National Child Development Study

Warnock Study of Handicapped School Leavers

Schedule 2

(annotated questionnaire)

STRICTLY CONFIDENTIAL

EMPLOYMENT EXPERIENCES OF SCHOOL-LEAVERS

SCHEDULE 2

Name of interviewer ..... Time started .....

Interviewer number ..... Time finished .....

Respondent number | | | | | Total interviewing time | |

OFFICE USE ONLY | | SERIAL NUMBER | | | | |

I. Young person's name (surname & initials) .....

II. Respondents name .....

III. Male 1
Female 2

NW0016

IV. Relationship to young person .....

V. Today's date ...../...../1976

VI. Young persons present address _____

_____

_____

VII. Place of interview (if different from VI) _____

_____

_____

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THIS QUESTIONNAIRE SHOULD ONLY BE USED IF THE YOUNG PERSON IS ESN(S) OR HAS SEVERE COMMUNICATION DIFFICULTIES.
INTERVIEW PARENT/GUARDIAN/PERSON CARING FOR YOUNG PERSON.

'Code | Skip to

INTERVIEWER'S INTRODUCTION

As you know we want to hear about the help and other support that .... has had in the last 2 years.

Q.1 a) Has .... left school yet?
Yes 1
No ....2 | Q.2

IF YES
b) When did he/she leave school? CODE DATE | | | 7 |

NW0023 - NW0024

Q.2 a) What is the name of ....'s school /was the name of ....'s last school?

NW0017

NAME :

b) What sort of school was/is it?
PROMPT FROM FOLLOWING AND CODE :

		Skip to
Special school	0	c
Home tuition	1	
Special unit attached to ordinary school	2	c
Community home	3	
Hospital school	4	
Comprehensive school	5	
Secondary modern school	6	
Grammar school	7	
Other (SPECIFY) _____	8	
Don't know	9	

IF SPECIAL SCHOOL OR UNIT
c) What sort of school was that?
PROMPT AS NECESSARY FROM LIST :

ESN(S)	0
ESN(M)	1
Blind	2
Partially sighted	3
Deaf or partially hearing	4
Maladjusted	5
Delicate	6
Physcally handicapped	7
Other (SPECIFY) _____	8
Don't know	9

NW0019 - NW0020

			Code	Skip to
Q.3	a)	Was..... at the same school on his/her 16th birthday		
		Yes	1	Q.4
		No	2	
		IF NO		
	b)	What is the name of the school .... was at on his/her 16th birthday?		
		Name:		
	c)	What type of school was it?		
		WRITE APPROPRIATE CODE FROM Q.2		
Q.4		Can we talk about .....'s (last) school?		
	a)	Was/is ..... a day pupil or a boarder?		
		Day	1	Q.5
		Boarder 7 days a week	2	
		Other (SPECIFY)	3	Q.5
	b)	IF BOARDER		
		How often do/did you see .....?		
		NW0018		
Q.5		What did/does ..... do at that school?		
		PROMPT FROM LIST AND PROBE		
		Reading	.....Y	
		Writing	X	
		Speech	0	
		Arithmetic/Number	1	
		Nature study/Rural studies	2	
		General studies (Geography, History)	3	
		Housecraft	4	
		Needlework/Woodwork	5	
		Music	6	
		Self-help	7	
		Other (SPECIFY)	8	

		Code	Skip to
Q.6 a)	Did/does .... have any other help with learning/ training (Whilst at school)?	Yes ....1 No 2	Q.7
b)	IF YES What help did/does he/she get? SPECIFY. NW0025 - NW0028		
Q.7 a)	Is there any extra help with learning/training that you would have liked .... to have (while at school)?	Yes ....1 No 2	Q.8
b)	IF YES What help would you have liked .... to have? PROBE.		
Q.8 a)	Did/does .... enjoy being at that school?	Yes ....1 No 2	
b)	What did/does he most like and dislike about it? PROBE.		
Q.9	What did/do you like about that school? PROBE.		

		Code	Skip to
Q.10	What did/do you dislike about that school? PROBE.		
Q.11	Were you happy with the way that ..... was placed at that school? Yes No (Specify) (PROBE: Happy with advice received and consultation at the school chosen).	 ....1 2	 Q.12
Q.12 a)	Do you think that .....'s abilities were fully used at that school? Yes No DK IF NO Why do you say that? PROBE. What changes would you have made so that .....'s abilities were used more fully? PROBE	 .....1 .....2 3	 Q.13 Q.13
Q.13 a)	Have you ever seen the Careers Officer (Youth Employment Officer) about .....? (PROMPT IF NECESSARY: The Careers Officer goes around to schools to talk about different jobs and give advice about training). Yes No	 .....1 2	
b)	IF NO TO (a) Did you want to? WRITE IN.		
c)	IF YES TO (a) What did he/she say? (PROBE: Did you find this useful?). WRITE IN.		Q.15
d)	Did you contact the Careers Officer or did he/she contact you?		

