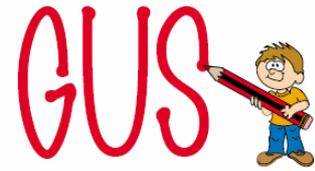




Scottish Centre *for*  
Social Research



Growing Up in Scotland

GROWING UP IN SCOTLAND STUDY

BIRTH COHORT 2, SWEEP 1 -2011

PROJECT INSTRUCTIONS

**P7100**

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# 1 ABOUT THE STUDY

## 1.1 Background and introduction to the study

The Growing Up in Scotland (GUS) study is a major cohort study funded by the Scottish Government. Like other cohort studies you may have worked on – such as the Millennium Cohort Study or the 1970 Birth Cohort Study – it is following a group of children through their early years, into childhood, adolescence and, possibly, beyond into adulthood. Unlike other studies, this one is specifically Scottish in focus – all of the interviewing takes place in Scotland and the survey will reflect the Scottish Government’s need for accurate information upon which to base its decision-making about policies and services for children and families.

The Scottish Centre for Social Research was commissioned to undertake the first four years field work in the first instance, and was subsequently commissioned to conduct the next four years’ fieldwork for the study. In the first year (sweep 1) we recruited two cohorts – one based on 5,000 babies and the other based on 3,000 toddlers. As you are probably aware, we are in the midst of fieldwork for sweep 6 of the Birth Cohort and will then return to these children and their families in 2012.

In the meantime, the Scottish Government has commissioned a new Birth Cohort – “BC2”. This involves the recruitment of around 6,000 children born between March 2010 and February 2011. The fieldwork for mainstage will be carried out from January 2011-January 2012. As with the previous birth cohort, the child will be aged around 10 months at the time of the first interview. As before, the interview will generally be carried out with the child’s mother. Contact with the new birth cohort will NOT be as frequent as it was with the current birth cohort. That is, we will not be visiting the families every year. Instead it is likely that we will visit them every other year – so after the initial interview the next contact is not likely to be until the child is around 3 years old.

The main aim of GUS is to describe the characteristics, circumstances and experiences of children in their early years in Scotland and to improve our understanding of how experiences and conditions in early childhood might affect people’s chances later in life. In addition, the BC2 will also enable comparison between the experiences of children and families in 2011 compared to the previous birth cohort in 2005.

The respondents you will be visiting are completely new to the study and have been selected from the Child Benefit Register. You will need to gain consent to interview them and also request consent to link to the respondent’s and child’s health data records.

### Overview of procedures

In summary, the study involves the following procedures:

- i) attempting to make contact with the new respondent who, in most cases, will be the child’s mother (but in certain cases may be another adult caring for the child) for all the children in your assignment;
- ii) obtaining consent to conduct the interview;
- iii) conducting the main CAPI interview, including a short self-completion (CASI) component;
- iv) obtaining consent to link to health records;
- v) completing a paper ARF for all addresses, which includes some interviewer observations.

## **2 THE SAMPLE, THE ARF & INFORMATION SHEETS**

### **2.1 The samples**

The respondents in the sample are newly recruited. These families will have had no involvement in GUS before or, in all likelihood, in a survey of this nature. You should therefore make sure people understand what is expected of them and be prepared to answer any questions they may have.

The respondents have been selected from the Child Benefit Register and have a child aged around 10 months old.

The sample is based on 150 areas throughout Scotland, each of which are roughly equivalent in size to a ward (they are actually made up of amalgamations of administrative areas known as Data Zones). Within each of these areas, we have tried to sample the parents of every child born between specific birth dates (1<sup>st</sup> March 2010 to 28<sup>th</sup> February 2011).

### **2.2 Cohort maintenance**

The Red Team has now taken control of the Project and maintain and update a confidential database containing names, addresses and other contact information for the cohort. This database is updated using information we obtain through a variety of methods.

As you may know, after each interview, families who take part are sent a thank-you letter. The thank-you letter has a 'change of address' slip at the bottom allowing families to notify us of any moves. In future sweeps, before each monthly sample is issued to field, families are sent a 'pre-notification' mailing. This acts as a reminder of their involvement in the study and gives them another opportunity to notify us of a change of address before fieldwork starts. In addition, we keep in touch with families between sweeps of the study by sending GUS newsletters. For example, for previous cohorts a newsletter was sent out to all families in April 2010 to coincide with the publication of the sweep 4 topic reports and contained a summary of the main findings from sweep 4. It is envisaged that the the families involved in the new cohort will also receive GUS newsletters on a regular basis.

Unlike many other birth cohorts, the children in this study are not sent birthday cards. This is because they are born over a 12-month period rather than in one week. However, all families will be sent a Christmas card.

We have a specialist tracer who is responsible for keeping addresses up to date and finding families who move. Any mail that is returned to us as 'undelivered' is traced from the office, using all methods available, in an attempt to get a new address before fieldwork. We also keep in touch with families through the study website [www.growingupinScotland.co.uk](http://www.growingupinScotland.co.uk) and have a dedicated Freephone number and email address for the study.

### 2.2.1 Recording useful information for re-contact

As GUS is a longitudinal study, we will be visiting the BC2 families again in around two years time to conduct another interview. In *future* sweeps with this cohort, as currently is the case with the current cohorts, all ARFs will have an accompanying 'information sheet' attached to the back. The purpose of this sheet will be to provide you with some additional information about the respondent which may assist you in either establishing initial contact or with tracing. This includes details of the respondent's phone number, the name, address and phone number of their stable contact, and specific details about their last interview. If they have moved since the last interview, and we have received an address update, the information sheet will display both their current and previous addresses.

At each sweep, interviewers are asked to record any generally useful information for re-contact in the CAPI admin block. In some cases, this may be a brief reminder of how to find the address, or the times of day it was best to call, or that the respondent would prefer initial contact by phone. It may also be more sensitive, personal information useful for the interviewer to bear in mind at the next visit such as any illness or disability which affects the respondent's ability to undertake the interview or answer the door for example. Where such information has been recorded, it will be made available on the information sheet.

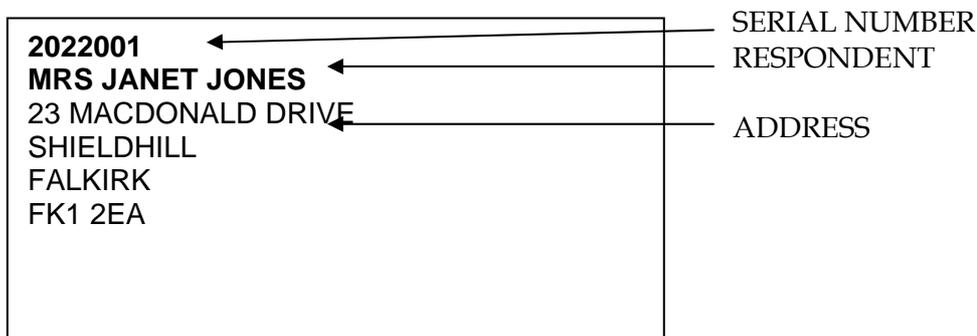
**PLEASE TAKE NOTE OF ANY SUCH INFORMATION IN RELATION TO YOUR CASES AT THIS SWEEP. Such information will usually be of significance for making contact or obtaining a productive interview at the next sweep so it is important that you record it.**

**Note that any such information or any changes to the respondent's details should ultimately be recorded in the CAPI admin block.** This is very important due to the introduction of one-way ARFs. Therefore, if you use the information sheet or the ARF to record any changes to the respondent's details or to make notes about re-contact, please ensure that these are also updated in the CAPI admin block.

