported that 23 per cent of 9-year-olds in 2017 had an online profile – and that profile was typically linked to a video game for boys but a social media account for girls (GUI Study Team, 2018a).

Online profile	D4. Do you have your own profile on a social networking or social media site that you currently use (such as Instagram or WhatsApp)? (Yes/No)	P 53% M
	D5. Do you have your own profile on a gaming site that you currently use (such as Fortnite)?	P 53% M

It is recommended that the items online activities be continued for the main phase, but, for clarity (as suggested by a member of the Steering Group), referring to 'own account or profile' instead of 'own profile'.

ONLINE 'HYGIENE' (D6-D10)

D6 was a new set of items for this cohort, some of which (items a and b) were previously used with Cohort '98 at age 17/18 years. These were in turn based on items used in the Net Children Go Mobile project and the EU Kids Online survey. They are designed to capture problematic internet-use. D6c, 'gone online to look for information to help me with a problem', was added by the Study Team in response to a request to include a positive aspect of internet use along with features of problematic use.

Experiences online	D6. In the PAST YEAR, how often have these things happened to you? (Never, A few times, at least once a month, at least once a week, daily or almost daily)	
	a. I have felt bothered when I cannot be on the internet	*P M
	b. I have spent less time than I should with either family, friends or doing schoolwork because of the time I spent on the internet	*P M
	c. I have gone online to look for information to help me with a problem	*P M

Over 60% felt bothered at some stage when they could not be on the internet and about two-thirds felt they spent less time than they should with family or doing school-work. Over 6 in ten 13-year-olds went online to look for information to help with a problem. The frequency was most likely to be at the lower end on all of these ('a few times'). The Study Team recommends including D6 for main fieldwork.

D8 asked about the Young Person's perception of how much their parent(s) knew about their online activities. This item had a good level of variation in the pilot: fewer than 25% of 13-year-olds felt their parents knew 'just a little'; 46% 'quite a bit' and 30% 'quite a lot', so the Study Team recommended retaining it.

Parental monitoring of online activities	D8. How much do you think your parent/guardian knows about what you do on the internet? (Nothing; just a little; quite a bit; a lot)	*P M

The question at D9 was designed to capture the sense of being 'always on' that was noted several times in the focus groups with young people. It is new to ***Growing Up in Ireland***. D9a and c were based on similar items asked in a survey conducted by the Pew Research Center (2018) in which 44% of American teenagers said they 'often' checked their phone as soon as they wake up. Item D4b, on feeling safer when out because of having a phone, was constructed by the Study Team to give a more rounded perspective on the impact of technology.

Pressure to monitor /respond to internet messages	D9. Thinking about your internet access device how often, if ever do you . . . (Never, Hardly ever, Sometimes, Often, Very often)	
	a. Feel as if you have to respond to messages/posts from other people immediately	*P M
	b. Feel safer when you are out and about because you have your phone with you	*P M
	c. Have your internet device in your bedroom and connected to the internet during the night	*P M

In the pilot, about 45% of 13-year-olds felt pressure to respond to messages/posts immediately at least sometimes (a little lower than parents); 4-in-10 had their internet device in their bedroom and connected during the night at least sometimes. On the positive side, 79% felt safer having their phones with them (27% very often). The Study Team recommended these items (and D10 below) for the main study.

D9_1 was a new item. Originally, it had been proposed to record a main and secondary activity on the Time-Use diary, mainly as a way to capture use of devices such as smartphones and tablets which may be incidental to other activities. Since it was not ultimately proposed to proceed with the Time-Use Diary, the Study Team suggested asking D9_1 instead. It was intended to capture the extent to which use of a smartphone or tablet is incidental to other activities.

Own device use	D9_1. To what extent do you use your smartphone or tablet while doing any of these other activities? (Never, hardly ever, sometimes, often, very often) a. Travelling (to/from school / other activities) b. Eating c. Watching TV or movies d. Doing homework e. Relaxing with family f. Hanging out with friends	* M

D10, also a brand new item, asked how often the Young Person felt that their parent were distracted by their own smartphone when the Young Person was trying to have a conversation with them. In the pilot, about half felt their parent was distracted at least 'sometimes' –

however, only a small number answered 'often' or 'very often'. About half of parents also reported being distracted by their smartphone when with the child at least sometimes (See Section 6.3.7). Further items on the parent's use of internet devices were included on the parent questionnaires.

13-year-old perception of parent's device use	D10. How often, if ever, do you feel that your parent or caregiver is distracted by their smartphone when you are trying to have a conversation with them? (Never, hardly ever, sometimes, often, very often)	*P M

5.2.6 SECTION E. SCHOOL AND EDUCATION

During childhood, the school is a key part of the developing person's microsystem. Not only is it a core contributor to academic ability but it is the social context in which most individuals spend a major part of their waking hours in the formative years. For this phase of Cohort '08, there is a major transition from primary to secondary schooling.

SCHOOL YEAR/CLASS (E1)

At age 13, young people could be either just finishing primary school or have already started second level. With the introduction of the Free Pre-School Year for this cohort, and a general trend towards later school start over time, more of Cohort '08 could be still in primary school than for Cohort '98 at the same age.

School class	E1. What class were you in for the last school year (from September 2019)? (Home Schooled, 5th class, 6th class, 1st year, 2nd year, other class)	P
	Main survey: date to be changed: September 2020 during the summer months and September 2021 for those interviewed once the school year has commenced (typically late August).	M

At the time of the pilot in Summer 2020, two-thirds of the young people had spent their last year of school in 6th class of primary level. Almost all of the remainder had just completed 1st year in secondary school. This pattern emphasises the importance of timing for fieldwork in the main phase of the study to capture the experience of the transition among as many of the cohort as possible (i.e. to schedule interviews over the fieldwork period to minimise the number who might still be in primary school for the Spring/Summer 2021 months).

For the following discussion, the smaller proportion who had already started second level is reflected in a reduced number of cases for those questions only applicable to young people who had made the transition at the time of interview.

SUBJECTS AT SECOND-LEVEL (E2-E7)

There were insufficient total cases in second-level school (circa 43) to be able to provide a breakdown of responses; hence a more general commentary is provided. The question on the

detail of subjects (in the questionnaire as E2) being studied by the 13-year-old was not piloted, as it had been used before. Given its importance, it will be used in the main study, however.

Subjects Taken	E2a. Please tick the subjects you are taking from September 2021. For Irish, English and Maths, please tick which level you are studying. (List of subjects, with follow -up on level for Irish, English and Maths ('Higher', 'ordinary', 'Not sure yet')	M

E5 asked whether young people have had a choice of subjects this year. This can be linked to the information on actual take-up to determine whether the subjects taken reflect school provision or student choice. In the pilot, there was a good mix of responses across categories and it was recommended that this be continued for the main phase.

School experiences	If in 1st year, 2nd year or 'other'	
	E3. Did you take any short courses this year? (Y,N)	*P M
	E5. Did you have any choice over what subjects you did this year? (Yes a lot, yes a little, no)	*P M

TRANSITION TO SECOND-LEVEL (E8-E11)

As noted, just over 40 young people in the pilot had made the transition to secondary school. General trends for piloted questions will be discussed to maintain confidentiality.

The first set of items, E8 a and b asked how many of their friends from primary school were a) at their school, and b) in their class. These items were used before and were not piloted. For the main survey, in order to reduce the length of the questionnaire, the Study Team proposed keeping the question on the number of friends in their school and dropping the item on the number in their class.

Friends from Primary School	E8. How many of your friends from primary school are … [tick one box on each line] a. in your secondary school? [Response categories: None, one, two, 3 or more]	M

E9 was in the pilot because it was a new item added to capture the 13-year-old's own perception of their transition to second-level (similar questions were asked of the PCG in Cohort '98). This item was added in response to the strong sense from the roundtable workshop that the voice of the Young Person needed to be given greater prominence. Given that young people have been found to report greater transition difficulties than do their parents (Smyth et al., 2004), this information will offer more detailed insights into this crucial stage in the educational career.

Experience in 2nd Level	E9. Here are some views about how you settled into your secondary school. There are no right or wrong answers. For each statement please select an answer to show whether you agree or disagree with these views. (Strongly agree to strongly disagree)	
	1. I feel I am settling in well into secondary school.	*P M
	2. I miss my old friends from primary school.	*P M
	3. I worry about making new friends.	*P M
	4. I am getting on well with the school work.	*P M
	5. I have made new friends.	*P M
	6. I am involved in organised activities after school or at lunchtime.	*P M
	7. I get too much homework at this school.	*P M

In the pilot, these items were well-answered with few missing responses and a good mix of responses across categories. In general, the young people who have completed first year are positive about their second-level school transition.

If the Young Person had not yet started second-level education, E11 alternatively asked whether they were excited, looking forward to it or nervous about it (see later). E10a ask about the 13-year-old's experiences of learning in second level, including some new items to capture some changes under the new junior cycle curriculum (the addition of items on presentations, having a say in class, assessment and pace of instruction). It was not piloted as most of the items had been used previously. The Study Team recommended splitting this relatively long list into two parts for the main phase: with the first set focusing on what the Young Person/class does and the second set on what the teacher does.

Learning experiences at 2nd level	E10a. In general, thinking about all your subjects, how regularly do the following take place in your classes? [TICK ONE BOX ON EACH LINE] [Response categories: very regularly; quite regularly; now and again; never or hardly ever]	P M renumbered
	a. We copy notes from the whiteboard	
	b. I work in a group with other students	
	c. We use computers or tablets in class	
	d. I make a presentation to the class	
	e. I can express my opinions in class	
	f. I can show what I have learnt in different ways -- not just written tests.	
	g. We have projects to do outside class time	
	h. We get a say in what happens in class	

	E10b. In general, thinking about all your teachers, how regularly do they do the following in your classes? [TICK ONE BOX ON EACH LINE] [Response categories: very regularly; quite regularly; now and again; never or hardly ever]	P M renumbered
	a. The teacher reads from the textbook	
	b. The teacher goes too slowly with the class	
	c. The teacher explains things really well	
	d. The teacher does most of the talking	
	e. The teacher gives me feedback on how I'm doing	
	f. The teacher goes too quickly with the class	

E11 was piloted and answered by students who had not yet made the transition to second level (n=90), asking them to record aspects of their expectations. They were both excited and looking forward to second level while half of them also felt some anxiety about the move. Although the Study Team recommended timing the main phase so that as many young people as possible are in second level when they answer, not all of them will have made the transition by the end of fieldwork; therefore E11 should be retained.

Transition to second level (if still in 5th or 6th class)	E11. [If you are still in fifth / sixth class] for each statement please tick ONE BOX ONLY to show whether you agree or disagree with these views. [Strongly agree; agree; neither agree nor disagree; disagree; strongly disagree]	
	a. I am excited about starting secondary school	*P
	b. I am looking forward to making new friends.	*P
	c. I am nervous about moving to a new school	*P
	Retain for main phase for young people still in primary school	M

CHILD'S PERCEPTION AND EXPERIENCE OF SCHOOL (E12-E19)

All 133 young people were asked questions E12-E15 on how they felt about school in general. These data were collected in earlier waves and have proven very valuable in exploring disaffection with school and its antecedents. Obtaining this information longitudinally will enable researchers to look at change or stability in levels of disaffection, an important correlate of educational underperformance and early school-leaving. In the pilot, two-thirds of 13-year-olds liked school 'very much' or 'quite a bit' (E12).

E13 captures the 13-year old's school experiences, such as being given out to by a teacher for misbehaving in class or being praised by a teacher for answering a question correctly. These measures have previously been used as scales of positive and negative interaction in ***Growing Up in Ireland*** and previous Irish studies, and so were not piloted. They (and E12) were recommended for the main study.

A small change was made to the wording of E14 (time spent on 'homework and/or study' instead of just 'homework') to better capture learning out of school hours and to match the category used in the time-use diary. In the pilot, the median time spent doing homework or study on a normal weekday (i.e. not during the COVID-19 restrictions) was 1 to 1.5 hours. Question E15 on homework club was not recommended for retention for the main phase.

School experiences (All)	E12. How do you feel about school in general? [TICK ONE BOX ONLY] (Like it very much, like it quite a bit, like it a bit, don't like it very much, hate it)	P M
	E13. In general, how often do the following things happen to you in school? [TICK ONE BOX ON EACH LINE] [very often; often; a few times; never]	M
	a. You are told by a teacher that your work is good	
	b. You are encouraged to ask questions in class	
	c. A teacher praises you for answering a question	
	d. You are given out to by a teacher because your work is untidy or not done on time	
	e. You are asked questions in class by the teacher	
	f. You are given out to by a teacher for misbehaving in class	
	E14. On average how much time do you spend doing homework and/or study on a normal weekday during term-time? Please think about 'normal' times, rather than during the COVID-19 restrictions. [TICK ONE BOX ONLY] (0-30 mins, 31-less than 1 hour, 1-1.5 hours, 1.5-2 hours, 2-3 hours, 3-4 hours, 4+ hours, don't do homework)	P M
	E15. During term time, do you take part in a homework club or supervised study (either in school or elsewhere)? [Please think about 'normal' times, rather than during the Covid-19 restrictions.]	P

Questions E16 and E17 collect perceptions on how interesting or difficult young people found Maths, Irish, English and Science. Students' beliefs in their ability to master difficult subjects affect their academic motivation, interest and academic achievement (Bandura et al, 1996; Bandura, 2006; Susperreguy et al., 2018). Among the ***Growing Up in Ireland*** Cohort '98 at age 13, Irish was described by children as 'difficult' and 'not interesting' more often than other subjects such as Maths, English or Science (Williams et al., 2018). As these questions have been used in the study before, they were not piloted again. For the main phase, the Study Team proposed reinstating both items.

Difficulty / interest of subjects (All)	E16.For each of these subjects, please indicate if you find the subject Difficult, OK, Not Difficult or You Don't Take that Subject. [TICK ONE BOX ON EACH LINE] [Difficult; OK; Not difficult; Don't take]	M
	a. Maths	
	b. Irish	
	c. English	
	d. Science	
	E17. For each of these subjects, please indicate if you find the subject Interesting, OK, Not interesting or you don't take that subject. [TICK ONE BOX ON EACH LINE] [Interesting; OK; Not interesting; Don't take]	M
	a. Maths	
	b. Irish	
	c. English	
	d. Science	

Questions E18-E19 concern extra support or tuition in school. The ***Growing Up in Ireland*** report on the transition from primary to second-level school in Cohort '98 (Smyth, 2017) noted a decline in the frequency of children receiving parental help with homework between 9 and 13 years – from a modal response of 'always/almost always' to 'now and again' -– indicating the increasing importance of additional help received within school, as parents possibly feel less equipped to help with second-level schoolwork in more specialised subjects. These items were not piloted on this occasion given their previous use with the older cohort but were recommended for the main phase.

Help with subjects	E18. Some students get extra help at school in some subjects. Over the last 12 months have you received any extra help within school in any subject? [Yes; No]	M
	E19. What subjects did you get extra help in? [TICK ALL THAT APPLY]	M
	[English/Reading; Maths; Irish; Other subject]	

DIFFICULTIES IN SCHOOL (E20-E21)

Disaffection with school, including poor attendance, may compromise the Young Person's potential in education and contribute to early school-leaving.

Questions E20 and E21 have been previously used in ***Growing Up in Ireland*** and were not included in the pilot. E20 collects information on how often the Young Person has been late for school, got in trouble in school, skipped classes or mitched, or messed in class. They are also asked how often they had to do extra work, detention or had been suspended. Among the ***Growing Up in Ireland*** Cohort '98 at age 13, 'messing in class' was the most common type of misbehaviour, being self-reported by 74% of boys and 62% of girls (Williams et al., 2018). These items were proposed for the main phase.

Difficulties in school	E20. Over the last 12 months, how often have the following things happened to you? [TICK ONE BOX ON EACH LINE] [Never; Now & Again; Quite Often; All the time]	M
	I was late for school	
	I got into trouble for not following school rules	
	I skipped classes or mitched.	
	I 'messed' in class	
	I had to do extra work as punishment (including lines)	
	I had to do detention (after school or at lunch-time)	
	I was suspended from school	

Question E21 collects information on the number of days the Young Person was absent from school in the last 12 months (and also asked of the PCG). Obtaining this type of information from both sources on the 13-year-old was deemed by the Study Team to be of interest in terms of whether the child may report different (possibly higher) absence rates than the parent. This item was proposed for the main phase, but with a change in wording to exclude absences during the time the class or school was closed because of COVID-19.

Absent	E21. How many days were you absent from school in the last 12 months (when the school was open)? _____ Propose wording change:	M
	E21. How many days were you absent from school in the last 12 months (not counting any time the school or your class was closed because of holidays, COVID-19 or any other reason.) [Note suggested change in wording; ____ number of days]	M

STUDENT EXPECTATIONS (HIGHEST QUALIFICATIONS, E22)

Aspirations for future academic achievement reflect motivation and predict actual educational outcomes. For ***Growing Up in Ireland*** Cohort '98, parents tended to have higher aspirations for their children than the 13-year-olds themselves: over three-quarters of PCGs expected the Young Person to get a degree compared to just a half of 13-year-olds (Williams et al., 2018). Jumping forward to age 20 for these young people, it was observed that those who had originally aspired towards a degree were the most likely to have participated in higher education (by age 20) – 82%. This compares to just 50% participation among young people who, at age 13, had not expected to continue in education beyond the Leaving Certificate (GUI Study Team, 2019).

Question E22 asks the Young Person to record the highest qualification they expect to get by the time they finish their education. It was not included in the pilot due to its previous implementation with the older cohort at the same age but was recommended for the main phase.

	E22. What is the highest qualification you expect to get by the time you finish your education? [TICK ONE BOX ONLY] Junior Cert.; Leaving Cert.; Certificate or Diploma (including PLC, apprenticeship); Degree or higher degree	M

5.2.7 SECTION F: PARENTAL SUPERVISION AND DISCIPLINE; POCKET MONEY

SUPERVISION (F1-F2)

Depending on family circumstances, some school children may spend large amounts of time after school without adult supervision. Findings have shown that children with adult supervision are less likely to skip school or become involved in antisocial or risky behaviour (Aizer, 2004). Now that the 'children' are 'teenagers', there is likely to be an increase in the amount of time they are allowed to have without supervision.

Question F1 asks the young people, on an average school day, how much time they would spend alone at home when no one else was there. This question was also asked of 13-year-olds of Cohort '98 and was not piloted at this stage but was proposed for the main phase.

Home alone	F1. On an average school day, how much time in a day do you spend alone at home while nobody else is home? [TICK ONE BOX ONLY]	M
	[None; Less than 1 hour a day; 1 to less than 2 hours a day; 2 to less than 3 hours a day; 3 to less than 4 hours a day; 4 to less than 6 hours a day; 6 or more hours a day]	

Monitoring of children's behaviour is considered an essential parenting skill, with many studies showing that well-monitored youths are less likely to engage in delinquency (Jacobson & Crockett, 2000; Pettit et al., 2001), and participate less in substance use (Dishion et al., 1995; Lindfors et al., 2017).

Stattin and Kerr (2000) devised four scales: Parental Monitoring; Parental Supervision; Parental Control; and Child Disclosure. Three of the four subscales were used with Cohort '08 at age 13: Parental Monitoring and Child Disclosure (both reported by the parents) and Parental Control (as reported by the 13-year-old).

However, the reliabilities for Cohort '98 at 13 were quite modest for the parent-reported subscales: monitoring alphas were just .43 and .52 for the PCG and SCG respectively, and disclosure alphas were .52 (PCG) and .53 (SCG). On the other hand, the reliabilities for the child-reported control scale for Cohort '98 were good (.76). In view of this, it was the only subscale of the three proposed for the main study and is shown at F2, below.

Parental Control	F2. The following questions refer to the rules and limits your parents may place on your activities. [TICK ONE BOX ON EACH LINE ONLY] [Almost never or never; Not very often; Sometimes; Often; Almost always or always; Not applicable / don't do it]	M
	Do you need your parents' permission before going out on week nights?	
	If you go out on a Saturday evening, do you have to inform your parents beforehand about who you will be with and where you will be going?	
	If you have been out very late one night, do your parents make you explain why and tell them who you were with?	
	Do your parents demand to know where you are in the evenings, who you are going to be with, and what you are going to be doing?	
	Do you have to ask your parents before you can make plans with friends about what you will do on a Saturday night?	
	Do your parents make you tell them how you spend your money?	

DISCIPLINE (F3)

Discipline methods are seen as an important aspect of parenting and influence child behaviour and development (Grusec & Goodnow, 1994; Grusec et al, 2017). Distinctions have been drawn between inductive techniques (such as explaining why a particular act was wrong) and punishment (e.g. smacking or shouting). A similar set of items was used for Cohort '98 at age 13 and for this cohort at age 9 and were not re-piloted. Since physical chastisement is now illegal, this particular item was not proposed for inclusion in the Cohort '08 set of items in 2021/22 but the rest are. An item was added on removing the Young Person's phone, tablet or internet access as punishment as this emerged in the focus groups with young people.

Parental discipline	F3. When you misbehave, how often do your parents do the following? [TICK ONE BOX ON EACH LINE] [Always; Sometimes; Never]	M
	a. Explain to you what you have done wrong	
	b. Ignore you	
	d. Shout at you	
	e. Send you out of the room or to your bedroom	
	f. Stop your treats or pocket money	
	g. Give out to you	
	h. Offer you treats to be good	
	i. Ground you	
	xj. Remove your phone/tablet/internet access	

SPENDING MONEY (F4)

Access to money offers a likely increase in independence for children and earlier receipt of pocket money may help with financial literacy but may make it easier to get hold of things such as cigarettes. As at age 13 in Cohort '98, the Young Person is asked how much money

they have to spend on themselves in an average week and where they got the money from. The question was not re-piloted.

Pocket money	F4. Do you get money to spend on yourself from any of the following? [TICK ALL THAT APPLY]	
	Regular pocket money	
	Doing chores (or babysitting) in the home	
	Given money by parents when I need it	M
	Doing occasional jobs (e.g. babysitting) outside the home	
	Have a regular part-time job	
	F5. About how much money, in total, do you receive when you put all these sources together? €_____ per [week/month] _____	

5.2.8 SECTION G: PHYSICAL ACTIVITIES; CHORES; FOOD; SELF-CARE

Further literature on these particular topics is included in the 'new developments' (Chapter 1).

PHYSICAL ACTIVITY (G1-G2)

The physical activity question was revised so that it is possible to map it onto the national physical activity guidelines for children. G1 asked how many times in a week the Young Person was (moderately or vigorously - MVPA) physically active for at least 60 minutes per day. This is based on the protocol used in the HBSC survey (Inchley et al., 2018). Among the current cohort '08 at age 9, preliminary results published in 2017 indicated that only 25 per cent of them were meeting the recommended guidelines of 60 minutes or more of physical activity every day (GUI Study Team, 2018b). In this pilot at age 13, the median number of days on which the Young Person engaged in MVPA was 5; with 28% this active every day (i.e. meeting the guidelines). In total, 64% were active on 5 or more days.

An additional item on light exercise (G2) was proposed to assess whether, in particular, any exercise was taken by young people who reported very low or no MVPA - the median number of days of light exercise for all children was also 5 days with 31% doing an hour every day.

Exercise	G1. Over the past 7 days on how many days were you physically active for a total of at least an hour (60 minutes) per day? Physical activity is any activity that increases your heart rate and makes you get out of breath some of the time. Physical activity can be done in sports, school physical education class, playing with friends, or walking to school. Some examples of physical activity are running, brisk walking, cycling, dancing, skateboarding, swimming, soccer and football. [None, 1 day … 7 days]	*P M
	G2. Over the past 7 days on how many days did you take part in light exercise for a total of at least an hour (60 minutes) per day? [None, 1 day … 7 days] Light exercise is not hard enough to make you breathe heavily or make your heart beat faster. Examples include slow walking, or slow cycling.	*P M
	G3. Outside of your physical education classes, how many team or individual sports or activities did you participate in during the past 12 months (for example, a school or local football/netball team, athletics, tennis, dance etc.)?	P
	G4. [If yes to sports outside PE], what is your favourite sport or physical activity to do? [Tick one box]	P

HELPING WITH CHORES (G5)

The Study Team proposed a shorter set of two items on the time spent in the last week of indoor and outdoor chores for the main phase, compared to the long list of items included in the pilot. There tend to be gender differences along these lines and the new measure will provide an indication of the extent to which the total time on chores differs between boys and girls whilst minimising the total number of questions.

Time on Chores	G5. Do you do any of these chores at home? [TICK ONE BOX ON EACH LINE] (a. Help with cooking for the family; b. Hoovering / cleaning; c. Helping in the garden; d. Washing the dishes / emptying the dishwasher; e. Feeding or cleaning up after your family pet; f. Putting out the bin / recycling; g. Cleaning the car; h. Helping with your younger brothers or sisters; i. Helping an elderly or sick relative in the family; j. Helping out on the farm or other family business; k. Other	P
	G5_1. Over the last week, how much time did you spend ... (None; Up to one hour; 1 to less than 2 hours; 2 to less than 3 hours; 3 to less than 4 hours; 4 to less than 5 hours; 5 or more hours) a. helping with tasks inside the house, such as cleaning, tidying, laundry, preparing meals, taking care of younger children or sick family members? b. helping with tasks outside the house such as gardening, taking out the bins, washing the car or helping on a family farm?	M

DIET (G6-G13)

G6 was a new item designed to capture the pattern of eating, including having regular meals and snacking. Their inclusion was recommended by members of the Scientific Advisory Group who specialise in the areas of nutrition and dental health. G7 and G8 were follow-up questions for regular 'snackers' on the number of snacks per day and how many were sugary. Sugary

snacks have a particular impact on dental health and have also been linked to an increased risk of overweight or obesity (Breda, Jewell & Keller, 2019).

About 8-in-10 13-year-olds in the pilot had breakfast and lunch every day with virtually all reporting having dinner every day. Over half had a snack between meals every day with over 7-in-10 reporting that they had snacks at least five days a week. Of those who snacked at least five days a week, the median number of snacks was 3. Of the 93 young people who provided a response on sugary snacks, about 9-in-10 had at least one and the median number was one sugary snack. The Study Team recommended continuing these eating pattern questions for the main phase.

A large section on the detail of diet was moved from the Young Person's questionnaire to the PCG questionnaire (B27-8, Section 6.3), because of the need to manage the length of the Young Person's questionnaire and because the PCG is likely to be a better informant on foods regularly consumed.

Food patterns	G6. How often do you … (Every day, 5-6 days a week, 3-4 days a week, 1-2 times a week, less than once a week)	*P M
	a. Have breakfast (either at home or at school)	
	b. Have lunch	
	c. Have dinner	
	d. Have a snack between meals	
Snacks 5+ days a week	G7. [If snack every day or 5-6 days a week] About how many snacks most days? (Number)	
	G8. How many of these snacks are sugary foods or drinks (e.g. sweets, chocolate, sugary drinks, juices _____)?	

ORAL HEALTH AND SLEEP (G14-G16)

G14 asked the Young Person how often they brushed their teeth, with answer categories ranging from More than twice a day to Not at all. Most parents of Cohort '98 at age 9 years (94%) reported that their children brushed their teeth daily but not brushing was more common among those in the lowest income group (9%) than the highest (3%; Williams et al., 2009). This item was not piloted but was recommended for the main phase.

Oral health	G14. How often do you brush your teeth? [TICK ONE BOX ONLY] [More than twice a day; Twice a day; Once a day; Less often than once a day; Rarely; Not at all]	M

Sleep is a potentially salient factor to several of the outcomes measured in the questionnaire such as general health, screen time, physical activity and academic achievement. The 13-year-old was asked to report the times they typically go to sleep and wake up on an average week-day (as distinct from going to bed and getting up). Prior to piloting, it was debated whether a

13-year-old would be able to answer in the 24-hour clock format as parents are asked to do. Hence for the pilot, the answer field was left as open text so the Young Person could choose.

Sleep	G15 What time do you normally go to sleep on a week-night? (Please think about normal term time, and not during the COVID restrictions.) Put in the time of going to sleep rather than going to bed if these are different) (Open text)	*P M [time cats for main phase]
	G16. And what time do you normally wake up on a week-day? (Open text in pilot; suggest closing to hours and minutes in main phase).	*P M [time cats]

As it turned out, most 13-year-olds answered using a twelve-hour clock and many gave a range of times, such as 10:00-12:00. While the open-text resulted in a variety of formats (e.g. 'half 7' for waking time), they could be fairly clearly recoded into actual times. This was not done with the pilot data for time reasons and because the main purpose was to assess how young people responded rather than to examine sleeping and waking times. The Study Team recommended a closed format for the main study, recording hours and minutes. A decision on the wording of the reference to 'normal times' was deferred until closer to the time of the main fieldwork.

5.2.9 SECTION H: THINGS [13-YEAR-OLD) CAN HAVE OR DO (H1)

This set of questions on access to goods and experience were new for this pilot and asked the 13-year-old whether certain items were things that they have (or can do) and, if not, whether they were things the Young Person would like. A more detailed discussion of the development of this scale can be found in Chapter 1.

Among 13-year-olds in the pilot, more than nine out of ten have/can do each of the items in question. Eating out was still quite restricted in July (at the time of the survey), with many establishments operating reduced service and a requirement to book ahead, but almost 90% of young people listed this as something they could do. Apart from gear and equipment that you need for school (which the Study Team suggested dropping), at least some young people identified each of the items as one they did not have but would like.

Taking all of the items, 28% of young people lacked at least one. Removing those who do not want or need them, the number of cases is small but the percentage lacking at least one was in the region 10-15%. The low percentage here is consistent with the pilot sample being relatively privileged.

The Study Team had a concern that lack of access to holidays, eating out and getting together with friends might be driven by the restrictions associated with COVID-19 (despite the instruction to think of 'normal times'). However, even the items most likely to be affected by the restrictions had the expected correlation with basic deprivation. The items having the strongest correlation with basic deprivation (an enforced lack of 2 or more of eleven basic

goods or forms of social participation) were: electronic devices, invite friends over, family holiday, celebration and meal out (correlations from .57 down to .17).

Things you have or can do	H1. Young people differ in the kinds of things they have or can do. For each of the following, please select the answer that best describes your situation (Yes, I have; No, but do not want or need; No, but would like to have)	*P M
	a. Do you have the right kind of clothes to fit in with other people your age	*P M
	b. Do you have the gear and equipment that you need for school (including for sports)	*P-drop
	c. Do you have books (including e-books) at home suitable for your age	*P M
	d. Do you have your own bed or bunk bed	*P M
	e. Do you have the right kind of electronic devices to keep in touch, or play games, with other people your age	*P M
	f. Do you have a suitable place at home to study or do your homework	*P M
	[Options for the following: Yes, I can; No, but do not want to; No, but would like to.]	*P M
	g. Can you invite friends over from time to time	*P M
	h. Can you have a celebration for your birthday or special events	*P M
	i. Can you go on school trips or to school events	*P M
	j. Can you have meal out with your family at least once a month	*P M
	k. Can you go on a family holiday at least once a year (in Ireland or elsewhere)	*P M

Although the prevalence on several of the items is low in the pilot sample, the Study Team recommended retaining the items, apart from item b (gear and equipment). Taken together, the items have the potential to identify a useful proportion of young people who do not have access to things they would like to have or do.

5.2.10 SECTION J: FEELINGS AND HOW [13-YEAR-OLD] SEES THEMSELVES

MENTAL HEALTH INVENTORY (MHI5, J1)

In the pilot, a short 5-item scale known as the Mental Health Inventory-5 (the MHI-5, shown at J1 below) was included to capture symptoms of depression and anxiety in the Young Person, and help validate some of the items being tested in the pilot (such as the items on experiences during COVID-19). Although the Short Mood and Feelings Questionnaire (SMFQ) was recommended as the primary measure of low mood for the main phase, to facilitate cross-cohort comparison with Cohort '98 at 13, it was suggested that the MHI5 could be included as an additional measure to allow comparisons with the COVID-19 survey. So that the two sets of items are not administered in too-close proximity, the SMFQ was moved to the Sensitive Questionnaire.

