Fás Aníos in Éirinn
Growing Up in Ireland

Research Needs Report for Growing Up in Ireland's Cohort 08 at 20 and Cohort 98 at 30

An Roinn Leanaí, Míchumais agus Comhionannais
Department of Children, Disability and Equality

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Glossary of selected abbreviations

AI	Artificial Intelligence
ALSPAC	Avon Longitudinal Study of Parents and Children
AMF	Anonymised Microdata File
BMI	Body Mass Index
CAMHS	Child and Adolescent Mental Health Services
CLS	Centre for Longitudinal Studies
CSO	Central Statistics Office
DCDE	Department of Children, Disability and Equality
DCEDIY	Department of Children, Equality, Disability, Integration and Youth
DCYA	Department of Children and Youth Affairs
DCCS	Department of Culture, Communications and Sport
DES	Department of Education and Science
DEIS	Delivering Equality of Opportunity in Schools
DoH	Department of Health
DFHERIS	Department of Further and Higher Education, Research, Innovation and Science
DHLGH	Department of Housing, Local Government and Heritage
DPER	Department of Public Expenditure, Infrastructure, Public Service Reform and Digitalisation
DSP	Department of Social Protection
EC-JRC	European Commission Joint Research Centre
ESRI	Economic and Social Research Institute
FET	Further Education and Training
GUI	Growing Up in Ireland
HE	Higher education
HEA	Higher Education Authority
HIQA	Health Information and Quality Authority
HSE	Health Service Executive
ICT	Information and Communications Technology
NFQ	National Framework of Qualifications
NGO	Non-Governmental Organisations
MCS	Millennium Cohort Study
PES	Principal economic status
PLC	Post Leaving Certificate
QQI	Quality and Qualifications Ireland
SEAI	Sustainable Energy Authority of Ireland
SILC	Survey of Income and Living Conditions
SEN	Special Educational Needs
TCD	Trinity College Dublin
TILDA	The Irish Longitudinal Study on Ageing

Chapter 1
Background and context





This report sets out the topics and the methodological considerations in relation to the forthcoming waves of the Growing Up in Ireland study: Cohort 08 at 20 and Cohort 98 at 30. Under the new model for Growing Up in Ireland, the Department specifies what it would like to be included in a data collection wave but the ultimate decision rests with the Central Statistics Office who will conduct the fieldwork and subsequently prepare the datasets.

In this report, this first chapter provides the background to the Growing Up in Ireland study, describes the various sources that were consulted when preparing this submission, and summarises the criteria that are used to determine what topics are ultimately recommended for inclusion.

1A – Background to Growing Up in Ireland

Growing Up in Ireland (GUI) is the national longitudinal study of children and young people in Ireland. Funded by the Government of Ireland, the study is overseen by the Department of Children, Disability and Equality, (DCDE) and the Central Statistics Office (CSO). From 2006 to 2022, the study was undertaken by the Economic and Social Research Institute and Trinity College Dublin on behalf of the Department. Since 2023, the Central Statistics Office undertakes the survey and data components, and the Department carries out the other aspects of the study such as consultations and dissemination.

Growing Up in Ireland began in 2006 with plans for two cohorts of children. The older cohort, 'Cohort 98', were first interviewed when they were aged 9 years in 2007 and were most recently surveyed at age 25 in 2023. The younger of the two original cohorts, 'Cohort 08', were first surveyed at 9 months old in 2008/9. This cohort was followed up at ages 3, 5, 7/8 (by post), 9, 13 and 17. Both cohorts were also invited to complete an additional 'Covid survey' in December 2020. In 2024, a third cohort of children were recruited, with first interviews at age 9 months being conducted in 2024/25. It is envisaged that the timing of waves for Cohort 24 will replicate that of Cohort 08 to allow for cross-cohort comparisons in due course.

With some exceptions (e.g. Cohort 98 at 25 and the 'Covid surveys'), the usual mode of the Growing Up in Ireland survey has been an in-person visit to the family home by an interviewer who administers a questionnaire to both resident parents, and to the child/young person when they are old enough. More sensitive questions are self-completed by the respondents. The child/young person's height and weight, and those of their parents, are usually also measured by the interviewer using standardised equipment. At most waves, cognitive ability is assessed with an instrument administered by the interviewer.

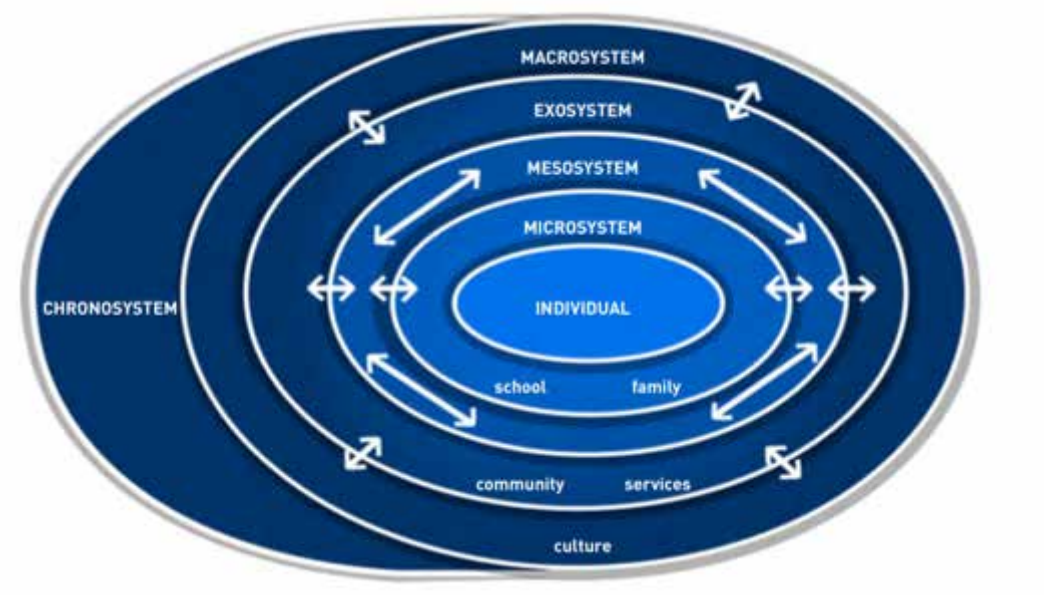
To reflect the increasing maturity of study participants, the proportion of information collected from parents and from young people has shifted over the waves such that by age 20, the young adult is the primary respondent.

The guiding frameworks which have anchored the Growing Up in Ireland study thus far have been discussed in detail in earlier study publications, so are just briefly described here.

Personal development

Bronfenbrenner's bio-ecological model (e.g. Bronfenbrenner & Morris, 2006) has been central to the Growing Up in Ireland study since its start. Figure 1 illustrates the core idea that an individual's development is influenced by different contexts or 'systems', some of which are proximal (such as their parents) and others (such as the macroeconomic situation) which are more distant from the individual. The influence on an individual may be direct (e.g. modelling drinking behaviour from the parent to young adult) or more indirect (e.g. the national economic situation worsens, a parent's income is reduced as a result which in turn leads to a reduction in the financial support available to the young adult).

Figure 1: Systems in the Bronfenbrenner bio-ecological model



Source: Murray et al. 2020

However, these systems do not just act upon the individual. Individual characteristics and agency influence the nature of an individual's interactions with other 'systems': for example, a young adult from a minority background may experience discrimination that their White Irish peer does not or an individual may be particularly committed to, and resourceful in, securing a certain job opportunity. Table 1, which is adapted from the Cohort 98 20-year literature review (Murray et al., 2020), gives examples of variables in each of the various 'systems' illustrated in Figure 1.



Table 1: Early adult examples of each system in the Bronfenbrenner bio-ecological model

Model level	Brief description	Sample factors in the GUI survey
Individual	Characteristics of the individual	Gender; personality; physical health and development; identity; self-concept; mental wellbeing; cognitive development; ethnicity
Microsystem	Immediate context for daily life	Family size, composition and structure; new college or work environments; relationship with spouse/ partner; own children; peer relationships; relationships with own parents; changing sibling relationships
Mesosystem	Interactions between actors in the microsystem	Changes in interactions with parents and community as an 'adult'; parents in need of support/care from young adult; balancing competing responsibilities (e.g. childcare and elder care); relationships between parents
Exosystem	Wider community and institutions with direct influence	Access to healthcare; church and religion; social welfare support for the young adult; availability of and access to public services and housing; labour-market opportunities
Macrosystem	Broader context – national, cultural, global influences	COVID-19 pandemic; socio-historical setting of current study; economic climate; welfare, labour and health policies; environmental policies
Chronosystem	Time	Timing of changes in household structures; timing of adverse events (e.g. death of parent); economic 'shocks'; period effect of COVID-19 on different life-course stages

Source: Murray et al. 2020

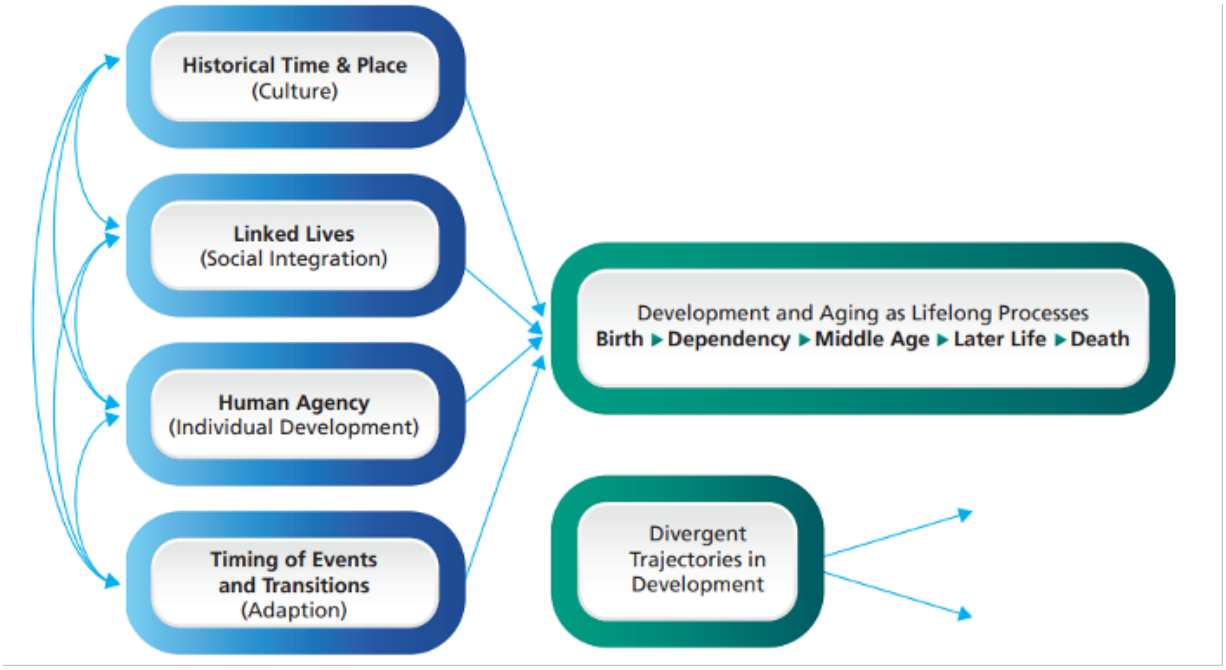
The principles of Bronfenbrenner's model can usefully be applied to adult as well as child development. Although the actors in the various systems might change as the individual ages – for example, living with a spouse rather than your own parents and spending your waking hours at work rather than in school – such proximal relationships are still likely to be key to individual wellbeing and future growth. A detailed discussion of Bronfenbrenner's model and the wider conceptual foundation for the Growing Up in Ireland study is available as a dedicated report (Greene et al., 2010).

Life-course perspective

As with the 'chronosystem' of Bronfenbrenner's model, there are a number of dimensions of time in the life-course perspective (Elder and Giele, 2009). This perspective supplements that of Bronfenbrenner at this life stage, given the additional importance of transitions and trajectories, and linked lives.

As illustrated in Figure 2 (reproduced from Murray et al. 2020), there are stages in the life-course such as 'middle age', the timing of events and transitions, and historical time and place.

Figure 2: Representation of Elder and Giele's life-course perspective



Reproduced from Murray et al. 2020

It may also be useful to consider, under the heading of 'linked lives', the perhaps competing trajectories of other individuals in the microsystem of the 20- and 30-year-olds. For example, the likely trajectory of the 20- or 30-year-old at a given time-point may be altered by the deteriorating health of a parent in the 'later life' stage of their own life-course if the young adult needs to return to the parental home to provide care. An alternative scenario is where they become a parent themselves and now must align their own trajectory with the needs of their child in the dependency stage.

Both the bioecological and life-course perspectives emphasise the active role of the individual in determining trajectories, development and outcomes, as well as how a sense of agency develops in context. This indicates a need to capture more detail on participants' attitudes and aspirations, as well as the concrete details, to then weigh how much trajectories are influenced by active choice versus context, other actors, policy or timing.



Purpose of this report

This report is intended to inform the content of the forthcoming waves of data collection at 20 years of age for Cohort 08 and 30 years of age for Cohort 98. The report draws on a range of sources in developing proposals for the wave, including a review of the content of comparable international cohort studies, an overview of the relevant policy landscape, a survey of the study's expert advisory groups, and focus groups with 20- and 30-year-old adults to identify the issues that matter to them.

The report is mainly structured according to core areas of research interest: physical health, mental health and wellbeing, relationships, education, and socio-demographic and family context and economic engagement. These are supplemented by additional chapters describing the background to the study, the extensive consultation processes undertaken in advance of this report, and wider methodological and study design considerations.

1B – Policy and wider landscape

This section lays out the public policy context and wider landscape for both 20-year-olds and 30-year-olds. Given the age differences and life stages of each, there is a wide range of policies in place to serve the needs of these two diverse age groups although both are now firmly in the space of policy for adulthood. Specific sections for more detailed policy contexts are provided later in this report and under each domain. What is provided here is a general overview of the demographic and economic context as it pertains to Ireland in the mid-2020s. As the relevant cohorts reach early adulthood and younger middle age respectively, Ireland's society and economy demonstrate a number of significant features which provide a context for the policy landscape section later.

Ireland's economic situation, while buffeted by interrelated global events and clear changes to the climate resulting from human activity, remains relatively resilient. As a member of the European Union, Ireland has benefitted from a strong economic outlook even in the face of challenges from Russia's conflict with Ukraine. From 2020 to 2025, GNP grew at an average rate of 4.8% (CSO; NAQ01) and average GDP over the same period was €130bn (CSO; NAQ03). As the economy emerged out of the shocks of the Covid-19 pandemic, employment levels remain high, government revenues are strong and it continues to attract higher value business and industries which track broader global trends. The number of people in employment at the end of 2025 was 2% up on the same period in 2024, approximately 2.83 million people (CSO; QLF01) and general government net worth in 2024 was €121bn. Wages are stable and the sectors of the international economy that Ireland has traditionally relied upon (pharma, ICT and financial services) continue to perform strongly in the face of stronger risks. The population as a whole has a high level of general health and is able to enjoy longer and healthier lives. The number of healthy life years in Ireland in 2023 stood at 66 years (CSO; WBD02).

Like many of its European partners, Ireland's population is ageing, and household size is smaller than it was two decades ago. There has been an increase of almost 23% in the number of people aged 65 and over between 2019 and 2025 (CSO; PEA01). People are forming households but at later



stages in their lives and in smaller families. An era of consistent demographic growth (an excess of natural rates of increase over migration patterns) may be coming to an end. In Census 2022, pre-school and early-school family cycle types accounted for 18% of all family units, down by 14% compared with 2016 (CSO; F3045). The ability of the active labour force to replace itself is a medium to long term risk. However, Ireland's population growth has been persistently higher than many other EU member states, with consequent risks to its infrastructural provision and in particular housing. In 2024, Ireland's crude population change rate was 16.3%, compared with an estimated 2.4% for the 27 members states as a whole (Eurostat: tps00019).

There is evidence that the age profile of the population is changing relatively rapidly with smaller numbers of people now attending primary school at this point than at any period since the late 1980s. This will impact further down the line with regard to university and higher education provision as well as broader and later demographic change. Today's 30-year-olds are perhaps at the apex of the previous large-scale demographic change where younger people made up a greater proportion of the population.

People from across Europe and the rest of the world are continuing to come and live and work in Ireland. Although known historically as a country of emigration, Ireland continues to attract migrants from across the globe in relatively large numbers and is seen as a viable alternative to the UK as one of only two states with English as an official language within the EU. In 2020, about 95,000 people immigrated to Ireland and by 2024 this had increased to 149,000 (CSO; PEA24). In 2025, the natural increase in the population was 18,600 people and net migration totalled almost 60,000 people (CSO; PEA15).

Healthcare in Ireland has positive outcomes for its population with an increasing life span and decent health outcomes for its childhood population (OECD, 2025). Transport, for a country of relatively widely dispersed population, remains bound to the private car although considerable progress has been made in recent years in active mobility and revised networks of public transport (CSO, 2023; Climate Change Advisory Council 2026). Ireland remains behind its own targets for carbon emissions and biodiversity measures though this has been improved with consistent action in changing the electricity network to more renewable and sustainable forms (Climate Change Advisory Council 2025). The education system maintains a robust provision with a renewed emphasis on early child education, early years provision and specialist educational provision (for example, Department of Education and Youth, 2026). Housing remains a persistent social and economic problem, compounded by a reliance on private market provision and a diminished role for purely public provision (Central Bank of Ireland, 2024).

This chapter first outlines the current policy landscape relevant to both cohorts living in Ireland by referencing the youth and broader policy frameworks at national and EU level. Even though Cohort 98 at 30 will be outside the definition of 'youth' (even though this varies), their outcomes at this age will likely have been influenced by youth policies in place as they progressed through adolescence and early adulthood. Subsequent chapters focus on individual study domains and include an overview of relevant policy strategies and frameworks as they relate to that domain.

Policy landscape

Young Ireland 2023-2028

Young Ireland is Ireland's policy framework for children and young people up to the age of 24 and covers the period from 2023-2028. It is informed by the Agenda for Sustainable Development, including the Sustainable Development Goals, adopted by all United Nations Member States in 2015. It provides a direction for everyone working in government, so work can be better coordinated and to improve the lives of children and young people. It joins up work across many government departments and state agencies to encourage more effective work on shared challenges. *Young Ireland* contains governance structures to hold government to account for the commitments made to children and young people. These structures involve children and young people; experts and those working in this sector; policy-makers across government; and political leadership. There is an independent Advisory Council and a Children and Young People's Policy Forum that meet to feed into the Cabinet Subcommittee on Children, Education and Disability. Both bodies focus their work on Spotlights within the Framework.

Spotlights are issues within the Framework that require a number of different areas to enhance how Departments and their Agencies work together to make progress and be more responsive. The current Spotlight areas are Child Poverty; Child and Youth Mental Health and Well-being; and Disability Services for Children and Young People.

First 5 and related childcare policies

In addition to the Framework under *Young Ireland*, *First 5: A Whole-of-Government Strategy for Babies, Young Children and their Families 2019-2028* has delivered new and different kinds of leave for parents, providing flexibility in how a child is cared for.

Together for Better, the funding model for Early Learning and Care and School-Age Childcare was introduced in 2022 and was comprised of the ECCE programme, including AIM, the National Childcare Scheme and a new Core Funding Scheme. In 2026, the Early Learning and Childcare Capital Programme was the next step in a series of actions undertaken in recent years to improve accessibility, affordability and quality within the early learning and childcare sector. It builds on the recommendations of the *First 5* strategy and the Partnership for Public Good report. These early years policies, particularly in relation to childcare, have potential relevance for those in the older Growing Up in Ireland cohorts who have become parents or are considering doing so.

EU Youth Strategy 2019-2027

The *EU Youth Strategy* (European Commission, 2019) sets out a vision for young people living in the EU to enable them to take control of their lives and engage with and support others, by way of 11 European Youth goals:

1. Connecting EU with Youth
2. Equality of All Genders
3. Inclusive Societies
4. Information and Constructive Dialogue
5. Mental Health and Well-being
6. Moving Rural Youth Forward
7. Quality Employment for All
8. Quality Learning
9. Space and Participation for All
10. Sustainable Green Europe
11. Youth Organisations and European Programmes

Information on outcomes by gender, socio-economic group and by rural or urban location will be collected throughout the survey, as these are among the individual and contextual variables routinely collected as part of Growing Up in Ireland (c.f. McNamara et al., 2021). The survey is thereby providing a bank of data on variations in a broad range of outcomes for the upcoming waves of Cohort 98 at 30 and 08 at 20 by these contextual variables.

Understanding Life in Ireland: The Well-Being Framework 2025

Ireland's national wellbeing framework, *Understanding Life in Ireland: The Well-being Framework 2025,* provides a high-level overview of how Irish society is progressing across a range of areas. It is a cross-governmental initiative, linked with broader EU and OECD initiatives, that tracks Ireland's performance across economic, social and environmental outcomes with a vision of enabling people to live healthy and fulfilled lives. In doing so, it acts as an overarching framework for informing government priorities and policies across departments (Government of Ireland, 2021, 2025).

The framework contains 11 dimensions including mental and physical health, housing and built environment, and safety and security. The most recent report was published in 2025 and noted continued progress across many wellbeing dimensions, particularly in the areas of income and wealth, connections, community and participation, and time use. As a framework for understanding Ireland's progress, it provides a useful basis for comparison. When compared internationally, Ireland



performed better overall in dimensions such as work and job quality and mental and physical health (Government of Ireland, 2025).

Many of the dimensions of the framework are highly relevant to the lives of 20- and 30-year-olds in Ireland, and aspects relating to the dimensions will be discussed in greater depth in subsequent chapters of the report. Chapters 3 and 4 of the report, which cover physical health and mental wellbeing respectively, are strongly related to the 'mental and physical health' and 'subjective wellbeing' dimensions of the framework. Chapter 5, on relationships, is closely linked to elements of the 'community, social connections & cultural participation' dimension. Chapter 6 of the report discusses education and is relevant to the 'knowledge and skills' dimension. Chapter 7, which is on socio-demographics, family context and economic engagement, ties in with dimensions of the framework such as 'housing and local area', 'civic engagement and cultural expression', 'income and wealth', and 'work and job quality'. The data derived from Growing Up in Ireland can augment our understanding of how people's lives change over time, akin to the way that the *Well-being Framework* has endeavoured to. Furthermore, gathering data in the areas outlined above in the upcoming waves of the study could provide useful evidence relating to the wellbeing of Ireland's young adults across the dimensions of the framework.

1C – Overview of review of comparable studies

The first component of the consultation process in advance of the forthcoming waves of data collection with Cohort 98 at 30 and Cohort 08 at 20 was a review of comparable studies. The review involved identifying studies with similar goals and methodologies to that of Growing Up in Ireland, with study populations at least 20 years old (with some extending into middle-to-late adulthood). This was completed with a view to understanding (a) what sort of content these studies were exploring and (b) the methods by which they were collecting this information (in terms of instruments, mode, data linkage, sampling).

Twenty-two comparable studies were identified; all bar one from countries other than Ireland. Notable studies included those conducted by the UK's Centre for Longitudinal Studies (the 1958 National Child Development Study, 1970 British Cohort Study), other large UK longitudinal studies (ALSPAC, Born in Bradford, Whitehall II), national longitudinal studies of aging (English Longitudinal Study of Aging, Northern Irish Cohort for the Longitudinal Study of Ageing, The Irish Longitudinal Study of Aging), the National Education Panel Survey (NEPS) and PAIRFAM (both Germany), and ADD Health (USA). Whilst the age of each cohort at recruitment varied from birth to adulthood, all collected data at some stage when participants were at least 20 years old.