Remember, on GUS as far as possible we try to issue interviewers with the same cases year on year. Thus if there is something important which will help you achieve the interview next time around it is in your interest to record this so that it can be fed forward onto the information sheet at the next sweep of fieldwork.

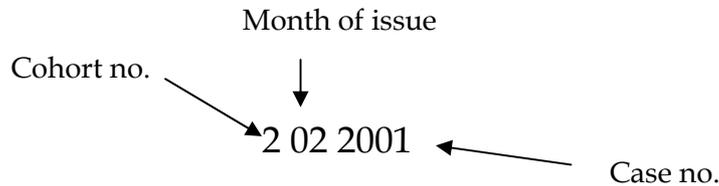
### 2.3 Examples of ARF labels

There will be one label on the front of the ARF. The first is a standard address label:



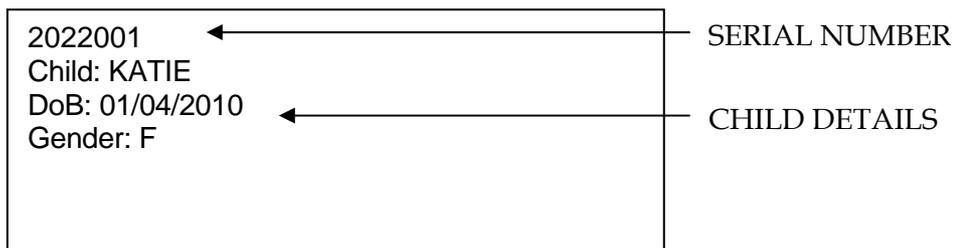
The serial number will be at the top of the label and the name and address of the person recruited will follow. **This should be the person whom you ask to speak to in the first instance.**

The serial number for the household in which the cohort member lives has seven digits. An example is shown below.



The first digit indicates the cohort number - all cases in this sample will begin with 2 because they are part of the second group of cohorts for the study. The second and third digits indicate the sample month (01=January, 02=February).

The second label on page 2 of the ARF is an information label, repeating the serial number and giving details of the sampled child - their forename, date of birth and gender.



## 1.2 ARF Instructions

The ARF is one-way ARF, as it was at sweep 6.

**NOTE ALSO THAT AS ARFS WILL NO LONGER BE RETURNED TO, AND REVIEWED BY, THE TEAM IT IS OF GREAT IMPORTANCE THAT YOU RECORD ANY INFORMATION RELATED TO CONTACTING THE RESPONDENT AT A FUTURE SWEEP - INCLUDING CHANGES TO CONTACT DETAILS - IN THE CAPI ADMIN BLOCK.**

### Pages 1 and 3

On pages 1 and 3 of the ARF (page 2 has the child's details) there is a standard calls record form for you to keep a note of the times, dates and results of all your calls. Please remember to fill this in at each separate visit: it will help you to plan any further visits you may have to make. Please also record any phone calls or visits that you make to the stable contact on the calls record form.

In the top right hand corner is a box for you to fill in the final outcome code when you have finished with the serial number.

**ONE OF THE KEY THINGS TO REMEMBER ABOUT COMPLETING THE ARF IS THAT THE NUMBER YOU CIRCLE IN BOLD IS THE FINAL OUTCOME CODE**

**Section A**

In this section you attempt to make contact at the original address and try to establish whether or not to interview at this address.

- In most cases the cohort member (i.e. the child) will be resident at the original address and you will be directed to section D.
- If the child is resident at a *different* address, you will be asked to record whether you have been able to establish the new address (at A2) and details of all tracing attempts. Any new address obtained should be recorded (at question B1).
- If you cannot establish whether the child is resident or not, you will be asked to record the reason for this (i.e. address inaccessible, or information about the child refused) at A1 and will then be directed to an outcome code at D.

**Sections B and C**

If you are successful in obtaining a follow-up address for the named child you should write it in at question B1. If the address is in the same area that you are working in then please follow it up yourself. If it is slightly further away please check with your Team Leader, Project Manager or the Red Team in Brentwood who will decide whether it needs to be re-allocated to another interviewer. **Please note that if the address needs to be re-allocated then the sooner we find out the better.**

We are only interviewing families who live in Scotland. If you obtain an address outside Scotland, please complete the ARF as appropriate and return it, do not attempt to contact the family. If you are in any doubt about whether to follow up an address yourself, or are not sure if the address is in Scotland then contact someone in your Area or the Red Team.

If you are unable to contact the cohort member at the follow-up address you will be asked to make up at least one more attempt to trace the cohort member, details of which should be recorded in Section C.

If you need to make contact with neighbours or other people locally when tracing the named child please remember to show your ID. Do **not** say that you are trying to trace the child named on the ARF, only mention the name of the respondent.

**Section D**

In this section you record the final outcome code for the main interview. All productive codes will be computed in Admin. Unproductive final outcome codes should only be used when you are certain that the cohort member (named child) is resident. If unproductive, please record full reasons at D8. All final outcome codes are in bold.

**Section E**

At the end of the interview you will be prompted to record the details of the cohort member and the mother/main carer on the ARF at questions E1 and E2.

**Section F**

You will also be prompted to enter a stable address for the respondent.

The interview will also prompt you for details of any plans the respondent has for moving house. There is a space to write in a new address for the respondent if they tell you they are

planning to move (along with an expected moving date). Please use the space at F3 to record any other useful contact or related information about the respondent including extra telephone or mobile numbers (such as work numbers) or additional e-mail addresses.

### **Section G**

For productive cases (both full and partial) and refusals you are asked to complete a series of observation questions. For refusals, only items G1 to G4 should be completed pertaining to the address and the surrounding area. For productive cases, additional items G5 to G13 should be completed where relevant.

**Further instructions on completing the observation questions are included in section Error! Reference source not found. of these instructions. PLEASE ENSURE THAT YOU READ THESE FULLY BEFORE STARTING YOUR INTERVIEWS.**

### **1.3 The One-Way ARF**

As you will no doubt be aware, NatCen now operates with a 'one-way ARF'. The more advanced Newfield system means that information previously obtained from the ARF is now available electronically after you transmit. Therefore, **AFTER** you enter all information from the ARF onto the CAPI, you must shred all pages with respondent, child or stable contact information on. Any remaining non-confidential pages should be recycled.

Crucially, this means that **ANY** and **ALL** information written on the ARF which is important for future contact with the family, or which will be useful to know for the next interview, **MUST be recorded on the CAPI program**. Space has been created in the Admin section of the questionnaire to allow you to input any such information.

Again, because on GUS we try to issue interviewers with the same cases year on year, it is in your interest to record any information which will aid recontact and a productive interview next time around so that it can be fed forward onto the information sheet at the next sweep of fieldwork.

### 3 FIELDWORK ISSUES

#### 3.1 Timetable

The sample for this study is being issued in twelve monthly waves. Each issued wave of fieldwork will include only the birth cohort (2) children born in a specific month.

