

Millennium Cohort Study  
First Survey:  
*Technical Report on  
Instrument Development  
and Fieldwork*

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Version 1.0

# Millennium Cohort Study First Survey

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## REFERENCES

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Finally, the success of NatCen and NISRA's contribution was founded on good, collaborative working relations with the team at the Centre for Longitudinal Studies, Institute of Education who have overall responsibility for the study. We thank them for their tremendous input to Sweep One of the MCS and for enabling us to play our part effectively.

## 1 INTRODUCTION

The Millennium Cohort Study (MCS), known in the field as Child of the New Century, is expected to be among the most important social surveys to be conducted in the United Kingdom during the twenty-first Century. It will seek to track the lives of some 18,800 people born in 2000 and 2001, recording their family background, development, health, education and working lives to explain patterns of opportunity and well-being, barriers and disadvantage. It thereby resumes, after a break of 30 years, Britain's enviable post-war chronicle of longitudinal birth cohorts studies. There is, though, to be greater emphasis on social and economic matters, reflecting the core sponsorship of the Economic and Social Research Council (ESRC) and the additional funding from departments of national governments. The MCS will be a resource of great richness for social scientists and policy makers alike.

Lead responsibility for the launch of the MCS was awarded to a consortium headed by the Centre for Longitudinal Studies (CLS), Institute of Education, University of London. Following competitive tender, the *National Centre for Social Research* (NatCen) was commissioned to contribute to developing the design and content of the first survey (or sweep), to conduct fieldwork and to code and edit data prior to delivery to CLS. Although performing distinct roles within this study, CLS and NatCen developed and maintained close, collaborative working practices throughout the first sweep of MCS.

The central objective of this technical report is to document NatCen's contribution to the first sweep. The next chapter (2) details the development work undertaken to prepare the first sweep, which included a pilot survey and dress rehearsal. Readers needing information solely on the main survey and not on the 'hows and whys' of development, may wish to skip this chapter. Chapter 3 outlines the sample design and explains the procedures for respondent selection. Chapter 4 summarises the final survey instrumentation and Chapter 5 describes how the fieldwork was conducted. Chapter 6 discusses the progress of fieldwork, quality control thereof and issues which arose during this phase. Chapter 7 covers the verification of information on the achieved sample and the dispatch of thank you letters to respondents. Chapter 8 accounts for the survey response and Chapter 9 describes procedures for coding, editing and preparation of the data. Various documents used in the study are to be found in the Appendix.

The authoritative record of the questionnaire and the detailed coding and editing instructions are substantial documents in their own right. They have, therefore, been made available separately to data users (NatCen, 2003, NatCen and CLS, 2003).

## 2 DEVELOPMENT WORK

### 2.1 Overview of the development work

NatCen's core tasks during the development stage were to contribute to the design of survey instrumentation and to prepare and conduct both a pilot survey and a dress rehearsal ahead of mainstage fieldwork. Prior decisions had determined that the survey would comprise face to face computer-assisted interviews with parent(s) or legal guardian(s) of babies born throughout a calendar year in a sample of electoral wards throughout the UK.

However, CLS had been awarded the lead role for MCS1 only in May 2000, and NatCen was commissioned in September (Shepherd et al, 2003 pp7-8). With a scheduled survey launch date of May, 2001, the development period for such a major study was severely compressed. Despite this, the need for a pilot and dress rehearsal was accepted. To accommodate both within the time available, it was agreed that the first pilot had to utilise a paper questionnaire, with computer-assisted interviewing introduced for the dress rehearsal. This mixing of data collection modes within the development schedule was not ideal, given that the many advantages of a computerised instrument were unavailable at the first pilot. However, this approach did enable, as required, a large volume of questions to be tested and timed quite soon after commissioning. Moreover, NatCen's offer to computerise the questions for self-completion by respondents was accepted, thus enabling this aspect of the survey to be tested in the appropriate mode. Details of the pilot and, then, the dress rehearsal follow below.

Moving from a very long first pilot questionnaire to a fully computerised dress rehearsal depended upon considerable work on the questionnaire content, as well, of course, as the programming of the instrument. Shortly after commissioning, NatCen expressed its view was that a slightly later launch of the survey would facilitate a better developed dress rehearsal and a less hurried preparation of the launch, thus reducing the risks of errors and omissions. The need to avoid the census in late April, and an anticipated General Election in May were also considerations. Though there were some costs – in terms of the timeliness of the data collected relative to cohort members' birth dates - these were judged to be minor. Overall, survey data quality was expected to be enhanced by having at least minimally adequate time for completing development and implementation. On this basis, agreement was secured to launch the survey in June rather than May.

CLS had responsibility for determining the content of the instruments (what should be measured) and, within the context of the short time available, engaged in considerable consultation and debate in the course of discharging this responsibility. NatCen was one among many contributors.

NatCen made a substantial input to the details of the instruments – structure, order, routing, volumes of questions and item wording. CLS and NatCen worked closely on these details, developing, sharing and discussing intensively the drafts of questionnaire modules.

## 2.2 First Pilot Survey

The first pilot survey was conducted in January 2001. The main aim of this initial pilot was to test the structure, content and duration of lengthy draft questionnaires designed to gather information from mothers and fathers.

### 2.2.1 Instrumentation, Sample and Fieldwork

Table 2.1 shows the topics covered in pilot interviews. Apart from computerised self-completion modules, interviews were conducted using paper questionnaires (91 pages for 'Mothers' and 37 pages for 'Fathers').

**Table 2.1 Contents of Pilot instruments**

	Mother	Father
Household details, baby's father, lone parenthood, previous pregnancies, non-resident children	✓	
Pregnancy, labour & delivery	✓	
Baby's health	✓	
Baby's development		
Childcare	✓	
Grandparents & friends	✓	✓
Self-completion(see Note)	✓	✓
Parent's health	✓	✓
Employment & income	✓	✓
Parent's education	✓	✓
Housing	✓	
Interests	✓	✓
Lone Parenthood, other children		✓
Summing up questions about the baby	✓	✓

Note : For fathers, self-completion followed health.

Pilot 1 was conducted by 8 interviewers working in 7 areas: five in England, one each in Scotland and Wales. Interviewers were briefed by researchers on 10<sup>th</sup> January and de-briefed on 23<sup>rd</sup> January, at which time pilot evaluation forms were collected. Sixty interviews with mothers and 45 with fathers were conducted in the fieldwork period, with a further few interviews conducted at later dates.

This sample comprised mainly 'advantaged' families whom CLS had recruited through health visitors. Letters inviting participation were given to parents of babies born between March and May 2000. Those willing to take part forwarded their contact details to CLS. An advance letter outlining the survey was then sent by NatCen to all the parents who had volunteered. Interviewers were asked, where possible, to make contact by telephone, though certainly to visit any volunteers who could not be reached in this way.

Interviewers were asked to conduct, where possible, interviews with mothers and fathers, including adoptive, foster and step-parents, in the home of an eligible baby. For twins and multiple births, the oldest baby was to be the subject of the interview.

Respondents were given a £10 gift voucher to thank them for their contribution to testing the MCS1 questionnaire.

## **2.2.2 Key findings and changes**

### ***Participating in the Study***

Overall, interviewers reported that parents were very positive about the experience of taking part in the study. As expected, given the nature and source of the sample, there were few problems gaining co-operation. However, fathers living with their baby were harder than mothers to contact, though in most cases interviewers felt that participation could ultimately have been achieved. Partly in view of this, the flexibility to conduct the father interview first was valued by interviewers. This was taken forward into the computerised instrumentation.

The gift voucher was not a reason for participation and most respondents were pleasantly surprised to receive it. Mothers usually received vouchers 'for the baby' without any objection from fathers. The response of respondents and the views of interviewers indicated that further use of vouchers on this study was unnecessary.

### ***Questionnaire content***

In general, the content of the questionnaire was thought to be interesting and appropriate. Interviewers commented that introductions were needed in places to signal changes in topic and to improve the general flow of the interview.

Interviewers felt that the self-completion module was positioned too early in the mother's interview; it was subsequently moved to follow the section on Parent's health. Some of the questions in the face-to-face interview were felt to be sensitive, in particular those on previous relationships and previous pregnancies. The presence of current partners or other children could add to unease and effect data quality. These questions were moved to the self-completion module.

Most interviewers felt that the father interview did not have enough questions about the baby and noted that such items which were included came at the very end of the instrument. A new section of 'father-only' questions about time spent with the baby(ies) was introduced at the beginning of this interview. As most of the information in the father interview was of a factual nature, interviewers suggested that it would often be possible to collect the data by proxy. A proxy partner interview was introduced for very specific circumstances.

Many other detailed recommendations for changes to question wording, routing, response categories were included in NatCen's report on the First Pilot Survey.

### **Interview length**

Interviews with mothers averaged (mean) 99 minutes, while those with fathers took an average of 62 minutes. Lengthy interviews had been anticipated; indeed, a key function of the pilot became to measure the overall durations and; hence, the number of items which needed to be excised.

Timings on sections within the instruments showed that the self-completion modules accounted for over a quarter of the total interview time (Table 2.2). Questions on employment and income took up nearly 10 per cent of the total. No other block of questions was notably time-consuming (many were conducted in under three minutes). The high average durations resulted from the sheer volume of questions rather than some element(s) taking longer than anticipated to administer.

**Table 2.2**      **Average length of interviews (hh:mm)**

<b>Mother: face to face</b>	<b>Mother: self completion</b>	<b>Mother: total</b>	<b>Father: face to face</b>	<b>Father: self completion</b>	<b>Father: total</b>
01:12	00:27	01:39	00:43	00:19	01:02

Interviewers were unanimous in finding the interviews too long. Although respondents were happy to talk about their baby and did not complain about the length, interviewers felt that the quality of data collected towards the end of the mother's interview was negatively affected. Certain sections were felt to be particularly lengthy for example, employment and income, parent's health (especially for fathers), grandparents and the self-completion.

Given that the two interviews were often done in succession and that a baby (plus other children) was often present, interviewers reported some difficulties concentrating continuously for the time required to complete these instruments.

NatCen recommended that the mother interview was reduced to around 70 minutes and the partner to no more than 40 minutes. At this stage, we judged that the self-completion should be limited to 20 minutes.

## **2.3 Pilot Two: Dress Rehearsal**

The 'dress rehearsal' for the study took place in April 2001. The procedures planned for mainstage sampling and fieldwork were tested. However, it was impractical to expect transformation in a single stage of the lengthy paper instruments into near finalised, fully computerised versions. Hence, the interviews conducted at this stage would be more accurately described as a comprehensive pilot of the instruments rather than a dress rehearsal.

### **2.3.1 Instrumentation, Sample and Fieldwork**

The survey continued to comprise interviews with, in essence, mothers and, where co-resident, fathers. However, for clarity and applicability in all circumstances, the two schedules were labelled 'main' and 'partner' questionnaires. Furthermore,

household details collected at the beginning of the interviews - from which appropriate respondents were determined automatically by the program - became a distinct module which could be completed with either parental figure. Contents of the instruments were, thus, as shown in Table 2.3.

**Table 2.3 Dress Rehearsal questionnaire content**

	Household	Main	Partner
Household grid	✓		
Languages spoken at home	✓		
Ethnic Group		✓	✓
Baby's father		✓	
Looking after baby			✓
Lone parenthood		✓	✓
Pregnancy		✓	
Labour & delivery		✓	
Baby's health		✓	
Baby's development		✓	
Childcare		✓	
Grandparents & friends		✓	✓
Parent's health		✓	✓
Self-completion		✓	✓
Employment		✓	✓
Income		✓	
Education		✓	✓
Housing and local area		✓	
Interests		✓	✓
Time with baby		✓	✓

Note: For multiple births, sets of questions relating to 'the baby' would be repeated for each cohort member in turn.

Rules were also introduced to permit interviewing 'part-time resident partners' and precluding interviews with partners not resident with the cohort member(s). In addition, proxy partner interviews were permitted in tightly defined circumstances, namely if the partner respondent was away during the fieldwork period or incapable of understanding and answering questions for themselves due to physical or mental incapacity.

The sample for the Dress Rehearsal was selected from Child Benefit records administered by the DSS (later renamed DWP). It comprised babies born in a six-week period in June and July in 2001 and living in one of twelve electoral wards at approximately 7 months of age. DSS dispatched an opt-out letter two months prior to the start of dress rehearsal fieldwork and forwarded to CLS contact details for 119 families who did not opt out. Meanwhile, two further families joined the sample having been identified as eligible by Health Visitors.

The sample was designed to over-represent disadvantaged areas (6) and those with high proportions of people from minority ethnic groups (3), in order to ensure robust testing of procedures across diverse fieldwork areas.

An additional letter - known as the 'advance letter' - was sent out centrally by NatCen Operations on the day before the interviewer briefing. This letter was printed on joint Child of the New Century/NatCen headed paper, with the relevant interviewer's name then handwritten on to each copy. This additional letter was not strictly necessary, given the prior opt-out letter and procedure. However, members of NatCen's team, especially interviewers and Operations Staff, were strongly of the view that a second letter would substantially benefit the conduct of fieldwork. Therefore, we requested that this be tested in the dress rehearsal. Simultaneously, a letter of this type was requested by the Medical Research Ethics Committee, concerned that an opt-out did not sufficiently ensure informed consent.

Fourteen interviewers were briefed on 10 April, 2001. Given this number of interviewers, in order to give each adequate time to contribute their findings, two de-briefings were held on 24 and 25 April, 2001. At the time of the de-briefs approximately 75 main and 50 partner interviews had been achieved.

Although the majority of the fieldwork was completed in the 13/14 days between briefing and de-brief, interview after de-briefing was permitted, indeed encouraged, in order that interviewers could complete assignments and maximise the numbers recruited to the pilot.

The final outcome achieved 91 and 60 main and partner interviews from a total of 121 issued addresses. Seven families were found to have moved to unknown or ineligible addresses. Hence, the fieldwork response was 91 achieved out of a maximum of 114, which is 80 per cent. It may be noted that response was especially strong in disadvantaged areas but weaker in wards with large minority ethnic communities.

### **2.3.2 Key findings and changes**

#### ***Headline comments from interviewers***

- Overall, interviewers reported that the dress rehearsal was a positive experience. Most parents were willing to co-operate, interviews were relatively straightforward to arrange and nearly always conducted successfully.
- Whether to co-operate with the study was not necessarily decided jointly by partners. Hence, there were cases where a main interview was achieved but an eligible partner could not be interviewed. Less commonly, one partner might oppose all participation while the other insisted s/he wished to participate. In principle, the right of each individual to decide whether or not to take part was respected, though clearly applying this in these circumstances required careful handling.



- The key finding of concern was that translated interviews were difficult to manage and that data quality might not be satisfactory.
- The duration of the interview was not a major obstacle to arranging interviews, despite the obvious childcare responsibilities of respondents. However, some interviewers reported that the questionnaires were still somewhat too long.

### **Sample**

In general, the sampling procedures worked well and address information was usually comprehensive and accurate. DSS and CLS were notified some name information had been truncated before being supplied to NatCen.

However, as noted above, a small but non-negligible number of selected babies were not resident at the address supplied and in a few cases appeared never to have resided there. This provided forewarning about levels of inaccurate or out-of-date information within Child Benefit records and, as this was mainly due to moves between 7 and 9 months, the proportion of the issued sample who would not be eligible for interview .

The Address Record Form (ARF) upon which interviewers recorded their attempts to contact and interview sample members was reported to operate successfully in the field. Though the overall design was robust, a number of detailed changes to layout and content were suggested by interviewers which noticeably improved the final version.

### **Briefing**

Interviewers found the briefing to be long and intensive. Although the briefing achieved the objectives of enabling interviewers to carry out high-quality data collection, it was felt that not all points had been absorbed and steps needed to be taken at the main stage to reinforce certain briefing points. In addition to modifications to the briefing itself, interviewers were required in advance of the main stage briefings to do an exercise involving completion of Address Record Forms.

### **Advance materials, contact procedures and co-operation**

Though all respondents had been sent an opt-out letter and study information leaflet by the DSS two months beforehand, many had forgotten receiving these . On the other hand, a number of people had recognised that their baby was not eligible for the study according the criteria in the letter<sup>1</sup> and, hence, needed reassurance from interviewers with regard to this.

Interviewers had copies of the DSS opt-out letter to show respondents. Interviewers noted that the letter appeared to have been sent in a black and white format which could appear like a photocopy. There were also widespread reports that respondents

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<sup>1</sup> The eligible birth dates agreed for the main survey had not been amended for the dress rehearsal opt-out letters; since dress rehearsal babies were born before this period it appeared that they were ineligible for the study!

had not received the study leaflet with their DSS letter. Interviewers felt that the leaflet was attractive and memorable and so it was unlikely that respondents who recalled the letter would simply have forgotten the leaflet. It was recommended that headed, coloured, stationery was used by the DSS for main fieldwork and that study leaflets were always enclosed.

It was further noted that as respondents were sent leaflets with their DSS opt-out letter interviewers did not have a leaflet to give to respondents. A simplified leaflet, in the form of a Question and Answer Sheet, was produced for the main stage.

The advance letter sent out at the start of fieldwork was remembered by virtually every interviewed main respondent; partners had also seen it. Interviewers felt that the advance letter facilitated co-operation and provided re-assurance about the study. That many respondents were expecting the named interviewer to call was especially helpful. It was felt that giving interviewers control of when the letter was posted would enable them to optimise the gap between receipt of letter and first doorstep contact and allow them to plan their work. It was decided to use a similar advance letter, posted by interviewers, throughout the main stage.

Interviewers were able to make contact readily and were well received at the majority of addresses. The willingness to co-operate, thus far only inferred by parent's failure to 'opt-out', was confirmed at this stage and was reflected in appointments which were usually made for within a week of contact, often 2-4 days after first contact. Sometimes interviewers were invited in straightaway, largely on the strength of the NatCen letter and identification. Many parents were keen to participate and enthusiastic about their baby's selection for this study.

No incentive was offered to participate in the dress rehearsal and interviewers felt none was needed; moreover, they strongly opposed options such as a prize draw on the grounds that this would seem to devalue the study. NatCen researchers did note that supplying a voucher for all participants could, nevertheless, have a marginal positive impact on the response rate. However, the deadweight and organisational costs of this kind of incentive were expected to be very high relative to any benefit. NatCen recommended against the use of incentives and this was accepted.

Interviewers pointed to the potential benefits of having small gift packages which they could give to older siblings and, perhaps, a gift for the Cohort Member. Sticker packs for older children in the household aged 3 and over were introduced for the main stage.

### ***Interview structure and content***

Interviewers were very positive in their reports about the structure and content of the questionnaire. They felt that the interview flowed well and moved quite quickly from topic to topic and so retained respondent attention. The vast majority of the content seemed to be of clear relevance to both respondent and interviewer. In general, questions were said to be straightforward to answer.

The self-completion module was generally well received and judged to be interesting for respondents. There were some concerns, especially among interviewers in

deprived areas, about the number of questions included in this module. Interviewers felt that there were simply too many items for some respondents. Respondents did also query the length of this. Some thought the self-completion module signified the end of the interview, so a revised introduction to it informed respondents that further questions would be asked.

### ***Language and translation***

Four of the 14 interviewers were working in wards with high minority ethnic populations. Language problems were experienced by these interviewers. Many of the those interviewed in these wards did not speak English as their first language. The languages prevalent in the dress rehearsal wards were: Urdu, Tamil, Punjabi, Bravanese, Gujarati and Somali. Where the main interviewee could not speak sufficient English, their husband or in one case, a neighbour acted as translators.

Interviewers had concerns about the quality of data they were able to secure at some interviews. The primary concerns were husbands appearing to answer on behalf of their wife, rather than simply translating, together with attitude and sensitive questions. Duration of the main interview also became a major consideration, though respondents appeared willing to co-operate for the required time. However, conducting a partner interview immediately thereafter was sometimes simply not a practical option.

Some interviewers noted occasions whereby respondents, though conducting the interview in English, did not understand many of the baby-related terms which are used infrequently in other contexts, for example 'coos', 'jittery' or 'naps'. As well as the potential impact on data quality, the impression might also be given that questionnaire design paid insufficient attention to the diversity of culture and language in Britain. Doubts were raised about the validity and suitability of, in particular, some items in scales which appeared to offer the advantage of producing data comparable to that collected in many other surveys. NatCen asked whether all scales had been tested successfully among the diverse communities of Britain, since we felt that, if not, some confusion or appearance of lack of sensitivity might be created by 'importing' certain items.

### ***Interview length***

Dress rehearsal main interviews averaged (mean) 75 minutes. The household module took an average of 5 minutes to complete. As this was usually conducted together with the main interview, the effective total duration for main interview was 80 minutes. Partner interviews averaged 35 minutes. Therefore, all dress rehearsal interviewing combined could be expected to take nearly two hours. However, there was considerable variation around these means. The fact that a significant minority of interviews were taking a very long time to complete was a particular concern, since it was vital that the burden at sweep 1 deterred relatively few people from participation in future rounds.

**Table 2.4** Durations (mean and range) of interviews by ward type (minutes) including self-completion

	All	Advantaged	Disadvantaged	Ethnic
<b>Household Module</b>				
Mean	5.3	5.7	4.2	6.2
Range	1-19	1-15	1-19	1-17
<b>Main</b>				
Mean	75.0	65.7	71.2	87.5
Range	49-158	50-91	49-125	58-158
<b>Partner</b>				
Mean	34.7	32.6	34.3	39.0
Range	21-67	23-43	21-61	28-67
<i>Bases:</i>				
<i>Household</i>	73	21	27	24
<i>Main</i>	72	22	27	24
<i>Partner</i>	38	16	13	9

Timings for individual modules confirmed that all were being completed within reasonable average durations. The self-completion module had been reduced to a manageable length for most respondents, though the average of 23 minutes for main respondents suggested it was still too lengthy. We recommended that an average duration of 15 minutes would be optimal.

There were two sets of views among interviewers about the overall duration of interviewing. One was that the interview length was fully justified and caused few or no real problems for arranging and conducting fieldwork. This was due to the high salience of the study and the relevance of the questions. Some of the interviewers holding this view explained that the subject matter and the range of topics covered meant that the interview rarely seemed as long to either interviewer or respondent as it actually was.

A second view, more common among those working in deprived areas, was that there was too much material in the main interview to handle comfortably and retain respondent enthusiasm. Interviewers taking this view did not contend that the durations were wholly impractical. Rather, they suggested at least some pruning of the main schedule to reduce respondent fatigue and, perhaps, increase attachment to the study in the longer term.

Some interviewers would have preferred an hour average for main interview but most were content with up to 75 minutes, and all accepted that this was a reasonable duration for this survey. Thus it seemed that the modest cuts required to meet the mean duration target of 75 minutes for main interviews would ameliorate most of the concerns about excessive questioning among dress rehearsal interviewers.

## **2.4 Health Data Linkage Experiment**

The dress rehearsal included a health data linkage experiment following proposals from members of the Millennium Cohort consortium to enhance the health information in the study.

This experiment had two components : i) direct recording of data within the interview context by extracting information from Personal Child Health Records and ii) seeking permission to link survey data to routinely collected health data. Standard methods of evaluation (feedback from interviewers at the de-brief) were supplemented by cognitive de-briefs with 10 respondents in order to find out how respondents felt about these two aspects of the study. These follow-up interviews were conducted by two specially trained interviewers and one researcher

### **2.4.1 Personal Child Health Record Data**

This experiment was conducted with respondents who had odd serial numbers and had available the Personal Child Health Record (PCHR) for the baby. The objective was to locate various information with the PCHR and copy it to a specially developed form (just over one side of A4 paper). It was suggested that the relevant information could be extracted by interviewers while respondents were undertaking the self-completion module. Thereby, little or no increase in interview duration would result. The information required covered baby's birth weight and gestation, results of new born examination and neonatal hearing test, key details (weight etc) from 6-8 week and 6-9 month review, most recent weight and immunisation details.

Although all respondents who had their baby's PCHR willingly agreed to the collection of information from the PCHR, wide-ranging difficulties were reported by the interviewers with the extraction of data. The main problems were that the quality of the data in the PCHR's was highly variable and was not recorded in a standard way across different regions. This meant that often the interviewers needed the help of respondents to extract the relevant information and sometimes respondent's own knowledge was more up-to-date than the book.

It was felt that collection of information from PCHR's by interviewers would require a substantial amount of development work in order to work successfully. In addition, it was felt that this method may not be the optimal way of collecting this information. As a result of these concerns, it was agreed that the PCHR form would not be implemented on the main stage of the study. Instead it was recommended that consideration should be given as to whether any further information could be collected as part of the main interview (birth weight, most recent weight, gestational age and immunisations having already been included in the dress rehearsal schedule). Additional questions about hearing tests and problems were added for the main stage and respondents were asked to consult their PCHR in providing the answers to all questions where data should be recorded in the PCHR. In addition, the source of information (PCHR or respondents recollection) was recorded.

#### **2.4.2 Consent Form (Permission to Link Health Record Data)**

This part of the experiment was conducted with natural mothers with even serial numbers. Overall it worked well with the only problems of understanding due to language difficulties. All but one of the respondents willingly signed the consent form, with no indication (even during cognitive de-briefs) that they were uncomfortable doing so or that this would have any impact at all on their future participation. Indeed, some seemed to see this a further indicator of the importance and thoroughness of the study.

However, the cognitive de-briefs did reveal that some respondents thought that they were agreeing to the research team accessing their medical records prior to their pregnancy as they had made a mental link with the questions about their own health.

A similar consent form was included at the main stage of the study. The wording was re-drafted slightly to clarify that only maternity and birth records will be accessed and translated consent forms were provided.

### **2.5 Final phase of questionnaire development**

As indicated, further reductions in the number of items included, and some refinements to questions, were required following the dress rehearsal. However, these were not extensive, so further piloting would not have been not required, even had time permitted.

It was, though, important that more checks of data consistency be built into the program and that extensive testing thereof by NatCen and CLS researchers and NatCen Operations staff be undertaken. Details of 187 built-in checks may be found in Appendix A of the questionnaire documentation.

### 3 MAIN SURVEY SAMPLE DESIGN AND RESPONDENT SELECTION

#### 3.1 Sample design

As indicated in the Introduction, NatCen's commission for this study did not require a substantial input to the sample design and selection. Readers requiring a comprehensive account are referred, therefore, to the Technical Report on Sampling produced by CLS (Plewis, 2004).

NatCen did input into discussions on sampling strategy, particularly with regard to the most efficient means of implementing the chosen design. In particular, we noted the large number of electoral wards with relatively few expected births during the eligibility period. Selection of many, scattered wards of this type would have been detrimental to efficient conduct of fieldwork. It was agreed, therefore, that wards with especially few births expected be joined to adjacent wards to form larger primary sampling units – hereafter described as 'super' wards.

NatCen researchers, Operations staff and interviewers were required to have a sound understanding of the sample's main features. This understanding is reflected in the following non-technical summary of the sample design, which we hope may be of value to readers requiring an overview rather than a detailed account.

There are two key criteria for membership of the MCS:

- i) an eligible date of birth (see below); AND
- ii) residence in one of the sample electoral wards aged 9 months.