		Code	Skip to
Q.14 a)	Have you ever talked to anyone at ....'s (last) school about what he/she will do after school?	Yes ....1 No 2	(c)
b)	IF NO TO (a) Did you want to? PROBE AND WRITE IN.		
c)	IF YES TO (a) Who did you talk to? WRITE IN.		
d)	What did they say? PROBE AND WRITE IN.		
e)	Did you find this useful?		
Q.15 a)	Have you ever talked to anyone else about what .... will do after school?	Yes ....1 No 2	(c)
b)	IF NO TO (a) Did you feel you wanted to? PROBE AND WRITE IN. (Eg. Social Worker, Disablement Resettlement Officer).		
c)	IF YES TO (a) Who did you talk to? WRITE IN.		
d)	What did they say? PROBE AND WRITE IN.		
e)	Did you find this useful?		

		Code	Skip to
Q.16	IF THE YOUNG PERSON HAS LEFT SCHOOL (CODE 1, Q1A) ASK: (All OTHERS SKIP TO Q.27) What is ..... doing now? PROMPT AND CODE. Adult Training Centre Sheltered Empmloyment Open Employment Not working Other (SPECIFY) NW0180	....1 ....2 ....3 ....4 5	Q.22
Q.17	What sort of work/training is ..... doing? PROBE AND WRITE IN.	....	
Q.18	What is the name and address of the firm/workshop/training centre? NAME: ADDRESS:		
Q.19	How many hours a week does ..... go there? WRITE NUMBER: NW0221		
Q.20 a)	Did you or ..... have an help to enable him/her to go there? For example from the social services, local education authority or anywhere else? No Yes IF NO Have you ever needed any help? PROBE AND WRITE IN. IF YES TO (a) What sort of help have you and ..... had? (who provided this?) WRITE IN.	....1 2	(c) Q.21

			Code	Skip to
Q.21 a)	Do you think that ....'s abilities are being fully used at the firm/workshop/training Centre?	Yes No	...1 ...2	Q.22
b)	IF NO How could they be used more? PROBE AND WRITE IN.			
Q.22 a)	FOR ALL Are you satisfied with the help given to handicapped young people when they leave school? PROBE AND WRITE IN.	Yes No	...1 ...2	Q.23
b)	IF NO What changes would you make? WRITE IN.			
Q.23 a)	Would .... have liked to have stayed at school longer? PROBE AND WRITE IN.	Yes No DK	....1 ....2 3	 Q.24 Q.24
b)	IF YES Why did he/she leave?			
	Now could we talk about the kinds of jobs or training that .... has been to since leaving school.			
Q.24 a)	What did he/she <u>first</u> do after leaving school? IF SAME AS AT PRESENT SKIP TO Q.25. ANSWERS TO Q.24 SHOULD BE USED TO FILL OUT THE GRID OVER PAGE.			
b	How long was .... there? NW0181			
c	What did .... do there? PROBE.			
d	How did .... hear about this place? NW0239-NW0248			
e	Why did .... leave there?			
f	Did .... enjoy his/her time there? PROBE. NW0250			
	<u>REPEAT Q.25 a) - f) UNTIL PRESENT TIME IS REACHED.</u>			

Name of Institution/Job	How long was ..... there?	What did ..... do there? PROBE	How did you hear of this place?	Why did ..... leave there?	Did ..... enjoy his time there? PROBE

			Code	Skip to
Q.25 a)	Since leaving school has .... ever been without anything to do (without work/training)?	Yes ... No ...	..1 ..2	 Q.26
	IF YES			
b)	Why was that? WRITE IN.			
c)	What did .... do to occupy his/her time? PROBE AND WRITE IN.			
Q.26	ASK ALL What do you hope that ..... will do in the future? PROBE AND WRITE IN.			
Q.27 a)	Do you think .... could work in ordinary (open) employment?	Yes ... No ...	...1 ...2	 (d)
	IF YES			
b)	What type of work could .... do? (PROBE : Could .... do the job(s) at the speed employers would demand?)			
c)	What special help (if any) would .... need to work in ordinary employment PROBE AND WRITE IN. (Eg. special arrangements made by an employer, help from social workers).			
	IF NO TO (a)			
d)	Could .... work in sheltered employment?	Yes ... No ...	...1 ...2	