Ideally, all the interviews would be conducted when the sampled children are exactly 10.5 months old - a date which we have named the 'target interview date'. In practice though, this will not be possible so there will be a 4-week fieldwork 'window' for *each child*. This will start 14 days before the target interview date and end 14 days after it. For example, a child born on the 1<sup>st</sup> June 2010 will reach 10.5 months old on 14<sup>th</sup> April 2011. The fieldwork window for this child therefore will run from 1<sup>st</sup> April 2011 until the 30<sup>th</sup> April 2011.

The timetable below shows the broad relationship between dates of birth and fieldwork dates for each wave.

<b>Fieldwork Wave</b>	<b>Child's Date of Birth</b>	<b>Fieldwork Period</b>
Wave 1	1 <sup>st</sup> March-31 <sup>st</sup> March 2010	4 <sup>th</sup> January- 28 <sup>th</sup> February 2011
Wave 2	1 <sup>st</sup> April-30 <sup>th</sup> April 2010	1 <sup>st</sup> February-31 <sup>st</sup> March 2011
Wave 3	1 <sup>st</sup> May-31 <sup>st</sup> May 2010	1 <sup>st</sup> March-30 <sup>th</sup> April 2011
Wave 4	1 <sup>st</sup> June-30 <sup>th</sup> June 2010	1 <sup>st</sup> April-31 <sup>st</sup> May 2011
Wave 5	1 <sup>st</sup> July-31 <sup>st</sup> July 2010	3 <sup>rd</sup> May-30 <sup>th</sup> June 2011
Wave 6	1 <sup>st</sup> August-31 <sup>st</sup> August 2010	1 <sup>st</sup> June-30 <sup>th</sup> July 2011
Wave 7	1 <sup>st</sup> September-30 <sup>th</sup> September 2010	1 <sup>st</sup> July-31 <sup>st</sup> August 2011
Wave 8	1 <sup>st</sup> October-31 <sup>st</sup> October 2010	1 <sup>st</sup> August-30 <sup>th</sup> September 2011
Wave 9	1 <sup>st</sup> Novemeber-30 <sup>th</sup> November 2010	1 <sup>st</sup> September-31 <sup>st</sup> October 2011
Wave 10	1 <sup>st</sup> December-31 <sup>st</sup> December 2010	3 <sup>rd</sup> October-30 <sup>th</sup> November 2011
Wave 11	1 <sup>st</sup> January-31 <sup>st</sup> January 2011	1 <sup>st</sup> November-30 <sup>th</sup> December 2011
Wave 12	1 <sup>st</sup> February-28 <sup>th</sup> February 2011	1 <sup>st</sup> December 2011-31 <sup>st</sup> January 2012

In practice then, this is a genuinely continuous survey and there will not be a clear break between interviewing in one month and the next.

The size of the issued sample in each wave depends primarily upon the number of children who were born within the relevant four-week periods. We know from previous sweeps of GUS that birth rates vary considerably both between months and between areas. This means that assignment sizes will also vary each month.

## 3.2 Materials for the study

Your workpack will contain the following materials. You should find at least one example of most items in your briefing pack. If an example is not included in your briefing pack, then one will be made available at the briefing for you to view:

- Address Record Forms (ARFs)
- Consent to interview forms
- A laminated copy of the opt-out letter that was sent
- A laminated copy of the advance letter
- Spare copies of the GUS information leaflets (these were sent with the opt-out letter)
- Data linkage consent and information forms
- GUS 'Helplines' leaflet to leave with respondent as necessary
- Leaflets about the *Scottish Centre for Social Research*
- Magnets
- Project instructions
- Showcards
- A card copy of the instructions on completing the interviewer observations

## 3.3 Contact procedures

### 3.3.1 Advance letters and leaflet

The respondents are sent an opt-out letter and survey leaflet (sent by the Red Team) informing them of their selection to the survey around two months in advance to the sample being issued. They are given the option of opting out during a period of 2 weeks in which they can contact the office if they decide that they do not want to take part in the study.

You will be asked to send an advance letter to the parents of all cohort members in your allocation. These letters will be provided with the name and address of the respondent mail-merged onto the top. There is a space for you to write your name in the text of the letter before you send it out.

It's up to you whether you want to send all of the advance letters at the beginning of the fieldwork period or stagger sending them-perhaps to fit in with target interview dates.

You will have a laminated copy of the opt-out and advance letter to show on the doorstep. You will also have spare copies of the the leaflet for you to use on the doorstep and leave with respondents when necessary/required.

When you first try to make contact at the address it should always be with the person named on the ARF address label. It is to this person that all advance correspondence has been addressed.

### 3.3.2 Doorstep versus Telephone

For this sample we do not have phone numbers for the majority of the sample. Initial contact at these addresses should be **in person**, unless the respondent has contacted the

office to request first contact by phone rather than in person. If this is the case, this will be marked on the ARF.

### 3.4 Who to interview

#### 3.4.1 Eligible respondents

At this year of the survey, we are aiming to interview the child's natural mother because there are a number of questions on the pregnancy and birth. In cases where the mother is unavailable or reluctant to participate please try to interview the father or another parent or guardian who is **resident** in the household and involved in the care of the child.

You should try to contact the person named on the ARF, as this is who was recruited into the study. Please check that the child is resident with this person before continuing with the interview. Although ideally we would like the interview to be with the main carer of the child, this person maybe a parent or guardian of the child, or even a grandparent, as long as they are **resident** with the child.

You should **not** conduct the interview with anyone else who is neither a parent nor guardian of the sampled child. If in doubt as to whom to interview, contact the Red Team.

**\*\*\*SEE TRACING AND ELIGIBILITY DIAGRAM AT APPENDIX A\*\*\***

Obviously, you will encounter a range of family types and household structures. Some points to note about these:

- Foster/adoptive parents are eligible for interview in the same way as natural parents.
- If a child is permanently cared for by someone other than parents (e.g. grandparent/aunt) then these carers are eligible for interview
- Same sex partners are eligible for interview. If neither of them are natural parents, you should seek to interview the one who is the main carer – that is, the person who has most involvement in the day-to-day care of the child.

#### 3.4.2 Non-resident parents

You should **not** interview parents who are not resident with the child.

#### 3.4.3 Interviews in translation

If a respondent cannot understand English sufficiently to take part in the interview but might be able to understand the questions through an interpreter, you should contact the office for further instructions. If there is a family or household member who is willing to act as an interpreter, this is acceptable – but you should ensure at the outset that both parties understand the broad topic coverage of the interview.

## **3.5 General protocols**

### **3.5.1 Notifying the police**

You **must** notify the police in person before you start work. This is especially important as the study involves visiting people with young children and this is a new cohort.

You should call at the nearest police station to the area in which you are working. Tell the desk officer what the survey is about, show them a copy of the advance letter, and explain how long you will be working in the area. Then present your identity card and leave your name and home telephone number. Ensure that all the details you have given are recorded in the day book at the station desk if that station has one. Make a note of the name of the officer to whom you speak and the date of your call so that in the event of any query or complaint to the police, you are fully covered. It is reassuring for suspicious parents, as well as those people you come into contact with when trying to make contact, to be told that the police know about you.

### **3.5.2 Obtaining consent**

Before beginning the main interview, you must ask all respondents to read and sign the interview consent form (this was a requirement of the ethical clearance for the study). Please ensure that all respondents read this form thoroughly before deciding whether or not to sign. If the respondent is unable to read the form for any reason (perhaps due to reading/sight problems or because they are attending to the baby's needs), please read it out to them.