**Table 3.1 Eligibility for MCS sample: dates of birth**

Country	Eligible Dates of Birth
England	01/9/2000 – 31/8/2001
Wales	01/9/2000 – 31/8/2001
Scotland	24/11/2000 – 11/1/2002
Northern Ireland	24/11/2000 – 11/1/2002

The eligible dates of birth reflected a wish to include children born throughout the year rather than concentrating, as in previous birth cohorts, on those born in a single week. In Scotland and Northern Ireland, the first eligibility date was put back to avoid potential overlaps with a survey of infant feeding practices; the final eligibility

date in these countries was over a year after the first because the survey was extended in an attempt to meet the target sample sizes in these countries.

The decision to cluster the sample in wards and to include all eligible babies in selected wards (instead, for example, of including a proportion of children in all places) reflected a wish to facilitate analyses incorporating socio-economic context, as well as the practical need to constrain fieldwork costs.

Samples were selected separately for each country, in accordance with target sample sizes agreed for each (which is large relative to population in Scotland, Wales and Northern Ireland in order that there would be sufficient sample to allow intra as well as inter country comparisons). Within each country wards were classified as 'disadvantaged' (D) or 'advantaged' (A). Disadvantaged was defined to be below the level of the poorest quarter of wards in England and Wales according to a child poverty index; though the rest of the wards are labelled 'advantaged' they include most of each country and so are very diverse. Within England a further group of wards were identified, namely those having (at the time of the 1991 Census) 30% or more of their residents from Black or Asian ethnic groups (E wards). Most of these also had high child poverty rates, but in England 'Disadvantaged' wards were selected from those NOT also classified as 'Ethnic'.

For each country, appropriate numbers of wards were selected within each type of ward (or stratum) according to the required target sample sizes. Relatively high numbers of D and E wards were selected for two reasons:

- i) there is a strong policy and academic interest in children from these backgrounds; though, of course, not all of those living in D and E wards are disadvantaged or belong to minority ethnic groups, this approach ensured that substantial numbers of such people would be included in the study;
- ii) people from such backgrounds have tended to be less likely to participate in such studies, especially on a longer-term basis. So over-sampling in the selection of wards provided some compensation for this.

The actual selection of wards within strata was done randomly. First wards in England and Scotland were grouped into nine and four regions, respectively. Then in all regions/countries wards were ordered by size (that is, expected number of births). Within each list, wards were selected at fixed intervals from random start points.



**Table 3.2 The numbers of sample wards**

Country	Ward Type	Number of sample wards
ENGLAND	Advantaged	110
	Disadvantaged	71
	Ethnic	19
WALES	Advantaged	23
	Disadvantaged	50
SCOTLAND	Advantaged	32
	Disadvantaged	30
NORTHERN IRELAND	Advantaged	23
	Disadvantaged	40
TOTAL		398

### 3.2 Sampling procedures

Having selected sample wards, eligible children had to be identified.

The most comprehensive way to identify these Cohort Members was through Child Benefit records. However, Child Benefit records did not include everyone, particularly those who moved into a sample ward shortly before they should be approached for interview. So local Health Visitors were asked to forward the names and addresses of these families.

#### Child Benefit Records

Nearly all of the sample was drawn from Child Benefit (CB) records held by the Department of Work and Pensions (DWP). Until June 2001 this was the Department of Social Security (DSS). There were four stages to the procedure for drawing the sample from these records:

- i) DWP conducted 'scans' of its records every four weeks to identify all eligible babies who were approaching the age at which we wished to interview their parents;
- ii) DWP removed 'sensitive cases' from the sample. These were families with whom the DWP was 'in correspondence', including but not only suspected benefit fraud cases, plus cases that were sensitive because a child may have died or been removed from a parent. A little under 3 per cent of eligible families were excluded in this way.
- iii) DWP then sent *opt-out letters* to the recipients of Child Benefit for the cohort babies. A 'glossy' information leaflet explaining the study was enclosed with these letters. Addresses in Wales were sent copies in both Welsh and English. Letters were dispatched every four weeks, to families whose babies were then around 7 months old. The letter invited parents to take part in the study and gave them the opportunity to opt-out by telephoning or writing to the DWP

within two weeks of the letter's dispatch. Just under 7 per cent of families opted-out of the study at this point.

- iv) After the opt-out period, the final DWP stage at the next scan was the removal of any newly sensitive cases and any cases already known to have moved out of sample wards. Any address updates for families which have moved within or between sample wards were also made.

Additionally procedures were introduced during fieldwork to check four weeks after the initial scan for any eligible babies appearing newly on the Child Benefit records (that is, having a newly recorded change of address falling within a sample ward) who were added to the sample 4 weeks later.

Every four weeks DWP sent sample details to the Centre for Longitudinal Studies and, after checking, formatting and adding serial numbers, these were forwarded to Natcen.

The vast majority – at least 90% in Great Britain and 85% in Northern Ireland - of those identified in the scanning were issued to field.

### **Health Visitors**

In order to identify some of the families missed by CB records and for general support on promoting the study, CLS recruited the help of Health Visitors working in the sample wards.

Health Visitors were asked to identify parents of babies who had **moved in** to sample wards (or moved within these wards) when a baby was aged 5-8 months (and who probably would not, therefore, have been included in the original DWP sample).

The Health Visitor asked parents who had recently moved to the area for permission to pass their name and address onto the CLS. They gave parents a letter and a leaflet about the study.

It was hoped, therefore, that Health Visitors would identify some eligible families who had not received DWP letters inviting participation because they had recently moved. Due to recent reorganisation of the Health Service, Health Visitors were not asked to check additionally for other eligible babies who may not have received a DWP letter.

Interviewers were alerted about families identified by Health Visitor, since a slightly different door-step introduction was required for these people. In practice, there were few such families in the issued sample. These families were incorporated by CLS into the four-weekly sample provided to NatCen and, shortly afterwards, issued to interviewers.

### 3.3 Respondent selection

In general terms, the survey had the straightforward objective of interviewing the cohort member's mother and her partner, if co-resident. However, considerable attention was given to defining eligible respondents and ensuring their selection for entire range of household scenarios which it was envisaged interviews might encounter.

The HOUSEHOLD module could be administered to any of the following people **who were resident with the baby**:

- Mother (natural, adoptive, foster or step)
- Father (natural, adoptive, foster or step)
- Mother's cohabiting partner
- Father's cohabiting partner
- Main carer (if no parents resident)
- Main carer's cohabiting partner (if no parents resident)

Interviewers were instructed **not** to collect the household data from anyone else in the household.

Once the household details were completed, the interview program determined who was asked for the MAIN interview and who, if anyone, should be invited to do the PARTNER interview. These two interviews could be completed in either order, but interviewers were instructed that it was preferable to start with the main interview.

In the vast majority of cases, the mother was the main respondent. Some exceptions are indicated in Table 3.3, which outlines the rules for respondent selection. So, for example, lone fathers were asked to complete a main interview (but the questions about pregnancy and birth were skipped). Foster/adoptive parents were eligible for interview in the same way as natural parents (note, again, that the questions about pregnancy and birth were skipped). If the baby was permanently cared for by and lived with someone other than parents (e.g. grandparent/aunt) then these carers were eligible for interview. However, if the mother and grandmother lived together, the mother was interviewed even where the grandmother was the main carer (partly in order to collect pregnancy and birth information). Only natural mothers who did not live with their baby were not eligible for interview. Same sex partners were both eligible for interview – if one was a natural parent of the child, they were the main respondent. If neither were natural parents, a question in the program established who was the main carer.

The inability of someone to take part due to being away from home or incapacity could cause the program to change who was to be the main respondent. For example, if a mother's mental ill health precluded an interview, then the father could become the main respondent.

**Table 3.3 Who Gets Which Interview?**

<b>Who's resident?</b>	<b>Household questionnaire</b>	<b>Main questionnaire</b>	<b>Partner questionnaire</b>
<b>Both parents</b>	Either	Mother	Father
<b>Mother only</b>	Mother	Mother	-
<b>Father only</b>	Father	Father	-
<b>Mother and step-father/cohabiting partner</b>	Either	Mother	Step-father/ cohabiting partner
<b>Father and step-mother/cohabiting partner</b>	Either	Father	Step-mother/ cohabiting partner

Parents who were not resident with the baby were not interviewed. However, where a parent was sometimes or 'part-time' resident, for example spending one or two nights a week at the baby's home, then they were asked to take part. Interviewers were not expected to go to another address to interview a parent who was not fully resident, though could do so at their discretion.

## 4 SUMMARY OF FINAL SURVEY INSTRUMENTATION

This one-page summary is designed to enable readers quickly to access an outline of what was included in MCS Sweep One. Table 4.1 summarises the content of the questionnaires. In addition, at the end of the main interview, respondents who were either the natural mother, or in their absence, the main carer were asked to read and sign a consent form giving permission to obtain and link clearly specified health records to the survey data.

**Table 4.1 Summary of MCS Sweep Questionnaire Content**

Module	Title	'Mother' or 'Father'	Main	Partner
Household	Household grid	✓		
	Languages spoken	✓		
A	Non-resident parents		✓	
B	Involvement with the baby(ies)			✓
C	Pregnancy, labour & delivery		✓	(where applic.)
D	Baby's health & development		✓	
E	Childcare		✓	
F	Grandparents & friends		✓	✓
G	Parent's health		✓	✓
H	Self-completion		✓	✓
J	Employment & education		✓	✓
K	Housing & local area		✓	
L	Interests and time with baby(ies)		✓	✓

The self completion module covered:

- Baby's temperament & behaviour
- Relationship with partner
- Previous relationships
- Domestic tasks
- Previous pregnancies
- Mental health
- Attitudes to relationships, parenting, work and so forth

The program was designed to cope with **twins and multiple births** (up to 6 babies!) within a single main interview. Questions related to cohort members were, thus, repeated for each baby in turn.

## **5 CONDUCT OF FIELDWORK 1 : MATERIALS, BRIEFINGS AND PROCEDURES**

### **5.1 Overview of procedures for interviewers**

In summary, the study involved the following procedures for interviewers:

- i) attending one day briefing conference with researchers Natcen, CLS and, Northern Ireland, NISRA;
- ii) receipt of assignments (sample addresses) by modem (initially by disk in Northern Ireland) and post every four weeks;
- iii) attempting to make contact with a parent (or an adult caring for the child) for all the babies – Cohort Members – in assignments; this included attempting to trace any Cohort Members who had moved;
- iv) arranging for ‘main’ interviews to be conducted as close as possible to a specific target date, namely when each Cohort Member was 9 months and 15 days old;
- v) collecting brief information about all household members from either parent (or their partner) by means of computer assisted personal interviewing (CAPI);
- vi) conducting main and partner CAPI interviews with each parent (or carer) as instructed by the program; both interviews included a computerised self-completion module (CASI);
- vii) administer a request for consent to link specified health records to survey data;
- viii) completing a paper ARF for all addresses;
- ix) completing entry of administrative information within the CAPI program;
- x) frequent return of work by modem and post.

### **5.2 Materials for interviewers**

Interviewers’ materials for this survey comprised:

- Police letters
- Copies of DWP opt-out letters
- Study leaflets – ‘glossy’ card, green and blue design
- Shortened leaflets – simplified ‘Info Sheet’ on peach A4 paper
- Natcen/NISRA advance letters for every address
- Extra copies of advance letters to show as necessary
- Address Record Forms (ARFs)
- Sample cover sheet
- Postcode listings for each sample ward
- Forwarding letters with contact form, blank envelopes and reply-paid envelopes
- Appointment cards
- Show cards (slightly different versions in each country)
- Consent forms – ‘Permission to Obtain Health Information’
- Laptop computer with CAPI questionnaire
- Project Instructions
- Translations of the advance letter, shortened leaflet and consent forms
- Sticker Packs for older siblings
- Leaflets about the *National Centre for Social Research*

The advance letter and leaflet were translated in to Welsh and provided, alongside the English versions, for all Welsh addresses.

### 5.3 Briefings

Full day briefings for all interviewers were led by a member of the NatCen or NISRA research team with the substantial involvement of a CLS researcher. Briefings covered the origins and purpose of the study, sample and questionnaire information, details of fieldwork procedures (as outlined later in this chapter) and full practice interviews with 'dummy' main and partner respondents.

The survey was launched in England and Wales with 17 briefings held in seven cities between 31 May and 15 June, 2001. Launch briefings in Scotland (4) were held mainly in August (17<sup>th</sup> – 31<sup>st</sup>), with one briefing in September (6<sup>th</sup>). Only three further briefings were conducted ( 3 October, 29 November and 7 February, 2002) for interviewers in Great Britain. This was fewer than had been anticipated due to the high rate of retention of interviewers on the study. A total of seven briefings were conducted in Northern Ireland.

In total, 280 NatCen and 59 NISRA interviewers attended a briefing and carried out work on the study.

Key instructions made at the briefings which are not included elsewhere in this document included:

- Ensuring that dates of interview were entered correctly, recognising that interviewing at one household may take place on different dates;
- Trying to ensure the main respondent had to hand the Cohort Member's Personal Child Health Record;
- Checking early whether respondents will have any difficulties reading showcards and the self-completion module;
- Making sure relationships recorded in the household module were coded 'the right way round' according to each question wording (for example, being sure to code 'mother' not 'daughter', as appropriate);
- Taking care to indicate the correct 'units' (weeks, months, pounds, kilos and so forth) before entering time periods and weights;
- Encouraging respondents to self-complete the appropriate module, due to sensitive nature of certain questions.

Finally, the importance of engaging at least one parent in the study was emphasised to interviewers. That is, while the aim was to involve both parents where resident, much the most important thing was to secure participation of at least one parent at this stage.

## 5.4 Issuing sample to interviewers

Sample was issued to interviewers at four week intervals. Serial numbers were allocated electronically and collected by interviewers through modems. Sample information was provided on Address Record Forms, upon which interviewers recorded their attempts to contact and interview sample members. A copy of this Form may be found in the Appendix.

Sample information was provided on two labels stuck upon the front of each Address Record Form. The first is a standard address label, in the form of the following (fictitious) example:

<b>SN:01299997R</b>	<b>FA:8</b>
<b>MRS MELANIE JONES</b>	
<b>35 Northampton Square</b>	
<b>London</b>	
<b>EC1V OAX</b>	
<b>Phone :</b>	

The serial number was in the top left corner, with NatCen field area in the top right. The name and address of the Child Benefit recipient (for DWP sample) or parent (for HV sample) followed. For the Heath Visitor sample only, the address label may also have contained the name of a second parent and a telephone number.

### The second label

The second label provided additional information essential for this survey:

<b>SN:01299997R</b>	<b>SType:CB</b>
<b>DoB: 7/9/2000</b>	<b>PType:A</b>
<b>Target Date: 22/6/2001</b>	
<b>Name of Baby:</b>	
<b>BELINDA JONES</b>	

The serial number was repeated on this information label. In the top right hand corner, SType denoted whether the baby has been sampled via Child Benefit records (CB) or via Health Visitors (HV) and Ptype denoted ward type i.e. A (Advantaged), D (Disadvantaged) or E (relatively high minority ethnic population). The baby's or babies' date of birth (DoB) appeared below the serial number and the target interview date appeared below this. The final piece of information on the address label was the name - first name and surname - of the baby or babies (there was space on the label for the names of up to 6 babies).



As noted above, the sample for this study was issued in 4-weekly waves. Each issued wave of fieldwork (except the last) contained babies born in a 4-week period. In England and Wales sample was issued in 2 through 14 inclusive; in Scotland and Northern Ireland sample was issued in waves 5 through 18. The timetable (Table 5.1) shows the dates of birth and fieldwork start dates for each wave.

**Table 5.1 Fieldwork schedule**

Fieldwork Wave	Baby's Date of Birth	Issued to Field
Wave 2	1 <sup>st</sup> - 28 <sup>th</sup> Sept 2000	11 <sup>th</sup> June 2001
Wave 3	29 <sup>th</sup> Sept - 26 <sup>th</sup> Oct 2000	9 <sup>th</sup> July
Wave 4	27 <sup>th</sup> Oct - 23 <sup>rd</sup> Nov 2000	6 <sup>th</sup> August
Wave 5	24 <sup>th</sup> Nov - 21 <sup>st</sup> Dec 2000	3 <sup>rd</sup> September
Wave 6	22 <sup>nd</sup> Dec 2000 - 18 <sup>th</sup> Jan 2001	1 <sup>st</sup> October
Wave 7	19 <sup>th</sup> Jan - 15 <sup>th</sup> Feb 2001	29 <sup>th</sup> October
Wave 8	16 <sup>th</sup> Feb - 15 <sup>th</sup> Mar 2001	26 <sup>th</sup> November
Wave 9	16 <sup>th</sup> Mar - 12 <sup>th</sup> Apr 2001	20 <sup>th</sup> Dec 2001
Wave 10	13 <sup>th</sup> Apr - 10 <sup>th</sup> May 2001	21 <sup>st</sup> Jan 2002
Wave 11	11 <sup>th</sup> May - 7 <sup>th</sup> June 2001	18 <sup>th</sup> February
Wave 12	8 <sup>th</sup> June - 5 <sup>th</sup> July 2001	18 <sup>th</sup> March
Wave 13	6 <sup>th</sup> July - 2 <sup>nd</sup> Aug 2001	15 <sup>th</sup> April
Wave 14	3 <sup>rd</sup> Aug - 30 <sup>th</sup> Aug 2001	13 <sup>th</sup> May (see note)
Wave 15	31 <sup>st</sup> Aug - 27 <sup>th</sup> Sept 2001	10 <sup>th</sup> June
Wave 16	28 <sup>th</sup> Sept - 25 <sup>th</sup> Oct 2001	8 <sup>th</sup> July
Wave 17	26 <sup>th</sup> Oct - 23 <sup>rd</sup> Nov 2001	5 <sup>th</sup> August
Wave 18	24 <sup>th</sup> Nov 2001 - 11 <sup>th</sup> Jan 2002	2 <sup>nd</sup> September, 2002

Note: Issued dates are as scheduled; some waves were made available to interviewers shortly ahead of these dates. The sample for the final wave (14) in England and Wales was delivered to NatCen 4 weeks late and issued in early June.

## 5.5 Contacting respondents

As outlined earlier, eligible respondents should have already received a letter and a leaflet about the study – either an opt-out letter and information leaflet from the DWP or a letter and leaflet from a Health Visitor. However, these had been sent several weeks before interviewers' first opportunity to call. Therefore, following their successful use in the dress rehearsal, 'advance' letters were provided for each address. The addressee was nearly always the parent of the cohort member, usually the mother. Strictly, though, DWP provided the name of the Child Benefit recipient, so occasionally this could be someone other than a parent. There was a space in the text of the letter for interviewers to write in their name to aid recognition when they called to make an appointment with the family.

The timing for posting letters was largely at interviewers' discretion (within the context of having target dates for interviews). Experience in the dress rehearsal indicated that letters received just a few days before the first visit would be most effective. Interviewers were given this advice but also instructed to be sure to allow at least two working days for delivery.

The dress rehearsal had also shown that most parents would make an appointment for interview within four or five days of first contact. So while interviewers needed to post the advance letter and call at the address ahead of the target date, they were asked to try not to do this too far ahead (and, if this was necessary, to be prepared to explain why they wanted an appointment on or near the target date, rather than straightaway).

A shortened leaflet or Info Sheet was provided for use on the doorstep and to leave with respondents. To help respondents whose first language was not English or Welsh to take an informed decision whether or not to take part in the study, the advance letter and the Info Sheet were translated into seven other languages:

- Punjabi
- Gujarati
- Bengali
- Turkish
- Kurdish
- Urdu
- Somali

The selection of these languages was based on the most common non-English languages spoken in the 19 'ethnic' wards.

The Consent Form was also translated into these languages.

These translated materials were made available to interviewers on request, as it was not possible to assess beforehand which families would require translated materials.

### **Introducing the study**

Interviewers were instructed to seek contact with the person named on the ARF address label. However, they could introduce the survey to either parent, a partner of a parent or, where neither parent is resident, the main carer or their partner.

It was very important that all potential respondents were properly informed about this study *before* they agreed to take part and interviewers were briefed accordingly with these instructions:

Always assess each individual's needs for information before you start. First, check whether the respondent has received the DWP letter, study leaflet and Natcen letter. If not, encourage people to read your spare copies of these documents. And be prepared to offer the shortened leaflet if they seem to be finding the other materials rather a lot to read.

Second, where you establish the respondent has received the letters and study leaflet, check whether they read these and understand the key features of the study. If necessary, offer them spare copies. Unless a respondent decides to read the full study leaflet while you are there, always show the shortened leaflet and ask if they would like to read this short Information Sheet to inform or remind themselves of the main points about the study. If they do not wish to read this before you start, you should leave a copy for reference at the end of your interview.

**Follow this procedure with each and every respondent.** Do not assume that the main respondent will have informed their partner or fellow household members about the study. Indeed, do not assume that the main respondent definitely will have received and read the letters and leaflet – they may not have arrived, they may not have been opened or you may even be interviewing someone other than the person named on the letters or at another address!

Bear in mind that any Health Visitor (HV) addresses will not have had a DWP opt-out letter, so you should not refer to or show this. They may have been encouraged to participate by a Health Visitor or simply been provided with a letter and leaflet or Information Sheet. So apart from not using the DWP letter, check in exactly the same way their needs for information and that they are properly informed about the study before you start interviewing.

Other guidance on introducing the survey included:

- Emphasising the requirement to showing an identity card at all addresses and to anyone who asks to see it;
- A reminder always to refer to the study as 'Child of the New Century' rather than the Millennium Cohort Study. Explanation of the study might start with 'The study is all about babies born at the beginning of the 21<sup>st</sup> century and their parents'.
- A recommendation to let the shortened leaflet do some of this work in answering questions about the study, in particular these four key questions:

**"How long will the survey take?"**

The main interview – usually with the baby's mother – will take about 70-75 minutes. Most interviews with fathers take about half an hour.

**"Do both interviews have to be done at the same time."**

No. And they can be done in either order, though we prefer to do the main interview first.

**“Will the government/DWP/DSS see my replies?”**

No, they will not know who said what. The names and addresses of those interviewed in this study are known only to the *National Centre for Social Research* and researchers at the Institute of Education.

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

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

I have shown you my identity card. If you wish to check further, please telephone the 'National Centre' Green Team project controller, Pauline Burge or her deputy Janice Morris. Or to check about the study you may wish to call the Child of the New Century freephone number which is on the leaflets and letter.”

**Making Appointments**

Interviewers were told not to expect to conduct interviews of this length on first visits. Their guidance was, if possible, try to get a time when the baby was asleep or being looked after by someone else.

Given the need to secure the long-term co-operation of the parents, the importance of respondents choosing a time convenient to them was emphasised. Respondents mistakenly feeling they should agree to do the interview straightaway or agreeing to 'squeeze it in' as soon as they could were to be avoided. Nevertheless, where a respondent was already well-informed and wished to do the interview straightaway, that was permitted, since clearly not to do so risked losing interviews by seeking to make appointments unnecessarily.

Interviewers were required to make a minimum of six calls before returning an unproductive outcome.

*Twins and Multiple Births*

The CAPI program was designed to cope with twins and multiple births (up to 6 babies) within a single main interview. Some questions were asked about each baby. Since the sample information label included the names of Cohort Members, interviewers usually had advance notice of a family with twins or triplets, so they could allow in advance a little extra time for the interview.

**5.6 Timing of interviews: Target Dates**

Each main interview was to be conducted as close as practical to the day when the cohort member(s) reached 9 months and 15 days of age. This was the 'target date for interview' which was printed on the second information label. The reason for having this target was that babies grow and develop very quickly at this age. In order to be able to compare, for example, the development of babies in different groups, we needed to make sure that all the babies were approximately the same age when the information about them was collected. Interviewers were instructed to organise their

work so as to conduct as many main interviews as possible within a week of the target date.

However, it was important not to risk losing interviews by sticking too rigidly to target dates. So, for example, if a family was away for some time, interviewers were encouraged to keep pursuing an interview. In principle, we accepted main interviews conducted up until the baby reached 11 months, though specific requests to conduct main interviews in the 12 month were generally granted. Partner interviews were possible until the baby's first birthday.

## **5.7 Translation and Proxy interviewing**

### **Interviews in translation**

All the babies who met the eligibility criteria were equally entitled to be part of this Cohort study and so it was important not to exclude families in which the parents did not speak fluent English. However, neither time nor money was available to translate the questionnaire into other languages. So for respondents unable to understand English sufficiently for an interview, the aim was to conduct interviews through a translator. This could be a family member or a Natcen interviewer. It should not have been a friend or acquaintance from the local community due the sensitivity of several questions. For the same reason, interviewers were advised that older children were also unlikely to be suitable translators.

Interviewers who themselves were able to translate adequately were asked to do so. Commonly, though, the interviewer had to determine whether to proceed with translation by another family member (ideally of the same sex) or to request the help of another NatCen interviewer. Interviewers were advised to explain that translation makes for a very lengthy interview, and so to plan appointments accordingly.

Interviewers were required to record in the 'Admin Block' of the program (completed by interviewers before transmitting data to the office) and on the ARF whether or not the interview was conducted in full or in part in translation and in which language(s). Clearly this is crucial information for future interviews.

### **Proxy interviewing**

Conducting main interviews by proxy was not permitted. Some information could be collected by proxy if and only if a respondent was either away from home for the survey period or unable to do an interview due to being incapacitated. By implication, proxy interviews should not have been conducted if a respondent was unable to do an interview on their own due to language problems. Proxy interviews were not to have been conducted for parents who were resident and capable of being interviewed, but who refused or claimed not to have time to participate because of other commitments.

Questions in the household module established whether the short module proxy questions were to be asked. Only if the CAPI program instructed a proxy interview, was this permitted. So interviewers were not required to make decisions about proxy interviews; indeed their instructions were not to make such decisions.

## 5.8 The Consent Form

At the end of the main interview, the respondent who was the natural mother (or, in her absence, the main carer) was asked to read and decide whether to sign a consent form giving permission to link their survey data to health data. Interviewers were asked to ensure that all respondents read this form thoroughly before deciding whether or not to sign. If a respondent was unable to read the form for any reason (perhaps due to reading/sight problems or because they are attending to the baby's needs), interviewers were instructed to read it out.

There were two distinct consents on the form. The first (A) asked for consent to the research team obtaining information about the respondent's pregnancy and baby's birth from health records (computerised summaries, not individual notes). Only information about pregnancy and birth was to be obtained. This information will be of great benefit to the study as it will give researchers a more complete picture of cohort member's starts in life.

The second (B) consent asked to link to the National Health Service Central Register (NHSCR). This study, like the previous cohort studies, would like to mark the records of the cohort children on this register. This is to help keep track of them in the future, should other contact be lost. The register contains NHS number and the health authority for which their GP works, but not detailed medical records or individual addresses. Though neither the NHSCR nor the Health Authority provide addresses directly, other cohort studies have been able to re-establish lost contact with some cohort members by asking the health authority to forward a letter. It is, of course, up to the cohort member or their family to decide whether or not to respond. The NHSCR can also tell the study team if a cohort member dies though interviewers were not required to volunteer this information unless asked.