Topics

Survey themes and topics varied from study to study. It is worth noting that the vast majority of topics in comparable studies overlapped with the core topics and themes already covered in past waves of Growing Up in Ireland. Potential new topics (and core topics with increased focus/detail)

identified amongst these studies are outlined below:

- Partner's employment
- Literacy/numeracy
- Fertility
- Children/parenthood (and that child's health/wellbeing)
- Values/voting
- Workplace training
- Separation
- Intergenerational relationships
- Social networks
- Reflections on childhood
- Health testing*

* vision, hearing, lung function, blood pressure, mental health interview, grip strength, bone density, balance, biomarkers, nutrition

Methods

Methodological decisions were also recorded from all studies. Face-to-face interviewing was the most popular mode of data collection, employed in most studies. However, telephone interviewing, postal and online questionnaires, nurse/clinic visits, and mixed modes were widely used across numerous studies too. Further, some studies employed different modes at different waves of the study, often depending on the focus of the wave at hand (i.e. a normal wave of data collection was done face-to-face, while a subsequent health-focussed wave of the study involved a nurse visit).

A more complete list of details pertaining to each study is included in Appendix 1.

1D – Overview of consultation with advisory groups

Two Growing Up in Ireland advisory groups were established in 2023 as part of the revised model for the study, one comprising research and practice stakeholders and a second comprising policymakers. The purpose of these panels is to help inform the development of the study and to support the use of Growing Up in Ireland data and findings.

For the purpose of the forthcoming waves of the study for Cohort 98 at 30 and Cohort 08 at 20, the advisory panels were asked to complete an online questionnaire to help prioritise existing topics and identify new ones that should be included in the forthcoming waves of the study. Specifically, they were asked to rate the importance of including a set list of existing topics (e.g. housing



details, relationships with parents, mental health, diet, hobbies, etc.) with answers ranging from *no relevance* to *essential*, and a set list of potential new topics (e.g. future finances, parenthood, lifelong learning, addiction, impact of AI, caring for ageing parents). The list of existing topics stems from a review of recent and relevant past waves of Growing Up in Ireland (Cohort 98 at 17, 20 and 25, Cohort 08 at 17). The list of potential new topics was derived mainly from the review of comparable studies (see section 1C), wherein topics explored in other studies, but not yet asked about in Growing Up in Ireland, were identified.

Advisory group members were also asked to rate the relevance of including direct measures (like vocabulary tests, financial literacy tests, and physical measurements). Finally, they were given the opportunity to identify any other topics or measurements that they thought would be important to include. This complete set of questions (continuing, new and direct measures) were rated by stakeholder respondents twice, separately for Cohort 98 at 30 and Cohort 08 at 20.

The survey was completed by 49 advisory group members from a range of Government departments (including Education and Youth, Health, Enterprise, Trade and Employment, and Justice), universities and colleges, NGOs and other relevant institutions. The results of the survey were distilled, and highly relevant and essential topics (both existing and new) for both cohorts were identified.

For Cohort 08 at 20, those existing topics considered most relevant (in order) were mental health, education/qualifications, long-term health conditions or disabilities, employment status, details on housing and nature of occupancy, diet and exercise, health services utilisation, civic engagement, gambling and hobbies. Potential new topics with the highest ratings (again, in order of relevance) were loneliness/isolation, addiction, relationships with siblings and becoming a parent (including fertility issues). Physical measurements (i.e. height and weight) and financial literacy tests were also identified as highly relevant direct measurements for inclusion in future surveys.

For Cohort 98 at 30, those existing topics considered most relevant (in order) were mental health, housing, employment, disabilities, education, income, gambling, romantic/friend relationships and substance use. Essential or highly relevant potential new topics were loneliness/isolation, becoming a parent (including fertility issues), addiction and caring for aging parents. Financial literacy was highlighted as a key direct measurement for this cohort.

1E – Overview of focus groups

A third component of the consultation process informing the development of the questionnaires for the forthcoming waves of the study was a set of focus groups conducted with age-relevant participants (approximately 20 and 30 years old). The purpose of these focus groups was to gather insights directly from 20- and 30-year-olds as to the challenges, interests and issues that are most relevant to them at this stage in the life-course, with a view to reflecting their lived experiences in the survey. An external company was commissioned to conduct the focus groups on behalf of the Department of Children, Disability and Equality.



In total, four focus groups were conducted online, two for each age group (aged approximately 20 and 30 years). In total, there were fourteen participants in the age 20 groups and twelve in the age 30 groups. Participants were based across the country, in both rural and urban environments. Amongst the age 20 groups, many of the participants were students, a few were recent graduates, and some worked part-time. They either lived at home or were in shared rental accommodation, none were homeowners. The majority of the participants in the age 30 group were in full-time employment across a wider range of sectors. Most also lived in shared rental accommodation or with family.

A discussion guide (informed by the review of comparable studies) was agreed with the DCDE Growing Up in Ireland study team to promote discussion, and conversation was guided by a facilitator. The facilitator used a combination of the discussion guide and opportunities for spontaneous topics. Whilst two focus groups took place per age, the prompted topics varied per session, given the extensive list of items to be covered. Each focus group lasted approximately ninety minutes.

In summarising the age 20 focus groups, the facilitator[1] noted that their experiences are shaped by economic pressures, evolving social norms, emerging digital influences and rapid technological change, issues they have to navigate as they strive for independence. Notable discussions points described by the facilitator (Amárach, 2026a) included the following:

- Independence is exciting and overwhelming – young adults enjoy new freedoms but struggle with the practical and financial realities of living away from home
- Housing and cost of living dominate concerns – high rents, limited availability, and the impossibility of home ownership at this stage drive many back to the family home and fuel thoughts of emigration
- Education and career uncertainty are widespread – many feel unprepared for the transition from college to work, unsure of career paths, and frustrated by a job market reliant on contacts and networking
- Emigration is normalised and often seen as necessary – Australia and Canada are viewed as offering better wages, lifestyle, and opportunities to save for the future
- Mental health pressures are significant – anxiety, stress, and rising mental health problems are openly discussed, but access to services is limited by long waiting lists and high private costs
- Substance use and gambling are growing issues – drug use is described as widespread and socially normalised; gambling (especially via apps) was described as a rising concern among young men
- Digital life shapes behaviour, wellbeing, and expectations – heavy social media use affects attention, comparison, and body image; AI is widely used in education, raising questions about integrity and future job security
- Relationships and life stages are shifting – few are considering children or long-term partnerships; financial instability and a desire to travel delay traditional milestones

1 Amárach (2026) on behalf of the Department



- Low trust in government and institutions – participants feel political promises rarely translate into meaningful change, especially on housing and cost of living

For the 30-year-olds, the focus groups suggested that people around this age are navigating a period defined by financial strain, shifting priorities, and uncertainty about the future. The facilitator noted that the cost of living was the dominant pressure, with housing at the centre of stress. Their experiences are shaped by mixed feelings: optimism tempered by the challenges with housing, finding job security and affordable, available childcare. Notable discussion points described by the facilitator (Amárach, 2026b) for 30-year-olds included the following:

- Financial strain and uncertainty – they are experiencing significant financial pressure, with the cost of living, especially housing, a source of stress
- Housing insecurity – rising rents and barriers to home ownership leave many feeling stuck, with some considering emigration as a more viable future; rent is viewed as poor value, driving many to stay living at home longer than expected.
- Eroding financial stability – savings, pensions, health insurance, and even basic expenses like car ownership feel increasingly inaccessible as salaries fail to keep pace with inflation
- Shifted social lives – traditional nights out are being replaced by cheaper, more sustainable activities such as coffee meetups, and combining socialising with fitness, and outdoor pursuits
- Smaller, intentional social circles – friend groups have narrowed, with some turning to community groups for connection; the impact of COVID persists
- Career anxiety – job security, especially in tech and multinational sectors, is a major issue; many feel constant pressure to upskill
- Family planning pressures – starting a family brings emotional and financial anxiety, driven by concerns around fertility, maternity coverage, childcare costs, and career trade-offs
- Rising focus on wellbeing – health, fitness, and mental wellbeing are higher priorities, with women more open to therapy than men; exercise is viewed increasingly as mental support (particularly stress) rather than competition
- Mixed digital habits – some disengage from social media due to comparison pressures, while others stay active; AI is more common in work settings than in personal life
- Risk behaviours persist – vaping, drug use, and gambling continue from earlier years, often tied to social drinking
- Societal frustrations – participants express dissatisfaction with poor transport infrastructure, safety concerns - especially for women, and environmental issues like disposable vape waste
- Growing sustainability mindset – recycling, buying second-hand, and other sustainable behaviours are increasingly normalised
- Low trust in government – there is a widespread feeling that younger generations are not prioritised, particularly regarding housing and infrastructure



1F - Criteria for questions / scales

Suggestions for all topics, both existing and new, are evaluated according to a number of criteria, to gauge their level of importance for inclusion in the forthcoming waves of the study.

Four of these are considered 'core criteria' and apply to all proposed topics. These are:

- *Captures a key domain* – there are a set of key research domains for the adult cohorts of Growing Up in Ireland: physical health; socio-emotional wellbeing and relationships; education; civic participation and economic engagement, family context and socio-demographics. Any topics (and associated questions) should be related to at least one of these domains.
- *Policy-relevance* – topics should be relevant, where possible, to existing or forthcoming Government policy, strategy or legislation
- *Age/stage appropriate* – topics should be broadly relevant to the age of the cohort being interviewed
- *Not readily available from another source* – topics should only be included if they are not asked about in comparable studies (in terms of cohort profile, timing, scope). Whilst certain topics are also covered in other studies, in some instances they can only be fully explored when combined with the other variables collected as part of Growing Up in Ireland
    - If there are no other sources for this topic, it is given a score of 2
    - If there are other sources, but they do not offer the same opportunity to link to other variables (covered in Growing Up in Ireland), it is given a score of 1

For continuing topics, there was an additional core criterion:

- *Longitudinal and/or cross-cohort consistency* – given existing topics have been explored at previous waves of the study, the questions at forthcoming waves should ideally remain unchanged to strengthen comparisons.

As this final criterion does not, as a rule, apply to new topics, these were scored according to a different fifth criterion:

- *Strong support* – from the review of comparable studies, expert survey and focus groups, a strong argument was made for including this new topic in forthcoming waves.

This means that both new and continuing topics were scored out of a maximum of 10 on core criteria (5 x 2 points).

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Chapter 2
Methodology





This chapter considers decisions in relation to mode, sampling and special modules.

A longitudinal study means that the same individuals are followed up over time, which in turn means that the sample is drawn at the first wave only rather than before each wave of data collection. However, the participants ancillary to the 'study child' – such as their primary caregiver - may change. In addition, attrition (i.e. drop-outs) over time may mean that some additional participants – called a 'booster sample' – are recruited at a later point to maintain a reasonable sample size for analysis and/or to keep the sample representative of the target population.

The longitudinal nature of Growing Up in Ireland also means that consistency in measurement and mode over time is highly beneficial so that observed changes in specific indicators can be more reliably attributed to actual change.

2A - Mode[2]

Previous waves of Growing Up in Ireland

2006-2022

Before the COVID-19 pandemic in 2020-22, all household waves of Growing Up in Ireland were conducted on a face-to-face basis with interviewers visiting respondents' homes. During the in-person visit, the interviewer would administer most of the questions on a face-to-face basis, recording responses on a laptop. For more sensitive questions, the interviewer typically handed the laptop over to the participant so these could be self-completed.[3] The only exception to the in-person format prior to 2020 was an 'inter-wave' postal survey of Cohort 08 at age 7/8 years which involved posting a short paper questionnaire to the primary caregiver of the previous wave (at age 5 for most households). That means for Cohort 98, there were in-person surveys at ages 9, 13, and 17 – and for Cohort 08 at ages 9 months, 3 years, 5 and 9. It is worth noting that the postal survey at age 7/8 had a much lower response rate than the in-person waves either side of it: 5,344 usable (paper) questionnaires returned at age 7/8 versus 9,001 completed in-person interviews at age 5 and 8,032 at age 9 (McNamara et al. 2019, p.35; McNamara et al. 2020, pp.20-21).

In 2020, the onset of the pandemic triggered the creation of a special, short survey specific to the effects of this exceptional event (December 2020). This was circulated to respondents in both cohorts as an online-only survey given the public health restrictions in place at the time. For Cohort 08, there were completed online surveys received from 3,901 primary caregivers and 3,301 12-year-olds (a response rate of 45% and 38% respectively based on the number issued, which was dependent on having a valid email address for households). For Cohort 98, 2,277 22-year-olds completed the online survey (response rate of 33%).

2 At time of writing, a joint CSO/DCDE working group is reviewing the issues of mode and retention strategies – the outcome of which is likely to influence final decisions for forthcoming waves

3 Note there were a limited number of variations to this: (a) for Cohort 98 at age 9, the sensitive modules were self-completed on a paper questionnaire, and (b) at any wave after the introduction of the self-complete sensitive module on the interviewer's laptop, a participant could request that this also be administered by the interviewer – for example, if they had literacy issues



Because of the pandemic, the in-person fieldwork originally planned for Cohort 08 at age 13 had to be moved to a combination of phone calls (for the main interview) and web (for the self-completion of more sensitive questions). All three potential respondents in a family (primary caregiver, 13-year-old, and secondary caregiver where relevant) completed their surveys in this way. The response rate for the telephone interviews was 68% for primary caregivers (n=6,655) and 66% for 13-year-olds (n=6,375) but considerably lower for the web-based module with the more sensitive questions: 3,693 for primary caregivers and 2,445 for 13-year-olds (DCEDIY, 2024), although worth noting that only households who had first completed the telephone interview were given a link to complete the web-based module. This sequencing may be particularly relevant to a discussion of mode effects as one cannot rule out the possibility that some participants who did not want to complete the main interview by telephone would have done both the main and sensitive/self-complete modules online if that had been an option.

There are also other reasons why participants who did the main telephone interview did not subsequently complete the online module: for example, they may have found the prospect of questions on the more sensitive topics less appealing or felt they had already 'done their bit' by completing the telephone interview and were less motivated to complete a second survey (regardless of mode or topics).

Cohort 98 at 25 (2023/24)

Cohort 98 at age 25, the first to be completed following the survey's transfer to the CSO from the ESRI/TCD consortium, was also the first main fieldwork wave planned as a 'web-first' mode (although note the Research Needs Report for that wave had recommended that interviews take place on a face-to-face basis, Smyth et al. 2022). Participants who did not complete the survey online were followed up by interviewers calling to the home and were then offered an option of completing it on a face-to-face basis, which ultimately accounted for 12.9% of completed interviews (CSO, 2025a).

There was a sharp decline in response rates between the age 20 (in-person) and age 25 interviews (web-first): there had been 5,190 interviews completed with 20-year-olds but this declined to 2836 completed interviews for 25-year-olds (with an additional 544 partial interviews included in the dataset). Part of the reason for the high rate of non-response was the number of young adults who had emigrated (1,001 reported they were no longer living in Ireland – and possibly some of the other non-responders had also emigrated). There were also 667 refusals (reasons not published). However, that leaves a relatively large number of non-responders (2789) for whom we have no (published) information as to why they did not take part. It is therefore difficult to make any conclusions as to how the decision to undertake the survey at 25 as 'web-first' affected response rates – it is possible that response rates would have been lower with an 'in-person first' approach.

Waves in progress or planned at time of writing (April 2026)

Interviews for Cohort 08 at age 17 commenced in October 2025 on an in-person basis and were scheduled to conclude around May 2026. Analysis of response rates and other participant and interviewer feedback from this fieldwork may be useful in making a final decision on mode for Cohort 08 at 20 and Cohort 98 at 30.



The first wave of the new Cohort 24, age 9 months, was administered in-person in 2024/25 and it is planned that the second wave for this cohort, at age 3, will also be in-person. While the parents of the new cohort may be a similar age to Cohort 98 at 30, given the focus is on their young child, the cross-cohort learnings in terms of mode could be limited.

Other international studies with adult-age interviews

Historically other comparable studies have tended to rely on in-person interviewing. However, the expansion of technology, internet coverage and digital literacy – plus the enforced learning curve of conducting surveys remotely as a result of the pandemic – has seen more diversity in modes. Some close examples in time and age to the forthcoming age 20 and age 30 waves for Growing Up in Ireland are:

Next Steps (UK, age 32 in 2022): The age 32 wave was originally planned as face-to-face but moved to an 'online first' approach because of the pandemic. Respondents who did not complete the web survey were subsequently offered "a range of COVID-secure methods alongside the standard in-home interviewing approach" (IPSOS, 2024, p.8).

Millennium Cohort Study (UK, age 23 in 2023): The innovations established during the COVID pandemic in relation to online interviewing led the MCS team to soft launch their age 23 fieldwork with a comparison of offering interviews in-person only versus a mixed mode of web and in-person. The results of the soft launch with an initial 3,000 participants indicated a greater response rate could be achieved with mixed mode (66.8% vs 53.5%), so the remaining sample was issued on a mixed mode basis of web-first with face-to-face follow-up – although the team note that this necessitated sacrificing the height and weight measurements (IPSOS, 2025).

TILDA (Irish study of adults aged 45[4] and over, Wave 6, 2020-23): Although the participants in TILDA (the Irish longitudinal study of aging) are considerably older than the age 20/30 of the Growing Up in Ireland cohorts in question, the geographic similarities and potential for overlap in topics as the oldest Growing Up in Ireland cohort approaches middle-age means mode options may be relevant. Prior to Wave 6, all interviews had been in-person with an interviewer. For Wave 6, partly due to pandemic restrictions on fieldwork TILDA moved to a computer-assisted telephone interview for the main survey (O'Connor et al. 2025). More sensitive questions were posted out in the form of a self-complete paper booklet. Health assessments were completed in both a designated assessment centre and in participants' homes and included a wide range of measurements including multiple cognitive and physical function tests, blood samples, as well as measurements of height, weight, blood pressure and waist circumference.

4 Originally a study of people aged 50 and over, Wave 6 included a replenishment of the sample with 2,194 individuals aged 45-64



Perspectives from the young adult focus groups

Although the young adults who took part in the focus groups were not actual Growing Up in Ireland participants, their opinion on mode was sought (briefly) as it might reflect broader attitudes within the respective cohorts. The younger group (aged around 20) expressed a preference for digital contact both in terms of arranging and actually completing the survey. There was a lack of enthusiasm about a parent survey, although they might have misinterpreted the query as the parent supplying information about the 20-year-old rather than the household or the parent's own information.

The people in the focus groups for 30-year-olds were more mixed in their attitudes to mode with some preferring online completion but others thinking that longer surveys could be more engaging over a Zoom call or regular phone call. This older group was not asked about the possibility of a parent interview, but their opinion was sought on the possibility of being asked to provide details on their spouse/partner: the consensus seemed to be that basic details about someone they lived with would be acceptable but anything more personal might be intrusive.

Advantages of in-person versus online

The Research Needs Report for Cohort 98 at 25 (Smyth et al., 2022) described the advantages of in-person interviewing in some detail (p.19). The main points can be summarised as follows:

- Where previous waves have been conducted in-person, continuing this mode helps to ensure consistency in key indicators such that it is more feasible to attribute any change over time as actual change and not merely a mode effect.
- Some measures such as height and weight, and blood pressure, can only reliably be collected in-person by a trained interviewer using standardised equipment.
- Having an interviewer present means assistance can be more readily given to respondents who might have difficulty completing a survey online or who seek clarification on the meaning of questions.

In addition, there are likely some aspects of the interviewer-respondent dynamic that help interviews to completion such as making a commitment for a specific time and date; the interaction with the interviewer can make the overall experience more engaging – especially for a longer survey; and in the context of receiving multiple requests to complete online surveys, the offer of an in-person interview may signal to the respondent that their input and time is valued. While it is difficult to quantify the socio-emotional impact of in-person interviewing, an analysis of factors affecting participation/attrition between Waves 1 and 2 of Growing Up in Ireland's Cohort 08 found a positive effect of sending the same interviewer out to families for the second visit: families who were assigned the same interviewer at Wave 2 (age 3) were 1.64 times more likely to complete the second survey than families who took part at Wave 1 (9 months) but were approached by a different interviewer at Wave 2 (Murray et al. 2013).

Advantage of online surveys

Although the advantages of in-person interviewing are well-established, it is becoming more common for surveys to be offered online in self-complete formats either as part of a choice of modes, a 'web-first' approach, or as the only option.

One of the main advantages of self-complete online surveys are the cost-savings compared to paying interviewers both for their time to administer the survey to individual participants, and the travel expenses associated with visiting households.

A second advantage is the potential convenience for participants of completing the interview at a time that suits them, possibly in chunks, and not having to host an interviewer in their home. This point may be particularly relevant for Cohort 08 at 20, who are the most likely to be living in some sort of house-share, and may find it difficult to secure a private space suitable for being interviewed. Additionally, for a cohort who are used to spending much of their time online, not having a web-based option even with an 'in-person first' approach may seem remiss.

Video calls

A middle-ground option that is online, but potentially more engaging than yet another self-complete survey, is a video call with an interviewer. This mode has some of the advantages of in-person interviewing such as making a time-and-date commitment to do the interview, and an opportunity for participants to get clarifications on questions in real-time. Being online, it gives participants more flexibility as to where they do the interview and they don't need to prepare a space to receive the interviewer. The main downsides are the costs associated with paying interviewers for their time, if not travel expenses, and the inability to collect some kinds of data such as height and weight measurements.

Potential Approach for Cohort 08 at 20: Considering that an in-person interview will have taken place at age 17, and the logistical difficulties of conducting in-person fieldwork simultaneously with Cohort 98 at 30, a web-first approach for Cohort 08 at 20 may be appropriate. To improve accessibility and response rates, individuals who do not complete a web-based interview could be offered an alternative such as an in-person interview or interview by video call. For a short module with emigrants (see later in this chapter), this could be offered as an online-only option.

Potential Approach for Cohort 98 at 30: Given that Cohort 98 at 25 was conducted mostly online, an in-person first approach could be considered for Cohort 98 at 30. This could (a) potentially improve the relatively modest response rate for fully completed interviews achieved at age 25, and (b) facilitate the collection of updated physical measurements of height, weight and blood pressure that were most recently collected at age 20 and will be 10 years old by 2028. For a short module with emigrants (see later in this chapter), this could be offered as an online-only option.



2B - Use of routing and forward-feed

To balance the need for data on particular topics with respondent burden, it is sometimes possible to design the survey such that only participants to whom a particular set of questions are relevant are presented with them. For example, if a 20-year-old says that they have not done any education courses after secondary school then many questions on choice of course, institution, funding etc can be skipped. Another example is a long-term health condition – if the participant has none, then details on type of condition, age of onset etc, can be bypassed.

Another approach is to 'forward-feed' questions or information from previous waves that will have already been answered in an earlier survey and:

(a) should not have changed, so it does not need to be asked again for any existing participant (e.g. country of birth);

(b) could have changed, but probably won't, and so can be framed as a confirmation of a previous answer rather than a full question (e.g. "at age 25, your highest educational qualification was a degree, is that still correct?"); or

(c) refer to the details of the first occurrence of an event – such as first sexual intercourse – that had already happened for some participants in a previous wave but not all; in this event, the details on the first occurrence (e.g. at 17) can be bypassed for any participant who provided information at the previous wave with the information 'forward-fed' into the age 20 dataset for completeness in terms of analysis.

Data linkage is another way in which the length of the survey can be reduced. This is when the information on something like social welfare receipt can be matched in from another data source in place of questions on a survey. This is discussed in more detail in the last chapter.