In the pilot, most 13-year-olds tended to give positively pitched answers to the individual items on the MHI5. For instance, 71% had 'been a very nervous person' either none of the time or and 72% had 'been a happy person' most or all of the time. The items can be used to

construct a wellbeing scale. When scaled to range from 0 to 100, the median score of the young people was a relatively high 75.[27] Cronbach's alpha for this scale in the pilot was .84.

Feelings	J1 How much of the time in the past four weeks have you … [all ..; most ..; a good bit …; some …; a little …; or none of the time]	P M
	a. Been a very nervous person	
	b. Felt so down in the dumps that nothing could cheer you up	
	c. Felt calm and peaceful	
	d. Felt downhearted and blue	
	e. Been a happy person	

There was a negative correlation with lacking any of the Young Person deprivation items (-.20) and an even stronger negative correlation (-.28) with lacking an item where it was something they would like.

The relationship with the experiences of the young people during the COVID restrictions was also examined. The number of cases is small, but the indications were that the means tended to be lower when the young people did not have a quiet place to study, did not enjoy the extra time with family, where parents did not help with homework, where family members argued and where the Young Person could see that their parents were worried about money (mean 69), eating more snack foods than usual (mean 67 where always true) and getting less exercise than usual (mean 67).

PERCEPTION OF OWN WEIGHT AND DIETING BEHAVIOUR (J3-J7)

Although not included in the pilot because of previous implementation in other waves of ***Growing Up in Ireland***, the Study Team proposed that some of the questions on the Young Person's perception of their physical weight (J3) and efforts to lose or maintain weight (J4) be reinstated for the main phase. These questions are particularly important in the context of high rates of overweight and obesity among this cohort in previous waves, and the older cohort at 13. Including an item on 'exercising to bulk up' was not deemed appropriate for this age group, but should be considered for future waves.

Body image	And now, some more questions about you J3. How would you describe yourself? [TICK ONE BOX ONLY] [Very skinny; ; A bit skinny; Just the right size; A bit overweight; Very overweight]	M
	J4. Have you ever exercised to lose weight or to avoid gaining weight? [Yes; No]	M
	J5. Have you ever eaten less food, fewer calories, or foods low in fat to lose weight or to avoid gaining weight [Yes; No]	M

[27] It was slightly higher, at 80, among young people who completed the sensitive questionnaire.

The Study Team also suggested including a question about 'bulking up or maintaining muscle mass' that was used with the older cohort at age 17/18 (now J4a). In that wave, there were quite high rates and pronounced gender differences so it would be useful to know if this type of activity starts in early adolescence.

J6X LIFE SATISFACTION RATING

This item was not piloted with 13-year-olds but was proposed as a late addition to bridge some of the gap associated with the discontinuation of the Piers Harris scale (see end of this section). The question has, however, been used successfully with older adolescents in ***Growing Up in Ireland*** at age 17/18.

Life satisfaction	J6x. On a scale of 0 to 10 where 0 is 'not satisfied at all' and 10 is 'completely satisfied', how satisfied are you with your life these days? Choose one box between 0 and 10	M

THE ROSENBERG SELF-ESTEEM SCALE (J9)

This short measure of overall self-esteem is a widely used scale. It typically comprises 10 items but was successfully condensed to a six-item scale (see below) when used in previous waves of ***Growing Up in Ireland*** Cohort '98 at 17/18 years and 20 years. Given the pressing need to minimise the length of the 13-year-old's questionnaire, it was proposed as an alternative to the 60-item Piers Harris Self-Concept measure. While self-esteem is a narrower perspective than self-concept, the replacement of the Piers Harris with the Rosenberg scale could position the longitudinal measurement of self-esteem for this cohort through adolescence and into adulthood, albeit with the loss of continuity between 9 and 13 years and the loss of cross-cohort comparison at 13. Cross-cohort consistency would resume with the Rosenberg from age 17 years onwards, however.

The Rosenberg self-esteem measure was validated in a UK sample of adolescents aged 12-19 years (including 337 children aged 12-13) by Bagley & Mallick (2001). They found a consistent pattern for girls to have lower self-esteem scores and to be at greater risk of very low self-esteem across all age groups. Additionally, positive self-esteem was negatively correlated with four 'problem' indicators from another measure (conduct disorder, emotional disorder, hyperactivity, somatic disorder sub-scales from the Ontario Child Health Study) – with the exception of an absence of a significant correlation for the oldest girls between self-esteem and hyperactivity or conduct disorder (p.123).

Rosenberg Self-esteem scale	J9. Here is a list of statements dealing with your general feelings about yourself. Please indicate how strongly you agree or disagree with each statement. How much of the time in the past four weeks have you…. [Strongly agree; agree; disagree; strongly disagree]	M
	1. On the whole, I am satisfied with myself.	
	2. At times I think I am no good at all.	
	3. I am able to do things as well as most other people.	
	4. I certainly feel useless at times.	
	5. All in all, I am inclined to feel that I am a failure.	
	6. I take a positive attitude toward myself.	

The 6-item revised version of the RSE has been used to measure perceived self-worth in longitudinal research of young American men (Bachman, O'Malley, & Johnston, 1984) and in both ALSPAC and the Millennium Cohort Study in the UK.[28]

5.2.11 SECTION K: SIBLINGS AND FRIENDS

RELATIONSHIP WITH SIBLINGS (K1-K2)

Given that 89% of Cohort '08 lived with at least one sibling at age 9 (GUI Study Team, 2018a), and the emphasis placed on sibling relationships by the young people in the focus group consultations, the Study Team included a new set of items on this topic in the pilot. Following a routing question at K1, K2 were the new items that collected information about the Young Person's relationship with their siblings. They were based on a similar set administered to parents in the Avon Longitudinal Study of Parents and Children at age 11. The items capture helping behaviour, activities undertaken together and conflict between siblings.

In the pilot, nine out of ten young people had brothers or sisters living at home. Virtually all of them said they talked and ate with their siblings at least once a week. Given the ubiquity of these activities, the Study Team suggested removing them from the set for the main study. Across the other items, there was a good amount of variation. Although arguing with siblings at least once a week was common (88%), there was a variation in frequency between daily and weekly, with just 28% reporting arguing nearly every day.

[28] See list of scales used in CLOSER studies here - https://wiki.ucl.ac.uk/display/CLOS/Scales

Siblings	K1. Do you have any brothers or sisters living at home? (Yes/No; If No, go to Q 47)	*P M
	K2. [If yes] How often do you do any of the following with any of your brothers or sisters? (Never, Less than once a week; Once a week; 2-5 times a week; Nearly every day)	*P M
	a. Play computer or video games together	36% *P M
	b. Listen to music together	43% *P M
	c. Spend time together on another hobby or interest	66% *P M
	d. Go out together	58% *P M
	e. Talk together	95% *P-drop
	f. Eat together	97% *P M - drop
	g. Argue with one another	81% *P M
	h. Push, shove or hit one another	27% *P M
	i. Play sports (e,g, football, gymnastics) together	57% *P M
	j. Help each other with homework	51% *P M

FRIENDSHIP NETWORK (K3-K9, S1)

Questions (K3-K6) asked about the number of friends the 13-year-old usually hangs around with, how many they would describe as close friends, the ages of their friends (whether younger, older, or the same age), and how many of these friends their parents have met. Given their previous use in other phases of ***Growing Up in Ireland***, K5 and K6 were not included in the pilot but were planned for the main phase.

K3 and K4 were included in this pilot as core questions and relevant in the context of COVID-19. The median number of friends that young people hung around with was between 3 and 5 and the median number they would describe as close friends was 4. The number of friends they normally 'hang around' with may be lower because of the COVID-19 restrictions on contact between households.

K8 was an additional item added in response to comments at the roundtable workshop and in the focus groups about the way technology may be changing the way friends interact with one another. In terms of communication (K8), the most common way of talking to their friends about something was face-to-face (three-quarters 'often'); followed by text message (one-half). One-fifth would 'often' use a voice or video call. This question was potentially useful for the main phase.

Friends	K3. How many friends do you normally hang around with? [TICK ONE BOX ONLY] (None, 1-2, 3-5, 6-10, More than 10)	P M
	K4. How many of these would you describe as CLOSE friends? (Number)	P M
	K5 How old are the friends you usually go about with? [TICK ONE BOX ON EACH LINE; None; Some; Most or all]	M
	A. A year or more younger	
	B. About the same age	
	C. A year or two older	
	D. More than two years older	
	K6. How many of your friends have your parents met? [TICK ONE BOX ONLY; None; Some; Most or all]	M
	K8. When you need to talk to your friends about something, how do you do it? (Often, sometimes, never)	*P M
	a. By phone or voice call or video call	
	b. By text message (including WhatsApp)	
	c. Through post on social media	
	d. In person	
	K9a. I have fun with my friends (Always true, sometimes true, never true)	M
	K9b. My friends would help me out if I needed them (Always true, sometimes true, never true)	M

SOURCES OF SUPPORT (S1)

S1 was a new item that was intended to capture an issue raised by young people in the focus groups. If they were worried about something and could not discuss it with their parents, they did not always know which other adult they might go to. Earlier ***Growing Up in Ireland*** research indicated that parents were often the most important people for children and adolescents to approach if they had a problem. Among Cohort '98 at age 9, 90% said they would talk to their mum about a problem, 61% their dad, 29% their teacher and 29% a friend (Williams et al. 2009).

In the pilot, the item was the first question on the 'sensitive' part of the self-complete section; however, it was recommended for a move to the latter part of the main interview by phone for the main phase. From responses in the pilot, most 13-year-olds (three-quarters) would discuss a problem with their friends and about half with their brother or sister. About one-fifth would talk to a grandparent or teacher with smaller numbers selecting the other categories. The Study Team proposed retaining a very similar question for the main phase, including parents in the list of supports.

Sources of support	S1. If you had a problem, and you did not want to discuss it with your parents, would you talk about it to any of the following? [Tick all that apply] Teacher, Some other adult in the school such as guidance counsellor, class tutor; Friends; Brother or sister; Grandmother/grandfather; someone else; nobody)	P
	K10. If you had a problem or needed support, would you talk about it to any of the following? [Tick all that apply] (Parent(s), Teacher, Some other adult in the school such as guidance counsellor, class tutor; Friends; Brother or sister; Grandmother/grandfather; someone else; nobody)	Version for Main

CAREER ASPIRATIONS (L1)

For the main phase, it was proposed to finish the (now-telephone) questionnaire with a previously used item (but not piloted at this phase) on what job they would really like to get when they have finished their education (L1). This open-text item is proposed for inclusion to get some indication of their aspirations at age 13, how these change over time, and whether or not they are in line with parents' aspirations for their son or daughter's future education. Another motivation for this question was to end the questionnaire by giving the 13-year-old an opportunity to think ahead to a positive future.

Career aspirations	K11 (Was L1). Looking to the future, what job would you really like to get?	M

5.3 THE 13-YEAR-OLD SENSITIVE ITEMS

The 13-year-old Sensitive Questionnaire covers more potentially sensitive issues than the Main Questionnaire; pertaining to smoking, alcohol and drug use as well as delinquent behaviours, sex and relationship guidance and maturation. Originally planned (pre-pandemic) to be self-completed by the Young Person on a CASI basis in the home, this was moved to a CAWI (online) questionnaire for the pilot and recommended to continue on this basis for the main phase. As in previous waves, the PCG gave a separate consent to the 13-year-old completing the Sensitive Questionnaire in the pilot and it was recommended that this continue for the main. In the pilot, managing the separate consent when all of the Young Person's survey was online meant issuing different log-in codes. However, as it was proposed that only the sensitive items would be completed online for the main phase, the process is simplified by not issuing any log-in code where there is no consent. At both the pilot and main phase, 13-year-olds could still complete the Main Questionnaire even if consent was declined for the Sensitive Questionnaire.

As there were a small number of questions on maturation which were gender specific, there were two slightly different versions of the Young Person Sensitive Questionnaire: one for boys, and one for girls.

5.3.1 CONTENT OF THE SENSITIVE QUESTIONNAIRE

For the most part, the original submission's proposal for this questionnaire remained the same as that used for the 13-year-olds in Cohort '98, apart from some additions to the questions on sources of support and those on sexual health. However, like the Main Questionnaire, when it became necessary to switch the pilot to remote administration, many previously used items were not re-piloted to save time; albeit with the intention to re-instate them for the main phase.

In a pre-arranged change from the survey instruments used with Cohort '98 at the same age, the items on experience of bullying were modified and moved from the Main to the Sensitive Questionnaire. This arose from a decision by the Study Team following concerns raised by a parent of Cohort '08 at age 9 that the items (particularly the question on whether the Young Person had been upset by the experience) would trigger further upset in the Young Person. Having the items on the Sensitive Questionnaire would give the PCG the opportunity to decline participation in these and other sensitive items.

The following sections describe the content proposed for the main phase of interviewing (including a note of what items may be excluded on the basis of the pilot). Where items were included in the pilot, commentary is provided on the overall pattern of results subject to sufficient case numbers.

Consent for the Young Person to participate in the Sensitive Questionnaire was obtained in the pilot by interviewers on the telephone with the parent. A total of 127 13-year-olds took this part of the survey in the pilot out of 133 young people who completed the main questionnaire (hence, 6 of their parents declined to consent to the Sensitive Questionnaire). The sensitive questions were completed by the Young Person right after the 'main' questionnaire.

The original first item of the Sensitive Questionnaire in the pilot (S1, on people the Young Person would talk to about a problem) has been moved to the end of the main questionnaire and is discussed in the previous section.

RELATIONSHIPS AND SEXUALITY EDUCATION (S2-S4)

Students' perceptions of the new wellbeing curriculum were added to a previously used question on Relationships and Sexuality Education (RSE) in schools at S2. The additional items were on staying healthy and feeling good about oneself.

Young people were also asked whether they had discussed such issues with their parent(s)/ guardian(s), and where they would most likely go for information or advice on sex or relationship issues, e.g., nowhere, Mum, Dad, friends, teacher etc. This was to ascertain differences in the characteristics of parents who have provided such information to their child, as opposed to those who haven't, and also whether the Young Person has had access to this

information outside the school arena, and from whom. When young people in Cohort '98 were aged 13 years, 42% of boys and 51% of girls had discussed sex/relationship issues with parents (GUI Study Team, 2012).

Relationship and Sexuality Education	S2. This school year have you been taught the following in your school (Yes/No)	P M
	a. Relationships and Sexuality Education (RSE)	
	b. How to stay healthy (e.g. diet and exercise)	
	c. How to feel good about myself and my life	
	S3. Have you ever discussed sex and/or relationship issues with your parent(s) / guardian(s)? [Yes/No]	P M
	S4. Where would you be MOST likely to go to get information or advice on sex or relationship issues? [Tick one box only] [Nowhere; Mum; Dad; Brother/sister; Aunt/Uncle; Friend; Cousin; Boyfriend/girlfriend; Teacher; Internet; Magazines; Books; TV/Films/DVDs/ Other]	P M

In the pilot, about two-thirds of 13-year-olds had been taught Relationship and Sexuality Education in their school – but many will have done this in primary school only so the curriculum covered may differ between young people depending on their level in school. About nine-in-ten had been taught how to stay healthy and over eight-in-ten had been taught how to feel good about themselves.

Outside of these well-being and RSE classes in school, about half of young people had discussed relationship or sexuality issues with their parents. About six-in-ten would go to their parents for advice or information on relationship or sexuality issues, most often their mother. Small numbers selected any of the other potential sources of advice but the most-frequently cited of these was 'friends.' The Study Team recommended retaining these questions for the main phase.

SEXUAL ORIENTATION AND GENDER IDENTITY(S5-S6)

There were two new questions on sexual orientation and gender identity included for this pilot. S5 was similar to a question used in the HBSC Ireland study with adolescents (though the GUI version had added answer options: 'prefer not to say' and 'not sure'). Question S6 on gender identity was first used by ***Growing Up in Ireland*** with Cohort '98 at age 17/18 years

Sexual orientation and sexual identity	S5a Do you have a boyfriend or girlfriend at the moment? [Yes; No]	M
	S5. Are you attracted to …[Please tick the box that best describes you] (Girls; Boys; Both girls and boys; I am not attracted to anyone; Not sure/still deciding; Prefer not to say)	P M
	S6. Would you describe yourself as: (Male; Female; Other; Prefer not to say)	P
	S6. We now have one or two questions which are different for boys and girls. Please indicate which questions are appropriate for you: [Tick one box] - Questions for boys - Questions for girls	M

On the question on sexual orientation, 126 answered, but about one-in-five selected one of the categories: not attracted to anyone, not sure/still deciding or prefer not to say and 73% said they were attracted to the opposite gender to that recorded for them by their parent in earlier waves. None of the young people reported being attracted to those of the same gender, though a handful reported being attracted to both males and females. While this could result in a useful number of cases in the main study,[29] the relatively high proportion choosing one of the 'uncertain' categories suggested a level of discomfort with the question among the young people themselves.

To reinforce the interpretation of 'attracted to' as 'sexually attracted to' the Study Team suggested preceding this item by a question on whether the Young Person has a boyfriend or girlfriend.

On the gender identity question, 125 young people answered and no one chose a self-described gender that was different to that reported by the parent in earlier waves. The question was altered slightly for the main phase; asking the Young Person to indicate which questions were most appropriate for them (questions for boys or girls).

PUBERTAL STATUS (S7)

Puberty is an important physiological and psychological transition that occurs in early adolescence for most individuals. A 'mis-timed' puberty (either early or late) may have an impact on development and well-being. S7 asked sex-appropriate questions on pubertal status. Girls were asked whether or not they had started their periods and, if so, at what age (years and months). This is regarded as a concrete marker of puberty for girls and has been widely used in previous research looking at this construct.

[29] If 6,500 young people respond to the main survey at 13, there could be in the region of 400 who report being attracted to 'both boys and girls' and about 1,300 who answer in one of these categories: 'not attracted to anyone', "don't know/still deciding" or "prefer not to say".

Boys were asked whether their voice had changed at all and if so, whether it was occasionally a lot lower, totally changed, or they are unsure. Although not the gold standard in terms of measuring boys' puberty onset (which would be a physical test), it is generally regarded as a marker, although not as specific as menarche is for girls. For girls in Cohort '98 at age 13, 73% had started their period by the time of the interview (Williams et al., 2018) with age of onset raging between 8.6 and 13.9 years (mean 12.2). Meanwhile 13-year-old boys were more likely to be in a transitional phase with just 23% reporting that their voice had totally changed and 38% saying their voice was occasionally lower – the remainder were divided between those who reported no change and the 'unsure' (ibid.). As these questions were previously used, they were not piloted but were proposed for the main study.

Puberty	BOYS ONLY ['Male' at S6] S7b. Boys' bodies develop at different rates. We would like to ask you a few questions about your stage of development at the moment. Has your voice changed at all? [TICK ONE BOX ONLY; No, it is the same; Yes, occasionally a lot lower; Yes, it is now totally changed; Not sure]	M
	GIRLS ONLY ['Female' at S6] S7g1. Girls can start their periods at different ages. Have you started your periods yet? [Yes; No]	M
	S7g2 [If yes] What age were you when you had your first period? [years & months]	M

ANTISOCIAL BEHAVIOUR (S8-S9)

Most researchers accept the complexity surrounding the causes of delinquent behaviour, which are difficult to disentangle, but previous research has been able to demonstrate links between child characteristics, such as aggression (Tremblay and LeMarquand, 2001), hyperactivity (Hawkins et al, 1998) and problems at school (Herrenkohl, 2001). Family/household characteristics such as poor parenting skills, family size, discord in the home, and antisocial parents are also risk factors for juvenile delinquency (Derzon & Lipsey, 2000; Wasserman and Seracini, 2001). Involvement with deviant peers is likely to lead to delinquent behaviour, especially in the early teenage years when young people are especially vulnerable to peer pressure (Vitaro, Brendgen, and Tremblay, 2000).

Question S8 asks Young People about 15 kinds of delinquent behaviour. They were used before with the older ***Growing Up in Ireland*** Cohort '98 at ages 13 and 17/18 (with some additional items in the latter) so were not re-piloted in the current phase. These ranged in seriousness from not paying the correct fare on a bus to carrying a knife or weapon; using force or threats to get money or something else from someone; hitting, kicking or punching someone to hurt or injure them etc.

The Study Team Management Group felt that the list of ASB items was quite long and asked the Study Team to check the impact of reducing the length of the list. Based on an analysis of the data at age 13 from Cohort '98, the Study Team identified 7 of the 15 items that identified

the vast majority of those who had engaged in any type of anti-social behaviour covered by the 15 items (97% of the males who had engaged in any type of anti-social behaviour at 13; 99% of the females and 98% overall).[30] In addition, there is particular policy interest in the issue of knife-carrying. Although some of the detail on the rarer types of ASB would be lost, the shorter set of items was expected to work very well in identifying young people at risk of engaging in ASB.

In addition, given the low prevalence for repeated incidents on most items, the Study Team proposed to simplify the answer categories to "never", "once" and "more than once" for the main phase with this cohort.

Question S9 asks the Young Person if they have ever been in trouble with the Gardaí. As this question has been previously used with the older cohort, it was not piloted again either but was proposed, in a modified form, for the main phase. Although prevalence was expected to be small at age 13, it is likely to be important in considering trajectories across adolescence.

Antisocial behaviour	S8. How often in the last year have you done any of the following? [TICK ONE BOX ON EACH LINE; Never; once; 2-5 times; 6 or more times]	M
	1. Not paid the correct fare on a bus or train	M
	2. Taken something from a shop or store without paying for it	M
	3. Behaved badly in public so that people complained and you got into trouble	M
	5. Taken money or something else that did not belong to you from school	M
	6. Carried a knife or weapon with you in case it was needed in a fight	M
	9. Written things or sprayed paint on things that do not belong to you (for example, a phone box, car, building, bus shelter)	M
	11. Taken money or something else that did not belong to you from your home without permission	M
	14. Hit, kicked or punched someone on purpose in order to hurt or injure them	M
Gardaí	S9. Have you ever been in trouble with the Gardai? [Yes; No]	M

MENTAL HEALTH SYMPTOMS (S10)

Question S10 comprise seven items about the Young Person's experiences of symptoms associated with psychosis such as 'hearing voices or sounds that no one else can hear'. A New Zealand birth cohort study followed children who at age 11 reported these symptoms and found an increased risk for psychotic disorder in adulthood (Poulton et al., 2000). This finding has since been replicated several times (Welham et al., 2009). It is also useful to know how

[30] Focusing on the items other than fare evasion (the most common), the remaining 6 items would identify 96% of the cases identified by the larger set of 14 items (95% of males; 98% of females; weighted figures which, for this comparison, are slightly lower than the unweighted figures).

common such experiences are in the general population as a context for young people who present with difficulties at clinics.

Symptoms of psychosis	S10. Can I ask [No, never; Maybe; Yes, definitely]	Retain item 'a' only for Main
	a. Have you ever heard voices or sounds that no-one else can hear?	
	b. Have you ever seen things that other people could not see?	
	c. Have you ever thought that people are following you or spying on you?	
	d. Some people believe that their thoughts can be read by another person.	
	e. Have other people ever read your mind?	
	f. Have you ever felt that you were under the control of some special power?	
	g. Have you ever felt that you have extra-special powers?	

As this set of items has been previously used with the older Cohort '98 at age 13 and 17/18, they were not piloted again. In the context of a heavily streamlined instrument for remote implementation, the Study Team recommended just one of these symptoms for inclusion in the main phase (hearing voices or sounds that no-one else can). This item has been selected as auditory hallucinations is frequently used in the assessment of illnesses with psychotic symptoms, including for children and adolescents, and sometimes – according to a review by Maijer et al. (2019) – the only item. It is not suggested, however, that this single item be used as a diagnostic tool in ***Growing Up in Ireland***.

SHORT MOOD AND FEELINGS QUESTIONNAIRE (S10_1, WAS J2)

For the main study, the Short Mood and Feelings Questionnaire (SMFQ) (Angold et al., 1995) was recommended because – as noted earlier - it has previously been used with the older ***Growing Up in Ireland*** cohort, allowing for a cross-cohort contrast in future. Although longer than the Mental Health Inventory used in the pilot, it is still a comparatively brief (13-item) self-report measure of childhood and adolescent depression. The 13 items are derived from the original Mood and Feelings questionnaire (MFQ) and focus on affective and cognitive symptoms. In contrast to the MHI5, however, all the items in the SMFQ are negatively worded (see J2 below). For the main phase, the Study Team recommended incorporating the measure into the sensitive rather than main questionnaire where the MHI5 has been continued to allow comparison with the COVID-19 survey.

Feelings	S10_1 (was J2). The next set of questions are about how you have been feeling or acting recently. For each question, please indicate how much you have felt or acted this way in the past two weeks. If a sentence was true about how you felt or acted most of the time, answer TRUE. If it was only sometimes true, answer SOMETIMES. If a sentence was not true about you, answer NOT TRUE.	P M
	A. I felt miserable or unhappy	
	B. I didn't enjoy anything at all	
	C. I felt so tired I just sat around and did nothing	
	D. I was very restless	
	E. I felt I was no good any more	
	F. I cried a lot	
	G. I found it hard to think properly or concentrate	
	H. I hated myself	
	I. I was a bad person	
	J. I felt lonely	
	K. I thought nobody really loved me	
	L. I thought I could never be as good as other kids	
	M. I did everything wrong	
	All items moved from main to sensitive	

EXPERIENCE OF BEING BULLIED (S11-S16)

Information on bullying is important in terms of how experiences of bullying can impact upon children's psychological wellbeing. The nature of bullying may vary between genders: boys may be more likely to experience physical bullying while girls may be more likely to experience incidents such as teasing, gossip or exclusion (Hong and Espelage, 2012; Carbone-Lopez, Esbensen and Brick, 2010; Cook et al., 2010). Young people may be both a victim and a perpetrator of bullying.

Questions S11-S16 deal with being a victim of bullying behaviour. The actual items were modified in the light of experience with the items used with Cohort '98 at age 13. In particular, in that wave a filter item had been used before asking about the specific types of behaviour: Have you been bullied in the last three months? This resulted in a lower reported prevalence of bullying (just under 10 per cent) than at age 9 in the same cohort when the filter item had referred to 'being picked on' rather than bullying and used a 12-month reference period (40 per cent). The problem with using the term 'bullied' in the filter question is that it requires the Young Person to define their experience as 'bullying'. This may result in biases, if different groups of young people are more or less willing to use the label to describe their experience. In addition, young people may experience behaviours that observers would describe as bullying but they may not define it thus themselves.

For this pilot, therefore, the Study Team employed a strategy that would allow for cross-cohort comparison as well as eliciting a more complete list of types of experience. The same

general question was used for Cohort '08 as was used previously with Cohort '98: Have you been bullied in the last three months? However, instead of filtering subsequent responses on this, all young people were then asked whether they experienced each of a list of specific types of behaviour in the previous three months. The following changes were also included:

- Any reference to 'bullying' in the specific items was removed. For instance, instead of 'physical bullying' specify the types of behaviour – 'been hit, kicked or punched'.
- Added items to include online behaviours ('Had something hurtful posted online about you' and 'Been sent hurtful message by text, email or other message app')
- Added a measure of frequency (never, once, 2-3 times, 4 or more times). Repetition is considered a key feature of bullying (Atik, 2011), so it is important to capture this element.
- Added questions on whether the behaviours involved the same people on more than one occasion, perceived intention of the perpetrator ('intended to be hurtful'). As well as repetition, these are considered among the hallmarks of bullying as distinct from 'peer victimisation' (Atik, 2011).

The original reference period proposed for the bullying items was the past three months, as it had been for Cohort '98 at the same age. However, since the pilot was taking place during the COVID-19 restrictions, the Study Team was concerned that the three-month reference period might result in too few cases (because of the school closures and restrictions on contact) to allow an assessment of the items. It was therefore changed to a 12-month reference period just for the pilot. For the main phase, however, the Study Team recommended reverting to the '3 months' reference period for comparison with Cohort '98 at 13.

The pilot results showed that while very few 13-year-olds answered that they had been "bullied" in the last 12 months, a larger percentage answered in the affirmative to at least some of the specific types of behaviour listed. For instance, about one-third had been hit/kicked/punched or pushed/shoved/slapped and slightly more had been subject to name-calling or hurtful slagging. About half had been excluded at least once. The numbers reporting each of these behaviours as occurring more than once was small, but useful. Where the behaviour occurred, in about 44% of cases it involved the same person/people more than once and, in the majority of cases, the 13-year-old did not think they intended to be hurtful or were not sure. The typical response, as reported by the Young Person was to be 'not at all' afraid but 'a little' upset and angry.

Experience of bullying	S11. Have you been bullied in the last 12 months? (Yes; No) Change to 3 month reference period for main phase	P M <10%
	S12. Have you experienced any of the following from a child or Young Person in the last 12 months? Please indicate the number of times. [Never; Once; 2-3 times; 4 or more times]	*P M % at least once
	A. Been hit, kicked or punched	35%
	B. Been pushed, shoved or slapped	37%
	C. Name-calling, hurtful slagging	39%
	D. Been sent hurtful message by text, email or other message app	10-20%
	E. Had something hurtful posted online about you	10-20%
	F. Someone circulating upsetting note/ photo/video or graffiti about you	<10%
	G. Someone taking / damaging your personal possession	10-20%
	H. Exclusion (being left out)	49%
	I. Gossip, spreading rumours about you	30%
	J. Threatened / forced to do things you didn't want to do	10-20%
	Constructed variable: Any of these in last year on two or more occasions	47%
Nature of experience	[If 'No' at Q 57 and 'Never' to all items at Q58 Go to Q64] S13. Did any of these experiences involve the same person or people on more than one occasion? [Yes; No]	*P M
	[If 'Yes' at S13 Go to S14; If 'No' Go to S18.] S14. Did this person or people intend to be hurtful? [Yes; No; Not sure]	*P M
	S15. When these things happened, how did this make you feel … ? [TICK ONE BOX ON EACH LINE] [Not at all; A little; A lot]	*P M
	a. Upset	
	b. Afraid	
	c. Angry	
	S16. Have you told anyone about this experience? [Yes; No]	*P - Drop (in favour of S16a)
	S16a. Have you told a parent, teacher or other adult about this experience? [Yes; No]	M
	[If 'Yes' at S16] S17. Who have you told about this experience? [TICK ALL THAT APPLY] [Teacher; Parent; Friend; Other]	Drop - (in favour of S16a)

Taking all of the categories at S12, and counting those who experienced an incident on two or more occasions, gives a figure of 47%. Adding those who either experienced a type of incident on more than one occasion OR who experienced more than one of the types of incident yields 63%. Listing the types of behaviour produces a much higher incidence of repeated behaviours than the global 'were you bullied' question, as well as providing a richer set of data. This suggests that young people's perceptions of the behaviour of others can be very different and

this issue is worthy of exploration as to the types of behaviours most likely to be considered 'bullying' by the young people themselves. For instance, the strongest correlations with the global item (S11) were for 'name-calling/hurtful slagging' (.36), 'someone taking damaging possessions' (.30) and 'exclusion' (.29).

The routing on the questionnaire meant that the follow-up questions on the perpetrator's intention, how the Young Person felt and whether they told someone were only asked of a small subset: those who reported that the same person or people had been involved on more than one occasion. They were intended to be asked of young people who had experienced any of the behaviours but were only put to 24% of the young people. Of these, most had told someone, 88%, most often a parent (83% of those who told someone) with some young people also reporting that they told a teacher or a friend.

The Study Team recommended retaining these items on the 13-year-old Sensitive Questionnaire for the main phase. To reduce the length, the Study Team proposed combining S15 and S16 into a single item asking whether the Young Person had told a parent, teacher or other adult about their experience (S16a, above).