### **3.5.3 Handling babies or toddlers**

In general, handling babies or toddlers is discouraged. Never pick them up uninvited. If you have to entertain them (for example while the mother does the self-completion) do not pick them up and walk around with them. Try not to be left alone with the sample child or other children.

### **3.5.4 Children at risk**

As in all surveys, it is very important that you maintain the confidentiality of the information that you are gathering for the study. Respondents need to feel sure that the information they are giving to you will only be used for the survey and for no other purpose. It is important that the respondents do not have the impression that you represent any official agency nor that you are "snooping" on them. Worries of this kind may be even more pronounced in the case of very young children. So it is important that you do as much as you can to alleviate them.

Some of the parents you visit may feel under pressure due to the demands of looking after a young child.

There may be an exceptional occasion when, because of various signs you observe, you become concerned about the treatment of the sample child or other children in the family.

This concern may be so intense that you feel you must do something about this. We would suggest that you are very cautious about coming to any hasty conclusions or about any action you take bearing in mind that it is unlikely that you are professionally qualified to make judgements about “abuse”. If nevertheless you feel so convinced that there is a potential or actual danger of “abuse” and that you should take some action please ring Sue Body (01277 690104) or Mary Holmden (01277 690110) and discuss the matter with them first. As far as possible, the issue should be discussed without compromising respondent anonymity.

### **3.5.5 Parents who are known to you**

We do not want you to interview anyone you know personally, such as a friend, a neighbour or the son or daughter of a friend. In addition you should not interview anyone you know in a professional capacity such as a colleague at work or your tutor at college. Refer such cases to your Team Leader immediately.

### **3.5.6 Incentives**

The respondents will not be paid to take part in the survey. However, we have provided magnets to be given out to respondents.

## 4 TRACING PROCEDURES

### 4.1 Introduction

The respondents have been selected to take part in the study through child benefit records held by HMRC. They all will have been sent an opt-out letter, which if undelivered will be returned to the office and the person removed from the sample. Past experience has shown that the records are sometimes a bit out of date so some of some people may have moved and some tracing in-field may be required, which is explained in the section below.

### 4.2 Tracing in-field

If you cannot find an address or discover that the cohort member is no longer living at the address provided, please make a *reasonable* attempt to find or establish their current address. Remember that your objective is to locate the cohort member, that is, the child. Despite this you should **ALWAYS TRACE ADULTS, NEVER TRACE CHILDREN**. Always ask people if they know the whereabouts of an adult, **never ask about a child**.

In the first instance, trace the person named on the address label. Trace other adults only when you know that the named person is not eligible for interview (e.g. because they are not living with the child).

To trace people who have moved, the current occupants of the sample address and their neighbours are the obvious contacts to pursue. Even if they don't know the new address of the named adult, they might know close friends or relatives in the area who you could call on. Telephone directories and electoral registers can also be checked, though the latter is useful only if you have a good idea of the street or neighbourhood (or there is an electronic version available to search).

**Remember, for reasons of confidentiality, when trying to trace the respondent named on the ARF label, you must NEVER mention to anyone else the name or content of the project for which they have been sampled.**

If you establish a new address, check whether it is in your area. If you are unsure about this, your Team Leader, Area Manager or Deputy will be able to advise you. If the address is in your area, seek to make contact, being fully aware that the respondent may well not have had the advance materials and so you may need to leave copies for them to consider.

If the address is not in your area, simply follow the instructions to complete and return your ARF.

### 4.3 Incomplete addresses

You may find some addresses are wrong or incomplete. Where the address appears incomplete or inaccurate, you might check with the local council or police, post office, sorting office or in telephone directories. If the street name seems wrong, check for roads with similar names (in

the area). The nearest library or council should have street maps. You should also ask local people, perhaps by visiting local shops, especially newsagents.

#### 4.4 Tracing checklist

IF YOU ARE GIVEN AN INCOMPLETE ADDRESS, HAVE YOU:

- checked with the post office to get a full address
- checked in telephone directories
- checked for roads or streets with a similar name in the local area
- phoned the Red Team who may be able to help you by accessing their postcode look-up system

IF YOU CANNOT FIND THE ADDRESS, HAVE YOU:

- checked the telephone directory
- looked in local street maps
- consulted the post office
- consulted the police
- asked local shops such as a newsagent or florists
- checked at the local library
- asked people who live in the local area
- phoned the Red Team who can check the location on the Internet

IF THE COHORT MEMBER HAS MOVED, HAVE YOU DONE THE FOLLOWING:

- asked the present occupants for the adult respondent's whereabouts
- asked the neighbours
- tried any telephone numbers listed on the information sheet
- followed up any local friends/relatives you are told might be able to help
- followed up any other useful leads

REMEMBER: you should <u>not</u> ask neighbours or other local people about the child directly, always ask about the respondent.
---

## 5 INTRODUCING THE SURVEY

### 5.1 Important things to remember

#### 5.1.1 Getting a high response rate

This survey aims to collect information about the same person over a number of years. If the person refuses to take part in sweep 1, we will be unable to go back to them again. So gaining co-operation is a high priority. If a high response rate is not achieved then we run a greater risk that the findings will be biased and unrepresentative of the Scottish population. This is because people who do not take part are likely to have different characteristics to those that do.

#### 5.1.2 Being persuasive

It is essential to persuade reluctant respondents to take part, if at all possible. Please remember that the cohort members and their families are very special people who cannot be replaced in the sample if they drop out.

You will need to tailor your arguments to the particular respondent, meeting their objections or worries with reassuring and convincing points.

#### 5.1.3 Broken appointments

If someone is out when you arrive for an appointment, it may be a way of telling you they have changed their mind about helping you. On the other hand, they may have simply forgotten all about it or had to go out on an urgent errand. You should leave a NatCen call back card if any appointments are broken.

In any case, make every effort to re-contact the person and fix another appointment

### 5.2 Introducing the study

This is particularly important in this pilot as they are all new respondents. Explain the content of the interview and reinforce that the questions will all be about their experiences of things like the childcare they may use as well as on their views of parenting – there are no right or wrong answers. It is likely, given the length of the interview that you will need to make an appointment. Remind the respondent that the interview may include sensitive topics. Again, answer all the questions you can, and, if necessary you should refer the cohort member to the GUS Freephone number.

When you introduce the survey you should explain the following.

#### a) Who you are and who the survey is for

“I work for the Scottish Centre for Social Research and am carrying out interviews for the Growing Up in Scotland study, for the Scottish Government.”

Show your identity card at all addresses and to anyone who asks to see it.

b) **What the survey is about**

Start by explaining the purpose of the survey: Say something like: The study is about the lives of young children growing up in Scotland and their parents and families.

**5.3 Answering questions about the study**

Respondents may ask a number of questions before agreeing to take part in the survey. The advance leaflet contains information about most of the topics and you should read this thoroughly before contacting your first respondent in order to familiarise yourself with the content.

The following suggestions should provide some guidance on how to answer particular questions.

If cohort members have any queries either at your initial face to face visit or during your interview that you are not able to answer, ask them to call the study team at NatCen on Freephone 0800 652 2704<sup>1</sup>. This number is staffed 09:30-17:30 Monday to Friday. Outside these hours an answer phone service operates. They can also contact the study team in the following ways:

- In writing  
Growing Up in Scotland Study  
Scottish Centre for Social research  
73 Lothian Road  
Edinburgh, EH3 9AW
- Via the study website: [www.growingupinScotland.org.uk](http://www.growingupinScotland.org.uk)
- Via email: [gus@scotcen.org.uk](mailto:gus@scotcen.org.uk)

**“How long will the survey take?”**

The interview should take about 60 – 65 minutes to complete.