2C - Sample

Cohort 08 at 20

The sample for Cohort 08 was selected and recruited shortly before the first wave of fieldwork when the 'study children' were 9 months old in 2008. At Wave 1, there were 11,134 children plus their primary caregivers (usually the mothers) and – where relevant – their secondary caregivers (usually the father but always the resident spouse or partner of the primary caregiver). The most recently completed wave was when the study children were 13 years old; at this time the sample of participating children had reduced to 6,375. However, as already discussed, data collection had to be conducted remotely by telephone (for the main interview) because of the COVID-19 pandemic, and it is difficult to judge how much this affected response rates. At time of writing, data collection is underway with this cohort at age 17/18, and a return to in-person interviewing, so it is hoped that the active sample will be retained or even bolstered relative to the age 13 wave.

For Cohort 08 at 20, the primary informant will be the 20-year-old themselves (formerly known as



'the study child'). A major decision for this wave will be whether to also include a short interview with the young adult's primary caregiver. At virtually all previous waves up to this point, there have been interviews with both the primary and secondary caregiver (where relevant).[5] The age 20 wave for Cohort 98 included an interview with the primary caregiver (unless the 20-year-old requested otherwise). This was largely motivated by the need to collect reliable socio-demographic and financial information about the household where the 20-year-old was primarily resident; which was their original parental home in the vast majority of cases. Recent statistics from the CSO suggest that a majority of 20-year-olds in Cohort 08 will also be primarily resident in their parental home.[6] The issue of a parent interview is discussed in more detail later in this chapter.

Cohort 98 at 30

The sample for Cohort 98 at 30 will again be drawn from the remaining valid sample first recruited when the 'study child' was age 9 year in 2007. No ancillary participants (parent, partner, etc) are proposed for this wave. As noted earlier, the achieved sample of completed interviews at age 25 was 3,380 (2,836 fully complete and 544 partial), down from 8,568 on the original wave 1 sample – with a particular drop since the previous age 20 wave when there had been 5,190 completed interviews.

One of the reasons that individuals are removed from what is considered to be the valid sample for a given wave is emigration. Therefore, it is proposed that the age 30 data collection, like age 25, should have a special module for emigrants to capture some essential information on their experiences. This module is discussed in more detail later in this chapter.

A module for emigrants aside, this still leaves a potential issue for the likely sample size for age 30 if there is further attrition from the figure of 2836 (excluding partial interviews) at age 25. There is also a question about the representativeness of the sample, both because attrition tends to be higher among lower socioeconomic groups and there have been no new entrants to the sample up to that point. This latter point means that the Growing Up in Ireland Cohort 98 participants at 30 will be specifically a subset of the population who were already resident in Ireland by the time they were 9 years old, and not the entire population of 30-year-olds in Ireland (which would include people who have come to live in Ireland since they were 9 years old).

To facilitate a comparison between key socio-demographic characteristics of the sample of 25-year-olds interviewed as part of Growing Up in Ireland's Cohort 98 and the wider population in that age group according to Census 2022, the CSO have provided the breakdown in the table below. This shows that while the gender breakdown is largely similar between the two groups, the Growing Up in Ireland sample are much more likely to have a degree, live at home with their parents, and describe their ethnicity as 'White Irish' than the wider population of 25-year-olds.

5 The only exceptions being the inter-wave postal questionnaire at age 7/8 years and the special Covid survey when only the primary caregiver was invited to participate.

6 61% of adults aged 20-24 lived with their parents in Census 2022, https://data.cso.ie/ table F3052



Table 2: Comparison of Growing Up in Ireland Cohort 98 at age 25 and 25-year-olds in Census 2022 on selected socio-demographic indicators

	GUI Cohort '98 at 25: Percentage of Completed Sample	Census 2022: Percentage of all 25-year-olds
Gender		
Male	49.1	50.6
Female	50.9	49.4
Highest level of education*		
NFQ Level 3 or below	3.4	6.7
NFQ Level 4 or 5	32.4	28.0
NFQ Level 6	4.7	10.9
NFQ Level 7	2.9	6.8
NFQ Level 8	45.3	33.1
NFQ Level 9 or higher	11.3	14.6
Live at home with parents		
Yes	69.9	43.5
No	30.1	56.5
Ethnicity		
White Irish (incl. Travellers)	95.8	71.1
Other White (incl. Roma)	1.7	12.4
Other Ethnic Group	2.6	16.5

*The percentage within each NFQ level is for each participant in the GUI sample but only those for fully completed education in the Census (e.g. excluding current postgraduate students who would likely also have a primary degree).

2D - Special modules

Cognitive measures

Why measure cognitive ability in adulthood?

Researchers typically agree that cognitive abilities sometimes described as 'fluid intelligence' such as processing speed, reasoning and working memory peaks around 20 years of age. Abilities related to the accumulation of knowledge and vocabulary – sometimes described as 'crystallised intelligence' – tend to peak later in adulthood through greater exposure to information (Gignac & Zajenowski, 2025). Specifically, this recent paper by Gignac & Zajenowksi in the journal *Intelligence* points to peaks in performance at age 20 followed by a gradual decline across the life-course, with a steeper decline after age 65, for reasoning, processing speed and memory. Conversely, vocabulary rose gradually from age 20 to 65 before declining at a gentler rate; while financial literacy also rose gradually across the life-course and plateaued rather than declining after age 65.

These patterns point to a particular advantage of measuring cognitive ability at the peak of fluid intelligence around age 20 but also the need both to measure different aspects of cognitive ability and to repeat measurements over the life-course. As mentioned at the start of this chapter, consistency in the measures used to assess cognitive ability will assist drawing conclusions about change over time. Longitudinally, changes in ability can be compared between groups of individuals to potentially identify factors that protect against decline in fluid intelligence. In the short to medium term, differences in cognitive ability could be used to examine outcomes – for example - in the areas of employment, physical health, and financial wellbeing. The latter is particularly relevant in the light of the recent launch of the *National Financial Literacy Strategy* and accompanying *Action Plan* in February 2025.[7]

Measures of cognitive ability in adulthood can also be examined in light of both ability and context at earlier stages of the life-course. For example, both Cohort 08 and 98 completed tests of their cognitive ability at all waves (although there was variation in the measures to be appropriate for their age). These childhood measures of ability could be compared with other contextual factors – such as characteristics of the home and school – to explore how or if these influence cognitive ability in adulthood.

Opinion of the expert advisory panel members

In the consultation with members of the expert advisory panel in relation to Cohort 08 at 20, 27% rated a vocabulary test (specifically) as 'very relevant' and 18% deemed it 'essential'. Greater importance was attached to measuring financial literacy at age 20, with 49% and 18% rating it 'very relevant' and 'essential' respectively.

The panel members gave similar ratings in relation to measuring vocabulary and financial literacy

7 https://www.gov.ie/en/department-of-finance/press-releases/minister-donohoe-publishes-irelands-first-national-financial-literacy-strategy/

among Cohort 98 at 30. For vocabulary, 27% said it was 'very relevant' and 17% 'essential'. For financial literacy, 46% deemed it 'very relevant' and 21% 'essential'.

The participants in the focus groups were not asked their opinion of incorporating cognitive tests into the survey as it would have taken too much time out of the 90-minute session to explain what was involved.

Tests previously used with Growing Up in Ireland Cohorts from age 17/18

Cohort 98 at 17 completed three types of cognitive assessment: a vocabulary test, three maths questions to assess financial literacy, and a semantic fluency test.

For the ***vocabulary test***, participants were presented with 20 target words and, for each word, they had to choose the word closest in meaning to it from a set of four options (e.g. a target word of 'difficult' and choose one to match from 'soft', 'hairy', 'hard', 'unusual'). The test must be completed in just four minutes. The test originated from the Centre for Longitudinal Studies in the UK and has been used with both the MCS and the BCS70.

For the ***financial literacy*** questions, participants were asked to complete three relatively basic calculations such as sharing a lottery win and interest on a savings account. The questions do not have a specific time-limit, although it should be feasible to complete them within 10 minutes.

These two sets of measures (vocabulary and financial literacy), while previously paper-based, are currently being rolled out as computer-based tests for Cohort 08 at 17 – the results of which could inform a decision on mode for both cohorts.

For Cohort 98 at both ages 17 and 20, a short (one-minute) ***semantic fluency test*** was also administered by an interviewer. The test is often known as the 'animal naming task' because the most common variant asks participants to name as many animals as they can in one minute, although different categories can be used. The Cohort 98 at age 17 administration of the test used animals but the age 20 version used 'fruit' to avoid the possibility that participants might have a practice effect from the previous administration. This type of cognitive measure, although very simple in form, requires skills such as general knowledge, working memory and attention (to avoid repeating previous animals/fruits mentioned), as well as vocabulary. If repeating the test, it would be important to apply the same rules as before for consistency across waves (e.g. for animals - no mythical creatures but different breeds of the same animal allowed as separate responses).

The 'fruit' version of the semantic fluency test was the only measure of cognitive ability for Cohort 98 at 20.

There were no cognitive measures administered to Cohort 98 at 25.

Recommendation for Cohort 08 at 20: To enable cross-cohort comparison, it is recommended that the 'fruit' variant of the semantic fluency test be administered. Assuming that the administration of the vocabulary and financial literacy tests to this Cohort at age 17 is successful (fieldwork is ongoing at time of writing), then it should not be necessary to repeat them as early as age 20.



Recommendation for Cohort 98 at 30: As there was no measurement of cognitive ability for this cohort in the age 25 survey, it would be timely to ask participants to complete a short assessment now that they are 30 years old. The last formal assessment of their vocabulary and financial literacy was at age 17, and given that 13 years have elapsed since then, it should be feasible to re-use all the same measures at age 30 (vocabulary, financial literacy, and the 'animal' variant of the semantic fluency test). Measurement of these skills at age 30 allows researchers to assess both change since late adolescence (e.g. an improvement in vocabulary would be expected as the individual is exposed to more words) and sets a marker before a possible decline as the individual ages into middle-age and later adulthood.

Survey module for emigrants

Context

The survey for Cohort 98 at 25 was the first time that cohort members who had emigrated were still asked to participate in some way. Previously, emigrants were considered to have removed themselves from the valid sample as they were no longer in the jurisdiction for Irish policy-making. However, for the age 25 survey, the Research Needs Report recommended attempting to collect at least some brief information from emigrants both to (a) keep them active in the sample should they return to Ireland and (b) to capture some information on their emigration experience to inform policy-making around this issue (Smyth et al., 2022).

As it transpired, a substantial minority of Cohort 98 participants were identified as having emigrated during fieldwork for the age 25 survey: of 7,870 individuals who were contacted about participating, 1,001 had left Ireland. Of those 500 completed a separate 'emigrant' mini-survey. The results of this (CSO, 2025a) were:

- A majority of respondents were female (65.6%).
- A majority were also recent emigrants: just under 60% had moved abroad since 2022 (the survey was conducted in 2023/24).
- The most popular destination for the Cohort 98 emigrants was the UK (35.6%). Just under a quarter went to Australia or New Zealand.
- The main reason for emigrating was employment opportunities (43.3%), with other popular reasons being education or training (21.1%) and opportunities for holiday or travel (17.3%).
- Just under 85% planned to live abroad for 12 months or more. Of the remainder, 13.3% had not yet made up their minds about how long they planned to remain abroad, and just 2.0% planned to return in less than 12 months.
- Intentions to return to Ireland were quite mixed: almost half of emigrated 25-year-olds (48.6%) did plan to return to live in Ireland but over a fifth (21.2%) did not plan to return, with almost a third (30.2%) undecided.



Feedback from the consultation process

As part of the consultations for the forthcoming waves with Cohort 98 at 30 and Cohort 08 at 20, the issue of emigration arose quite strongly among both groups. For 20-year-olds, the high cost of living and difficulty obtaining housing were 'push' factors for emigration, but a better lifestyle abroad was also a 'pull' factor – especially Australia and Canada. A similar sentiment was also expressed by 30-year-olds in their respective focus groups, despite being at a different stage of the life-course; with some describing weighing up a lower cost of living abroad versus being even further away from being able to afford to buy a house if they were to leave Ireland and return in a few years.

While an emigrant module was not one of the specific topics included in the survey of expert stakeholders on the two Growing Up in Ireland advisory panels, there was strong support for the related proposal to collect data on *plans to emigrate*. In relation to Cohort 98 at 30, 37% deemed it 'essential' and 28% rated it as 'very relevant'. The respective percentages for Cohort 08 at 20 were 31% (essential) and 39% (very relevant).

In the case of Growing Up in Ireland, the feedback from the focus groups with 20-year-olds suggests that the addition of an emigrant module for Cohort 08 at 20 may be useful (as well as for Cohort 98 at 30). Findings published by the CSO in April 2025 (CSO, 2025b) indicate that about one-third of people who emigrated from Ireland in the preceding year had been in the 15-24 year age group (ca. 21,500 individuals). If this trend continues, it suggests that there could be a sufficient number of emigrated participants from Cohort 08 at 20 to merit an emigrant module. A further decision could also be informed by the results of the survey with this cohort at age 17 (in the field at time of writing in Q1 2026) as it contains a specific question on the young person's plans to leave Ireland within the next five years.

Policy relevance

The *Diaspora Strategy*, launched on the 30 April 2026, recognises the importance and value of engaging with the Irish abroad. Action 1.6 is to engage with academics, researchers and policy developers to deepen our understanding of Irish communities abroad, to underpin data-driven decision-making that responds to their needs. The *Diaspora Strategy* reflects the priorities set out in the current Programme for Government which include two of particular interest:

- "to promote opportunities by the next generation of the Diaspora to work and study in Ireland"
- "to address barriers facing emigrants who are returning home".[8]

Also of note is the Global Irish Survey undertaken by the Department of Foreign Affairs and Trade to inform the aforementioned *Diaspora Strategy*. The content of this survey is discussed in more detail below but given that this online survey attracted circa 10,000 responses suggests an appetite among emigrants to engage with such initiatives.

8 Launch of Diaspora Strategy 2025



Outside the Department of Foreign Affairs and Trade, other government departments – such as the Department of Health – may be particularly interested in the occupational profile of young emigrants.

Possible content

As outlined previously in the Research Needs Report for Cohort 98 at 25 (Smyth et al., 2022), there are a number of existing surveys of emigrants that could provide source questions for an expanded module on emigrants among Cohort 98 at 30 or Cohort 08 at 20. The online survey component of the 2013 Émigré Report (Glynn et al. 2013), which was directed at Irish nationals living abroad, covered topics such as: a) reasons for emigrating; b) employment in Ireland; c) social/cultural experiences in Ireland; d) post-arrival experiences; e) employment abroad; f) living arrangements and social/cultural experiences abroad; g) demographics and children; h) returning to Ireland.

Proposals[9] for an emigrant survey attached to the UK's household panel survey *Understanding Society* covered a broader range of topics to include integration into the destination country such as friends, political engagement, media consumption, and fluency in the local language.

As noted, in addition to the resources outlined in the previous research needs report for Cohort 98 at 25, the Irish Government has conducted its own large-scale online survey of emigrants (the Global Irish Survey)[10]. While the detailed results of this have not been made available at time of writing (April 2026), personal communication with the policy unit involved highlighted three areas of interest with potential overlap with Growing Up in Ireland:

- Views of Irishness (e.g. how important is one's Irish identity when living abroad)
- Engagement with Irish communities and clubs abroad (i.e. individual differences in those who seek to stay involved with Irish cultural activities, sports and other Irish diaspora)
- Preparation for emigration (to gauge how well emigrants understood the country, culture and requirements before they moved – and/or how they prepared)

Recommendations for Growing Up in Ireland

Individuals who have emigrated since their last interview (which would include any emigrants from Cohort 08) should be asked to supply, at minimum, the basic information on country of destination, reasons for emigrating etc that was collected from Cohort 98 at 25.

Additional details from either new or previously surveyed emigrants could usefully include information specific to their emigration experience to describe their integration into the destination country such as:

- Fluency in the local language (if not an English-speaking country)

9 Note it is not clear if this survey went ahead, although funding for it was announced in May 2020 https://www.understandingsociety.ac.uk/news/2020/05/05/new-funding-for-understanding-society/

10 Global Irish Survey | Ireland.ie



- Number of friends and family members resident in the destination country
- Satisfaction with their decision to emigrate
- Factors that would encourage them to return to Ireland (e.g. improvement in cost-of-living/ housing; family commitments; job opportunities; becoming parents)
- Irish identity abroad and associated cultural/sporting activities
- Details on how they prepared for emigration, and with hindsight, should they have prepared better or differently

To compare emigrated cohort members with those who remain in Ireland, it would also be useful to collect some wellbeing and socioeconomic status indicators in common. These could include:

- Difficulty making ends meet
- Type of employment (both pre and post emigration, including nature of occupation)
- Household structure (e.g. cohabiting with partner, house-share with friends, etc)
- Accommodation (e.g. owner occupied, renting etc)
- Self-reported general health
- Someone to turn to for help and advice
- Depressive symptoms

Recommendation for Cohort 08 at 20: Repeat previous emigrant questions as used with Cohort 98 at 25 plus new questions on the emigration experience, and shared wellbeing indicators with participants who remain in Ireland. While widespread emigration had not been identified as an issue for Cohort 98 at 20, recent focus groups with 20-year-olds and changes in the national and international context, could mean that it is more prevalent for Cohort 08 at 20.

Recommendation for Cohort 98 at 30: Repeat previous emigrant questions as used with Cohort 98 at 25 plus new questions on the emigration experience, and shared wellbeing indicators with participants who remain in Ireland. For participants who completed the emigrant survey at age 25 and who remain abroad, it may be possible to forward feed some previously collected information if they have not moved country in the interim.

Parent interview for Cohort 08 at 20

As already noted, an interview with one parent was included in the suite of questionnaires for Cohort 98 at 20 (typically the person who had completed the primary caregiver interview at the previous wave). This was essential to facilitate collecting financial and other socio-economic information about the household where the 20-year-old was primarily resident, and important information about financial support from the parental household to the young adult even if they had moved out.



Other information collected from the parent at age 20 included details on their own physical and mental health, and their perspective on their relationship with their now-adult son or daughter. They were also asked about their concerns for the 20-year-old in the future, and sources of conflict in the home.

In a follow-up to the original consultation with the expert advisory panel members, a specific opinion on the merits of a parent interview for Cohort 08 at 20 was sought, and the following paragraphs summarise that input:

Supplementary feedback from expert panel members on the inclusion of a parent survey with Cohort 08 at 20

The responses received indicate that experts in both groups support the inclusion of such a questionnaire in the upcoming wave of the study. Overall, 12 out of the 13 experts who provided feedback were in favour of retaining the parent questionnaire at age 20. There was a large amount of overlap in terms of the reasons why the members of the groups were in favour of including a parent questionnaire which are summarised in the following paragraphs.

Delayed Transition to Adulthood

Experts pointed out that, due to factors such as the housing crisis and extended time in education, many young adults still live in the family home at age 20. Just under 70% of Cohort 98 were still living with their parents at age 25 (CSO, 2025a). As a result, many young adults are at least partially financially dependent on their parents and are heavily influenced by the family context. As such, it would be very beneficial to collect information on the socio-economic circumstances of the family. It would also be useful to understand the impact that this delayed transition is having on both young adults and their parents in terms of inter-personal relationships. As one researcher noted, "we know that family processes play an important role in child/young adult outcomes, whether they live or were raised in disadvantaged settings or not. Parental wellbeing and family relationships may still be (as) important for young adult outcomes as they are for younger children."

Cross-cohort Comparisons and Longitudinal Consistency

Experts also emphasised the importance of cross-cohort comparisons in their feedback on parent inclusion. A number of members described how advantageous it would be to compare data from the parents of Cohort 08 at 20 with data previously gathered from the parents of Cohort 98 at 20. One expert expanded on this by stating that cross-cohort comparisons "allow us to understand what changes because children grow up versus what changes because the world changes".

For example, for Cohort 98 at 20, it was found that higher levels of depressive symptoms were more likely among young adults where the mother also reported symptoms (Growing Up in Ireland Study Team, 2019). Including a parent questionnaire for Cohort 08 at 20 would enable important relationships between parent and young adult such as this to be examined. It would also allow for cross-cohort comparisons of these relationships to see if correlations observed for Cohort 98 at age 20 also exist for Cohort 08.



Overcoming Bias and Enhancing Reliability

Several members of the advisory groups also mentioned that collecting information from parents as well as young adults has the potential to reduce bias and enhance reliability, for example in relation to the shared household context.

Topics for a parent interview

Using the parent interview for Cohort 98 at 20 as a starting point, the core topics for a similar interview with parents of Cohort 08 at 20 would be:

- Household grid (fed forward from Cohort 08 at 17) including siblings now living elsewhere
- Household income and difficulty making ends meet
- Occupational details of parent and any resident spouse/partner (enough detail to derive household social class)
- Financial support to and from the young person (G13 and G14a on the previous Cohort 98 at 20 parent questionnaire)
- Parent's physical and mental health – at minimum: self-rated general health, hampered by any chronic health condition; depressive symptoms (CESD-8)
- Parent's perspective of their relationship with the 20-year-old: specifically (a) question D2 from the Cohort 98 at 20 main parent questionnaire on how often they have done activities together, eaten together, had an enjoyable time with them, and argued or fought; and (b) D3 on frequency of disagreements on specific topics such getting a job, their friends, money, helping around the house – these latter could possibly be refined on the basis of responses to the Cohort 98 at 20 survey.

If time allowed, consideration could also be given to the following topics – which featured on the self-complete section of the Cohort 98 at 20 parent questionnaire:

- Quality of parent's relationship with their resident spouse/partner
- Smoking, drinking, and drug use by parent
- How they deal with conflict with the young person (e.g. heated argument, let them have their way)

Finally, given the expansion of the gambling section for the young adult participants in the forthcoming wave, some new questions on the gambling habits of the parent would be useful context.

It may be possible to substitute some survey questions on the financial circumstances of the household with matched administrative data, even where a parent does not complete an interview.



2E - Summary of potential approaches for mode, sample and special modules

Mode

An online-first approach for Cohort 08 at 20, and in-person first approach for Cohort 98 at 30 may be appropriate.

Sample

Revisit existing valid samples for the focal participants/'study children' in Cohort 08 at 20 and Cohort 98 at 30. Include a parent survey for Cohort 08 at 20 based on the primary caregiver at the last completed wave, or the parent with whom the 20-year-old currently resides if different.

Special modules

Implement at least one cognitive test for Cohort 08 at 20 and Cohort 98 at 30.

Extend the content of the previous online survey of emigrants used with Cohort 98 at 25 and offer to emigrants in both Cohort 08 at 20 and Cohort 98 at 30.

Invite the former primary caregiver (only) of Cohort 08 to complete a short online survey about themselves and the parental household; send invitation letters to the 20-year-old in advance of communications to the parent to leave a window for the 20-year-old to veto contact with their parent.

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Chapter 3
Physical health





Good physical health is a core component of overall wellbeing and development through early adulthood and beyond. Physical health issues, be it poor general health, a long-standing condition or chronic illness, or obesity and inactivity, can negatively impact many other aspects of life, including socio-emotional and mental wellbeing, educational performance, civic engagement, and peer relationships too.

Most 20- and 30-year-olds should be enjoying good physical health at this point in life. Whilst now traditionally less active than they were during childhood and adolescence, they should still be more active and involved in sports than older adults. Similarly, although obesity risk tends to increase with age, the majority of 20- and 30-year-olds should still be of a healthy weight. Further, serious and long-term health risks associated with aging remain less prevalent at this point in life.

That said, there are a number of specific health challenges at this point in life. Where once they may have been included on family health insurance schemes as an under-18 'child', staying on a family policy might no longer be possible. There may be pressure on 20- and 30-year-olds to manage their own finances, which will impact their ability to avail of health insurances and some healthcare services. Financial constraints may also negatively impact their dietary behaviour and their ability to afford sport or exercise-related fees, both of which may affect health and obesity risk. The perils associated with risky health behaviours, such as alcohol abuse, drug use, smoking or vaping, and problematic gambling may also be features of this stage of life.