The Study Team recommended reverting to the 3-month reference period in the main phase, for comparability with Cohort '98 at age 13.

EXPERIENCE OF BULLYING OTHERS (S18)

Questions S18 asks the 13-year-old about whether they themselves had engaged in any of these types of behaviour (against others) in the last 12 months (because of school holidays and COVID-19 closure). Questions S19-21, not recommended for inclusion in the main phase, expanded upon this bullying. The Study Team proposed asking just a single question on being a bully for the main phase, and reverting to the 3-month reference period in line with the bully-victim question and Cohort '98. A discussion of the questions excluded after the pilot is provided at the end of this section.

Bullying someone else	S18. In the last 12 months have you bullied someone? (Yes; No) Change to 3 month reference period for main	P M

SMOKING (S22-S26)

Because adolescence is an important period for the onset of risky behaviours, it is important to start collecting contemporary information on the initiation of smoking even though numbers may be low at this stage. This information will provide a useful baseline to study those who become regular smokers, and those who do not, in the future.

Similar to previous phases, 13-year-olds in the pilot were asked if they had ever smoked a cigarette, and if yes, how often they smoke now, and how many they smoke in an average week (S22-S24). There were also two new questions (S25-S26) on e-cigarettes/vaping (ever

tried, and whether they were perceived as less, more or equally harmful compared to cigarettes). These last items were previously used with the older cohort at 17/18 years (but not at 13 years).

Smoking / vaping	S22. Have you ever smoked a cigarette? [Yes/No]	P M
	S23. How often do you smoke cigarettes at present? [Every day; at least once a week but not every day; Less than once a week; I do not smoke at present]	P M
	[If every day or at least once a week] S24. How many cigarettes do you usually smoke in a week? [Number]	P M
	S25. Have you ever smoked an e-cigarette (also known as 'vaping')? [Yes; No]	P M
	S26. Compared to cigarettes, do you think that e-cigarettes are: … [More harmful; Equally harmful; Less harmful]	P M

In the pilot, virtually no 13-year-old had smoked a cigarette or an e-cigarette. Most (about 60 per cent) thought that cigarettes and e-cigarettes were 'equally harmful'. Of the remainder, over twice as many regarded them as 'less harmful' than 'more harmful'. However, it may be relevant that two-thirds of the pilot sample were yet to transition to secondary school at the time of the survey – and also that, because of COVID-19, they had probably spent less unsupervised time with peers than would normally be the case for their age-group. Therefore the Study Team recommended their use in the main phase despite the low case numbers in the pilot.

ALCOHOL USE (S27, S29)

The government strategy on alcohol use aims to protect health and wellbeing by preventing early use of alcohol and other drugs among young people (Department of Health, 2019). Research studies over the last decade have shown that alcohol affects an adolescent brain differently from an adult brain (USDHHS, 2007). Damage from alcohol use during adolescence can be long term and irreversible. Therefore, it is critically important to delay the age of onset of drinking by young people, as recommended by the World Health Organisation (2001).

Alcohol use	S27. Have you ever had an alcoholic drink (other than just a few sips)? (That means beer, wine, cider or spirits like vodka, whiskey, etc.) [Yes; No - if No, --> S31]	M
	S29. How often do you drink alcohol now? Try to include even those times when you only drink a small amount. [Never; Rarely; Only on special occasions; At least once a month; At least once a week; Every day]	M

Questions S27 asks whether the Young Person has ever had an alcoholic drink (other than just a few sips). If yes, they are asked how often they drink alcohol now. As similar questions had been asked of the older cohort, they were not re-piloted in the current phase, but were

recommended for the main. Two additional questions previously proposed were subsequently excluded; these are summarised at the end of the section.

ILLICIT DRUG USE (S31-S33)

The term 'illicit drugs' is used here to refer to psychoactive substances other than alcohol or tobacco (though the sale of alcohol and tobacco to 13-year-olds would also be illegal). The consequences of illicit drug use include consequences for physical and mental health, as well as changes in behaviour that lead to additional risk or contact with the criminal justice system. Taylor et al. (2017) found that adolescents who followed a pattern of occasional or regular cannabis use between the ages of 13 and 18 were more likely to progress to harmful substance use by age 21.

Although prevalence is likely to be even lower for illicit drug use than for alcohol use or smoking, again it is important to identify young people engaging in this behaviour at 13 and these questions were recommended for inclusion in the main phase. These questions ask about cannabis use (S31), and glue sniffing (S32), or use of any other drugs (S33). The questions require a yes/no answer and are similar to those used with Cohort '98 at the same age; hence they were not re-piloted in the most recent phase.

Other substances	S31. Have you ever used cannabis? [also called 'hash', 'grass', 'weed' or 'pot'] [Yes; No]	M
	S32. Have you ever sniffed glue, or breathed the contents of spray cans, or inhaled any paints or sprays or petrol to get high? [Yes; No]	M
	S33. Have you ever used any other drugs (such as ecstasy, speed, heroin, methadone, crack or cocaine)? [Yes; No]	M

PARENTING STYLE (S34, S35)

These scales (S34_2 – S34_16 plus an additional general question at S34_1) were previously used with 13-year-olds in Cohort '98. There are three subscales in the Parenting Style Inventory II (Darling and Toyokawa, 1997): Responsiveness, Demandingness and Autonomy. The Study Team recommended including just the responsiveness subscale for the main phase due to the pressing need to keep the length of the online questionnaire to an acceptable length for participants. This meant excluding the demandingness and autonomy-granting subscales that were previously used for Cohort '98 at 13.

Parenting style	S34_1. How well do you get on with this parent/guardian who usually looks after you? [Very well; Fairly well; We do not get on;]	M
	S34_2 to S34_6 [for items 2-6: strongly disagree; disagree; I'm in between; agree; strongly agree]	M
	2. My parent doesn't really like me to tell them my troubles	
	3. My parent hardly ever praises me for doing well	
	4. I can count on my parent to help me out if I have a problem	
	5. My parent spends time just talking to me	
	6. My parent and I do things that are fun together	

In the fieldwork with Cohort'98 at age 13, the same questions were asked in respect of mother, father, mother's partner and father's partner (as applicable). It was necessary for the interviewer to determine which subset was applicable to each individual 13-year-old, based on the significant parent figures in their lives. This additional step meant that it was not possible to administer these scales in in the same way in 2021/22 as the interviewer would not be able to set the routing on the questionnaire. Therefore, for the online questionnaire in the main phase for Cohort '08 at 13, the Young Person would be asked to answer just in respect of 'the parent or guardian who usually looks after you'.

ENDING

Given the possible emotional intensity of the self-complete questionnaire content, a future-oriented cool-down question was included to finish on a more positive note. A new question on what the 13-year-old was most looking forward to as an adult was constructed to provide both a suitable wind-down and give a more qualitative insight into the Young Person's expectations for the future.

The two final questions on the online, Sensitive Questionnaire were practical: whether they (the 13-year-old) were alone when completing the questionnaire and, if not, whether specific other individuals were present. The intention here was to allow future analysis of the potential impact on responses of the presence of others. For instance, the 13-year-olds may be reluctant to be open about getting into trouble in school if their PCGs are in the room. These questions were not piloted but were included for the main fieldwork.

Ending	L1. Thinking ahead to when you will be an adult, which of the following do you most look forward to [Please tick one box]: (Studying, training or doing an apprenticeship; Getting a job; Living in my own place; Travelling to different countries; Deciding for myself things like what to eat or wear; Making new friends; Having my own money to spend as I wish.	M
	L2. Were you alone when completing the questionnaire? [Yes; No]	M
	L3. [If not alone] Were any of the following people in the room with you? [Parent, other adult; brother/sister; other child]	M

5.4 COGNITIVE TESTS

As noted in Chapter 2, the originally proposed, in-person cognitive tests would not be possible in the context of remote fieldwork in 2021/22. The short vocabulary test and the numerical ability test could not be completed on the telephone with an interviewer. Web completion was ruled out because of the impossibility in monitoring the conditions under which they are completed, including the timing and the Young Person completing them unaided or becoming distressed if they are having difficulty.

As an alternative, a verbal semantic fluency test was proposed for completion with the interviewer on the telephone. This would a short (1-minute) 'animal naming task', providing an accessible way to explore cognitive ability. Good performance on the test requires knowledge of the world, vocabulary, speedy processing, and attention (because repetitions are not counted). It was previously successfully used with Cohort '98 at age 17/18 years, albeit in the context of a face-to-face interview. From the participants' perspective, the experience of completing it by telephone would be very similar to the previous face-to-face administration, as they are just asked to call out the names of animals. Trials within the Study Team suggested that the task would be feasible. The test lasts just one minute and the interviewer would record the number of distinct animals named (not the actual animals named). Trials with interviewers and young people were proposed for early 2021 to develop the training instructions for this part of the fieldwork.

5.5 OVERVIEW OF ITEMS PILOTED BUT EXCLUDED FROM THE MAIN PHASE

The following paragraphs describe items that were piloted but were not ultimately put forward for the main phase. At the time of the pilot, it was still envisaged that in-home interviewing might be possible in 2021. The fact that it was subsequently realised that fieldwork would need to be conducted remotely (mainly by telephone and web survey) means that many of the proposed items could not be accommodated on the questionnaires which were shorter by necessity.

5.5.1 ITEMS ON INTERNET ACTIVITIES (D3)

The pilot included a question 'D3' which asked the Young Person how often they had gone online for each of a set of 14 activities in the past week. It was an adapted and expanded version of a similar item used with Cohort '08 at age 9, but asking frequency instead of a 'yes/no' response and adding an item from a questionnaire that was fielded in late 2019 for a project commissioned by the Department of Communication, Climate Action and the Environment (i.e. to participate in an online interest group). The pilot version dropped item c ('for homework or school-work') as the pilot was taking place during the summer holidays.

Current internet activities	D3. Still thinking about the past week. How often have you gone ONLINE for each of the following in the past week? (Categories: Never; once or twice; 2-6 times; every day; several times a day)	% every day
Following discussions with the STMG, the Study Team proposes dropping these items for the main study	a. to watch videos on YouTube, TikTok or similar	P 62%
	b. to use a social network service such as Instagram, Snapchat or Facebook	P 52%
	c. to play games on your own	P <25%
	d. to play games with other people	P <25%
	e. for instant messaging	P 46%
	f. to talk to friends or family	P 55%
	g. to watch TV or movies on the internet	P <25%
	h. to listen to music	P 35%
	i. to share photos, videos or music with people other than your family	P <25%
	j. to read a book, article or blog	P <25%
	k. to search for information on things that interest you	P <25%
	l. to participate in an online group where people share my interests or hobbies	P <25%
	m. something else	P <25%
		Drop all

In the pilot, the most common daily uses of the internet were watching videos, using social networks and talking with friends or family. The additional item (compared to 9 years) had quite low engagement: almost three-quarters of young people never in the last week participated in an online group where people shared their interests or hobbies. Other activities had low daily engagement but were likely to be things done occasionally (such as reading a book, article or blog online). The list worked well in capturing the majority of frequent online activities for this age group: while some answered 'something else', 53% said they had 'never' done this in the past week). However, in response to comments from the Study Team Management Group that the type of activity on the internet is less central than the total time spent, the Study Team recommended dropping D3 from the main phase. This saved approximately a minute and a half from the survey length.

D7 in the pilot asked about the Young Person's perception of how closely their online activities were monitored by their parents. In the pilot, some 13-year-olds didn't know how often parents monitored their activities (about 121 or more were able to answer each item); however, most didn't perceive that these checks were frequent.

Parental monitoring of online activities	D7. When you have been online, how often does your parent or guardian check the following? (Never, hardly ever, sometimes, often, very often)	% often or very often
	a. Which friends or contacts I add to my social networking profile or instant messaging service	*P <25%
	b. The messages in my email or other app for communicating with people	*P <25%
	c. My profile on a social networking site or online community	*P <25%
	d. Which websites I visited	*P <25%
	e. The apps I downloaded	*P 35%

It is arguable whether the Young Person's knowledge of specific checks is useful, and so the Study Team proposed dropping this item.

5.5.2 HOMEWORK CLUB (E15)

The item on whether the 13-year-old was part of a homework club (for Cohort '98 grouped with the items on organised activities) was moved here to the education section for the pilot (E15). However, only a small number of young people took part in a homework club (89% 'never' or 'less than once a month'). The Study Team suggested that this item could be dropped from the main phase.

School experiences	E15. During term time, do you take part in a homework club or supervised study (either in school or elsewhere)? Please think about 'normal' times, rather than during the COVID-19 restrictions. (Every day, a few times a week, once a week, a few times a month, less than once a month, never)	P [Drop]

5.5.3 TYPE OF SPORTS OR ACTIVITIES (G3-G4)

The Young Person was asked about his/her participation in a variety of different types of sports and exercise. This question relates to how children's current exercise behaviour can affect their health and wellbeing, as well as learning how to be a team player and understand rules.

G3 collects information on the number of different sporting activities engaged in over the last year – outside of their PE classes. It was unchanged compared to the items used for Cohort '98 at the same age, apart from the addition of 'dance' as an example of a physical activity to ensure that activities favoured by girls were included. In the pilot, almost all young people participated in some physical activity outside of physical education class, with the median number of activities being two.

An additional item (G4) asked the Young Person which specific sport or physical activity was their favourite. The top three activities in the pilot were soccer, Gaelic football and swimming. On the advice of the Study Team Management Group, who argued that these items were less

useful from a health perspective than G1 and G2, and given the need to reduce the length of the questionnaire, the Study Team proposed dropping these items.

	G3. Outside of your physical education classes, how many team or individual sports or activities did you participate in during the past 12 months (for example, a school or local football/netball team, athletics, tennis, dance etc.)? [TICK ONE BOX ONLY] [None; 1;2;3;4 or more]	P Drop
	G4. [If any sports/activity outside PE], what is your favourite sport or physical activity to do? [Tick one box from list of 16 sports/activities]	*P Drop

5.5.4 TYPES OF CHORES (G5)

Detail on the types of chores young people did were collected in the pilot. From a list of household chores (e.g. washing dishes, cleaning the car, vacuuming), children were asked to indicate the frequency with which they did each ranging from every day to never. Most of these items were also asked of Cohort '98 at 13 but two were added following discussions with the focus groups of young people (helping on the farm or a family business) and for continuity from the list of chores presented to the current cohort at age 9 (feeding or cleaning up after your family pet). The frequency categories were also modified slightly to allow comparison with other informal and structured activities captured elsewhere in the questionnaire. To estimate whether there may be other large categories of chores that may have been missed for this age group, an option for 'other specify' was included.

From this pilot, the most common chores 13-year-olds engaged in at least once a week were washing the dishes/emptying the dishwasher (87%) and hoovering/cleaning (68%). Very few young people endorsed the new item of helping out on a family farm or business.

Chores	G5. Do you do any of these chores at home? [TICK ONE BOX ON EACH LINE] (Every day, at least once a week, less often, never)	P
	a. Help with cooking for the family . Note: expanded for main phase: (a) Helping prepare and serve meals or cook for the family	Replace with alternative for Main
	b. Hoovering / cleaning. Note: expanded for main phase: (b) Cleaning/tidying/laundry/hoovering	
	c. Helping in the garden	
	d. Washing the dishes / emptying the dishwasher	
	e. Feeding or cleaning up after your family pet	
	f. Putting out the bin / recycling	
	g. Cleaning the car	
	h. Helping with your younger brothers or sisters	
	i. Helping an elderly or sick relative in the family	
	j. Helping out on the farm or other family business	
	k. Any other chores (please specify the one you do most often and say how often you do it)	
	Note: For main phase: Any other regular chores	

Fifty-two young people listed another type of chore in the pilot but about 80% of these effectively repeated or were close matches to categories already included. Given constraints on time, the Study Team recommended that, rather than recording the type of task, it records the amount in the previous week on indoor and outdoor chores, as these are likely to differ between boys and girls. This method should still capture the most important issue of the extent to which the child contributes to chores around the home even if it reduces the detail on type of task.

5.5.5 IF FRIENDS WERE ORIGINALLY MET ONLINE (K7)

K7 was also a new item added in response to comments at the roundtable workshop on the need to distinguish between 'virtual' and 'face-to-face' friends. In the pilot, the vast majority of the young people (more than 9-in-ten) had first met their close friends face-to-face, hence this question is unlikely to have sufficiently interesting variation in the main phase and could be omitted.

	K7. Thinking of the friends you feel closest to, how did you first meet them? (I met most of them face-to-face, I met most of them online, Mixed, I met some face-to-face and some online)	*P Drop

5.5.6 INDIVIDUAL ANTI-SOCIAL BEHAVIOUR ITEMS (SOME, BUT NOT ALL ITEMS, S8)

Some categories of anti-social behaviour were excluded from a longer list. These are discussed in sequence earlier in this chapter, however, to show the balance between what was retained and dropped.

5.5.7 DETAIL ON BEING A BULLY (S19-S21)

In line with the strategy adopted for the experience of being bullied, the Study Team first asked the single item on whether the Young Person had bullied someone for comparability to Cohort '98 at 13, but not using it as a filter. Instead, the respondent was then presented with a list of things they might have done to someone else and asked how often they did them regardless of whether they had acknowledged bullying others. If the Young Person had engaged in any of the behaviours at S19, they were asked follow-up questions (S20/21) as to whether they had intended to hurt the other person and what caused them to behave in that way (e.g. 'having a bad day', 'disliked the person').

Very few young people answered that they had bullied someone else in the last 12 months at S18 (<10%). However, on the specific behavioural items, a slightly higher proportion said they had hit/kicked/punched or pushed/shoved/slapped someone (in the region of 20%). The numbers reporting such behaviour in the pilot is very small and the general impression from responses is that most said they did not intend to be hurtful, and the most common reason cited was that they were 'having a bad day'. The open-ended responses picked up a number

of instances of 'as a joke', 'for fun' or 'messing' – which speak to the intention of the Young Person. It comes up more often than the reasons 'to be accepted/feared/impress friends' or 'enjoy hurting people', 'jealousy'.

The limited number and variation in the 'reasons' for bullying in the pilot suggest this question may be less useful than expected: it is difficult to know whether the post-hoc rationale for incidents of bullying behaviour accurately reflect the motivation in the moment or whether explanations such as 'having a bad day' seem easier to live with. Furthermore, it does not illuminate why 'having a bad day' leads an individual to be aggressive with others: Is their everyday life stressful? Do they have trouble managing their emotional reactions?

Bullying someone else	S19. Have you done any of the following to someone else in the last 12 months? [Never; Once; 2-3 times; 4 or more times]	P Drop
	A. Hit, kicked or punched someone	P Drop
	B. Pushed, shoved or slapped someone	
	C. Name-calling, hurtful slagging of someone else	
	D. Sent hurtful message by text, email or other message app	
	E. Posted something hurtful online about someone	
	F. Circulated upsetting note/ photo/video or graffiti about someone	
	G. Taking / damaging someone's personal possessions	
	H. Exclusion (deliberately leaving someone out)	
	I. Gossiped, spread rumours about someone	
	J. Threatened / forced someone to do things they didn't want to do	
	[If 'No' at Q 64 and 'Never' to all items at Q65 Go to Q68] S20. Did you intend to be hurtful? [Yes; No]	
Intention/ motivation	S21. What caused you to do this? [TICK ALL THAT APPLY] [Having a bad day; dislike of person; jealousy of person; to impress friends; to be feared; enjoy hurting people; to be accepted by group/gang; To get someone back/get revenge; Other – specify]	P Drop

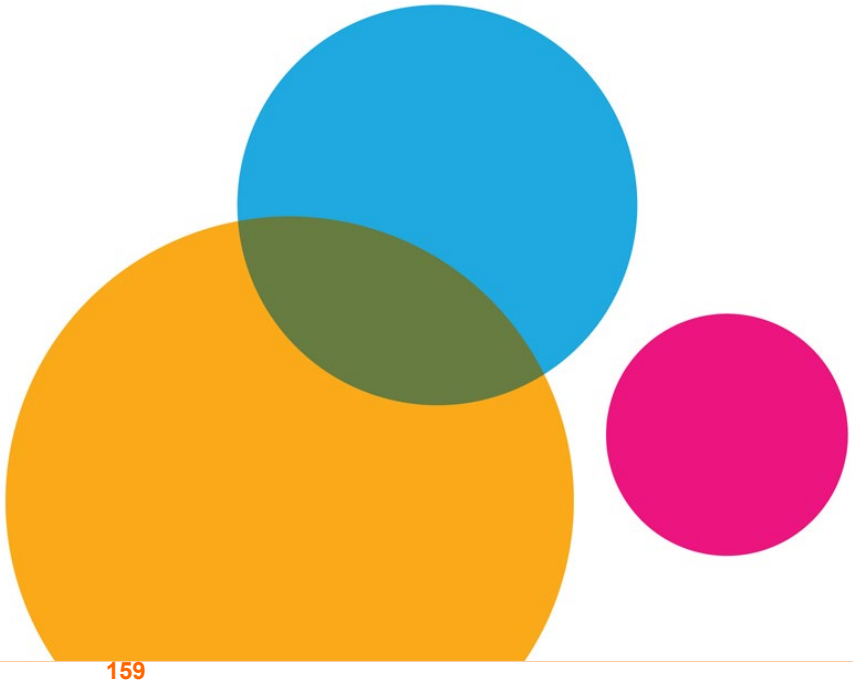
In view of the need to shorten the questionnaire, the Study Team proposed retaining the global item at S18 but dropping the items from S19 to S21.

5.6 SUMMARY

This chapter has described the Study Team's proposals for the 13-year-old's Main and Sensitive Questionnaires and the cognitive test for the main fieldwork in 2021/22. Where items were piloted, the findings of the pilot were discussed and any recommendations resulting. The proposal for the main phase assumed remote interviewing by a combination of telephone and online self-complete in a similar fashion to the pilot completed in the summer of 2020. In the main phase, however, the main questionnaire for the 13-year-old would be administered by telephone interview instead of by web survey, as in the pilot.

Chapter 6

THE PRIMARY CAREGIVER'S MAIN AND SENSITIVE QUESTIONNAIRES



6 THE PRIMARY CAREGIVER'S MAIN AND SENSITIVE QUESTIONNAIRES

6.1 INTRODUCTION

This chapter outlines the topics proposed for the Primary Caregiver (PCG) questionnaires for the main survey with Cohort '08 in 2021/22. As noted in Chapter 2, the main survey is to be conducted remotely, using a telephone interview for the main questionnaire and web survey for the sensitive items, that is very similar to the methodology used in the pilot. As with the Young Person Questionnaire, the pilot questionnaire for the PCG was essentially a subset of the items proposed in the original (in-home) submission with an emphasis on the new items to be tested. The questionnaires are shown in Appendix B.

The discussion in this chapter focuses on lessons from the pilot. To simplify the discussion of questionnaire items, they are all reproduced in the body of the text in abbreviated format. The questions are numbered sequentially as they appear in Appendix B. Where these differ to the numbering ultimately used for a specific question in the main phase, this alternative number is also given in parentheses to facilitate cross-referencing with the final main phase questionnaires.

The PCG questionnaire itself is available as a separate document in Appendix B, so that the overall shape of the questionnaire can be assessed. A subset of the PCG items were proposed for the SCG in the main phase (indicated with the subscripted SCG after the question: SCG); there was no SCG interview in the pilot.

As with the 13-year-old questionnaires, the starting point for the parent questionnaires was the questionnaires used in previous rounds of ***Growing Up in Ireland***, particularly those used with Cohort '98 at age 13. Many of the issues remain constant, such as the Young Person's transition to second-level education and their development as an adolescent. However, taking account of changes since Cohort '98 were 13 years old, and in response to extensive discussions with the young people themselves, and with the Scientific Advisory Group and Policy stakeholders, a number of changes have been made to the instruments to reflect the changing social, economic and policy environment. These include strengthening the measurement of deprivation, streamlining the items capturing disability, adding items on housing quality, costs and security, and capturing the parent's use of computers and internet devices.

This chapter begins by providing an overview of the questionnaire sections and their duration. It then provides details on the proposed items in the Main and Sensitive Questionnaires for the main phase in 2021/22, commenting on lessons from the pilot, as relevant. Larger blocks of questions included in the pilot but not proposed for the main phase are discussed in section 6.5.

6.2 OVERALL STRUCTURE OF PCG MAIN QUESTIONNAIRE AND TIMING OF SECTIONS

The structure and estimated lengths (in minutes) of the PCG Main and Sensitive Questionnaires are shown in Table 6.1. The PCG Main Questionnaire has eleven broad sections. The table also shows the estimated length of the questionnaire sections in different drafts of the questionnaire: the version from the original submission (i.e., pre-pandemic and intended to be in the home); the version actually approved for piloting on telephone and web; and the version subsequently proposed for the main phase in 2021/22.

The items on the experience of the family during the COVID-19 pandemic were included in the pilot, although are absent from the original submission, because this had become a very significant aspect of the experience of Irish families by the time of the pilot fieldwork. A shorter set of items on these issues was proposed for the main phase, under the assumption that information would be collected in December 2020 from the web-based COVID survey of both cohorts. For all of the other sections, the pilot included a shorter set of questions than had been originally proposed pre-pandemic. This reduction was necessary because the pilot needed to be conducted by telephone and web, modes which were not suited to the long questionnaire that had initially been proposed when it was assumed that in-home fieldwork would be taking place. The piloted items focused, in particular, on testing those areas that were new in this wave.

Table 6.1 gives an overview of the sections of the questionnaires and the approximate timing for each section.[31] It can be seen that the original submission was extremely long, with the main questionnaire estimated to take more than an hour to complete.

[31] The timing was based on word count for the proposed questionnaires and actual length for the pilot.

Table 6.1: Sections of the Primary Caregiver Main and Sensitive Questionnaires and estimated length (rounded to the nearest minute)

Section	Pilot (minutes)		Main (minutes)
Primary Caregiver Questionnaire	2019 Sub.	Actual	
A. Household Composition	3	1	3
Z. COVID-19 Experiences[32]	0	6	2
B. 13-Year-old's Health and Disability	12	7	9
C. PCG's Health	3	2	2
D. 13-Year-Old's Emotional Health & Well-being	7	2	4
E. Education and School	11	3	7
F. Internet and Screen Time	4	4	4
G: Family Relationships and Context	10	2	4
H. Housing and Socio-Demographic Background	11	9	9
J. About You	2	1	2
K. Neighbourhood/Community	2	1	2
Main Questionnaire Total	66	39	49
Sensitive Questionnaire	16	6	9
Total	82	45	58

The pilot, which focused on only new items, was much shorter with the main questionnaire, taking 39 minutes for the main telephone interview and an estimated 6 minutes for the Sensitive Questionnaire completed on the web.

The proposal for the main PCG questionnaire in the main phase was still very long for telephone administration at 49 minutes. Some of the length was due to moving the detailed food inventory from the 13-year-old questionnaire to the PCG interview (Section B) and the additional housing items added to the length of the Housing and Demographic Background section (Section H). The proposed PCG Sensitive Questionnaire by web survey for the main phase was longer than the version used in the pilot, but was still under 10 minutes, and expected to be manageable.

The analysis of the pilot below is based on 168 cases where the PCG completed the main questionnaire on the telephone with the interviewer and, for the sensitive items, the 132 cases where the PCG Sensitive Questionnaire was completed on the web. Note that the 168 responses represent 165 different PCGs; there were three sets of twins so that the responses cover 168 young people. Similarly, the 129 Sensitive Questionnaire responses provide information relevant to 132 13-year-olds.

[32] The Study Team proposed allowing for a short set of items on the Covid-19 pandemic to be included. The content of the items would be informed by the state of the pandemic and associated restrictions at the time of the fieldwork.

In the tables below, an asterisk indicates a new item while 'P' indicates an item included in the pilot. The letter 'M' is used to indicate whether the item was proposed for inclusion in the main phase.

6.3 DETAILED ITEMS IN THE PRIMARY CAREGIVER QUESTIONNAIRE

6.3.1 SECTION A: HOUSEHOLD COMPOSITION

FULL GRID PROPOSED FOR MAIN STUDY

The full Household Composition Grid, as used in earlier waves, is designed to give a complete picture of household membership in terms of their gender, date of birth, relationship to the Young Person and PCG, main status and date of joining/leaving where there is a change in membership. These variables are essential for examining family structural and relationship issues that affect the child (e.g. one-parent and two-parent status, household size, number of siblings). The full set of variables are not reproduced here as they have been used in every wave of ***Growing Up in Ireland***. They are shown in the PCG Questionnaire in Appendix B.

Household Composition	A1. [INTERVIEWER: I'd like to begin by speaking to <PCG at previous wave>. Is <PCG at previous wave> still resident in the household? [Yes; No --> Go to A12]	P M
	A2. Do you have a spouse/partner who lives here with you in the household? Include spouse/partner temporarily working away from home. [Yes; No]	P M
	IF PCG AT PREVIOUS WAVE IS NO LONGER RESIDENT IN THE HOUSEHOLD, ASK A12 - A14. A.12 Confirm person is the parent / legal guardian A.13Detailed relationship A14. Partner in household	M
	Full household composition Grid, showing the following for each member of the household: date of birth; gender; relationship to child and PCG; when moved in (if since last wave); main status (school, employment etc.). It also gathers information on any siblings of the Young Person living outside the household. For households where the PCG from the previous wave is still resident, the questions used will be A1, A2, A5-A8, A20-A22. In households where the PCG from the last wave is no longer available, the sequence will be A1, A12-A22.	M

As with previous waves, it was proposed that information from the previous wave on household membership be fed forward into the questionnaire for the main phase to facilitate time-savings. In order to ensure the confidentiality of information collected at earlier waves, this section is usually completed by the person who identified themselves as the PCG previously (if still resident). If the PCG from earlier waves is not resident in the household, the person who identifies themselves as the child's legal Parent/Guardian at that time is asked to complete a new household grid.

6.3.2 SECTION Z: EXPERIENCES DURING COVID-19 (ILLUSTRATIVE ITEMS FOR MAIN PHASE)

A block of questions on the family's experience during COVID-19 restrictions was included in the pilot. Although it was uncertain whether the items would be required in the main phase, piloting them had value in the context of running the proposed COVID-19 survey with the GUI cohorts in late 2020. In addition, given that the situation for families could have changed by early 2021, the Study Team has allowed in the calculation of main-phase questionnaire length for a short block of items on their COVID-19 experience at the time of the survey. The length would be similar to those included in the table below which shows a suggested set of items, though the final selection of items would not be made until 2021. The column to the right shows the pilot responses for these items. The additional items included in the pilot are shown in Section 6.5 below.

