



Dear Parent/Guardian,

The **“My Social Values and Behaviours Survey”** will shortly be carried out at your child’s school. The survey is headed by a team of researchers from the UNESCO Child & Family Research Centre and the School of Education at NUI, Galway. The aim of the survey is to explore what type of values are important to young people in Ireland today and to learn more about how young people in Ireland care, empathise and interact with other people their own age. We would like to invite your child to take part in this survey and to share his/her opinion on this topic.

Students who decide to take part in this project will be asked to complete a questionnaire exploring their empathic attitudes, social values and interpersonal behaviours. In particular, the questionnaire will ask students about their relationships with other people (e.g. their friends; other students etc.) and how they typically feel when socialising with others in different situations. They will also be asked questions about their social values and how confident they feel about their social skills. As we are interested in learning how children’s social values and relationships with their peers change over time, students who take part in this questionnaire will also be asked to complete a similar questionnaire in a few months’ time.

The administration of both questionnaires will be facilitated by a teacher in the school. The questionnaire will take approximately 30-40 minutes to complete and will take place during one class period. This questionnaire has been designed to be as non-intrusive as possible, but it is possible that some students may not feel comfortable thinking about their social attitudes, values and interactions. However, all students are free to refrain from responding to any question which they do not feel comfortable answering. Additionally, students may change their mind about taking part at any time without consequence. It is also important to note that all information collected in the process of this research will be identified using a unique code number and will not be traceable to any individual student.

We believe this study is important in order to develop a greater understanding of how teenagers empathise with other people in their social networks and to learn how their social attitudes and values change over time. This information is vital in order to develop strategies to promote further social connection and caring among young people across Ireland.

If you consent to allow your child to take part in this research please sign the parental consent form located at the end of this letter and ask your child to return this form to the school. Only students who return a signed consent form to the school will be eligible to participate in the survey. If you would like any further information about this study, please do not hesitate to contact me directly by phone on 091 493565 or by email at charlotte.silke@nuigalway.ie.

Thank you for taking the time to review this letter.

Yours Sincerely,



On behalf of the research team:

Prof. Pat Dolan,
UNESCO CFRC
NUI, Galway

Dr Aileen Shaw,
UNESCO CFRC
NUI, Galway

Dr Charlotte Silke,
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Dr Niamh Flynn,
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NUI, Galway

Emer Davitt,
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NUI, Galway



Consent Form

Please read this form and tick the relevant boxes below to indicate whether you agree to allow your child to complete the questionnaire. Please sign this form in the space provided below.

| | Parents Please Tick Here | Students Please Tick Here |
|---|--------------------------------|---------------------------------|
| 1. I confirm that I have read the letter provided and that I understand the information contained therein. | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. I am satisfied that I have had enough time to process the information provided. | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. I understand that the information collected will be kept confidential, except if a child indicates that s/he is at risk of harm. | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. I understand that I/my child will be asked to take part in two separate questionnaires. | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. I am aware of what this study involves and agree/allow my child to participate | <input type="checkbox"/> | <input type="checkbox"/> |

Child's Name (please print): _____

Parent Signature: _____ Child Signature: _____

Date: _____

All students should return this consent form to their teacher as soon as possible.

Thank You.