3A - Policy context

The Irish Government has developed a wide range of policies, strategies and schemes, designed to positively impact the health of young adults in Ireland. Collectively, these policies provide a framework for the promotion of positive health behaviours among young adults. There is huge scope to explore the impact of, and real-time evidence pertaining to, existing health strategies, and inform the development of new strategies, through the collection of physical health-related data at forthcoming waves of Growing Up in Ireland.

Healthy Ireland (Department of Health, 2013a) is the national strategy for improved health and wellbeing. It aims to increase the proportion of people who are healthy at all stages of life, reduce health inequalities, and protect the public from threats to public health and wellbeing. Indicators exist to measure progress towards these goals, in the areas of health status, health outcomes and social determinants (Government of Ireland, 2019). Health status indicators include Body Mass Index, physical activity levels, and harmful use of alcohol. Health outcomes indicators include self-perceived health, positive mental health, and feeling safe. Social determinants include long-term unemployment, educational attainment, and income level – and tackling these determinants is an integral part of promoting better health outcomes (Government of Ireland, 2019).

Questions to study participants on their physical health and development in the upcoming waves of Growing up in Ireland could provide evidence that speaks to several of these indicators, such as documenting the proportion of 20- and 30-year-olds who are in good health, are meeting the recommended levels of physical activity for adults, and are engaging in risky alcohol consumption.



Furthermore, questions in the domain of physical health and development can help to identify health inequalities and shed light on the role of social determinants on these outcomes.

Healthy Ireland has been in effect since 2013, with its most recent phase running from 2021-2025. An online public consultation was launched in February 2026 to get the public's views and ideas on how best to develop the next phase of *Healthy Ireland* (Department of Health, 2026).

Several constituent strategies of *Healthy Ireland* are also relevant to the planned wave of data collection for 20- and 30-year-olds. These include:

- *National Sexual Health Strategy 2025-2035*
- *Healthy Food for Life*
- *A Healthy Weight for Ireland*
- *Tobacco Free Ireland*
- *National Physical Activity Plan 2024-2040*
- *Healthy Ireland Alcohol Policy, including the Public Health Alcohol Act 2018*

The vision of the *National Sexual Health Strategy 2025-2035* is for everyone in Ireland to experience positive sexual health and to have access to high quality information, education and services. One of the key initiatives launched as part of the strategy was the Free Contraception Scheme in 2022. Initially available for 17-25-year-olds, the scheme has since been expanded to include women, girls, and people identifying as transgender or non-binary, aged 17-35 (Department of Health, 2025a). Gathering data relating to 20- and 30-year olds' knowledge and use of sexual health services, as well as their sexual experiences, would provide important evidence relating to these policy objectives.

The *Healthy Food for Life* (Department of Health, 2013b) guidelines provide a consistent and evidence-based approach for healthy eating advice, providing practical support for individuals and families to make healthier food choices, and to ultimately improve their health and wellbeing. The upcoming waves of data collection could be used to collect vital information relating to the food choices of 20- and 30-year-olds in Ireland.

The objective of *A Healthy Weight for Ireland* 2016-2025 is to reduce the rate of obesity in Ireland, and to put measures in place to prevent people from becoming overweight or obese. It also aims to achieve a 10% reduction in the gap in obesity levels between the highest and lowest socio-demographic groups (Department of Health, 2016). Progress towards this goal is measured by the Healthy Ireland and Childhood Obesity Surveillance Ireland surveys, but longitudinal Growing Up in Ireland data on weight status are potentially informative for this policy aim, to shed light on the factors which predict movements in or out of overweight or obesity over time for children and young people.

Launched in 2013, *Tobacco Free Ireland* set an objective to have a smoking prevalence rate of less than 5% in Ireland by 2025. It also focused on addressing health inequalities across socio-economic groups with the report stating that "smoking is the greatest contributor to health inequalities between the richest and poorest sections of society. It is also a significant factor in gender-based



mortality differences" (Department of Health, 2013c: 25). Asking 20- and 30- year-old participants about their tobacco consumption could highlight such inequalities while also providing important evidence on progress in relation to these policy aims.

The Irish government has also implemented a number of measures in response to the growing popularity of vaping among young people. In December 2023, a law banning the sale of e-cigarettes to those under 18 was introduced (Department of Health, 2023). This ban is particularly relevant to Cohort 08 who would have been in their mid-teens when it came into effect. In addition, the *Public Health (Single-Use Vapes) Bill 2025*, commenced passage through the Oireachtas in December 2025. The bill aims to reduce the prevalence of vaping with a particular focus on protecting children and young people (Department of Health, 2025b). Growing Up in Ireland can be used to explore the impact of these initiatives on vaping prevalence, both amongst young people in general, and comparing rates between cohorts.

The goal of reducing levels of smoking aligns with *Smile agus Sláinte: National Oral Health Policy* (Department of Health, 2019a). This initiative aims to promote better oral health across the life-course and to reduce oral health inequalities. Data on oral health in the upcoming waves of Growing up in Ireland could shed light on the dental health of young of adults, the factors associated with dental health longitudinally, and the experience of access to dental health services.

The *National Physical Activity Framework 2024-2040* [11] and the *National Sports Policy 2018-2027*[12] seek to increase levels of physical activity and participation in sport. There is an increased emphasis on gender equality in sport, with the *Women in Sport Policy 2023* envisioning women having equal opportunity to reach their full potential, while also benefitting from lifelong engagement in sports (Sport Ireland, 2023). Gathering data from 20- and 30-year-olds about sport and exercise would provide vital insights on levels of physical activity and gender differences in sport.

The *Public Health Alcohol Act 2018* is a piece of legislation that aims to reduce alcohol consumption and limit damage to the nation's health, society and economy. The act includes provisions for minimum unit pricing, health labelling on products, restrictions on advertising of alcohol, the regulation of sports sponsorship, and restrictions on certain promotional activities (Department of Health, 2019b).

Reducing Harm, Supporting Recovery (Department of Health, 2017) was a health-led response to drug and alcohol use in Ireland that ran from 2017- 2025, committed to a health-led policy approach to drug and alcohol use, with the goal of reducing harm and promoting rehabilitation and recovery. Steps have been taken to support the development of a successor strategy in this area.[13] Questions on the alcohol consumption and drug-taking habits of 20- and 30-year-olds would

11 https://assets.gov.ie/static/documents/a66f6b61/National_Physical_Activity_Framework_2024-2040_English.pdf

12 https://assets.gov.ie/static/documents/national-sports-policy-2018-2027-0815113f-8d44-4756-8d19-5ac2c4501e35.pdf

13 https://www.gov.ie/en/department-of-health/publications/reducing-harm-supporting-recovery-2017-2025/#stakeholder-consultations-to-inform-the-development-of-a-successor-national-drug-strategy



provide important information in the context of this policy and legislation.

The objective of the HSE's *Public Health Strategy 2025-2030* is to achieve the best possible health and wellbeing for people living in Ireland. It sets out a roadmap for improving health outcomes, reducing inequalities, and strengthening Ireland's public health system (Health Service Executive, 2025). The upcoming waves of data collection for Cohort 98 and Cohort 08 could provide important information on young adults' utilisation of health services in Ireland.

3B - Summary of physical health topics from consultations

Expert panel

Almost all topics, both existing and new, proposed in the survey circulated to policy and research experts were considered relevant for inclusion in forthcoming waves of the study. In terms of existing health topics, the continued collection of information on most issues was considered highly relevant or essential. Long-term health issues were rated as highly relevant or essential by 94% for both 20 and 30-year-olds, diet and exercise were rated as such by 86% (20-year-olds) and 75% (30-year-olds), health service utilisation was rated as such by 88% (20-year-olds) and 84% (30-year-olds) and substance use was rated by 94% (20-year-olds) and 88% (30-year-olds) Equally, addiction was a potential new topic that was also considered highly relevant or essential, rated as such by 84% and 81% for 20- and 30-year-olds, respectively.

The collection of physical measurements (primarily height and weight) was also flagged as essential by many experts. For 20-year-olds, the direct physical measurement of height and weight (with a view to calculating BMI and obesity status) was considered very relevant or essential by almost three-quarters of all respondents. The measurement of blood pressure at age 20 was considered very relevant or essential by 53% of all respondents. The corresponding figures for 30-year-olds were 79% for height and weight, and 60% for blood pressure.

Focus groups

Health-related topics were also highlighted in the consultation focus groups with 20- and 30-year-olds. The 20-year-olds discussed the prevalence and normalisation of drug use amongst their peers (*"it's become a social norm to be addicted to some kind of substance"*), the risks associated with gambling, particularly online ("*Gambling is a huge problem among 20-year-olds. I know of a lot of people that are in severe debt over gambling*"), and the widespread prevalence of vaping too. Whilst the groups noted that many young adults go to the gym, they also flagged issues relating to body image and efforts to lose weight, often perpetuated via social media.

For the 30-year-old focus group attendees, the value of physical activity in terms of improving mental health was discussed ("*If I'm not exercising or eating well or in the gym, I find my head can be a bit all over the place and it affects me even in work and affects my sleep*"). This group also mentioned the normalisation of drug use amongst their peers ("*There does seem to be a lot of that culture, like people have four pints, a lot of people will be trying to get a bag coke as well*") and



wider risky health behaviour issues (*"there will be indulgence but no addiction… so it's like socially drinking, socially smoking or gambling, but it's not an addiction"*).

Comparable studies

From the review of international studies comparable to Growing Up in Ireland, it is clear that topics associated with physical health are explored in the vast majority of studies, in some cases briefly, and in others in great depth. Most studies explore general health status and illnesses, many asked about health behaviours like diet and activity, risky health behaviours (drinking, smoking, drug use), health service utilisation, sleep and medication. Physical measurements were taken in a large proportion of studies too, ranging from height and weight to lung function and strength tests, anthropometric scans, and genetic biomarker data collection. A summary of health topics explored in comparable studies is outlined in the table below.

Table 3: Summary of health topics in comparable studies

Study	Health Topics
1958 National Child Dev. Study	General health, smoking, drinking, drugs
1970 British Cohort Study	General health, diet and exercise, alcohol consumption, smoking, illegal drug use, height and weight
Next Steps	Physical health status, exercise, diet, smoking, drinking, drug use
Southampton Women's Survey	Dietary info, blood and saliva samples, bone scans, lung function, physical activity measurement
Fragile Families Study	General health, health behaviour, substance use
National Longitudinal Study of Adolescent to Adult Health (Add Health)	Diet, physical activity, health services use, sexual behaviour, contraception, STIs, pregnancy, substance use, injury, sleep, eating habits, illnesses and medications, physical activities Biomarkers: Height, weight, genetic (buccal cell DNA), metabolic, immune, inflammation, cardiovascular, medications, candidate genes, GWAS.
Millennium Cohort Study (MCS)	Medical records (linkage), health service utilisation, immunization, pre-scription
Ten to Men	Use of health services, health-related behaviours, health status, health knowledge, pornography
Born in Bradford	Obesity, asthma and allergy, heart diseases and diabetes, risk factors for genetic disorders, vision problems, physical activity

Study	Health Topics
TILDA	General health, personal health behaviours Health Assessment: cognition/neuropsychological, cardiovascular, strength and bone density, gait, balance and sensory, macular degeneration.
ALSPAC	Health, physical activity, vision, substance use, smoking and e-cigarette use, dental health, gambling, tanning and sun exposure, healthcare use, allergies and breathing, pornography
NI Cohort for the Long. Study of Ageing	Chronic illness, disability, biomarkers, health services, nutrition, physical activity, healthcare utilisation, vision
Whitehall II	Family health history, diet, birth weight, diabetes, medication, stroke, women's health, drinking, physical activity, smoking

3C – New or extended topics in physical health

Physical measurements (both cohorts)

A healthy weight is a key component of good overall physical health and wellbeing. Being overweight or obese is predictive of a wide range of negative health outcomes in the short- and particularly in the long-term (Lingvay et al., 2024), increased dependence on health services (Evans et al., 2023), and poor socio-emotional wellbeing too (Rindler et al., 2023). The ability to track individual trends in weight status over an extended period of time (as has been possible using data from past waves of Growing Up in Ireland) is particularly beneficial, as it is sustained, prolonged exposure to obesity that leads to serious health risks later in life (Sidhu et al., 2024).

Blood Pressure

Blood pressure is a valuable indicator of overall cardiovascular health across the life-course. Cardiovascular disease is the primary cause of death amongst adults in Ireland, accounting for 33% of all deaths and 13% of premature deaths (under 65; Stamenic et al., 2025). It is recommended that adults should have a blood pressure measurement taken every three years, and more often after age 40.[14]

It is important to track evidence of elevated blood pressure or hypertension (i.e. high blood pressure) early in life as it may provide an early indication of the risk of subsequent cardiovascular issues, including heart disease and stroke (Gray et al., 2011). High blood pressure in early adulthood may also be indicative of an underlying condition (i.e. 'secondary' hypertension) such as kidney disease.

14 Irish Heart Foundation. (n.d.). Blood pressure: What you need to know. Irish Heart Foundation. Retrieved August 10, 2026, from https://irishheart.ie/how-to-keep-your-heart-healthy/blood-pressure/

Blood pressure data from a comparable longitudinal study (ALSPAC) has been used to explore the association between blood pressure (taken from age seven onwards) and subsequent brain health in early adulthood (Haines et al., 2024). Another similar study, Born in Bradford, used blood pressure measurements in adolescence to identify those young people with early cardiometabolic risk that may warrant preventative action (Moyo et al., 2026). Whilst it has not been done to date, data from Growing Up in Ireland could be used to explore the socio-demographic and lifestyle factors associated with hypertension, and the association between blood pressure early in life (from age 17 on) with subsequent health outcomes. This avenue of research will become increasingly valuable as the cohort ages and the risk of cardiometabolic disease increases.

Measuring blood pressure is a relatively simple process and does not require a trained clinician to take the measurement. It has been successfully collected at past waves of the study (Cohort 98 at age 17 and 20), with the measurement collected by an interviewer using accurate but affordable equipment and an established method.

At past waves, respondents were provided with a general information sheet on blood pressure, including information on healthy and unhealthy readings. Whilst they were not given direct feedback on their individual results, they could view the monitor as the reading was taking place and compare the result to the information sheet readings. Such information could incentivize respondents to participate in the study at forthcoming waves.

Past Measurements

Traditionally, physical measurements have been a core component of Growing Up in Ireland fieldwork. For Cohort 98, height and weight measurements have been taken by an interviewer at all waves from ages 9 to 20. For Cohort 08, height and weight measurements have been taken at all waves, bar the postal wave at age 7/8, from ages 9 months to 9 years. Further, blood pressure was measured for Cohort 98 at ages 17 and 20, and waist circumference was measured at age 20 too.

It was only at the most recent waves of the study (Cohort 08 at age 13, Cohort 98 at age 25) that these direct measurements were not taken. This decision was informed by the revised mode of data collection at these waves of the study; in both instances data were collected remotely (online for the latter, and a combination of phone and online for the former).

Numerous studies have noted that participants who self-report their physical measurements tend to over-report their height and under-report their weight, subsequently underestimating their body mass index (BMI) and obesity risk (Merrill & Richardson, 2009; Olfert et al., 2018). In these studies, underestimation of BMI tended to be greater among females and those in older age ranges.

Recommendation for Cohort 08 at 20:

- Where mode allows, collecting direct measurements of height and weight for both cohorts should be considered, with a view to producing an objectively measured calculation of BMI and weight classification

Recommendation for Cohort 98 at 30:

- Where mode allows, collecting direct measurements of height and weight for both cohorts



should be considered, with a view to producing an objectively measured calculation of BMI and weight classification

- Collecting a direct measurement of blood pressure from participants in Cohort 98 at 30 should be considered.

Drug use (both cohorts)

According to the European Union Drugs Agency's (EUDA) European Drug Report 2025 (EUDA, 2025), cannabis remains the most commonly used illicit drug in Europe, followed by cocaine. In Ireland, 4.7% of young adults aged 15-34 years used cocaine in the last year (2024), compared to 2.7% on average across the European Union. Cocaine was also cited as the most common problem-drug amongst people entering specialist drug treatment for the first time in both Ireland and Europe, accounting for almost 40% of all cases.

As per the same report, the availability of high-potency cannabis products is increasing, with usage linked to a range of physical and mental health problems. The 2019/20 National Drug and Alcohol Survey reported that 13.8% of young adults (15-34 years) used cannabis in the last year, slightly less than the EU average of 15.4% (Mongan et al., 2021). The same survey found that 6.5% of young adults had used MDMA in the past year.

The consequences of illegal drug use include physical health problems, psychological issues and addiction (European Monitoring Centre for Drugs and Drug Addiction, 2017). There is extensive literature on the link between drug use and mental health outcomes in adolescence; cannabis, for example, has been found to trigger acute psychotic episodes where a predisposition exists and may worsen outcomes in established psychosis (Patton et al., 2002).

Attitudes to drug usage

Looking at attitudes to illicit drug use, there is evidence that it has become an unremarkable feature of many young people's social lives. This concept, known as normalisation theory, posits that drug use is socially and culturally accepted among the non-drug using population and is increasingly culturally embedded in wider society (Pennay & Measham, 2016). The normalisation of drug use has serious implications, in that it may lead to potential drug users, particularly young users, underestimating the health risks associated with illicit drug use.

Potential survey questions on the topic of drug normalisation and perceived harm have been developed and employed by the European School Survey Project on Alcohol and other Drugs (ESPAD). We propose making minor adaptions to these questions (reducing the length) for use across both forthcoming waves of Growing Up in Ireland. In terms of drug normalisation, the proposed question would be: *How many of your friends would you estimate… (a) smoke cigarettes; (b) drink alcohol beverages; (c) take illicit drugs (cannabis, cocaine, ecstasy, etc.)? [none / a few / some / most / all]*. In terms of drug harm, the proposed question would be: *How much do you think people risk harming themselves (physically or in other ways), if they…(a) smoke cigarettes occasionally; (b) drink alcohol occasionally; (c) try illicit drugs (cannabis, cocaine, ecstasy, etc) occasionally? [no risk / slight risk / moderate risk / great risk / don't know]"?).*



Consultation

Drug use was explored during the consultation focus groups with 20- and 30-year-olds. Amongst the former, it was perceived that drug use is widespread and broadly normalized, often more so than drinking alcohol (*"Drugs are actually everywhere"*, *"It's become a social norm to be addicted to some kind of substance"*. The normalisation of drug use was echoed by the older (30-year-old) cohort, with cocaine consumption (along with drinking) considered normal on a night out. It was suggested that this behaviour tends to begin in your twenties and track through into your thirties.

Previous Findings from Growing Up in Ireland

Looking to past waves of Growing Up in Ireland, relevant findings on drug use were produced for Cohort 98 at ages 20 and 25. At age 20, more than one-fifth of the cohort (22%) had tried cocaine at least once, 17% had tried ecstasy, and 12% had tried ketamine (O'Mahony et al., 2021). By age 25, over half of all young people had tried cannabis, and 14% were current users. Looking at usage of other non-prescription drugs in the last year, cocaine was the most common drug (21%), followed by ecstasy (11%) and ketamine (10%; CSO, 2025). These findings further emphasise the increased prevalence of cocaine usage amongst young adults in Ireland.

Past Questions

Across the two most recent wave of data collection for Cohort 98 at age 20 and 25, participants were asked about cannabis use (historical, current, and reasons for), other drug use, and a modified version of the CAGE questionnaire (a substance abuse screening tool).

Recommendations for Cohort 08 at 20:

- Retaining the questions relating to historical drug use used at age 20 and 25
- Adding more detailed questions on cocaine usage similar to those relating to cannabis usage (current usage, frequency), given cocaine's strong links to subsequent drug addiction treatment
- Asking about their general attitudes to drug use and their thoughts on the associated harm, to gauge normalisation. The questions based on the European School Survey Project on Alcohol and other Drugs (ESPAD, 2019), outlined above, could be employed.

Recommendations for Cohort 98 at 30:

As for age 20, the Department recommends

- Retaining the questions relating to historical drug use used at age 20 and 25
- Adding more detailed questions on cocaine usage similar to those relating to cannabis usage (current usage, frequency), given cocaine's strong links to subsequent drug addiction treatment
- Asking both 20- and 30-year-olds about their general attitudes to drug use and their thoughts on the associated harm, to gauge normalisation.

Body image (both cohorts)

Self-perceived weight provides a subjective assessment of an individual's body size; respondents can describe themselves as *very underweight* all the way through to *very overweight*. As such, it acts as a useful proxy indicator of body image. It is particularly valuable when examined in tandem with objective information on body size (i.e. weight, BMI). Where disparities exist between answers, associated factors can be explored.

Negative weight perceptions are increasing consistently; research suggests that up to 62% of females and 39% of males experience body dissatisfaction (Al Sabbah et al., 2009). Research also strongly supports an association between increased (social) media consumption and body image dissatisfaction (Dane and Bhatia, 2023). Body dissatisfaction is also strongly linked to disordered eating behaviour (Abdoli et al., 2025).

A related emerging issue is the rapid uptake of semaglutide weight-loss medications (GLP-1), with Ozempic and Wegovy the most commonly known brands. According to an analysis of HSE data, there has been a 140% increase in the usage of these sorts of medication in the three years up to December 2024 (Doran et al., 2025). At the same time, there is growing evidence that these drugs are increasingly being self-medicated and misused for cosmetic or aesthetic use, prompting concerns about misuse from health practitioners and researchers (Han et al., 2024).

At past waves of Growing Up in Ireland, respondents have been asked to describe themselves in terms of their self-perceived weight (i.e. very underweight, underweight…). For Cohort 98 and 08 at age 17, respondents were also asked a set of questions relating to efforts to lose weight and potential eating disorders (*Have you ever exercised to lose weight or to avoid gaining weight?; Have you ever eaten less food, fewer calories, or foods low in fat to lose weight or to avoid gaining weight?; Have you ever exercised to 'bulk up' or maintain muscle mass?; Are you satisfied with your eating patterns?; Do you ever eat in secret?; Does your weight affect the way you feel about yourself?).*

At age 25, Cohort 98 respondents were also asked if they currently or have ever suffered from an eating disorder (*Do you currently suffer with, or have you ever suffered in the past with an eating disorder?*).

Recommendation for Cohort 08 at 20: It is proposed to retain items on self-perceived weight status used at previous waves of the study. For Cohort 08 at 20, it is proposed to retain those questions asked of Cohort 98 and Cohort 08 at age 17 about eating disorders and eating to lose weight.

Given the emergence of GLP-1 weight-loss drugs like Ozempic in recent years, we propose introducing the following questions on the use of this medication for the purpose of losing weight: *Have you used a weight-loss medication?; What was this medication?; Was it prescribed by a doctor?; How long have you been using it for/did you use it?; Have you lost weight since using it? If yes, how much approximately?*

Recommendation for Cohort 98 at 30: It is proposed to retain items on self-perceived weight status used at previous waves of the study.

As per the recommendation for age 20, include new questions on the use of GLP-1 weight-loss drugs.



3D - Continuing topics in physical health for both Cohort 08 at 20 and Cohort 98 at 30

Self-reported health

Self-rated health is a valid, reliable and widely-used indicator of general physical health status. It is often used in large-scale surveys, including those developed by the World Health Organization (Jürges et al., 2008). As such, results in the Irish context can easily be compared with other studies internationally.

It has successfully been asked at all previous waves of Growing Up in Ireland; the question used (*In general, how would you say your current health is?*) was derived from the Short Form Health Survey, with responses on a five-point Likert scale ranging from 1 (*excellent*) to 5 (*poor*). For Cohort 98, 23% of 25-year-olds rated their health as *excellent*, although a further 11% rated their health as *fair* or *poor*.

Recommendation for Cohort 08 at 20: Retain the question on self-related health used at all previous waves of the study.