Respondents who were willing to give consent signed and printed their name and dated the form. It was possible to give one consent but withhold the other simply by crossing out either A or B. Only the natural mother can give consent for her pregnancy records to be accessed. If a father or other relative was the main carer and was completing this consent form, they could give consent with respect only to clause B

Interviewers were told to be sure to write the serial number on the top of each signed consent form straightaway. They then left a blank copy of the consent form with the respondent for their records.

The consent form was translated into the same languages as the advance letter and simplified leaflet.

## 5.9 Safety and confidentiality

### 5.9.1 Notifying the police

Interviewers had to notify the police before starting work. This was especially important as the study involved visiting people with babies. Project specific police letters were provided. The instructions to interviewers with regard to this were as follows:

You should call at the nearest police station in the area in which you are working. Tell the desk officer what the study is about, give 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.

### 5.9.2 Interviewing parents aged 15 and under

It was possible for a main or partner respondent to be aged 15 or under. Where the young person was living with their parent(s), interviewers were required to get permission from a parent **before** the interview.

If the young parent was not living with his/her natural or adoptive parent, permission was to be obtained from the person(s) in the household who was *in loco parentis* for them on a permanent/long-term basis. Such a person was never to be asked to give permission if the natural or adopted parent was a member of the young person's household : preference was always given to a natural/adopted parent.

The parent or "guardian" of a young person had to be present at the time of the interview, though not necessarily in the same room.

Where a young person wished to take part but either or both parents were opposed, interviewers were instructed not to conduct an interview. They were permitted to provide the Study's freephone number, in order that the young person could, if they wished, contact the Study upon reaching 16 years in order to secure the Cohort Member's long-term involvement.

### 5.9.3 Known respondents

Interviewers were precluded from interviewing anyone known to them personally, such as a friend, a neighbour or the son or daughter of a friend. This included anyone

know in a professional capacity such as a colleague at work or tutor at college. Such instances were re-assigned to other interviewers.

#### **5.9.4 Handling babies**

In general, handling of babies by interviewers was discouraged. Interviewers were briefed never to ask to touch or pick up a baby and never to pick up or touch a baby uninvited. Where they had to entertain a child (for example while a respondent mother did the self-completion module) interviewers were advised to be 'ultra-careful: sit on the floor with them rather than picking them up and walking around, so there is no chance at all that they could fall. Try never to be left alone with the baby or other children.'

It was explained to interviewers that they were entitled to explain to respondents that, however well they were getting on and however much they loved children, it would be best for all if they were not left alone with children. If, for example, a parent had to use the lavatory, the interviewer could reasonably ask the respondent to place the child wherever they would if the interviewer were not present.

#### **5.9.5 "Child Abuse"**

As in all surveys, it was very important that to maintain the confidentiality of the information that was gathered for the study. Respondents needed to feel sure that the information they provided would be used only for the study and for no other purpose. It was important that the respondents did not have the impression that interviewers represented any official agency nor that they were "snooping" on them. Worries of this kind might have been even more pronounced in the case of young babies. So it was important that interviewers did as much as possible to alleviate them.

Interviewers were briefed that some of the parents visited may feel under pressure due to the demands of looking after a young baby. A telephone number of a support line for parents was included on the Info Sheet. However, it was recognised that there could exceptional occasions when because of various signs observed, interviewers became concerned about the treatment of the baby or other children in a family. Interviewers were advised to be very cautious about drawing inferences from their contact with families, bearing in mind they were unlikely to be professionally qualified to make judgements about "abuse".

Nevertheless, it was recognised that, based on their observation, an interviewer's concerns about a child could be so intense that the interviewer felt s/he must do something. In circumstances where an interviewer was convinced of a potential or actual danger of "abuse" they were asked to speak directly with NatCen's Deputy Head of Operations, who took the lead in liaising with senior research colleagues to determine what action, if any, was appropriate. Such circumstances were, as anticipated extremely rare (less than five instances) but could, of course, have a profound impact on the interviewers involved.



## 5.10 Tracing respondents and establishing eligibility

Where interviewers could not find an address or, more commonly, discovered that the cohort member was not living at the address provided, they were required to *trace*– in other words, attempt to find or establish their current address. Though the objective was to locate the cohort member, a critical instruction to interviewers was : **ALWAYS TRACE ADULTS, NEVER TRACE BABIES**. That is, interviewers were always to ask people if they know the whereabouts of an adult, never to ask about a baby.

In the first instance, the adult to trace was the person named on the address label. Other adults were traced only when it was established that the named person was not eligible for interview (e.g. not living with the cohort member).

To trace people who have moved, interviewers were advised that the current occupants of the sample address and their neighbours were the obvious contacts to pursue. Even if they did not know the new address of the named adult, they might know close friends or relatives in the area who could be contacted. To help with both tracing and establishing eligibility, interviewers were asked try to establish when a family had moved.

It was understood that interviewers might speak with someone who knew the new address but, understandably, was not prepared to divulge this. For this situation, a forwarding letter and new address sheet were supplied. (see Appendix). Interviewer could ask the contact to give or post a letter on their behalf. The serial number would be written on the forwarding letter and new address sheet, as well as the name of the person who agreed to forward the letter. These documents and a reply paid envelope would be sealed in another envelope, onto which the adult's name would be written.

As expected, very few addresses included mistakes which made them difficult to locate. Nevertheless, interviewers were required to search carefully for any such addresses. Where the address appears incomplete or inaccurate, they were advised to check with the local council or police, Post Office, sorting office or in telephone directories.

The tracing procedures are summarised in the following checklist provided to interviewers:

### 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

IF YOU CANNOT FIND THE ADDRESS, HAVE YOU:

- checked the telephone directory
- looked at 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

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

- asked the present occupants for the cohort member's whereabouts
- asked the neighbours
- followed up any local friends/relatives you are told might be able to help
- followed up any other useful leads

Having established a new address, interviewers next had to check whether it was within their sample ward. They were supplied with a list of postcodes to enable this to be done. For any new address within the ward, interviewers were briefed to seek contact, while being fully aware that the Child Benefit claimant may not have had the advance materials. In these circumstances, copies of the DWP letter and study leaflet were to be provided and the eligible parent offered an informed opportunity to opt out of the study.

For a new address not in the sampled ward, interviewers had simply to follow the instructions to complete the ARF *unless* the following exception applied:

If the family have moved out of ward but it was clear from neighbours or the new occupants that the cohort member was living at the address on the day s/he became exactly nine months old, then the parents were still eligible for interview. If they had moved locally, interviewer could trace them to their new address and try to interview them there. If they had moved a substantial distance, the ARF – with new address and date of moving – was to be returned immediately for re-issuing to another interviewer.

Interviewers were briefed to record all tracing activities and relevant information in full on the ARF. The importance of detail was emphasised, since the information provided by interviewers to be used by CLS in their further work to trace sample

members. ARFs for all cases in which cohort members' residence was unknown were passed to CLS for this purpose.

CLS used Tracing Unit Outcome Forms to record their tracing activity. These were attached to the appropriate ARFs and sent to NatCen, who issued to field new eligible addresses.

## 6 FIELDWORK 2 : QUALITY CONTROL AND ISSUES ARISING

### 6.1 Quality control

All interviewers in Great Britain were closely monitored through NatCen's network of Area Managers and project supervisors, working in close collaboration with Operation's Green Team. In addition to routine support and progress chasing, every interviewer is accompanied on a live project in the field twice yearly. On one of these accompaniments the previous year's work is formally reviewed, the aim being to provide feedback to encourage and enhance good work, and to highlight any weaker areas so that they can be the focus of improvement. The review encompasses the interviewer's response rates, outcomes of recall checks, outcomes from conversions and re-issues, feedback from respondents, comments about return of work and the standard of work, and the previous supervision report.

NatCen's quality control practices include a recall check on ten per cent of issued samples. Hence, throughout fieldwork for this Study, a proportion of respondents were contacted by Natcen Operations Department to check the quality of fieldwork. On average, NatCen checks ten per cent of the issued sample. For this survey, the percentage of productive interviews checked was highest in early waves of fieldwork, in order to ensure that as far as possible that the work of all interviewers was subject to early checking..

Checks included:

- receipt of advance letter
- interviewer approach and use of ID card
- supply of the study Information Sheet
- use of show cards and the laptop computer, including for self-completion
- provision of the Consent Form, including respondent's copy.

No substantial problems were identified through these recall checks. The final question asked respondents "what comments do you have about our interviewer and the manner in which the interview was conducted?" The substantial number of positive comments, together with the paucity of negative reactions, confirmed how well the study and the interviewers had been received by participants.

In Northern Ireland, NISRA's rigorous control procedures included:

- Weekly 'calls and outcomes' reports to check the progress of each interviewer:
- Checking of ARFs for non-contact outcomes (number and timing of calls) and reasons for ineligibles and refusals;
- Ensuring all interviews (productive and non-productive) had a final outcome, and that the computer and ARF codes corresponded;
- Checks that interviewers conducted interviews as close as possible to target dates.

- Regular monitoring of interviewer and survey response rates
- Issuing recall cards to approximately 10% of the sample for each wave.

## **6.2 Other fieldwork issues**

### **6.2.1 Sticker packs**

As a result of one of the recommendations from the Dress Rehearsal, it was decided to provide interviewers with packs containing stickers that could be given to older siblings of the cohort members. Interviewers were told that the sticker packs were suitable for children aged 3 years and over. It was felt that giving these gifts to older children would provide some form of 'compensation' for the fact their younger sibling was getting lots of attention and would also be seen as a gesture of goodwill by respondents and hence be conducive to future participation.

These sticker packs were purchased from a company that had been used by NatCen on another study. Shortly after the start of fieldwork (in August 2001) it came to our attention that some of the surprise packs contained an image that was clearly unsuitable for children. A memo was issued immediately to all interviewers working on the study to open all their surprise packs and check the contents before giving them to any more children. The supplier subsequently provided replacement surprise packs whose content had been checked and all packs from the previous batch were withdrawn and returned to the supplier.

### **6.2.2 Ward to which NatCen was unable to send an interviewer**

As a result of repeated attacks on interviewers, one of the large disadvantaged wards that was sampled for this study was classified by the NatCen Operations department as a 'no-go' area. This meant that from wave 7 onwards it was not possible to send an interviewer to make doorstep contact with a total of 46 potential respondents. Instead it was decided to write to these parents inviting them to attend an interview at a library a short distance away from the area. Respondents were offered a taxi to the library and a voucher to encourage them to take part. However, despite these special procedures no further interviews were achieved in this ward.

### **6.2.3 Fieldwork errors: Partner and proxy partner interviews**

Reports from interviewers and quality control checks on returned data revealed some discrepancies in the collection of data about or from partners. In a significant number of cases, interviewers sought to maximise the data available by collecting proxy information, even though the conditions for so doing did not apply. Occasionally, the proxy version was administered with partners rather than the full version of the questionnaire.

Of course, these practices were far from systematic and so retaining data collected in this way would have been at least as likely to damage rather than enhance analysis. CLS and NatCen agreed that, as far as possible, the analysis data should reflect rules for data collection. Data was deleted or transferred accordingly. Specifically, data

from 117 proxy interviews and 42 partner interviews completed by proxy were deleted because there were not legitimate circumstances for collecting information by proxy. In six cases, data was transferred from the proxy to the full partner instrument, because the partner had participated in the interview. This mainly entailed straightforward transfers between identical questions. For a very small number of variables for these six cases, inferences were required to enable data transfer. Details may be obtained from CLS or NatCen.

## 7 SAMPLE INFORMATION AND THANK-YOU LETTERS

NatCen sent thank-you letters on behalf of the Study to all productive families<sup>2</sup> after they had been interviewed. An example thank-you letter is printed in the Appendix. At NatCen's suggestion, CLS produced and provided a sticker to be enclosed with letters. This gave respondents the Child of the New Century freephone number and email address and asked them to inform the study if they were moving.

### 7.1.1 Specification of letter and envelope

Thank-you letters were sent to all families unless the main respondent said that they did not wish to be contacted again. One letter was sent per family. The letter was printed on Child of the New Century headed paper. A Child of the New Century sticker was enclosed with each letter.

In families where there was a main and a partner respondent (who were both interviewed in person), the letter was addressed to them both. If only one respondent was interviewed in person, letter was addressed to them (Table 7.1).

**Table 7.1 To whom thank you letters were addressed.**

Outcome Code	Description of Outcome	Letter specification
111	Interview in person with main respondent, no-one eligible for partner interview	letter addressed to main respondent only
112	Interview in person with both main and partner respondents	letter addressed to main and partner respondents
120	Interview in person with main respondent and partner interview by proxy	letter addressed to main respondent only
211	Interview in person with main respondent, partner respondent eligible for interview in person but not interviewed	letter addressed to main respondent only
212	Interview in person with main respondent, partner respondent eligible to be interviewed by proxy but not done	letter addressed to main respondent only
213	Partner respondent interviewed in person, main respondent not interviewed	letter addressed to partner respondent only

Names and addresses were mail-merged in the top left of the letter. In the address window, names appeared in the form Title.Initial.Surname (or where 2 respondent's shared a surname Title.Initial. & Title. Initial. Surname). Where

<sup>2</sup> except those who indicated at the interview that they did not want to be re-contacted.

surnames differ the names were mail-merged in the form Title. Initial. Surname & Title. Initial. Surname. In the salutation names appeared in the form Dear FirstName Surname/Dear FirstName1 Surname1 and FirstName2 Surname2/Dear FirstName1 and FirstName2 Surname. The project number and serial number was also mailmerged in the top right. Dates of mailings were not mail-merged. Instead either 'Spring 2002', 'Summer 2002', 'Autumn 2002' or 'Winter 2002' was printed in top right depending on when the mailing was done.

The window envelopes in which the letters were sent were over-printed with the CLS return address in the top left and NatCen's postage licence number in top right.

### **7.1.2 Preparation for mail-out**

The Titles/First Names and Surnames used on the letter were those keyed in the CAPI admin block by Interviewers. As these names will be used in subsequent contacts with the families of cohort members, they were checked before the thank-you letter mail out in order to assure quality. Although it was not necessary to check the baby's name for the Thank-you letter mail out, it was felt that they should be checked as part of this process in order to quality assure the contact information.

The following cases were flagged for checking:

- a) surname of main and partner respondents in CAPI Admin data were not the same as each other
- b) name and/or surname of main respondent in CAPI Admin did not match the sample file
- c) Title/Name/Surname fields were empty/have don't know/refusal entered
- d) Case already flagged by Operations Team as having informed us of a name change
- e) name and/or surname of cohort baby in CAPI Admin did not match the sample file
- f) Cohort Baby's surname did not match either the main or partner respondent's surname

All flagged cases were then checked by the Operations Team in Brentwood, using the following guidelines for resolving the discrepancy:

Action for flags:

- a) If difference between surnames did not appear to be genuine (e.g. very similar spelling), then one of the surnames corrected so they matched
- b) If difference did not appear to be genuine, CAPI surname used. If looked like CAPI had been mis-spelt, than CAPI field corrected.
- c) The ARF consulted in order to try to assign a name/surname
- d) In most cases these were where NatCen had been informed of a name/address change, check whether corrected data was used.
- e) If appeared to be genuine, CAPI name/surname used. If CAPI appeared to be mis-spelt, corrected (with reference to main and partner respondent's surname if appropriate).



- f) If appeared to be genuine, CAPI name/surname used. If CAPI appeared to be mis-spelt, corrected (with reference to main and partner respondent's surname if appropriate).

This process resulted in the CAPI Admin data being changed for about 5% of cases. All letters were also checked visually after they had been prepared for the mail out.

### **7.1.3 Thank-you letter pilot**

The procedures for the thank-you letter mailings were piloted before the main mailings commenced. This pilot took place in January 2002. Thank-you letters were sent to the parent/parents of 272 babies who were interviewed in wave 2 (June/July 2001). A random sample of 108 wards in England was selected from a list stratified by ward type and letters were sent to all families in these wards except those who has indicated that they did not wish to be re-contacted. Families in which the main or partner interview was conducted in whole or in part in a language other than English were also excluded from the pilot.

The name checking for the pilot sample resulted in the CAPI Admin data being changed for 16 (6%) of cases.

In order to assess how the letter and sticker were received by respondents, telephone recall checks were carried out by NatCen's Quality Control Unit 3-7 days after the letters had been sent. Calls were attempted to 185 families and telephone contact was made at 83. Of these, there were 7 cases (8%) where the respondents were no longer living at the address (new addresses were picked up by the recallers in 2 cases) and 4 cases (5%) who had not received the letter (though the address that we had was confirmed as correct). Successful recall checks were carried out at 72 addresses. Of the 185 addresses where calls were attempted, 23 (13%) had incorrect phone numbers.

Of the 72 successful recalls, 3 cases didn't remember receiving the sticker and one person thought it was a compliment slip. Fifty respondents (70%) said that they either had or intended to do something with the sticker - put it in address book, on fridge, file it etc. Generally people were pleased to have received the letter. Of 37 respondent's who commented on the timing of the letter, 21 felt that it perhaps should have been sent sooner. There were some comments indicating that receiving the letter after a slight delay reassured them that they had not been forgotten. All but two of the names/addresses were correct. Out of 54 cases where the letter had been addressed to both the main and partner respondent, the partner had read the letter in 22 cases and either been told about it/glanced at it in a further 4 cases.

There were no reported problems regarding the content of the letter.

The main outcomes of the pilot were that:

- Checking names resulted in corrections and was continued (though babies surnames were only checked if the didn't match *either* the main or partners surname - at the pilot they were flagged if not same as main respondents but in most of these cases they matched partners)

- The text of the letter was broadly fine but as some pilot respondents commented on the gap between the interview and receipt of thank-you letter, respondents who were interviewed in waves 2-4 (approx June – Aug 2001) should receive letters referring to the interview they conducted ‘last year’.
- The sticker was a valuable addition and would be kept by a high proportion of respondents
- It was imperative that the envelope included a return address as some respondents had already moved from the address at which they were interviewed

#### **7.1.4 *Thank-you letters in other languages***

The thank-you letter was translated into Welsh, Somali, Bengali, Gujarati, Kurdish, Punjabi, Urdu, Arabic and Turkish. Fieldwork documents had not previously been translated into Arabic but an examination of the languages spoken by respondents indicated that these were sufficiently prevalent in order for it to be desirable to translate the thank-you letter into this additional language.

All respondents in sampled wards in Wales got a letter in English with the Welsh translation printed on the back. In families where the main interview was conducted solely in one of the minority ethnic languages the letter was sent in English with the appropriate translation printed on the back.

#### **7.1.5 *Timing of thank you letters***

Table 7.2 summarises when thank you letters were dispatched by NatCen (Part A) and NISRA (Part B).

**Table 7.2 Dispatch of Thank You Letters****A Great Britain**

<b>WAVE</b>	<b>English Mailout</b>	<b>Date</b>	<b>Scottish Mailout</b>	<b>Date</b>	<b>Welsh Mailout</b>	<b>Date</b>	<b>Translations Mailout</b>	<b>Date</b>
02	915	Mar-02			237	May-02	9	May-02
03	836	Mar-02			206	May-02	9	May-02
04	895	Apr- 02			192	May-02	15	May-02
05	896	Apr- 02	158	May-02	216	May-02	17	May-02
06	840	Apr- 02	172	May-02	228	May-02	18	May-02
07	898	Jun-02	161	May-02	206	May-02	18	May-02
08	823	Jul-02	147	Jul-02	211	Jul-02	24	Jul-02
09	826	Aug-02	171	Aug-02	210	Aug-02	23	Aug-02
10	867	Aug-02	150	Aug-02	199	Aug-02	14	Aug-02
11	902	Aug-02	167	Aug-02	214	Aug-02	8	Aug-02
12	912	Oct-02	153	Oct-02	198	Oct-02	18	Oct-02
13	866	Oct-02	123	Oct-02	211	Oct-02	13	Oct-02
14			95	Dec-02	0		0	
15	833	Dec-02	170	Dec-02	204	Dec-02	16	Dec-02
16	15	Dec-02	186	Dec-02	5	Dec-02	2	Dec-02
17			200	Jan-03				
18	1	Jan-03	225	Jan-03				
	<b>11420</b>		<b>2183</b>		<b>2737</b>		<b>204</b>	

**B Northern Ireland**

WAVE	DATE
05	Jul-02
06	Aug-02
07	Sep-02
08	Sep-02
09	Sep-02
10	Sep-02
11	Sep-02
12	Oct-02
13	Dec-02
14	Dec-02
15	Jan-03
16	Jan-03
17	Feb-03
18	Feb-03

## **8 SURVEY RESPONSE**

Survey response was monitored frequently and regularly throughout fieldwork. Updates were provided to CLS in the format illustrated in Table 8.1. At least 50 updates were produced. In addition, figures for Northern Ireland and more detailed breakdowns by country and strata were provided periodically. Response figures in these updates generally treated those who had moved out of their issued address as 'out of scope'. This reflects interviewers on-the-ground experience, though of course some of these movers were eligible for the study. The final response figures (below; Table 8.2) reflect this additional factor which was largely beyond the control of NatCen Operations. Readers may also note that some refusals to participate were made directly to our Operations office, thus providing no chance whatever for interviewers to secure a productive outcome. Removing these cases from the denominator results in a two to three percentage points increase in the 'field' or 'interviewer' response rates. These figures were shown in the regular updates, in order to monitor trends in interviewer performance, but are not retained in final response tables.

Regular attention to response figures provided both early indication that very high levels of response to the issued sample with eligible addresses were being achieved and enabled any slippage from these levels to be identified promptly. The detailed breakdowns highlighted the differential responses by strata. It was this more detailed analysis which identified the extent to which response in 'E' (Ethnic) wards was lower than that in 'A' (Advantaged) and 'D' (Disadvantaged) wards. While a gap had been anticipated, it was judged that resources should and could effectively be put into narrowing this gap. Measures to do so did seem to impact to constrain the gaps in final response rates.

A second significant intervention in fieldwork was to increase, despite above target response rates, the re-issuing of unproductive outcomes. This action was prompted in part by concern to maintain very high response rates but perhaps more significantly by the lower than expected size of the issued – and hence achieved – sample. This shortfall in numbers implied that devoting additional resources to raise response marginally could be justified.

The attempt to focus interviewing around target dates without curtailing extended efforts to achieve participation seems to have worked well. Seventy-five per cent of main interviews took place while the baby was aged 9 months, 3579 (19%) at 10 months – a proportion inflated by the late receipt of the final wave sample for England and Wales. Only 541 (3%) were completed at 8 months of age, representing babies born towards the end of the 4-week span whose parent(s) were interviewed early in a fieldwork period. Four hundred and seventy-nine main interviews took place late, 475 at 11 months and only 4 in month 12 –13. Seventeen cohort members were not included because the time window had expired before the eligible parent(s) were located.

In the vast majority of cases the natural mother did the main interview. The exceptions were 2 adoptive mothers, 2 foster mothers, 18 lone fathers, 2 natural

fathers where the natural mothers answered the partner interview, 1 father with proxy interview for natural mother and 5 maternal grandmothers.

Some interviews were carried out in verbal translation in both the eight languages specified earlier and other languages translated by relatives or friends. In certain circumstances where no one was available to translate into English, NatCen provided translator interviewers. Other languages encountered in non-trivial numbers included Arabic, Hindi and Tamil. In total, 226 (1%) of main interviews were carried out in a non-English language and a further 547 (3%) were done in a mix of English and another language. For partners the corresponding figures were 306 (2%) and 94 (1%).

Analysis to response at each stage of the sample process has been undertaken at CLS (Plewis, 2004). Definitive fieldwork response rates cannot be calculated because the eligibility of a small but significant minority of the issued sample remained uncertain. Nevertheless, the estimates produced by Plewis following definitions developed by Lynn et al (2001) are expected to be accurate.

Thus the overall field response for this survey, with its substantial over-representation of disadvantaged wards, was estimated to be 81 per cent (Table 8.2). Had the survey comprised an equal probability sample – that is, had all babies born in the relevant period been given the same chance of selection – then the UK-wide response rate would most likely have been 82 per cent. Response was highest in the A ('advantaged') wards, with A wards in Wales proving most productive of all (88%). Disadvantaged wards resulted in response levels two to seven points lower than their Advantaged counterparts. This may be judged a modest differential, given the contrast in interviewing environments. The lowest response (74 per cent) was secured in the English wards with relatively high minority ethnic populations.

Within productive households, the vast majority (88%) of eligible partners were interviewed (or, occasionally, had partner data collected on their behalf). Again, participation was a little higher in Advantaged wards (always over 90 per cent). The notably lower response (79 per cent) in the English wards with high proportions of people from minority ethnic groups may have been related to the long durations of some main interviews in these wards, although this has not been ascertained systematically.

Overwhelmingly, respondents accepted requests to undertake the self-completion module on the laptop computer (90 per cent of main respondents and 91 per cent of partners) and to give consent for specified health records to be linked to their survey data (94 per cent, though a small proportion of the forms themselves were not successfully completed and returned). Readers are referred to the Plewis (2004) report for further information on response within productive households.

Respondents voluntarily contributed something over 26,000 hours – or three full years - of their time to the actual survey interviews, plus, of course, time arranging these interviews and welcoming interviewers to their homes. The mean duration of main interviews (including household module) is estimated to have been 65.4 minutes, while partner interviews averaged 29.2 minutes. (It should be noted that timing data is indicative and was not quality controlled and edited in the manner of

the survey's substantive data. Estimates are based on 95 per cent of both main and partner interviews, following the exclusion of very low and high values.)

A key concern during the development of this survey was the possibility of over-burdening a significant minority of respondents at Sweep 1 thus potentially jeopardising longer-term participation in the study. Substantial efforts to constrain this burden appear to have been fruitful. Not only were average interview durations reasonable but relatively few interviews appear to have been exceedingly long. Fewer than two per cent of main interviews were recorded as having lasted two hours or more. The data on participation, interview durations and respondent satisfaction with the survey all point strongly to a solid foundation having been established for achieving exceptionally high levels of future co-operation with the study.