COVID-19 experiences	Now some questions about your experience during the COVID-19 restrictions. Z1 Are there any members of the household who are, or were, at increased risk of severe Covid-19 disease due to age or a pre-existing condition? [Tick all that apply] (Yes, me; Yes, my 13-year-old; Yes, someone else; No, nobody in the household is at increased risk)	*P M
	Z2 Thinking now of the time when the restrictions related to COVID-19 were at their strongest – around April 2020 – please say whether each of the following was true, sometimes true or not true for you. [Always True; Sometimes true; Not true] In pilot: True; Sometimes true; Not true.	*P M Showing % 'True' in pilot
	My family did more activities together	*P M 72
	It was difficult to balance work and family life	*P M 39
	I had the chance to slow down (wording change compared to pilot)	*P M (75)
	I worried about the virus infecting me or someone else in my family	*P M 67
	Apart from work, I spent more time online than usual	M
	I spent more time than usual taking care of the children	*P M 59
	[If partner in HH] My partner spent more time than usual taking care of the children	*P M 41
	Z3. Were you in employment immediately before the Covid-19 pandemic began in late February 2020 or at any time since then? [Yes; No]	M
	Z4. Was your employment situation or way of working affected by Covid-19 in any of the following ways? SCG [Tick all that apply] (Loss of employment (losing your job or temporary lay-off); Any other loss or reduction in employment (being unable to start a new job, reduced hours, having to take paid or unpaid leave, loss of income from self-employment); Increase in usual hours worked; Started remote working from home; Increased number of remote hours working from home; Other change (including starting a new job, being assigned to different work); None of the above)	M
	Z5. Was your partner in employment immediately before the Covid-19 pandemic began in late February 2020 or at any time since then?	M

	Z6. Was your partner's employment situation or way of working affected by Covid-19 in any of the following ways? [Please tick all that apply] (a. Loss of employment (losing their job or temporary lay-off); b.Any other loss or reduction in employment (being unable to start a new job, reduced hours, having to take paid or unpaid leave, loss of income from self-employment); Increase in usual hours worked; Started remote working from home; Increased number of remote hours working from home; Other change (including starting a new job, being assigned to different work); None of the above	M
	ZH7. Did your household receive any of the following during the COVID-19 crisis? [Yes; No] Pandemic Unemployment Payment; Other regular social welfare payment (excluding Child benefit)	*P M
	Z8. Think now about your financial situation as a result of the crisis. Did your household income … [Fall a lot; fall a little; Remain the same; Increase a little; Increase a lot]	*P M
	Z9. Overall, when the COVID-19 restrictions were at their strongest (around April 2020), how much exercise did you get compared to before the restrictions? [A lot more; a little more; about the same; a little less; a lot less.	*P M 35% 'lot more'; 22% 'little more' 19% 'same'

Item e was a requested item from the Steering Group. A slight wording change was suggested for item c compared to the version used in the pilot (see Section 6.5 below), to avoid conflating whether the PCG had a chance to slow down with whether they enjoyed that experience.

Z8 asked about change in household income and was used in the pilot. About one-third had a fall in income, more often 'a little' than 'a lot'. Nearly 60% had income that remained the same and a small number of cases had an increase in income.

The question on Pandemic Unemployment Payment was included in the pilot, where just over one-quarter of families had received this payment at some point up until the date of the interview.

6.3.3 SECTION B: 13-YEAR-OLD'S HEALTH AND DISABILITIES

GENERAL HEALTH STATUS (B1)

Question B1 was previously asked at all waves of ***Growing Up in Ireland*** and serves as an outcome measure of general health status. The PCG uses a 4-point Likert scale ranging from 'very healthy' through 'almost always unwell' to describe the health of the Young Person (YP). The usefulness of general self-ratings of health has been demonstrated in terms of predictive validity with respect to health outcomes (Haas, 2007) for both men and women (Baćak and Ólafsdóttir, 2017).

In this pilot, as in earlier waves, the YP was most often reported to be 'very healthy, no problems' (73%) with a further 23% 'healthy, but a few minor problems'. It was included in the proposed questionnaire for the main phase.

Health	Now I would like to ask you a few questions regarding <child>'s health. B1. In general, how would you describe <child's> health in the past year? [Very healthy, no problems; Healthy, but a few minor problems; Sometimes quite ill; Almost always unwell]	P M

CHRONIC PHYSICAL OR MENTAL HEALTH PROBLEMS, ILLNESS OR DISABILITY (B2-B8)

The items on disability were streamlined and enhanced (compared to previous waves) in developing the questionnaire for Cohort '08. B2 and B4 are modelled on new Census questions for 2021. The focus in B2 is on the function affected (such as vision, movement, learning), rather than the diagnosis. The diagnosis, where applicable, could be captured at B5 (below). Compared to the Census version, some changes were made to specifically address the requirements of a study focused on children and young people, however. Since asthma is one of the more common conditions in childhood, breathing was separated into a category of its own. Pain was also separated from other conditions (the final category).

In the pilot just completed, at least some 13-year-olds, but too few to report, were said by their PCGs to have problems in each of the types of disability at B2. The small numbers are consistent with what would be expected based on Census statistics, which indicate 5% or less of 13-year-olds reporting each of the different conditions.[33]

B3 lists a number of other conditions and is designed as a 'wrap-up' item to ensure that conditions related to additional needs in the education context are not overlooked (e.g. autistic spectrum disorder, general learning disabilities, specific learning disabilities).

In the pilot, another small proportion reported difficulties at B3 (the wrap-up item). There were only a tiny number of additional cases identified here, however.[34]

It was proposed to drop B3 from the main phase, but to add an interviewer prompt at item i, 'Any other on-going chronic physical or mental health problem, illness or disability', as shown in the table. This was to ensure that the capture of information on ongoing conditions or disabilities is as inclusive as possible.

[33] From Central Statistics Statbank tables, www.cso.ie Table E9006.

[34] The additional cases involved asthma, which should have been identified as a breathing difficulty, and dyspraxia. Interviewers should be instructed to include dyspraxia with the movement difficulties and asthma with 'a difficulty with breathing'. Note that many other cases of asthma were identified at B2.

Disability	B2. Does <child> have any of the following long-lasting conditions or difficulties? [Tick one box on each line] [Yes, to a great extent; yes to some extent; No]	*PM
	a. Blindness or a vision impairment	
	b. Deafness or a hearing impairment	
	c. A difficulty with basic physical activities such as walking, climbing stairs, reaching, lifting or carrying	
	d. An intellectual disability or general learning disability	
	e. A difficulty with learning, remembering or concentrating	
	f. A psychological or emotional condition or mental health issue	
	g. A difficulty with breathing	
	h. A difficulty with pain	
	i. Any other on-going chronic physical or mental health problem, illness or disability	
	'[Interviewer Prompt: please be sure to include here any conditions not already covered; these might be Autistic Spectrum Disorder, Asperger syndrome, speech impediment, an assessed syndrome (such as Down syndrome, Tourette syndrome), Acquired Brain Injury, or any other longstanding condition or disability]	M
	B3. Just to be sure we are not missing anything, please tell me whether <child> has any of these conditions that you have not included above [Interviewer: Tick one of the three boxes; If condition is already included above, tick 'no'; If more than one, tick 'to a great extent' or 'to some extent' with respect to the most serious] • ADHD (Attention Deficit Hyperactivity Disorder)/ ADD • Autism Spectrum Disorder (Asperger Syndrome, Autism) • A specific learning disability (e.g. Dyslexia, Dyscalculia, Dyspraxia) • A difficulty in communicating (including speech impediment) • An assessed syndrome (including Down Syndrome, Tourette Syndrome) • Acquired brain injury • Any other longstanding illness, condition or disability	P

A little under one-quarter of parents reported their child having some level of condition or disability at any of the B2 items. The 2016 Census reported 8.4% of 13-year-olds as having a disability, based on a simple yes/no response to the questions on disability type and the kind of limitation associated with it.[35] The inclusion of the 'yes to some extent' category is likely to have increased the number of conditions captured compared to the 'yes/no' format In Census 2016.[36]

[35] From www.cso.ie Table E9001.

[36] The pilot test for Census 2021 (conducted in 2018) showed that this was indeed the case. Comparing two question formats for the total population, the simple yes/no format used in Census 2016 identified 14% as having a disability compared to 22% identified as having a disability to 'a great extent' or 'to some extent'.

The set of items at B4 asked to what extent the 13-year-old was affected by their condition in areas such as self-care, going outside, attending school or participating in leisure activities. Again, some modifications to the Census wording were made to make it suited to 13-year-olds: at item b 'to meet with friends' was substituted for 'to go to a doctor's surgery'; at item c, the words 'working at a job or business' and 'attending college' were dropped, retaining the reference to 'attending school'.

In the pilot, a very small number answered in the affirmative to each type of participation at B4. Again, this is consistent with Census results indicating that between 1 and 2% of 13-year-olds experience difficulties in each of these areas. Rather than retain this detailed item for the main phase, the Study Team proposes restoring the general item on the extent to which the condition hampers the Young Person in their daily activities (see B8, below).

B5 asked about the nature of any conditions noted in the earlier questions. The wording of the question here, and subsequent questions in this section, have been changed compared to that previously used for Cohort '98: 'condition or difficulty' was used instead of 'problem, illness or disability' to mirror wording on Census items. B6 and B7 capture whether the condition or difficulty mentioned in B5 has been assessed or diagnosed by a professional, as well as the date of onset of the condition or difficulty.

Nature of condition, diagnosis and when began	B4. As a result of a long-lasting condition, does <child> have any difficulty doing any of the following? [Tick one box on each line] [Yes, a lot; Yes, a little; No] Propose replace with previously used question on extent child is hampered	P - drop for B8, below
	a. Dressing, bathing or getting around inside the home	
	b. Going outside the home, such as to the shops or going out to meet friends	
	c. Attending school and participating in school work	
	d. Participating in other activities, for example leisure or using transport	
	[If yes to any, above] B5. What is the nature of this condition or difficulty? Please describe as fully as possible. [Open text]	*P M
	B6. Has this condition or difficulty been diagnosed or assessed by a relevant professional? [Yes, no awaiting consultation]	*P M
	B7. Since when has <child> had this condition or difficulty? [Record year parent first became aware of condition (not necessarily diagnosed); If current or previous year, record month as well]	*P M
	B7b. Pilot only: Has <child> been prescribed any medication for this condition or difficulty? [Yes; No]	P - drop
	B8. Is <child> hampered in their daily activities by this condition or difficulty? [Yes severely, Yes, to some extent; No]	M

B7b in the pilot asked whether the 13-year-old was prescribed any medications for the condition. The Study Team proposed dropping this item, as it is unlikely to be useful in the absence of information on the type of medication involved.

The item B8 restored for the main phase a previously-used question on the extent to which the 13-year-old has been hampered by the condition. The main reason for the restoration of the previously-used question on extent of hampering is to allow for longitudinal measurement of the impact of a condition as children enter adolescence; it also facilitates a cross-cohort comparison.

The follow-up questions pilot (B6-B7b) indicated that the disability had usually been diagnosed or assessed by a professional (nearly nine out of ten cases of disability). The median year of diagnosis was 2014, when the Young Person would have been about 7 years old. A slight minority of the 13-year-olds had been prescribed medication for the condition, with the number of cases in the pilot too small to report. Only a very small number of cases in the pilot reported more than one condition.

The Study Team Management Group recommended replacing the item asking about medication (B7b) with a question on whether the condition or difficulty hampered the Young Person in their daily activities, as had been used for the older Cohort '98 at age 13.

There was some feedback at the interviewer debriefing that asking about a range of conditions or disabilities if the parent had previously said that the Young Person was 'very healthy, no problems' sometimes caused confusion. The Study Team suggested having a short script for interviewers only to be used if the issue is raised by the respondent: "These conditions might not always be linked to a health problem, so we need to specifically ask about them in order to get a full picture."

Recording of the prevalence of socio-emotional and behavioural disabilities

One of the issues to be tested in the pilot was whether the new disability items would capture socio-emotional and behavioural disabilities. In previous research based on ***Growing Up in Ireland***, these had been identified based on the Strengths and Difficulties Questionnaire (SDQ). The full SDQ has 25 items. The version of the SDQ tested in the pilot included just the subscales for hyperactivity and conduct problems, with 5 items each, as it was assumed these might not be adequately captured by the disability type categories at B2. Checks were conducted to see whether those with high scores on these subscales would be adequately captured in the new disability items. The number of cases was small, but the indications were that the disability items, even with the additional 'wrap-up item', did not adequately capture hyperactivity and conduct problems. Taking a 'strict' threshold on the conduct and hyperactivity problems scales (identifying the more severe 5%), just two-thirds of cases were identified by the disability type items at B2. None were identified uniquely by the wrap-up item.

Therefore, to ensure adequate inclusion of young people with socio-emotional and behavioural difficulties, the Study Team recommended retaining the SDQ. The 'wrap-up' item (B3) could be dropped, however, and replaced with an interviewer prompt at the end of B2, as shown above.

RESOURCES AND SUPPORTS (B9-B19)

B9 to B13 asked about resources or supports received by the 13-year-old with a disability or ongoing condition (either in or outside school) and the suitability or adequacy of the supports provided. The item on the reduced school timetable and the parent's satisfaction with it was added at the request of a policy stakeholder. In the pilot, the PCG was instructed to think about 'normal times' rather than about possibly-changed practices for COVID-19.

<table>
<tr><td rowspan="14">Supports in school</td><td colspan="2">[Ask all B9-B13]
'Please think about 'normal' times, rather than during the COVID-19 restrictions'
B9. Please indicate if <child> receives support from any of the following IN OR THROUGH SCHOOL [Tick all that apply]</td></tr>
<tr><td>1. Resource Teaching/ Learning Support</td><td>Shorten list for Main:</td></tr>
<tr><td>2. Special Needs Assistant</td><td>a. Resource Teaching/ Learning Support</td></tr>
<tr><td>3. Technical Assistance or assistive technology</td><td>b. Special Needs Assistant</td></tr>
<tr><td>4. Visiting Teacher</td><td>c. Reduced timetable</td></tr>
<tr><td>5. Transport Service</td><td>d. Assistive technology</td></tr>
<tr><td>6. Speech and Language Therapist</td><td>e. Psychological/behavioural support</td></tr>
<tr><td>7. Behavioural Management Programme/Behaviour Practitioner Support</td><td>f. Other therapeutic support (speech and language/occupational therapy)</td></tr>
<tr><td>8. School psychologist</td><td>g. Other support</td></tr>
<tr><td>9. National Educational Psychological Service</td><td>h. Doesn't receive any supports</td></tr>
<tr><td>10. Nursing Support</td><td rowspan="4"></td></tr>
<tr><td>11. Occupational Therapist support</td></tr>
<tr><td>12. Other (please specify) _____</td></tr>
<tr><td>13. Doesn't receive any supports</td></tr>
<tr><td rowspan="10">Supports outside of school</td><td colspan="2">[Ask all xB6c-xB6e]
'Please think about 'normal' times, rather than during the COVID-19 restrictions'
B10. Please indicate if <child> receives support from any of the following OUTSIDE SCHOOL. [Tick all that apply]</td></tr>
<tr><td>1. Speech and Language Therapist</td><td>Shorten for Main phase</td></tr>
<tr><td>2. Occupational Therapist</td><td>a. Extra/private tuition</td></tr>
<tr><td>3. Physiotherapist</td><td>b. Psychological/behavioural support</td></tr>
<tr><td>4. Psychologist</td><td>c. Other therapeutic support (speech and language/occupational therapy)</td></tr>
<tr><td>5. Psychiatrist</td><td>d. Other support</td></tr>
<tr><td>6. Extra tuition/private tuition</td><td>e. Doesn't receive any of these supports outside school</td></tr>
<tr><td>7. Other (please specify) _____</td><td rowspan="2"></td></tr>
<tr><td>8. Doesn't receive any supports</td></tr>
<tr><td rowspan="2">[If has disability] Reduced timetable</td><td>'Please think about 'normal' times, rather than during the COVID-19 restrictions'
B11. Does <child> have a reduced timetable at school or a shorter school day? [Yes; No]</td><td>P - Drop</td></tr>
<tr><td>B12. How satisfied are you that this reduced timetable/shorter school day meets the needs of <child>? [Very satisfied; Fairly satisfied; Neither satisfied nor dissatisfied; Dissatisfied; Very dissatisfied]</td><td></td></tr>
</table>

In the pilot, fewer than one-fifth of all 13-year-olds were reported to receive some form of in-school support (B9), with very small numbers receiving each of the different kinds listed in the table. It is unlikely that the data will prove useful disaggregated to the level of the different kinds of support. For the main study, the Study Team proposed to shorten the list to focus on more common supports and/or combine related supports into a single category (as shown in the table). Virtually none of the cases in the pilot reported the child being on a reduced timetable (B11/B12). The Study Team recommended dropping this as a separate item in the main study and instead include it as one of the in-school supports at B9. Only a small number receive some support outside of school with very small numbers reported in each of the categories at B10. Again, the Study Team proposed condensing the list of supports read out to parents as individual categories in the main phase (as shown in the table).

On the item related to the adequacy of supports received, small numbers answered in each of the categories at B13, with roughly twice as many giving a positive response with respect to the supports received than giving a negative response. This item was asked of all parents and this format is appropriate as the SDQ (which would identify some additional children with socio-emotional or behavioural difficulties) is not administered until later in the questionnaire. If the item were to be routed on responses to the questions at B2-B4, those whose problems would be uniquely identified in responses to the SDQ items would not be asked about the adequacy of supports. The wording might be modified, however, as shown below.

[If has disability] Adequacy of supports	B13. In general, how adequate are the supports <child> receives for this/these condition(s) or disability(ies) [Barely adequate; Good; Excellent; Doesn't receive any supports, none needed; Doesn't receive any supports, some needed]	P – drop for B13a & b
	[If supports received at B9 or B10): B13a. In general, how adequate are the supports <child> receives for [his/her] needs? [Barely adequate; Good; Excellent;] [If no supports received at B9 or B10): B13b. Which of these best describes your child with respect to supports either inside or outside of school? [Doesn't receive any supports, none needed; Doesn't receive any supports, some needed]	M - replaces B13;

HOSPITAL ADMISSION, EMERGENCY DEPARTMENT AND ACCIDENTS (B18-B19B)

Questions on hospital admission are important to building a picture of health service usage by young people. The general questions on hospital admission and use of the Emergency Department were not piloted because they had been used frequently in previous waves. At

B19, since 'Emergency Department' is now used more frequently than the older term 'Accident and Emergency' or 'A&E', the questionnaire wording was changed to reflect this

Note that hospital admissions had been asked differently for Cohort '98 at 13, asking about the number of visits over his/her lifetime? (Exclude at time of birth). The STMG recommended the change in reference period to the last 12 months, in harmony with other questions on health service usage.

	B18. About how many nights has <child> spent in hospital in the last 12 months? [INTERVIEWER: IF NONE, ENTER '0' - DO NOT LEAVE BLANK] _____ [number nights]	M
	B19. In the last 12months how many visits has <child> made to the Emergency Department of a hospital? [INTERVIEWER: IF NONE, ENTER '0' - DO NOT LEAVE BLANK] _____ [number visits]	M
	B19b. Most children have accidents at some time. In the last 12 months has <child> had an accident or injury that required hospital treatment or admission? [Yes; No]	M

Question B19b was derived from the Millennium Cohort Study and was also used with Cohort '98 at 13. The item recorded whether the Young Person had had an accident that required hospital treatment or admission in the previous 12 months.

FREQUENCY OF CONTACT WITH HEALTHCARE PROFESSIONALS (B20)

Data on health service usage has been important in studying potential inequalities in this area (e.g. Layte & Nolan, 2004). Question B20 was originally adapted from the National Longitudinal Survey of Children and Youth and dealt with healthcare services sought by the mother on behalf of the Young Person, including GP and other professional specialists (e.g. psychologist). It was asked previously of the Cohort '98 parents in the 13-year wave.

Specialists consulted about 13-year-old	B20. In the last 12 months, how many times have you seen, or talked on the telephone with any of the following about <child's> physical, emotional or mental health? [Int. if 'none' write '0' do not leave blank]	P M % at least once
	A. A general practitioner (GP)	36%
	B. A practice nurse	<20%
	C. Another medical doctor e.g. in a hospital	25%
	D. Other professional, psychologist, psychiatrist, counsellor etc.	<20%
	E. A social worker	<20%

Even though the question has been used many times before, it was included in the pilot, primarily to lead into some of the new questions on dental health and use of dental health services. Just over one-third of the pilot cases had consulted a GP at least once with lower

figures (one-quarter or less) for the other types of health professionals. This is recommended for retention in the main phase as a key indicator of health service usage.

DENTAL HEALTH (B21-B26C)

Despite an improvement in the overall dental health of Irish children in recent years (Department of Health, 2018), Ireland continues to rank below the average for frequency of teeth brushing according to the recent Health Behaviour in School-aged Children (HBSC) report (Inchley at al., 2016). At present, dental services are provided to children under the Public Dental System (PDS)—a school-based approach, with three dental assessments provided to primary-school children between the ages of 5 and 12, at which stage referral to orthodontic care may be made. The PDS also provides an emergency service for all children. The services are provided by dentists employed by the Health Service Executive (HSE) on HSE premises (Nolan, 2019).

For the pilot, the items on dental health and dentist visits were expanded for GUI at age 13 years (compared to the older cohort at 13) but similar questions had been asked of this cohort at age 9.

Most parents in the pilot rated the dental health of their 13-year-old positively (40% 'excellent' and 33% 'very good') with a small number giving a 'fair' rating. Just over two-thirds of PCGs reported that their 13-year-old visits a dentist at least once a year, with a small number reporting visiting less often than once every three years or only when there is a problem. Most parents had no problem providing the year and month of the last dental visit. Those reporting dental visits were fairly evenly split between reporting visits to HSE or private dental services.

Just under one-third reported some treatment other than a routine scale and polish. About one-fifth of PCGs reported that the Young Person has had fillings (typically just one) and a small number reported extractions. In the case of extractions, PCGs were fairly evenly divided between those reporting that some of the extractions were part of orthodontic treatment.

For the main study, the Study Team proposed to retain the items on frequency of visiting a dentist, the timing of the last visit and whether that visit was to a HSE or private dentist. It is suggested that the questions relating to treatment be simplified and shortened, however, asking only whether the 13-year-old had ever had extractions or fillings.

A question on frequency of brushing teeth was asked in the 13-year-old Main Questionnaire and is discussed in Chapter 5.

13-year-olds dental health	B21. How would you rate the health of <child's> teeth and gums? [Excellent; Very good; good; Fair; Poor]	P M
	B22. Which of the following best describes how regularly <child> visits the dentist? [At least once a year; Once every two years; Once every three years; Less often/only when there is a problem; Never	
	[If ever visited dentist] B23. When was the last time <child> saw a dentist? _____(year) [If current or previous year] ____ month	
	B24. Was it a HSE or private dentist? [HSE; Private]	
	B25. Did <child> have any treatment other than a routine scale and polish? [Yes; No]	
	B26. Has <child> ever had: a. Any permanent / secondary teeth filled? [Yes/No; If yes, b. how many] c. Any permanent / secondary teeth extracted? [Yes/No; If yes, how many] [If yes] e. were any of the extractions part of orthodontic treatment? [Yes; No]	Shorten to whether ever had extractions, fillings

EATING BREAKFAST BEFORE GOING TO SCHOOL, DIET (B27-B28)

The most notable change proposed for this section, between pilot and main phase, is the movement of the 13-year-old's diet inventory from the 13-year-old's to their parent's questionnaire. This is driven both by the need to reduce the length of the Young Person questionnaire and the hypothesis that the PCG may be in a better position to provide a more accurate response regarding the child's usual diet; according to a review of validation studies of energy intake methods, children are often found to under-report their food consumption (Livingstone & Robson, 2000). This is especially the case now that the inventory refers to a longer time period (a week) than the 24 hours snapshot previously used.

B27_1 is a modified version of the short food frequency set used for the earlier cohort of 13-year-olds. It had a slightly expanded set of food types (including vegetarian alternatives to meat, in response to comments from the Scientific Advisory Group) and an extended reference period (one week rather than 24 hours) to capture patterns that may differ across the weekdays and weekends.

The food frequency items were presented to the Young Person in the pilot. Of the 13-year-olds answering the questions on the type of food consumed, 128 answered the question on vegetarian alternatives (suggesting that it may not have been clear) with 130-133 answering the others. Responses indicated a high frequency of consuming fresh fruit, meat, chicken or fish, potatoes/pasta/rice and milk and somewhat lower for cereals, bread, cheese/yogurt/fromage frais and lower again for vegetarian alternatives such as eggs/beans/tofu. Feedback from the questionnaire testers suggested some confusion around

whether to count eggs that were ingredients in other foods. The Study Team recommended dropping the item on vegetarian alternatives in the main phase.[37]

13-year-old's diet	B27_1. Now some questions about food. Please say how many times a week <child> usually eats or drinks any of the following. [TICK ONE BOX ON EACH LINE] (Less than once a week/never, once or twice a week, 3-4 times a week, 5-6 times a week, once a day; more than once a day)	P M Moved from YP q're in pilot
	a. Fresh fruit	
	b. Fruit Juice	
	c. Meat, chicken, fish	
	d. Vegetarian alternatives such as eggs, beans, tofu (dropped)	
	e. Cooked vegetables	
	f. Raw vegetables or salad	
	g. Hamburger, hot dog, sausage or sausage roll, meat pie	
	h. Hot chips or French fries	
	i. Crisps or savoury snacks	
	j. Bread	
	k. Potatoes, Rice, Pasta	
	l. Cereals	
	m. Biscuits, doughnuts, cake, pie or chocolate	
	n. Sweets	
	o. Cheese / yoghurt / fromage frais	
	p. Water (tap water / still water / fizzy water)	
	q. Fizzy drinks / minerals / cordial / squash (diet)	
	r. Fizzy drinks / minerals / cordial / squash (not diet)	
	s. Milk (including non-dairy or lactose-free milk)	
Fruit and veg	B27_2. How many portions of fruit or vegetables would you usually have in a day? (None, one, two, three, four, 5 or more)	*P M Move from YP q're in pilot

B27_2 was a new item for the pilot and was added so that the number of portions of fruit and vegetables per day could be compared directly to the national guidelines at the suggestion of the Study Team. It was piloted on the 13-year-old questionnaire but is proposed for the PCG questionnaire in the main phase. Of the 13-year-olds who answered the question on the portion of fruits and vegetables, a small proportion (but well below one-quarter) were not sure of the number of portions per day. Of the remainder, the median number of portions per day was 3.

[37] Two items from the pilot on whether milk and cheese products were full-fat or reduced fat are also proposed for deletion in the main phase, as the pilot suggested this may be difficult to answer.

B28 asks the PCG whether the Young Person followed any of a number of different special diets. This item was piloted with the PCG. The number of parents reporting in the pilot that their 13-year-old follows any of the specific special diets was very small. The Study Team suggested that this item might be condensed such that a simpler question on whether there is any special diet routes into an item requesting the details (vegetarian, intolerance, religion etc) only those for whom it applies (see B28_reva and B28_revb in the table).

Special diets	B28. Does <child> follow any of these special diets .. [Pilot version; List as below] B28_reva Does <child> follow any kind of special diet? [Yes; No] [If yes: B28_revb Which of these does <child> follow … [Tick all that apply] [Vegetarian; Vegan; Gluten-free; Dairy-free; Other restriction because of food allergy or intolerance; other special diet because of diagnosed condition; other special diet for religious reasons)	P M (Re-word for main)

DISTANCE TO SCHOOL AND MEANS OF TRANSPORT (B32-B33)

At previous waves for both cohorts, information was collected on travel to school as this is seen as having implications for the opportunity for exercise and its relationship to current and future health, as well as developing the child's own sense of autonomy and independence. Distance from the school and means of transport may both serve as barriers to being involved in extracurricular activities in the school, with schools serving more dispersed rural populations less likely to offer such provision (Smyth, 2016). Alternatively, walking or cycling to school may help the Young Person to meet physical activity targets. In the pandemic, the need to use public transport (or, indeed, parent-transport) to reach school was particularly significant because of the recommendation for physical distancing and masks on public transport with the resulting increased pressure on services.

These items were not piloted as they have been used before and may have been difficult to answer with the timing of the survey, as many students may have finished primary school but not yet transitioned to second-level school.

Travel to school	B32. [Card B25] How far away is <child's> school from your home (one-way distance)? [Twin] [Less than ½mile (less than 1km); ½ to less than 1 mile (1 - less than 2km); 1-5 miles (2 - less than 8km; More than 5 miles away (8km or more); Attends boarding school; Not applicable]	M
	B33. [Card B26] How does <child> usually go to school? [Twin] [He/she walks; By public transport; School bus/coach; By car; Rides a bicycle; Other (please describe); Not applicable]	

B34 was a new question, following from the consultation with the Scientific Advisory Group and the policy and stakeholder group, on whether the child has received any part of the HPV vaccine and if the PCG intended to avail of it, if not.

This item on the HPV vaccine was included in the pilot on the Sensitive Questionnaire where parents reported that nearly one-third of the 13-year-olds had received at least one HPV dose and another half of the PCGs intended for their child to avail of it. Fewer than one-fifth indicated hesitation or a decision not to avail of it. The Study Team proposed to include the question in the main phase, but on the main questionnaire. The item was not believed to be especially sensitive and including it in the telephone survey reduces the potential loss of information if some parents do not complete the web questionnaire.

Vaccine	B34. Can we check, has the Study Child received the HPV vaccine? [For information: vaccinations in schools are given in two different visits usually with a first dose in September and a second one in February] (Yes, both doses; Yes, first of two doses; No, but intend to avail of it; No, still thinking about it; No, have decided not to avail of it)	P M - Move from sensitive pilot q're

6.3.4 SECTION C: PARENT'S HEALTH

GENERAL HEALTH STATUS OF THE PRIMARY CAREGIVER (C1)

This item was derived from the Short Form Health Survey (SF-12, a 12-item survey which measures perceived general physical and mental health status). The item used previously in ***Growing Up in Ireland*** serves as an outcome measure of general health status, with responses indicated on a 5-point Likert-scale ranging from excellent through poor. This question allows researchers to explore the links between both good and poor health status in parents, the stability of these, and outcomes for the child, including those pertaining to health, education, and socio-emotional wellbeing.

Health	Now I'd like to ask you some questions about your own health. C1. In general, how would you say your current health is? [|Excellent; Very good, good; Fair; Poor]	P M

The item on self-rated health has been asked of PCGs in all waves. It was included in the pilot as the logical introductory question to a section on parental health and disability. As in those earlier waves, self-rated health as reported in the pilot was generally positive (30% 'excellent' and 40% 'very good') with a small number of cases rating their health as fair or poor.

MEASUREMENT OF DISABILITY – LONG-LASTING CONDITION OR DIFFICULTY (C2-C6)

To parallel the items on disability for the 13-year-old, the items adopted for Census 2021 were also piloted for the parent at C2 and C3. C2 asked whether the PCG experienced any of a list of specific kinds of condition or disability.

PCG ongoing condition or disability	C2. Do you have any of the following long-lasting conditions or difficulties? [Tick one box on each line] [Yes, to a great extent; yes to some extent; No]	*P M
	a. Blindness or a vision impairment	
	b. Deafness or a hearing impairment	
	c. A difficulty with basic physical activities such as walking, climbing stairs, reaching, lifting or carrying	
	d. An intellectual disability or general learning disability	
	e. A difficulty with learning, remembering or concentrating	
	f. A psychological or emotional condition or mental health issue	
	g. A difficulty with breathing	
	h. A difficulty with pain or any other on-going chronic physical or mental health problem, illness or disability	
	C3. As a result of a long-lasting condition, do you have any difficulty doing any of the following? [Tick one box on each line] [Yes, a lot; Yes, a little; No]	*P - drop
	a. Dressing, bathing or getting around inside the home	
	b. Going outside the home to shop or visit a doctor's surgery	
	c. Working at a job or business or attending school/college	
	d. Participating in other activities, for example leisure or using transport	
	[If any 'Yes' at B2] C4a. Are you hampered in your daily activities by any long-lasting condition or difficulty? [Yes, severely; Yes, to some extent; No]	M

In the pilot, a small number reported each of the kinds, apart from intellectual disability (no cases in the pilot). About one-quarter reported any of the conditions at C2 or any difficulty at C3. A very small number reported any of the kinds of difficulty with activities recorded at C3. For the main study it was proposed that all PCGs be asked C2 about types of disability but that the specifics on limitations at C3 be dropped. A shorter question (similar to that used for parents of Cohort '98 at 13) was proposed for the main phase, as shown at C3a in the table.

C4 asked for the nature of the condition (its diagnosis) if indicated by the preceding questions. The wording of the question here, and also subsequent questions in this section, has been changed compared to that previously used for Cohort '98: 'condition or difficulty' was used instead of 'problem, illness or disability' to mirror the wording on the Census items. C5 asked since when the parent had this condition.

In the pilot, most PCGs were able to report the year of onset of the condition, with the median being 2007. The Study Team recommended retaining these questions as used in the pilot but suggested dropping month of onset for the adults as the number reporting onset in 2019 or 2020 was very small.