Recommendation for Cohort 98 at 30: Retain the question on self-related health used at all previous waves of the study.

Chronic conditions

Chronic conditions are non-communicable, long-term diseases or illnesses, lasting more than six months, that may involve some functional impairment or disability. Examples include musculoskeletal conditions, diabetes, cancer, mental disorders and asthma. Chronic diseases are the leading cause of death and morbidity in developed countries. In Ireland, it is estimated that approximately 27% of the population have a chronic disease (HIQA, 2015).

For young adults, chronic diseases can affect them in many ways and can lead to difficulties negotiating daily tasks (when compared to their healthy peers). Chronic conditions are associated with increased risk of poorer psychological wellbeing (Yeo & Sawyer, 2005) and can lead to a sense of alienation as a result of the requirements of managing the condition and an inability to participate in recreational and sporting activities (ibid.).

In past waves of Growing Up in Ireland, respondents have been asked to outline what, if any, chronic condition they had, if it has been diagnosed by a medical professional, and whether they were hampered by it in their daily life. For Cohort 98 at age 25, almost one-quarter of respondents (23.7%) reported having a chronic condition (CSO, 2025).

Recommendation for Cohort 08 at 20: The Department recommends retaining the questions asked at the age 25 wave of the study. This includes asking the respondent if they have any of a list of longstanding conditions or illnesses, with an open text 'other, specify' answer category (which can be used in the pilot to inform a revised list in main fieldwork). Responses to this



question should be recoded to the WHO's ICD-11 classifications. Follow-up questions about chronic illnesses, about a medical diagnosis and the extent to which they hamper daily activities should also be included.

Recommendation for Cohort 98 at 30: As per age 20, the Department recommends retaining the questions asked at the age 25 wave of the study. This includes asking the respondent if they have any of a list of longstanding conditions or illnesses, with an open text 'other, specify' answer category. Follow-up questions about chronic illnesses, about a medical diagnosis and the extent to which they hamper daily activities should also be included.

Healthcare utilisation

Healthcare utilisation is a valuable metric to gauge overall health and wellbeing. As an objective indicator (i.e. number of GP visits in a defined time period), it can be used to supplement the more subjective measure of self-reported general health (see above) to give a broader picture of an individual's general health. The resultant information may allow researchers to look at the types of healthcare services used most frequently by young adults, both as an indicator of health-need and to determine whether there are socio-economic differences in healthcare utilisation over and above health status.

At past waves of Growing Up in Ireland, respondents were asked how many times they attended or talked with a health professional in the past year (with a long list of options including GP, nurse, and physiotherapist). The question was adapted from the National Longitudinal Survey of Children and Youth. The list has been expanded in recent times, with newer additions including private emergency clinics, health helplines, out-of-hours GP services, alternative therapists, and the separation of psychiatrists from psychologists/counsellors.

Recommendation for Cohort 08 at 20: The Department recommends repeating the question used at the age 17, 20 and 25 waves of the study regarding healthcare utilisation (*In the last 12 months, how many times have you seen or consulted, or talked on the phone with*...).

Recommendation for Cohort 98 at 30: As per age 20, the Department recommends repeating the question used at ages 17, 20 and 25 years regarding healthcare utilisation.

Nights in hospital

Greater use of secondary healthcare, particularly in terms of number of nights spent in hospital, is a simple and useful marker for ill-health. This can be used as a supplemental objective indicator of a person's overall health profile alongside self-rated health, chronic conditions and wider health service utilisation.

At past waves of Growing Up in Ireland, respondents were asked 'how many nights have you spent in hospital in total in the last 12 months, from illness or injury?'. At age 20, 6% of Cohort 98 had spent a single night in hospital and a further 6% had spent more than one night in hospital in the

last year (Growing Up in Ireland Study Team, 2019). Looking specifically at those who had spent more than one night in hospital, there were significant differences according to household income – 11% of those from the lowest income quintile had spent more than one night in hospital in the last year, compared to just 5% of those from the highest income quintile.

Recommendation for Cohort 08 at 20: The Department proposes repeating the question on nights in hospital in the past year as used at ages 17, 20 and 25 years. However, there may be scope for the CSO to explore the possibility of sourcing this information from administrative data sources.

Recommendation for Cohort 98 at 30: As per age 20, repeat the question on nights in hospital in the past year as used at ages 17, 20 and 25 years for Cohort 98 unless available through administrative data.

Barriers to healthcare

There are many potential barriers to the receipt of healthcare service, including high/unaffordable costs, lengthy waiting lists, and practical issues like being unable to take the necessary time off work. Asking about this issue is extremely important from a public policy perspective, particularly where socio-economic factors and disparities may inform who is unable to receive healthcare and why not. In recent years there has been increased policy-informed emphasis to ensure access to healthcare is based on need over the ability to pay, but evidence suggests this is not the case in reality (Connolly, 2024).

In the past, respondents were asked '*if there had been any time in the past 12 months when they had needed to consult a GP or other medical specialist but did not*', and if so, why. They were given a list of possible reasons to choose from: *you couldn't afford to pay; the necessary medical care wasn't available or accessible to you; you could not take time off work/college to visit the doctor; you wanted to wait and see if the problem got better; you were afraid of visiting the doctor; you are still on the waiting list; too far to travel/no means of transport; you couldn't get an appointment when you needed to; other (specify)*.

Recommendation for Cohort 08 at 20: The Department recommends asking the respondents the same two questions as used for Cohort 98 at age 20 at the forthcoming wave, if they had an unmet medical need and why it remained unmet.

Recommendation for Cohort 98 at 30: As per the recommendation for age 20, the Department recommends repeating previously used questions on an unmet medical need and the associated reason.

Health insurance/medical card

The importance of private healthcare and the extent of fee-paying in the Irish healthcare system have led some to argue that the system is not available to all on the basis of need alone but rather that personal circumstances determine access (Connolly, 2024). Medical insurance and medical card status can significantly impact access to healthcare services, which can lead to increased risk of



negative health outcomes (Connolly, 2024). A strong social gradient has previously been identified in terms of access to a medical card or medical insurance (Walsh et al., 2025); this interaction warrants further exploration as participants get older and their status exists independently of their parents.

Recommendation for Cohort 08 at 20: It is recommended to ask respondents if they have a medical card and if they are covered by private medical insurance (not just travel insurance). If they answer *yes* to having private health insurance, follow-up questions on whether the policy includes the cost of GP visits and also if this is their own policy, part of their parents'/family policy or provided by work should also be asked.

Recommendation for Cohort 98 at 30: As per age 20 recommendation, ask respondents if they have a medical card and if they are covered by private medical insurance. Follow-up questions to private medical insurance to include whether the policy includes the cost of GP visits, if this is their own policy, part of their parents'/family policy or provided by work should also be asked.

Sleep

Inadequate and poor-quality sleep can negatively affect a person's wellbeing in many ways: among other things, it can impact emotional wellbeing in terms of increased risk of depression and mood disturbance, and physical health by negatively impacting metabolism which can lead to obesity risk (Owen, 2014). There is strong emerging evidence that suggests an association between screen time and sleep problems (ibid.).

At past waves of Growing Up in Ireland, participants were asked about the amount of sleep that they got, and whether they had difficulty sleeping. At age 17/18, 30% of respondents from Cohort 98 reported difficulty sleeping, with this figure rising to 38% by age 20 (Growing Up in Ireland Study Team, 2019).

Recommendation for Cohort 08 at 20: Questions relating to sleep duration (*number of hours/ minutes*) and difficulty with sleep (*a lot, some, none*), used at the age 17 and 20 waves of the study for Cohort 98, should be retained.

Recommendation for Cohort 98 at 30: As per age 20 recommendation, retain questions of sleep duration and difficulty with sleep.

Dental health

Tooth decay in young adults is of concern because it is painful for the individual, treatment is challenging, and it may affect self-esteem and physical appearance (Irish Oral Health Services Guideline Initiative, 2009). The long-term effects of poor oral health are also serious: poor oral health is linked to acute and chronic disease such as cardiovascular disease, diabetes, cancer and chronic obstructive pulmonary disease (Humphrey et al., 2008). Of concern, research also points to social class differences in oral health (Reda et al., 2018). Further, health professionals have

noted, via the consultation processes with practice and research experts, that there is a dearth of information on young adult's dental health in Ireland, Growing Up in Ireland being one of the few sources of relevant and valuable data.

At age 25, respondents from Cohort 98 were asked to self-rate their dental health, state how frequently they visited a dentist, and whether there was an instance in the last year when they really needed to consult a dentist but did not. If they answered yes to the final question, a follow-up question enquired as to the reason(s) why they did not consult a dentist.

Recommendation for Cohort 08 at 20: It is proposed to include the same questions as were asked of Cohort 98 at 25, on self-rated dental health, dentist visits, and unmet dental needs.

Recommendation for Cohort 98 at 30: As per age 20, it is proposed to include the same questions as were asked of Cohort 98 at 25 for age 30, on self-rated dental health, dentist visits, and unmet dental needs.

Physical activity

Physical activity is, along with diet, the most influential modifiable factor associated with obesity risk; higher levels of physical activity are linked with reduced risk of obesity. Further, achieving recommended physical activity guidelines has a protective effect against cardiovascular diseases, cancers and type II diabetes (Lee et al., 2012). Research suggests that physical activity levels tend to decline from adolescence into adulthood, marking this period as a critical juncture for physical activity research (Corder et al., 2019).

Current guidelines for adults, as set out by the World Health Organization (WHO) and adopted by the Department of Health[15], suggest that adults should be doing 30 minutes of moderate to vigorous physical activity at least five days of the week. Adult guidelines also recommend doing two bouts of muscle-strengthening activities per week.

Recent waves of Growing Up in Ireland have asked respondents how often they partake of moderate, vigorous and muscle strengthening activities. For Cohort 98, 70% of 20-year-olds achieved the recommended guidelines to be considered 'physically active', with 74% of young men sufficiently active compared to 66% of young women (Growing Up in Ireland Study Team, 2019).

Recommendation for Cohort 08 at 20: A standardised set of questions for measuring physical activity, based upon the WHO guidelines of 30 mins of moderate-to-vigorous activity at least five days per week and two bouts of muscle-strengthening activity, is recommended for the forthcoming wave; this would allow for a) assessment of the number of respondents achieving the government-set physical activity guidelines and b) international comparison of findings relating to physical activity.

15 https://assets.gov.ie/static/documents/every-move-counts-national-physical-activity-and-sedentary-behaviour-guidelines-for-ir.pdf



Recommendation for Cohort 98 at 30: As per age 20, a standardised set of questions for measuring physical activity, based upon the WHO guidelines of 30 mins of moderate-to-vigorous activity at least five days per week and two bouts of muscle-strengthening activity, is recommended for the forthcoming wave for Cohort 98 at age 30.

Reasons for (not) exercising

A wealth of research points to a significant reduction in physical activity levels from adolescence to adulthood (Corder et al., 2019); with the transition from secondary school to college or work being a particularly 'risky' time (ibid). As such, it is of great importance to explore barriers to participation in sport and exercise, as well as the reasons why people take part.

Such questions will provide insight into motivators and barriers to exercise at this stage in the life-course to inform policies and interventions aiming to increase physical activity rates in young people.

For Cohort 98 at age 20, follow-up questions on physical activity asked about both reasons for, and barriers to, taking part in exercise or sport. Respondents were given seven options for taking part in sport/exercise, for example, '*to control my weight*'. Respondents were also given four options for not partaking in sport; including '*don't have enough time*', *'not interested'.*

Recommendation for Cohort 08 at 20: The Department proposes reusing the same questions used at age 20 (Cohort 98) about a) reasons for partaking in sport/exercise (medium priority) and b) barriers to participation (high priority).

Recommendation for Cohort 98 at 30: As per age 20 recommendation, re-use previous questions about a) reasons for partaking in sport/exercise (medium priority) and b) barriers to participation (high priority).

Diet

Diet is arguably the primary modifiable lifestyle factor linked to overweight and obesity (Romieu et al., 2017). A strong social gradient can be observed across many health outcomes associated with dietary behaviour, (Hanson & Chen, 2007) particularly poor diet, underlying the importance of exploring the key lifestyle behavioural factors that may influence them. It is of particular importance to explore unhealthy eating habits like sugary snacking behaviour and takeaways, as they have been shown to be key drivers of obesity risk (Must et al., 2009). In contrast, healthy eating habits, such as eating five portions of fruit and vegetable per day, are considered protective against serious health problems like heart disease and some forms of cancer.[16]

Dietary habits can often persist throughout adulthood, highlighting the importance of exploring

16 https://www.who.int/tools/elena/interventions/fruit-vegetables-ncds

long-term trajectories in terms of this behaviour, and the benefits of combatting poor diet at this key stage in life (Craigie et al., 2011).

At past waves of Growing Up in Ireland, a food frequency questionnaire (adapted from the Sallis-Amherst Food Frequency Questionnaire) was designed to obtain information on the respondent's dietary intake (20 items) over a 24-hour period. Participants have also been asked about snacking behaviour, fruit/vegetable consumption and takeaways.

Recommendation for Cohort 08 at 20: For longitudinal consistency, the Department recommends retaining the 20-item food frequency questionnaire (if space allows), the items on snacking behaviour included for Cohort 08 at 13 and the items on the consumption of fruit and vegetables that were used for Cohort 98 at ages 17 and 20.

Recommendation for Cohort 98 at 30: As per the age 20 recommendation, retain the 20-item food frequency questionnaire, and the items on snacking behaviour and the consumption of fruit and vegetables.

Smoking and vaping

The epidemic of tobacco use remains a serious public health threat worldwide; tobacco kills more than seven million people each year (including 1.6 million through exposure to second-hand smoke).[17] In Ireland, tobacco use is the leading cause of preventable illness and death (Department of Health, 2013c). Nine out of 10 smokers begin smoking before the age of 18, and those who begin smoking in early life are far more likely to smoke in later life too.[16] While considerable progress has been made in reducing the number of people who smoke in Ireland, smoking rates are highest among young adults (Healthy Ireland, 2024).

The prevalence of vaping (also known as e-cigarette usage) has increased substantially in recent years, particularly amongst young people. The most recent Healthy Ireland survey (2024) found that 8% of the population use vapes either daily or occasionally, but this figure increases to 17% for those aged 17-25. Whilst vaping is often seen as a "less unhealthy" alternative to smoking, it can be addictive and the long-term negative health effects remain unclear.

At past waves of the study, respondents were asked how often (if at all) they smoked or vaped. For Cohort 98, a very similar proportion of 25-year-old respondents said that they smoked (21.1%) or vaped (21.5%) frequently or occasionally (Central Statistics Office, 2025).

Recommendation for Cohort 08 at 20: The Department recommends retaining the questions used at age 25 on cigarette and e-cigarette usage. Tracking longitudinal trends and individual trajectories will allow researchers to observe how key health behaviours, like smoking and vaping, evolve over time, identify risk factors associated with negative health outcomes and develop interventions to address these issues.

Recommendation for Cohort 98 at 30: As per the age 20 recommendation, retain the previous questions on cigarette and e-cigarette usage.

17 https://www.who.int/news-room/fact-sheets/detail/tobacco

Alcohol consumption

In 2023, the World Health Organization categorically stated that no level of alcohol is safe in terms of its impact on health.[18] However, they also note that the most severe harms associated with alcohol tend to come from heavy episodic (binge) drinking. It is a major risk factor for the global burden of disease, linked to health issues like cancer, cardiovascular disease, depression and injury (Rehm et al., 2009). The most recent Healthy Ireland survey indicated that more than one-third of adults (age 15 or over) drink at least weekly, and 28% binge drink on a typical drinking occasion.

In Growing Up in Ireland, participants have previously been asked to complete the World Health Organization's AUDIT screening tool (Babor et al., 2001), a set of 10 questions used to determine harmful alcohol consumption. Scores can be used to indicate the likelihood of hazardous or harmful alcohol consumption and alcohol dependence.

Recommendation for Cohort 08 at 20: It is proposed to use the AUDIT screening tool at the forthcoming wave. This set of questions was used for Cohort 98 at ages 17, 20 and 25, and Cohort 08 at age 17, so continued use of this tool would allow for accurate intra- and inter-cohort comparisons of an important health trend.

We further propose asking respondents if they have ever tried to give up or reduce their alcohol consumption, and if they were successful in this. These questions were previously asked of Cohort 98 at age 20. At either age 20 or 30, respondents may have reflected that (excessive) alcohol consumption was negatively impacting their lives and tried to address that, so it may be a cause for concern for policymakers and health professionals if young adults have tried but failed to reduce their drinking.

Recommendation for Cohort 98 at 30: As per the age 20 recommendation, it is proposed to use the AUDIT screening tool at the forthcoming age 30 wave and the questions about attempts to give up of reduce alcohol consumption as previously asked with this cohort at age 20.

Gambling

Gambling is a major public health issue; it is officially classed as an addictive behaviour, it can lead to mental and physical health issues, financial difficulties, and can impact relationships (Gilmore et al., 2023). Recent evidence from Ireland supports the theory that childhood gambling experiences (either gambling oneself or exposure to parental gambling) is a significant predictor of problem gambling later in life (Ó Ceallaigh et al., 2026).

The prevalence of gambling, both in Ireland and internationally, is increasing (Tran et al., 2024). As a result, problematic gambling behaviour has become increasingly important from a public health perspective. A recent report from the Economic and Social Research Institute estimated that 1-in-30 adults in Ireland suffers from problem gambling (Ó Ceallaigh et al., 2023). Problematic gambling

18 https://www.who.int/europe/news/item/04-01-2023-no-level-of-alcohol-consumption-is-safe-for-our-health



behaviour, particularly gambling addiction, has serious mental health implications, and is linked to depression, anxiety, and increased suicide risk (Dooley & Fitzgerald, 2012).

There has been substantial change regarding gambling and the law in Ireland in recent years. The Gambling Regulation Act 2024 commenced in February 2026 and included a range of new initiatives, including the establishment of the Gambling Regulatory Authority of Ireland, a ban on the use of credit cards for gambling, advertising restrictions, and an exclusion register.

In past waves of Growing Up in Ireland, respondents were asked about frequency of buying lottery tickets/scratch cards, frequency of playing casino tables or video games for money and whether they had ever played any other games for money. These questions were adapted from the National Longitudinal Study of Adolescent Health. In terms of problematic gambling behaviour, they were also asked if they *ever felt the need to bet more money* or if they *ever had to lie to people important to you about how much you gambled*)

At age 17, Cohort 08 were asked if they had gambled (online or in-person) in the last year, how often, when they first gambled and the main reason for gambling. However, the survey has not previously explored the impact of parental gambling on their child's subsequent gambling behaviour, nor has it included established questions on gambling severity.

At age 25, over half (51%) said they had gambled in person, and 40% had gambled online (Central Statistics Office, 2025). In a 2026 research paper using data from Growing Up in Ireland, it was reported that 7.2% of 20-year-olds gambled weekly, with males having approximately double the gambling rate of females (Mohan, 2026).

Recommendation for Cohort 08 at 20: In the interest of continuity, the Department recommends that the questions asked at age 20 and 25 are continued for both cohorts at forthcoming waves, with a view to exploring longitudinal trends and gauging the impact of the new legislation and initiatives to combat problem gambling. Additional questions on exposure to gambling as a child are also recommended; potential questions could be derived from the research conducted by Ó Ceallaigh et al. (2026; mentioned above).

Further, the Department recommends including the Short-form Problem Gambling Severity Index (Volberg & Williams, 2012). This scale has been validated, used internationally, and allows the user to categorise respondents as either non-problem, low-risk, moderate-risk, or problem gamblers. This scale was recommended for inclusion during the research expert consultation.

Recommendation for Cohort 98 at 30: As per age 20 recommendation, it is proposed that questions on the nature of gambling used with Cohort 98 at 20 and 25 be repeated with a new retrospective question on exposure to gambling as a child. The Department also recommends including the items from the Short-form Problem Gambling Severity Index (Volberg & Williams, 2012).

Sexual health

Sexual health behaviours in young adults have received increased attention in recent years. Almost half of all sexually transmitted diseases occur from adolescence to young adulthood (Bersamin et al., 2012), and risky sexual behaviour is the primary driver of the spread of sexually transmitted infections (STIs) and unintended pregnancy. According to the Health Protection Surveillance Centre, STI prevalence in Ireland reached a record high in 2023, with those aged 20-29 most likely to be affected.[19]

The forthcoming waves of Growing Up in Ireland with 20- and 30-year-olds present an opportunity to assess the extent to which people in both cohorts are aware of and use the free contraception scheme initiated by the Department of Health in 2022. The scheme initially provided a free contraception service to women aged 17-25 years which was expanded in 2024 to include those up to age 35.[20]

In past waves of Growing Up in Ireland, young adult respondents were asked if they used condoms (with answers categories ranging from *yes, on every occasion* to *no, never*) or some other form of contraception during sexual intercourse (with answers including *always* and *no, as trying to conceive*), and if they ever had a sexually transmitted infection (*never, once, more than once*). For Cohort 98 at age 20, 61% of respondents reported that they *always* used some form of contraception during intercourse, with the rate higher for women (66%) than for men (57%; O'Mahony et al., 2021).

Recommendation for Cohort 08 at 20: The Department recommends retaining the three questions relating to sexual health previously asked of Cohort 08 at 20 on condom use, contraception use, and STIs. We further propose retaining the two questions about the free contraception scheme asked of Cohort 08 at age 17.

Recommendation for Cohort 98 at 30: As per age 20, the Department recommends retaining the three questions on condom use, contraception use, and STIs previously asked at age 20 plus two questions on the free contraception scheme introduced for Cohort 08 at 17.

Pornography

As noted in the Research Needs Report for Cohort 08 at 17 (DCEDIY, 2024), policymakers and other stakeholders have expressed concern about the potential for pornography use to encourage misogyny, violence and to undermine gender equality (e.g. *Third National Strategy on Domestic, Sexual and Gender-Based Violence 2022-2026*). The recent *National Strategy for Women and Girls 2025-2030*, published by DCDE in 2025, has two specific aims in relation to pornography under

19 Surveillance of STIs in Ireland, 2023 - https://www.hpsc.ie/a-z/sexuallytransmittedinfections/stireports/2023reports/#d.en.24254

20 HSE Free Contraception Scheme - https://www.gov.ie/en/department-of-health/campaigns/free-contraception-scheme/

the strategic objective to 'eradicate violence and women and harassment of women': to reduce exposure to violent and extreme pornography, and to provide effective education for children and young people on the impacts and harms of pornography (DCDE, 2025, p.19).

Cohort 98 were previously asked a single binary question about pornography at age 20, as part of a longer list of 'things you use the internet for'. A report by Nolan and Smyth (2024) using these data found that pornography use was heavily gendered: 64% of young men and just 13% of young women. There were few systematic variations by background characteristics, although men from more advantaged backgrounds and/or were more reliant on the internet for friendships had higher usage. Young people who identified as LGBTQ+, especially for women, were also more likely to use pornography.

There were some potentially important associations identified by Nolan and Smyth (2024) in terms of the association between pornography use and other behaviours. Pornography users were less likely to regularly use condoms, had higher levels of aggression, and were more likely to use potentially harmful strategies such as alcohol and drugs to cope with stress. Male pornography users also reported poorer wellbeing, lower life satisfaction and poorer self-image.

For Cohort 08 at 17, the questions on pornography were expanded to include questions on age of first use, how they were first introduced to pornography, and how often they used it. At time of writing, the results from Cohort 08 at 17 are not yet available; however, another Irish study of young people – My World 2 – previously reported that 48% of young people in the senior cycle of secondary school had watched pornography (Dooley et al. 2019).