**“Will these funders see my replies?”**

No, they will not know who said what. The names and addresses of those interviewed in this survey are known only to the *Scottish Centre for Social Research*. Your computerised questionnaire does not have your name and address on it. Your name and address are kept quite separate from the questionnaire.

Your name and address will never be revealed without your permission and no one’s replies can be personally identified without these.

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<sup>1</sup> However, calls to this number from mobile phones will incur a charge.

### **“How can I be sure you are a genuine interviewer?”**

I have shown you my identity card. If the respondent still has concerns they can telephone the project team in our Operations Department on the Freephone number shown on the letters.

## **5.4 Making appointments**

When you first make contact, you will need to make sure all parents have seen the advance materials (the advance letter and/or the leaflet) and are adequately informed about the survey and willing to take part in it. You should normally plan to make a subsequent appointment to carry out the interview. As we are aiming to secure the long-term co-operation of the parents it is important that respondents don't feel they have to do the interview straightaway or indeed that they are under any compulsion to take part. However, if a respondent is already well-informed and happy to do the interview straightaway, that's fine - we don't want you to risk losing interviews by making appointments unnecessarily.

## 6 QUESTIONNAIRE CONTENT

### 6.1 Overview of content

The questionnaire has the following broad structure:

- Household grid/composition
- The pregnancy and birth
- Infant feeding
- Parenting support
- Non-resident parents
- Parenting styles and activities
- Childcare
- Child health and development
- Self-completion section
- Employment and economic activity
- Income and financial stress
- Education and identity
- Housing and accommodation
- Follow-up, stable contact and concluding section

Please make sure you read through and complete the practice slots on CAPI **before** you start interviewing.

## **7 ADMIN AND RETURN OF WORK**

### **7.1 Completing the Admin Block**

When you have finished all your interviewing at the address, please complete the Admin details. Please record the final outcome code on the ARF. You will then be asked to enter at *NumTrace* how many addresses you visited because you thought the cohort member was resident there. Usually this will just be one. If you have visited more than one address you will be asked to enter the outcome at each previous address.

If the cohort member was resident at the address on the ARF you will be asked to confirm that this address was correct – even if there were very minor errors in the address, please code ‘No’ here and enter the correct address as this will be used in future correspondence. If the cohort member was not resident at the original address, you will be asked to enter the final address for the cohort member. Finally you will be asked to enter the details of the cohort member and respondent and (if given) a stable address and (if given) a new address. You should have these details recorded on the ARF.

### **7.2 Returning your work to the office**

Before returning your work, check that you have completed everything you have to do at an address and have all the documents you should have and that they are properly serial numbered and so on.

Questionnaire data will be transferred back to the office via the modem.

## 8 INTERVIEWER OBSERVATIONS

In all of NatCen's surveys, interviewers are asked to complete a series of standard observation questions on the household selected for interview. This information is usually requested for both productive cases and for refusals. On some studies, some additional observation data is obtained mainly relating to extra information about the accommodation the family is living in or the surrounding area. As the condition of the local environment is important to a child's development, we have proposed a number of additional observation question in the GUS pilot capturing information about the property in which the child lives and the immediate local area.

### 8.1 Questions on observations of parent and child behaviour

In other longitudinal studies of child development similar to GUS, observation measures have also been demonstrated as a reliable and useful method of reporting on **child and parent behaviour** during the course of a home visit. To date, we have not collected any such observation data on GUS. However, increasing interest in parenting styles and approaches - and the effect of early parenting on child outcomes - amongst government, academics and other interested parties means that we are considering these as part of the data collection at sweep 1 of the birth cohort. We have found that relying on parents alone to tell us about these aspects of the child's life can lead to some bias and we aim to improve our data on this topic by also collecting observation information.

The questions included in the ARF represent a highly efficient means of gaining further data about the child's home environment. The observational data will strengthen other sources of data in GUS, providing further objective information on the relationship between child characteristics, the family environment and child outcomes.

Five observation questions requesting information on the behaviour of the parent and child, have been added to section G of the ARF (question G9 to G13). These items should be completed after you have ended the interview **and left the respondent's home**.

The items have been added to the admin section of the CAPI questionnaire and your responses should be transferred onto CAPI before the ARF is destroyed.

**Further detailed information to assist with the interpretation of parent and child behaviour and how to complete the associated items is included in Appendix B. PLEASE ENSURE YOU READ THE APPENDIX FULLY BEFORE YOUR FIRST INTERVIEW.**

In addition, we have provided an abbreviated copy of the guidance on completing the observation items that you can take with you and refer to when out on calls.

### 8.2 Consent

Currently, there is no explicit consent requested for recording of observation data. It is common practice in survey research, and in other modes of research, for interviewers to record field observations. We consider this data simply to be an extension of the observational data which is already routinely collected by all NatCen surveys and, at this stage therefore, do not feel it requires further consent.

## 9 CONTACTS

### Contact Points

The Brentwood field team is the Red Team. Contact:

Sharon Evans            Tel: 01277 690130<sup>2</sup>

Contact Sharon about field problems, sample or tracing queries.

The Scottish Centre for Social Research team are:

Paul Bradshaw

Louise Marryat

Judith Mabelis

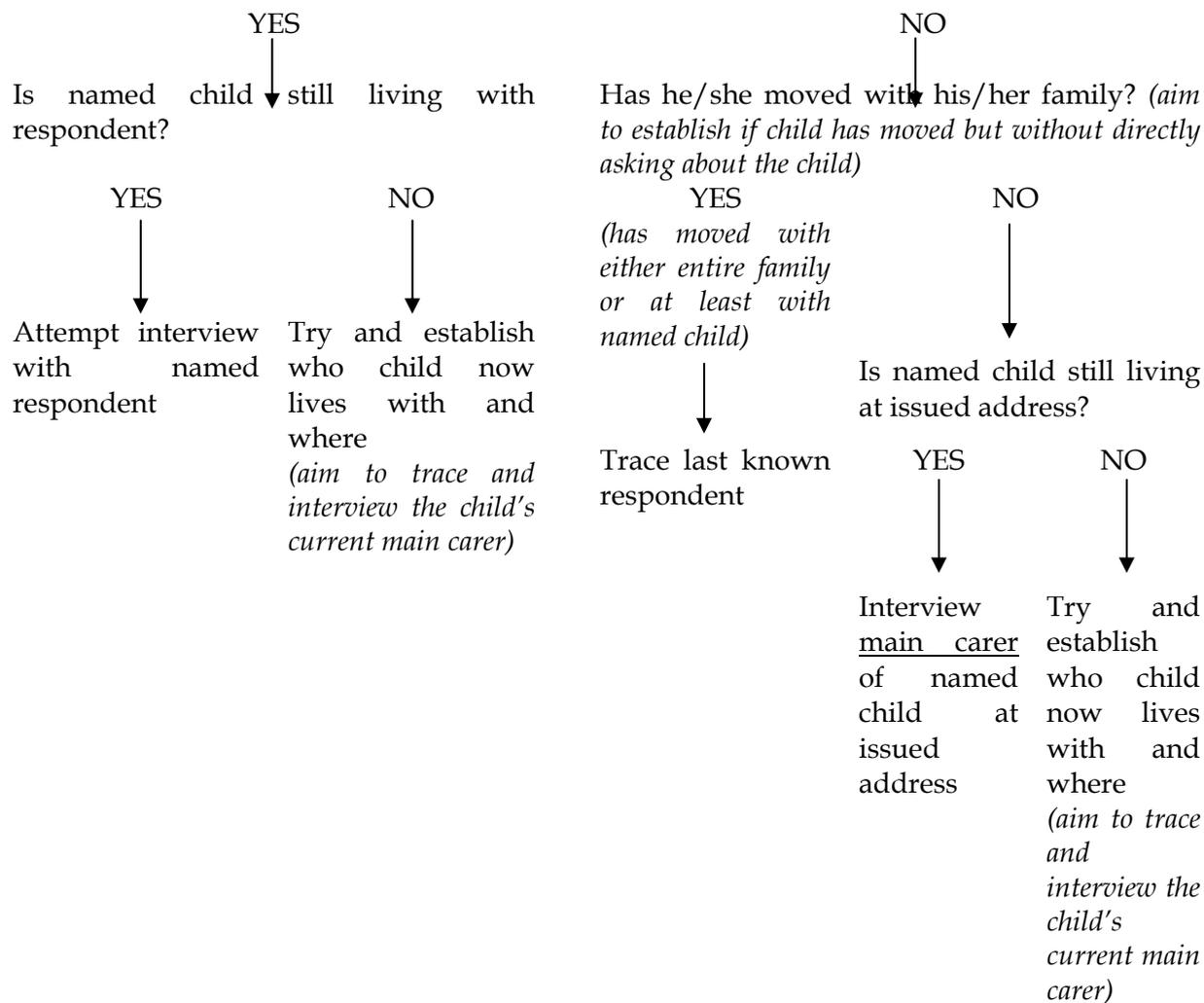
They can be contacted on 0131 228 2167. Contact them about problems with the programme or questionnaire, if you have any queries about the ARF, or if you have queries about the background to the study, why it is being done and what the results will be used for.

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<sup>2</sup> Please note that the Operations Department in Brentwood is being re-structured and another person may be assigned to work on GUS. Any changes will be communicated to the interviewers.

## Appendix A: TRACING AND ELIGIBILITY DIAGRAM

Is named respondent still resident at the issued address on the front of the ARF?



## **Appendix B: ADDITIONAL INSTRUCTIONS FOR COMPLETING OBSERVATION QUESTIONS**

**Question G8: Respondent spontaneously praises the child's qualities or behaviour at least twice during the visit.**

***Comment:***

Be attentive to the parent's mood with regard to the child - any achievement reported with pride should count as praise (is well-behaved, sleeps well, doesn't fuss etc).

Since most parents enjoy talking about, and are proud of their children, this is not hard to observe. Frequently a parent will tell you how well the study child is developing (e.g. walking or talking) or have positive attributes (e.g. well-behaved, caring, affectionate, etc).

Occasionally a parent will indicate approval of the child's behaviour by making what appears to be a negative comment eg. "He/she's so naughty...". If the parent says this with a smile and then adds a statement about an achievement (e.g. "...he/she tried to help wash the car... with muddy water") with obvious pride, this counts as praise.

Any praise spontaneously initiated by the parent across all sorts of behaviour (physical achievements, social behaviour, thinking and language skills and personal attributes) should be counted.

The child does not need to be physically present for praise to be recorded.

Code 1: The praise must occur at least twice.

Code 2: If the parent only praised the child once or not at all.

Code 3: In some cases you will not be able to tell if praise took place, for instance if the parent spoke a language you did not understand and an interpreter was used and did not translate everything the parent said. For those cases, use this "Can't tell" code.

**Question G10: Respondent scolded, shouted at, or belittled the child**

***Comment:***

The purpose of this item is to determine whether the parent speaks to the child in a cruel, demeaning or abusive manner. These remarks should only be recorded if the parent makes them directly to the child, not reported to you (e.g. parent telling child "you are a bad boy/girl" would be counted as scolding, saying to you "he/she is a bad boy/girl" would not).

Any negative remarks intended to directly reprimand the child should be counted. Scolding when used in the codes below is used as short-hand for scolded, shouted at, or belittled, and includes rebuking, telling off, blaming or using abusive or cruel language towards the child e.g. "You're stupid, stop doing that (with anger)", "you make me mad", etc.

Code 1: The parent scolded the child not at all.

Code 2: The parent scolded child once.

- Code 3: The parent scolded the child at least twice.  
Code 4: Can't tell (child absent, or the parent spoke a language you did not understand and an interpreter was used and did not translate everything the parent said).

***Exclude***

A parent responding to a question with a response that may be negative about the child (in these situations, parents may drop their voice or in other ways try to protect the child).

**Question G11: Degree of child's positive mood in response to you or respondent**

***Comment:***

This item is designed to measure the child's happiness during the course of your visit. Your assessment should be based on instances of behaviour that typically reflect positive emotions or well-being. This includes smiling, laughing, animated expressions, squealing in delight, talking in an animated way, showing delight in objects and interaction, etc. Counting frequency and intensity of these displays provides a more objective assessment of positive mood than relying on a general impression.

In coding you are asked to make a judgement about whether the child made (i) "heightened or prolonged" displays or (ii) "brief" displays. If displays were **very** noticeable, noisy or continuous, they should be regarded as (i), but if more fleeting, count as (ii). You are also instructed to ignore the brief displays if there were intense or prolonged displays; that is, code for the intense displays rather than the brief displays.

**Question G12: Degree of child's negative mood in response to you or respondent**

***Comment:***

This item is designed to capture demonstrations of the child's unhappiness, frustration or anger while you are in the home. Counting the frequency and intensity of these displays provides a more objective assessment of negative mood than relying on general impression.

In coding you are again asked to make a judgement about whether the child made (i) "heightened or prolonged" displays or (ii) "brief" displays. If displays were **very** noticeable, noisy or continuous, they should be regarded as (i), but if more fleeting, count as (ii). You are also instructed to ignore the brief displays if there were intense or prolonged displays; that is, code for the intense displays rather than the brief displays.

**Question G13: How shy or anxious was child when you first met him/her?**

***Comment:***

This item is designed to reflect the child's approachability or sociability, specifically recording how he/she reacts to strangers. A shy or anxious 10-month old might cling tightly to his/her parent, bury his/her head in the parent's shoulder or lap or be withdrawn and quiet. A less shy and anxious child might be very interested in you when you first arrive, babbling or 'talking' to you, or displaying uninhibited or outgoing behaviour.