**Table 8.1 Example of response update**

P2063

**RESPONSE UPDATE : SUMMARY  
GREAT BRITAIN**

WAVE NUMBER	02	03	04	05	06	07	08	09	10	11	TOTAL
ISSUED	1474	1349	1426	1677	1639	1582					9147
DATE OF ISSUE	11-Jun	09-Jul	06-Aug	03-Sep	01-Oct	29-Oct					
DATE OF UPDATE	29-Oct	29-Oct	12-Nov	12-Nov	12-Nov	12-Nov					29-Oct
RETURNED TO DATE	1474	1349	1426	1634	1354	235					7472
% RETURNED	100.0	100.0	100.0	97.4	82.6	14.9					
INELIGIBLE (Except Movers Out)	1	2	4	3	2	2					14
MOVERS OUT	102	95	97	156	112	25					587
% MOVERS OUT	6.9	7.0	6.8	9.5	8.3	10.6					7.9
IN SCOPE	1371	1252	1325	1475	1240	208					6871
PRODUCTIVE (ANY INTERVIEW)	1165	1053	1117	1263	1061	188					5847
NOT KNOWN IF CM RESIDENT	14	13	17	13	10	0					67
NO CONTACT (CM RESIDENT)	18	22	10	8	6	0					64
REFUSAL TO OFFICE	35	33	22	32	34	5					161
REFUSAL TO INTERVIEWER	125	118	142	142	116	14					657
OTHER UNPRODUCTIVE	14	13	17	17	13	1					75
% FIELD RESPONSE (exc office refusals)	87.2	86.4	85.7	87.5	88.0	92.6					87.1
% IN SCOPE RESPONSE	85.0	84.1	84.3	85.6	85.6	90.4					85.1
Check entries complete (should equal 0)	0	0	0	0	0	0					0



**Table 8.2 Final response: United Kingdom**

	UK	England				Wales			Scotland			Northern Ireland		
	TOTAL	Adv	Dis	Eth	Total	Adv	Dis	Total	Adv	Dis	Total	Adv	Dis	Total
ISSUED	24180	5748	5946	3461	15155	979	2495	3474	1419	1568	2987	935	1629	2564
INELIGIBLE or UNCERTAIN ELIGIBILITY	1942	384	560	352	1296	45	192	237	99	138	237	59	113	172
PRODUCTIVE (ANY INTERVIEW)	18553	4617	4522	2394	11533	832	1929	2761	1145	1191	2336	723	1200	1923
											0			0
NO CONTACT	305	29	69	79	177	2	26	28	5	34	39	6	55	61
REFUSAL TO OFFICE	690	148	169	93	410	30	56	86	49	56	105	31	58	89
REFUSAL TO INTERVIEWER	2407	526	578	415	1519	69	280	349	115	139	254	105	180	285
OTHER UNPRODUCTIVE	283	44	48	128	220	1	12	13	6	10	16	11	23	34
<u>RATES (FROM PLEWIS, 2004)</u>														
FIELD RESPONSE RATES (%)	81	84	81	74	81	88	81	83	85	81	83	80	77	78
WEIGHTED NATIONAL RESPONSE RATES (%) (see note a)	82				82			85			83			78
CONTACT RATES (%) (see note b)	96	98	95	94	96	98	96	97	98	95	96	96	93	95
COOPERATION RATES (%) (see note c)	85	87	85	79	84	89	85	86	87	85	86	83	82	83
PARTNER RESPONSE RATE (see note d)	88	92	87	79	88	90	89	89	90	86	88	90	79	84

## Notes:

- Total field response rates for each of the four countries and the UK as a whole reflects both response rates in each stratum and the differential selection probabilities applied in sampling. By weighting to allow for these varying probabilities, one can estimate the response which would have been achieved within equal probability samples, both in each of the four countries and for the UK as a whole..
- The contact rate is the proportion of all cases in which a household member was reached by an interviewer.
- The cooperation rate is the proportion of those ever contacted during fieldwork who are productively interviewed.
- The partner response rate is the proportion of participating households with an eligible partner from whom partner data was obtained.

## 9 CODING, EDITING AND DATA PREPARATION

In CAPI surveys, much of the data validation is completed by interviewers in the field. Checks built into the program allow interviewers to clarify and query data discrepancies directly with respondents. Nevertheless, a substantial coding and process is required to transform the ‘raw’ data by interviewers into a final, ‘clean’ data set.

Data requiring coding was of two forms:

- Responses to entirely ‘open’ questions, for which respondents’ answers were transcribed verbatim by interviewers;
- ‘other’ answers to questions which permitted interviewers to record a verbatim response, in addition to or instead of selecting one or more of the pre-coded options.

The instruments included relatively few entirely open questions. However, the ‘other-specify’ option was widely used. The number of questions coded by NatCen is shown in Table 9.1. Please note that coding of long-standing illnesses and disabilities was undertaken by CLS.

**Table 9.1 Number of survey questions coded by NatCen**

Question type	Main respondent	Partner respondent
Open	7	2
Other specify	44	12

The editing process enables additional consistency and plausibility checks and rules to be applied to the data. Apparent errors can then be examined in order to correct or delete erroneous data, as appropriate. Though only a very small proportion of data is amended in this way, this editing does serve to lessen the number of ‘rogue’ values in the final dataset.

Blaise (the software in which the instruments were programmed) also enables interviewers to record memos alongside the data, for example to explain unusual circumstances or codings, or to qualify responses in some way. The coders considered every memo made by interviewers and make amendments to the data where appropriate.

Codeframes and editing instructions were developed by researchers at NatCen in consultation with researchers at CLS and agreed with CLS (NatCen and CLS, 2003). Most of the codeframes were developed by reviewing a sample of actual answers given. Job details were coded to standard codeframes; Standard Occupation Classification (SOC2000) and the National Statistics-Socio-Economic Classification (NS-SEC).

For each productive interview a 'fact sheet' was produced for coders to use. This provided a concise summary of the respondent and their household, the question name and text of all answers that required coding and all interviewer comments. A modified 'edit' version of the CAPI instrument which facilitates all additional coding and builds in further edits was then specified and programmed. The coding and editing was done on a case by case basis in this edit version of the CAPI instrument and a record of codes allocated and action taken in response to edit checks/memos was made on the paper fact sheet.

Researchers personally briefed a team of coders who undertook the coding and editing. Their work was managed and quality controlled intensively by the Green Team from NatCen's Operations Department along, where necessary, with researchers. In view of the volume and importance of the MCS1 data, a researcher met with coders and Team members a second time to discuss issues arising in the conduct of coding and to re-iterate key instructions. One hundred per cent of early work was checked until such time that the Team was satisfied that coding and editing instructions were being comprehensively and accurately applied. Thereafter, further checks were made on a sample of each coder's cases.

There were a number of questions for which a relatively low number of answers required coding. Training coders to learn and apply code frames for low volumes of responses is relatively inefficient. Hence, NatCen researchers coded these responses into Excel on a question by question basis. This coded data was then keyed into a second version of the CAPI edit program in order to ensure completeness of the Blaise data. The keying of data was verified.

A significant amount of the data to be coded related to medical conditions and symptoms. For these questions, detailed coding glossaries were produced by CLS on the basis of responses from waves 2 to 8. Continuing liaison with Professor Neville Butler enabled outstanding queries to be resolved and we are grateful for his substantial contribution to the coding of this data.

The coding of responses to two questions at the end of both main and partner interviews was unusually problematic:

**LDiff\***

Since ^*Jack* ^*was* born, what has been the most difficult thing about your first

^BABYAGE months with ^*him*?

DO NOT PROBE

TYPE IN

Text: OPEN

**LBest\***

And what has been the best thing?

DO NOT PROBE

Text: OPEN

These questions were designed mainly to ensure all respondents felt they had had the opportunity to express at the end of the interview their key positive and negative views regarding the first nine or so months of the cohort members' lives. This appears to have been achieved. It was anticipated that the responses would be relatively straightforward to code. In a majority of cases, this was so. However, a sizeable minority of cases – and thus a large number of responses, given these questions were asked of all – proved difficult to code reliably. Firstly, determining and describing straightforwardly a suitable set of concepts to capture the range of responses was challenging. Secondly, the meaning of some responses required some inference or, even, educated guesswork, partly due to the instruction not to probe responses (which was designed to prevent excessive time being spent on these questions but which we would recommend against repeating).

Coders had considerable difficulties operationalising the original codeframes for these questions. In order that the remainder of the process could continue in a timely and efficient manner, it was decided to withdraw this data and codeframe. Looking afresh at the problem, NatCen researchers suggested that a two-digit hierarchical coding structure would work more effectively with this data. We suggested that proposals for the higher level categories be developed independently by the NatCen Operations team, CLS and a highly experienced NatCen methodologist. The considerable variation between the three proposals confirmed the degree of difficulty presented by this data and the absence of a single, consensual solution. Nevertheless, there was sufficient overlap to point towards a rational, practical coding structure. Detailed codes were then developed and fine-tuned through series of test coding exercises undertaken by NatCen researchers and Operations Team members. A customised Excel spreadsheet was developed incorporating alphabetical sorting, look-ups to disallow invalid codes and locked cells to do this coding rapidly, efficiently and accurately. A small, dedicated team comprising NatCen operations staff and very experienced freelancers completed the full coding exercise in house. Coded data was then checked thoroughly by a NatCen researcher for duplicate codes, embedded blanks and other inconsistencies.

NatCen coded and edited all productive cases, that is, including the data collected by NISRA in Northern Ireland. For a small number of questions, Northern Ireland specific codeframes were developed. The Northern Ireland data was then combined with GB data which due to small differences between the questionnaires required some manipulation of the data structure.

Finally, NatCen produced and applied new labels in a standard format for all of the variables in the data set.

Upon completion of NatCen's coding and editing work, data was delivered to CLS, who for this study are responsible for the further processing required to translate the full data set into a form suitable for release and archiving.

## REFERENCES

Lynn, P., Beerten, R., Laiho, J., Martin, J. 2001 **Recommended Standard Final Outcome Categories and Standard Definitions of Response Rate for Social Surveys**, *Working Paper of the Institute for Social and Economic Research*, paper 2001-23 Colchester: University of Essex.

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Shepherd, P., Smith K., Joshi H. & Dex S., 2003, **Millennium Cohort Study First Survey: A Guide to the SPSS Data Set**, London: Institute of Education.

## APPENDIX FIELDWORK DOCUMENTS

### CONTENTS

#### Scanned examples of:

DSS Opt-out letter

- English
- Welsh

Study leaflet

- English
- Welsh

NatCen advance letter

Information Sheet

Address Record Form

Forwarding letter and new address sheet

Tracing Unit Outcome Form

Permission to Obtain Health Information ('Consent forms')

- England and Wales
- Scotland
- Northern Ireland

Thank you letter

Translated documents

- Information sheet
- Consent form

Information from the Personal Health Child Record (Original in Yellow)

- dress rehearsal only



Millennium Cohort Study  
ASD Information Centre  
FREEPOST HQ5  
Room BP5 201  
Benton Park View  
Benton Park Road  
Newcastle upon Tyne  
NE98 1YB

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Date 4 May 2001

Dear

**CHILD OF THE NEW CENTURY**  
**The Millennium Cohort Study**

We are writing to invite you to take part in a new study of babies in the United Kingdom, which is going to be vitally important in getting good services for children growing up in the 21st century. The *Centre for Longitudinal Studies at the Institute of Education, London University* and the *National Centre for Social Research* are carrying out the study. The enclosed leaflet from the research team explains what it is about and why it is so important. The team has also told GPs and health visitors in your area about the study.

The study will collect information about the lives of up to 20,000 babies. This will be done by interviewing parents. It will not involve any medical examination or tests.

You may wish to know why your baby has been chosen from our records for 'Child of the New Century'. Firstly, the study only includes babies born between 1 September 2000 and 30 November 2001. Secondly, you live in one of the areas chosen by chance to be part of the study.

An interviewer from the *National Centre* will be calling on you at home some time during the next month or so. He or she will explain more about the study, confirm whether you will be taking part, and arrange a convenient time for the interview.

Whether or not you take part will not affect your benefit entitlement or any dealings you have with DSS or Benefits Agency, now or in the future. Anything you tell the interviewer will be treated in the **strictest confidence**. No report will ever identify you or your family.

We hope very much that you will help with this important study. If, however, you do not wish an interviewer to contact you, please let us know before 18 May 2001, either by writing to the FREEPOST address above or telephoning the Project Team during office hours (Monday-Thursday 9:00 a.m. to 4:30 p.m. Friday 9:00 a.m. to 4:00 p.m.) on 0800 015 0524. If you do write or phone, **please remember to give your name and the reference number at the top of this letter.**

Thank you for your co-operation. We hope you will enjoy talking to the interviewer.

Yours sincerely

Katie Dodd



Millennium Cohort Study  
ASD Information Centre  
FREEPOST HQ5  
Room BP5 201  
Benton Park View  
Benton Park Road  
Newcastle upon Tyne  
NE98 1YB

«  
«  
«  
«  
«

«REFNO»

Date: 1 Mehefin 2001

Annwyl «

**PLENTYN Y GANRIF NEWYDD**  
**Astudiaeth Carfan y Mileniwm**

Rydym yn ysgrifennu i'ch gwahodd chi i gymryd rhan mewn astudiaeth newydd o fabanod yn y Deyrnas Gyfunol, sydd am fod yn hanfodol bwysig er mwyn sicrhau gwasanaethau da i blant sy'n tyfu i fyny yn yr unfed ganrif ar hugain. *Ganolfan Astudiaethau Hydredol y Sefydliad Addysg ym Mhrifysgol Llundain a'r Ganolfan Ymchwil Gymdeithasol Genedlaethol* sy'n gwneud yr astudiaeth. Mae'r daflen amgaeedig gan y tim ymchwil yn egluro beth sy'n digwydd a pham ei fod mor bwysig. Mae'r tim hefyd wedi dweud wrth Feddygon Teulu ac ymwelwyr iechyd yn eich ardal chi am yr astudiaeth.

Bydd yr astudiaeth yn casglu gwybodaeth am fywydau hyd at 20,000 o fabanod. Gwneir hyn trwy gyfweled â rhieni. Ni fydd yn golygu gwneud unrhyw archwiliadau meddygol na phroffion.

Efallai y dymunech wybod pam y cafodd eich baban chi ei ddewis o'n cofnodion ar gyfer 'Plentyn y Ganrif Newydd'. I ddechrau, dim ond babanod a anwyd rhwng 1 Medi 2000 a 30 Tachwedd 2001 sy'n cael eu cynnwys yn yr astudiaeth. Yn ail, rydych chi'n byw yn un o'r ardaloedd a ddewiswyd trwy hap i fod yn rhan o'r astudiaeth.

Bydd cyfwelydd o'r *Ganolfan Genedlaethol* yn galw yn eich cartref ryw dro yn ystod y mis nesaf neu'n fuan wedyn. Bydd ef neu hi yn egluro mwy am yr astudiaeth, yn cadarnhau a ydych am gymryd rhan, ac yn trefnu amser cyfleus ar gyfer y cyfweiliad.

Ni fydd eich penderfyniad i gymryd rhan neu beidio yn effeithio ar eich hawl i fudd-daliadau nac unrhyw ymwneud a gewch â'r Adran Nawdd Cymdeithasol na'r Asiantaeth Budd-daliadau, yn awr nac yn y dyfodol. Bydd unrhyw beth a ddywedwch wrth y cyfwelydd yn cael ei drin yn hollol gyfrinachol. Ni fydd unrhyw adroddiad byth yn datgelu mai chi neu eich teulu y sonnir amdanynt.

Gobeithiwn yn fawr iawn y byddwch yn barod i helpu gyda'r astudiaeth bwysig hon. Fodd bynnag, os nad ydych yn dymuno i gyfwelydd gysylltu â chi, rhowch wybod i ni os gwelwch yn dda cyn 15 Mehefin 2001, naill ai trwy ysgrifennu at y cyfeiriad RHADBOST uchod neu trwy ffonio Tim y Prosiect yn ystod oriau swyddfa (Dydd Llun i Ddydd Iau 9:00 a.m. i 4:30 p.m. Dydd Gwener 9:00 a.m. i 4:00 p.m.) ar y rhif 0800 015 0524. Os byddwch yn ysgrifennu neu'n ffonio, cofiwch roi eich enw a'r cyfeirnod sydd i'w weld ym mhen uchaf y llythyr hwn, os gwelwch yn dda.

Diolch am eich cydweithrediad. Gobeithio y byddwch yn mwynhau siarad â'r cyfwelydd.

Yn gywir

Katie Dodd



## Completely confidential

Everything we learn from those taking part in the new study will, of course, be treated as strictly confidential. Neither you or your family will be identified, and the information given will be stored anonymously on computer with no names and addresses from which individuals could be identified.

## Who is funding the study?

The money to carry out this vital new study is provided by the Economic and Social Research Council, and a number of government departments, the Scottish and Northern Ireland executives and the Welsh Assembly. However, the research team carrying out the study are completely independent of government or any other agency.

## Would you like to know more?

If you would like more information about the study, the research team will be pleased to hear from you.

### Freepost address

Child of the New Century  
Centre for Longitudinal Studies  
Institute of Education  
FREEPOST LON20095  
London WC1H 0BR

Freephone 0800 092 1250

Email [childnc@cls.ioe.ac.uk](mailto:childnc@cls.ioe.ac.uk)

Web <http://www.childnc.net>



Child of the new Century

## Child of the new Century

The Millennium Cohort Study

Different starting points

Different pathways

Finding the answers

## Introduction

Every new baby is special, but those born today – right at the start of a new century – belong to a unique generation.

What will growing up in the 21st century be like for its very newest citizens? How will they compare with previous generations – in their health and happiness, achievements and challenges?

## Different starting points

These babies are starting out in life in a United Kingdom full of contrasts and diversity. They will be born into families in varying circumstances and with different styles and standards of living. Most will have parents who stay together, others will experience change in their family life. Some will be the first child in their family, others will have older brothers or sisters. The variety of cultural and religious backgrounds which make up our society will also represent different views about bringing up children and different ways of preparing them for the future.

Add to all these differences the contrasting experiences of being born and brought up in different parts of the UK – England, Scotland, Wales and Northern Ireland – or in cities, suburbs or rural areas, and it's clear that the children born at the start of the 21st century will be setting out from many different starting points.

## Different pathways

What will this mean for their future? Who will succeed in school and who will encounter problems? Who will overcome difficult beginnings or challenging circumstances in early life? Which children will need special help in order to ensure that they achieve their full potential in every aspect of their lives?

## Finding the answers

The answers to these questions are important for everyone bringing up children, as well as for policy makers and professionals. This knowledge is vital if we are to develop the kind of services in health, education, child care and family support which will be of most benefit to young children and their parents.

But to provide the answers a great deal of information is required about these new babies and their families. Collecting this information is the task of a major new research project – Child of the New Century. Its aim is to follow the unfolding lives, from birth onwards, of around 20,000 children born over a 12 month period from 1 September 2000.

Every year about 700,000 babies are born in the UK. Your new baby is one of the extra special ones who have been selected to take part in this new study of what it is like growing up in the new century.

## What will be involved if I agree to take part?

You will be visited for the first time when the new baby is around 9 months old. One of our interviewers will visit you at home, to ask both mothers and fathers about the baby's birth and early development, and about your family and household. This will include details of who lives in your home, your family life, and your beliefs, opinions and concerns about bringing up children today. To complete the picture, some information will be collected about your own educational background and employment experience, and the home in which you are living.


The long-term plan for the study is to follow the children as they grow up and to update the information about them at future visits. This will include assessments of the health, educational and social development of the children themselves. Meanwhile, the research team will keep in regular contact with each family by sending a card once a year, to tell you about the study's progress and what it has discovered.

## What use has this kind of research been in the past?

Britain has been a world leader in this type of research for more than 50 years. No fewer than three studies exist already: the first started in 1946 (National Survey of Health and Development); the second in 1958 (National Child Development Study) and the third in 1970 (British Cohort Study 1970). These three studies are tracking the lives of over 40,000 people. Their findings have been of enormous importance to parents, policy makers and professionals in tackling health, educational and social issues, and developing services to meet the needs of children and their families.

Child of the New Century will be the source of equally important knowledge about the first generation of children of the 21st century. It will also provide fascinating comparisons with the earlier studies, by revealing the changes and similarities in the lives of today's children and those of yesteryear.





Child of the new Century

**Plentyn y Ganrif Newydd**  
Astudiaeth Carafan y Mileniwm

*Mannau cychwyn gwahanol*

*Gwahanol gyfeiriadau*

*Canfod yr atebion*

## Cwbl gyfrinachol

Wirth gwrs, bydd popeth a ddysgwyr gan y rhai sy'n cymryd rhan yn yr astudiaeth newydd yn cael ei drin yn gwbl gyfrinachol. Ni ddatgelir pwy ydydych chi na'ch teulu, a bydd yr wybodaeth a roddir yn cael ei chadw yn ddiennw ar gyfrifiadur, heb unrhyw enwau na chyfeiriadau a allai ddatgelu pwy yw'r unigolion.

## Pwy sy'n nodd'r astudiaeth?

Mae'r arian i gyflawni'r astudiaeth newydd hanfodol hon yn cael ei ddarparu gan y Cyngor Ymchwil Economaidd a Chymdeithasol a nifer o adranau'r llywodraeth, gan gynnwys yr Alban a Gogledd Iwerddon a Chynulliad Cenedlaethol Cymru. Fodd bynnag, mae'r tîm ymchwil sy'n gwneud yr astudiaeth yn hollol annibynnol ar y llywodraeth a phob asiantaeth arall.

## Hoffech chi wybod mwy?

Os hoffech gael rhagor o wybodaeth am yr astudiaeth, bydd y tîm ymchwil yn falch o glywed gennych.

### Cyfeiriad rhadost:

Child of the New Century  
Centre for Longitudinal Studies  
Institute of Education  
FREEPOST LON20095  
London WC1H 0BR

Rhafffôn 0800 092 1250

E-bost [childnc@cls.ioe.ac.uk](mailto:childnc@cls.ioe.ac.uk)

Web <http://www.childnc.net>



National Centre for  
Social Research

## Rhagair

Mae pob baban newydd yn arbennig, ond mae'r rhai sy'n cael eu geni yn awr – ar ddechrau canrif newydd – yn perthyn i genhedlaeth unigryw.

Sut brofiad fydd tyfu i fyny yn yr unfed ganrif ar hugain i'r dinasyddion mwyaf newydd hyn? Sut y byddant yn cymharu â chenedlaethau blaenorol – o ran iechyd a hapusrwydd, cyflawniadau a heriau?

## Mannau cychwyn gwahanol

Mae'r babanod hyn sy'n dechrau'u hoed yn y Deyrnas Gyfunol yn byw mewn gwlad iawn gwrthgyferbyniadau ac amrywiol. Cânt eu geni i deuluoedd y mae eu hamgylchiadau yn amrywio ac sydd â gwahanol ffyrdd o fyw a safonau byw. Bydd gan y rhan fwyaf ni eni sy'n aros gyda'i gilydd, tra bydd eraill yn gweld newidiadau yn eu bywyd teuluol. Bydd rhai yn blentyn cyntaf yn eu teulu a bydd gan eraill frodyr neu chwiorydd hŷn. I rai, ond nid i bawb, bydd taid a nain yn chwarae rhan fawr yn eu bywydau. Bydd yr amrywiol gefndiroedd diwylliannol a chrefyddol sydd i'w cael yn ein cymdeithas hefyd yn cynrychioli gwahanol safbwyntiau ar sut i fagu plant a gwahanol ffyrdd o'u paratoi ar gyfer y dyfodol.

O ystyried yr holl wahaniaethau hyn a'r gwrthgyferbyniad rhwng profiadau rhai a enir ac a fegir mewn gwahanol rannau o'r DG - Cymru, Lloegr, yr Alban a Gogledd Iwerddon - neu mewn dinasoedd, maestrefi neu ardaloedd gwledig, mae'n amlwg y bydd y plant sy'n cael eu geni ar ddechrau'r unfed ganrif ar hugain yn dechrau'r daith o lawer o wahanol fannau cychwyn.

## Gwahanol gyfeiriadau?

Beth fydd hyn yn ei olygu o ystyried eu dyfodol? Pwy fydd yn llwyddo yn yr ysgol a phwy fydd yn wnebu problemau? Pwy fydd yn goresgyn cychwyn anodd neu amgylchiadau heriol ym more oes? Pa blant fydd angen cymorth arbennig er mwyn sicrhau eu bod yn cyflawni eu potensial llawn ym mhob agwedd ar eu bywydau?

## Canfod yr atebion

Mae'r atebion i'r cwestiynau hyn yn bwysig i bawb sy'n magu plant, yn oystal ag ar gyfer y rhai sy'n llunio polisiau a gweithwyr profesiynol. Mae'r wybodaeth hon yn hanfodol os ydych chi am ddatblygu'r math o wasanaethau iechyd, addysg, gofal plant a chrefnogi teuluoedd a fydd yn rhoi'r budd mwyaf posibl i blant ifainc a'u teuluoedd.

Ond er mwyn darparu'r atebion, mae angen llawer o wybodaeth am y babanod newydd hyn a'u teuluoedd. Casglu'r wybodaeth hon yw'r dasg mewn prosiect ymchwil mawr newydd, sef Plentyn y Ganrif Newydd. Y nod yw dilyn bywydau tuag 20,000 o blant a enir dros gyfnod o 12 mis, o 1 Medi 2000 ymlaen, o'u genedigach ac wrth iddynt ddatblygu.

Bob blwyddyn mae tua 700,000 o fabanod yn cael eu geni yn y DG. Mae eich baban chi yn un o'r rhai arbennig iawn a ddewiswyd i gymryd rhan yn yr astudiaeth hon o sut brofiad yw tyfu i fyny yn y ganrif newydd.

## Beth fydd angen i mi ei wneud os cyunaf i gymryd rhan?

Bydd rhywun yn dod i ymweld â chi gyntaf pan fydd eich baban newydd tua 9 mis oed. Bydd cyfnewlyr profesiynol yn ymweld â chi yn eich cartref, i holi manau a thadau am enedigach y baban a'i ddatblygiad cynnat, ac am eich teulu a chi aelwyd. Bydd hyn yn cynnwys manylion am bwy sy'n byw yn eich cartref chi, eich bywyd teuluol, a'ch credoau, eich barn a'ch pryduron ynghylch magu plant heddiw. Er mwyn cwblhau'r darlun, cegilir peth gwobodaeth am eich cefndir addysgol chi eich hun a'ch profiad mewn cyfogaeth, a'r cartref lle rydych chi'n byw.

Y cyllun tymor hir ar gyfer yr astudiaeth yw dilyn y plant wrth iddynt dyfu i fyny a diweddaru'r wybodaeth andanynt pan wneir ymweliadau pellach. Bydd hyn yn cynnwys asesu datblygiad y plant eu hunain o ran iechyd, addysg ac ymwyneud cymdeithasol. Yn y cyfarneg, bydd y tim ymchwil yn cadw mewn cysylltiad yn rheolaidd â phob teulu trwy anfon cerdyn atynt unwaith y flwyddyn, i ddwedd sut mae'r astudiaeth yn dod yn ei blaen a beth gaiff ei ddarganfod.

## Pa fudd a gafwyd o ymchwil fel hyn yn y gorffennol

Mae Prydain wedi arwain y byd yn y math hwn o ymchwil ers dros 50 mlynedd. Cefn dim llai na thair astudiaeth debyg eisoes: dechreuwyd yr un gyntaf ym 1946 (Arolwg Cenedlaethol Iechyd a Datblygiad); yr ail un ym 1958 (Astudiaeth Genedlaethol Datblygiad Plant) a'r drydedd ym 1970 (Astudiaeth Carfan Prydain 1970). Mae'r tair astudiaeth hyn yn olrhain bywydau dros 40,000 o bobl. Mae eu canfyddiadau wedi bod yn aruthrol o bwysig i rieni, y rhai sy'n llunio polisi a gweithwyr profesiynol wrth fynd i'r afael â materion perthynol i iechyd ac addysg a materion cymdeithasol, a datblygu gwasanaethau i ddiwallu anghenion plant a'u teuluoedd.

