



## CAREGIVERS' AND PEERS' SUPPORT IN ADOLESCENCE

### Information Sheet for Caregivers

#### What is this study about?

The study aims to improve our understanding of how caregivers and peers support young people in adolescence. We are interested in finding out the different types of support that caregivers and peers offer to young people, and the factors that might be associated with different types of support.

#### Who are the study researchers?

Sadhbh Byrne, a PhD student in Psychology. The supervisors of this project are Dr Lorraine Swords, a lecturer in Child & Adolescent Psychology, and Dr Elizabeth Nixon, a lecturer in Developmental Psychology. We are based at Trinity College Dublin.

#### Why have my child and I been asked to take part?

Your child is attending a post-primary school that was randomly selected from the Department of Education & Skills list of all post-primary schools in the Leinster region of Ireland.

#### What happens if I agree to take part?

If you decide to take part, you will be asked to fill out a questionnaire in your own time. The questionnaire will present you with a short scenario, involving a young person, and you will be asked some questions about how you would respond if you came across this situation in real life. If you later decide that you would like to withdraw from the study, you can do so at any time before the end of March 2017, without any penalty.

#### What happens if I agree to my child taking part?

We are asking caregivers for permission to invite their children to take part in our study. Children who return caregiver consent forms will be invited to take part in the study. Then they are free to decide whether they are happy to take part in the study or not.

We also request caregivers to provide basic family background details in order to give us a profile of the child's/adolescent's background – this means that young people will not be asked for any details on their families.

#### What will happen to the information?

All information will be stored, on a confidential basis, on a computer and used for the purpose of the research only. In addition, all questionnaires will be coded, further protecting participants' identities. No caregiver or child will be identified in anything that is published from the study. However, if the responses to any questionnaire give the researcher concern that any child is at risk, these concerns will be discussed with the supervisors of the project.

Under the Freedom of Information Act 2014, you have the right to access all information we hold about you, and for this information to be amended where it is incomplete, incorrect or misleading.

**If you have any queries or require any further information, please feel free to contact:**

Sadhbh Byrne on 01 896 8494 or email: [byrnes30@tcd.ie](mailto:byrnes30@tcd.ie)

Dr Lorraine Swords on 01 896 3638 or email: [swordsl@tcd.ie](mailto:swordsl@tcd.ie)

Dr Elizabeth Nixon on 01 896 2867 or email: [enixon@tcd.ie](mailto:enixon@tcd.ie)

School of Psychology, Áras an Phiarsaigh, Trinity College, Dublin 2.

**CAREGIVERS' AND PEERS' SUPPORT IN ADOLESCENCE**

*Caregiver Consent Form*

**Please place an X in the appropriate box**

|  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| I confirm that I have read the information provided about this study.  | <input type="checkbox"/> | <input type="checkbox"/> |
| I am happy for my child to be invited to complete a questionnaire at school.   | <input type="checkbox"/> | <input type="checkbox"/> |
| I am happy to complete a questionnaire in my own time and return this to the school.   | <input type="checkbox"/> | <input type="checkbox"/> |
| I know that I can decide to withdraw my participation at any time before the end of March 2017 without receiving any penalty.  | <input type="checkbox"/> | <input type="checkbox"/> |
| I know that if the researcher has any concerns that a child is at risk, these concerns will be discussed with the supervisors of this project.   | <input type="checkbox"/> | <input type="checkbox"/> |
| I know that under the Freedom of Information Act 2014, I have the right to access all information the researchers hold about me, and for this information to be amended where it is incomplete, incorrect or misleading. | <input type="checkbox"/> | <input type="checkbox"/> |

**Caregiver's Name** [Please print]: .....

Caregiver's Signature: ..... Date: .....

**Child's Name:** .....

Child's Age: ..... Child's Date of Birth: .....

Child's Class Name [if applicable]: .....

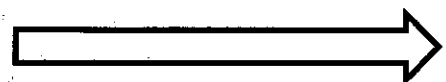
Child's School Year: 1<sup>st</sup>  2<sup>nd</sup>  3<sup>rd</sup>  4<sup>th</sup>  5<sup>th</sup>  6<sup>th</sup>

Are you the child's: Mother  Father  Other

If other, please specify: .....

We would be very grateful if you could provide some general background information on the form overleaf

**Please Turn Over**



To avoid asking young people about their own family backgrounds, we would be very grateful if you could fill in the details on your child's family below. This information is **confidential** and will **only** be used to build an overall profile of the study population and the overall family contexts of the children in the study. Individual answers will not be used under any circumstances. These answers will help us understand how different factors influence a child's life.

### Ethnic & Cultural Background

Were you born in Ireland? Yes  No

If no, in which country were you born? .....

Please indicate your ethnic or cultural background:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> White Irish                | <input type="checkbox"/> Black Irish                | <input type="checkbox"/> Chinese                    |
| <input type="checkbox"/> Irish Traveller            | <input type="checkbox"/> African                    | <input type="checkbox"/> Any other Asian background |
| <input type="checkbox"/> Any other White background | <input type="checkbox"/> Any other Black background |   |

Other, including mixed background (please specify): .....

### Socio-Demographic Information

What is the highest level of education the child's mother or female guardian has completed to date?

- Primary or less
- Intermediate/Group/Junior Certificate or equivalent
- Leaving Certificate or equivalent
- Diploma/Certificate
- Primary/Bachelor's Degree
- Postgraduate/Higher Degree

Other not listed [please specify]: .....

**Thank you for your time. Please return this form to school.**

If you would like any more information, please contact:

Sadhbh Byrne on 01.896 8494 or email: byrnes30@tcd.ie

Dr Lorraine Swords on 01 896 3638 or email: swordsl@tcd.ie

Dr Elizabeth Nixon on 01 896 2867 or email: enixon@tcd.ie

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