Scottish Centre *for*  
Social Research

*Incorporating Scottish Health Feedback*

**P7100**

# **GROWING UP IN SCOTLAND SURVEY 2011/2012**

## **CAPI EDIT SPEC**

Version 3

**MAY 2011**

## CODE FRAME 1

**PregIII2** (In Q.Birth)

Edit question: XPGil03

Can you tell me what these were? [ illnesses or other problems that required medical attention or treatment ]

**Question Type: Open answer**

**MULTICODE : MAX. 8 CODES**

### **NEW CODES:**

1. Bleeding or threatened miscarriage
2. Persistent vomiting
3. Raised blood pressure, eclampsia/pre-eclampsia or toxemia
4. Urinary infection
5. Diabetes
6. Too much fluid around the baby
7. Suspected slow growth of baby
8. Anaemia
9. Blood group incompatibilities
10. Other blood disorders including thromboses
11. Backache, sciatica, prolapsed disc
12. Symphysis pubis dysfunction (SPD)
13. Other pelvic joint problems
14. Non-trivial infections
15. Gestational diabetes, raised blood sugar, abnormal glucose tolerance
16. Liver, gall bladder problems, cholestasis
17. Asthma, hay fever, eczema or other allergies
18. Depression or other mental illness
19. Neurological problems: epilepsy, faint(s), blackout(s)
20. Other neurological problems, including migraine attacks
21. Uterine/labour pains, threatened, initial or commenced labour
22. Early rupture of membranes (waters breaking), leak of amniotic fluid
23. Foetal heart slow, faint, inaudible, foetal distress
24. Other foetal problem, suspected or diagnosed in pregnancy
25. Bleeding due to low lying placenta (Placenta previa)
26. Too little fluid around the baby (Oligohydramnios)
27. Pregnancy diagnosed as twins, triplets or more
28. Accident or injury
  
94. Other specific
95. Vague or irrelevant
96. Editor can't deal with

## CODE FRAME 2

**PgAlaw02** (In Q.Birth)

Edit question: XPgAlaw02

What do you think the guidelines are? [in relation to alcohol consumption during pregnancy]

**Question Type: Open**

**MULTICODE ALL THOSE THAT APPLY**

**NEW CODES:**

01. No alcohol at all
02. A little is ok but best not to drink
03. Occasional drink is ok/now and then
04. Regular drink is ok (regular =references to once a week/per day)
05. It depends on the stage of pregnancy
06. Guidelines are confusing
07. Don't know/not sure
  
94. Other specific
95. Vague or irrelevant
96. Editor can't deal with

### CODE FRAME 3

**Phvy1** (In Q.Birth)

Edit question: XPhvy1

Thinking back, what sorts of things did you speak to a health visitor about during the first three months after ^childname's birth?

**Question Type: Open**

**MULTICODE ALL THOSE THAT APPLY**

**NEW CODES:**

01. Baby's routine and general care (including sleeping patterns)
02. Baby's illness /health /minor ailment
03. Breastfeeding
04. Feeding (including reflux), weaning, baby's weight gain
05. General chat
06. Child's development
07. Immunisations
08. Parent-baby relationship
09. Family relationships (including managing relationships with siblings or partner etc)
10. Mother's well-being/health (eating, post-natal depression, emotional well-being)
11. Nothing /didn't ask questions/wasn't satisfied with the response
  
94. Other specific
95. Vague or irrelevant
96. Editor can't deal with

*Please note that items that specifically mention breastfeeding codes as 3. Items that mention feeding, please code as 4.*

## CODE FRAME 4

**BFDh94** (In Q.BInfFod)

Edit question: XBFDh94

INTERVIEWER: Please enter who else received help/advice about breastfeeding from.

**Question Type: Open**

**MULTICODE ALL THOSE THAT APPLY**

Current codes:

1. Midwife
2. Health Visitor
3. Other Health professional
4. Getting Off to a Good Start Leaflet on breastfeeding
5. National Childbirth Trust
6. Other voluntary Group or organisation

**NEW CODES:**

08. Friends
09. Family members
10. Books/Magazines/DVD
11. Breastfeeding group
12. Internet
  
94. Other specific
95. Vague or irrelevant
96. Editor can't deal with

*Some back coding may be required*

## CODE FRAME 5

**Fbfn01** (In Q.InfFood)

Edit question: XFbfn01

“Why did you choose not to breastfeed ^childname?”

**Question Type: OPEN**

**MULTICODE: CODE ALL THAT APPLY**

### NEW CODES:

1. I just didn't want to/don't like the idea of it
  2. Previous bad experience
  3. Not enough milk
  4. Inconvenience/fatigue
  5. Difficulty with breast feeding techniques
  6. Sore nipples/engorge breast
  7. I was ill
  8. Doctor (or midwife/health visitor) advised me not to
  9. Partner/father did not want me to breastfeed
  10. I wanted to bottle feed/thought bottle was better
  11. I wanted to drink alcohol/smoke /had a poor diet
  12. I was embarrassed/didn't feel comfortable
  13. Lack of information/support
  14. Baby didn't want to/couldn't
- 
94. Other specific
  95. Vague or irrelevant
  96. Editor can't deal with

## CODE FRAME 6

**Fbs01** (In Q.InfFood)

Edit question: XFbs01

“Why did you stop breastfeeding ^childname?”

**Question Type: OPEN**

**MULTICODE: CODE ALL THAT APPLY**

### NEW CODES:

1. Not enough milk/baby too hungry
2. Baby wasn't interested anymore/weaned him/herself
3. Sore nipples/engorge breast/mastitis
4. Painful/baby biting
5. Difficulty with breastfeeding techniques
6. Just wanted to stop/felt that it was long enough
7. Embarrassment
8. Returned to work
9. Inconvenience /fatigue
10. Mother was ill/taking medication
11. Planned to stop at this time
12. Doctor (or midwife/health visitor) advised me not to
13. Wanted to drink alcohol
14. Partner/father wanted me to stop me to stop
  
94. Other specific
95. Vague or irrelevant
96. Editor can't deal with

## CODE FRAME 7

### Fdnk01 (In QInfFood)

Edit question: XFdnk01

Does ^childname drink anything else apart from milk or formula?

**Question type: Other specify**

**MULTICODE ALL THOSE THAT APPLY**

#### **ORIGINAL CODES:**

1. Water
2. Baby Juice
3. Fruit juices/Cordial/Squash (diet or sugar-free)
4. Fruit juices/Cordial/Squash (NOT diet or sugar-free)
5. Fizzy or soft drinks (e.g. lemonade, coke)
6. Herbal drinks (e.g. herbal tea)
7. Tea
8. Coffee
9. Other (DO NOT USE)
- 10 No, child does not drink anything except milk or formula

#### **NEW CODES**

94. Other specific
95. Vague or irrelevant
96. Editor can't deal with

*Back coding required: responses of diluted fruit juice should be coded under 3. If the answer is milk or formula, please code as 10. Otherwise assign one of the 'other' codes (94-96) as appropriate.*

## CODE FRAME 8

**DisPrb** (In Q.Develop block)

Edit question: XDPrbX

“What is the illness or disability?”