For Cohort 08 at 20, the questions on first use could be fed-forward from age 17 such that anyone who had already used pornography would just be asked the question on their use now (with an extra answer option of 'not viewing' in case they have since stopped). Participants who were not users at 17 should be asked the questions about first use to capture details on when they started – and to later examine if there is any impact of early start/later start/not started.

For Cohort 98 at 30, it is probably sufficient to just ask a single question about current use of pornography as first use may be too long ago to have reliable recall.

Depending on how prevalent pornography use turns out to be among Cohort 08 at 17, consideration could also be given to piloting the 'Brief Pornography Screen' as used in the Ten to Men study (Australia) in both cohorts. This short scale comprises five items, mostly related to becoming dependent on pornography, such as "you find it difficult to resist strong urges to use pornography".

Recommendation for Cohort 08 at 20: For 20-year-olds who were not (yet) pornography users at age 17, or who did not complete that interview, ask the questions from the Cohort 08 age 17 survey about age and circumstance of first use. Everyone should be asked the question about frequency of current use, but with an additional answer option to the age 17 question, to indicate 'never use' or similar. If the main phase Cohort 08 at 17 fieldwork and/or piloting of Cohort 08 at 20 suggests a high prevalence of frequent pornography use, the inclusion of the 'Brief Pornography Screen' could be considered.



Recommendation for Cohort 98 at 30: Ask a single question on current frequency of pornography use, if any, as described above. If piloting suggests a high prevalence of frequent pornography use among this age group, the 'Brief Pornography Screen' could be considered.

Period poverty and impact of menstruation-related symptoms

Period poverty concerns the negative impact on women of being unable to afford suitable products – typically pads and tampons – to manage their periods. This may lead to physical discomfort, embarrassment, and disruption to a woman's normal routine in terms of participation in study, work, sports etc. A Government discussion paper on the topic suggested that between 53,000-85,000 women and girls may be at risk of period poverty.[21] The same paper recommended strengthening the evidence base and cited Growing Up in Ireland as a valuable source for data on period poverty (ibid).

For Cohort 08 at age 17, respondents were asked separate questions on how difficulty accessing period products and/or the physical symptoms of their period disrupted their participation in (a) school and (b) sports or pastimes. The wording of these questions could be amended slightly for the older age groups, replacing 'school' with 'work or education'. There may also be further insights when the data from Cohort 08 at 17 are available to analyse.

Recommendation for Cohort 08 at 20: The Department recommends repeating the questions from Cohort 08 at 17 on the impact of period poverty and symptoms on participation in work/college and sports/pastimes.

Recommendation for Cohort 98 at 30: The Department recommends introducing a variant on the questions from Cohort 08 at 17 on the impact of period poverty and symptoms on participation in work/college and sports/pastimes. This will be their first time used with Cohort 98.

21 Period Poverty in Ireland: Discussion Paper | Period Poverty Sub-Committee, National Strategy for Women and Girls 2017–2020 (February 2021) https://www.gov.ie/en/department-of-children-disability-and-equality/publications/period-poverty-in-ireland-discussion-paper-period-poverty-sub-committee-national-strategy-for-women-and-girls-20172020-february-2021/



3E – Summary list of physical health topics for Cohort 08 at age 20

Table 4: Summary of topics proposed for Cohort 08 at 20

Topic	Captures key domain	Policy-relevant	Age/stage appropriate	Not collected elsewhere	Consistency
Self-reported health	2	2	2	1	2
Chronic conditions	2	2	2	2	2
Healthcare utilisation	2	2	2	2	2
Nights in hospital	2	2	2	2	2
Barriers to healthcare	2	2	2	2	2
Health insurance / medical card	2	2	2	1	2
Sleep	2	2	2	2	2
Dental health	2	2	2	2	2
Physical activity	2	2	2	1	2
Reasons for (not) exercising	2	2	2	2	2
Diet	2	2	2	1	2
Smoking and vaping	2	2	2	1	2
Alcohol	2	2	2	1	2
Drug use	2	2	2	1	2
Gambling	2	2	2	2	2
Sexual health	2	2	2	1	2
Pornography	2	2	2	2	2
Period poverty and symptoms	2	2	2	2	2
New/Extended Topics	**Captures key domain**	**Policy-relevant**	**Age/stage appropriate**	**Not collected elsewhere**	**Strong support**
Physical measurements (incl. blood pressure)	2	2	2	1	2
Attitudes to drug use	2	2	2	2	2
Body image (incl. use of weight loss drugs)	2	2	2	2	2



3F – Summary list of physical health topics for Cohort 98 at age 30

Table 5: Summary of topics proposed for Cohort 98 at age 30

Topic	Captures key domain	Policy-relevant	Age/stage appropriate	Not collected elsewhere	Consistency
Self-reported health	2	2	2	1	2
Chronic conditions	2	2	2	2	2
Healthcare utilisation	2	2	2	2	2
Nights in hospital	2	2	2	2	2
Barriers to healthcare	2	2	2	2	2
Health insurance / medical card	2	2	2	1	2
Sleep	2	2	2	2	2
Dental health	2	2	2	2	2
Physical activity	2	2	2	1	2
Reasons for (not) exercising	2	2	2	2	2
Diet	2	2	2	1	2
Smoking and vaping	2	2	2	1	2
Alcohol	2	2	2	1	2
Drug use	2	2	2	1	2
Gambling	2	2	2	2	2
Sexual health	2	2	2	1	2
Pornography	2	2	2	2	2
Physical measurements	2	2	2	1	2
Body image	2	2	2	2	2
New/extetnded topics	**Captures key domain**	**Policy-relevant**	**Age / stage appropriate**	**Not collected elsewhere**	**Strong support**
Period poverty and symptoms	2	2	2	2	2
Physical measurements (incl. blood pressure)	2	2	2	1	2
Attitudes to drug use	2	2	2	2	2
Body image (incl. use of weight loss drugs)	2	2	2	2	2

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Chapter 4
Mental wellbeing





The domain of mental wellbeing consistently appears as a key topic in consultations with policymakers, researchers and the public. There are a number of subtopics relevant to the area of mental wellbeing and or/mental health difficulties including depression, anxiety, stress, self-esteem, life satisfaction, loneliness, and other psychiatric conditions.

4A - Policy context

In the policy context, Ireland's national mental health strategy is *Sharing the Vision: A Mental Health Policy for Everyone* (DoH, 2020). A new implementation plan covering 2025-2027 (DoH and HSE, 2025) was recently published; and there are a number of aligned policies and strategies relevant to 20- and 30-year-olds including *Connecting for Life – Ireland's National Strategy to Reduce Suicide 2015-2024 (DoH, 2015)*[22], the *Pathways to Wellbeing National Mental Health Promotion Plan*, (DoH, 2024) and the *National Mental Health Research Strategy* (HRB, 2024).

Growing Up in Ireland data are particularly relevant to this last document – the research strategy - whose priorities include: 'the identification of patterns and trends in population mental health and how these change throughout the life course'; 'promoting mental wellbeing and preventing mental health difficulties'; and 'examining the structural, political, economic, environmental, commercial, biological, and psychosocial determinants and mechanisms of mental health and mental health difficulties and how their influence changes over the life course'. (HRB, 2024, p.30).

For women specifically, this Department's recently published *National Strategy for Women and Girls 2025-2030* has a strategic objective of 'Being Well', which focuses on the health and wellbeing of girls and women throughout their lives. This includes providing gender-sensitive and trauma informed mental health services to women at all life stages (Department of Children, Disability and Equality, 2025). The forthcoming adult-age waves of Growing Up in Ireland will be well-placed to examine not just contemporary mental health issues for young women but also to consider how earlier mental wellbeing and contexts affect later outcomes.

The younger adults of Cohort 08 at 20 are relevant for the wellbeing strands of youth-specific strategies. For example, the current national policy framework for children and youth (up to age 24), *Young Ireland 2023-2028* (DCEDIY, 2023), includes a 'spotlight' initiative on child and youth mental health and wellbeing. 'Mental health and wellbeing' is also one of the core goals of the *European Union Youth Strategy 2019-2027* (European Commission, 2019).

22 A successor strategy is under development at time of writing in April 2026

4B – Brief overview of mental wellbeing topics arising from the consultation process

Expert panel

Within the most recent consultation rounds in preparation for Cohort 08 at 20, 68% of the expert advisory panel rated mental health as 'essential' with a further 29% deeming it 'very relevant'. The ratings were almost identical in relation to Cohort 98 at 30 (69% 'essential' and 27% 'very relevant'), and mental health was the highest ranked topic overall for both ages/cohorts. In the same survey (to experts on the advisory panels), members were asked to rate the importance of 'loneliness/ isolation' as a distinct topic: it too was ranked highly with 51% and 56% rating it 'essential' for age 20 and 30 respectively (with a further 41%/33% deeming it 'very relevant' for 20/30).

Focus groups

Concerns about mental health, and access to services, were mirrored by the focus groups with both 20- and 30-year-olds, especially the former. For example, one young adult in the age 20 focus groups commented, "I have like three or four friends that have attempted suicide and like just really bad situations", and another observed, "stress and anxiety are definitely more prominent, I think, in 20-year-olds".

Comparable studies

In terms of comparable studies, some measure of mental health is included in nearly all of them (e.g. BCS70, MCS, Next Steps, AddHealth, Ten to Men); although there is variation in what specific aspects are measured and what scales/questions are used. Measures of positive mental wellbeing are less common although a question on life satisfaction does appear on a number of studies. Detail on accessing mental health services is also uncommon. A summary of mental health topics explored in comparable studies is outlined in the table below.



Table 6: Summary of mental health and wellbeing topics in comparable studies

Study	Mental Health Topics
1958 National Child Dev. Study	Mental health, self-esteem
1970 British Cohort Study	Mental health and wellbeing, life satisfaction
Millennium Cohort Study (MCS)	Mental health, depression, anxiety, self-harm, sources of support, use of mental health services, substance abuse, suicide
Next Steps	Mental health, difficult events in childhood (parental separation or death, childhood abuse, financial difficulties)
National Longitudinal Study of Adolescent to Adult Health (Add Health)	Mental health, depression, risky behaviours, interpersonal and occupational stressors, loneliness, substance addiction and dependency, feelings and experiences
Longitudinal Surveys of Australian Youth	Well-being and life satisfaction
Ten to Men	Well-being and mental health
Born in Bradford	Maternal depression, children's well being
TILDA	Mood and mental situation
English Long Study of Ageing (ELSA)	Mental health, psychological and social wellbeing
ALSPAC	Moods and feelings, mental health, traumatic experiences, deliberate self-harm, gambling, anxiety, risk taking, social coping strategies
1946 MRC National Survey of Health and Development	Mental health (short Present State Examination at 36 years, Psychiatric Symptom Frequency Inventory at 43 years, Women's health (inc. life stress, wellbeing)
NI Cohort for the Long. Study of Ageing	Mental health
Whitehall II	Mental health and wellbeing

4C - New and/or extended topics in mental wellbeing

Accessing mental health services (both cohorts) and the transition from CAMHS to adult services (Cohort 08 at 20 only)

As already noted, mental health is a prominent topic in public and policy discourse. Articles relating to waiting lists, particularly in relation to Child and Adolescent Mental Health Services



(CAMHS), appear regularly in the media.[23] The current *Programme for Government* (published by the Department of the Taoiseach in 2025) makes a number of commitments in relation to mental health provision including recruitment of staff, initiatives to reduce waiting lists, greater use of technology for remote support, and "Enhance youth mental health services for those up to age 25, focusing on smoother transitions from CAMHS to adult mental health services." (p.95).

This last point in relation to the weaknesses in the transition from CAMHS to adult services has been subject to criticism such as delayed action, a lack of information and disjointed services (for example, Adanijo and Bird, 2025). Elsewhere Lynch et al. (2025, p.1), have identified two principal barriers: navigating administration and accessing helping interventions. Their research has found that "accessing services can be difficult due to convoluted service pathways that can include lengthy referral processes and waiting lists." Ongoing mental health support leaving adolescence and entering higher education can bring with it a set of problems and an identifiable transition gap (for example, McNicholas et al., 2015).

For Cohort 98 at 20, and Cohort 08 at 17, there is an existing question on whether the young person **needed to access a mental health professional in the last 12 months but did not;** and if not the reasons why. Answer options such as 'couldn't afford to' or 'still on a waiting list' were common to both waves. There were additional options for Cohort 08 at 17 relating to obstacles of parental consent or availability of parents to bring them to appointments. For the forthcoming waves, additional answer options along the lines of, 'paperwork was too burdensome' or 'did not know how to access a suitable service' could be added to reflect the findings of Lynch et al. in relation to barriers.

To capture information specifically on the **transition from CAMHS to adult mental health services**, new questions for Cohort 08 at 20 only, on (a) whether they had been under CAMHS care when they turned 18 and (b) their experience of the transition could be added. Items on the transition experience could include an overall question on their satisfaction with the transition and reasons for any dissatisfaction (including that there was no transition to an adult service) such as 'lack of communication', 'distance to services', and 'burdensome paperwork'.

Recommendation for Cohort 08 at 20: Continue the question on unmet need for a mental health consultation from Cohort 08 at 17 with added reasons to include items on burdensome paperwork and difficulty identifying an appropriate service. Even though the participant will now be an adult, parental objections or unavailability to bring them to appointments may still be obstacles so could be retained from the age 17 wording.

Insert new questions on the experience of transitioning from CAMHS to adult mental health services, routed on a question on whether they were in the care of CAMHS when they turned 18, as described above.

23 Sharp rise in children waiting a year for critical services, https://www.irishtimes.com/health/2026/02/09/children-waiting-over-12-months-for-critical-development-service-up-more-than-30/; Our psychology services are overwhelmed. It doesn't have to be like this, https://www.irishtimes.com/opinion/2025/11/18/opinion-children-should-not-be-waiting-13-years-to-see-a-psychologist-it-doesnt-have-to-be-like-this/.



Recommendation for Cohort 98 at 30: Continue the question on unmet need for a mental health consultation from Cohort 98 at 20 with added reasons to include items on burdensome paperwork and difficulty identifying an appropriate service.

Loneliness and isolation (continuing topic for Cohort 08 at 20 but new to Cohort 98 at 30)

Loneliness and isolation are a frequent issue of concern in the public (e.g. Irish Times, 2025) and research discourse (Lunney et al., 2025), and as already noted, was a highly ranked topic in the consultation with the advisory panels.

There has been some interest as to whether the phenomenon has been exacerbated by the experience of public health restrictions during the COVID-19 pandemic. There have been some qualitative attempts to explore adolescents' and young adults' experiences of wellbeing, health and isolation during the COVID-19 pandemic (for example, Hemberg et al., 2023) where the need for age-specific support was identified. Growing Up in Ireland participants who took part in the special COVID survey conducted in 2020 reported meeting friends less often than they used to – particularly Cohort 98 then aged 22 (Growing Up in Ireland Study Team, 2021); while young people in both cohorts also reported spending more time with family members during the pandemic, that may not have been universally considered a positive experience. Nonetheless, lower wellbeing has been linked with separation from loved ones and family members (for example, García de Paredes et al., 2025) and this may be particularly relevant to the 20-year-old participants in Cohort 08 who make the transition to further/higher education away from home.

There have some been larger scale studies where greater loneliness among emerging adult groups predicted more perceived stress and sleep difficulties concurrently and over time (Jensen-Campbell et al., 2023). Distinction is also sometimes made between social isolation (an identifiable absence of social contact) and loneliness (Jarry et al., 2025).

Loneliness was first included as a stand-alone topic for Cohort 08 at 17 (see DCEDIY, 2024, for a detailed rationale). The short scale on loneliness/isolation would therefore be a continuing topic for Cohort 08 at 20.

For Cohort 98 at 30, there has not previously been a dedicated set of items for loneliness. Including the items used with Cohort 08 at 17 for the age 30 survey would, therefore, be a new topic for Cohort 98 which could be incorporated into future waves to monitor change over time. For those interested in the particular effects of the pandemic, a loneliness measure – along with other mental wellbeing indicators – could be contrasted with Cohort 98's responses to a question on the age 25 survey which asked them how they perceived the pandemic had affected their contemporary mental health.

Recommendation for Cohort 08 at 20: Repeat the scale on loneliness/isolation as used in their age 17 survey.

Recommendation for Cohort 98 at 30: Insert the scale on loneliness/isolation as used with Cohort 08 at 17.



4D - Continuing topics in mental wellbeing for both Cohort 08 at 20 and Cohort 98 at 30

Depression and anxiety

The **Centre for Epidemiological Studies – Depression scale** (CES-D 8) has been used with all adult waves of Growing Up in Ireland (initially with parents, and then with the Cohort 98 young adults from age 20). The next wave would be its first use directly with young adults in Cohort 08 (who completed the Short Mood and Feelings Questionnaire at ages 13 and 17). It comprises eight statements such as, 'I felt depressed' and respondents indicate how often that has applied to them during the last week. The scale does not diagnose depression but gives an indicator of the extent of current depressive symptoms that can be used either as a continuous score or with a 'cut-off' score applied to categorise respondents as 'at risk' or otherwise. When this measure was used with Cohort 98 at age 20, over a quarter of young adults were above the 'risk' threshold and there was a notable gender gap (32% women and 22% men; O'Mahony et al. 2021). The measure was also used with Cohort 98 in the covid survey (age 22 in Dec 2020) and at age 25.

For Cohort 98 at ages 20 and 25, the CES-D scale was supplemented by a separate question on whether the respondent has **a current or past diagnosis of depression or anxiety**. At age 25, a quarter of the sample reported receiving such a diagnosis (with an additional 17% not answering the question) (CSO, 2025). Women were more likely to report a diagnosis than men (32% vs 18%), and those with an education below degree level were also at greater risk (33% vs 20%). For both Cohort 98 at 20 and 25, the question on diagnosis was followed up with questions on receiving treatment or being on a waiting list for treatment.

Recommendation for Cohort 08 at 20: The CES-D 8 scale should be introduced for this cohort to facilitate cross-cohort comparison and set up future longitudinal consistency in adult waves, as well as providing cross-sectional information on depressive symptoms. The questions on diagnosis of depression or anxiety as previously used with Cohort 98 at 20 and 25 should also be included.

Recommendation for Cohort 98 at 30: The CES-D 8 scale should be continued for longitudinal consistency, in addition to being an important cross-sectional indicator of mental wellbeing. The question on an actual diagnosis of depression or anxiety should also be continued but consideration could be given to the forward-feed of previous information where the respondent had already indicated a diagnosis at a previous wave.

Other psychological or psychiatric diagnoses

Cohort 98 at age 20 were separately asked about other diagnoses of psychological or psychiatric conditions (aside from depression or anxiety). If they answered yes, they were presented with a list of various conditions including eating disorders, post-traumatic stress, obsessive compulsive disorder among others. These questions were asked, largely, to follow up on questions about psychotic symptoms (such as audio hallucinations) that had been included in previous waves – for example, at age 17, 14% of this cohort reported 'maybe' having audio hallucinations and 5% said



they had 'definitely' experienced them (McNamara et al., 2018).

However, given that many individual disorders have relatively low rates in the population [1 in 233 adults are diagnosed with schizophrenia according to the World Health Organization (2025)], collecting detailed information again at age 20 for Cohort 08 – or for Cohort 98 at 30 – may yield case numbers that are too small to disclose. Instead, it is suggested that just the question about 'any other diagnosis of a psychological or psychiatric condition' be asked of both cohorts, with no follow up on the detail of that diagnosis.

Recommendation for Cohort 08 at 20: Ask a single question on whether they have received a diagnosis of another psychological or psychiatric condition, apart from depression or anxiety – but do not ask for further information.

Recommendation for Cohort 98 at 30: As for age 20, ask a single question on whether they have received a diagnosis of another psychological or psychiatric condition, apart from depression or anxiety – but do not ask for further information.

Self-esteem

A version of the Rosenberg measure of self-esteem has been used several times in Growing Up in Ireland surveys. While the original scale is only 10 items, Growing Up in Ireland has successfully used a six-item version. Each item is in the form of a statement that participants agree or disagree with (e.g. 'On the whole, I am satisfied with myself'). The scale featured in the survey for Cohort 98 at ages 17, 20 and 25[24]. For Cohort 08, it was first used in the age 13 survey and a version is currently in the field for age 17. At both the youngest and oldest administrations so far (Cohort 08 at 13 and Cohort 98 at 25) female participants have been over-represented in the lower range of self-esteem scores[25], and by age 25 the issue of low self-esteem was especially prominent (35%) among women without third-level education (Growing Up in Ireland, 2023; CSO, 2025).[26]

Recommendation for Cohort 08 at 20: Repeat the shortened Rosenberg measure of self-esteem as used in previous waves (as noted above) of Growing Up in Ireland.

Recommendation for Cohort 98 at 30: As per age 20, repeat the shortened Rosenberg measure of self-esteem as used in previous waves of Growing Up in Ireland. Consideration of the exact subset of items may be needed if different for age 25 than Cohort 98 at 20.

24 The Growing Up in Ireland team at DCDE understands that a different variant may have been used by the CSO for age 25 than with earlier waves

25 https://www.growingup.gov.ie/pubs/Key-Findings-Cohort-08-at-13.pdf;

26 https://www.cso.ie/en/releasesandpublications/ep/p-guic98/growingupinirelandcohort98atage25mainresults/healthandwell-being/



Stress

The **stress** subscale of a measure known as the DASS (Depression Anxiety Stress Subscale) was previously used with Cohort 98 at 20 and 25. It has not been used with Cohort 08 to date,[27] although introducing it at age 20 would allow for potentially valuable cross-cohort comparisons. The DASS stress subscale comprises seven items such as "[over the past week] I found it hard to wind down". Scores can be categorised as indicating normal, mild, moderate, severe and extremely severe levels of stress.

The issue of stress specifically arose among 20-year-olds in the focus groups conducted on behalf of Growing Up in Ireland, particularly in relation to the transitions and milestones associated with this stage of the life-course including college and learning to drive. It also came up in the focus groups with 30-year-olds in regard to difficulties finding housing, financial pressures and job security. Therefore, it is likely to be an experience relevant to the mental health of both cohorts even if for potentially different reasons.

When Cohort 98 were aged 20, a majority (75%) were classed as experiencing 'normal' levels of stress using the DASS measure but 12% had 'moderate' stress and 4% were 'severe' or 'extremely severe' (O'Mahony et al. 2021). By age 25, the CSO (2025) reports that only 55% had normal levels of stress and 5% had severe/extremely severe levels – although direct comparisons with age 20 are complicated by the 16% of participants who did not complete the measure but were still counted when calculating the above percentage categories.[28] For both time-points, women were more likely to have elevated levels of stress than men, and at age 20 (Cohort 98) was also associated with financial strain, and not being in work, education or training (O'Mahony et al. 2021).

Recommendation for Cohort 08 at 20: Repeat the DASS stress subscale as used with Cohort 98 at 20 and 25.

Recommendation for Cohort 98 at 30: As per age 20 recommendation, repeat the DASS stress subscale as used with Cohort 98 at 20 and 25.

Life satisfaction

In recent waves of Growing Up in Ireland Cohort 98 (at 17, 20, 25, and the special Covid survey at age 22), as well as Cohort 08 at 17, **overall life satisfaction** has been relatively simply measured by a single rating item where participants place themselves on a scale of 0 (not at all satisfied)[29] to 10 (extremely satisfied). When Cohort 98 were aged 17, the median life satisfaction was 8 out of 10 (McNamara et al. 2020) but had declined to 7 out of 10 by age 20 (O'Mahony et al. 2021) and down further to 6 out of 10 in the special Covid survey (Growing Up in Ireland team, 2021). By age 25, it had returned to 7 out of 10.[30]

27 Note that the anxiety subscale of the DASS measure is being used with Cohort 08 at17

28 Most likely because they terminated the online survey early rather than they refused to answer the questions on stress

29 Note at age 20, the wording for 0 was 'extremely unsatisfied' but this was simplified to 'not at all satisfied' in subsequent waves

30 Own calculations from age 25 AMF



Although simple, this single item indicator provides a potentially useful tracking point over time both at the level of the cohort and at an individual level. In a longitudinal analysis for *The Lives of 20-Year-Olds* report (O'Mahony et al. 2021), it was observed that life satisfaction scores declined between age 17 and 20 for nearly half of participants, stayed the same for a quarter of them, and improved between waves for the remaining 28%.