Bydd Plentyn y Ganrif Newydd yn ffynhonnell gwybodaeth yr un mor bwysig am y genhedlaeth gyntaf o blant yn yr unfed ganrif ar hugain. Bydd hefyd yn gyfle i gymharu â'r astudiaethau cynharach, a fydd yn broses eithriadol o ddiddorol gan y bydd yn datgelu newidiadau a phethau sy'n debyg ym mywydau plant heddiw a'r plant a aned rai blwyddoedd yn ôl.





Our reference: P2063  
Autumn, 2001

**CHILD OF THE NEW CENTURY**  
**The Millennium Cohort Study**

The *National Centre for Social Research* is carrying out the interviews for this important new study of babies in Britain. This year and next we shall be collecting information about the lives of over 20,000 babies and their families on behalf of the Centre for Longitudinal Studies.

A short while ago you should have received a letter and leaflet letting you know about the study. We do hope you found this information useful.

Your interviewer, \_\_\_\_\_, will visit you shortly to ask for an interview at a time convenient to you. Our interviewers always carry identification cards and will treat everything you say in strictest confidence.

We, too, will treat your answers as confidential and will not pass them on to anyone outside the research team.

Your interviewer should be able to answer most of the questions you may have about the study and will have spare copies of the information leaflet. However, if you have any further questions or concerns please do call us on 0800 783 5890 or email [joanned@natcen.ac.uk](mailto:joanned@natcen.ac.uk). We would be happy to discuss them with you. We hope that you enjoy the interview.

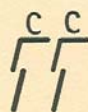
Thank you for helping us with this study.

Yours sincerely,

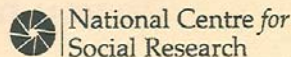
Heather Joshi  
Project Manager

Joanne Day  
Interview Co-ordinator





Child of the new Century



National Centre for  
Social Research

## Child of the New Century About our survey

### Is your baby special?

We think so. Your baby has been picked to be in a major new national survey that could make all the difference to people's lives in the future.

What is it like for children growing up in the 21st century? How will they get on at school? What helps them and what holds them back? The answers you give us will help plan health care, education and child care services to really benefit children and their parents.

**So can we come and ask all about you and your baby?** The information you give us will be confidential under the law - you won't be named in the survey report, no names are made public.

Our interviewers are trained to ask everyone the same kinds of questions about

- your baby's birth and early development
- your family
- your beliefs and concerns about bringing up children today

The interview with Mum will last a little over an hour, and one with Dad, if available, about half an hour. The interviewer will not need to handle your baby, and there will be no medical tests.

To fill in the background we'll also ask you a bit about your own education and employment and about the home you live in.

Then we'll put together the answers from all the people we talk to throughout the United Kingdom. This will show what life is like right now for the Children of the New Century.

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Project Leader: Professor Heather Joshi  
Centre for Longitudinal Studies ■ Institute of Education ■ University of London  
20 Bedford Way ■ London ■ WC1H 0AL



## Do you have questions for us?

### What's the point of this survey?

A fair question given all the fuss we're making about your baby! It's only by getting this kind of information - now and by following the babies as they grow into adulthood - that government, parents and others can change things for the better.

We've done surveys like this before - in fact Britain is the world leader in this research. We found out, for example, that good health services for mothers and children, good housing and proper food make a lasting difference to health and success as children grow up. But this is the first new survey for over 30 years.

### Will this be the only interview?

We'd like to come back in a couple of years time and find out how things are going. As your baby grows up we will be following up with interviews every few years. That way we get a good idea of how your child is developing. This information will give the government and other groups valuable clues about how they can give people more help.

### Once I've said 'yes' to this survey is my baby stuck with it for life?

Absolutely not. You or your child can bow out at any time, although of course we hope you stay with us. People generally seem to enjoy being part of these surveys.

### Who's this 'we' you keep talking about?

We are a research centre in the Institute of Education in London. We have been chosen to carry out this survey because we have carried out other, similar surveys and can be trusted to do a professional job. The interviews are being carried out by the National Centre for Social Research who we have chosen because they are experts in this field. Child of the New Century is being funded by government and others.

If you would like more information about the survey,  
there is a leaflet that goes into more detail.  
Or you can talk to someone from the Study team on Freephone  
0800 092 1250

For general information or advice to parents contact:  
Parentline Plus - 0808 800 2222  
or your local Citizens Advice Bureau  
(the number will be in your local telephone directory)

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Project Leader: Professor Heather Joshi  
Centre for Longitudinal Studies ■ Institute of Education ■ University of London  
20 Bedford Way ■ London ■ WC1H 0AL



National Centre *for*  
Social Research

Head Office  
35 Northampton Square  
London EC1V 0AX  
Charity No. 258538

Operations Department  
100 Kings Road, Brentwood  
Essex CM14 4LX  
Telephone 01277 200 600

SLOT NAME:	
RETURN NO.	
FINAL OUTCOME (NUMBER IN BOLD):	

## P2063 CHILD OF THE NEW CENTURY GREEN TEAM ADDRESS RECORD FORM

### NAME & ADDRESS LABEL

(interviewer amend if necessary)

Telephone  
number:

### INFORMATION LABEL

(interviewer amend if necessary)

Interviewer  
number:

Interviewer  
name:

TNC:

### CALLS RECORD (Note all personal visits and telephone calls even if no reply)

Call no	Date Dd/mm	Day of week	Time (24hr clock)	Notes: e.g. result, who spoke to, observations
1	/		:	
2	/		:	
3	/		:	
4	/		:	
5	/		:	
6	/		:	
7	/		:	
8	/		:	
9	/		:	
10	/		:	



### A: Establish whether to interview at this address

**A1** Is this address traceable, residential and occupied?

Yes	A	Go to A5
Unsure	B	Go to A3
No	C	Go to A4
Not applicable – did not attempt to locate address	D	Go to A2

**A2** Code reason (Final Outcome):

Office refusal	41	END
Re-allocated to another interviewer	90	
Baby/babies ineligible - Withdrawn by office	79	

**A3** Code reason:

Inaccessible	62	Go to B1
Unable to locate address	63	
Unknown whether address contains residential housing	64	

**A4** Code reason:

Not yet built/under construction	71	Go to B1
Demolished/Derelict	72	
Vacant/empty	73	
Non-residential address	74	

**A5** Attempt to make contact at address:

Contact made at the address – baby/babies named on front of ARF are resident	E	Go to C1
Contact made at the address – baby/babies named on front of ARF are NOT resident	68	Go to B1
No contact with anyone at address after 6+ calls	31	Go to A6
Contact made at address but not with any responsible resident	33	
Contact made - parent(s) named on front of ARF resident, but complete refusal of further information	42	
Contact made, but complete refusal of information about occupants	42	
Contact made – parent(s) named on front of ARF resident but baby/babies died	79	END

**A6** Are baby/babies named on the front of the ARF resident at original address? Try to find out by asking neighbours etc.

Yes	F	Go to C2
No	G	Go to B1
Unsure	91	END (OPS to contact IOE)

**B: Attempt to establish follow-up address for cohort member(s) (1)**

- B1** Write in details of your attempts to establish a follow-up address for baby/babies named on front of the ARF, then code outcome at B2.

--

- B2** Did you establish a follow-up address for baby/babies named on front of ARF?

Yes	G	<b>Go to B3</b>
No	92	<b>END (OPS to contact IoE)</b>

- B3** Write in follow-up address then go to B4:

Address:	
Postcode:	Telephone number (inc. Area Code):
Notes on address location:	

- B4** Is this follow-up address in this selected ward? (Use postcode listing to decide)

Yes	H	<b>Go to B5</b>
No	93	<b>END (OPS to contact IoE)</b>
Unsure	93	<b>END (OPS to contact IoE)</b>

- B5** Is this follow-up address traceable, residential and occupied?

Yes	A	<b>Go to B8</b>
Unsure	B	<b>Go to B6</b>
No	C	<b>Go to B7</b>

- B6** Code reason:

Inaccessible	62	<b>Go to BB1</b>
Unable to locate address	63	
Unknown whether address contains residential housing	64	

- B7** Code reason:

Not yet built/under construction	71	<b>Go to BB1</b>
Demolished/Derelict	72	
Vacant/empty	73	
Non-residential address	74	

## B: Follow-up attempt (1) continued

### B8 Attempt to make contact at follow-up address:

Contact made at the address – baby/babies named on front of ARF  
are resident

Contact made at address – baby/babies named on front of ARF are  
NOT resident

No contact with anyone at address after 6+ calls

Contact made at address but not with any responsible resident

Contact made - parent(s) named on front of ARF resident but  
complete refusal of further information

Contact made, but complete refusal of information about occupants

Contact made - parent(s) named on front of ARF resident but  
baby/babies died

E	<b>Go to C1</b>
68	<b>Go to BB1</b>
31	<b>Go to B9</b>
33	
42	
42	
<b>79</b>	<b>END</b>

### B9 Are baby/babies named on the front of the ARF resident at follow-up address? Try to find out by asking neighbours etc

Yes	F	<b>Go to C2</b>
No	G	<b>Go to BB1</b>
Unsure	<b>91</b>	<b>END (OPS to contact IOE)</b>

## BB: Attempt to establish follow-up address for cohort member(s) (2)

### BB1 Write in details of your attempts to establish a follow-up address for baby/babies named on front of the ARF, then code outcome at BB2.

### BB2 Did you establish a follow-up address for baby/babies named on front of ARF?

Yes	G	<b>Go to BB3</b>
No	<b>92</b>	<b>END (OPS to contact IoE)</b>

### BB3 Write in follow-up address then go to BB4:

Address:	
Postcode:	Telephone number (inc. Area Code):
Notes on address location:	

BB: Follow-up attempt (2) continued

**BB4** Is this follow-up address in this selected ward? (Use postcode listing to decide)

Yes	H	Go to BB5
No	93	END (OPS to contact IoE)
Unsure	93	END (OPS to contact IoE)

**BB5** Is this follow-up address traceable, residential and occupied?

Yes	A	Go to BB8
Unsure	B	Go to BB6
No	C	Go to BB7

**BB6** Code reason:

Inaccessible	62	Go to Q1 on Continuation sheet
Unable to locate address	63	
Unknown whether address contains residential housing	64	

**BB7** Code reason:

Not yet built/under construction	71	Go to Q1 on Continuation Sheet
Demolished/Derelict	72	
Vacant/empty	73	
Non-residential address	74	

**BB8** Attempt to make contact at follow-up address:

Contact made at the address – baby/babies named on front of ARF are resident	E	Go to C1
Contact made at address – baby/babies named on front of ARF are NOT resident	68	Go to Q1 on Continuation Sheet
No contact with anyone at address after 6+ calls	31	Go to BB9
Contact made at address but not with any responsible resident	33	
Contact made - parent(s) named on front of ARF resident but complete refusal of further information	42	
Contact made, but complete refusal of information about occupants	42	
Contact made - parent(s) named on front of ARF resident but baby/babies died	79	END

**BB9** Are baby/babies named on the front of the ARF resident at follow-up address? Try to find out by asking neighbours etc

Yes	F	Go to C2
No	G	Go to Q1 on Continuation Sheet
Unsure	91	END (OPS to contact IOE)



## C: Final Outcome for Cohort Member(s)

- C1** Attempt to complete CAPI household module with a resident parent, partner of a resident parent or other main carer (if no parent resident):

Successful	AA	<b>Go to C2</b>
Unsuccessful	BB	
OFFICE APPROVAL ONLY - Baby/babies ineligible	<b>79</b>	<b>END</b>

- C2** Record **Final Outcome Code** for cohort member(s):

Productive (computed in Admin):

Eligible respondent(s) interviewed in person	<b>11</b>	<b>Go to D1</b>
Eligible respondents interviewed (main in person, partner by proxy)	<b>12</b>	
Only one of eligible respondents interviewed	<b>21</b>	

Unproductive:

No contact with anyone at the address (Cohort Member resident)	<b>31</b>	<b>Go to C3</b>
Contact made at the address but not with any responsible resident (Cohort Member resident)	<b>33</b>	
Contact made with responsible resident at address but not with eligible respondent(s) (Cohort Member resident)	<b>34</b>	
Complete refusal of information about occupants of address (Cohort Member resident)	<b>42</b>	<b>Go to C3</b>
Refusal at introduction/before household module	<b>43</b>	
Refusal during interview/after household module (computed in Admin)	<b>44</b>	<b>Go to D1</b>
Broken Appointment – no re-contact	<b>45</b>	<b>Go to C3</b>
Ill at home during survey period	<b>51</b>	<b>Go to C3</b>
Away from home/in hospital during survey period	<b>52</b>	
Physically or mentally unable/incompetent	<b>53</b>	
Language difficulties	<b>54</b>	
OFFICE APPROVAL ONLY – Lost productive	<b>55</b>	
OFFICE APPROVAL ONLY – Other unproductive	<b>56</b>	

- C3** Record full details of why outcome for cohort member(s) was unproductive. In particular, for refusals and other non-response give details of everyone you spoke to and their relationship(s) to the cohort member(s) and if language problems, write in what language was spoken:

- C4** If a different interviewer called again in 2-3 weeks, how likely do you think it is that they would get an interview? Code your best guess

Very Likely	1	<b>END</b>
Likely	2	
Possible	3	
Unlikely	4	
Very unlikely	5	
Impossible to say	8	

## D: Individual Interview Outcome(s)

### D1 CODE OUTCOME OF ATTEMPTS TO CONDUCT MAIN AND PARTNER INTERVIEWS:

Productive (computed in Admin):

	MAIN	PARTNER
Full interview in person	11	11
Partial interview in person	21	21
Full interview by proxy		13
Partial interview by proxy		23

Unproductive:

	MAIN	PARTNER
No contact	34	34
Refusal before individual interview	43	43
Refusal during individual interview (computed in Admin)	44	44
Broken Appointment – no re-contact	45	45
Ill at home during survey period	51	51
Away from home during survey period	52	52
Physically or mentally unable/incompetent	53	53
Language difficulties	54	54
OFFICE APPROVAL ONLY – Lost productive	55	55
OFFICE APPROVAL ONLY – Other unproductive	56	56
No-one eligible for partner interview		BB

**If D1=Unproductive (codes 34-56) for main and/or partner, complete D2 and D3:**

**D2** Record full reasons why no contact/refusal/other non-response.  
If language difficulties write in language spoken:

**D3** If a different interviewer called again in 2-3 weeks, how likely do you think it is that they would get an interview?

Very Likely	1	<b>Go to E1</b>
Likely	2	
Possible	3	
Unlikely	4	
Very unlikely	5	
Impossible to say	8	

**If D1=Productive main interview and/or Productive partner interview in person, answer D4.**

**D4** Was this interview/Were either of these interviews conducted (partly or fully) in a language other than English?

Yes	CC	<b>Go to D5</b>
No	DD	<b>Go to E1</b>

**D5** Write in language:

Main:		<b>Go to E1</b>
Partner:		

## E: Details of Cohort Member(s) and Respondents

### E1 Record details of the Cohort Member(s):

	First Name	Surname
Baby 1		
Baby 2		
Baby 3		
Baby 4		
Baby 5		
Baby 6		

### E2 Record details of respondents who completed main and (if applicable) partner interview:

	Title	First Name	Surname
Main:			
Partner:			

### E3 If given, write in stable address:

Name:	
Relationship to the main respondent:	
Address:	
Postcode:	Telephone number (inc. Area Code):

### E4 If respondent tells you that they are planning to move, write in new address and (if possible) date at which they will be moving :

Date of move:	
Address:	
Postcode:	Telephone number (inc. Area Code) if known:

### E5 Please use this space to write in any other information which may be useful:

## Forwarding letter and new address sheet



Serial Number

wave		pt		HH				ckl

P2063

Dear.....

I am writing to invite you to join in a major new study of families with babies in the United Kingdom. The study will start by collecting information on over 20,000 babies. This will be done by interviewing parents. It will not involve any medical examination or tests.

The study will help improve services for children growing up in the 21<sup>st</sup> Century. This is why your co-operation would be so valuable. Your place cannot be taken by anyone else.

An interviewer from our partner organisation, the *National Centre for Social Research*, spoke to ..... who did not wish to give your address without your permission, but did agree to send this letter to you.

I would be most grateful if you would let us know your present address, wherever you are living now. Please call us on **Freephone 0800 092 1250**. If you prefer, you can return the enclosed form in the FREEPOST envelope – you will not need a stamp.

Can I stress that by giving us your address you are not committing yourself to an interview. You can decide that when the interviewer contacts you. If you do take part, everything you say will be treated in strict confidence and will never be released in a way that identifies you or your family.

If you have any questions please do not hesitate to contact us on **Freephone 0800 092 1250**.

Thank you very much for your help.

Yours sincerely,

A handwritten signature in black ink that reads 'Heather Joshi'.

Heather Joshi  
Project Leader





Serial Number

wave		pt			HH		

ckl

**P2063**

## MY NEW ADDRESS

Please complete using BLOCK CAPITALS

Title:	First Name:	Surname:
--------	-------------	----------

Address:	
Postcode:	Telephone: (inc. STD code)

Please return the completed form in the enclosed FREEPOST envelope - you don't need a stamp.

If you have any questions about this form, or about Child of the new Century please call:

**Freephone 0800 092 1250.**

## THANK YOU FOR YOUR HELP

Child of the new Century, FREEPOST LON20095, London WC1H 0BR

SLOT NAME:	
RETURN NO.	
FINAL OUTCOME (NUMBER IN BOLD):	

## P2063 CHILD OF THE NEW CENTURY IoE TRACING UNIT OUTCOME FORM

### *IoE tracing team:*

PLEASE WRITE SERIAL NUMBER IN BOX BELOW, COMPLETE THE REVERSE OF THIS FORM, ATTACH TO THE FRONT OF THE ARF AND RETURN TO:

The Green Team, National Centre for Social Research, 100 Kings Rd, Brentwood, Essex, CM14 4LX

Serial Number

Wave		Point		Address				Chkl	

### *NatCen interviewer:*

WRITE IN YOUR NAME AND NUMBER BELOW THEN ATTEMPT TO MAKE CONTACT AT THE ADDRESS WRITTEN AT B3/BB3. USE THE CALLS RECORD BELOW. COMPLETE THE ARF AS NORMAL BEGINNING AT B5/BB5.

Interviewer name:  Interviewer number:  TNC:

### **CALLS RECORD (Note all personal visits and telephone calls even if no reply)**

Call no	Date Dd/mm	Day of week	Time (24hr clock)	Notes: e.g. result, who spoke to, observations
1	/		:	
2	/		:	
3	/		:	
4	/		:	
5	/		:	
6	/		:	
7	/		:	
8	/		:	
9	/		:	
10	/		:	

# TRACING OUTCOME

## Field Outcome

- 91 - Unable to establish whether cohort member resident  
 92 - Cohort member is not resident – no follow-up address  
 93 - Follow-up address for cohort member is not in this ward

## Final Outcome Code/Further Action

A	Go to T1
B	Go to T2
C	Go to T4

**T1** Does the Cohort Member live at the address?

Yes – Cohort Member DOES live at address

No – Cohort Member DOES NOT live at address

Unable to establish whether or not Cohort Member lives at address

D	Outcome at address to be booked in
E	Go to T2
651	Outcome code to be booked in

**T2** Were the tracing unit able to establish a follow-up address for Cohort Member?

Yes

No

A	Go to T4
B	Go to T3

**T3** Was the outcome at the original/previous address code 62-64?

Yes

No

652	Outcome code to be booked-in
68	

**T4** Is the follow-up address in a sampled ward?

Yes – in ORIGINAL sampled ward

Yes – in DIFFERENT sampled ward

No – not in any sampled ward

B	Go to T6
C	Go to T5
781	Outcome code to be booked in

**T5** Write in point number of new ward:

	Go to T6
--	----------

**T6** Is the address already in the sample?

Yes – duplicate

No – not in sample

782	Outcome code to be booked in
D	Go to T7

**T7** Is the cohort member still young enough to be issued (i.e. less than 11 months old)?

Yes

No

E	To be re-allocated*
653	Outcome code to be booked in

\* NB: If field outcome is 91 or 92, new address MUST be written on ARF at B3/BB3.

***IoE tracing team notes:***

## Permission to Obtain Health Information ('Consent forms')

England



Serial Number

wave		pt		HH			

ckl

P2063

### Permission to Obtain Health Information

We have already asked about your pregnancy and the baby's birth. To make the information complete we would like to find out more about your pregnancy and your baby's birth and health from health records. These include birth registration, maternity or central records.

In most cases we would obtain this information from the summaries held by the Office for National Statistics and the Department of Health. If this is not possible, we will write to the hospital where your baby was born, or the maternity service attending the birth if the baby was born at home. Getting the baby's NHS number, with your permission, from these records would help us keep in touch with you.

To obtain any of this information we need your written permission for it to be released.

Like everything else you have told us, the health information collected from these records will be completely confidential. The information is used for statistical research purposes only. Names and addresses are never included in the results.

Please ask the interviewer about anything that concerns you or you can call the research team free on 0800 092 1250, or write or email to the addresses below.

I have read or heard the information leaflet (and introductory letter) about the Child of the New Century and have had the opportunity to ask questions.

I understand that all the about information about my family and myself will be treated in the strictest confidence.

A. I understand that the Child of the New Century wishes to obtain information about my pregnancy and the baby's birth from birth registration, clinic, hospital or central records. I give permission for this information to be released to the Child of the New Century.

B. I give my permission for Child of the New Century to follow my baby's National Health Service registration where necessary.

• DELETE A OR B IF YOU DO NOT WISH TO GIVE PERMISSION FOR BOTH

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_





Serial Number

wave		pt		HH			ckl

**P2063**  
**(Scotland)**

### Permission to Obtain Health Information

We have already asked about your pregnancy and the baby's birth. To make the information complete we would like to find out more about your pregnancy and your baby's birth and health from health records. These include birth registration, maternity or central records.

In most cases we would obtain this information from the summaries held by the General Register Office for Scotland and the Information and Statistics Division of NHS Scotland. If this is not possible, we will write to the hospital where your baby was born, or the maternity service attending the birth if the baby was born at home. Getting the baby's NHS number, with your permission, from these records would help us keep in touch with you.

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Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

Baby Serial Number

wave		pt		HH			

ckl	person no.

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I understand that all the information about my family and myself will be treated in the strictest confidence.

- a) I understand that the Child of the New Century wishes to obtain information about my pregnancy and the baby's birth from birth registration, clinic, hospital or central records. I give permission for this information to be released to the Child of the New Century.
- b) I give my permission for Child of the New Century to follow my baby's National Health Service registration where necessary.

DELETE a) or b) if you do not wish to give permission to both

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

Thank you letter



Child of the new Century

<Respondent(s) name(s): title, initial, surname>  
<address>

<Our reference: P2063/serial number>  
<date>

Dear <Respondent(s) name(s): first and last names>

**CHILD OF THE NEW CENTURY**  
**The Millennium Cohort Study**

We are writing to thank you for taking part in this study and hope that you enjoyed talking to our interviewer.

The study needs to include all kinds of families from the whole of the UK. So we are delighted that so many parents have joined in. This shows that most parents are happy to support high quality research which will follow the progress of their children.

The information collected by *Child of the New Century* will guide the provision of services for children, like yours, growing up in the 21<sup>st</sup> Century. Our aim is that the research will benefit this new generation of children and, we hope, their families.

As you know, we are very keen to stay in touch. You probably provided information to the interviewer which will help us to do this. However, if you change your address or telephone number, please take a minute to call us on **0800 092 1250**. Your call will be free, and a great help to us. We hope that the enclosed sticker will help you to find this number in the future. We'll also be pleased to receive a call if you have any questions or would like any more information about the study.

Thank you again for your co-operation.