**Question Type: Other specify**

**MULTICODE: CODE ALL THAT APPLY**

### NEW CODES:

1. Cancer (neoplasm) including lumps, masses, tumours and growths and benign (non-malignant) lumps and cysts
2. Diabetes
3. Other endocrine/metabolic
4. Mental illness/anxiety/depression/nerves (nes)
5. Mental handicap
6. Epilepsy/fits/convulsions
7. Migraine/headaches
8. Other problems of nervous system
9. Cataract/poor eye sight/blindness
10. Other eye complaints
11. Poor hearing/deafness
12. Tinnitus/noises in the ear
13. Meniere's disease/ear complaints causing balance problems
14. Other ear complaints
15. Stroke/cerebral haemorrhage/cerebral thrombosis
16. Heart attack/angina
17. Hypertension/high blood pressure/blood pressure (nes)
18. Other heart problems
19. Piles/haemorrhoids incl. Varicose Veins in anus.
20. Varicose veins/phlebitis in lower extremities
21. Other blood vessels/embolic
22. Bronchitis/emphysema
23. Asthma
24. Hayfever
25. Other respiratory complaints
26. Stomach ulcer/ulcer (nes)/abdominal hernia/rupture
27. Other digestive complaints (stomach, liver, pancreas, bile ducts, small intestine - duodenum, jejunum and ileum)
28. Complaints of bowel/colon (large intestine, caecum, bowel, colon, rectum)
29. Complaints of teeth/mouth/tongue
30. Kidney complaints
31. Urinary tract infection
32. Other bladder problems/incontinence
33. Reproductive system disorders
34. Arthritis/rheumatism/fibrositis
35. Back problems/slipped disc/spine/neck

36. Other problems of bones/joints/muscles
37. Infectious and parasitic disease
38. Disorders of blood and blood forming organs and immunity disorders
39. Skin complaints
40. Other complaints
41. Complaint no longer present
  
94. Other specific
95. Vague or irrelevant
96. Editor can't deal with

## CODE FRAME 9

### HthPrbO (In QDevelop)

Edit question: XHthPrb

Can you tell me if ^childname has had any health problems or illnesses since birth?

**Question type: Other specify**

**MULTICODE ALL THOSE THAT APPLY**

### ORIGINAL CODES

- 1 Colds, coughs or fevers
- 2 Chest infections
- 3 Ear infections
- 4 Problems with eating or feeding
- 5 Sleeping problems
- 6 Wheezing or asthma
- 7 Skin problems
- 8 Sight or eye problems
- 9 Failure to gain weight or to grow
- 10 Persistent or severe vomiting
- 11 Persistent or severe diarrhoea
- 12 Fits or convulsions
- 13 Chicken pox
- 14 Urinary tract infection
- 15 Other severe infection
- 16 Other mild infection
- 17 Constipation
- 18 Reaction to immunisation
- 19 Infection of nose or throat, croup, flu or severe cough

### NEW CODES:

22. High temperature/acute viral infection unspecified
23. Measles or whooping cough
24. Thrush
25. Breathing problem
26. Other allergy, **except** wheezing asthma or eczema
27. Colic
28. Constipation or bleeding from bowel
29. Jaundice
30. Hernia

### Congenital Abnormalities

31. Congenital heart disease, definite
32. Congenital heart disease, not yet definite
33. Congenital dislocation of hip, definite
34. Congenital dislocation of hip, not yet definite
35. Clubfoot (Talipes equinovarus), definite

36. Talipes, not yet definite
  37. Specified skeletal abnormalities (bone, skull, spine, limb or other skeletal)
  38. Urogenital abnormalities
  39. Gastrointestinal abnormalities
  40. Harelip/cleft palate
  41. Skin abnormalities
  42. Chromosomal or genetic abnormalities
  43. Brain, central nervous, spinal cord or special sense abnormalities
  44. Other congenital abnormalities major
  45. Other congenital abnormalities minor
- 
94. Other specific
  95. Vague or irrelevant
  96. Editor can't deal with

*Some back coding may be required*

## CODE FRAME 10

**Cesy2** (In Q.ChCare)

Edit question: XCesy2

“Why have you found it difficult [to find suitable childcare]?”

**Question type: OPEN**

**MULTICODE ALL THAT APPLY**

### **NEW CODES:**

1. Lack of childcare places available/long waiting lists
  2. Cost/Too expensive
  3. Did not like/trust the childcare providers
  4. I/my partner work unusual/long/irregular hours
  5. Child is too young/wouldn't like to be separated from carer
- 
94. Other specific
  95. Vague or irrelevant
  96. Editor can't deal with

## CODE FRAME 11

**Ptrip5** (In QSupport)

Edit Question: XPtrip5

“Why do you say that?” [not likely to participate in parenting programme or group in future]

**Question type: OPEN**

**MULTICODE ALL THAT APPLY**

### NEW CODES

1. I'm managing/coping ok
2. Don't need to / not first child
3. I'm just not interested/don't want to
4. I do not have time
5. Don't like groups/mixing with strangers
6. They don't work/can't be taught how to parent
7. Nobody told me/don't know anything about them
8. No classes in this area
9. Other people judging you (either other people at the group or people that find out you are attending parenting classes)
  
94. Other specific
95. Vague or irrelevant
96. Editor can't deal with

## CODE FRAME 12

**PtripO** (In Q Support)  
Edit Question: XPtrip0

**Question type: Other, specify**

### ORIGINAL CODES

1. No
2. Triple P - Positive Parenting Programme
3. Baby massage
4. Incredible Years Programme
5. The Bricks and Mortar Parenting Programme
6. Mellow Parenting
7. Other - Please specify
8. Can't remember the programme name

### MULTICODE ALL THAT APPLY

#### NEW CODES:

9. Baby yoga
10. Swimming classes/groups
11. Baby sensory
12. Tuneful tots (music classes/rhymes etc)
13. PEEP parent education
14. Book Bug /libraries
  
94. Other specific
95. Vague or irrelevant
96. Editor can't deal with

*Some back coding may be required*

## CODE FRAME 13

### Pcls05 (In Q.Support)

Edit Question: XPcls

How did you find out about the [parenting] programme?

**Question type: Other (please specify)**

#### ORIGINAL CODES

- 1 I was referred by my GP
- 2 I was referred by my Social Worker
- 3 I heard about it and went along to find out more
- 4 Something else (Please say what)

#### MULTICODE ALL THAT APPLY

#### NEW CODES:

5. Health visitor/Midwife
6. Friends/family members/other mums
7. Internet
  
94. Other specific
95. Vague or irrelevant
96. Editor can't deal with

*Some back coding may be required*

## CODE FRAME 14

### Wwyn1 (In Q.EmpInc)

Edit Question: XWwyn1

What would you say are the main reasons you have not found any suitable paid work or a place on a government scheme so far?

**Question Type: OPEN**

**MULTICODE ALL THAT APPLY**

#### NEW CODES:

1. I'm not looking too hard
2. There is no suitable work available for me
3. Lack of affordable/suitable childcare
4. Family commitments (looking after child/home etc)
5. Not had enough time to find job
  
94. Other specific
95. Vague or irrelevant
96. Editor can't deal with

## CODE FRAME 15

**Wwyn2 (In Q.EmpInc)**

Edit Question: XWwyn2

What would you say are the main reasons you are not currently looking for work?

**Question Type: OPEN**

**MULTICODE ALL THAT APPLY**

### **NEW CODES:**

1. There is no work out there/nothing suitable for me
2. Want to stay at home to look after children/family home
3. Don't feel ready/child is too young
4. Lack of available/affordable/suitable childcare
5. Health problems
6. Attending or would like to attend college/obtain more qualifications
  
94. Other specific
95. Vague or irrelevant
96. Editor can't deal with

## **Socio-Economic Coding**

**MainJb, MainDo, IndSt, JbQual** (In Q.EmpInc block)

Questions about the respondent's employment

**PMainJb, PMainDo, PIndSt, PJbQual** (In Q.EmpInc block)

Proxy questions about the respondent's partner's employment

### **Socio-Economic Coding**

SOC, SIC and NS\_SEC coding needs to be applied to these questions