For Cohort 98 at age 20, there were individual questions **on how satisfied participants were with specific areas of their lives** (specifically income, education, dwelling, free time, social life, education and work). Like the single item on overall satisfaction, the rating scale was from 0 to 10 with higher scores indicating greater satisfaction. If we count a score of 8 or more as being satisfied, 68% of 20-year-olds were happy with their dwelling (the highest of any of dimension) while the lowest levels of satisfaction were with personal income (27%) (DCDE, 2026). Repeating these items for Cohort 98 at 30 would allow for comparisons over time especially with regard to their dwelling and their income given the negative commentary on both housing and costs of living among the recent focus groups (for both age groups). Similarly, there is the potential for an interesting cross-cohort comparison if these questions were administered to Cohort 08 at 20 – particularly in relation to the possible impact of Covid on satisfaction with social life and free time for the younger generation.

A counter to their use in forthcoming waves is the relative lack of attention they have received from researchers.

Recommendation for Cohort 08 at 20: Repeat the single life satisfaction question as used with Cohort 08 at 17. Pilot the items on satisfaction with individual areas of life and compare with the scores from Cohort 98 at 20. Change over time, between cohorts at the same stage in the life-course, would suggest that it would be worth repeating them in the main phase.

Recommendation for Cohort 98 at 30: Repeat the single life satisfaction item as used most recently with Cohort 98 at 25. Pilot the items on satisfaction with individual areas of life and compare longitudinally with the scores from Cohort 98 at 20. Change over time for individuals would suggest that it would be worth repeating them in the main phase at age 30.

Coping strategies

What young adults do to counter stress has been measured with two different approaches so far for Cohort 98. At age 17, an abbreviated version of the Coping Strategies Indicator (Amirkhan, 1990) was used. This set of items produces three 'styles' of coping termed 'avoidance', 'support-seeking' and 'problem-solving'. This measure was also used in the My World Surveys of youth mental health (Dooley & Fitzgerald, 2012; Dooley, O'Connor & Fitzgerald, 2019). The results of the age 17 survey pointed to substantial gender differences with regard to 'avoidance' and 'support-seeking' – both more common for young women – but not for 'problem-solving'.

At age 20, still with Cohort 98, the focus shifted to specific behaviours. They were inspired by the Brief COPE inventory (Carver, 1997) but were not summed together into subscales or styles. The list included behaviours that might be considered constructive responses to stress such as



'working out a strategy to solve the problem' as well as those with the potential to be harmful such as 'drinking or smoking'. As it transpired, in the age 20 survey with Cohort 98, the most common strategies for coping with stress were 'talking to friends' (55% female, 47% male); 'cheer self up with music or hobbies' (48% female, 51% male) and 'discuss problems with parents/families' (44% female, 30% male). There were also some notable gender differences – in addition to the difference in discussing with family: men were more likely to 'exercise or play sport' (38% vs 26%) while women tended to 'take to the bed' more often (22% vs 13%) (O'Mahony et al. 2021).

To date, the information on coping strategies from either age 17 or 20 has been under-utilised. However, given the frequent references to stress among both sets of focus groups in the recent consultation, some indicator of what both 20 and 30-year-olds do to cope could be important. Consideration could be given to a factor analysis of the individual items used with Cohort 98 at 20 to identify potential redundancies – for example, between 'analyse and strategise' and 'anticipate and prepare'.

Recommendation for Cohort 08 at 20: Repeat the list of specific behaviours used with Cohort 98 at 20 but consider streamlining the number of items. It is also recommended to include an 'other, specify' option in the pilot to pick up on possible new strategies that may have emerged recently, such as using an AI bot for therapeutic suggestions.

Recommendation for Cohort 98 at 30: As per the recommendation for age 20, repeat the list of specific behaviours used with Cohort 98 at 20 but consider streamlining the number of items. A factor analysis of data collected at the earlier wave for this cohort might also be useful for reducing the number of response options. For the age 30 pilot, it is also recommended to include an 'other, specify' option to pick up on possible new strategies that are specific to 30-year-olds.

Sources of support

Previous studies of youth mental health, particularly the My World Surveys (e.g. Dooley et al. 2019) have highlighted the importance of having **'one good adult'** to turn to for mental wellbeing. In the surveys for Cohort 98 at 17, 20 and 25 there was a single yes/no question on whether the young person had someone they could turn to for help and advice. At 17 and 20, the question was phrased as having 'an adult' but was rephrased to having 'someone' for the age 25 survey. Ten percent of 17-year-olds answered 'no' to this question, but this decreased to 6% by age 20 (Growing Up in Ireland Study Team, 2016; DCDE, 2026).

For Cohort 98 at 20 and 25, there was a separate question on with **whom the young adult could discuss 'personal thoughts and feelings'**. At age 20, friends were the most popular choice of confidante (86%) followed by mothers (69%) – with fathers fifth in the list at 43% (O'Mahony et al., 2021). Given the discussion about mental health among both sets of focus groups in preparation for the current report, it is recommended that this detailed question from Cohort 98 at 20 be repeated for both Cohort 08 at 20 and Cohort 98 at 30 but with the addition of 'an AI companion' as an option. A 2025 article in the magazine of the British Association for Counselling and Psychotherapy entitled, "The big issue: What every therapist needs to know about AI", discussed findings from



several surveys that indicate people are increasingly turning to AI for cheap, accessible and non-judgmental support and advice (Brown, 2025). Given that the binary 'someone to turn to' question had a low rate of 'no' responses at age 20, this could potentially be dropped for both Cohort 08 at 20 and Cohort 98 at 30.

Recommendation for Cohort 08 at 20: Repeat the question on 'who you would talk to about personal thoughts and feelings' as used with Cohort 98 at 20. Add 'an AI companion' as a new option for the pilot. The question on 'one good adult' could potentially be dropped in favour of a 'nobody' response category to the 'who to talk to' question.

Recommendation for Cohort 98 at 30: As per the age 20 recommendation, repeat the question on 'who you would talk to about personal thoughts and feelings' as used with Cohort 98 at 20 but pilot both an 'AI companion' and an 'other specify' option (the latter in case there are new categories of confidante for the older respondent). The question on 'one good adult' could be dropped in favour of a 'nobody' response category to the 'who to talk to' question, especially given the older age of this group of participants.

Self-harm

When Cohort 98 were 20, they were asked if they had 'hurt themselves on purpose' in the previous 12 months. If they said yes, they were asked further questions on the number of times and using what method. The same questions had been used with Cohort 98 at 17, but for Cohort 08 at 17 only the incidence and frequency questions were asked (not method). For Cohort 08 at 20 therefore, longitudinal consistency could be achieved with this reduced set of questions (as well as some cross-cohort consistency with Cohort 98 at 20).

Research published by the Royal College of Surgeons in Ireland in January 2026, using data from the Irish Planet Youth Survey of young people aged 15-19 years, reported that approximately 11% of respondents had self-harmed five or more times in their lifetime – and that this rate had increased somewhat from 9.7% during the Covid pandemic. The rate of repeated self-harm was particularly high among trans and gender diverse young people (44%; Royal College of Surgeons, 2026).

Although traditionally research on self-harm has focused on adolescence, it may occur in later adulthood too. The most recent self-harm registry publication for Ireland (Joyce et al. 2025) showed that while self-harm peaked for females in the 15-19 year age group (652 per 100,000) the peak for males – although lower – was actually in the 25-29 year age group (373 per 100,000). For the age 30-34 year age group, the rates were approximately 300 and 230 per 100k for males and females respectively. Therefore, there is potential merit in at least piloting the self-harm questions for Cohort 98 at 30 – both to better understand the context for self-harm in this age group and to look at persistence over time from age 17 and age 20 for these individuals.

For this, and other questions relating to mental health, it would be important to provide all participants with information on sources of support at the end of the survey.



Recommendation for Cohort 08 at 20: Repeat questions on incidence and frequency of self-harm (but not method) as used with Cohort 08 at 17. As answers to this type of question may be influenced by wording, it would be particularly important to maintain consistency between surveys.

Recommendation for Cohort 98 at 30: Pilot questions on incidence and frequency of self-harm as used with these participants at age 20 and base a decision for the main phase on the results of the pilot.

Positive mental wellbeing

To complement measures of mental health difficulties, consideration should be given to a scale that focuses on **positive mental wellbeing**. There are two main options: (a) Cohort 08 at 17 uses the Short Warwick-Edinburgh Mental Well-Being Scale (SWEMBWS) – which has seven items such as 'feeling optimistic' and 'feeling useful'; and (b) Cohort 98 at 20 used four items - collectively referred to as 'the energy and vitality index' – including questions about feeling 'calm and peaceful' and having 'a lot of energy'.

To date, the items from the 'energy and vitality index' have not been widely used. It is too early to say how well the SWEMBWS will work for Cohort 08 at 17 (given that data are still being collected) but it did at least pass the piloting phase for that survey, and it was proposed initially because had it been recommended by an OECD report on wellbeing (OECD, 2023).

Therefore, for Cohort 08 at 20, the SWEMBWS is the obvious choice for longitudinal consistency. For Cohort 98 at 30, the choice is a bit more nuanced: the energy and vitality index would provide longitudinal consistency but if the SWEMBWS is a more research-friendly measure, being a highly regarded scale, then it may be better to use it from Cohort 98 at 30 and have cross-cohort consistency instead.

Recommendation for Cohort 08 at 20: Repeat the Short Warwick-Edinburgh Mental Well-Being Scale used with Cohort 08 at 17, assuming that no issues arise from the fieldwork that is currently ongoing at time of writing.

Recommendation for Cohort 98 at 30: Introduce the Short Warwick-Edinburgh Mental Well-Being Scale as used with Cohort 08 at 17 – and if used with Cohort 08 at 20. This would replace the 'energy and vitality index' items previously used with Cohort 98 at 20.

Attitude to risk

The main questionnaire for Cohort 98 at 20 included a single item on attitude to risk: the 20-year-old was asked to rate their willingness to take risks on a scale from 0 to 10 where '0' was 'unwilling' and 10 was 'fully prepared' [to take risks]. Aversion/propensity to risk is of interest in relation to behaviour and decisions in a wide range of contexts such as drug use, alcohol consumption, driving behaviour, sexual health, gambling and financial decisions. Research by Duggan and Mohan (2023), using data from Cohort 98 at 20, found that a higher appetite for risk was associated with increased likelihood of engaging in online gambling. In the absence of another measure of personality for either Cohort 08 at 20 or Cohort 98 at 30, a single item on attitude to risk could be particularly useful.

Recommendation for Cohort 08 at 20: Repeat the single item used with Cohort 98 at 20 (A5 on the main young adult questionnaire).

Recommendation for Cohort 98 at 30: As per the age 20 recommendation, repeat the single item used with Cohort 98 at 20 (A5 on the main young adult questionnaire).

4D.1 - Continuing topics in mental wellbeing for Cohort 08 at 20 only

Perception of childhood and teenage years as happy

When Cohort 98 were 20, the very last questions on their self-complete survey were two items asking them the extent they agreed with the statements that (a) their childhood years and (b) their teenage years were 'happy'. 'Childhood' was defined as 4-11 years, and 'teenage years' as 12-18 years. The questions were created especially for the survey by the Growing Up in Ireland team. Recollections of childhood among Cohort 98 were largely positive – 57% *strongly agreed* that their childhood had been happy, although only 31% were that positive about their teenage years (DCDE, 2026a).

As well as giving participants an option to give a more holistic view of child and teenage years, it allows researchers to consider what contemporary factors influence later assessments of what having a happy childhood means. For example, in work recently undertaken by the Growing Up in Ireland team (not yet published), 20-year-olds whose families had been in the highest income quintile when they were 9 years old were more likely to strongly agree that they had a happy childhood (59%) than those whose families were in the lowest income quintile (50%).

Recommendation for Cohort 08 at 20: Repeat the same question on perceived happiness of childhood and teenage years as used with Cohort 98 at 20.



4E - Summary list of mental wellbeing topics for Cohort 08 at 20

Table 7: Summary of mental health and wellbeing topics proposed for Cohort 08 at 20

Topic	Captures key domain	Policy-relevant	Age / stage appropriate	Not collected elsewhere	Consistency
Depression and anxiety	2	2	2	1	2
Other psychological or psychiatric diagnoses	2	2	2	1	2
Self-esteem	2	2	2	2	2
Stress	2	2	2	2	2
Life satisfaction	2	2	2	1	2
Coping strategies	2	2	2	2	2
Sources of support	2	2	2	2	2
Self-harm	2	2	2	1	2
Positive mental wellbeing	2	2	2	2	2
Attitude to risk	2	2	2	2	2
Perceptions of happy childhood	2	1	2	2	2
Loneliness and isolation	2	2	2	2	2
New/extended topics	**Captures key domain**	**Policy-relevant**	**Age / stage appropriate**	**Not collected elsewhere**	**Strong Support**
Transition from CAMHS to Adult Services/Accessing mental health services	2	2	2	2	2



4F - Summary list of mental wellbeing topics for Cohort 98 at 30

Table 8: Summary of mental health and wellbeing topics proposed for Cohort 98 at 30

Topic	Captures key domain	Policy-relevant	Age / stage appropriate	Not collected elsewhere	Consistency
Depression and anxiety	2	2	2	1	2
Other psychological or psychiatric diagnoses	2	2	2	1	2
Self-esteem	2	2	2	2	2
Stress	2	2	2	2	2
Life satisfaction	2	2	2	1	2
Coping strategies	2	2	2	2	2
Sources of support	2	2	2	2	2
Self-harm	2	2	2	1	2
Positive mental wellbeing	2	2	2	2	2
Attitude to risk	2	2	2	2	2
New/extended topics	**Captures key domain**	**Policy-relevant**	**Age / stage appropriate**	**Not collected elsewhere**	**Strong Support**
Accessing mental health services	2	2	2	2	2
Loneliness and isolation	2	2	2	2	2



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Chapter 5
Relationships





Interactions with family, friends and other people is a key part of the bio-ecological context that has framed the Growing Up in Ireland study from the first waves of both cohorts. For Cohort 08 at 20, the transition to adulthood is likely to mean a changing dynamic in their relationships with their parents even if they still live at home. Leaving school and probably entering a college or workplace means forming new peer relationships and possibly leaving old school-based ones behind.

For Cohort 98 at 30, there may be more stability but there could still be change in terms of new romantic/intimate relationships and possibly new relationships with their own children. Even if the 30-year-old has not yet established a family of their own, aspirations to have their own children, and accommodating a spouse/partner's employment and wishes, may guide important decisions in relation to their own work, housing and emigration plans. The relationship with their parents is likely to still be important but as those individuals enter older age and possible ill health, the dynamic may shift towards the now 30-year-olds providing more care to their parents.

5A - Policy context

There are several key policies concerning the relationships and friendship networks of young people in Ireland. Although Cohort 98 will be beyond the scope of the national policy frameworks on children and young people, policy during their adolescence and young adulthood would have been guided by these frameworks.

One of the five main outcome goals of the current national policy framework for children and young people *Young Ireland 2023-2028* is for them to be 'connected, respected and contributing to their world'. This includes being engaged socially, as well as civically and environmentally, both online and offline. It also stipulates that young people should be respected and valued at home, in school, and in the community (Department of Children, Equality, Disability, Integration and Youth, 2023). This policy is relevant to Cohort 08 as it was in place throughout most of their teenage years. The Young Ireland predecessor, *Better Outcomes, Brighter Futures (BOBF): The National Policy Framework for Children and Young People, 2014-2020*, had the same outcome goal (Department of Children and Youth Affairs, 2014).

The *National Youth Strategy 2015-2020* (Department of Children and Youth Affairs, 2015) coincided with late adolescence for Cohort 98 and much of the middle childhood for Cohort 08. It recognised that networks of relationships play a significant role in the development and progression of young people. This idea is also reflected in *Sharing the Vision: A Mental Health Policy for Everyone* (Department of Health, 2020) which notes the importance of friendships as a frontline source of social support for mental health and seeks to promote programmes to help people develop and maintain social capital.

Thinking beyond policies focused on youth, there are a number of potentially relevant policies depending on the circumstances of the participants. In terms of participants in Cohort 08 and Cohort 98 becoming parents, the national early years policy framework, *First 5*, becomes relevant. The 'First 5 big steps' of this framework including improving 'access to a broader range of options for parents to balance working and caring', a new model of parenting support and reform of

the Early Learning and Care system. A major feature of the framework, the National Childcare Scheme,[31] which provides significant funding towards both improving the quality and reducing the costs of childcare for parents is already underway.

For young adults who may find themselves in the role of carer to another family member, such as a parent, the most recent *Programme for Government 2025* (Department of the Taoiseach, 2025) makes several commitments under the heading of 'Valuing Carers' (p.100). These include phasing out of the means test for the social welfare payment known as the Carer's Allowance, increases in carers' payments and grants, and 'examine the introduction of a pay related carer's benefit who have to give up work suddenly in order to provide full-time care to a loved one'.

Another important government policy for 20- and 30-year-olds in the area of relationships is the *National LGBTIQ+ Inclusion Strategy II, 2024-2028.* It is a successor strategy that was developed based on learnings from Ireland's *LGBTI+ National Youth Strategy, 2018-2020* and the *National LGBTI+ Inclusion Strategy, 2019-2021.* Created after extensive consultation with a wide range of people in the LGBTIQ+ community, it fundamentally aims to understand and address the inequality that LGBTIQ+ people face (Department of Children, Disability and Equality, 2025).

The strategy is comprised of four core pillars, with the strategic objectives and outcome of each clearly defined. With regards to the pillar of safety, the goal is for LGBTIQ+ people to be able to live free from harassment and violence. Under the health and wellbeing pillar, the aim is for LGBTIQ+ people to have equal health and wellbeing outcomes to that of the general population. In relation to the participation and inclusion pillar, the objective is to promote the inclusion of LGBTIQ+ people in all aspects of society. Finally, the strategic outcome of the equality and non-discrimination pillar is to advance equality for LGBTIQ+ people and to counter discrimination against them (Department of Children, Disability and Equality, 2025).

5B – Brief overview of relationship topics arising from the consultation process

Expert panel

In relation to new(er) topics - for both Cohort 08 at 20 and Cohort 98 at 30 – 'becoming a parent' was rated highly. For age 20, 22% of the advisory panels said it was an 'essential' topic and a further 41% described it as 'very relevant'. The relative importance of this topic increased for the survey among Cohort 98 at 30: 52% said it was 'essential' with another 40% rating it 'very relevant'.

'Caring for aging parents' was also considered particularly important for the older cohort: 42% of panel members rated it as 'essential' and another 40% said it was 'very relevant' for 30-year-olds. There were slightly lower figures (but still highly rated) for this topic among Cohort 08 at 20: 29% 'essential' and 39% 'very relevant'.

31 https://www.ncs.gov.ie/en/



There was interest in the topic of 'relationships with siblings' but it got fewer 'essential' rankings than other topics (14% for age 20 and 25% for age 30). An additional 41% and 27% rated sibling relationships as 'very relevant' for age 20 and 30 respectively.

Among the more well-established topics around relationships, for Cohort 08 at 20 the expert panel members rated details of the participant's relationship with their parents more highly than details about a romantic partner: a combined 71% essential/very relevant for the former versus a combined 57% for the latter. For Cohort 98 at 30, however, the trend was reversed: a combined 78% thought that the details of a romantic partner were essential/very relevant versus a combined 61% for details about their relationship with parents.

Relationships with friends was more somewhat more highly rated as a topic for Cohort 08 at 20 with a combined 80% deeming it to be either 'essential' or 'very relevant'. The combined ratings for 'friends' for age 30 was 67%.

Focus groups

Among the 20-year-olds who took part in the focus groups, becoming a parent or committing to a long-term relationship were seen as something for the future rather than right now. Some contrasted this perspective with that of their parents' generation: *"I think we are the opposite of what our parents did. They did get married a bit younger and had kids a lot younger".* Socializing was important to them, but they noted changes to their friend groups since leaving secondary school and, in some cases, moving from their home-towns for college or work – or where their friends had emigrated.

In contrast, planning for children and setting up home with a long-term spouse or partner was much more on the minds of participants in the age 30 focus groups. Sometimes this was associated with anxieties about the cost of housing and childcare, and the impact on careers: *"It's like you hit 30, especially as a woman, it's like, oh, when are you going to start having kids, buying a house… you're constantly running.".* While friends were still important to the 30-year-olds, they commented on having smaller friendship groups compared to when they were younger and the context for socializing was less focused on pubs or clubs (in favour of coffee shops or outdoor pursuits).

Neither set of focus groups got into a detailed discussion of relationships with parents or siblings during the allotted time.

Comparable studies

Family relationships, romantic relationships and one's own children are very common topics for adult waves of studies comparable to Growing Up in Ireland (e.g. British Cohort Study 1970, Next Steps (UK), ALSPAC (UK), Fragile Families Study (USA), PAIRFAM (Germany)). Questions about sibling relationships are less common, as are questions about friendships. A summary of relationship topics explored in comparable studies is outlined in the table below.



Table 9: Summary of relationship topics in comparable studies

Study	Relationship Topics
1958 National Child Dev. Study	Family life, relationships with partners, parents, children, friends, social participation, social support, caring responsibilities, grandchildren, social networks
1970 British Cohort Study	Relationships, children, family life, parent/child relationship, social capital, social participation
Next Steps	Family and relationships: relationships with partners, children, other members of the household; sexual orientation and gender identity, social networks and support, social participation, fertility treatment and pregnancy planning.
Understanding Society (UK Household Longitudinal Study)	Family life
PAIRFAM	Partnership: development of partnerships, separation, expectations regarding a partnership, quality and stability of partnerships. Parenthood: decision processes regarding birth, desire to have children, number of children, sexuality and contraceptive behaviour. Intergenerational relationships: relationship quality and transmission processes between generations, intergenerational transfers, familial norms and children's expectations of their parents. Parenting and child development: parenting goals and parental skills, parenting behaviour and extent of child caretaking, processes of child development, parent-child relationships within the family system. Social embeddedness: models of contextual influences on processes of partnership and family development within social network connections and under consideration of external regional factors.
Fragile Families Study	Relationships, family and social ties, parenting, romantic relationships, family formation
National Longitudinal Study of Adolescent to Adult Health (Add Health)	Parental relationships, sibling relationships, friends from high school, romantic relationships, sexual experiences, contraception, sexually transmitted infections, pregnancy and childbearing, fertility, children and parenting, attitudes about parenting, family responsibilities, social support, emotional content and quality of current or most recent romantic/cohabiting/marriage relationships, maltreatment during childhood by caregivers, interpersonal stressors, loneliness

Study	Relationship Topics
US National Longitudinal Study of Youth	Parents, family process and childhood, dating, marriage and cohabitation, sexual activity, pregnancy and fertility, children
Born in Bradford	Parenting practices, social capital
TILDA	Social support and intergenerational transfers
English Long Study of Ageing (ELSA)	Social participation, social wellbeing
ALSPAC	Social experience, sibling relationships, social coping strategies, being a parent
1946 MRC National Survey of Health and Development	Family circumstances, fertility, social function (contacts with others, social support and participation)
NI Cohort for the Long. Study of Ageing	Social environment
Whitehall II	Family history

5C - New or extended topics in relationships for Cohort 08 at 20, Cohort 98 at 30 or both

Planning a family

When Cohort 98 were age 20 (circa 2018), they were asked about the relative importance of achieving various life-course milestones by the time they were 30. Almost a quarter of the sample (22.5%) attached high importance (i.e. a rating of 8 or more out of 10) to having a child of their own by age 30 (Department of Children, Disability and Equality, 2026). The percentage who attached a high importance to being in a long-term relationship was noticeably higher (49%).