		Code	Skip to
Q.28	If you could have your way what would you like to see ..... doing each day? (PROBE: Work, leisure activities)		
Q.29 a)	Did you know any other people with a handicapped child? Yes / No	...1 / ...2.	Q.30
b)	IF YES Have they given you any help/advice? WRITE IN.		
Q.30 a)	Have you had to face any expenditure <u>because</u> ..... was handicapped? Yes / No	...1 / ...2	Q.31
b)	IF YES What kinds of expenses have you had from day to day? PROBE AND WRITE IN.		
c)	What kinds of lump-sum (once-off) expenses have you had to make? PROBE AND WRITE IN.		

		Code	Skip to
Q.31 a)	Have you seen a social worker or anyone from a voluntary society?	Yes ....1 No 2	Q.32
b)	IF YES Who have you seen?		
c)	What help did they give you?		
Q.32	Is there any help that you need in caring for ....?		
Q.33	Is there any help that you have felt you needed or should have but couldn't get? WRITE IN.	Yes ....1 No 2	Q.34
Q.34	Which of these groups does your income after tax, national insurance etc. fall into? SHOW FLASH CARD B CODE : ☐		

			Code	Skip to
Q.35	a)	Does ..... have any money/income of his/her own? (PROBE: Supplementary Beenfits/Social Security, money from Training Centre, pocket money). Yes No	 .....1 2	 (d)
	b)	Where does this come from? STATE SOURCE(S): NW0267 - NW0271		
	c)	How much does he/she get each week (after tax etc)? STATE AMOUNT(S).		
	d)	ALL Do <u>you</u> get any income for .....? Yes (SPECIFY) No	 .....1 2	

Now could we talk about the kinds of activities that .... is able to do.

RING ONE CODE FOR EACH ACTIVITY

Q.36	Does, or would .... have any difficulty (or find it troublesome, exhausting or worrying)	No difficulty	Has or would have difficulty	Cannot or could not do task
i)	Washing down (whether in bath or not)?	0	1	2
ii)	Removing a jug, say, from an overhead shelf?	0	1	2
iii)	Tying a good knot in string?	0	1	2
iv)	Cutting his/her toenails?	0	1	2
	IF BEDFAST - CODE A SKIP TO Q.37. REST CONTINUE :		BEDFAST CODE A	
v)	Running to catch a bus?	0	1	2
vi)	Going up and down stairs?	0	1	2
vii)	Going shopping AND carrying a full basket of shopping in each hand?	0	1	2
viii)	Doing heavy housework, like washing floors and cleaning windows?	0	1	2
ix)	Preparing & cooking a hot meal?	0	1	2

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NW0294

Q.37	Does, or would .... have any difficulty (or find it troublesome, exhausting or worrying)	**No difficulty**	**Has or would have difficulty**	**Cannot or could not do task**
i)	Hearing ordinary talk from people outside home (even with a hearing aid)?	**0**	**1**	**2**
ii)	Speaking to people from outside the home	**0**	**1**	**2**
iii)	Remembering the things that have happened to him/her recently in order to tell others?	**0**	**1**	**2**
iv)	Reading ordinary print (with glasses if worn)	**0**	**1**	**2**
v)	Putting his/her thoughts into spoken or written words?	**0**	**1**	**2**
vi)	Enjoying him/herself with a group of friends?	**0**	**1**	**2**
vii)	Hugging or kissing someone close to him/her.	**0**	**1**	**2**
viii)	Helping a friend or relative in some small task (eg. Baking a cake, folding sheets or clothes, doing a jigsaw).	**0**	**1**	**2**
ix)	Concentrating on what someone is saying to him/her in a noisy room?	**0**	**1**	**2**

NW 0295

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RING ONE CODE FOR EACH ACTIVITY