Nature of condition, and when began	[If yes to any at C2 above] C4. What is the nature of this condition or difficulty? Please describe as fully as possible [Open text]	P M
	C5. Since when have you had this condition or difficulty? [Record year parent first became aware of condition (not necessarily diagnosed); If current or previous year, record month as well] _____(year) [If current or previous year] ____ month	P M (drop month)
	C6. Do you currently or have you in the past suffered from any chronic illness or disability which made it difficult for you to look after <child>? [Yes currently; Ye, in the past; No] C6a. Does this condition make it difficult for you to look after <child>? [Yes, a little; Yes, a lot; No]	P (C6) M (C6a)

C6 asked whether a chronic illness or disability made it hard to look after the child currently or in the past. Parental illness or disability may disrupt aspects of parenting (e.g. support, reinforcement, discipline) by reducing capacity to provide care, or indirectly through the emotional distress of parents (e.g. depression) (Armistead et al, 1995; Sieh, Meijer, Oort et al., 2010). However, the extent to which the experience of parental illness impacts upon child outcomes remains an under-researched phenomenon relative to the extensive literature which addresses families' adjustment to child illness (Pedersen & Revenson, 2005).

For the main study, the Study Team recommended modifying the question to ask whether the parent currently has a condition that makes it difficult to look after the child; with revised answer categories of 'yes, a little', 'yes, a lot' or 'no' (C6a). This focus on the current situation, and the nuance of a little or a lot of difficulty, was likely to be a more useful format when examining the association with current well-being of the Young Person.

PARENTAL PHYSICAL ACTIVITY (C7)

C7 was a new item with potential to determine whether the parents meet the physical activity guidelines for adults (at least 30 minutes of moderate physical activity on 5 days a week; Healthy Ireland and Department of Health, 2016). This could be used to look at the possible influence of parental physical activity levels on those of their adolescent children.

Physical Activity	C7. Over the past 7 days on how many days were you physically active for a total of at least 30 minutes per day? Physical activity is any moderate or vigorous activity that increases your heart rate and breathing. Examples include brisk walking, running, cycling, swimming, dancing, digging in the garden. It also includes other activities in your job or at home that raise your heart rate and breathing. [SCG] [None, one to seven]	*M

HEALTHCARE COVERAGE AND INSURANCE (C10 – C12)

Questions C10 – C12 recorded information in respect of the family's medical cover, including private healthcare insurance. They were originally adapted from the Living in Ireland Survey (Layte and Nolan, 2004) and have been included in all waves of ***Growing Up in Ireland*** to date; hence they were not piloted on this occasion. They could provide explanatory power in the analysis of variation in access to, and utilisation of, health services, as well as variation in health status. Some research on these issues using ***Growing Up in Ireland*** data is already available (Layte and Nolan, 2016; Walsh et al., 2019). The Study Team proposed retaining C10-12 for the main phase.

	C10. Is <child> covered by a medical card? [Twin] [Yes, full; Yes, GP Visit; Not covered]	M
	C11. Is <child> covered by private medical insurance? [Twin] [Yes; No]	
	C12. Does that insurance include the cost of GP visits? [Twin] [Yes, in full; Yes, in part]	

6.3.5 SECTION D: 13-YEAR-OLD'S EMOTIONAL HEALTH AND WELLBEING

LIFE EVENTS (D1)

As at earlier rounds, a question was asked about potentially stressful events, ranging from moving house to death of a parent. In the main phase, the parent would also have the opportunity to describe a disturbing event not covered in the list. The nature and number of such events experienced by the 13-year-old may have implications for current and future wellbeing. For example, experience of parental separation has been associated with increases in behavioural/emotional problems (e.g. Cheng et al., 2006). Furthermore, children may be subjected to additional vulnerability when exposed to the cumulative effects of multiple stressors, including greater adjustment difficulties (Appleyard et al., 2005); a higher risk of obesity (Elsenburg et al., 2017) and cardiovascular disease (Su et al., 2015).

Adverse Childhood Experiences	D1. [Card D1] Looking at Card D1, has <child> experienced any of the following since we last interviewed you in <year of last interview>: [Twin] [INT: ASK THE RESPONDENT TO USE CODES A-P AS ON THE CARD IF CHILD IS PRESENT AT TIME OF INTERVIEW]	M
	A. Death of a parent	
	B. Death of a close family member (other than a parent) please specify	
	C. Death of close friend	
	D. Divorce/separation of parents	
	E. Moving house within Ireland	
	F. Moving country	
	G. Stay in foster home/ residential care	
	H. Serious illness/injury	
	I. Serious illness/injury of a family member	
	J. Drug taking/alcoholism in the immediate family	
	K. Mental disorder in immediate family	
	L. Your home being broken into	
	M. Conflict between parents	
	N. Parent in prison	
	O. Other disturbing event, apart from the general stress associated with the COVID-19 pandemic (please specify)	
	P. None of the above	

This question was adapted from the National Longitudinal Survey of Children and Youth and was included for Cohort '98 at 13. It was not re-piloted but a suggested modification for the main phase was to ask the PCG not to count the general stress associated with the COVID-19 pandemic as an 'other disturbing event' as this could massively distort the overall count when contrasting to previous waves. In addition, it is an event that every child will have experienced in some shape or form. Traumatic events associated with COVID-19, such as the death of a close family member, will be recorded elsewhere in the list.

THE 13-YEAR-OLD'S STRENGTH'S AND DIFFICULTIES (D2)

The Strengths and Difficulties Questionnaire (SDQ) (Goodman, 1997) is a brief (25 item) measure of the prosocial behaviour and socio-emotional and behavioural difficulties of children aged 3 to 16 years that can be completed by parents, teachers, or children/youths themselves. The instrument produces scores for each of five subscales; Emotional symptoms, Conduct problems, Hyperactivity/inattention, Peer problems and Prosocial behaviour. There are 5 items in each subscale and a Total Difficulties score is obtained by summing scores across the four deficit-focused scales (i.e. all except the Prosocial behaviour scale). See chapter 8 for a detailed explanation of the properties of this scale.

This measure was also used at 9 years for this cohort and in Cohort '98 so that while strengths and difficulties could be explored cross-sectionally, they can also be mapped over time.

Findings from the first waves of ***Growing Up in Ireland*** with Cohort '98 produced respectable reliability estimates with internal consistency of 0.72 at age 9 and 0.73 at age 13.

Two of the subscales were included in the pilot (conduct problems and hyperactivity) in order to assess the coverage of the general disability questions (see discussion on items B2-8, in Section B, above). There was a reasonable distribution of scores on the two scales included in the pilot. The item on 'steals things from home, school or elsewhere' had very little variance in the pilot (because of low prevalence) but it needs to be retained to ensure the integrity and comparability of the scale. Apart from this, the correlations between the items are in the expected direction. Cronbach's alpha for the conduct and hyperactivity subscales were .48 and .68, respectively.

It was recommended that this core measure be included in full for the main phase of the survey.

Strengths and Difficulties Questionnaire (SDQ)	D2. [Card D2] Listed on Card D2, is a set of statements which could be used to describe <child's> behaviour. For each item, please indicate whether it is Not True, Somewhat True or Certainly True. It would help us if you answered all items as best you can even if you are not absolutely certain. Please give answers on the basis of <child's> behaviour over the last six months. Use answers 1, 2 or 3 as on the card if you like. [Not true; Somewhat true; Certainly true]	P M
	A. Considerate of other people's feelings	M
	B. Restless, overactive, cannot stay still for long	P M
	C. Often complains of headaches, stomach aches or sickness	M
	D. Shares readily with other children (treats, toys, pencils etc.)	M
	E. Often has temper tantrums or hot tempers	P M
	F. Rather solitary, tends to play alone	M
	G. Generally obedient, usually does what adults request	P M
	H. Many worries, often seems worried	M
	I. Helpful if someone is hurt, upset or feeling ill	M
	J. Constantly fidgeting or squirming	P M
	K. Has at least one good friend	M
	L. Often fights with other children or bullies them	P M
	M. Often unhappy, down-hearted or tearful	M
	N. Generally liked by other children	M
	O. Easily distracted, concentration wanders	P M
	P. Nervous or clingy in new situations, easily loses confidence	M
	Q. Kind to younger children	M
	R. Often lies or cheats	P M
	S. Picked on or bullied by other children	M
	T. Often volunteers to help others (parents, teachers, other children)	M
	U. Thinks things out before acting	P M

	V. Steals from home, school or elsewhere	P M
	W. Gets on better with adults than with other children	M
	X. Many fears, easily scared	M
	Y. Sees tasks through to the end, good attention span	P M

NUMBER OF CLOSE FRIENDS (D4)

As in earlier waves, this question asked the PCG how many close friends the Young Person had. This question was also asked of the Young Person themselves. The level of agreement between the parent and child reports may give some insight into the closeness within the parent-child relationship, and may also reflect parental monitoring and child disclosure.

	D4. About how many close friends does <child> have? [Twin] [None; 1; 2 or 3; 4 or 5; 6 or more]	P M

This item on friends was included in the pilot. About one-third had(according to their parent) 2-3 friends, about one-third had 4-5 friends and most of the rest had either 1 friend or 6 or more friends.

BULLYING (D5-D7)

A short question on bullying was proposed for the PCG main questionnaire so that some information on this important topic is available in the event the Young Person does not complete the Sensitive Questionnaire (which contains more extensive questions on this topic). The reference period (3 months) should be the same for the PCG and 13-year-old version of the questions.

	D5. To your knowledge, has <child> been a victim of bullying in the last 3 months? [Twin] [Yes; No]	M

6.3.6 SECTION E: 13-YEAR-OLD'S EDUCATION

DETAILS OF THE SCHOOL (E1-E2)

Question E1 asked in what year group the Young Person was currently or would be in from September. This question allowed for the routing of subsequent questions, especially dealing with choice of second-level school. Parents were also asked whether their child was attending a special school (which is counted as a primary school for administrative purposes).

In the pilot, the items on the class the Young Person would attend upon return to school were asked with respect to September 2020 as it was a lead-in to the questions on choice of second-level school. It was felt that most parents would know by July which school the 13-year-old would attend in the autumn. Just under two-thirds were due to be in the first year of second-level school while just under one-third were going into second year.

The name and address information for the second-level school that the Young Person was attending, or would attend, from September of the current academic year is necessary to allow linkage of school level data recorded as part of the survey of principals to the Young Person's individual data. It was not collected in this pilot but would be needed in the main phase.

Section E: School and class	E1. What class did/will <child> start in September 2020 [2021 if interviewed after June 2021]? [Twin]	P M
	5th Class	
	6th Class	
	First Year	
	Second Year	
	13-year-old is being home schooled.	
	13-year-old attends a special school	
	Other	
	E2. What school does /will <child> attend from September [2021]? [Name and address of the school]	M

SCHOOL CHOICE (E3-E4)

There is little information on the choice of second-level school in Ireland and it is a topical policy area (Oireachtas Library and Research Service, 2015). These items have been adapted from those used with Cohort '08 at age 5, regarding choice of primary school. Items b (the Young Person's own preference), g (subject provision), h (the school ranking in newspaper league tables) and j (extracurricular provision) were added as they are relevant as potential factors at second level. The level of provision for students with additional educational needs (item f) was also added to ensure that the role of this factor in school choice is captured.

The items on school choice were included in the pilot; nine-tenths of parents reported having a choice of second-level school. The factors most likely to be identified as 'very important' were the reputation/impression of the school (item e, over 9 out of 10); preference of the 13-year-old (item b, 77%), subjects provided (g, 64%) and extracurricular activities (j , 56%). At the debriefing, interviewers noted that many 13-year-olds were 'between schools' at the time of the pilot in July 2020. The parents could answer with respect to the choice of second-level school as in most cases the Young Person would be moving to second level in the autumn. However, subsequent questions regarding their experience with school could only be answered with respect to the class and school they had attended in the previous year.

For the main survey, the Study Team proposed asking about the choice of second-level school if the Young Person was in second level already or in 6th class (the final year) in primary school.

Choice of school and open day	E3. Did/do you have a choice about which second level school <child> would/will go to? [Twin] [Note: ask with respect to 'special school' if child attends special school and will not attend secondary school] [Yes; No]	P M
	E4. When thinking about schools that <child> might go to, how important were the following factors? [Twin] [Very important; Somewhat important; Not important]	P M
	a. It's the local school or nearest to home	
	b. He/she wanted to go there	
	c. His/her friends go or were intending to go there	
	d. His/her brother/sister went/go there	
	e. General good impression of school/good reputation	
	f. The support provided for students with special needs	
	g. The subjects the schools provided	
	h. The school's ranking in newspaper league tables	
	i. The ethos of the school in terms of religion or beliefs	
	j. The school's extracurricular activities (such as sports and music)	
	k. The gender mix of the school (co-educational/single sex)	
	l. Language of instruction used in the school	
	m. Other reason (specify) _____	

BASE CLASS IN SECOND LEVEL SCHOOL AND ATTENDING OPEN DAY (E5, E10)

Question E5 asks about the base class attended by the Young Person. Previous research has shown that the use of rigid ability grouping is associated with educational disengagement and underperformance among students allocated to middle or lower stream classes, with no corresponding gains for those in higher stream classes (Smyth et al., 2007). Compared to the version used for Cohort '98, there has been a small change: 'or unit' was added to the first response option (Special class) to allow for Autistic Spectrum Disorder (ASD) units as well as other kinds of special classes. With just a minor amendment, this item was not re-piloted.

Base class	E5. [Card E1d] How would you describe <child's> current base class - the one they are in from last September? [Twin] (Tick one box) [Special class or unit; Class which is mixed ability / randomly allocated; Higher stream class in streamed school; Middle stream class in streamed school; Lower stream class in streamed school; Not sure / don't know]	M
	E10. Has <child> attended an Open Day at his/her new school [Twin] [Yes; No]	

Parents were also to be asked whether the 13-year-old attended an Open Day at the second-level school.

The Study Team proposed retaining these items in the main phase for those 13-year-olds who had made the transition to second level. The telephone methodology for the main survey would facilitate staging the interviewing to maximise the chance that the Young Person will have moved to second level: using information from the 9-year survey and the COVID-19 survey, those who are not likely to make the transition until after September 2021 would be interviewed later in the fieldwork.

In the survey with the older Cohort '08 at age 13, the parents were asked a series of items on how the Young Person had settled into second level. In this phase, these items would, alternatively, be presented directly to the 13-year-old (see item E9 in Section 5.2, above), in order to maximise capture of the perspective of the Young Person.

PARENTAL CONTACT WITH THE SCHOOL (E11-E12)

Parental involvement in a child's educational progress is commonly linked to academic achievement and attendance (see, for example, Desforges, 2003; Boonk et al., 2018). Questions E11-E13 asked about attendance at parent-teacher meetings, school concerts/plays etc., meetings with the principal re the child's behaviour or speaking on the phone about the child's behaviour to a teacher or principal. The Study Team added items from an earlier ESRI study on parental involvement (Byrne and Smyth, 2011) to reflect points emphasised in the roundtable workshop on the need to capture the quality of parent interaction with the school (items c and f at E11) and item E12.

In the pilot study, almost all parents had contact with the school, with over nine out of ten attending parent-teacher meetings and close to three-quarters attending a school event. About half had been asked for their opinion on school policy. Fewer than one-fifth had been to see, or telephoned, the principal or a teacher about their child's performance or a child's problem. A small proportion (fewer than one-fifth) were involved in a Parent's Council/Association. From E12, 41% of PCGs felt 'very involved' in their child's school life and 47% felt 'fairly involved'.

A point was made at the interviewer debriefing concerned item E11d. In some cases, contact with the principal occurred because the Young Person had a problem or misbehaved which would be very different from contact initiated to point out a Young Person's achievement. Nonetheless, the Study Team recommended retaining the item as it is, since to ask whether the contact was for positive or concerning reasons might be quite sensitive and sometimes difficult to answer. The Study Team also recommended retaining the rest of E11 and E12.

Contact with school	[All except 'other' at E1a] E11. Over the last 12 months, have you had any contact with the school? (Please include contact you have had with the child's current school or any other school the child attended in the last 12 months) [Twin] [Please tick 'Yes' or 'No' to each.]	
	a. You have attended a parent-teacher meeting	
	b. You have attended a school concert, play or other event (such as sports day)	P M
	c. You have been asked for your opinion on what is done in the school (such as uniforms or discipline policy)	
	d. You have been to see the principal or another teacher about child's behaviour or school performance	
	e. You have spoken to the principal or another teacher on the phone about child's behaviour or school performance	
	f. You are involved with the Parents' Council or Parents' Association.	
	E12. How involved do you personally feel in your child's school life? [Twin] (Very involved; Fairly involved; Not very involved; Not at all involved)	P M

SCHOOL ABSENTEEISM (E14-15)

Questions E14-15 sought information on parental knowledge of absenteeism. These questions were originally based on items in the National Longitudinal Survey of Children and Youth, and collect information on absenteeism, including the number of days the Young Person was absent from school in the last 12 months and the main reasons for this absence. They were included on the 13-year-old parent questionnaire for Cohort '98 and were not re-piloted. It was also proposed to ask the Young Person about the number of days they were absent in the last year to allow for the capture of non-attendance (truancy) of which parents are unaware (see Chapter 4).

For the main phase, a slight change to the question wording was proposed to ask parents to exclude days when the child's school (or classroom) was closed due to COVID-19 from the count of absent days. Days that the child misses because of illness or needing to quarantine because of COVID-19 should be counted towards absenteeism, however.

Absences from school	E14. During the last 12 months, about how many days was <child> absent from school for any reason? (Only include days the child was absent when the school was open e.g. do not include days missed because of the school or class being closed due to COVID-19 measures or bad weather). [Twin] 0 days; 1-3 days; 4-6 days; 7 to 10 days; 11 to 20 days; More than 20 days; Not in school]	M
	E15. [If absent] What was the main reason for <child> being absent from school? [Twin]	
	Health reasons (illness or injuries)	
	Problems with transportation	
	Problems with the weather	
	A family vacation	
	Refused to go to school	
	A fear of school (school phobia)	
	Suspended from school	
	A problem with a teacher	
	A problem with children at school	
	Difficulties with childcare arrangements	
	Family crisis	
	Child has left school	
	Quarantine, related to COVID-19	
	Other (specify) _____	

HOMEWORK; PARENTAL EXPECTATIONS (E16-E19)

This series of questions included parental help with homework and expectations for the child's future. Higher parental involvement in their child's education has been linked to significant effects on school achievement into adolescence (Feinstein, 1999; Desforges, 2003; Boonk et al., 2018).

Information is collected on how much time the 13-year-old spends on homework (E16); how often they or their spouse/partner helps with homework (E17) and, if this is rarely or never, why this is the case (E18). At E19, the PCG is asked how far they expect the child to go in his/her education/training, which was also included on the Young Person questionnaire (see Chapter 5). Previous research based on Cohort '98 has shown a significant mismatch between parental and Young Person expectations after the transition to second-level education (Smyth, 2018).

These questions were not re-piloted due to previous use in the study but were proposed for the main phase.

Homework, Educational Expectations	E16. How much time does <child> usually spend doing homework on a weekday during term time? [Twin] [0 to 30 minutes; 31 to 59 minutes; 1 to <1.5 hours; 1.5 to <2 hours; 2-3 hours; 3-<4 hours; 4 or more hours; Does not get homework]	M
	E17. How often do you or your spouse/partner provide help with <child>'s homework? Would you say…[INT: READ OUT] [Twin] [Always; nearly always; regularly; now and then; Rarely; Never]	
	E18. [If Never] Why is that? Child doesn't need help; I/We don't have time; I/We are not able to help; Child does not want help; Someone else helps.]	
	E19. Taking everything into account, how far do you expect <child> will go in his/her education or training? [Twin] [Junior Cert or equiv.; Leaving Cert or equiv.; An apprenticeship or trade; Diploma/Certificate; Degree; Postgraduate/ higher degree; Don't know]	

CARE AFTER SCHOOL (E20)

The after-school period is a time of concern for parents and policymakers as many adolescents may be unsupervised during the several hours after school and before parents return from work. Evidence shows that delinquent activity is heightened during this time (Gottfredson et al., 2001; Sickmund et al., 1997; Snyder,1997). While after school care for younger children is often more structured, by the time children reach adolescence they are more likely to be left on their own after school.

Question E20 asks who, if anyone, minds the Young Person between finishing school and 6pm in the evening. Options include taking care of themselves, minded by an older sibling, minded by a relative, etc. The category 'hanging out with friends' has been dropped due to the small number giving this response in Cohort '98 at 13.

This question was not re-piloted but is proposed for the main study.

After School	E20. [Card E23] On a typical weekday, who, if anyone, minds <child> between the time they finish school and 6pm in the evening? (Tick one only; if more than one, indicate the type of care where <child> spends MOST time or is the most frequently used) [Twin]	M
	They come home and take care of themselves Minded at home by an older sibling Minded at home by you or your spouse/partner Minded at home by a relative Minded at home by another adult (not a relative) Attend an after-school programme/club Other (please specify)	

BOOKS IN THE HOME (E21)

Question E21 asks how many books (including e-books) the Young Person has access to in the home with six response categories ranging from none through more than 100. Environmental supports for reading are considered a strong predictor of children's educational outcomes, and the number of books in the home is positively associated with children's reading and maths scores independent of other socio-economic variables (Fryer & Levitt, 2004; Smyth et al., 2010).

This question has been used in many previous waves of ***Growing Up in Ireland*** so was not re-piloted but was recommended for the main study.

Books in home	E21. How many books (including e-books) does <child> have access to in the home? Would you say… [Twin] [INT: READ OUT] [None; 1 to 10; 11 to 30; 31 to 50; 51 to 100; More than 100.]	M

6.3.7 SECTION F: INTERNET ACCESS AND USE

ELECTRONIC DEVICES AND INTERNET (F1-F7)

As for the 13-year-old questionnaire, the items on screen-time and internet use were updated for the parent questionnaires.

F1 asked what type of internet access the pilot household had. This question was also asked for Cohort '08 at age 9. Virtually all parents in the pilot reported that the household had internet access, usually 'broadband with wifi' (over 90%). It was proposed that this question be continued for the main phase as there may be more regional variation in the bigger sample, and it may be important to know for the implementation of the online self-complete survey planned to follow the telephone survey.

Internet access	Now, I'd like to ask you some questions about access to the internet at home. F1. What sort of internet access does your home have? [tick all that apply: No internet connection; broadband with wifi; broadband with plug-in connection; Mobile broadband or dongle from a phone provider; Other type of internet connection)	P M

F3 asked the PCG whether the 13-year-old had access to the internet on a tablet, smartphone or other computer. In the pilot, virtually all (98%) 13-year-olds were reported to have access to the internet through a smartphone, tablet, laptop or other computer.

F4-F6 are items that were also included on the PCG questionnaire for this cohort at age 9 and asked about monitoring of the child's online activities. In the pilot, fewer than one-fifth reported the 13-year-old to be 'always' supervised when accessing the internet but nearly three-quarters reported the Young Person to be 'sometimes' supervised. Just under half of parents used monitoring or control software. All PCGs reported at least some strategies to

manage the Young Person's use of devices, with the most popular strategies being having rules about content, engaging the child in other activities, rules about the total time spent on devices and rules about the time of day the Young Person can use devices. The Study Team recommended continuing these items for the main study.

Childs internet access	F3. Does <child> have access to the internet through a smartphone, tablet, laptop or other computer? [Yes; No ->Go to xE26a]	
	F4. Is <child> supervised by you or another adult when he/she accesses the internet? [Always; Sometimes; Never]	P M
	F5. Do you have any monitoring or control software on the internet to limit the sites <child> can access – e.g. Qustodio, Net Nanny? [Yes; No]	
	F6. Do you use any of the following strategies to restrict the content viewed or time spent by <child> on electronic devices? (Tick all that apply) Rules about content Rules about total time spent on devices Rules about the time of day child can watch/use devices PIN numbers or passwords to lock or restrict devices 'Child-safe' settings, for example on TV satellite boxes Locking devices/modems away (or locking the room they are in) Engaging the child in alternative activities (e.g. football, baking) Something else (specify) None of the above	P M (% yes) 88% 82% 74% 44% 46% 20% 85% <20% 0%

Question F7 asked the PCG to estimate how much time the 13-year-old spends on a smartphone/ tablet/ laptop or computer on a typical weekday during term time ('normal times' was added during the pilot to distinguish from the time when the schools were closed because of COVID-19 restrictions). The time categories were harmonised with (though with more detailed categories than) those used for the 13-year-old so that parent and 13-year-old responses could be compared.

13-year-old's time on computer	'Please think about 'normal' times, rather than during the COVID-19 restrictions' F7. On a normal weekday, during term-time, about how much time does <child> spend using the smartphone, tablet, laptop or computer? Please include time before school as well as time after school. Do not include time spent using computers in school [None; 1 to 30 minutes; 31 minutes to less than 1 hour; 1 to less than 1.5 hours; 1.5 to less than 2 hours; 2 to less than 3 hours; 3 to less than 4 hours; 4 to less than 5 hours; More than 5 hours]	P M

In the pilot, the median time spent online for a weekday was about 1.5 hours. The numbers reporting more than 3 hours was extremely low, so these upper categories might be collapsed on the PCG questionnaire. The upper categories may be more relevant at weekend or holiday time. Separate questions on weekdays and weekends were not asked on the PCG

questionnaire but were covered on the 13-year-old questionnaire where there is also a distinction between the types of screen-based activity (watching TV/videos, games or other screen-based activities). The higher categories (4-5 hours and over 5 hours) did have some cases in the 13-year-old questionnaire because the reference was to 'last week', which occurred during the period of the COVID-19 restrictions.

In order to look at potential behaviour-modelling effects of parental screen-time on those of adolescents, new questions for the pilot were added on the PCG's own use of screen-time, including number of hours during the week and at the weekend (F8), whether they feel pressure to be constantly accessible (F9a-b) and whether technology use has impacted on their family lives (F9c, F10b-c).

In the pilot, questions on parents' screen-based activities showed that the median time parents report spending on screen-based activities (outside of work) was about 1.5 to 2 hours on a weekday and 2 to 3 hours on a weekend day, with a good spread of responses across the categories. There was a slightly higher reporting of use of devices for more than 3 hours on the part of parents than they reported of their 13-year-olds, especially on weekends, though the numbers were too small in the pilot to report here.

Parents screen-based activities	Now, some questions about your own screen-based activities… F8. Thinking now about the amount of time you spend on your own screen-based activities such as browsing the internet, watching TV/movies/videos, social media or messaging when you are at home (and not at work). On an average day, how much time would you spend on these SCG [None; 1 to 30 minutes; 31 minutes to less than 1 hour; 1 to less than 1.5 hours; 1.5 to less than 2 hours; 2 to less than 3 hours; 3 to less than 4 hours; 4 to less than 5 hours; More than 5 hours] a. Weekday b. Weekend day	P M
	F9. Thinking about your smartphone, how often, if ever, … SCG [Never; Hardly ever; Sometimes; Often; Very often]	P M
	a. Do you feel as if you have to respond to messages/posts from other people immediately	
	b. Do you check for messages or notifications as soon as you wake up	
	c. Feel distracted by your smartphone when <child> is with you?	
	F10. In the PAST YEAR, how often have these things happened to you? SCG [Never; a few times; at least once a month; At least once a week; Daily or almost daily]	P M (drop c)
	a. I have felt bothered when I cannot be on the internet	
	b. I have spent less time than I should with either family, friends or completing tasks because of the time I spent on the internet	
	c. I have experienced conflicts with family or friends because of the time I spent on the internet	

There was some evidence of pressure to respond to social media messages at F9, with about one-third of parents reporting feeling they have to respond to messages/posts from other people immediately ('very often' or 'often'); and about one-third 'often' or 'very often' checking for notifications or messages on awakening - but fewer than one-fifth reporting feeling distracted by their smartphone 'often' or 'very often' when with the Young Person.

The items at F10 were designed to capture a dependence on online activities that may interfere with well-being or relationships. About one-third of PCGs reported some level of feeling bothered when they cannot be on the internet or spending less time with family or friends because of the time spent on the internet, but the frequency of these feelings was towards the low end ('a few times' in the past year). Only about one parent in ten reported experiencing any level of conflict with family or friends because of time spent on the internet. Given the lower level of variation on this last item (F10c) and overlap with similar items at F9c and F9b, the Study Team suggested excluding it from the main phase but retaining the other items in this section to allow for an examination of the way in which parental internet use can influence the adolescent's use of devices.

6.3.8 SECTION G. FAMILY RELATIONSHIPS AND CONTEXT

PARENT-CHILD RELATIONSHIP (CHILD PARENT RELATIONSHIP SCALE – SHORT FORM, PIANTA, 1992; G1)

The quality of the relationship between parents and children has been shown to impact on social behaviour, school grades and externalising behaviours (O'Connor, Hetherington, & Clingempeel, 1997), and there is also some evidence that it affects adolescent alcohol use (Visser, de Winter and Reijneveld, 2012) and childhood obesity (Skouteris et al., 2012). The parent-child relationship may be affected by the quality of the marital relationship, and vice-versa (Erel & Burman, 1995; McKeown et al, 2003). Research using GUI data on Cohort '98 showed that the quality of the parent-child relationship was a protective factor in the impact of adverse childhood experiences on socio-emotional difficulties (Dhondt et al., 2019).

The measure shown at G1 is the 'conflict' subscale of the Pianta scale. The full scale (which also includes a 'closeness' subscale) had previously been used in ***Growing Up in Ireland*** (Ages 3, 5 and 9 with Cohort '08 and at ages 9 and 13 with Cohort '98) and for this reason, it was not piloted again.

Relationship with child	G1. Now some questions about your relationship with <Child>. I am going to read out some statements about the relationship between you and your child. Please listen to each statement and describe the degree to which each of the following statements currently applies. SMC01[Twin] [Definitely does not apply; Not really; Neutral/not sure; Applies somewhat; Definitely applies]	M
	B. My child and I always seem to be struggling with each other.	
	D. My child is uncomfortable with physical affection or touch from me.	
	H. My child easily becomes angry at me.	
	J. My child remains angry or is resistant after being disciplined	
	K. Dealing with my child drains my energy.	
	L. When my child is in a bad mood, I know we're in for a long and difficult day.	
	M. My child's feelings toward me can be unpredictable or can change suddenly.	
	N. My child is sneaky or manipulative with me.	

The psychometric information made available for the Pianta by the original authors relates to the 30-item version. The reliabilities calculated for each scale were based on 714 subjects, ages 4.5 – 5.5 years old. The conflicts subscale gave an alpha of .83 while the positive aspects subscale had an alpha of 0.72. The measure also generates a total scale score reflecting an overall positive relationship. The alpha co-efficient for the total score for the short form of the Pianta used in the MCS was .90.

Results from the ***Growing Up in Ireland*** Cohort '98 13-year sample show that the alpha coefficients for the short form of the Pianta were 0.83 and 0.75 for the conflict subscale for Primary and Secondary Caregivers and 0.75 and 0.80 for the closeness subscale for Primary and Secondary Caregivers.

The Study Team proposed retaining only the Conflict subscale to keep the questionnaire to a manageable length for telephone administration. The 'conflict' subscale has been found to be more strongly related to child outcomes than the 'closeness' subscale (Nixon, 2021; Nolan and Smyth, 2021).

FAMILY TIME TOGETHER (G4-G5)

Parents influence their children by providing structure in their daily lives. Some findings have shown that regular, predictable routines, and time spent together result in more positive outcomes for children than when their family life is disorganised (Boyce et al, 1983).

G4 asks about time spent certain activities together as a family such as eating a meal and doing household activities together. These are part of a larger set of activities that had been used with Cohort '98 at 13. Given the pressure on questionnaire space, just two of the original five items are proposed for the main phase, with items relating to playing sports/game together, talking about things together, and going on outings together dropped. The item on eating

together is proposed for retention as it related to the important ritual of a family meal, while the item on doing household activities together relates to the joint attention of a shared task.