Yours sincerely

Heather Joshi  
Study Director  
Institute of Education

Andrew Shaw  
Research Director  
National Centre for Social Research

Millennium Cohort Study - Centre for Longitudinal Studies - Institute of Education - 20 Bedford Way - London - WC1H 0AL

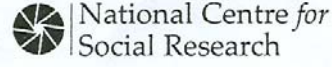
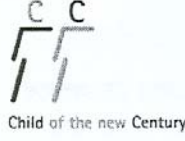
Tel 020 7612 6902

Fax 020 7612 6880

Email [childnc@cls.ioe.ac.uk](mailto:childnc@cls.ioe.ac.uk)







## নতুন শতাব্দির শিশু আমাদের জরিপ সম্পর্কে

### আপনার শিশু কি একটু আলাদা?

আমরা মনে করি তাই। আপনার শিশুকে একটি বড় ধরনের নতুন জাতীয় জরিপে (সার্ভে) অন্তর্ভুক্ত করা হচ্ছে। এ জরিপ আগামী দিনে মানুষের জীবনযাত্রার মান বৃদ্ধি করার ক্ষেত্রে অবদান রাখতে পারে।

একবিংশ শতাব্দিতে বেড়ে উঠা ছেলেমেয়েদের জন্যে এটি কি? ছেলেমেয়েরা স্কুলে কেমন করবে? কোন কোন জিনিস তাদেরকে সাহায্য করেছে এবং কোন জিনিস তাদেরকে পিছিয়ে রেখেছে? আপনি এসব প্রশ্নের উত্তর দিলে স্বাস্থ্য, শিক্ষা ও শিশু যত্ন সেবাগুলো সম্পর্কে পরিকল্পনা করতে আমাদের সাহায্য হবে। এর ফলে প্রকৃতপক্ষেই ছেলেমেয়েরা ও তাদের পিতামাতাগণ উপকৃত হবেন।

### তাই আমরা আপনার কাছে এসে আপনার ও আপনার শিশু সম্পর্কে এসব প্রশ্ন জিজ্ঞাসা করতে পারি কি?

আমাদেরকে আপনার দেয়া তথ্য আইন অনুসারে গোপন থাকবে – জরিপ প্রতিবেদনে আপনার নাম লিখা হবে না, আপনার নাম প্রকাশও করা হবে না।

আমাদের সাক্ষাৎকার গ্রহনকারীরা প্রত্যেককেই একই ধরনের প্রশ্ন জিজ্ঞাসা করবেন। প্রশ্নগুলো হবে এসব সম্পর্কে

- আপনার শিশুর জন্ম ও ছোট বেলায় বেড়ে উঠা
- আপনার পরিবার
- বর্তমানে আপনার ছেলেমেয়েকে লালন পালন করা সম্পর্কে আপনার বিশ্বাস ও উদ্বেগ

মায়ের সাথে সাক্ষাৎকার কিছু বেশী সময় ধরে হবে যেমন এক ঘন্টার উপরে হবে, এবং যদি বাবাকে পাওয়া যায় তাহলে প্রায় আধা ঘন্টার একটি সাক্ষাৎকার। সাক্ষাৎকারগ্রহনকারীর আপনার শিশুকে প্রয়োজন হবে না, কোনো ডাক্তারী পরীক্ষাও করা হবে না।

আপনার মূল তথ্য পূরণ করার পর আমরা আপনার শিক্ষা ও চাকুরী এবং আপনি যে বাড়ীতে বসবাস করেন সে সম্পর্কে আরো কিছু প্রশ্ন জিজ্ঞাসা করব।

সারা যুক্তরাজ্য ব্যাপী লোকজনের সাথে কথা বলে যে সব উত্তর পাবো তা সব একত্র করা হবে। এর ফলাফল থেকে নতুন শতাব্দিতে ছেলেমেয়েদের জন্যে সঠিক জীবন সম্পর্কে ধারণা বেরিয়ে আসবে।

Project Leader: Professor Heather Joshi  
Centre for Longitudinal Studies ■ Institute of Education ■ University of London  
20 Bedford Way ■ London ■ WC1H 0AL

**Simplified leaflet: BENGALI**



## আমাদের সম্পর্কে আপনার কি কোনো প্রশ্ন রয়েছে?

### এ জরিপ কাজের বিশেষত্ব কি?

আপনার শিশু সম্পর্কে একটি নিরপেক্ষ প্রশ্ন করা হবে। বর্তমানে এবং পরবর্তীতে শিশু বেড়ে উঠা সম্পর্কে তথ্য পাওয়ার জন্যই এ প্রশ্ন করা হবে – যাতে সরকার, মাতাপিতা ও অন্যান্যরা শিশুদের মঙ্গলের জন্য এগুলি পরিবর্তন করতে পারেন।

এ ধরনের জরিপ আমরা পূর্বেও করেছি – প্রকৃতপক্ষে বৃটেন হলো এ ধরনের গবেষণায় অগ্রগামী। আমরা খুঁজে পেয়েছি, যেমন, মা ও ছেলেমেয়েদের জন্য ভাল স্বাস্থ্য সেবা, ভাল বাড়ী এবং উপযুক্ত খাবার খেলে স্বাস্থ্য ভাল হয় এবং ছেলেমেয়েরা উপযুক্তভাবে বেড়ে উঠে। তবে গত ৩০ বছরের মধ্যে এটি প্রথম নতুন জরিপ।

### এটিই কি একমাত্র সাক্ষাৎকার?

আমরা কয়েক বছরের মধ্যে আবার জরিপ চালাবো এবং যাচাই করে দেখব ফলাফল কেমন হচ্ছে। আপনার শিশু বেড়ে উঠার সাথে সাথে কয়েক বছর পর পর আমরা সাক্ষাৎকার নেবো। আপনার শিশু কিভাবে বেড়ে উঠছে সে ধারণা এভাবেই জানতে পারব। এসব তথ্য সরকার ও অন্যান্য গ্রুপগুলোকে মূল্যবান ধারণা দিবে, যার ফলে তারা লোকজনকে আরো বেশী করে সাহায্য করতে পারবে।

### একবার আমার শিশু সম্পর্কে জরিপে অংশ নেয়ার ব্যাপারে 'হ্যাঁ' বললে সারা জীবন এতে লেগে থাকতে হবে কি?

অবশ্যই না। আপনি এবং আপনার শিশু যেকোনো সময় জরিপে অংশ নেয়া বাদ দিতে পারেন, যদিও আমরা আশা করি আপনি আমাদের সাথে থাকবেন। সাধারণত মনে হয় এ জরিপ কাজে অংশ নিয়ে লোকজন আনন্দই পান।

### 'আমরা' বলতে কাকে বুঝায়, যার সাথে আপনি কথা বলতে পারেন?

আমরা লন্ডনে দি ইনস্টিটিউট অব এডুকেশনে একটি গবেষণা কেন্দ্র। এ জরিপ কাজ পরিচালনার জন্যে আমাদেরকে বাছাই করা হয়েছে, কারণ হলো আমরা একই ধরনের অন্য একটি জরিপ কাজ করেছি এবং পেশাগত কাজের জন্যে আমাদের উপর আস্থা রয়েছে। ন্যাশনাল সেন্টার ফর সোশ্যাল রিচার্স কর্তৃক সাক্ষাৎকার নেয়া হবে, তাদেরকে আমরা বাছাই করেছি, কারণ হলো এ কাজে তারা অভিজ্ঞ। সরকার ও অন্যান্যদের দ্বারা নতুন শতাব্দীতে শিশুদের জন্যে অর্থ প্রদান করা হবে।

যদি জরিপ সম্পর্কে আপনি আরো জানতে চান, তাহলে এখানে একটি প্রচারপত্র থেকে সে সম্পর্কে আরো বেশী জানতে পারবেন।  
অথবা ফ্রিফোন 0800 092 1250 নাম্বারে স্টাডি টাইমের কারোর সাথে ফোনে আলাপ করে আরো জানতে পারবেন।

মাতাপিতাগণ সাধারণ তথ্য ও পরামর্শ পেতে চাইলে যোগাযোগ করুন:

প্যারেন্টলাইন –0808 800 2222

অথবা আপনার স্থানীয় সিটিজেন্স এডভাইস ব্যুরোর সাথে  
(আপনার স্থানীয় টেলিফোন ডাইরেক্টরিতে নাম্বার পাবেন)

Project Leader: Professor Heather Joshi  
Centre for Longitudinal Studies ■ Institute of Education ■ University of London  
20 Bedford Way ■ London ■ WC1H 0AL

Simplified leaflet: BENGALI



Child of the new Century



National Centre for  
Social Research

## નવી સદીનું બાળક અમારા અવલોકન વિષે

### શું તમારું બાળક વિશેષ છે?

અમે એમ માનીએ છીએ. જે કદાચ લોકોના ભવિષ્યના જીવનમાં બધો જ તફાવત લાવી શકે એવા મોટા એક નવા રાષ્ટ્રીય અવલોકન માટે તમારા બાળકને પસંદ કરવામાં આવ્યું છે.

21મી સદીમાં બાળકો માટે મોટા થયું એ કેવો અનુભવ હશે? તેઓ શાળામાં કેવી રીતે કામ બજાવશે? કઈ વસ્તુઓ તેમને મદદ કરે છે અને કઈ વસ્તુઓ તેમને પાછળ રાખે છે? તમે જે જવાબો આપો એ સ્વાસ્થ્યની કાળજી, ભણતર અને બાળકોની કાળજીની સેવાઓ, જે બાળકો અને તેમના માતાપિતાને ખરેખર લાભદાયી થશે, તેની યોજના બનાવવામાં મદદરૂપ થશે.

### તો, શું અમે તમારે ત્યાં આવીને તમારા વિષે અને તમારા બાળક વિષે બધું પૂછી શકીએ છીએ?

તમે જે માહિતી આપશો એ કાયદા હેઠળ ખાનગી રાખવામાં આવશે – અવલોકન (સર્વે) ના લેખમાં તમારું નામ નહીં આપવામાં આવે, કોઈ નામ જાહેર કરવામાં આવશે નહીં.

તમારી મુલાકાત લેનાર અમારો સ્ટાફ બધાંને નીમ્ન વિષે એક જ જાતના સવાલો પૂછે એવી તાલીમ મેળવેલ છે

- તમારા બાળકનો જન્મ અને શરૂઆતનો વિકાસ
- તમારું કુટુંબ
- આજના જીવનમાં તમારા બાળકને ઉછેરવા પર તમારી માન્યતાઓ અને ચિંતાઓ

માતા સાથેની મુલાકાત એક કલાકથી થોડો વધારે સમય ચાલશે, અને પિતા સાથે, જો તેઓ ઉપલબ્ધ હોય, તો આશરે અડધો કલાક. મુલાકાત લેનારે તમારા બાળકને હાથમાં લેવાની જરૂર નથી, અને કોઈ વૈદિક તપાસ લેવામાં નહીં આવે.

પાર્શ્વભૂમિકા ભરવા માટે અમે તમારા પોતાના ભણતર અને કામ વિષે અને તમે જે ઘરમાં રહો છો તે વિષે થોડા સવાલો કરીશું.

ત્યાર પછી આખા યૂનાઈટેડ કિંગડમના જે બધાં લોકો સાથે વાત કરી હતી તેઓના જવાબો ભેગા કરીશું. આ નવી સદીના બાળકો માટે હાલનું જીવન કેવું છે એ બતાવશે.

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## શું તમારી પાસે અમારા માટે કોઈ સવાલ છે?

### આ અવલોકનનો હેતુ શું છે?

અમે તમારા બાળક વિષે જે ધ્યાન કરી રહ્યા છે એને ગણતરીમાં લઈએ તો આ એક વાજબી સવાલ કહેવાય! આવી માહિતી મેળવ્યા પછી જ - હાલમાં અને બાળકો મોટા થઈને પુખ્ત થયના બને - તેમાં સરકાર, માતાપિતા અને બીજા પરિવર્તનો લાવી સુધારો કરી શકે.

અમે આવા અવલોકન પહેલા કરી ચુક્યા છીએ - હકીકતમાં તો, આ સંશોધનમાં બ્રિટન દુનિયામાં અગ્રસ્થાને છે. દાખલા તરીકે - અમે એ જાણ કરી, કે માતાઓ અને બાળકો માટે સારી સ્વાસ્થ્યની સેવા, સાતું રહેઠાણ અને બરાબરનો ખોરાક બાળકો મોટા થાય ત્યારે સ્વાસ્થ્ય અને સફળતા માટે એક લાંબાગાળાનો ફર્ક લાવી શકે છે. પણ 30 થી વધુ વર્ષમાં આ નવું અવલોકન પહેલું છે.

### શું સવાલ જવાબ માટેની મુલાકાત ફક્ત એ એક જ હશે?

બધું કેવી રીતે ચાલી રહ્યું છે એ જાણવા માટે અમને બે વર્ષ પાછું આવવું ગમશે. જેમ તમારું બાળક મોટું થતું જાય તેમ અમે આવતા થોડા વર્ષો સુધી મુલાકાત કરતા રહીશું. આથી તમારા બાળકનો કેટલો વિકાસ થઈ રહ્યો છે એનો અમને સારો એવો ખ્યાલ આવે. આ માહિતી સરકાર અને બીજા જૂથોને લોકોને કેવી રીતે વધારે મદદ આપવી એનો એક મુલ્યવાન ઉકેલ આપશે.

### મેં એકવાર આ અવલોકન માટે જો 'હા' કહી તો શું આ મારા બાળકને આખી જીંદગી વળગી રહેશે?

બીલકુલ નહીં. તમે અથવા તમારું બાળક ગમે ત્યારે નીકળી શકો છો, તેમ છતાં અમે એ ચોક્કસ આશા રાખીએ છીએ કે તમે અમારી સાથે રહો. સાધારણતયા લોકોને આવા અવલોકનોમાં ભાગ લેવામાં મજા આવે છે.

### તમે જે આ 'અમે' ની વાત કરો છો એ કોણ છે?

લંડનની ઈન્સ્ટીટ્યુટ ઓફ એજ્યુકેશન (ભણતરની સંસ્થા) માં અમે એક સંશોધક કેન્દ્ર છીએ. આ અવલોકન માટે અમને એટલા માટે પસંદ કરવામાં આવ્યા છે કે અમે આવા, આના જેવા બીજા અવલોકનો કરી ચુક્યા છીએ અને એક નીપુણતાથી કારીગીરી બજાવવા માટે અમારા પર વિશ્વાસ રાખી શકાય છે. સવાલ જવાબ માટે મુલાકાતો નેશનલ સેન્ટર ફોર સોસિયલ રીસર્ચ કરશે જેઓને અમે પસંદ કર્યા છે કારણકે તેઓ આ વિષયમાં નીપુણ છે. ચાર્લ્સ ઓફ ધ ન્યુ સેન્યુરી સરકાર અને બીજાના કાળાથી છે.

આ અવલોકન પર તમને વધુ માહિતીની જરૂર હોય, તો તે માટે એક પત્રિકા છે એ લાંબી વિગતમાં જાય છે.  
અથવા તમે અભ્યાસની ટૂંકડીના કોઈ સભ્ય સાથે આ મફત ફોન પર વાત કરી શકો છો 0800 092 1250.

સાધારણ માહિતી અથવા માતાપિતાને સલાહ માટે અહીં સંપર્ક કરો:  
પેરન્ટલાઈન - 0808 800 2222  
અથવા તમારા સ્થાનિક સીટીઝન્સ એડવાઈઝ બ્યુરોનો સંપર્ક કરો  
(આનો નંબર તમારી સ્થાનિક ટેલીફોન ડાયરેક્ટરીમાંથી મળશે)

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# ਨਵੀਂ ਸਦੀ ਦਾ ਬੱਚਾ ਸਾਡੇ ਸਰਵੇਅ ਬਾਰੇ

## ਕੀ ਤੁਹਾਡਾ ਬੱਚਾ ਖਾਸ ਹੈ?

ਅਸੀਂ ਉਹਨੂੰ ਖਾਸ ਹੀ ਸਮਝਦੇ ਹਾਂ। ਇਸ ਲਈ ਅਸੀਂ ਇਸ ਅਹਿਮ ਕੌਮੀ ਸਰਵੇਅ ਲਈ ਤੁਹਾਡੇ ਬੱਚੇ ਨੂੰ ਚੁਣਿਆ ਹੈ, ਜਿਸ ਸਰਵੇਅ ਦਾ ਆਉਣ ਵਾਲੇ ਸਮੇਂ ਵਿਚ ਲੋਕਾਂ ਦੇ ਜੀਵਨ 'ਤੇ ਕਾਫ਼ੀ ਅਸਰ ਪਏਗਾ।

21-ਵੀਂ ਸਦੀ ਵਿਚ ਸਾਡੇ ਬੱਚਿਆਂ ਦਾ ਵੱਡਾ ਹੋਣਾ ਕਿਹੋ ਜਿਹੀ ਗੱਲ ਹੋਵੇਗੀ? ਉਹ ਸਕੂਲ ਦੀ ਪੜ੍ਹਾਈ ਕਿਵੇਂ ਕਰਨਗੇ? ਕਿਹੜੀਆਂ ਗੱਲਾਂ ਉਹਨਾਂ ਨੂੰ ਮਦਦ ਦੇਣਗੀਆਂ ਅਤੇ ਕਿਹੜੀਆਂ ਉਹਨਾਂ ਦੀ ਰਾਹ ਦੇ ਰੋੜ੍ਹੇ ਬਣਨਗੀਆਂ? ਤੁਹਾਡੇ ਵੱਲੋਂ ਮਿਲੇ ਜਵਾਬਾਂ ਤੋਂ ਤੋਂ ਸਾਨੂੰ ਬੱਚਿਆਂ ਅਤੇ ਉਹਨਾਂ ਦੇ ਮਾਪਿਆਂ ਦੇ ਭਲੇ ਲਈ ਸਿਹਤ, ਪੜ੍ਹਾਈ ਅਤੇ ਬੱਚਿਆਂ ਦੀ ਦੇਖਭਾਲ ਦੀਆਂ ਕੌਮੀ ਸੇਵਾਵਾਂ ਤਿਆਰ ਕਰਨ ਵਿਚ ਮਦਦ ਮਿਲੇਗੀ।

## ਕੀ ਅਸੀਂ ਆ ਕੇ ਤੁਹਾਡੇ ਬਾਰੇ ਅਤੇ ਤੁਹਾਡੇ ਬੱਚੇ ਬਾਰੇ ਤੁਹਾਨੂੰ ਸਵਾਲ ਪੁੱਛ ਸਕਦੇ ਹਾਂ?

ਜਿਹੜੀ ਜਾਣਕਾਰੀ ਤੁਸੀਂ ਸਾਨੂੰ ਦਿਓਗੇ ਉਹ ਕਾਨੂੰਨੀ ਤੌਰ 'ਤੇ ਗੁਪਤ ਰੱਖੀ ਜਾਵੇਗੀ। ਸਰਵੇਅ ਦੀ ਰਿਪੋਰਟ ਵਿਚ ਤੁਹਾਡਾ ਨਾਂ ਨਹੀਂ ਆਵੇਗਾ, ਅਤੇ ਕੋਈ ਵੀ ਨਾਂ ਆਮ ਲੋਕਾਂ ਦੇ ਸਾਹਮਣੇ ਨਹੀਂ ਲਿਆਂਦਾ ਜਾਣਗੇ।

ਸਾਡੇ ਇੰਟਰਵਿਊ ਕਰਨ ਵਾਲਿਆਂ ਨੂੰ ਸਿਖਲਾਈ ਦਿੱਤੀ ਗਈ ਹੈ ਅਤੇ ਉਹ ਸਾਰੇ ਇੱਕੋ ਜਿਹੇ ਸਵਾਲ ਪੁੱਛਣਗੇ।

- ਤੁਹਾਡੇ ਬੱਚੇ ਦੇ ਜਨਮ ਅਤੇ ਮੁੱਢਲੇ ਸਾਲਾਂ ਬਾਰੇ
- ਤੁਹਾਡੇ ਪਰਿਵਾਰ ਬਾਰੇ
- ਅੱਜ ਕੱਲ੍ਹ ਬੱਚੇ ਦੇ ਪਾਲਣ ਕਰਨ ਬਾਰੇ ਤੁਹਾਡੇ ਵਿਚਾਰਾਂ ਅਤੇ ਚਿੰਤਾਵਾਂ ਬਾਰੇ

ਬੱਚੇ ਦੀ ਮਾਂ ਦੇ ਨਾਲ ਇੰਟਰਵਿਊ ਇੱਕ ਘੰਟੇ ਤੋਂ ਕੁਝ ਵੱਧ ਸਮਾਂ ਚੱਲੇਗੀ, ਅਤੇ ਜੇ ਬੱਚੇ ਦਾ ਪਿਤਾ ਮਿਲ ਸਕੇ, ਤਾਂ ਉਹਦੇ ਨਾਲ ਇੰਟਰਵਿਊ ਅੱਧਾ ਕੁ ਘੰਟਾ ਕੀਤੀ ਜਾਵੇਗੀ। ਇੰਟਰਵਿਊ ਵੇਲੇ ਤੁਹਾਡੇ ਬੱਚੇ ਨੂੰ ਫੜਿਆ ਜਾਂ ਛੂਹਿਆ ਨਹੀਂ ਜਾਵੇਗਾ ਅਤੇ ਕੋਈ ਡਾਕਟਰੀ ਟੈਸਟ ਵੀ ਨਹੀਂ ਕੀਤਾ ਜਾਣਗੇ।

ਪਿਛੋਕੜ ਬਾਰੇ ਜਾਣਕਾਰੀ ਲੈਣ ਲਈ ਅਸੀਂ ਤੁਹਾਡੀ ਪੜ੍ਹਾਈ, ਕੰਮ ਅਤੇ ਜਿਸ ਘਰ ਵਿਚ ਤੁਸੀਂ ਰਹਿੰਦੇ ਹੋ ਉਹਦੇ ਬਾਰੇ ਵੀ ਕੁਝ ਸਵਾਲ ਪੁੱਛਾਂਗੇ।

ਪੂਰੇ ਯੂ ਕੇ ਵਿਚ ਅਸੀਂ ਜਿਹਨਾਂ ਲੋਕਾਂ ਨਾਲ ਗੱਲਬਾਤ ਕਰਾਂਗੇ ਉਹਨਾਂ ਦੇ ਜਵਾਬ ਅਸੀਂ ਬਾਅਦ ਵਿਚ ਇਕੱਠੇ ਕਰਾਂਗੇ। ਇਹਨਾਂ ਤੋਂ ਪਤਾ ਲੱਗੇਗਾ ਕਿ ਨਵੀਂ ਸਦੀ ਦੇ ਬੱਚਿਆਂ ਲਈ ਇਸ ਵੇਲੇ ਜਿੰਦਗੀ ਕਿਹੋ ਜਿਹੀ ਹੈ।

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Simplified leaflet: PUNJABI

## ਕੀ ਤੁਸੀਂ ਸਾਨੂੰ ਕੋਈ ਸਵਾਲ ਪੁੱਛਣਾ ਚਾਹੁੰਦੇ ਹੋ?

### ਇਹ ਸਰਵੇਅ ਕਰਨ ਦਾ ਮਤਲਬ ਕੀ ਹੈ?

ਤੁਹਾਡੇ ਬੱਚੇ ਬਾਰੇ ਅਸੀਂ ਜੋ ਕੁਝ ਆਖ ਰਹੇ ਹਾਂ, ਉਹ ਸੁਣਨ ਮਗਰੋਂ ਇਹ ਸਵਾਲ ਪੁੱਛਣਾ ਬਿਲਕੁਲ ਜਾਇਜ਼ ਹੈ। ਤੁਹਾਡੇ ਬੱਚੇ ਬਾਰੇ ਇਹੋ ਜਿਹੀ ਜਾਣਕਾਰੀ ਇਸ ਵੇਲੇ ਲੈ ਕੇ, ਅਤੇ ਜਦ ਇਹ ਬੱਚੇ ਜਵਾਨ ਹੋਣਗੇ ਤਾਂ ਉਹਨਾਂ ਬਾਰੇ ਲਗਾਤਾਰ ਹੋਰ ਜਾਣਕਾਰੀ ਲੈ ਕੇ, ਸਰਕਾਰ, ਮਾਪੇ ਅਤੇ ਹੋਰ ਜਣੇ ਉਹਨਾਂ ਲਈ ਜ਼ਿੰਦਗੀ ਵੱਧ ਚੰਗੀ ਬਣਾ ਸਕਦੇ ਹਨ।

ਅਸੀਂ ਇਸ ਕਿਸਮ ਦੇ ਸਰਵੇਅ ਪਹਿਲਾਂ ਵੀ ਕੀਤੇ ਹਨ। ਅਸਲ ਵਿੱਚ, ਬਰਤਾਨੀਆ ਇਸ ਕਿਸਮ ਦੀ ਖੋਜ ਦੇ ਕੰਮ ਦਾ ਮੋਹਰੀ ਹੈ। ਮਿਸਾਲ ਵਜੋਂ, ਅਸੀਂ ਪਤਾ ਕੀਤਾ ਹੈ ਕਿ ਜਦ ਬੱਚੇ ਵੱਡੇ ਹੋ ਰਹੇ ਹੁੰਦੇ ਹਨ, ਤਾਂ ਮਾਵਾਂ ਅਤੇ ਬੱਚਿਆਂ ਨੂੰ ਚੰਗੀਆਂ ਸਿਹਤ ਸੇਵਾਵਾਂ, ਚੰਗੀ ਰਿਹਾਇਸ਼ ਅਤੇ ਵਧੀਆ ਭੋਜਨ ਮਿਲਣ ਨਾਲ ਬੱਚਿਆਂ ਦੀ ਸਿਹਤ ਅਤੇ ਸਫਲਤਾ 'ਤੇ ਸਦਾ ਲਈ ਚੰਗਾ ਅਸਰ ਪੈਂਦਾ ਹੈ। ਪਰ ਪਿਛਲੇ 30 ਸਾਲਾਂ ਤੋਂ ਵੀ ਵੱਧ ਸਮੇਂ ਵਿੱਚ ਕੀਤਾ ਜਾਣ ਵਾਲਾ ਇਹ ਪਹਿਲਾ ਨਵਾਂ ਸਰਵੇਅ ਹੈ।

### ਕੀ ਸਿਰਫ਼ ਇਹੋ ਇੰਟਰਵਿਊ ਕੀਤੀ ਜਾਏਗੀ?

ਅਸੀਂ ਕੁਝ ਕੁ ਸਾਲਾਂ ਬਾਅਦ ਫਿਰ ਤੁਹਾਡੇ ਕੋਲ ਇਹ ਪਤਾ ਕਰਨ ਲਈ ਆਵਾਂਗੇ ਕਿ ਹਾਲਾਤ ਕਿਵੇਂ ਚੱਲ ਰਹੇ ਹਨ। ਜਦ ਤੁਹਾਡਾ ਬੱਚਾ ਵੱਡਾ ਹੋ ਰਿਹਾ ਹੋਵੇਗਾ, ਤਾਂ ਅਸੀਂ ਕੁਝ ਕੁ ਸਾਲਾਂ ਬਾਅਦ ਇੰਟਰਵਿਊ ਕਰਦੇ ਰਹਾਂਗੇ। ਇਸ ਤਰ੍ਹਾਂ ਸਾਨੂੰ ਚੰਗੀ ਤਰ੍ਹਾਂ ਪਤਾ ਲੱਗ ਜਾਵੇਗਾ ਕਿ ਤੁਹਾਡਾ ਬੱਚਾ ਕਿਵੇਂ ਵੱਡਾ ਹੋ ਰਿਹਾ ਹੈ। ਇਹਦੇ ਨਾਲ ਸਰਕਾਰ ਅਤੇ ਹੋਰ ਗਰੁਪਾਂ ਨੂੰ ਵਡਮੁੱਲੀ ਜਾਣਕਾਰੀ ਮਿਲੇਗੀ ਕਿ ਉਹ ਲੋਕਾਂ ਨੂੰ ਵੱਧ ਮਦਦ ਕਿਵੇਂ ਦੇ ਸਕਦੇ ਹਨ।

### ਜੇ ਮੈਂ ਇੱਕ ਵਾਰ ਇਸ ਸਰਵੇਅ ਲਈ 'ਹਾਂ' ਕਹਿ ਦਿਆਂ ਤਾਂ ਕੀ ਮੇਰਾ ਬੱਚਾ ਜ਼ਿੰਦਗੀ ਭਰ ਲਈ ਇਹਦੇ ਨਾਲ ਬੱਝ ਜਾਵੇਗਾ?

ਬਿਲਕੁਲ ਨਹੀਂ। ਤੁਸੀਂ ਅਤੇ ਤੁਹਾਡਾ ਬੱਚਾ ਜਦ ਚਾਹੋ ਇੰਟਰਵਿਊ ਦੇਣਾ ਬੰਦ ਕਰ ਸਕਦੇ ਹੋ, ਹਾਲਾਂਕਿ ਅਸੀਂ ਚਾਹਾਂਗੇ ਕਿ ਤੁਸੀਂ ਸਾਡਾ ਸਾਥ ਦਿੰਦੇ ਰਹੋ। ਲੋਕ ਅਕਸਰ ਇਹੋ ਜਿਹੇ ਸਰਵੇਅ ਵਿੱਚ ਹਿੱਸਾ ਲੈਣਾ ਪਸੰਦ ਕਰਦੇ ਹਨ।

### ਜਿਹੜੇ 'ਅਸੀਂ' ਬਾਰੇ ਤੁਸੀਂ ਗੱਲ ਕਰ ਰਹੇ ਹੋ, ਉਹ ਕੌਣ ਹਨ?

ਅਸੀਂ ਲੰਡਨ ਦੇ ਇੰਨਸਟੀਚਿਊਟ ਆੱਫ ਐਜੂਕੇਸ਼ਨ ਵਿੱਚ ਰਿਸਰਚ ਸੈਂਟਰ (ਖੋਜ ਕੇਂਦਰ) ਹਾਂ। ਇਹ ਸਰਵੇਅ ਕਰਨ ਲਈ ਸਾਨੂੰ ਇਸ ਲਈ ਚੁਣਿਆ ਗਿਆ ਹੈ ਕਿ ਅਸੀਂ ਇਹੋ ਜਿਹੇ ਸਰਵੇਅ ਪਹਿਲਾਂ ਵੀ ਕੀਤੇ ਹਨ, ਜਿਹਨਾਂ ਨੂੰ ਮਾਹਰਾਂ ਵਾਲਾ ਕੰਮ ਸਮਝਕੇ ਉਹਨਾਂ 'ਤੇ ਭਰੋਸਾ ਕੀਤਾ ਜਾਂਦਾ ਹੈ। ਇਹ ਇੰਟਰਵਿਊਆਂ ਨੈਸ਼ਨਲ ਸੈਂਟਰ ਫਾਰ ਸੋਸ਼ਲ ਰਿਸਰਚ ਵਾਲੇ ਕਰਨਗੇ ਜੋ ਇਸ ਕੰਮ ਦੇ ਮਾਹਰ ਹਨ। 'ਨਵੀਂ ਸਦੀ ਦਾ ਬੱਚਾ' ਪ੍ਰੋਗਰਾਮ ਨੂੰ ਸਰਕਾਰ ਅਤੇ ਹੋਰਨਾਂ ਵਲੋਂ ਪੈਸੇ ਮਿਲ ਰਹੇ ਹਨ।

ਜੇ ਇਸ ਸਰਵੇਅ ਬਾਰੇ ਤੁਸੀਂ ਹੋਰ ਜਾਣਕਾਰੀ ਲੈਣਾ ਚਾਹੁੰਦੇ ਹੋ, ਤਾਂ ਵਧੇਰੇ

ਜਾਣਕਾਰੀ ਦੇਣ ਵਾਲਾ ਇੱਕ ਪਰਚਾ ਵੀ ਹੈ।

ਜਾਂ ਤੁਸੀਂ ਸਟੱਡੀ ਟੀਮ ਦੇ ਕਿਸੇ ਮੈਂਬਰ ਨਾਲ ਇਸ ਟੈਲੀਫੋਨ ਨੰਬਰ 'ਤੇ ਮੁਫਤ ਗੱਲਬਾਤ ਕਰ ਸਕਦੇ ਹੋ -

**0800 092 1250**

ਮਾਪਿਆਂ ਲਈ ਆਮ ਜਾਣਕਾਰੀ ਅਤੇ ਸਲਾਹ ਲੈਣ ਲਈ ਇਹਨਾਂ ਨਾਲ ਰਾਬਤਾ ਕਰੋ -

**ਪੇਰੈਂਟਲਾਈਨ - 0808 800 2222**

ਜਾਂ ਤੁਸੀਂ ਆਪਣੇ ਨੇੜੇ ਦੇ ਸਿਟੀਜ਼ਨਜ਼ ਐਡਵਾਈਸ ਬਿਊਰੋ ਨਾਲ ਗੱਲ ਕਰੋ

(ਇਹਨਾਂ ਦਾ ਫੋਨ ਨੰਬਰ ਤੁਹਾਡੀ ਸਥਾਨਕ ਟੈਲੀਫੋਨ ਡਾਇਰੈਕਟਰੀ ਵਿੱਚ ਮਿਲ ਸਕਦਾ ਹੈ)

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**Simplified leaflet: PUNJABI**



Child of the new Century



National Centre for  
Social Research

## Ilmaha Qarniga Cusub (Child of the New Century) **Daraasaddayada**

### Ilmahaagu khaas mayahay?

**Waxay noola egtahay in ilmahaagu khaas yahay.** Ilmahaaga waxaa loo xushay in uu ka mid noqdo daraasad cusub oo ballaaran oo saamayn wayn ku yeelan karta habka bani'aadamku u noolyahay.