Q.38	Does, or would .... have any difficulty (or find it troublesome, exhausting or worrying)	No difficulty	Has or would have difficulty	Cannot or could not do task
i)	Getting around without special transport.	0	1	2
ii)	Being on his/her feet for 7 hours a day, 5 days a week?	0	1	2
iii)	Sitting in the same place for 7 hours a day, 5 days a week?	0	1	2
iv)	Moving light goods & packages from place to place?	0	1	2
v)	Repeating a series of movements with his/her hands, while seated or standing?	0	1	2
vi)	Having to keep doing different things during the day?	0	1	2
vii)	Telling others what you are doing at work and learning what they are doing?	0	1	2
viii)	Getting on with someone else to get a job done?	0	1	2
ix)	Helping someone else to do his/her job or do it correctly?	0	1	2
x)	Adding together a series of numbers in his/her head?	0	1	2
xi)	Adding or multiplying numbers on paper?	0	1	2

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NW0296

		Code	Skip to
Q.39 a)	Is ..... registered with the Department of Employment as a disabled person? Yes	1	
	No	2	(c) Q.40
	DK	3	
b)	IF YES Has this been of any help to .....? WRITE IN.		
c)	IF NO Is there any particular reason why..... is not registered? WRITE IN		
Q.40	IF YOUNG PERSON LIVES IN A PRIVATE HOUSEHOLD FOR ALL OR PART OF THE WEEK		
a)	How many people live with .....? NW0297 WRITE NUMBER:		
b)	How many of these are .....'s relatives WRITE NUMBER		
Q.41	IF YOUNG PERSON IS RESIDENT FOR ALL OR PART OF THE WEEK IN AN INSTITUTION.		
a)	Does ..... have a room to himself? Yes	 1	Q.42
	No	2	
b)	Are the people he/she shares with the same age as .....?	 1	
	Same age	2	
	PROMPT. Mostly older	3	
	Mostly younger		

		Code	Skip to
Q.42	IF YOUNG PERSON IS RESIDENT IN AN INSITUTION OR WITH QUARDIAN		
a)	How often does .... see his/her mother or father? PROMPT.		
	Daily	...1	
	Several times a week	...2	Q.43
	Weekly	...3	
	Monthly	...4	(b)
	Less	...5	(b)
	None living	...6	Q.43
b)	Is there any particular reason why he/she doesn't see them more often? WRITE IN.		
Q.43 a)	ASK ALL Does .... have any relatives (apart from parents) not living with him here)?		
	Yes	...1	
	No	...2	Q.44
b)	IF YES Who does he/she see most often?		
c)	How often does .... see them? PROMPT.		
	Daily	...1	
	Several times a week	...2	
	Weekly	...3	
	Monthly	...4	
	Less	...5	
Q.44 a)	Does .... have any friends?		
	Yes	...1	
	No	...2	Q.45
b)	IF YES How often does he/she see his/her best friend? PROMPT.		
	Daily	...1	
	Several times a week	...2	
	Weekly	...3	
	Monthly	...4	
	Less	...5	
c)	What is the age of his/her best friend?		
d)	How did .... meet his/her best friend?		
e)	What do they do together?		
	NW0317 — NW0318		
f)	Is the friend handicapped?		

		Code	Skip to
Q.45 a)	Does ..... go to any clubs or go out with anybody on visits, trips and so on? (GIVE FULL DETAILS: How often, with whom, to where, who pays?)		
Q.46	What does ..... do on a typical day during the week (not week-end)? (GIVE FULL DETAILS OF A DAY'S TIMETABLE INCLUDING WORK AND PLAY)		
Q.47	What does he/she do on a typical Saturday or Sunday?		

		Code	Skip to
Q.48	What does .... do to amuse him/herself when he/she is on his/her own?		
Q.49	What does .... enjoy doing most?		
Q.50	We have talked a lot about ....'s school, training and the sort or help available to parents, is there anything you feel has been missed out? Would you like to add anything? WRITE IN AND CODE.	Yes ....1 No 2	

THANK YOU VERY MUCH FOR GIVING UP SO MUCH OF YOUR TIME TO HELP US. ALL THE INFORMATION YOU HAVE GIVEN US IS STRICTLY CONFIDENTIAL. IF YOU WOULD LIKE ANY FURTHER INFORMATION ABOUT THIS SURVEY, PLEASE CONTACT MR. ALAN WALKER WHOSE ADDRESS IS ON THE LETTER WHICH WE SENT YOU.

THANK YOU AGAIN.

TO BE COMPLETED AFTER INTERVIEW

VIII Interview not completed 1

OFFICE : Doorstep refusal 2
USE : Other refusal 3
ONLY : Untraced 4

IX Type of Dwelling (where interview carried out)

House/Bungalow 1
Self contained flat/maisonette 2
Bedsitter 3
Caravan 4
Other (SPECIFY) 5

THANK YOU VERY MUCH FOR YOUR HELP.