Activities with 13-year-old	G4. Now I'd like to ask you about the time <child> spends with you including times when others are present. How many days per week do you: SMC06 [Twin] [Every day; 3 to 6 days per week; 1 to 2 days per week; 1 to 2 times per month; Rarely or never]	M
	A. Sit down to eat together	
	D. Do household activities together (e.g. gardening, cooking, cleaning, etc.)	

AMOUNT OF TIME SPENT WITH THE YOUNG PERSON (G5-G6)

At earlier waves of the study, questions on the amount of time spent with the Young Person were asked only of the SCGs. This reflected existing research which showed that children with involved fathers tend to do better in school, have better grades, and are less likely to exhibit behavioural problems (Jeynes, 2015). To provide a more complete picture of the amount of time the Young Person spends with both parents, the questions were proposed for both the PCG and SCG (PCG only in the pilot) about the time spent with the Young Person on an average school day and also on an average weekend. This could provide valuable insights into the potential impact of time spent with parents at the crucial adolescent phase (see Milkie et al., 2015).

Time with the 13-year-old	Now some questions about your relationship with <Child>. 'Please think about 'normal' times, rather than during the COVID-19 restrictions' G5 Thinking of an AVERAGE SCHOOL DAY, what amount of time in total would you say you spend with <child> either alone or with others (this could be watching TV, going shopping etc.) [Hours and minutes]	P M
	'Please think about 'normal' times, rather than during the COVID-19 restrictions' G6 Thinking of an AVERAGE WEEKEND DAY, what amount of time in total would you say you spend with <child> either alone or with others (this could be watching TV, going shopping etc.) [Hours and minutes]	

In the pilot, the median time the PCG spent with the 13-year-olds was about 3 hours on a school day and about 7 hours on a weekend day. There was a good spread of times, from 1 to 15 hours on weekend days and from 0 to 8 hours on school days.

The Study Team proposed retaining these items for both the Primary and SCGs in the main phase. If COVID-19 has increased the amount of time people work from home, it may also have an impact on the amount of time parents spend with their children. Collecting this information at age 13 would be an important contribution to tracking this change with respect to SCGs, for whom we also have the information for the older cohort at age 13.

CONTACT WITH EXTENDED FAMILY (G7)

Question G7 asks about the frequency of spending time with other relatives or close family friends such as grandparents, cousins and other close family or family friends. It was not piloted, as it had been used before and given the timing, would likely have been distorted by COVID-19 restrictions. The Study Team proposed retaining this item for the main fieldwork, however.

Contact with extended family	G7. [Show Card F5] Looking at Card F5, how often does <child> get together with, see or spend time with the following people (excluding those living in your home) 'Please think about 'normal' times, rather than during the COVID-19 restrictions' [Quite a lot; Now and again; Rarely or never; Live abroad; Doesn't have]	M
	A. Grandparents	
	B. Uncles/Aunts	
	C. Cousins	
	D. Other family members/ close family friends	

WORK-LIFE BALANCE (G8)

These questions relate to work-life balance: not just the impact of work on family, but also of family on work. Rather than focus on the fact that parents work, researchers have begun to focus instead on how they work (Galinsky, 1999). The pandemic may bring about a greater shift in work patterns than anything else in the lifetime of the cohorts so it is important to capture the impact on perceived work-life balance. Parental satisfaction with their current work-life balance is assessed using four questions adapted from LSAC and which had previously been used both with Cohort '08 and Cohort '98.

Work-life balance	G8. [Show Card F6] Please tell me how strongly you agree or disagree with the following statements. SMC04 [Strongly disagree to strongly agree; NA]	M
	Because of your work responsibilities:	
	A. You have missed out on home or family activities that you would have liked to have taken part in	
	B. Your family time is less enjoyable and more pressured	
	Because of your family responsibilities:	
	C. You have to turn down work activities or opportunities you would prefer to take on	
	D. The time you spend working is less enjoyable and more pressured	

The items were not included in the pilot, but the Study Team proposed retaining them for both the Primary and Secondary Caregivers in the main phase.

PARENTAL LEAVE (G9)

Apart from Maternity Leave, taken by the mother around the time of the child's birth, parents in Ireland are entitled to unpaid Parental Leave. This entitles parents to take unpaid leave from work to spend time looking after their children. Currently both parents can take up to 22 weeks parental leave and from 1 September 2020, this increased to 26 weeks. The leave can be taken at any time up until the child is 12 years old. Little is known about which parents take parental leave and this item is designed to capture some very basic information.[38] The results of the pilot suggested that about one-third of the parents had requested parental leave and in the large majority of cases (over nine in ten) the request was granted.

Parental Leave	G9. Did you take parental leave in relation to <child>? By parental leave, we mean unpaid leave from employment up to a total of 26 weeks per child, which can be taken up until the child is age 12. [Yes; No; Not applicable – not in employment since birth of child]	P M

6.3.9 SECTION H: ACCOMMODATION AND SOCIO-DEMOGRAPHIC BACKGROUND

NATURE OF ACCOMMODATION AND STATUS OF TENURE (H1-H3)

These questions recorded the type of accommodation (e.g. whether a house or apartment), whether it has access to a garden or common space, and whether the household was owner-occupied or rented.

The importance of access to garden space, although asked in previous waves, (H1) was acutely brought to the fore by the recent COVID-related restrictions. Virtually all the PCGs in the pilot reported that the accommodation had access to green space, either private or shared. In the context of COVID-19, it may make a difference whether this space is private and can be used for family use or small gatherings with people from outside the household while maintaining social distance. Therefore, the Study Team suggested adding a distinction as to whether the outdoor space was shared or private to the household for the main phase.

[38] The proposed item for the main was part of a longer block tested in the pilot – see Section 6.5, below.

Accommodation	Now some questions about the circumstances of your household. H1. Does your accommodation have access to a garden or common space (either private or shared)? [Yes; No] [Proposed for main: distinguish between space that is for sole use of household and space that is shared	P M
	H2. Please tell me which best describes your (and your partner's) occupancy of the accommodation? 1a. Owner occupied (with a mortgage, include being purchased on Tenant Purchase Scheme) 1b. Owner occupied (without a mortgage, include purchased on Tenant Purchase Scheme) 3. Rented from a Local Authority or Voluntary Body 5. Rented from a Private Landlord (include paying rent to a relative etc.) 8. Occupied free of rent (e.g. for job, owned by family) 9. Living with your (or your partner's) parents 10. Other (specify)	
	H3. What type of accommodation is this, it is a…[Detached house; Semi-detached house; Terraced house/town-house; Apartment/flat/ maisonette; Bedsit / studio with shared kitchen and/or bathroom; Mobile home/ caravan; Emergency accommodation (hotel, shelter); Other]	

Tenure status (H2) has been very widely used in ESRI surveys over several decades (including in some waves of ***Growing Up in Ireland***) and has been linked to measures of wellbeing independently of covariates. Stability or change in tenure may affect child outcomes in positive and negative ways. A distinction was made in the housing tenure item for this wave to identify those who own the accommodation outright from those who are purchasing with a mortgage. In general, people with a mortgage have higher housing expenses and may experience greater pressures related to housing costs. In the pilot, 72 per cent of the accommodation was owner-occupied with a mortgage. Of the remainder, the biggest category was owner-occupied without a mortgage. Roughly equal numbers rented privately or from a local authority or voluntary body.

Type of accommodation (e.g. house, apartment, etc – H3) has been a frequently used question in previous waves. More recently, the categories were expanded to include emergency accommodation, such as in a hotel. In the pilot, the family's accommodation was usually a semi-detached (46%) or detached (42%) house and most of the remainder were terraced houses.

The Study Team recommended keeping H1 to H3 for the main phase, adding the distinction to H1 to whether the outdoor space was shared.

HOUSING SIZE AND QUALITY (H4-H11)

In response to the increased policy concern with housing quality in Ireland, and in response to the Roundtable discussions, a number of items were added to capture specific issues of housing quality. Housing affordability may also be an issue, but the Study Team felt that a

broader indicator of difficulty in making ends meet (see H40, below) was a better and more general indicator of financial strain.

One aspect of housing quality is the amount of space available to the household relative to the number of people in the household (which can be calculated from the household grid). H4 and H5 capture the total number of rooms and the number of bedrooms.

In the pilot, the median number of rooms was 7, ranging from 3 to 10, and the median number of bedrooms was 4, ranging from 2 to 6. The Study Team recommended retaining these items. The issue of size of accommodation was brought to the fore during the COVID-19 restrictions when people were largely confined to home, while also trying to continue studies and work.

Number of rooms	H4. How many rooms are there in the accommodation for the sole use of your family? [Do not count: halls/stairs/ landings, kitchenette too small to eat in, scullery/utility room, bathroom, toilet, garage, consulting rooms, office, shop]	P M
	H5 And how many of these are bedrooms? [Please include bedrooms that are used for another purpose, e.g. a study] [N bedrooms]	P M

H8 and H9 captured elements of housing quality that were drawn from items in the Survey of Income and Living Conditions questionnaire. These items have been shown to be relevant in capturing quality differences across housing tenure groups and improvements in quality over time (Watson and Corrigan, 2019). The question on whether the accommodation is too small was previously used in the Living in Ireland Survey.

Virtually all parents reported that the dwelling had central heating, and double- or triple-glazing and more than nine out of ten said that it had adequate insulation (item H8). Taking the three items together (central heating, double/triple-glazing and adequate insulation), nearly 93% of pilot households had all three.

On question H9, very few PCGs reported problems with insufficient light, dampness, or pollution/environmental problems. The proportions reporting problems with noise or with the dwelling being too small was slightly higher but still too few to report here. Taking the different kinds of problems together, 22% reported at least one. Combining the amenities at H8 and problems at H9, nearly 25% either lacked an amenity or had one or more problems.

Amenities and Problems in the accommodation	H8: Does your accommodation have the following? [Tick one box on each line; Yes; No]	P M
	a. Central heating [propose dropping for main phase]	
	b. Double or triple-glazed windows	
	c. Adequate insulation	
	H9. Do you have any of the following problems with your accommodation [Tick one box on each line; Yes; No]	
	a. Too dark, not enough light	
	b. Leaking roof/ damp walls /rot in windows or door frames	
	c. A problem with noise from neighbours or noise from the street (traffic, business, factories etc)	
	d. Pollution, grime or other environmental problems in the area	
	e. Too small, not enough space	

Given that the pilot sample was more advantaged than the typical GUI respondent, an even higher prevalence would be expected in the main phase. The Study Team proposed retaining both H8 and H9 in the main phase.

PRINCIPAL ECONOMIC STATUS AND RELATED VARIABLES (H12-H29)

As in other waves of ***Growing Up in Ireland***, the respondent was asked for information on their current or previous occupation and supervisory / managerial functions within the workplace. This information was recorded to allow the construction of a social class indicator (based on the CSO Irish Standard Occupational Classification) to be assigned to each household. This section also recorded the number of hours worked outside the home. The items have been streamlined for this wave.

These questions have been asked in all waves of the survey and were recommended for retention in the main phase. In the pilot, the largest 'main status' of PCGs was being an employee (62%), rising to almost three-quarters in employment if the self-employed were included. The next largest category was 'looking after home and family', at somewhat under one-fifth.

Pilot participants reported that, pre-COVID-19, the median commute time was 40 minutes but with about one-in-four having a commute that was an hour or longer (including the return journey).

The median start-year for those in employment was 2012 and the typical hours worked (pre-COVID-19) was 37 per week. About 29% worked fewer than 30 hours per week. Just over one-third of the employees had a supervisory role.

The occupations were described in enough detail to be accurately coded (though this was not done for the pilot due to time constraints). Sector was not asked in previous surveys but the sector of employment is likely to be particularly important in the period during and following

the COVID-19 pandemic as some sectors have been much more seriously affected than others. Just over one-third of the PCGs in the pilot were employed in the public sector.

Employment	Now some questions about employment. H12. Which of these descriptions BEST describes your usual situation in regard to work? 0. Currently on maternity leave, but with a job to return to 1. Employee (incl. apprenticeship or Community Employment) 2. Self-employed outside farming 3. Farmer 4. Student full-time 5. On State training scheme (SOLAS) 6. Unemployed, actively looking for a job 7. Long-term sickness or disability 8. Home duties / looking after home or family 9. Retired 10. Other (specify)	P M
Identifying whether currently working and whether worked in the past	[Currently in employment] H13. When did you start your current job? _____ year [If current or previous year] _____ month Please think about 'normal' times, rather than during the Covid-19 restrictions H14. On a typical work day, how much time in minutes do you spend commuting to and from work (outward and return journey combined)? _____ minutes [Int. if respondent works at home enter '0' for minutes]	P M
	H14a. Do you work from home? (Yes, but only because of the Covid-19 measures; Yes, usually work from home (even apart from Covid measures); No)	M
	[Not in employment] H15. Apart from holiday or casual work, have you ever had a full-time job? [Yes/No] H16. In what year did you last work in that full-time job? _____ (year) H17. When you last worked in that full-time job were you … SMD [Employee (incl. apprenticeship or Community Employment); Self-employed outside farming; Farmer]	P M
	[Not currently working full-time and did not work full-time in the past] H18. Do you currently have a part-time job? [Yes/No] H19. In your part-time job are you … [Employee (incl. apprenticeship or Community Employment); Self-employed outside farming; Farmer]	P M
Details of current job or previous job	[BLAISE: If CURRENTLY in employment (Full-or part-time) use Present Tense; otherwise use past tense] H20. How many hours do [did] you normally work per week, including any regular overtime work? If you work at more than one job, please include the hours in all jobs H21. What is [was] your occupation in your main job? [Text]	P M

	H22. What is [was] the main activity of the business /organization where you work? (What did the business mainly make or do?) [Text] H23 Are [were] you employed in a public sector organisation? This means employed by the state or a state organisation; it does not include work that only involves dealing with the public sector. [Yes/No]	
	[If employee] H25. Do [Did] you supervise or manage 10 or more personnel in your job? [Yes; No] [Note: no question H26][39]	M
	[If self-employed or farmer] H27. How many employees (if any) do [did] you have?_____ employees [ENTER ZERO if none] [If farmer] H28. How many acres do [did] you farm? [____ acres]	P M

REASON FOR NOT WORKING IN A PAID JOB OUTSIDE THE HOME (H29)

This question was asked of those who did not work outside the home. A choice of nine options was provided including cannot find a job and prefer to look after children oneself. For the 13-year wave with Cohort '08, an extra response was added (I would be no better off if in employment) to take account of cases where earnings minus work-related expenses would leave a person with very little extra income.

Reason not in employment	[Not currently in employment] H29. From the following reasons, could you tell me the most important reasons for you not working in a paid job outside the home? If more than one reason, please rank them in order of importance, where 1 is the most important reason, up to a maximum of 3	
	Pilot Categories A. I can't find a job B. I choose not to work C. I am caring for an elderly or ill relative or friend D. I prefer be at home to look after my children myself E. I cannot earn enough to pay for childcare F. I cannot find suitable childcare G. There are no suitable jobs available for me H. My family would lose Social Welfare or medical benefits if I was earning I. I would be no better off in employment J. Other reason (specify)	Proposed for main: record only the main reason; A. I can't find a suitable job B. I prefer be at home to look after my family myself C. Problems finding or affording suitable childcare D. We would be no better off if I were in employment E. My own illness or disability F. Other reason (specify)

Although included in the pilot, a programming issue meant that it was only asked of those who were never in employment rather than currently unemployed. It was used before,

[39] H25 and H26 were simplified to the item required to construct ESeC social class; Previously asked whether they supervised/managed and, if yes, the number supervised or managed.

however, and provides information useful to understanding the reasons for non-employment. However, the very small size of some of the categories in previous waves, and the fact that some of the response categories are difficult to distinguish, led the Study Team to propose reducing the number of categories and asking participants to select just the most important (rather than ranking up to three).

OCCUPATION OF SPOUSE OR PARTNER (H30-32)

This question was asked in the main interview with the PCG in case the SCG does not complete an interview. Where both parents are in employment, the social class of the household is derived using a 'dominance rule', based on the occupation and employment status of the parent whose position is likely to be most consequential for the overall life chances of the household (typically the most advantaged of the two class positions).

SCG's occupation and sector	[H30 – routing check - If partner of PCG in Household] H31. What is the occupation of your spouse / partner? [If not currently employed, please record last occupation] [Text] H32. What is [was] the main activity of the business /organisation where your spouse/partner works? (What did the business mainly make or do?) [Text]	P M

In the pilot, the questions on the occupation and industry of the SCG were well-answered, with the occupation and sector described in enough detail to code a social class. As noted above, sector of employment was a new question added in this wave.

HOUSEHOLD INCOME (H36-H39)

These questions capture the sources and amount of household income.

H36 records the proportion of income from social protection and was included in the pilot. It was unchanged compared to the item asked at the 13-year interview with the Cohort '98 families ten years earlier. The level of dependence on social welfare payments (H36) was low among the pilot households, which is consistent with this group being more advantaged than average. Overall, 68 per cent reported that less than 5% of their income came from social welfare payments (including the universal Child Benefit). Over nine-in-ten reported that social welfare accounted for less than half of their income.

Questions H37-H39 (not included in the pilot) record details on the level of household income. The concept is total household income from all sources and all household members, net of the statutory deductions of income tax, Universal Social Charge (USC) and social insurance contributions (PRSI). This is a measure of the household's total disposable income.

It is structured so that H37 offers the respondent the opportunity to record an exact figure per week/month/year. If this was not known or otherwise not forthcoming, H38 and H39 are then used to record the information using a series of rolling categories, yielding a total of 30

categories. These questions were also asked in earlier ***Growing Up in Ireland*** waves allowing the analysis of change/stability in income and how this related to outcomes for the child, particularly in the context of the impact of the recession and subsequent recovery on the household. They were not included in the pilot as they would need to be adapted for use in a telephone survey.

It was recommended that these core income variables retained for the main survey; however, the rolling category format for the income estimate would need to be simplified if using a CATI format. This is because the parent would not be able to see all the categories normally presented to them on a show card.

Social Protection Income	H36. Thinking of your household's total income from all sources and all household members, approximately what proportion of your total household income would you say comes from social welfare payments of any kind – including Children's Allowance /Child Benefit? [None; Less than 5 %; 5% to less than 20%; 20% to less than 50%; 50% to less than 75%; 75% to less than 100%; 100%]	P M
Household Income amount	H37. If you added up all the income sources from ALL household members what would be the total HOUSEHOLD NET income, i.e. after deductions for tax and PRSI/USC as well as the public sector pension levy [if applicable]? Include income from all sources and from all household members. [INT: IF RESPONDENT CANNOT GIVE EXACT FIGURE GO TO G27.IF EXACT FIGURE GIVEN GO TO G34] € _____ [per week; per month or per year] [H 38 and H39]: request for approximate amount in 30 categories.	M
Farming income	H39_1 Can I just check, does anyone in your household receive income from farming? [Yes, No]	M

The Study Team further proposed an additional single item on whether the family also has an income from farming (H39_1). Although PCGs or SCGs whose main occupation is farming will be captured in the current set of questions, farming families where both parents have another main occupation will be missed. The presence of a family farm as a possible secondary source of income, or even food supply, may become increasingly important in light of Covid-19 changes to society and employment, and possible ramifications for this sector after Brexit.

EASE OR DIFFICULTY MAKING ENDS MEET, ACCESS TO CASH, ACCESS TO CAR (H40-H41)

Item H40 (ease or difficulty making ends meet) is also from the SILC questionnaire and was previously used in the Living in Ireland Survey. This item was found to be an important indicator of financial strain in Ireland as the country moved through the 2008-12 recession. It has been asked at every wave of ***Growing Up in Ireland*** and has been an important way of monitoring changes in financial stress.

About one-third of families in the pilot reported having difficulty making ends meet ('great difficulty', 'difficulty' or 'some difficulty'). A small number reported the first two categories ('difficulty' or 'great difficulty') – the two categories on this question widely used to indicate financial strain. About one-third report being able to make ends meet 'easily' or 'very easily'. This is consistent with the pilot sample being somewhat more advantaged than the overall GUI sample.

Financial Strain	H40. A household may have different sources of income and more than one household member may contribute to it. Concerning your household's total monthly or weekly income, with which degree of ease or difficulty is the household able to make ends meet? [With great difficulty; With difficulty; With some difficulty; Fairly easily; Easily; Very easily]	P M
Income Change	H41. Compared to when we last interviewed you in [MM/YYYY], how would you say the overall financial situation of your family has changed? Would you say you are … [INTERVIEWER: READ OUT] [Much better off now; Somewhat better off now; No change; Somewhat worse off now; Much worse off now]	

Item H41 was designed to capture changes in the family's financial circumstances in the time since the last interview when the child was 9 years old. It was asked of Cohort '08 at the 9-year wave of ***Growing Up in Ireland***. This item was piloted. Compared to the last interview, when the Young Person was 9-years old (in 2016), over half of the families reported being better off now – usually 'somewhat' better off. About three-in-ten reported no change and fewer than one-in-five said they were worse off now.

ACCESS TO A CAR AND MEETING UNEXPECTED EXPENSES (H42-44; PILOTED ON THE SENSITIVE SUPPLEMENT)

In the pilot, the set of Basic Deprivation items was supplemented by questions on access to a car and being able to afford unexpected expenses; and these were completed in the 'sensitive' online section. They were derived from the CSO Irish SILC questionnaire.

Virtually all families completing the pilot had access to a car. There may be more variation on this item in the main survey. It is a potentially important resource for wider opportunities in relation to work, shopping and choice of secondary school. Furthermore, with the possible continuation of public transport restrictions for essential travel only, a family car could increase in importance.

Car	H42. Does your family have access to a car? [Yes; No] [If no] H4. Would your family like to have a car but you cannot afford it? [Yes; No]	P M (move from Sensitive Q)
Unexpected expenses	H44. Can your household afford an unexpected expense of €1,000 without borrowing? [If using credit card, then the amount should be paid within 1 month.] [Yes; No]	P M (move from Sensitive Q)

For H44 in the pilot, 77% of parents reported they could raise €1,000 in an emergency without borrowing and 33% could not. Hence, this was likely to be a more useful indicator of financial vulnerability than the Basic Deprivation Scale, which was marked for discontinuation (see later discussion, Section 6.5). The Study Team recommended that both the questions on car ownership and affording unexpected expenses be retained for the main study; and moved to the main questionnaire to avoid loss of these items in the event of a lower response rate to the Sensitive Questionnaire.

6.3.10 SECTION J: ABOUT YOU

Section J collected information on the PCG. The education categories used in this wave were more detailed. In general for GUI surveys, unless the PCG has changed, only items that are likely to have changed over time are repeated from previous waves. For instance, information on country of birth of the parents or their ethnicity does not need to be collected again.

HIGHEST LEVEL OF EDUCATIONAL ATTAINMENT (J1)

Parental education level is an important explanatory variable in the analysis of socio-economic variation in children's outcomes (Davis-Kean, 2005; Bukodi & Goldthorpe, 2013; Thomas, Strauss & Henriques, 1991; Aslam & Kingdon, 2012; Christian, Morrison & Bryant, 1998; Sammons et al., 2015; Williams, Greene, Doyle et al, 2009; Haveman & Wolf, 1995; Sirin, 2005). In addition to direct effects on child achievement, parental education may also influence child outcomes through indirect pathways such as its effects on parenting beliefs and behaviours (c.f. Davis-Kean, 2005).

Question J1 (based on that used in the Irish Census of Population 2002) disaggregated parental education into a 13-level discrete variable representing gradations within primary, second-level, post-secondary and third-level education. The labelling of the categories was updated for the pilot with Cohort '08 at 13 in response to feedback from the Department of Education and Skills.

It was well-answered in the pilot, with at least a small number of cases in each of the categories. The level of education of this pilot sample was high, as noted previously, with almost 60 per cent having a primary degree or higher level of education. This item was proposed for retention in the main phase.

The number of cases in the first category (No formal education) is likely to be very small, so the Study Team recommended combining this with 'Primary education' to form the category 'Primary education or less'.

Parent education	J1. What is the highest level of education (full-time or part-time) which you have completed to date? 1. No formal education 2. Primary education Second Level 3. Lower Secondary (Junior/Intermediate/Group Cert. 'O' Levels/GCSEs, NCVA Foundation Certificate, Basic Skills Training Cert. or equivalent). 4. Upper Secondary (Leaving Cert. (including Applied and Vocational Programmes). 'A' Levels, NCVA Level 1 Certificate or equivalent 5. Technical or Vocational qualification (Completed Apprenticeship, NCVA Level 2/3 Certificate, Post-Leaving Cert. Course/FETAC Level 5, Teagasc Cert./Diploma or equivalent). 6. Both Upper Secondary and Technical or Vocational qualification Third Level 7. National Certificate, Diploma QQI/Institute of Technology or equivalent, Nursing Diploma (Non Degree) 8. Primary Degree (Third Level Bachelor Degree) 9. Professional qualification (of Degree status at least, e.g. Chartered Accountant/Surveyor) 10. Both a Degree and a Professional qualification 12. Postgraduate Diploma or Postgraduate Degree (Masters) 13. Doctorate (Ph.D) or Higher Doctorate]	P M (combine first 2 cats)

LANGUAGE, RELIGION, CITIZENSHIP, COUNTRY OF BIRTH, ETHNICITY (J3-J12)

These questions have been used many times before in ***Growing Up in Ireland*** and so were not re-piloted. Although some items may only be recorded in the event of a new PCG (e.g. country of birth), or where not previously available, it is important to have recorded them at some point for each PCG/child.

The child's first language has been recorded in earlier waves. Item J3 asks about the language used at home, with answer options English, Irish, Other (please specify). This question was used to highlight if language difficulties could be implicated in any negative social interactions with peers and could also be used to contextualise school performance. Given that the child's first language (J2) should have been recorded on at least one iteration previously by now, the Study Team recommended excluding it for the main phase.

Language, religion, citizenship	J3. What language do you speak most often at home? SCG [English; Irish; Other]	M
	J4. Do you belong to any religion? SCG [yes; no]	
	J5. [Card H9] Which religion? SCG [Roman catholic; Anglican/Church of Ireland; Other Protestant; Jewish; Muslim; Other, please specify _____]	
	J7. Are you a citizen of Ireland? SCG [Yes; No]	
	J8. [If no] What citizenship do you hold? SCG _____	

Religious denomination and citizenship may have changed since the last wave so these were to be repeated (in the main phase) for all parents. Religious denomination is important in terms of understanding differences related to religious ethos.

In previous waves, information was recorded on country of birth, duration of residency in Ireland for both respondent and Young Person, and ethnicity was recorded for the Primary and Secondary Caregivers. Items J9 to J12 were only to be asked again at age 13 if there was a new PCG or if the information was not available from a previous wave.

Where born, when came to Ireland, ethnicity	[BLAISE Condition ASK J9--J12 IF NON-RESPONDENT AT PREVIOUS WAVE OR NEW RESPONDENT AT CURRENT WAVE]	
	J9. Were you born in Ireland? SCG [Yes; No]	P M (if new PCG/SCG)
	J10.[If no] In which country were you born? SME13 _____	
	J11. [[If not born in Ireland] How long ago did you first come to live in Ireland? SCG [Within the last year; 1-5 years ago; 6-10 years ago; 11-20 years ago; more than 20 years ago; Don't know]	
	J12. [Card H16] Looking at card H16, can you tell me, what is your ethnic or cultural background? SCG Please tick the appropriate box] [White Irish; Irish Traveller; Any other white background; Black or Black Irish - African; Any other black background; Asian or Asian Irish - Chinese; Any other Asian background; Other, including mixed background].	

The ethnicity categories are those used in the Irish Census. This information has substantive analytical benefit and is also used as an input to the re-weighting of the data. This question is also proposed for the SCG questionnaire so that ethnicity for both parent/guardians will be recorded. The item is relevant to the analysis of outcomes across the grounds covered by Irish equality legislation.

The Study Team recommended collecting items J7 to J12 in the main phase. While it was suggested that the ethnicity question might also be asked of the young adult, as their ethnic identity might be different from that of the PCG, given the pressing need to reduce the questionnaire the Study Team recommended deferring it to age 17.

6.3.11 SECTION K: NEIGHBOURHOOD AND COMMUNITY

LENGTH OF TIME LIVING IN LOCAL AREA (K1-K2)

These items asked how long the respondent has lived in the area (K1) and whether they were involved in local organisations (K2). K1 was also asked at 9 and 13 years, and for Cohort '98, and may give some indication of stability. Taken together with K2 (involvement in local organisations) and with K4 below, it can be used to indicate the strength of ties to the area.

Neighbour-hood	Now, we would like to ask you some questions about your local area. K1. How long have you lived in your local area? __ years OR __ months K2. Are you involved in any local voluntary organisations such as school groups, church groups, community or ethnic associations? [Yes/No]	P M

Among the pilot sample, PCGs had lived in the area for a median of 16 years (with just 20% having lived there for 13 years or less and about 20% having lived there for 20 years or more). About four in ten were involved in local voluntary organisations such as school, church, community or ethnic groups. It was recommended that they be continued for the main phase.

SATISFACTION WITH AND PERCEPTION OF THE LOCAL AREA/NEIGHBOURHOOD (K3-K4)

Questions K3 asks the extent to which the respondents agree with a series of statements about problems in their local area on a four-point Likert scale ranging from 'very common' through 'not at all common'. The neighbourhood items on perception of the local area have been expanded in response to suggestions made by the Scientific Advisory Group, with the addition of items at K4 dealing with trust and helpfulness in the neighbourhood, although the set was not piloted on this occasion.

The Study Team recommended retaining item K3 on problems in the area and also K4 in the main phase.

Neighbour-hood	K3. [Card J3] How common would you say that each of the things listed below is in your area? For each item listed please say whether or not you think it is very common, fairly common, not very common, or not at all common. [Very common; Fairly common; Not very common; Not at all common]	M
	Rubbish and litter lying about	
	Homes and gardens in bad condition	
	Vandalism and deliberate damage to property	
	People being drunk or taking drugs in public	
	Crime or violence	
	K4. [Card J4] To what extent do you agree or disagree with these statements? [Strongly agree; agree; Disagree; Strongly disagree]	M
	a. This is a safe area for my 13-year-old	
	b. There are places in this area where teenagers can safely hang out	
	c. There are facilities such as youth clubs, swimming clubs, sports clubs, for teenagers in this area.	
	d. Most people in your neighbourhood can be trusted	
	e. You feel a strong sense of identity with your neighbourhood	
	K5 Is there a park or green space within 2 kilometres (about a mile) of home where your family can walk or exercise? [Yes; No]	P M

The new K5 item on access to a park or green space within two kilometres was added for the pilot in view of the Covid-19 restrictions on movement that were applied in April 2020.

Nearly 9 out of ten families in the pilot lived within 2 kilometres of a park or green space where it is possible to walk or exercise. The proximity of local green spaces is likely to have been particularly important during the COVID-19 restrictions and may have ongoing implications for young people's habits in terms of exercise. This item was recommended for retention in the main phase.

6.4 PARENT SENSITIVE QUESTIONS

The Study Team proposed that the Parent Sensitive items be completed via web survey, as was done in the pilot. In previous waves, the sensitive questions would have been self-completed by the parents on a laptop brought to the home by an interviewer. The sensitive questions were piloted on the web with the PCG. A total of 132 PCGs completed the web survey. In the main phase of fieldwork in 2021/22, the Sensitive Questionnaire was to be completed by both the Primary and Secondary Caregivers. The questionnaires are identical for both, apart from a few PCG-only items specifically identified on the questionnaire and in the tables.

PRELIMINARY ITEMS: GENDER, DATE OF BIRTH AND WHETHER LIVING WITH A PARTNER

These items, all of which were piloted, were included to verify the matching to the main questionnaire and to manage the routing of items related to the relationship between the PCG and SCG.

Gender and DOB	S1. Are you male or female? [Male/Female] S2. What is your date of birth? [DD/MM/YYYY]	P M

All pilot respondents provided gender and date of birth. Virtually all were female and more than nine out of ten had a partner living in the household. The Study Team recommended retaining these in the main phase to facilitate matching and routing.