Qiyaas xaaladda caruurta koraysa qarnigan 21aad? Sideebay ula qabsan doonaan Iskoolka? Maxaa saacidi doona, maxaase dib u dhac u keeni kara? Jawaabta aad su'aalahaan naga siiso waxay cawimi doontaa qorshaynta caafimaadka, waxbarashada iyo daryeelka caruurta oo si dhab ah waxtar ugu leh carruurta iyo waalidkooda.

### Sidaa awgeed ma kuu imaan karnaa oo kuwaydiin karnaa waxyaalo la xiriira adiga iyo ilmahaaga?

Wixii akhbaar ah ee aad nasiisaa wuxuu noqon doonaa mid si gaar ah loo xafido oo sir ah sharciguna ilaaliyo. Magacaaga iyo cid kale toona warbixinta laguma sheegi doono.

Dadka waraysiga qaadi doona waxaa loo tababaray in ay qof walba waydiiyaan su'aalo isku mid ah oo la xiriira:

- Dhalashadii ilmahaaga iyo koritaankooda
- Qoyskaaga
- Waxa aad aaminsantahay sida diinta iyo waxyaalaha aad walaaca ka qabto ee la xiriira barbaarinta ilmahaaga

Waraysiga lala yeelanayo hooyada wuxuu qaadanayaa ilaa in wax yar ka badan hal saac, kan aabuhuna haddii lahelu wuxuu qaadanayaa qaddar ku dhaw nusasaac. Dadka waraysiga qaadayaa uma baahna in ay ilmahaaga wax waydiiyaan, mana dhici doonto in tijaabo caafimaad ay ilmahaagu maraan.

Waxaan ku waydiin doonnaa waxyaalo la xiriira waxbarashadaada, shaqadaada iyo guriga aad ku nooshahay.

Intaa kadib waxaan isku uruurinaynaa jawaabaha aan ka helnay dadka aan waraysannay guud ahaan waddanka United Kingdom oo dhan. Taasi waxay muujin doontaa xaaladda carruurta qarniga cusubi ku sugantahay.

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**Simplified leaflet: SOMALI**



## **Wax su'aalo ah mana weydiineysaa?**

### **Waa maxay ujeeddada daraasaddani?**

Waa su'aal macquul ah marka la'eego wardoonkayaga la xiriira ilmahaaga. Hase ahaatee waa tan kaliya ee - hadda oo lajoogo iyo marka ilmuhu koraan oo loo sii dhabbo galo – dawladda, waalidka iyo inta kale ee ay khusaysaaba isbaddal wax ku ool ah kukeeni karaan.

Horay in badan ayaan daraasad noocan oo kale ah u samaynay. Xaqiiqdu waxay tahay Biritan (Britain) waxay hormuud ku tahay cilmi baarista nocaan ah. Waxaan ogaannay, tusaale ahaan, adeeg caafimaad oo hufan oo carruuta iyo hooyadooda, raashin wacan iyo hoy wanaagsani in ay raad wayn uga tagaan koritaanka iyo horumarka ay ilmuhu gaaraan markay koraan. Hase ahaatee tani waa tirokoob cusub ilaa iyo muddo ka badan 30 sano.

### **Ma waraysigaan oo keliya ayey dareesadu ku eg tahay?**

Waxaan jeclaan lahayn in aan soo noqonno ilaa iyo muddo laba sano ah oo aan ogaanno xaaladdu halka ay marayso. Markii ilmahaagu sii koroba, waxaan qaadi doonnaa waraysiyaal kale dhawrkii sanoba mar. Qaabkaas waxaan ku gaari doonnaa in aan helno fikrad fiican oo la xiriirta qaabka ilmahaagu u korayo. Wixii kasoo baxa cilmibaaristaan waxay u suuro galin doontaa dawladda iyo kooxaha kaleba in ay siiso xog waxtar u leh sidii dadkaa loogu diyaarin lahaa kaalmada ay u baahanyihiin.

### **Haddii aan daraasaddaan ka qayb qaato ilmahaayga waligood malla daba joogayaa?**

Jawaabtu waa maya. Adiga iyo ilmahaaguba markaad rabtaan ayaad iska joojin kartaan, inkastoo aan jecelnahay in aad wax nala qabataan. Guud ahaan dadkii hore uga soo qayb qaatay daraasado noocan oo kale ah waa kuraaxaysan jireen.

### **Daraasaddaan yaa samaynaya?**

Waxaan nahay xarun cilmi baaris oo ku taalla Machadka Waxbarashada oo ka mid ah Jaamicadda London. Waxaa naloo doortay in aan daraasaddaan sameynno, sababtoo ah waxaan hore u samaynay daraasooyin iyada oo kale ah. Waxaa kale oo nalagu aammini karaa in aan qabanno shaqadaan u baahan xirfad iyo takhasus gaar ah. Waraysiga waxaa qaadi doona Xarunta Qaranka ee Cilmi Baarista Bulshada (National Centre for Social Research) oo aan xulannay sababtoo ah waxay ku xeel dheer yihiin arrimaha noocan ah oo kale. Mashruucaan Ilmaha Qarniga Cusub waxaa maalgaliyay dawladda iyo qolyo kale.

**Haddii aad u baahantahay akhbaar intaa dhaafsiisan ee la xiriirta tirokoobkaan, waxaa jira qoraal kooban oo bixinaya tafaasiil intaan ka badan. Ama waxaad la hadli kartaa qof kamid ah dadka daraasadda samaynaya oo aad kala hadli kartid telifoonkaan bilaashka ah 0800 092 1250**

**Haddii aad u baahato akhbaar guud ama talo siinta waalidka la xiriir khadka waaliddiinta oo nambarkiisu yahay 0808 800 2222 Ama xafiiska layiraahdo Citizens Advice Bureau ee aagga aad daggantahay (Nambarka telifoonka xafiiskaas waxaa laga heli karaa buugga telifoonnada lagu daabaco – local telephone directory)**

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**Simplified leaflet: SOMALI**

## Yeni Yüzyıl Çocuğu (Child of the New Century)

# Anketimiz hakkında

### Bebeğiniz sizin için çok mu değerli?

Biz çok değerli olduğunu düşünüyoruz. Bebeğiniz ülke çapında yapılan ve insanların gelecekteki yaşamlarını tümüyle değiştirebilecek yeni ve geniş kapsamlı bir ankete katılmak üzere seçilmiş bulunuyor.

Çocuklar için 21. yüzyılda büyüüp yetişmek nasıl bir şey? Okulda neler yapacaklar? Onlar için neler yararlı, neler engelleyici bir rol oynuyor? Bize vereceğiniz yanıtlar temel sağlık, eğitim ve çocuk bakım hizmetlerinin çocuklara ve anne-babalara gerçekten yararlı olacak biçimde planlanmasında yardımcı olacak.

### Öyleyse size gelip kendiniz ve bebeğiniz hakkında sorular sorabilir miyiz?

Bize verdiğiniz bilgiler yasalar gereğince gizli kalacak. Anket raporunda adınız geçmeyecek, hiç kimsenin adı kamuoyuna açıklanmayacak.

Anketörlerimiz gerekli eğitimi almış olup herkese aşağıdaki konuları kapsayan aynı tür sorular sorulacaktır.

- Bebeğinizin doğumu ve ilk gelişimi
- Aileniz
- Günümüz koşullarında çocuk yetiştirme konusundaki görüşleriniz ve kaygılarınız

Anne ile görüşme bir saatten biraz fazla, varsa baba ile görüşme yaklaşık yarım saat sürecektir. Anketörün bebeğinize dokunması bile gerekmiyip herhangi bir tıbbi test de uygulanmayacaktır.

Konunun bağlamı, çerçevesi ve tarihçesiyle ilgili bilgi sahibi olmak için, size kendi eğitim ve iş durumunuz hakkında, oturduğunuz ev hakkında da bazı sorular soracağız.

Bundan sonra Birleşik Krallık sınırları içerisinde görüştüğümüz kimselerden alınan bilgileri birleştireceğiz. Bu anket, Yeni Yüzyılın Çocukları için daha şimdiden nasıl bir yaşamın söz konusu olduğunu gösterecek.

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**Simplified leaflet: TURKISH**



## Bize sormak istediğiniz sorular mı var?

### Niye böyle bir anket yapıyoruz?

Bebeginiz hakkında gösterdiğimiz bu yoğun ilgi karşısında pekala yerinde bir soru! fiu var ki, eğer bu tür bilgiler bugünden toplanır ve bebeklerin nasıl yetişkin birer birey durumuna geldikleri şimdiden düzenli olarak izlenebilirse, ancak o zaman gerek hükümet, gerekse anne-babalar ve diğer ilgililer koşulları daha iyi bir hale getirebilir.

Bunun gibi anketleri daha önce de yapmıştık. Aslında Britanya bu araştırma alanında dünyanın önde gelen ülkesidir. Örneğin, anneler ve çocuklar için verimli sağlık hizmetleri, kaliteli konutlar ve uygun şekilde beslenmenin çocukların büyüme sürecinde sağlık ve başarı üzerinde kalıcı bir etki yarattığını gördük. Ne var ki, 30 yılı aşkın süredir ilk kez böyle yeni bir anketin yapıldığını da sözlerimize eklemekte yarar var.

### Yalnızca tek bir görüşme mi yapılacak?

Birkaç yıl sonra tekrar gelip ne durumda olduğunuzu yeniden görmek istiyoruz. Bebeğiniz büyüdükçe birkaç yılda bir yapılacak görüşmeler ile durumu izleyeceğiz. Bu yolla çocuğunuzun nasıl bir gelişim gösterdiği konusunda doğru bir fikir edinmiş olacağız. Bu bilgiler hükümete ve diğer ilgili gruplara insanlara nasıl daha fazla yardımcı olabilecekleri hakkında yararlı ipuçları verecek.

### Peki bu ankete 'Evet' dersem, çocuğum ömür boyu buna yanıt vermek zorunda mı kalacak?

Kesinlikle hayır. Siz ve çocuğunuz dilediğiniz zaman ankete katılmaktan vazgeçebilirsiniz. Biz elbette sizin daha ileride de ankete katılmanızdan yanayız. Ayrıca insanlar genellikle bu tür anketlere katılmaktan zevk de alırlar.

### 'Biz' deyip duruyoruz ama, peki biz kimiz?

Biz, Londra'da bulunan Institute of Education (Eğitim Enstitüsü) bünyesindeki bir araştırma merkeziz. Bu anketin yapılması amacıyla başka benzer anketler yaptığımız ve profesyonel bir çalışma gerçekleştirme konusunda güvenebileceğimiz için biz tercih edildik. Görüşmeler, bu alanda uzman oldukları için bizim tercih ettiğimiz National Centre for Social Research (Toplumsal Araştırmalar Merkezi) tarafından gerçekleştirilecek. Child of the New Century (Yeni Yüzyıl Çocuğu anketi) hükümet ve diğer kurumlar tarafından finanse edilmektedir.

**Anket hakkında daha fazla bilgi almak isterseniz,  
daha ayrıntılı açıklamaların yer aldığı bir broşür var.  
Ya da Ücretsiz Telefon numaramızı arayarak Study Team (Araştırma  
Ekibi) personelimize konuşabilirsiniz 0800 092 1250.**

**Genel danışma veya anne-babalara bilgi için:  
Parentline – 0808 800 2222  
veya size en yakın Citizens Advice Bureau  
(Telefon numarasını bölgenizin telefon rehberinde bulabilirsiniz)**

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**Simplified leaflet: TURKISH**

## نئی صدی کا بچہ (Child of the New Century)

### ہمارے سروے کے بارے میں

کیا آپ کا بچہ اپنی خاص (سیٹل) ہے؟

ہم ایسا ہی سمجھتے ہیں۔ آپ کے بچے اپنی کو ایک بڑے نئے قومی سروے میں شامل ہونے کیلئے انتخاب کیا گیا ہے جو مستقبل میں لوگوں کی زندگیوں میں بہت فرق پیدا کر سکتا ہے۔

بچوں کیلئے 21 ویں صدی میں بڑا ہونا کیسا ہے؟ سکول میں وہ کیسا کام کریں گے؟ ان کی کن چیزوں سے مدد ہوتی ہے اور کون سی چیزیں ان کو پیچھے رکھتی ہیں؟ آپ ہمیں جو جوابات دیں گے ان سے صحت کی دیکھ بھال، تعلیم اور بچوں کی دیکھ بھال سے متعلق سروے کی منصوبہ بندی کرنے میں مدد ملے گی تاکہ بچوں اور ان کے والدین کو واقعی فائدہ پہنچ سکے۔

اس لئے کیا ہم آسکتے ہیں اور آپ اور آپ کے بچے اپنی کے بارے میں سب کچھ پوچھ سکتے ہیں؟  
آپ ہمیں جو معلومات فراہم کریں گے وہ قانون کے تحت رازدار نہ ہوں گی۔ سروے رپورٹ میں آپ کا نام ظاہر نہیں کیا جائے گا، کسی بھی فرد کے نام کی تشہیر نہیں کی جاتی۔

ہمارے انٹرویو لینے والوں کو ٹریننگ دی جاتی ہے کہ وہ درج ذیل کے بارے میں ہر ایک سے ایک ہی قسم کے سوالات پوچھیں  
✓ آپ کے بچے اپنی کی پیدائش اور ابتدائی نشوونما

✓ آپ کا خاندان

✓ آج کے زمانے کے بچے اپنی کی پرورش کے بارے میں آپ کی خیالات اور تشویشات

ماں کے ساتھ انٹرویو میں ایک گھنٹے سے کچھ زیادہ وقت لگے گا، اور والد کے ساتھ، اگر وہ دستیاب ہوئے، تو تقریباً آدھا گھنٹہ لگے گا۔ انٹرویو لینے والے/والی کیلئے آپ کے بچے اپنی کو ہاتھ لگانے کی ضرورت نہیں ہوگی، اور کوئی طبی (میڈیکل) ٹیسٹس بھی نہیں کئے جائیں گے۔

پس منظر کو دیکھ کر ہم آپ کی تعلیم اور ملازمت کے بارے میں اور آپ جس گھر میں رہتے/رہتی ہیں اس کے بارے میں بھی تھوڑا سا پوچھیں گے۔

یو کے بھر میں ہم نے جن تمام لوگوں سے بات کی ہے بھر ہم ان کے جوابات کو اکٹھا کریں گے۔ اس سے پتہ چلے گا کہ نئی صدی میں بچوں کیلئے اس وقت زندگی کیسی ہے۔

Project Leader: Professor Heather Joshi  
Centre for Longitudinal Studies ■ Institute of Education ■ University of London  
20 Bedford Way ■ London ■ WC1H 0AL

Simplified leaflet: URDU

## کیا آپ ہم سے کوئی سوالات پوچھنا چاہتے ہیں؟

اس سروے کا مقصد کیا ہے؟

ہم آپ کے بچے/بچی کے بارے میں جو تمام شور و غل کر رہے ہیں اس کو مد نظر رکھتے ہوئے یہ ایک منصفانہ سوال ہے! صرف اب اس قسم کی معلومات کو حاصل کر کے، اور بچوں کے بالغ ہونے تک ان معلومات کا پیچھا کر کے، حکومت، والدین اور دوسرے لوگ حالات اور سہولیات کو بہتر بنا سکتے ہیں۔

ہم نے پہلے بھی اس قسم کے سروے کئے ہیں۔ درحقیقت برطانیہ اس ریسرچ میں دنیا بھر میں رہتا ہے۔ ہمیں پتہ چلا، مثال کے طور پر، ماؤں اور بچوں کیلئے اچھی ہیلتھ سروسز، ایتھ گھر اور معقول خوراک بڑھتے ہوئے بچوں کی صحت اور کامیابی پر دیر پا فرق ڈالتے ہیں۔ لیکن یہ 30 سالوں سے زیادہ عرصے میں پہلا نیا سروے ہے۔

کیا صرف یہی انٹرویو کیا جائے گا؟

ہم تقریباً دو سالوں کے بعد واپس آنا چاہیں گے اور جانا چاہیں گے کہ معاملے کیسے چل رہے ہیں۔ جیسے جیسے آپ کا بچہ/بچی بڑا ہوگا اگی ہم ہر چند سالوں کے بعد ضمنی انٹرویوز کرنا چاہیں گے۔ اس طریقے سے ہمیں اس بات کا بہتر اندازہ ہوگا کہ آپ کا بچہ/بچی کیسے نشوونما پا رہا/رہی ہے۔ ان معلومات سے حکومت اور دوسرے گروپوں کو اس بارے میں پیش قیمت اشارے ملیں گے کہ وہ لوگوں کی مزید مدد کیسے کر سکتے ہیں۔

ایک مرتبہ جب میں اس سروے میں شرکت کیلئے 'ہاں' کہہ دوں گا/گی تو کیا میرا بچہ/بچی زندگی بھر کیلئے اس کے ساتھ بندھ جائے گا/گی؟

بالکل نہیں۔ آپ اور آپ کا بچہ/بچی کسی وقت بھی سروے سے نکل سکتے ہیں، اگرچہ ہم تو یہی امید کرتے ہیں کہ آپ ہمارے ساتھ ہی رہیں گے۔ عام طور پر لوگ ان سرویز کا حصہ بننے سے لطف اندوز ہوتے ہیں۔

یہ 'ہم' کون ہیں جس کے بارے میں آپ باتیں کر رہے ہیں؟

ہم لندن میں انٹینی ٹیوٹ آف ایجوکیشن میں ایک ریسرچ سینٹر ہیں۔ اس سروے کو کرنے کیلئے ہمارا انتخاب کیا گیا ہے کیونکہ ہم نے اسی قسم کے دوسرے سروے کئے ہیں اور پیشہ ورانہ کام کرنے کیلئے ہم پر بھروسہ کیا جاسکتا ہے۔ انٹرویوز نیشنل سینٹر فار سوشل ریسرچ کی جانب سے کئے جا رہے ہیں جن کا ہم نے انتخاب کیا ہے کیونکہ وہ اس میدان میں ماہر ہیں۔ "نئی صدی میں بچہ" کی مالی مدد (فنڈنگ) حکومت اور دوسرے کر رہے ہیں۔

اگر آپ اس سروے کے بارے میں مزید معلومات حاصل کرنا چاہتے ہیں،

تو ایک ایسا لیفٹ دستیاب ہے جو مزید تفصیلات فراہم کرتا ہے۔

یا آپ مٹھی فیم میں سے کسی فرد کے ساتھ مفت (فری) فون 0800 092 1250 پر بات کر سکتے ہیں۔

عام معلومات یا والدین کیلئے مشورے کیلئے رابطہ کریں:

ہیرنٹ لائن - 0808 800 2222

یا اپنے مقامی سٹیزنز ایڈوائس بورو سے رابطہ کریں (نمبر آپ کی مقامی ٹیلی فون ڈائریکٹری میں ہوگا)



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## BENGALI

## স্বাস্থ্য সংক্রান্ত তথ্য পাওয়ার জন্যে অনুমতি

আমরা ইতিমধ্যেই আপনার গর্ভাবস্থা ও শিশুর জন্ম সম্পর্কে জিজ্ঞাসা করেছি। তথ্য সম্পূর্ণ করার জন্যে আপনার গর্ভাবস্থা ও শিশুর জন্ম সম্পর্কে এবং হেল্থ রেকর্ড থেকে স্বাস্থ্য সম্পর্কে আরো অধিক তথ্য পেতে চাই। এগুলির মধ্যে রয়েছে বার্থ রেজিস্ট্রেশন, মেটরনিটি অথবা সেন্ট্রাল রেকর্ডস।

অধিকাংশ ক্ষেত্রে অফিস ফর ন্যাশনাল স্ট্যাটিস্টিক্স এবং ডিপার্টমেন্ট অব হেল্থ কর্তৃক সংরক্ষিত সারাংশ থেকে এ সব তথ্য আমরা পেতে পারি। যদি এভাবে তথ্য পাওয়া সম্ভব না হয়, তাহলে আপনার শিশু যে হাসপাতালে জন্ম নিয়েছিল সেখানে, অথবা বাড়িতে শিশু জন্ম নেয়ার ক্ষেত্রে যে মেটরনিটি সার্ভিস কাজ করেছে তাদের কাছে আমরা তথ্য জানার জন্যে লিখব। আপনার অনুমতি সহ শিশুর এনএইচএস নাম্বার পেলে, এসব রেকর্ড থেকে তথ্য পাওয়া সহজ হবে।

এসবের যেকোনো তথ্য পেতে হলে আপনার কাছ থেকে আমাদের লিখিত অনুমতি পাওয়ার প্রয়োজন রয়েছে।

এ ধরনের যা কিছুই আপনি আমাদেরকে বলেছেন, এসব রেকর্ড থেকে স্বাস্থ্য সংক্রান্ত যে সব তথ্য সংগ্রহ করা হবে তা সবই সম্পূর্ণ গোপন রাখা হবে। এসব তথ্য শুধুমাত্র পরিসংখ্যান সংক্রান্ত গবেষণা কাজে ব্যবহার করা হবে। এতে নাম ও ঠিকানা কখনোও উল্লেখ করা হবে না।

অনুগ্রহ করে আপনার যেকোনো প্রশ্ন সাক্ষাৎকার গ্রহনকারীকে জিজ্ঞাসা করতে পারেন বা রিচার্স টীমের সাথে ফ্রি ফোন 0800 092 1250 নাম্বারে যোগাযোগ করতে পারেন, অথবা নিচের ঠিকানায় লিখতে বা ইমেইল করতে পারেন।

চাইন্ড অব দি নিউ সেঞ্চুরী (নতুন শতাব্দির শিশু) সম্পর্কে তথ্য সংক্রান্ত প্রচারপত্র (এবং প্রারম্ভিক চিঠি) আমি পড়েছি বা শুনেছি এবং এ সম্পর্কে প্রশ্ন করার সুযোগ পেয়েছি।

আমি বুঝেছি যে, আমার পরিবার ও আমার সম্পর্কে সকল তথ্য কঠোরভাবে গোপন রাখা হবে।

ক. আমি মনে করি যে, চাইন্ড অব দি নিউ সেঞ্চুরী বার্থ রেজিস্ট্রেশন, ক্লিনিক, হাসপাতাল অথবা সেন্ট্রাল রেকর্ড থেকে আমার গর্ভাবস্থা ও শিশুর জন্ম সম্পর্কে তথ্য পেতে চায়। চাইন্ড অব দি নিউ সেঞ্চুরী-কে এসব তথ্য দেয়ার জন্যে আমি অনুমতি দিচ্ছি।

খ. যেখানে প্রয়োজন রয়েছে সেখানে আমার শিশুর ন্যাশনাল হেল্থ সার্ভিস রেজিস্ট্রেশন অনুসরণ করার জন্যে আমি চাইন্ড অব দি নিউ সেঞ্চুরী-কে অনুমতি দিয়েছি।

● উভয়টির জন্যে অনুমতি দিতে না চাইলে ক অথবা খ কেটে দিন

দস্তখত \_\_\_\_\_ তারিখ \_\_\_\_\_

পূর্ণ নাম \_\_\_\_\_

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GUJARATI

## સ્વાસ્થ્ય પર માહિતી મેળવવા માટે પરવાનગી

અમે તમને સગર્ભા અને બાળકના જન્મ વિષે પૂછી ચૂક્યા છીએ. માહિતી પૂરી કરવા માટે અમારે તમને તમારી સગર્ભા અવસ્થા અને બાળકના જન્મ અને સ્વાસ્થ્ય પર સ્વાસ્થ્યની નોંધ (હેલ્થ રેકૉર્ડ્સ) માંથી જાણવું છે. આમાં જન્મદાખલો (બર્થ રજીસ્ટ્રેશન), માતૃત્વ (મેટરનીટી) અને કેન્દ્રની નોંધ (સેન્ટ્રલ રેકૉર્ડ્સ) નો સમાવેશ થાય છે.