WHETHER LIVING WITH PARTNER, RELATIONSHIP STATUS (S14 – S16)

A short set of questions was proposed on the PCG's relationship status (in terms of a partner/spouse).

Couple and relationship status	S12. Can you tell me which of these best describes your current marital status? [Married, living with spouse; Married, separated from spouse; Divorced; Widowed; Never married] S14. May I just check whether you are currently living with someone in the household as a couple? [Yes, No] S15. Since when have you and your spouse or partner been living together? ____ Month _____ Year	M
	S16. [If not currently living with a partner] Are you currently in a relationship with someone outside the household? (Yes/No)	

In addition, the Study Team recommended a new question for PCGs (S16), who are not currently living with a partner, to ascertain whether they are in a relationship with someone outside the household. Although not living in the home, such an individual could still be an influential figure in the child's microsystem – either directly or indirectly through that person's effect on the PCG. Questions relating to the quality of the relationship would be confined to resident partners, however.

QUALITY OF THE COUPLE RELATIONSHIP (S17, DYADIC ADJUSTMENT SCALE, S19-S20)

S17 explores the level of conflict that exists in the relationship between the Primary and Secondary Caregivers and asks about the frequency of arguments between the partners.

If living with partner	S17. Many couples argue from time to time. Roughly how often would you and your spouse / partner argue? [Most days; At least once a week. Less than once a week; Hardly ever; Never]	M

Marital satisfaction is an important factor in family functioning and the manner in which parents interact is crucial for child outcomes. The Dyadic Adjustment Scale (DAS-4, at S19; c.f. Sabourin, Valois & Lussier, 2005) provides a means of classifying marriages as either 'distressed' or 'adjusted'. It has been used in previous rounds of the ***Growing Up in Ireland*** survey, including with Cohort '98 at 13 so it was not piloted at this phase, but was recommended for the main phase.

	S19. How often would you say the following happen in your relationship? [All the time; Most of the time; More often than not; Occasionally; Rarely; Never]	M
	a. You discuss or have considered divorce, separation, or terminating your relationship	
	b. You think that things between you and your partner are going well	
	c. You confide in your mate / partner	
	S20. The numbers below represent different degrees of happiness in your relationship. The middle point, "happy," represents the degree of happiness of most relationships. Please indicate the number which best describes the degree of happiness, all things considered, of your relationship. [0=Extremely Unhappy to 6=Perfect]	

PARENTING STRESS (PARENTAL STRESS SCALE, S21)

Parenting stress is associated with negative parenting attitudes, negative parenting behaviours, and parental wellbeing (Crnic, Gaze & Hoffman, 2005). Studies have shown that parenting stress can interfere with parents' abilities to interact positively with their child (Deater-Deckard, 2005), and is associated with adverse child outcomes including behavioural problems (Crnic & Low, 2002).

The six-item parental stressors subscale of the Parental Stress Scale (Berry & Jones, 1995) has been used in previous waves of ***Growing Up in Ireland***. Items are rated on a five-point Likert-type scale, ranging from strongly disagree to strongly agree. For Cohort '98 at 13, the reliability was 0.79 for the PCG and 0.77 for the SCG. For Cohort '08 at age 9, the reliabilities were 0.78 and 0.77, respectively, for the Primary and Secondary Caregivers (McNamara, O'Mahony & Murray, 2020).

The scale was not re-piloted but was recommended for use in the main phase.

Parenting stress	S21. Please rate how much you agree or disagree with each of the following statements in relation to how things are for you and the Young Person right now. Remember, there no right or wrong answers, just try to be as honest as possible. [Strongly disagree; Disagree; Not sure; Agree; Strongly agree]	M
	A. Caring for my child sometimes takes more time and energy than I have to give.	
	B. I sometimes worry whether I am doing enough for my child.	
	C. The major source of stress in my life is my child.	
	D. Having my child leaves little time and flexibility in my life	
	E. Having my child has been a financial burden	
	F. It is difficult to balance different responsibilities because of my child.	

PARENT-REPORTED HEIGHT AND WEIGHT FOR SELF AND 13-YEAR-OLD (S20A-C)

Remote fieldwork for the main phase meant it would not be possible for the interviewers to measure the height and weight of the Primary and Secondary Caregivers or the Young Person in the 2021/22 fieldwork, as had been done in previous waves. Instead, it was proposed that the Primary and Secondary Caregivers be asked to record their own weights (we have their height measured in previous waves). It was suggested that when the interviewer first contacts the family, he or she could let the PCG know that these questions will be asked on the web survey and encourage the PCG and SCG to weigh themselves beforehand. They would also encourage the PCG to help the Young Person measure their height and weight, so that this could be reported by the PCG.

Height and weight	S20a. What is your weight at the moment? [record unit and value] S20a_1 Is this an estimate of have you weighed yourself in the last month? [Estimate; Weighed self in last month]	M

Subsequently, reviewers raised a concern that asking parents to weigh and measure their 13-year-olds may be seen as intrusive. With this in mind, the Study Team decided to ask the 13-year-old to weigh and measure themselves instead. The interviewers will be instructed to handle this both sensitively and matter-of-factly, and to assure participants that while it would be very helpful for the study to have this information, this (like any other question) can be skipped if they would rather not answer it. To assist in standardising the measurement process between households, the Study Team could prepare a short instruction video and/or pamphlet on how best to take measurements in the home; taking into account that most homes will not have equipment such as a height stick. A video could be hosted on the Study's Vimeo account and a link emailed to respondents with the link to their online survey.

ALCOHOL USE; HAZARDOUS DRINKING 'FAST' (FAST ALCOHOL SCREENING TEST, S22-S28)

A considerable amount of research has examined the relationship between parental alcohol misuse and children's development, often found to be mediated by the disruption to family cohesion, parenting dynamics, psychosocial processes and inter-personal relationships (see summary by Burke, Schmied, & Montrose, 2006).

For respondents who consume alcohol, there are follow-up questions on the frequency and intensity of consumption. These include indications of harmful patterns of consumption from the FAST alcohol screening test (Hodgson et al., 2002). The FAST scale was previously used on ***Growing Up in Ireland***, including with both Primary and Secondary Caregivers in Cohort '98 at 13 and was not re-piloted.

For the main phase, the Study Team proposed retaining the question from the FAST on binge-drinking (S24/S25 depending on sex) but not including the more detailed questions on hazardous drinking that were included in previous waves. Frequent binge-drinking should pick up the majority of respondents with unhealthy alcohol consumption.

Alcohol frequency and amount.	S22. Which of the following best describes how often you usually drink alcohol? [Never; Less than once a month; 1-2 times a month; 1-2 times a week; 3-4 times a week; 5-6 times a week; Every day]	M
	If currently drink alcohol between every day and 1-2 times a week ask: S23. And in an average week, how many pints of beer/cider, glasses of wine, measures of spirit, and bottles of alcopops would you drink? [Complete all, as relevant: __ Pints of beer/cider; __ Glasses of wine; __ Measures of spirits; __ Bottles of alcopops]	
FAST Alcohol Screening Test	S24. For the following questions please consider that 1 drink = ½ pint of beer or 1 glass of wine or 1 single spirits. [Females] S24. How often do you have 6 or more alcoholic drinks on one occasion? [Males] S25. How often do you have 8 or more alcoholic drinks on one occasion? [Never; Less than once a month; Monthly; Weekly; Daily or almost daily]	

PARENTAL SMOKING, USE OF E-CIGARETTES AND YOUNG PERSON'S EXPOSURE TO ENVIRONMENTAL TOBACCO SMOKE (ETS; S29-S32)

There is strong evidence summarised in Jaakkola and Jaakkola (2002), and Hofhuis, Jongste and Merkus (2003) that environmental tobacco smoke (ETS) is harmful to child health and development and increases risk for asthma and other related respiratory conditions.

Questions S29 to S30 asked pilot participants about current smoking habits. These questions were supplemented with an additional question (S32) which asked how many people smoked in the house, designed as a crude measure to gauge the child's exposure to ETS. In the pilot, over nine out of ten PCGs reported not smoking at all. About 82% of the households contained no smokers.

A question on the use of e-cigarettes ('vaping') was added for the pilot, as for Cohort '08 at age 9 years. The question asked whether the PCG/SCG used e-cigarettes 'daily', 'occasionally' or 'not at all'. A very small number of PCGs in the pilot reported using e-cigarettes, although given the policy relevance the Study Team feel it is worth retaining (along with the other smoking questions) for the main phase.

Smoking and e-cigarettes	S29. Do you currently smoke daily, occasionally or not at all? (Please only think about cigarettes or cigars, we will ask you separately about 'vaping' and e-cigarettes?) [Daily, occasionally, Not at all]	P M
	S30. [If daily] About how many cigarettes or cigars do you smoke on average each day? [enter number]	
	S31. Do you currently use 'vapes' or e-cigarettes? [Daily, occasionally, Not at all]	
	S32. Including yourself, how many members of the household smoke? [number]	

PARENTAL DRUG USE (S33-S34)

Research on the effects of parental drug use on children has typically highlighted such problem behaviours as antisocial behaviour, and conduct or oppositional disorders (e.g., Smith, 1993; Willens et al, 1995), and negative impacts on the quality of parenting provided for the child (Dawe et al, 2007; Romanowicz et al., 2019).

In response to a previous suggestion from the Research Ethics Committee, the previous single question on the use of any illicit drugs was split into two parts. S33 asked solely about smoking cannabis and S34 asked whether the respondent currently used any other illicit drugs such as 'ecstasy, speed, heroin, methadone, crack or cocaine'.

Other drugs	S33. Do you smoke cannabis? [Regularly, occasionally, Not at all]	P M
	S34. Do you take any drugs such as ecstasy, speed, heroin, methadone, crack or cocaine? [Regularly, occasionally, Not at all]	

These questions were included in the pilot. Of the 131 PCGs who completed the questions on cannabis and other drug use in the pilot, none reported using them. As with smoking, however, given the policy relevance the Study Team suggested retaining the items on drug use for the main phase – although cautioning that the final case numbers may be too small for analysis.

PARENT MENTAL HEALTH (S37)

Parental depression has been linked to various child outcomes including children's socio-emotional and cognitive development (Beardslee et al, 1996; Lewis et al., 2017, 2018). Parental mental health may interact with other variables that can either generate resilience, such as a well-functioning family (Dickstein et al., 1999), or increase risk, such as poverty (Eamon & Zuehl, 2001).

S37 is the Centre for Epidemiological Studies Depression Scale (8-item) (CESD-8) which is a short self-report screening instrument for depression in the general population. A composite score is calculated by summing item responses across the 8-items (range: 0–24). For consistency with previous waves, pilot respondents were categorised according to their composite score, with 7 or more being classified as likely to be depressed. It should be noted, however, that it does not necessarily mean that the participant has a clinical diagnosis of depression. Because this measure was used at previous waves, it could help to identify parents who are more prone to depression or those who experience it at one wave only (in the past or currently) and map this to child outcomes. For Cohort '98 at age 13, the CESD was collected for both the Primary and Secondary Caregivers, with Cronbach's alpha of 0.86 and 0.83, respectively.

CES-D Depression Scale	S37. Listed below are 8 statements about some of the ways you may have felt or behaved. Please indicate how often you have felt this way during the past week. [Rarely or none of the time (less than one day); some or a little of the time (1-2 days); occasionally or a moderate amount of the time (3-4 days); most or all of the time (5-7 days)]	P M
	a. I felt I could not shake off the blues even with help from my family or friends	
	b. I felt depressed	
	c. I thought my life had been a failure	
	d. I felt fearful	
	e. My sleep was restless	
	f. I felt lonely	
	g. I had crying spells	
	h. I felt sad	

The CESD-8 was included in the pilot to check how well it worked as a set of items in the web survey although, as it has always been self-completed, no particular issues were expected. The majority reported each problem 'rarely or none of the time' with the exception of 'restless sleep', of which about one-half reported some level. The Study Team recommended that this measure be used in the main phase. In the current pilot study, internal consistency (Cronbach's alpha) for this scale was .86.

PARENT-CHILD DISCUSSION OF SEXUAL HEALTH ISSUES (S41)

A growing body of research indicates that good communication between parents and children about sexuality helps to prevent early sexual activity, risky sexual behaviours, and promotes the use of condoms (see meta-analysis by Widman et al., 2016).

S41 asks whether respondents have spoken to their child about a range of sexual issues, including sexual intercourse, contraception and sexually transmitted infections. It was not re-piloted as it has been used previously but was recommended for the main phase. At the suggestion of the reviewers, a new item was added to the proposal for the main phase on whether the PCG has spoken to the 13-year-old about 'Sharing explicit sexual texts (sexting) or images'.

Discuss sexual health with 13-year-old	S41. Have you spoken to your child personally about the following sexual health issues? [Yes; No]	M
	1. Sex and sexual intercourse	
	2. Sexual feelings, relationships and emotions	
	3. Contraception	
	4. Safer sex/sexually transmitted infections/ venereal diseases	
	5. Sexual orientation (eg. Homosexuality, heterosexuality etc)	
	6. Sharing explicit sexual texts (sexting) or images	*M

NON-RESIDENT PARENT INFORMATION (S43 – S57 – PCG-ONLY)

Research has shown that the inter-personal relationship between the PCG and the non-resident parent post-separation has important implications for children's health and wellbeing (Amato & Gilbreth, 1999; Dunn, 2004; Wilson, 2006). As in earlier waves, a series of questions was proposed for those respondents who indicate that the Young Person's biological father/mother is not resident in the household. As they have all been previously used in ***Growing Up in Ireland***, none of the questions in this section were re-piloted.

Questions S43-45 ask about the PCG's previous relationship status with the non-resident parent and when they separated. These are key factual questions and were needed for the main phase.

The question on frequency of contact with the 13-year-old was separated into two parts (S50 and S51) to distinguish between face-to-face contact and other forms of contact. This distinction could be particularly important in the context of continuing (or renewed) COVID-19 restrictions; the Study Team recommended retaining these for the main phase. Likewise, the question on the non-resident parent's financial contributions towards the maintenance of the child (S52) has always been important and may even increase in relevance in the pandemic context.

Question S53 refers to discussions (if any) between the resident and non-resident parents. S56 asks about the current quality of the parental relationship with the non-resident parent. As this relationship quality could affect the wider range of interactions between resident and non-resident parent, it was recommended for the main phase.

Non-resident Parent	S43. Can we check, does <child's> biological father/ mother live here with you or elsewhere? [Lives here; Deceased; Temporarily lives elsewhere; Lives elsewhere]	M
	S44. Were you ever married to or did you ever live with <child's> biological father / mother? [Yes, married to; Yes, lived together; No]	
	S45. What age was the <Young Person> when you split or separated from their biological father / mother? _____	
	S50. How often does <child> have face-to-face contact with his / her biological father / mother? [Daily; More than once a week; Weekly; Every second week / weekend; Monthly; Less than once a month; No contact]	
	S51. How often does <child> have other contact (not face-to-face) with his / her biological father / mother? [Daily; More than once a week; Weekly; Every second week / weekend; Monthly; Less than once a month; No contact]	
	S52. Does <child's> biological father / mother make ANY financial contribution to your household and the maintenance of <child>? Include any form of financial support such as rent, mortgage, direct maintenance payment etc. [No, he/she never makes any payment; Yes, he/she makes a regular payment; Yes, he/she makes payments from time to time;	

	Doesn't make a payment but regularly buys things for child (e.g. clothes, toys, meals out)]	
	S53. How often do you talk to <child's> biological father/ mother about <child>? [Every day; Several times a week; About once a week; A few times a month; Several times a year; Never]	
	S56. How well do you get on with <child's> biological father/ mother? Would you say your relationship is? [Very positive; Positive; Neither positive not negative; Negative; Very negative]	

CURRENT PREGNANCY STATUS (S65)

This item is only asked of female respondents. For Cohort '98, it was positioned prior to the items on hazardous drinking, smoking and drug use. It was proposed to move the item to the end of the Sensitive Questionnaire to avoid potential impact on response to these items. Although few of the mothers of Cohort '98 at 13 were pregnant, the question itself may influence responses because of the widely-known risks associated with smoking and alcohol use in pregnancy. In an update to previous waves, a short explanatory note was appended to the question, "this information is collected to put other responses – such as health and weight – in context", in case the placement jars with respondents.

Whether pregnant	S65 [Female; If Male go to S66] Can I check, are you currently pregnant? [This information is collected to put other responses - such as health and weight - in context] [Yes; No]	M

TYPE OF DEVICE USED TO COMPLETE SENSITIVE QUESTIONNAIRE (S66)

In order to facilitate planning for the main survey, pilot respondents to the web survey were asked on what type of device they completed the questionnaire. The most common devices used by the 132 parents who completed the PCG questionnaire were laptops (almost half) and smartphones (about one-third). Smaller numbers used a desktop computer or tablet. The question was recommended for inclusion in the main phase to allow for analysis of any differences in response patterns by type of device used.

Device used to complete survey	S66. Can you tell us on which type of device you completed this survey 1. Desktop computer 2. Laptop computer 3. Tablet / iPad 4. Smartphone	P M

6.5 PILOT-ONLY PRIMARY CAREGIVER ITEMS

For completeness, this section describes items included in the pilot in July/August 2020 but that were not recommended for the main phase.

PILOT ONLY: SIMPLIFIED HOUSEHOLD RELATIONSHIP QUESTIONS

A simplified set of items was used in the pilot to capture household composition, including A1 and A2 from the table above and then A3 and A4, shown below. The items gave an overview of household size and composition (whether one- or two-parent and number of siblings). A return to the regular, full household grid was recommended for the main phase.

In all the pilot cases, the PCG was the same person as at the previous interview. In roughly nine out of ten cases the PCG lived with a partner. About one-third of cases had 4 people in the household and a similar proportion had 5 people in the household. Approximately half had two to four people and about one-in-five had 6 or more. The median number of brothers or sisters of the Young Person living in the household was two.

	A3. How many people in total (including yourself and <child>) live here regularly as members of the household? _____ persons	P
	A4. How many of these are brothers or sisters of <child>? _____ persons	M

PILOT-ONLY: COVID-19 EFFECTS ON FAMILY LIFE

Question Z1 dealt with the PCG's experience with the family and their own reactions to it. In general, the items were answered well in the pilot, with a good mix of 'true', 'sometimes true' and 'not true' responses and variation across the items (i.e. little tendency to use the same response category for all items).

'True' responses tended to be more frequent to the positive items, such as enjoying the chance to slow down and spend extra time with family, than to the negative items such as finding it difficult to balance work and family life or finding the increase in childcare responsibilities stressful. Concern about catching the virus was also high though (about two-thirds) and many PCGs were likely to spend more time on housework or childcare. Some, though a smaller percentage of, SCGs were also reported (by the PCG) to be spending more time on housework or childcare.

Slightly different response categories had been used on the PCG and 13-year-old questionnaire for similar items here and in the education section. Where the categories on the PCG questionnaire were True; Sometimes true and Not true, the first category on the 13-year-old questionnaire was 'Always true' – a stronger form, more distinct from 'Sometimes true'. As a result, there was more variation across the first two categories in the Young Person responses and this format was recommended if these items were to be used in future.

COVID-19 experiences	Now some questions about your experience during the COVID-19 restrictions. Z1 Thinking now of the time when the restrictions related to COVID-19 were at their strongest – around April 2020 – please say whether each of the following was true, sometimes true or not true for you. [True; Sometimes true; Not true] Recommended for Covid survey: Always true; Sometimes true; Not true.]	*P Showing % 'True'
	a. I enjoyed the extra time with my family	76
	b. My family members argued more than usual	<20
	c. We did more activities together	72
	d. It was difficult to balance work and family life	39
	e. I missed having time alone	39
	f. I enjoyed the chance to slow down	75
	g. I worried about the virus infecting me or someone else in my family	67
	h. The increase in childcare responsibilities was stressful	26
	i. Supervising my child's school work was stressful	39
	j. I spent more time than usual on housework	50
	k. I spent more time than usual taking care of the children	59
	l. [If partner in HH] My partner spent more time than usual on housework	26
	m. [If partner in HH] My partner spent more time than usual taking care of the children	41

A subset of the items shown in the table above was proposed for the main survey in 2021/22: items c, d, f (with slight wording change), g, k and m (See Section Z, in Section 6.3, above).

PILOT ONLY: COVID-19 EFFECTS ON WORK AND INCOME

The next set of items dealt with the impact of the COVID-19 pandemic on work and on family income. Question Z2 asked about the ways in which the work of the PCG might have been affected by the COVID-19 situation while Z3 asks about how the employment of the SCG, where present, was affected.

The number of cases reporting any of the specific kinds of loss of work or hours was too small to report, but adding the items together indicates that about one-quarter of PCGs experienced some loss of employment or hours (a to f at Z2). About one-fifth reported having an increase in the hours worked. Over one-third began remote working and over one-quarter reported increasing the amount of work they did from home. About two-thirds reported having their employment affected in any of these ways (from a to m at Z2).

Over one-quarter of PCGs reported having a partner who experienced some loss of employment or hours, with a reduction in hours being most common. About one-third of PCGs had a partner who started working from home. It was recommended that this topic be covered by the dedicated Covid survey of this cohort underway in December 2020.

COVID-19 experiences related to work and income	Z2. Was your employment situation or way of working affected by COVID-19 in any of the following ways? [Tick all that apply, Column A in table below] Z3. [If SCG in household] And what about your partner? Was their employment situation or way of working affected by COVID-19 in any of the following ways? [Tick all that apply, Column B in table below]	*P % for PCG
	a. Loss of employment	25% (any of these)
	b. Temporary lay-off	
	c. Unable to start new job	
	d. Had to take paid leave	
	e. Had to take unpaid leave	
	f. Reduction in usual hours worked	
	g. Increase in usual hours worked	21%
	h. Started new job during the COVID-19 crisis	
	i. Started remote working from home	36%
	j. Increased number of remote hours working from home	29%
	k. Was reassigned to a different kind of work	
	l. Other (please specify)_____	
	m. Not working immediately prior to COVID-19	32% (either of these)
	n. None of the above	

PILOT ONLY: CHANGES TO ROUTINES BECAUSE OF COVID-19

Question Z6 was intended to capture changes in ways of working that commenced during the COVID-19 restrictions but continued after the pandemic. Since many of the measures were still in place in July 2020 (such as employees being encouraged to work from home where possible), it was a little early to look at the longer-term impact on work patterns. However, at the time of the survey about three-quarters of PCGs reported some change that began with the COVID-19 restrictions and had continued. About one-third continued working from home at least part of the time. Nearly one-half spent more time on housework or childcare and about one-third reported having a partner who spent more time on housework or childcare.

As noted above, the Study Team has allowed in the calculation of questionnaire length for a small set of items to be included in the main survey. The decision on what items to be included were to be informed by conditions prevailing at the start of fieldwork and by the findings from the proposed Covid survey.

PILOT ONLY: COVID-19 INCOME SUPPORTS (ZH33-ZH35)

ZH33 to ZH35 were new items for the pilot, designed to capture households where employment was supported by the measures introduced by the government in response to the COVID-19 crisis.

Just over one-quarter of families had received the Pandemic Unemployment Payment at some point up until the date of the interview. The numbers receiving the other types of payment were much smaller (less than one-fifth for all the others combined). The item on Pandemic Unemployment payment and the item on 'other regular social welfare payments' were proposed for the main phase, but the others were not.

At ZH35, fewer than one-fifth of PCGs were aware of their employer receiving the Temporary Wage Subsidy scheme, though a smaller but notable proportion were not sure. Because of uncertainty in answering this question, the Study Team recommended discontinuing it in the main study or the proposed COVID-19 survey later in 2020.

COVID-19-related payments	ZH33. Did your household receive any of the following during the COVID-19 crisis? [Yes; No] Pandemic Unemployment Payment (proposed for main) Sick pay from employer Illness Benefit Short-time Work Support (where temporarily placed on shorter working week) Other regular social welfare payment (excluding Child benefit) (proposed for main)	P
	[ZH34 – Check - If at work at time of COVID-19 restrictions] ZH35 Did your employer receive the Temporary Wage Subsidy Programme, designed to help keep people in employment? [Yes; No; Don't know]	drop

PILOT ONLY: LEARNING DURING COVID-19

Given the recent experience of the COVID-19 restrictions and the closure of schools in the months before the survey, parents in the pilot were asked a set of questions about the 13-year-old's experience of learning at that time. These items parallel a set of items presented to the young people and discussed in Chapter 5.

Education during the COVID-19 restrictions	Now I'd like to ask you some questions about <Child>'s education ZE0. Thinking now of the time when the schools were closed because of COVID-19, please say whether each of the following was true, sometimes true or not true for <child>. [True; sometimes true; Not true]	*P % True
	a. <Child>had a quiet space to study at home	93%
	b. <Child> had a chance to take school lessons on the internet	73%
	c. It was hard for <child> to concentrate on study	23%
	d. <Child> was able to send work to teachers to mark	83%
	e. <Child> mostly gave up on trying to study until the schools opened again	<20%
	f. <Child> had someone at home to help with schoolwork	87%
	g. <Child> enjoyed the chance to study independently	35%

In general, the PCGs were positive about the 13-year-old having a quiet place to study, being able to concentrate, interacting with teachers and taking lessons online and having someone at home to help. They were less positive about the 13-year-old enjoying the chance to study independently (35% 'true'). It was not anticipated that these questions would be included in the main phase but were useful to trial for a dedicated COVID-19 survey (that was planned for December 2020).

PILOT ONLY: PARENT SATISFACTION WITH THE SCHOOL

In response to suggestions from the policy stakeholders and Scientific Advisory Group, an item was also added on parental satisfaction with various aspects of their child's education (their subjects and experience of teaching and learning) and their interaction with the school (the flow of information and their involvement) (E13).

	E13. How satisfied are you with …[Twin] [Very satisfied; Satisfied; Neither satisfied nor dissatisfied; Dissatisfied; Very dissatisfied]	P
	a. The subjects your child is taking	
	b. The kinds of teaching your child experiences	
	c. The information you receive from the school	
	d. How the school involves parents	

The majority of PCGs in the pilot were very satisfied or satisfied with each of the aspects of the school listed at E13 (subjects taken, teaching experienced, information received from the school and how the school involved parents). There was little variation in responses to the items at E13 and the Study Team felt that more information might be gleaned from the items at E11 on how parents were actually involved (particularly being consulted). Therefore, the Study Team recommended dropping E13.

PILOT ONLY: ADEQUACY OF INTERNET ACCESS DURING COVID-19 (ZF2A-ZF2B)

ZF2a and ZF2b were added to the pilot to check the adequacy of the household's broadband connection and their internet-connected devices during the COVID-19 restrictions.

Adequacy of connection	ZF2a. [If code 2-5 at xE25_0] How adequate was the internet connection to your family's needs during the most restrictive social distancing period? [Very adequate; Mostly adequate but with occasional delays; Just ok; Had frequent problems; Completely unusable]	P
Adequacy of devices	ZF2b. How adequate were your family's internet-connected devices to your needs during the most restrictive social distancing period? [Please consider the number of computers, tablets or smartphones with an internet connection]. [Very adequate; Mostly adequate; Just ok; Had frequent problems; Completely unusable]	P

Overall, 60% reported it to be 'very adequate' and a further 23% reported it to be 'mostly adequate but with occasional delays'. The adequacy of internet-connected devices was also rated relatively highly, with 65% reporting them to be 'very adequate' and a further 19% as 'mostly adequate'. These questions would not be required for the main phase if they were covered in the Covid survey.

PILOT ONLY: DETAIL ON PARENTAL LEAVE (G9-G13)

The questions on parental leave at G9-G13 were introduced for the first time in the pilot. About one-third of PCGs requested to take parental leave with respect to the 13-year-old at some point since they were born. Most of the remainder had been in employment but had not requested parental leave. In most cases where parental leave was requested, it was granted fully (over nine-in-ten cases where it was requested). About two-thirds of parents took the leave as reduced days or hours and a high proportion of the remainder took it as one continuous block (vs. more than one block).[40]

[40] The number taking continuous blocks of leave was too low in the pilot for us to report the number of weeks.

Parental Leave	G9. Did you request to take parental leave in relation to <child>? By parental leave, we mean unpaid leave from employment up to a total of 26 weeks per child, which can be taken up until the child is age 12. [Yes; No; Not applicable – not in employment since birth of child]	P
	[If requested] G10. Was your request granted? [Yes, fully; Yes, in part; No]	
	[If request granted] G11. how was your parental leave taken? [In one continuous block; Two separate blocks of at least 6 weeks; Taken as reduced days or hours]	
	[If leave taken in block(s)] G12. How many weeks in total have you taken so far for <Child>? [N weeks]	
	[If no parental leave taken] G13. What was the main reason you did not take parental leave? [Tick one box for MAIN reason] • Finances/loss of income • Employer discouraged take up • Was not allowed to take the leave in preferred way (e.g. as 1 day per week) • Worried about the effect on career • Was not employed or was self employed • Did not need to (partner looking after child) • Prefer not to take, other reason	

Of those who did not take parental leave, the most frequently chosen reasons were that they did not need to because the partner was looking after the child; they were not employed or were self-employed; they preferred not to take leave for another reason and finances/loss of income. Exact figures are not reported because of the small number of cases.

The Study Team proposed retaining only a question on whether parental leave was taken for the main phase.

PILOT ONLY: INVOLUNTARY HOUSING MOVES (H6-H7)

Two items were included in the pilot to capture whether the family had ever had to involuntarily leave their accommodation (H6), and, if so, the reason (H7). These were new items.

A very small number of parents in the pilot reported ever having to leave accommodation when they did not want to; 92% had never had this experience. Among those who did, reasons reported were landlord ending lease for another reason; splitting up from a partner and inability to afford the rent/mortgage. In the context of severe pressure for space on the questionnaire, this item was not proposed for the main phase.

Involuntary moves	H6. Since <child> was born, was there ever a time when you had to move out of your home when you did not want to? [Yes; No]	P
	[If yes] H7. What was the main reason you had to move? [Could not afford rent/mortgage; Landlord selling property; Landlord ended lease for another reason; Split up from partner; Other, please specify]	

PILOT ONLY: HOUSING AFFORDABILITY

Items H10 and H11, on whether housing costs were a burden and whether the household had been in arrears on utility bills, were also adapted from SILC. They were new items for the pilot.

Fewer than one-fifth of parents reported housing costs to be a 'heavy burden' (H10) but almost half said they were 'somewhat of a burden'. About 30% report them being 'no burden at all'.

Housing costs	H10. When you think of your household's total housing costs including payments on mortgage or rent, insurance and service charges (refuse removal, regular maintenance and repairs etc). Would you say they are [A heavy burden; somewhat of a burden; no burden at all]	P
	H11. In the last 12 months, was there ever a time when you were unable to pay utility bills (heating, electricity, gas, refuse collection) for the main dwelling on time, due to financial difficulties? [Phone bills should NOT be considered as utility bills.] [Yes, once; Yes, twice or more; No; Not applicable – household does not have utility bills]	

A very small number report being in arrears on utility bills at some point in the previous twelve months (H11).

While these are useful items, there were two other items measuring financial strain (difficulty making ends meet at H40 and meeting unexpected expenses at S64). In the interest of limiting the length of the questionnaire, the Study Team recommended dropping H10 and H11 on costs and arrears.

PILOT ONLY: BASIC DEPRIVATION SCALE (S58-S61)

The items making up the Basic Deprivation Scale were included on the PCG Main Questionnaire in previous waves of ***Growing Up in Ireland***. However, the level of deprivation captured by these items is much lower than would be expected given the income levels of the household and other indicators such as financial strain (see discussion in Watson et al., 2014, Section 3.5). The Study Team had hypothesized that parents may be reluctant to admit an inability to afford basic goods and services in the context of a survey focused on the wellbeing of children. In this pilot, we tested placing the items on the PCG Sensitive Questionnaire. The hope was that the self-completion format would encourage PCGs to disclose any deprivation actually experienced.