મોટાભાગના કિસ્સાઓમાં અમે ઓફિસ કોર ધ નેશનલ સ્ટેટીસ્ટીક્સ અને ડિપાર્ટમેન્ટ ઓફ હેલ્થ પાસે ઉપલબ્ધ સંલિખ્ત માહિતીમાંથી માહિતી મેળવી શકીએ છીએ. જો આમ શક્ય ન હોય, તો તમારા બાળકનો જન્મ જે ઇસ્પિતાલમાં થયો હોય, અથવા જો તમારા બાળકનો જન્મ ઘરે થયો હોય તો જે પ્રસૂતિ સેવા તમારા બાળકના જન્મ પર હાજર હતી તેઓને અમે લખીશું. તમારી પરવાનગી દ્વારા તમારા બાળકનો એન.એચ.એસ. નંબર મેળવવાથી અમને તમારી સાથે સંપર્ક રાખવામાં મદદ કરશે.

આમાંથી કોઈપણ માહિતી મેળવવા માટે આ માહિતીને છોડાવવા માટે અમને લખાણમાં તમારી પરવાનગીની જરૂર પડશે.

તમે અમને જે કહ્યું છે એ માહિતીની જેમ જ, આ નોંધમાંથી સ્વાસ્થ્ય પર જે માહિતી એકઠી કરીશું એ એકદમ ખાનગી રહેશે. આ માહિતી ફક્ત ઓકડાશાસ્ત્ર (સ્ટેટીસ્ટીકલ) ના સંશોધન માટે જ વાપરવામાં આવશે. આના પરિણામોમાં નામ અને સરનામાનો કદી સમાવેશ કરવામાં નહીં આવે.

આ બાબતમાં તમને જે ચિંતા થતી હોય તેનો ખુલાસો કરવા માટે તમારી મુલાકાત લેનાર વ્યક્તિને પૂછો અથવા અમારી સંશોધન ટૂકડીને મફત 0800 092 1250 પર ફોન કરો અથવા નીચે આપેલા સરનામા પર ઈ-મેલ અથવા પત્ર લખો.

મેં માહિતી પત્રિકા વાંચી અથવા સાંભળી છે અને નવી સદીનું બાળક પર (પરિચય પત્ર) અને સવાલ પૂછવાની મને તક મળી હતી.

મારા કુટુંબ અને મારા વિષેની બધી માહિતી એકદમ ખાનગી રીતે જાળવવામાં આવશે એની મને સમજ પડી.

A. મને એ જાણ પડી છે કે નવી સદીનું બાળક સંશોધન, મારી સગર્ભા અવસ્થા અને મારા બાળક પર માહિતી જન્મ નોંધ, કલીનીક, ઇસ્પિતાલ અને કેન્દ્રની નોંધમાંથી મેળવવા ઈચ્છે છે. હું આ માહિતી નવી સદીનું બાળકને મુક્ત કરવા માટે પરવાનગી આપું છું.

B. હું નવી સદીનું બાળકને મારા બાળકની નોંધ, જ્યાં જરૂર પડે ત્યાં નેશનલ હેલ્થ સર્વિસ રજીસ્ટ્રેશનની માહિતીને અનુસરવાની પરવાનગી આપું છું.

● જો તમે બંને પર પરવાનગી આપવા માંગતા ન હો, તો A અથવા B છેકી નાંખો.

સહી \_\_\_\_\_ તારીખ \_\_\_\_\_

નામ છાપમાં લખો \_\_\_\_\_

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PUNJABI

## ਸਿਹਤ ਬਾਰੇ ਜਾਣਕਾਰੀ ਲੈਣ ਲਈ ਇਜਾਜ਼ਤ

ਅਸੀਂ ਤੁਹਾਡੇ ਗਰਭ ਅਤੇ ਬੱਚੇ ਦੇ ਜਨਮ ਬਾਰੇ ਪਹਿਲਾਂ ਹੀ ਪੁੱਛ ਲਿਆ ਹੈ। ਇਸ ਜਾਣਕਾਰੀ ਨੂੰ ਪੂਰੀ ਕਰਨ ਲਈ ਅਸੀਂ ਤੁਹਾਡੇ ਗਰਭ ਬਾਰੇ, ਤੁਹਾਡੇ ਬੱਚੇ ਦੇ ਜਨਮ ਬਾਰੇ, ਅਤੇ ਤੁਹਾਡੇ ਸਿਹਤ ਦੇ ਰਿਕਾਰਡਾਂ ਵਿੱਚੋਂ ਤੁਹਾਡੀ ਸਿਹਤ ਦੇ ਬਾਰੇ ਹੋਰ ਜਾਣਕਾਰੀ ਲੈਣਾ ਚਾਹੁੰਦੇ ਹਾਂ। ਇਹਨਾਂ ਰਿਕਾਰਡਾਂ ਵਿੱਚ ਜਨਮ ਦੀ ਰਜਿਸਟ੍ਰੇਸ਼ਨ ਦੇ, ਜਣੇਪੇ ਦੇ ਜਾਂ ਕੇਂਦਰੀ ਰਿਕਾਰਡ ਸ਼ਾਮਲ ਹਨ।

ਜ਼ਿਆਦਾਤਰ ਹਾਲਤਾਂ ਵਿੱਚ, ਅਸੀਂ ਇਹ ਜਾਣਕਾਰੀ ਆਫਿਸ ਡਾਕਟਰ ਨੈਸ਼ਨਲ ਸਟੈਟਿਸਟਿਕਸ ਅਤੇ ਡਿਪਾਰਟਮੈਂਟ ਆਫ਼ ਹੈਲਥ ਦੇ ਰਿਕਾਰਡਾਂ ਵਿੱਚ ਰੱਖੀ ਹੋਈ ਸੰਖੇਪ ਜਾਣਕਾਰੀ ਤੋਂ ਲੈ ਸਕਦੇ ਹਾਂ। ਜੇ ਇਹ ਨਾ ਹੋ ਸਕੇ, ਤਾਂ ਅਸੀਂ ਉਸ ਹਸਪਤਾਲ ਨੂੰ ਖਤ ਲਿਖ ਸਕਦੇ ਹਾਂ ਜਿੱਥੇ ਤੁਹਾਡੇ ਬੱਚੇ ਦਾ ਜਨਮ ਹੋਇਆ ਹੋਵੇ, ਜਾਂ ਜੇ ਬੱਚੇ ਦਾ ਜਨਮ ਘਰ ਹੋਇਆ ਹੋਵੇ ਤਾਂ ਉਹਦੇ ਜਨਮ ਵੇਲੇ ਜਣੇਪਾ ਸੇਵਾਵਾਂ ਦੇਣ ਵਾਲਿਆਂ ਤੋਂ ਪਤਾ ਕਰ ਸਕਦੇ ਹਾਂ। ਤੁਹਾਡੀ ਇਜਾਜ਼ਤ ਨਾਲ ਬੱਚੇ ਦਾ ਐਨ. ਐੱਚ. ਐੱਸ ਨੰਬਰ ਲੈਣ ਨਾਲ ਅਤੇ ਇਹਨਾਂ ਰਿਕਾਰਡਾਂ ਦੀ ਮਦਦ ਨਾਲ, ਸਾਨੂੰ ਤੁਹਾਡੇ ਨਾਲ ਰਾਬਤਾ ਰੱਖਣ ਵਿੱਚ ਮਦਦ ਮਿਲੇਗੀ।

ਇਹਨਾਂ ਵਿੱਚੋਂ ਕੋਈ ਵੀ ਲੋੜੀਂਦੀ ਜਾਣਕਾਰੀ ਲੈਣ ਲਈ ਸਾਨੂੰ ਤੁਹਾਡੇ ਕੋਲੋਂ ਲਿਖਤੀ ਇਜਾਜ਼ਤ ਲੈਣ ਦੀ ਲੋੜ ਪਏਗੀ ਕਿ ਇਹ ਜਾਣਕਾਰੀ ਦੇ ਦਿੱਤੀ ਜਾਏ।

ਤੁਸੀਂ ਜਿਹੜੀਆਂ ਵੀ ਗੱਲਾਂ ਸਾਨੂੰ ਦੱਸੀਆਂ ਹਨ, ਉਹਨਾਂ ਸਭਨਾਂ ਵਾਂਗ, ਸਿਹਤ ਰਿਕਾਰਡਾਂ ਤੋਂ ਲਈ ਜਾਣਕਾਰੀ ਵੀ ਪੂਰੀ ਤਰ੍ਹਾਂ ਗੁਪਤ ਰੱਖੀ ਜਾਏਗੀ। ਇਸ ਜਾਣਕਾਰੀ ਦੀ ਵਰਤੋਂ ਸਿਰਫ਼ ਖੋਜ ਲਈ ਅੰਕੜੇ ਤਿਆਰ ਕਰਨ ਲਈ ਹੀ ਕੀਤੀ ਜਾਏਗੀ। ਨਤੀਜਿਆਂ ਵਿੱਚ ਨਾਂ ਅਤੇ ਪਤੇ ਕਦੇ ਵੀ ਸ਼ਾਮਲ ਨਹੀਂ ਕੀਤੇ ਜਾਏ।

ਜੇ ਤੁਹਾਨੂੰ ਕਿਸੇ ਗੱਲ ਬਾਰੇ ਚਿੰਤਾ ਹੋਵੇ, ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਇੰਟਰਵਿਊ ਕਰਨ ਵਾਲੇ/ਵਾਲੀ ਨੂੰ ਇਹਦੇ ਬਾਰੇ ਪੁੱਛੋ ਜਾਂ ਰਿਸਰਚ ਟੀਮ ਨੂੰ ਫ਼ੋਨ ਨੰਬਰ 0800 092 1250 'ਤੇ ਮੁਫ਼ਤ ਫ਼ੋਨ ਕਰੋ, ਜਾਂ ਹੇਠ ਲਿਖੇ ਪਤੇ 'ਤੇ ਖਤ ਲਿਖੋ ਜਾਂ ਈਮੇਲ ਭੇਜੋ।

ਮੈਂ ਨਵੀਂ ਸਦੀ ਦੇ ਬੱਚੇ ਬਾਰੇ ਜਾਣਕਾਰੀ ਪਰਚਾ (ਅਤੇ ਜਾਣ ਪਛਾਣ ਕਰਵਾਉਣ ਵਾਲਾ ਖ਼ਤ) ਪੜ੍ਹਿਆ ਜਾਂ ਸੁਣਿਆ ਹੈ, ਅਤੇ ਮੈਨੂੰ ਸਵਾਲ ਪੁੱਛਣ ਦਾ ਮੌਕਾ ਵੀ ਮਿਲਿਆ ਹੈ।

ਮੈਂ ਸਮਝਦੀ ਹਾਂ ਕਿ ਮੇਰੇ ਪਰਿਵਾਰ ਬਾਰੇ ਅਤੇ ਮੇਰੇ ਬਾਰੇ ਸਾਰੀ ਜਾਣਕਾਰੀ ਪੂਰੀ ਤਰ੍ਹਾਂ ਗੁਪਤ ਰੱਖੀ ਜਾਏਗੀ।

ਉ. ਮੈਂ ਸਮਝਦੀ ਹਾਂ ਕਿ 'ਨਵੀਂ ਸਦੀ ਦਾ ਬੱਚਾ' ਵਾਲੇ ਮੇਰੇ ਗਰਭ ਬਾਰੇ ਅਤੇ ਮੇਰੇ ਬੱਚੇ ਦੇ ਜਨਮ ਬਾਰੇ ਜਾਣਕਾਰੀ ਜਨਮ ਸਰਟੀਫਿਕੇਟ, ਕਲਿਨਿਕ, ਹਸਪਤਾਲ ਜਾਂ ਕੇਂਦਰੀ ਰਿਕਾਰਡਾਂ ਤੋਂ ਲੈਣਾ ਚਾਹੁੰਦੇ ਹਨ। ਮੈਂ ਇਜਾਜ਼ਤ ਦਿੰਦੀ ਹਾਂ ਕਿ ਇਹ ਜਾਣਕਾਰੀ 'ਨਵੀਂ ਸਦੀ ਦਾ ਬੱਚਾ' ਵਾਲਿਆਂ ਨੂੰ ਦੇ ਦਿੱਤੀ ਜਾਏ।

ਅ. ਮੈਂ 'ਨਵੀਂ ਸਦੀ ਦਾ ਬੱਚਾ' ਵਾਲਿਆਂ ਨੂੰ ਇਜਾਜ਼ਤ ਦਿੰਦੀ ਹਾਂ ਕਿ ਲੋੜ ਪੈਣ 'ਤੇ ਉਹ ਮੇਰੇ ਬੱਚੇ ਦੀ ਨੈਸ਼ਨਲ ਹੈਲਥ ਸਰਵਿਸ ਰਜਿਸਟ੍ਰੇਸ਼ਨ ਤੋਂ ਅਗਾਂਹ ਵੀ ਜਾਣਕਾਰੀ ਲੈਣ ਦੇ ਰਹਿਣ।

- ਜੇ ਤੁਸੀਂ ਇਹਨਾਂ ਦੋਹਾਂ ਕੰਮਾਂ ਲਈ ਇਜਾਜ਼ਤ ਨਹੀਂ ਦੇਣਾ ਚਾਹੁੰਦੇ, ਤਾਂ ਤੁਸੀਂ 'ਉ' ਜਾਂ 'ਅ' ਵਾਲਾ ਪੈਰਾ ਕੱਟ ਦਿਓ।

ਦਸਤਖ਼ਤ \_\_\_\_\_ ਤਾਰੀਖ਼ \_\_\_\_\_

ਨਾਂ ਅੰਗਰੇਜ਼ੀ ਦੇ ਵੱਡੇ ਅੱਖਰਾਂ ਵਿੱਚ \_\_\_\_\_



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SOMALI

## Ogolaansho in Akhbaar Laxiriirta Caafimaadka Lahelo

(Permission to Obtain Health Information)

Waxaan hore kuu waydiinnay waxyaabo laxiriira uurkaaga iyo markay ilmuhu dhashaan. Si aan u dhammaystirno akhbaartaas waxaan jeclaan lahayn in aan ku wayddiinno waxyaalo laxiriira uurkaaga iyo caafimaadka markay ilmuhu dhashaan annaga oo tixraacayna dii-waankaaga caafimaadka ee dhaqtarkaaga. Waxyaalaha aan ubbaahannahay waxaa kamid ah waxyaalihii daqtarku diiwaanka gashay ilmuhu markay dhasheen, caafimaadka ilmuhu markay yaraayeen iyo diiwaanka dhexe ee caafimaadka ilmaha.

Inta badan akhbaarta aan ubbaahannahay waxaan ka heleynaa diiwaanka Xafiiska Tirakoobka Qaranka iyo Waaxda Caafimaadka. Haddii aysan taasi suuro gal noqon, waxaan laxiriiraynaa Isbitaalka ilmahaagu ku dhashay, ama Qaybta Adeegga Ummulaha haddii ilmaha guriga lagu dhaliyay. Oggolaanshahaaga markaan ku helno lambarka caafimaadka ilmaga (baby's NHS number) waxay naga caawinaysaa in aan si joogtaa kuula soo xiriirno.

Si aan uhelno akhbaartaan waxaan ubbaahannahay oggolaanshahaaga oo qoraal ah, oo markaa kadib ayaa naloo oggolaanayaa in aan helno.

Sida waxyaalaha kale ee aad noo sheegtay, waxyaalaha laxiriira caafimaadkaaga ee aan helno waxaa loo xafidayaa si khaas ah ama qarsoodi ah. Akhbaartaan waxaa kali ah ee loo isticmaalayaa ujeedo cilmi baaris. Cinwaanka iyo magaca toona laguma darayo wixii kasoo baxa cilmi baaristaan.

Fadlan waydii qofka warraysiga kula yeelanaya wixii aad walaac ka qabto oo dhan ama waxaad wici kartaa khuburada cilmi baarista samaynaysa oo aad kala xiriiri kartid 0800 092 1250. Waxaad kale oo aad qoraal ahaan oola xiriiri kartaa amaba iimayl uddiri kartaa ciwaanka hoos kuqoran.

Waxaan akhriyay ama la'iisheegay qoraalka laxiriira Ilmaha Qarniga Cusub waxaan kaansho u helay in aan wixii aan su'aal qabo soo gudbiyo.

Waxaan fahmay in wixii akhbaar aniga iyo qoowskayga laxiriira loo tixgalinayo si aad u xafidan oo qarsoodi ah.

A. Waxaan fahmay in Mashruuca Ilmaha Qarniga Cusubi uu doonaaayo in uu akhbaar laxiriirta uurkayga (my pregnancy) iyo markay ilmahaygu dhashaan ka qaadanayo isbitaalka iyo diiwaanka dhexe ee caafimaadka. Waxaan siiyay oggolaanshahayga in akhbaartaas loo oggolaado Mashruuca Ilmaha Qarniga Cusub.

B. Waxaan siiyay Mashruuca Ilmaha Qarniga Cusub oggolaanshahayga in ay dabagal ku sameeyan rajiistarka Adeegga Caafimaadka Qaranka haddii loo baahdo.

● TIRTIR A AMA B HADDII AADAN DOONAYN IN AADAN OGGOLAAN LABADABA.

Saxiix \_\_\_\_\_ Taariikhda \_\_\_\_\_

Magacaaga ku qor \_\_\_\_\_



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TURKISH

### Sağlık Bilgileri Alma İzni

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Size hamileliğiniz ve bebeğinizin doğumu hakkında daha önce sorular sormuştuk. Bilgilerin eksiksiz olması için gerek hamileliğiniz, gerekse bebeğinizin doğumu ve sağlığı hakkında tıbbi kayıtlardan daha fazla bilgi istiyoruz. Bunlar, doğum sicili, kadın-doğum veya merkezi sağlık kayıtlarını içermektedir.

Genellikle bu bilgileri Office for National Statistics [Devlet İstatistik Enstitüsü] ve Sağlık Bakanlığınca tutulan özetlerden alırsınız. Bunun olanaklı olmaması halinde ise bebeğinizin doğduğu hastaneye veya bebek evde doğduysa doğumda bulunan kadın-doğum servisine mektup yazacağız. Sizin izninizle bu kayıtlardan bebeğin NHS [ulusal sağlık] numarasının alınması, sizinle ilişkiyi sürdürürebilmemizi sağlayacaktır.

Tüm bu bilgileri alabilmek için sizin bize bunların verilmesine yazılı izin vermeniz gerekmektedir.

Bize vermiş olduğunuz tüm diğer bilgiler gibi bu kayıtlardan alınan sağlık bilgileri de kesinlikle gizli tutulacaktır. Bu bilgiler yalnızca istatistik araştırmaları amacıyla kullanılmaktadır. Sonuçlar içinde ad ve adreslere asla yer verilmez.

Kaygı duyduğunuz herhangi bir nokta varsa lütfen anketöre sorun. İsterseniz 0800 092 1250 numaralı telefondan araştırma ekibini ücretsiz arayabilir, aşağıdaki adreslere mektup yazabilir veya elektronik posta mesajı da gönderebilirsiniz.

Child of the New Century [Yeni Yüzyıl Çocuğu] hakkındaki bilgilendirme broşürünü okudum veya duydum ve sorular sorma olanağına sahip oldum.

Ailem ve benim hakkımdaki tüm bilgilerin kesinlikle gizli kalacağını anlıyorum.

- A. Child of the New Century tarafından doğum sicili, klinik, hastane veya merkezi kayıtlardan hamileliğim ve bebeğimin doğumu hakkında bilgi alınmak istendiğini anlıyorum. Bu bilgilerin Child of the New Century'ye açıklanmasına izin veriyorum.
- B. Gerekirse Child of the New Century tarafından bebeğimin NHS sicilinin izlenmesine izin veriyorum.

● İKİSİNE BİRDEN İZİN VERMEK İSTEMİYORSANIZ A VEYA B'NİN ÜZERİNİ KARALAYIN

İmza \_\_\_\_\_ Tarih \_\_\_\_\_

İsim \_\_\_\_\_

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## صحت سے متعلق معلومات حاصل کرنے کی اجازت

URDU

ہم آپ کے حمل اور بچے کی پیدائش کے بارے میں پہلے ہی دریافت کر چکے ہیں۔ معلومات کو مکمل کرنے کے لئے ہم آپ کے ہیلتھ ریکارڈز سے آپ کے حمل، بچے کی پیدائش اور صحت کے بارے میں مزید معلومات حاصل کرنا چاہتے ہیں۔ ان میں برتھ رجسٹریشن، میٹرنیٹی اور سینٹرل ریکارڈز شامل ہیں۔

بیشتر حالات میں ہم یہ معلومات ان ریکارڈز سے حاصل کریں گے جو "آفس فار نیٹل اسٹیٹسٹکس اینڈ ڈیموگرافکس" کے پاس موجود ہوتے ہیں۔ اگر ایسا کرنا ممکن نہ ہو تو ہم اس اسپتال کو خط لکھیں گے جہاں آپ کا بچہ پیدا ہوا تھا یا اگر بچہ گھر میں پیدا ہوا تھا تو ہم متعلقہ میٹرنیٹی سروس سے رابطہ کریں گے۔ آپ کی اجازت سے ان ریکارڈز میں سے بچے کا "این ایچ ایس نمبر" حاصل کرنے سے ہمیں آپ سے رابطہ برقرار رکھنے میں مدد ملے گی۔

کوئی بھی معلومات حاصل کرنے کے لئے ہمیں آپ کی تحریری اجازت کی ضرورت ہے۔

آپ کی طرف سے فراہم کی جانے والی دیگر معلومات کی طرح ان ریکارڈز سے حاصل کی جانے والی معلومات کو بھی مکمل طور پر راز دارانہ رکھا جائے گا۔ یہ معلومات صرف ریسرچ کے اعداد و شمار کے مقاصد کے لئے استعمال کی جائے گی۔ ریسرچ کے نتائج میں آپ کے نام یا ایڈریس بھی استعمال نہیں کئے جائیں گے۔

اگر آپ کو کوئی تشویش لاحق ہو تو براہ کرم اینڈوکیو کرنے والے روالے سے دریافت کیجئے۔ یا آپ ریسرچ ٹیم کو 0800 092 1250 پر مفت ٹیلیفون کر سکتے ہیں یا ہمیں درج ذیل ایڈریس پر خط لکھیں یا ای میل بھیجئے۔

میں نے "نئی صدی کے بچے" کے بارے میں معلوماتی لیفلٹ (اور تعارفی خط) پڑھ لیا ہے اور مجھے سوالات دریافت کرنے کا موقع فراہم کیا گیا تھا۔

میں سمجھتی ہوں کہ میرے اور میری فیملی کے بارے میں تمام معلومات کو انتہائی راز داری میں رکھا جائے گا۔

A- میں سمجھتی ہوں کہ "نئی صدی کے بچے" سے متعلق پروجیکٹ والے برتھ رجسٹریشن، کلینک، اسپتال یا سینٹرل ریکارڈز سے میرے حمل اور بچے کی پیدائش کے بارے میں معلومات حاصل کرنا چاہتے ہیں۔ میں "نئی صدی کے بچے" سے متعلق پروجیکٹ میں ملوث افراد کو یہ معلومات فراہم کرنے کی اجازت دیتی ہوں۔

B- میں "نئی صدی کے بچے" کے پروجیکٹ کے کارکنوں کو اجازت دیتی ہوں کہ جہاں ضروری ہو وہ میرے بچے کے "نیٹل اسٹیٹسٹکس رجسٹریشن" سے رابطہ برقرار رکھ سکتے ہیں۔

A یا B میں سے آپ جس کی اجازت نہیں دینا چاہتی ہیں اسے کاٹ دیجئے۔

دستخط \_\_\_\_\_ تاریخ \_\_\_\_\_

اپنا نام لکھئے

# Information from the Personal Health Child Record

- dress rehearsal only



National Centre for  
Social Research

Baby Serial Number

wave		pt		HH			

ckl	person no.

## Information from the Personal Child Health Record

BABY'S BIRTHWEIGHT and GESTATION:

		Kg			Gm
--	--	----	--	--	----

Information  
not in record

Number of weeks gestation

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NEWBORN EXAMINATION:

Examination not carried out

Examination carried out – no problems recorded

Examination carried out – problems recorded COPY HERE


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NEO NATAL HEARING TEST:

Test not carried out

Test carried out – no problems recorded

Test carried out – problems recorded COPY HERE


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### REVIEWS & WEIGHTS

	Date	Baby's weight																	
<b>FIRST review (6-8 weeks)</b>	<table border="1"> <tr> <td></td><td></td><td></td> </tr> <tr> <td>Day</td><td>Month</td><td>Year</td> </tr> </table>				Day	Month	Year	<table border="1"> <tr> <td></td><td></td><td>Kg</td><td></td><td></td><td>gm</td> </tr> </table>			Kg			gm	<b>Mode of feeding</b> Breast <table border="1"><tr><td></td></tr></table> Formula / bottle <table border="1"><tr><td></td></tr></table> Both <table border="1"><tr><td></td></tr></table> Information not on record <table border="1"><tr><td></td></tr></table>				
Day	Month	Year																	
		Kg			gm														
No record of this review <table border="1"><tr><td></td></tr></table>			Information not on record <table border="1"><tr><td></td></tr></table>																
<u>COPY any problems recorded:</u>																			
<b>SECOND review (6-9 months)</b>	<table border="1"> <tr> <td></td><td></td><td></td> </tr> <tr> <td>Day</td><td>Month</td><td>Year</td> </tr> </table>				Day	Month	Year	<table border="1"> <tr> <td></td><td></td><td>Kg</td><td></td><td></td><td>gm</td> </tr> </table>			Kg			gm	<b>Distraction Hearing Test</b> Not done <table border="1"><tr><td></td></tr></table> No problems recorded <table border="1"><tr><td></td></tr></table> Problems recorded – COPY <table border="1"><tr><td></td></tr></table> Information not on record <table border="1"><tr><td></td></tr></table>				
Day	Month	Year																	
		Kg			gm														
No record of this review <table border="1"><tr><td></td></tr></table>			Information not on record <table border="1"><tr><td></td></tr></table>																
<u>COPY any problems recorded:</u>																			
<b>MOST RECENT WEIGHT</b>	<table border="1"> <tr> <td></td><td></td><td></td> </tr> <tr> <td>Day</td><td>Month</td><td>Year</td> </tr> </table>				Day	Month	Year	<table border="1"> <tr> <td></td><td></td><td>Kg</td><td></td><td></td><td>gm</td> </tr> </table>			Kg			gm					
Day	Month	Year																	
		Kg			gm														

/continued...

## IMMUNISATIONS

### Routine immunisations:

Doses					Information not in record
	0	1	2	3	
Diphtheria/tetanus/pertussis/ Hib (haemophilus influenzae type b)	0	1	2	3	<input type="checkbox"/>
Polio	0	1	2	3	<input type="checkbox"/>
Meningitis C	0	1	2	3	<input type="checkbox"/>

### Non-routine immunisations:

Neonatal BCG	0	1			<input type="checkbox"/>
Hepatitis B	0	1	2	3	<input type="checkbox"/>

WRITE IN BELOW ANY DETAILS WHICH DID NOT FIT IN THE AVAILABLE SPACE,  
MAKING CLEAR TO WHICH SECTION(S) THE INFORMATION RELATES.