The eleven items in the table are those used to construct the basic deprivation scale, one of the key national indicators of poverty. A household is considered to be experiencing basic deprivation if it had an enforced lack (i.e. cannot afford) two or more of these eleven basic items.

On the individual items, the percentages reporting basic deprivation were low, as would be expected. The highest was for being unable to afford to replace worn-out furniture; however, it was reported by just a small number of the pilot respondents.

However, even taking all eleven items together, the reported level of deprivation remains low. Almost nine-in-ten parents reported lacking none of the goods or services. This compared to about eight-in-ten for the same families at the previous interview four years earlier (on that occasion, reported on the PCG main interview). It is plausible that the economic situation of the families improved between 2016 and 2020, accounting for some of the drop in deprivation. Taking the financial strain item (ease or difficulty in making ends meet), this can be seen: 55% of the pilot families had reported some difficulty making ends meet at age 9 and this had fallen to 30% at age 13. The reported level of deprivation on any of the eleven items drops by an even larger amount. This suggests that moving the items to the Sensitive Questionnaire did not improve the extent to which they capture variations in standard of living related to basic goods and services.

Given the low level of variation in this measure, the Study Team recommended dropping the items from the study entirely. There were other items relating to financial stress used elsewhere in the questionnaire that were likely to be more useful to researchers (see S64 below and H40 on main questionnaire).

Basic deprivation items	S58. For the following items could you indicate whether or not your household has the item and, if not, if it is because you couldn't afford it or for another reason? [Yes; No, cannot afford; No, other reason]	P
	a. Does your household eat meals with meat, chicken, fish (or vegetarian equivalent) at least every second day?	
	b. Does your household have a roast joint (or its equivalent) at least once a week?	
	c. Do household members buy new rather than second-hand clothes?	
	d. Does each household member possess a warm waterproof coat?	
	e. Does each household member possess two pairs of strong shoes?	
	f. Does the household replace any worn out furniture?	
	g. Does the household keep the home adequately warm?	
	h. Does the household have family or friends for a drink or meal once a month?	
	i. Does the household buy presents for family or friends at least once a year?	
	S59. Have you ever had to go without heating during the last 12 months through lack of money? (I mean have you had to go without a fire on a cold day, or go to bed to keep warm or light the fire late because of lack of coal/fuel?) [Yes; No;]	

	S60. Did you have a morning, afternoon or evening out in the last fortnight, for your entertainment (something that cost money)? [Yes; No]	
	[If no] S61b. Why was that – please indicate the main reason? 1. Didn't want to 2. Have a full social life in other ways 3. Couldn't afford to 4. Couldn't leave the children 5. Illness 6. COVID-19 restrictions 7. Other (specify)	

PILOT ONLY: CO-PARENTING RELATIONSHIP SCALE

S18 was comprised of the five items from the exposure to conflict subscale from the Co-parenting Relationship Scale (CRS; Feinberg, Brown, & Kan, 2012) as used with this cohort at age 9 years. These items focus specifically on tense or argumentative exchanges between the couple that occur in the child's presence. For the ***Growing Up in Ireland*** Cohort '08 at 9 years, the corresponding alpha was .72 for the PCG and .64 for the SCG.

Couple interaction in front of 13-year-old	S18. We would like you to think about things you do when both you and your partner are physically present together with the Young Person (i.e. in the same room, in the car, on outings). Count only times when all three of you are together (even if this is just a few hours per week). How often in a typical week, when all three of you are together, do you (please tick one box one each line): [0 Never; 1; 2 Sometimes (once or twice a week); 3; 4 Often (once a day); 5; 6 Very Often (several times a day)]	P % Never
	a. Find yourself in a mildly tense or sarcastic interchange with your partner?	25%
	b. Argue with your partner about your child, in the child's presence?	62%
	c. Argue about your relationship or marital issues unrelated to your child, in the child's presence?	72%
	d. One or both of you say cruel or hurtful things to each other in front of the child?	74%
	e. Yell at each other within earshot of the child?	57%

In the pilot, the level of conflict in front of the child picked up by co-parenting subscale was very low (n=123), as expected from items on couple conflict included in previous waves, with the majority answering 'never' to all but the first item. On balance, the Study Team feel that rather than adding this item that does not have cross-cohort consistency, it would be better to retain the items used with the older Cohort '98 at age 13 (the item S17, and S19-S20, discussed above).

6.6 SUMMARY

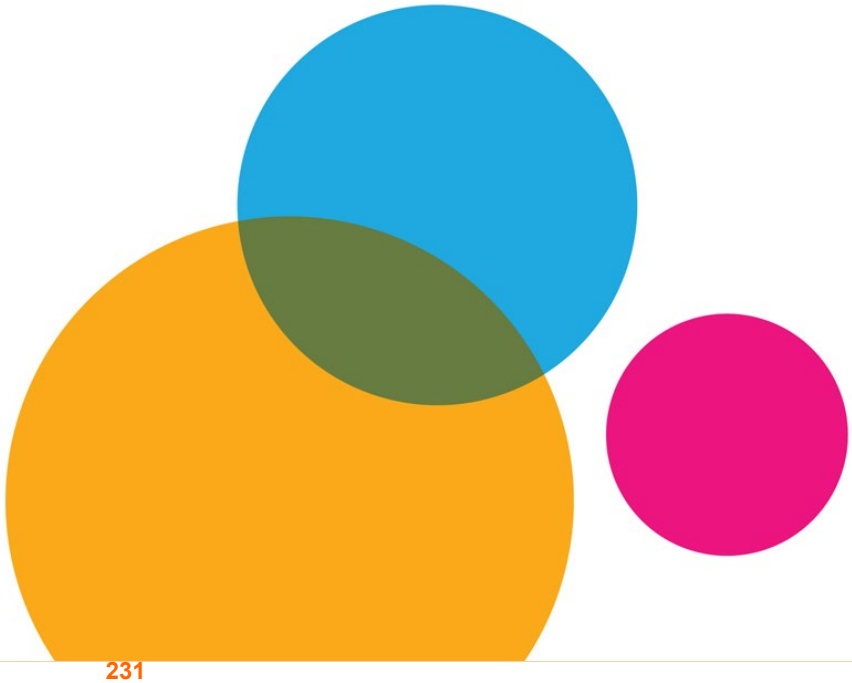
This chapter considered the items proposed for the PCG Questionnaires, in light of the experience with the pilot, with the goal of developing proposals on questionnaire content for the main phase of fieldwork. Since the decision had, by time of writing, been made to proceed with remote fieldwork in 2021/22, only the items recommended for remote fieldwork were presented in sections 6.2-6.4. Any of the items included in the pilot but not recommended for remote fieldwork in the main phase were discussed separately in Section 6.5.

Since the questionnaire proposed for the pilot in the original submission was already too long, it had to be considerably shortened even without the need to further shorten the questionnaires for administration on the telephone. In addition, given the importance of the COVID-19 pandemic to the wellbeing of families, allowance had to be made for a set of questions on their experience during the pandemic, to supplement a proposed web-based COVID-19 survey in late 2020.

The Study Team, in conjunction with valuable input from the Steering Group and other reviewers, endeavoured to offer the best balance of content that would be the most useful in understanding the well-being and development of this cohort, both in the pandemic era and longitudinally.

Chapter 7

SCHOOL PRINCIPAL SURVEY



7 SCHOOL PRINCIPAL SURVEY

7.1 INTRODUCTION

This chapter describes the approach to data collection and the content of the questionnaire for the survey of second-level school principals. A survey of principals has occurred for all waves of data collection at which respondents were in school for both Cohort '98 and Cohort '08. These surveys have provided information on the objective characteristics of the school (such as school size) and on various aspects of school policy and practice as valuable context for analysing the experiences and outcomes of children and young people.

As many of the questions were well-tested, having been used for multiple waves of data collection, it was decided to conduct a small-scale consultation with second-level school principals to assess whether new questions relating to junior cycle developments and to the impact of the COVID-19 pandemic and associated restrictions worked well. The questionnaire was sent to eight principals, covering diverse school types. Because of principal workload in the wake of the pandemic, only five questionnaires were returned, despite repeated contacts. All of the questions worked well in eliciting information, with variation in responses apparent even among this small group of schools. However, to preserve the anonymity of the assisting schools, no actual responses are reported in this chapter.

7.2 OVERVIEW OF PLAN FOR SCHOOL COMPONENT

Cohort '08 is a nationally representative stratified random sample so therefore 13-year-olds are likely to be dispersed over a large number of the 732 second-level schools in Ireland. For this reason, all second-level school principals will be surveyed in the main phase. It was planned to conduct this survey in autumn 2021. This timing was guided by the desire to maximise response rates on the part of principals; if significant disruption in schools was still evident in spring 2021, this would likely result in a reduced response from principals who will still be extremely busy handling the impact of COVID-19 restrictions. It was hoped, at time of writing, that the start of the roll-out of vaccinations in 2021 would make the autumn a more favourable time for contacting schools.

Details on the school attended by the 13-year-old will be requested from the PCG during their interview. This will allow information on school characteristics from the Principal Questionnaires to be matched to the other data from the Young Person and their parents.

7.3 QUESTIONNAIRE CONTENT

It was proposed that the questionnaire be administered on paper. This mode allows, for example, for administrative staff to complete some details on absenteeism etc and somewhat reduce the burden on principals. The content of the Principal Questionnaire is described in the remainder of this section. Questions marked with an asterisk are those not asked in any previous wave of data collection.

The first section of the questionnaire sought to elicit information on the school's experience of the pandemic and related restrictions. The questions were designed to reflect the situation in late 2020 (when schools were open but operating social distancing) so would need to be redesigned to reflect the situation at time of fieldwork in 2021/22. Given the massive disruption to learning experienced by schools during the early stages of the pandemic, this may include retrospective questions about the perceived effects on student outcomes.[41]

P1* asks about the perceived effects of school closures on student engagement, motivation, wellbeing, attendance, and behaviour, and was adapted from a survey of second-level principals conducted by Mohan et al. (2020). P2* asks more specifically about the impact on student learning and is adapted from a survey of school leaders and teachers in England conducted by the National Foundation for Educational Research (Sharp et al., 2020). P3* asks about how remote learning operated in their school during the period of school closures while P4* questions them on how well they feel their school could cope with another closure.

Questions P5 to P7* ask about the ease of social distancing in their school buildings and about its impact on various activities in the school. P8* asks about provision to help students readjust to school after the reopening and the perceived effectiveness of these measures. P9 to P11* ask about the effect of the pandemic in terms of staff and student absences and in having to send groups of students home.

P12-P14: Information about the principal

P12 and P13 ask about gender and age-group while P14 asks about experience as principal in this and/or other schools.

P15-20: Basic information about the school

These questions ask about school size, its gender mix, the type of school (fee-paying, community college, comprehensive, etc.), its ethos in terms of beliefs/ethics, the main language medium and whether the school participates in the DEIS (Delivering Equality in Schools) Programme. Principals are asked about the relative importance of different domains (e.g. sports, religion etc.) to the ethos of their school to obtain information on the broader school orientation. Participation in the School Completion Programme is also recorded (P23).

P21-22: Staffing Resources

The questions on staff resources include the number of male and female teachers employed on a full-time and a part-time basis, and the number of staff in specific roles, such as special

[41] Note that, as for all questionnaires, the actual Principal Questionnaire used in main fieldwork will be published and described in the design report for this wave.

education teachers, special needs assistants etc. They also cover the amount of time devoted to career guidance and counselling.

P24: Perception of adequacy of resources and facilities

This question was designed to assess the adequacy of the school's facilities and resources across a number of areas (e.g. number of teachers, number of classrooms); with responses indicated on a four-point Likert scale ranging from poor through excellent.

P25: Year school was built and number of students the school was designed for

This item asks what year the school was built and the number of students the school was designed to accommodate as a further measure of the potential adequacy of facilities.

P26-27: Programmes offered in the school and subjects taught in Junior Cycle

These questions ask about the programmes offered by the school, such as the Transition Year programme, Leaving Certificate Applied, and Post-Leaving Certificate Courses etc., as well as the new Level 1 and Level 2 Learning Programmes*. It also collects information about the subjects offered at junior cycle within the school, including new information on the provision of short courses*. For Irish, English and Maths, principals are asked about level at which they are taught.

P28: Basis for allocating students to their base class

If there is more than one class in any year-group, then principals are asked about the basis on which pupils are allocated to their base class in order to identify those schools that use ability grouping.

P30: Use of digital devices in the classroom

Principals are asked about the proportion of students using individual digital devices for educational purposes in the classroom. This question should complement information collected from young people themselves on their experience of the use of technology in class.

P31: Perspectives on the revised junior cycle*

In order to capture the potential effects of policy changes, principals are asked to respond to a series of statements on their school's experience of the revised junior cycle curriculum, covering issues such as the use of teaching methodologies, teacher perspectives, development of short courses at school level and potential challenges around timetabling CBAs and wellbeing hours. This will provide useful information on potential between-school variation in the effects of policy change and could be linked with individual-level data from the Young Person to look at educational experiences and outcomes.

P32-34: Over-subscription to school and admissions criteria

Recent legislative changes determine the criteria on which schools can admit students if they are over-subscribed. These questions ask about the presence of other local schools, whether the school is over-subscribed, and the admissions criteria used.

P35: Students with additional needs

This question records details on the proportion of students who have such literacy, numeracy or behavioural problems as to adversely impact their educational development.

P36-37: School non-attendance

The principal is asked about the average daily attendance for the school in the current academic year, and the proportion of students who missed 20 days or more in the previous school year.

P38: School composition

This question records information in respect of the number of students in the school who are from immigrant backgrounds, from Traveller backgrounds, whose first language is other than English/Gaeilge, and who have physical/sensory or learning/intellectual disabilities. This provides an indicator of the complexity of need among the student population.

P39: Proportion of students who go on to higher education

This question records information on the proportion of students in the school who usually go on to higher education.

P40-41: School supports for students

These questions ask about school supports in place for first year students in particular and for students more generally. Principals are asked about the supports they use to help students adjust to second-level education and the approach they regard as the most important. They are also asked about the involvement of different personnel (such as the pastoral care team and class tutors) in providing personal and social support to students.

P42: Extra-curricular activities

These questions relate to the provision of different sorts of extracurricular activities.

P43-44: Meal provision and healthy eating policy

These questions ask about the provision of meals and whether the school has a healthy eating policy.

P45: Anti-bullying programme

This question asks whether the school uses a formal anti-bullying programme.

P46: Student involvement in school decision-making

This question asks whether students are involved in different aspects of decision-making processes within the school.

P47: Discipline practices in the school

This question asks the principal about the frequency of use of different forms of addressing misbehaviour in the school. It is similar to that used in previous waves of the study, with the addition of a new item on the use of restorative justice*.

P48-51: Parental involvement

Information is collected on whether the school holds a formal parent-teacher meeting at least once a year and what proportion of parents attend. Principals are also asked about the facilities provided for parents in the form of a parents' room and courses; this information can be examined in conjunction with information from the PCG on their perspectives of the extent to which the school involves parents. Information is also collected on whether parents are asked to make a financial contribution to the school, the amount requested and the proportion of parents who pay.

P54-55: Principal perspectives

Principals are asked an open-ended question about the challenges they face in their work. This could provide detailed insights into variation across schools in the issues they cope with. Principals are also asked about their level of job satisfaction and job stress.

7.4 SUMMARY

This chapter has described the Principal Questionnaire to be used with the 13-year data sweep with Cohort '08. As noted earlier, the dispersion of the Cohort '08 sample is such that there is likely to be at least one Study Child in all 732 second-level schools. Therefore, the Main Phase of the study will involve sending the questionnaire to principals in all second-level schools. Information on the school the Young Person attends will be collected from the PCG so that data can be linked later.

Chapter 8

SCALED ITEMS USED IN PILOTING

8 SCALED ITEMS USED IN PILOTING

This chapter provides a more detailed description and some technical information on the various sets of scaled items referenced in the preceding chapters. Only scaled measures utilised in the pilot are described. Measures that were proposed for, and used in, the main phase will be described in detail in a separate report.

8.1 YOUNG PERSON QUESTIONNAIRE:

8.1.1 THE MENTAL HEALTH INVENTORY

The Mental Health Inventory–5 (MHI-5) is a brief, valid, and reliable measure to assess mental health and screen emotional disorders in children and adolescents. The original Mental Health Inventory (MHI; Veit and Ware, 1983) is a 38-item instrument designed to assess psychological well-being and distress in adult populations. A revised version, the MHI-5, was subsequently developed, providing a much shorter, but comparably accurate and reliable instrument (Berwick et al., 1991). The MHI-5 has subsequently been shown to predict anxiety and depressive diagnoses in children and adolescents (Rivera-Riquelme, Piqueras & Cuijpers, 2019). It has also been shown to be a predictor of long-term sickness absence, a proxy indicator of severe health issues (Thorsen et al., 2013).

As the name suggests, it consists of five items. The 13-year-olds were asked how often in the past four weeks they felt certain ways (e.g. felt so down in the dumps that nothing could cheer you up; felt calm and peaceful). Cronbach's alpha was calculated for this scale in the pilot, measured at .84.

The mean composite score in the pilot was relatively high at 74.6 (a higher score is considered preferable). No clinically validated cut-point for the MHI-5 exists. However, a cut-point of 60 has previously been proposed by both van Leeuwen et al. (2012) and Kelly et al. (2008). This cut-point was deemed the most suitable for use amongst this cohort of 12/13-year-olds and has been applied in the ***Growing Up in Ireland*** COVID-19 Key Findings report as a proxy indicator of the prevalence of mental health disorders.

8.2 PCG / SCG QUESTIONNAIRE:

8.2.1 STRENGTHS AND DIFFICULTIES QUESTIONNAIRE

The Strengths and Difficulties Questionnaire (SDQ) (Goodman, 1997) is a brief (25 item) measure of the prosocial behaviour and socio-emotional and behavioural difficulties of children aged 3 to 16 years that can be completed by parents, teachers, or children/youths themselves. The instrument produces scores for each of five subscales; Emotional symptoms, Conduct problems, Hyperactivity/inattention, Peer problems and Prosocial behaviour. There are 5 items in each subscale and a Total Difficulties score is obtained by summing scores across the four deficit-focused scales (i.e. all except the Prosocial behaviour scale). Respondents are required to indicate their level of agreement to each item on a three-point scale indicating

whether the item is not true, somewhat true or certainly true. Subscale scores range from 0-10 and the total difficulties score ranges from 0-40. Higher scores on the problem-oriented scales are indicative of more problems.

This measure was also used at 9 years for this cohort and in Cohort '98 so that while strengths and difficulties could be explored cross-sectionally, they can also be mapped over time. This allows comparison of those with time-bound difficulties to those with persistent difficulties, and how these in turn might relate to other outcomes, such as antisocial behaviour or depression.

A nationwide epidemiological sample of 10,438 British 5-15-year-olds found reliability to be generally satisfactory, with adequate internal consistency ($\alpha = 0.73$). The authors also found that SDQ scores above the 90th percentile predicted a substantially raised probability of independently diagnosed psychiatric disorders (mean odds ratio: 15.7 for parent scales, 15.2 for teacher scales, 6.2 for youth scales). Findings from the first waves of ***Growing Up in Ireland*** with Cohort '98 produced similar reliability estimates with internal consistency of 0.72 at age 9 and 0.73 at age 13.

In the current (Cohort '08 at age 13) pilot study, Cronbach's alpha for the conduct and hyperactivity subscales were .48 and .68, respectively. The mean score (out of a possible 10) for the conduct subscale was 0.87 while the observed range was 0-5. For the hyperactivity subscale, the mean score was 1.88 and the observed range was 0-9.

8.2.2 BASIC DEPRIVATION SCALE

The items making up the Basic Deprivation Scale have been included in every wave of ***Growing Up in Ireland***. For this pilot, however, the Study Team proposed to move the items from the interviewer-administered main questionnaire to the self-complete questionnaire in case PCGs might be embarrassed about being unable to afford one or more of these essential items.

The Basic Deprivation scale is one of the core indicators used in the Irish national poverty monitoring system, based on the Survey of Income and Living Conditions (SILC). The Basic Deprivation scale was originally made up of 11 items relating to poverty in areas such as food, clothing, furniture, debt and minimal participation in social life (e.g. Does the household keep the home adequately warm?). The index can be used on its own as a measure of non-monetary deprivation. It has also been widely combined with thresholds of relative income poverty to provide a measure of 'consistent' poverty status and changes therein over time. The scale has been developed through ESRI research stemming back to 1987 (Callan et al., 1993; Layte, et al., 2001). Item loadings on the basic deprivation dimension ranged from 0.55 (going without heating) to 0.71 (being able to afford new clothes; Whelan et al., 2007). Convergent validity has also been reported as excellent, with the scale exhibiting high correlations with others in this area including the ECHP 8-item Basic Deprivation index.

In the current (Cohort '08 at age 13) pilot study, internal consistency (Cronbach's alpha) for the 11-item Basic Deprivation Scale was .47. The vast majority of parents answers that they could afford all items listed.

8.2.3 CO-PARENTING RELATIONSHIP SCALE - EXPOSURE TO CONFLICT SUBSCALE

Bronfenbrenner's conceptualisation of the bio-ecological context acknowledges that interactions between actors in the child's microsystem (e.g. the parents) affect his or her development, in addition to the interactions between child and parent. The former is referred to as the 'mesosystem' in the model (see Chapter 1 for a summary). With this is mind, the interactions between parents that are observed by the child could have additional impact.

Question S18 in the pilot was comprised of the five items from the exposure to conflict subscale from the Co-parenting Relationship Scale (CRS; Feinberg, Brown, & Kan, 2012) as used with this cohort at age 9 years. These items focus specifically on tense or argumentative exchanges between the couple that occur in the child's presence (e.g. How often in a typical week, when all three of you are together, do you find yourself in a mildly tense or sarcastic interchange with your partner?). Feinberg et al. (2012) validated the CRS with a sample of 169 co-resident heterosexual couples recruited as part of a parenting intervention project who were followed longitudinally. They reported Cronbach's Alpha values for the exposure to conflict subscale between .81 and .90. For the ***Growing Up in Ireland*** Cohort '08 at 9 years, the corresponding alpha was .72 for the PCG and .64 for the SCG.

In the current (Cohort '08 at age 13) pilot study, Cronbach's alpha for the exposure to conflict subscale for the PCG was .82. The mean score for this scale was 3.4 (out of a possible 20), whilst the observed range was 0-20.

The Study Team recommended that this scale was not retained for main fieldwork, as there were other items that could be used that would maintain for cross-cohort consistency.

8.2.4 CENTRE FOR EPIDEMIOLOGICAL STUDIES DEPRESSION SCALE (8-ITEM; CESD-8)

The Centre for Epidemiological Studies Depression Scale (8-item) (CESD-8) is a short self-report screening instrument for depression in the general population. It was used in the pilot report to gauge risk of depression amongst parents of 13-year-olds. The CESD-8 was included in the pilot to check how well it worked as a set of items in the web survey although, as it has always been self-completed, no particular issues were expected.

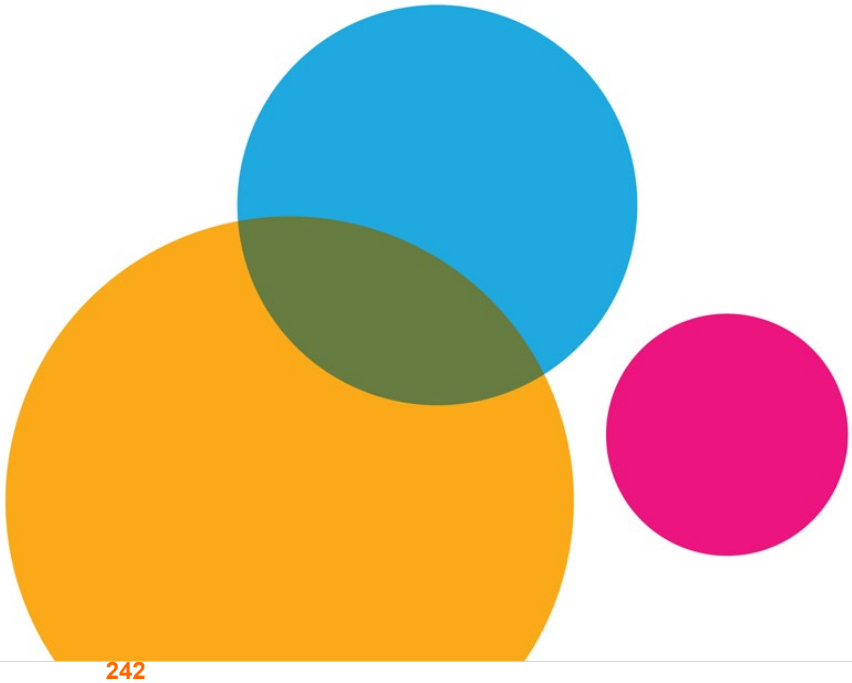
Participants were asked to state how often (from 'rarely or none of the time' to 'most or all of the time') they felt or behaved certain ways (e.g. I thought my life had been a failure; My sleep was restless). A composite score is calculated by summing item responses across the 8-items (range: 0–24). For consistency with previous waves, pilot respondents were categorised according to their composite score, with 7 or more being classified as likely to be depressed.

It should be noted, however, that it does not necessarily mean that the participant has a clinical diagnosis of depression. Because this measure was used at previous waves, it could help to identify parents who are more prone to depression or those who experience it at one wave only (in the past or currently) and map this to child outcomes.

For Cohort '98 at age 13, the CESD-8 was collected for both the Primary and Secondary Caregivers, with Cronbach's alpha of 0.86 and 0.83, respectively. In the current (Cohort '08 at age 13) pilot study, the CESD-8 was completed by the PCG, and internal consistency (Cronbach's alpha) was .86. The mean score (out of a possible 24) was 2.3, and the observed range was 0-21. For almost all statements (e.g. I felt depressed, or My sleep was restless), the vast majority of respondents stated that they felt that way 'rarely or none of the time' or 'some or a little of the time'. The Study Team recommended that this measure be used in the main phase.

Chapter 9

CONCLUSION ON PILOT AND DECISIONS FOR MAIN PHASE



9 CONCLUSION ON PILOT AND DECISIONS FOR MAIN PHASE

9.1 OVERVIEW

This document described the ***Growing Up in Ireland*** Study Team's experience of the pilot conducted in July/August 2020 in advance of main fieldwork with Cohort '08 at 13 in 2021/22. The pilot was unique in the experience of the study because, not only did take place in the context of a pandemic, but the original plan for in-home fieldwork had to be rapidly adapted to a completely remote roll-out. Even at the time of the pilot in the summer of 2020, it was expected that a return to in-home interviewing would be possible by the time of main fieldwork in spring of 2021: thus, the pilot instrumentation focused on trialling questions not previously used. However, by the autumn of 2020, it was looking increasingly unlikely that face-to-face interviews would be possible[42] and so the evaluation of the remote pilot was even more centred on planning for the main phase fieldwork - now that it would also take place remotely.

Hence the timing of this pilot report was positioned somewhat further along than usual, at a point not immediately after the pilot took place (as would be customary) but at the point where the study had reoriented towards conducting main fieldwork remotely. Hence the discussion of the pilot results was more fully integrated with the proposal for the next stage than usual. Part of this decision relates to the fact that the remote pilot deliberately excluded many previously used items, with a view to reinstating them for the main phase when a longer in-home interview could take place. A sensible narrative course from conception to pilot through to main fieldwork therefore requires a discussion of items proposed for the main phase that were not actually piloted.

The onset of the pandemic meant changes to previous work practices beyond the switch from in-home to remote interviewing. For example, the COVID-19 restrictions meant that interviewer training could not take place on the ESRI premises; and the Study Team could not print, pack and post advance materials to the respondents. It is a credit to the project Steering Group, Research Ethics Committee, interviewers, respondents and Study Team that it was possible to adjust to these radically changed circumstances and conduct a pilot as close as possible to the original schedule.

9.2 CRITERIA FOR SELECTING ITEMS FOR INCLUSION / EXCLUSION POST-PILOT

Several criteria were considered in selecting items for inclusion in the original, pre-pandemic proposal, including relevance to the well-being of young people in the three core areas of physical health, emotional health and educational development; issues of concern to young people themselves; relevance to developmental trajectories (longitudinal consistency); learning from other cohort studies; adequately capturing changing social and economic circumstances; policy relevant; relevance to this particular age and stage and, where possible, capturing data not available elsewhere.

[42] This was approved by the Steering Group in September/October 2020.

All of the items proposed for inclusion in the original submission met these criteria and warranted serious consideration. With the onset of COVID-19 and its likely persistence into 2021, the Study Team, Research and Evaluation Unit in the DCEDIY, and the Steering Group were faced with the difficult decision of choosing items to be dropped. The change of mode to telephone and web meant that some things simply could not be measured (such as height and weight measured by the interviewers) and the overall content of the instruments had to be reduced to work on the telephone and web.

In deciding what to drop, items or scales were considered for exclusion where alternative indicators were available elsewhere in the instrumentation, the item/scale was very burdensome, the longitudinal or cross-cohort comparability was compromised by the COVID-19 pandemic, the association with outcomes was low, the concept could not be measured by phone/web survey, or the level of variation was very low.

9.3 SUMMARY OF MAJOR CHANGES TO THE HOME-BASED PILOT FOR MAIN PHASE

The following are the main changes to the instruments proposed post-pilot and considering the decision to conduct the main phase fieldwork remotely, relative to what was originally envisioned pre-pandemic. Changes at the level of individual items and scales are described in the preceding chapters.

Experience of COVID-19: Some additional items were planned for inclusion in both the PCG and 13-year-old questionnaires. They were not fully specified at the time of writing given the need to adapt them to the pandemic context closer to fieldwork and subsequent to the results of s proposed COVID-19 survey in December 2020 and by the conditions prevailing towards the beginning of fieldwork in early 2021. The items included in the pilot worked well, in general, being informative and providing interesting patterns of variation. Minor amendments were proposed to reflect the changing situation in late 2020.

Measuring deprivation: An ongoing conundrum in ***Growing Up in Ireland*** has been the low level of basic deprivation (inability to afford basic goods and services) captured in the study, despite the sample reflecting the overall population in terms of income level and level of reported financial strain. The pilot tested whether moving the basic deprivation items to the parent Sensitive Questionnaire would yield a greater disclosure of an enforced lack of these eleven basic goods and services. The pilot revealed that the lower-than-expected level of reported enforced deprivation persisted on the Sensitive Questionnaire. The levels were low despite related items (such as difficulty making ends meet) revealing the prevalence that might be expected based on national figures. On the other hand, the additional items on ability to raise €1,000 in order to meet unexpected expenses and the burden of housing costs both captured the expected level of variation. The Study Team recommended dropping the basic deprivation items and adding the item on meeting unexpected expenses. The latter is likely to be more useful in identifying economic disadvantage.

Reducing the length of the questionnaires: The questionnaires had to be reduced for the main phase. The Study Team and Study Team Management Group had some very difficult decisions to make, and details of the main items excluded are provided in Section 2.6.

Dropping or reducing instruments that could not be administered remotely: This refers to the physical measurement of height and weight by interviewers, which could not be done in the COVID-19 context and also to the cognitive tests, which require the presence of an interviewer to monitor the conditions in which they are completed. It also includes careful weighing of the risks and benefits associated with the postal questionnaires in a context where there may not be reliable access to the ESRI building to both send them out and mark them back and conduct data entry. As discussed in Section 2.6.3, the Study Team recommended not proceeding with the Time-use Diary and the questionnaire for Non-resident Parents in this wave. These are less widely used than the main surveys and the risk of a poor outcome outweighs the potential research benefits in the current climate. The Study Team recommended proceeding with the postal Principal Questionnaire, however. This has been used more extensively by educational researchers to examine the impact of school context on outcomes for young people. It can also be separated from the in-home fieldwork, since the intention is to target all second-level schools in the country and link to the Young Person's data afterwards.

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