When asked about lifetime ambitions to have children only 8% of (then) 20-year-olds replied 'none' (and 6% said they didn't know). The modal response was a desire to have three children (36%) with a further 30% wishing to have two children (Department of Children, Disability and Equality, 2026). From their responses at age 20, therefore, we can expect that at least a portion of Cohort 98 will have either become parents or be planning to by the time they are interviewed at age 30 in 2028. This expectation is supported by the average age of first-time mothers in 2024 (31.7 years) as reported by the Central Statistics Office. (2025a). However, it is worth noting that only 2% of Cohort 98 were already parents by age 20 and just under 6% by age 25 (CSO 2025b); suggesting that even by age 30, many of the cohort may still be in the planning phase and not yet parents themselves.



Participants in the age 30 focus groups conducted to inform this report in December 2025, spoke about family planning as a major topic for their age group. However, their desire to have children was tempered with concerns about housing, the affordability of childcare, and especially for women, the impact on career progression. Among the expert stakeholders, just over half of respondents (n=25) rated the subject of 'becoming a parent (including fertility issues) as 'essential' and a further 40% (n=19) rated it as 'very relevant'.

To consider fertility issues specifically, it is worth noting that the age of first-time motherhood has been increasing over time: for example, the CSO (2025a) note that it was 28.5 years in 2004, 30.5 years in 2014 and – as previously noted – 31.7 years in 2024. Similarly, the overall birth rate fell from 67,462 in 2014 to 54,062 in 2024. These trends have implications for the demographic profile of the country in the years ahead. There have been a number of important changes in the Irish policy and legislative context for fertility in recent years. Two changes that could arguably lower fertility rates are (a) the legalisation of abortion services in 2019, and (b) the introduction of free contraception for women aged 17-35 years.[32] Conversely, a significant change that has the potential to increase the fertility rate is a new scheme (2023) to provide free assisted human reproductive treatments (including IVF), albeit with a number of criteria and restrictions on how many times the free treatment can be accessed.[33]

In relation to the practicalities of becoming a parent, there has been major State investment in the funding and subsidising of childcare places under the National Childcare Scheme,[34] and an expansion of the 'free preschool year' to two years. Nonetheless, recent public debate on the topic indicates significant concern about a shortage of places[35] and this was reflected in the focus groups with 30-year-olds commissioned by the Growing Up in Ireland team (in December 2025). Elsewhere, Budget 2025 included significant increases in social welfare payments related to children including an increase the Child Support Payment to children under 12 bringing the per annum payment to a maximum of €3,016.[36] There was also an increase to the income threshold for families to receive the Working Family Payment in the same budget. In recent years, there have also been significant expansions to the length and type of leave available to parents including a new entitlement to paid paternity leave.

To address the issues that arose in the consultations about the inter-relatedness of childbearing with other concerns such as housing, new attitudinal questions should be added. These could be in the form of a 'strongly agree' to 'strongly disagree' set of items along the lines of, 'have concerns about any of the following negatively affected how you feel about having children (i.e. you are thinking about delaying becoming a parent or having fewer children than you might otherwise have planned for) because of: securing suitable housing, availability/affordability of childcare,

32 The scheme initially covered women aged 17-25 when launched in 2022 and this was expanded to women up to age 35 by July 2024. https://www.gov.ie/en/department-of-health/campaigns/free-contraception-scheme/

33 https://www2.hse.ie/pregnancy-birth/trying-for-a-baby/your-fertility/getting-ivf-icsi-iui-hse/

34 https://www.ncs.gov.ie/en/

35 E.g. "Thousands waiting for childcare places, figures show" – RTE August 2025 https://www.rte.ie/news/2025/0825/1530071-childcare-places/

36 https://www.citizensinformation.ie/en/money-and-tax/budgets/budget-2025/



impact on your career, your relationship status, the global or national political context, climate change.' These may be more relevant for Cohort 98 at age 30, given that 20-year-olds in the focus group felt decisions on childbearing were more medium-term rather than short-term.

To collect more detail on fertility specifically, new questions on whether they have availed, or intend to avail, of the free contraception scheme or the free assisted human reproduction scheme could be added (see also discussion on contraception in Chapter 3). It would also be useful to record whether they have any concerns about their fertility.

For all questions related to fertility and becoming a parent, the questionnaire design should be mindful of the potential for these questions to cause some distress – for example, if the respondent has recently experienced a pregnancy loss. Therefore, the section could be preceded by an 'opt-out' button to allow a respondent to skip these questions.

Recommendation for Cohort 08 at 20: Previous questions from Cohort 98 at 20 on importance of having a child by age 30, overall number of children desired, and brief questions on whether they have already experienced pregnancy and childbirth should be repeated for Cohort 08 at 20. See also chapter 3 re questions on use of contraception.

Recommendation for Cohort 98 at 30: Previous questions on pregnancy and childbirth from the survey with Cohort 98 at 25 should be repeated. If not already a parent, a question on how important becoming a parent (possibly by age 35) should be added to compare with previous responses at age 20. The previous (Cohort 98 at age 20) question on overall number of children aspired to could also be repeated to examine change over time, and asked of all respondents even if they already have a child. As well as questions on contraception use, as discussed in Chapter 3, consideration could be given to piloting a question on take-up of fertility treatments.

Caring for aging parents

When Cohort 98 were aged 9, the average age of their mothers and fathers was 39 and 42 years respectively (Williams et al. 2009). Therefore, by the time Cohort 98 are age 30 those parents (if still alive) will be aged circa 60 and 63 years respectively. Additionally, 10% of fathers were aged 50 or older when their study child was age 9 – and they will be over 70 years by the time Cohort 98 are surveyed at age 30.

This raises two potentially interesting avenues to explore the dynamic between Cohort 98 and their parents regarding the relative age of their parents. First, the extent to which older parents who have retired, and now on a reduced income, are in a position to financially support their adult children – or even require financial support from them. Secondly, and the focus of this section, a possible role reversal in terms of 30-year-olds providing more care to their aging parents. This caring role is potentially important for the current and future life-course for Cohort 98 in terms of the resources they devote to caring for parents at a time when they are possibly also parenting young children, balancing career demands and how a caring role might influence critical choices in regard to employment, study and where they live. Theoretically, its impact on the individual's wellbeing and development is relevant to the 'chronosystem' component of the original

Bronfenbrenner model; particularly the concept of 'mistimed' events and the earlier-than-expected role of being a caretaker for one's own parent. The 'mistiming' aspect may negatively affect how the (relatively) young adult, their peer group and the parent themselves react to the situation.

We already know something about the life-course impact of a caring role from the previous interviews with Cohort 98 at 17 and 20 (Russell & Smyth, 2024). At 17, just over a quarter of young adults were providing some care to a relative (10% being a parent). This declined somewhat to 20% by age 20 (8% being a parent), possibly reflecting more of the sample living outside the family home. Looking at outcomes longitudinally, young people who were engaged in caregiving at 17 were more likely to have poorer Leaving Cert results and less likely to progress to Higher Education. Those that did progress put a greater emphasis on being able to live at home while they studied when choosing a place of study (ibid).

By age 25, just over 10% of Cohort 98 reported providing regular care for a relative (not necessarily a parent) - although the CSO reports an additional 15% of the age 25 respondents did not answer this question, so a direct comparison with the rates for ages 17 and 20 is difficult (CSO, 2025b).

From the consultation process, 'care of ageing parents' was highly rated as a topic of interest at age 30 by members of the expert advisory panels (81% rated it as either 'very relevant' or 'essential'). The rating for Cohort 08 at 20 was somewhat lower but still important (67% rated it as either 'very relevant' or 'essential'). The topic was not spontaneously raised during the focus groups, although this may just be a reflection of the small size of the groups and the potential sensitivity of the topic.

Recommendation for Cohort 08 at 20: Repeat questions as used with Cohort 98 at 20 to enable cross-cohort comparison. For participants who indicate that the care provided is to a relative other than a younger sibling, and that it takes up 'quite a lot' or 'a large amount' of their time, ask an additional question on whether the responsibility has affected their decisions in relation to study etc (similar to that recommended for Cohort 98 at 30).

Recommendation for Cohort 98 at 30: For continuity with previous waves, it is recommended that the previous questions on any caring responsibility for a relative (except one's own children) be continued (these were H9-H12 on the Young Adult self-complete questionnaires for Cohort 98 at 20). To delve more into the specific topic of caring for parents, additional questions (routed on whether the person cared for is a parent) could include more detail on the amount of time spent on care, what type of care is provided, whether it is to one or both parents, and if there is anyone else (such as a sibling or home-help) providing care. It would be also useful to know whether this is expected to be a short-term or longer-term responsibility, in terms of the potential impact on life-course decisions, but this could be difficult to phrase sensitively. For anyone with a caring role – not just a parent – it would also be useful to include a specific question on whether their caring responsibilities have influenced decisions in relation to their own employment, living situation etc.



5D - Continuing topics in relationships for both cohorts

Sexual orientation and gender identity

An important prequel to questions about romantic relationships is establishing respondents' gender identity and sexual orientation. Whilst personal realization of both sexual orientation and gender identity often takes place in childhood (gender) or early adolescence (sexuality), there can be a substantial delay in disclosing or sharing this information more widely (Turban, et al., 2023). A recent systematic review found that changes in self-reported sexual orientation remain prominent in early adulthood (Srivastava et al., 2022).

At past waves of Growing Up in Ireland (Cohort 98 at 17, 20 and 25), respondents have been asked about their sexual orientation (with possible answer categories of heterosexual, gay/lesbian, bisexual, questioning, asexual, don't know) and gender identity as part of the self-complete interviews. At age 20, 87% of Cohort 98 respondents stated that they were heterosexual, 6% identified as bisexual and 3% were gay or lesbian (O'Mahony et al., 2021). Similar questions are included for Cohort 08 at 17, in the fieldwork stage at time of writing.

Whilst it is worth considering that there may not be sufficient numbers of individuals choosing each answer option, it would seem remiss not to afford respondents the opportunity to choose from a full(er) set of answers, even if it is necessary to later combine categories to maintain confidentiality. Further, the *LGBTI+ National Youth Strategy 2018-2020* acknowledged the importance of 'developing the research and data environment to better understand the lives of LGBTI+ community' (Department of Children and Youth Affairs, 2018).

Recommendation for Cohort 08 at 20: Given the fact that there may be a delay between personal realization of gender identity and/or sexual orientation, we propose asking all 20-year-old respondents about their gender identity and sexual orientation. These could be a repeat of questions used with this cohort at age 17.

Recommendation for Cohort 98 at 30: Only ask questions on gender identity and orientation if the participant did not complete the relevant section at the age 25 interview. If completed at age 25, forward feed the information to age 30 and ask for confirmation.

Sexual initiation

The timing of first sexual intercourse is an important life-course marker. Recent data from Ireland suggest that most people are sexually active by early adulthood: findings from the *My World Survey 2* indicated that one-fifth of respondents reported having sexual intercourse prior to the age of consent (Dooley et al., 2019). Data from Growing Up in Ireland's Cohort 98 indicated that one-third of respondents were sexually active by the time they were interviewed at age 17/18, and a further 51% were sexually active by the age 20 interviews (O'Mahony et al., 2021).

In previous waves of Growing Up in Ireland (Cohort 98 at 17/18 and 20), respondents have been asked a number of questions relating to their first experience of sexual intercourse; if they had sex,



who they had it with, if they used contraception and how they felt about the experience. Almost all sexually active 20-year-olds in Cohort 98 had their first intercourse with a member of the opposite sex (95%), half were in a steady relationship with the person, while 15% said they had 'just met for the first time'. Questions on sexual initiation are also included in the instrument for Cohort 08 at 17.

Other questions from these previous waves concern whether the respondent felt that the timing was appropriate (e.g. did they feel they should have waited longer), whether it was with someone of the same or opposite sex and with how many people they have had sex.

Recommendation for Cohort 08 at 20: Ask previous questions on first sexual intercourse as described above but only if not recorded at a previous wave.

Recommendation for Cohort 98 at 30: Ask previous questions on first sexual intercourse as described above but only if not recorded at a previous wave.

Romantic relationships

Young people in Ireland do not tend to get married until they are in their mid- to late-30s: in 2024 the average age for a bride and groom in Ireland was 35.9 and 37.7, respectively (CSO, 2025c). However, the development of meaningful romantic relationships can begin in adolescence or early adulthood, and partners may live together as a couple for years before marriage (if ever).

Romantic relationships can have both a positive and negative impact on psychosocial development. One US-based study found that as many as 20% of young adults felt that their partner tried to control them, but in contrast, the majority reported that their romantic partners supported them in achieving career goals (Manning et al., 2009). Those who have a positive experience of a romantic relationship may think of themselves as an attractive partner, while those who have a more negative experience may have much less self-confidence (Furman & Shaffer, 2003).

At age 20, Cohort 98 respondents were asked to describe their current relationship status. If they had a partner, they were asked some details about their partner, if they lived with them, where they saw their relationship in five years, and a series of questions about the dynamics of the relationship ('you tell them what you're thinking', 'they show you that they respect and like you', 'you disagree and quarrel'). The items on relationship dynamics were taken from the PAIRFAM study. Respondents were also asked about their desired characteristics in a partner; they were asked to rate the importance of 'personality', 'money' and 'looks', from *very unimportant* to *very important*. This question may be of particular interest given recent research and commentary suggesting that young men in 'Gen Z' hold more sexist views than men from Millennial or 'Gen X' cohorts (e.g. Clarke, 2025).

Over half of 20-year-olds in Cohort 98 were dating at the time of the survey, either casually (14%) or one person exclusively (40%). Only 2% of respondents were living with their partner at this age (Department of Children, Disability and Equality, 2026). By age 25, 58% were in a romantic relationship, of whom 29% were living with their partner (CSO, 2025b).



Recommendation for Cohort 08 at 20: Repeat questions from Cohort 98 at 20 in relation to current status of their relationship with a romantic partner (if applicable); if they think they will still be in the relationship in the medium-term and the emotional quality of that relationship as described above. For Cohort 08 at 20 only, repeat the question from Cohort 98 at 20 what characteristics are important in a partner.

Recommendation for Cohort 98 at 30: Similar to the recommendation for Cohort 08 at age 20, repeat questions from Cohort 98 at 20 in relation to current status of their relationship with a romantic partner (if applicable); if they think they will still be in the relationship in the medium-term and the emotional quality of that relationship as described above. Basic socio-demographic details on the romantic partner should be picked up by the household grid if they are living together.

Friends

From adolescence to early adulthood, young people become less dependent on their parents and spend more time with their peers or become involved in more intimate romantic relationships (Holt et al., 2018). It has been suggested that peer relationships or romantic relationships may replace the role of family support at this stage of life (Arnett, 2015).

Some research has found the presence of close friendships in young adults' lives to be psychologically protective – those with numerous high quality close friendships tended to be happier (Demir, 2008; Demir et al. 2015), and those with an absence of close friendship were at greater risk for depression and social withdrawal (Chango et al., 2015). Young adults (ages 19-29) may also spend more time alone than any other age group except the elderly (Larsons, 1990 in Arnett, 2000).

Looking at past findings for Cohort 98, the friendship networks of most young adults (69%) expanded between the ages of 17 and 20. Almost all young adults (>98%) reported at least some close friends and felt they could talk to someone about personal thoughts and feelings. By age 20, friends had overtaken parents as the most commonly reported source; 86% reported talking to friends, compared to 69% who sought support from their mother (O'Mahony et al., 2021). These findings underline the perceived importance of friends for young adults.

Some core questions on friendship networks from previous waves that are applicable to both cohorts in the upcoming waves concern the number of friends and close friends, friends that are online only, frequency of meeting up with friends in person, and being able to count on friends in time of need. For the question on number of friends consideration could be given to rewording 'normally hang around with' to 'have regular contact with' to reflect changing patterns of socializing.

Recommendation for Cohort 08 at 20: Retain a subset of questions previously using in Growing Up in Ireland relating to the amount of (close) friends they have, online versus in-person friendships, and whether they can count on their friends for support.



Recommendation for Cohort 98 at 30: Similar to the above, retain a subset of questions previously using in Growing Up in Ireland relating to the amount of (close) friends 30-year-olds have, online versus in-person friendships, and whether they can count on their friends for support.

Relationship with parents

Even in early-to-mid adulthood, the parent-child relationship is still potentially influential to the wellbeing of the cohort participant especially if they still live with their parents. There is a wide range of research exploring the relationships between parents and their children throughout childhood and adolescence, but less is known about this relationship as they mature into young adults.

It has been argued that the extended transition from adolescence into adulthood has also brought about a 'prolonged parenthood' (Fingerman, 2017). With many study respondents expected to still be living in the family home at age 20 and even 30, the dynamics of the relationship between parent and child could be particularly interesting as family members navigate the changes associated with interactions as fellow adults.

The financial dimensions of the relationship are covered elsewhere in this report. The recommendations here concern the socio-emotional quality of the parent with their now adult child.

Recommendation for Cohort 08 at 20: It is suggested that the questions previously asked of Cohort 98 at age 17 and 20, and this cohort at age 17 - specifically the Network of Relationships Inventory – are retained. This scale is used to describe, separately, the emotional quality of the relationship with mothers and fathers; it has five short subscales (11 items in total) that reflect dimensions of 'intimacy' (e.g. *"you tell your mother what you're thinking"*), 'admiration', 'conflict', 'reliability' and 'fear of love withdrawal'. Retention of this scale will allow for longitudinal and inter-wave comparisons.

Recommendation for Cohort 98 at 30: For Cohort 98 at 30, the coverage for this topic could be shortened to whether they are in regular contact with their parents (if not living with them) and if their relationship has improved/remained the same/disimproved since they were aged 25. Consideration could also be given to a single question on how well they get on with their mothers and fathers.



5E - Summary list of relationship topics for Cohort 08 at 20

Table 10: Summary of relationships topics for Cohort 08 at 20

Topic	Captures key domain	Policy-relevant	Age / stage appropriate	Not collected elsewhere	Consistency
Sexual orientation and gender identity	2	2	2	2	2
Sexual initiation	2	2	2	1	2
Romantic relationships	2	2	2	2	2
Friends	2	2	2	2	2
Relationship with parents	2	2	2	2	2
New/extended topics	**Captures key domain**	**Policy-relevant**	**Age / stage appropriate**	**Not collected elsewhere**	**Strong Support**
Planning for a family	2	2	1	2	2
Caring for aging parents	2	2	1	2	2



5F - Summary list of relationship topics for Cohort 98 at 30

Table 11: Summary of relationships topics for Cohort 98 at 30

Topic	Captures key domain	Policy-relevant	Age / stage appropriate	Not collected elsewhere	Consistency
Sexual orientation and gender identity	2	2	2	2	2
Sexual initiation	2	2	2	1	2
Romantic relationships	2	2	2	2	2
Friends	2	2	2	2	2
Relationship with parents	2	2	2	2	2
New/extended topics	**Captures key domain**	**Policy-relevant**	**Age / stage appropriate**	**Not collected elsewhere**	**Strong Support**
Planning for a family	2	2	2	2	2
Caring for aging parents	2	2	2	2	2



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Chapter 6
Education





Among Cohort 08 at 20, it is expected that all participants will have finished secondary education. The focus in relation to education will change to post-secondary pathways such as further and higher education, and apprenticeships.

For Cohort 98 at 30, it is possible that some will have returned to full-time education or still be in postgraduate education – for which details on their current status should be collected. It is expected, however, that the majority of the participants will have moved on to the labour market and the focus shifts to life-long learning and upskilling or reskilling.

Educational attainment and skill development are particularly important for employment opportunities and career advancement, but opportunities may not be equally distributed.

6A - Policy context

There are numerous polices that remain applicable to the educational development of 20- and 30-year-olds in Ireland. The 'Achieving in Learning and Development' outcome of *Young Ireland 2023-2028* has continued relevance to Cohort 08, most of whom will still be in some form of full-time education. Priorities in this area include access to further and higher education (including apprenticeships), access to art and creativity, and inclusion in education (DCEDIY, 2023). Asking Cohort 08 about their experiences of higher education and educational supports received would produce important evidence in this policy area.

There are several other policies which complement the initiatives of *Young Ireland,* many of which are relevant to Cohort 98 as well as Cohort 08. *The Adult Literacy for Life Strategy* is a 10-year initiative with a vision of every adult in Ireland having the requisite literacy, numeracy, and digital literacy skills to fulfil their potential and participate fully in society (DFHERIS, 2021).

The *Creative Ireland Programme* envisions every person in Ireland having the opportunity to fulfil their creative potential. A subsection of the programme, *The Creative Youth Plan 2023-2027*, seeks to improve access to arts and culture for those aged up to 24 (DCEDIY, 2023; DCCS, 2020). Questions on 20- and 30-year-olds' engagement in creative pursuits like playing an instrument could provide useful evidence in the context of these policies.

Lifelong learning has been a core education principle for the State since the publication of *Learning for Life 2000* (DES, 2000), Ireland's first white paper on adult education. It recognised the importance of lifelong learning and proposed a plan for the implementation of adult education across key learning sites in Ireland.

The Future FET, Transforming Learning: The National Further Education and Training (FET) Strategy 2020-2024 set out detailed policy goals in relation to further education and training (FET). Almost €800 million is invested in FET by SOLAS (Ireland's State agency for FET) every year, most of which goes through the country's network of Education and Training Boards (ETBs; DFHERIS & Solas, 2020). Gathering information about 20- and 30- year olds' ongoing engagement in education and training could produce evidence to support policy goals in this area.



In addition, *The Action Plan for Apprenticeship 2021-2025* sought to ensure that Ireland had a modern apprenticeship system that supported the needs of learners and employers. Asking study participants about their participation in apprenticeships and the labour market could support policy aspirations in this area (DFHERIS, 2021).

6B - Brief overview of the education topics arising from the consultation process

Expert panel

In terms of the expert advisory group, 'education and qualifications' featured in the top five continuing topics for both cohorts. Among the issues for 20-year-olds, the topic 'education and qualifications' was ranked as essential by 61% of panel members and as very relevant by nearly all of the remainder.

For those ranking on the issues for 30-year-olds, 55% described it as essential and a further 37% said it was 'very relevant'.

Focus groups

Many of the participants in the focus group of 20-year-olds were either currently studying or had recently completed higher education, with some taking gap years or changing courses. However, there was widespread uncertainty about the next steps after college, particularly regarding job prospects and career direction. Again, employment is often part-time and necessary to support living costs while in education. The market for jobs is perceived as tough with one participant describing it as, "Trying to find a job is tough, especially if you don't have contacts in the industry itself." Regardless of qualification, networking and nepotism were seen as significant factors in securing a job. Education did not arise as a distinct topic of discussion within the focus groups of 30-year-olds to the same extent that it did for the 20-year-old groups.

Comparable studies

The table below summarises topics in this domain that appeared in the comparable studies reviewed. From this review, we can see a large variety of studies that use education and post-formal educational skills tracking, most studies try and understand educational qualifications, and some ask about support for educational processes, particularly at tertiary levels. In a small number, education and training received in the labour force, after formal education had ceased, is explicitly asked about.



Table 12: Summary of education topics in comparable studies

Study	Education Topics
1958 National Child Development Study	Apprenticeships, other education since 16, qualifications and training
1970 British Cohort Study	Basic skills, training and qualifications, lifelong learning,
Next Steps	Fees and grants, vocational qualifications
Understanding Society (UK Household Longitudinal Study)	Educational tests and assessments
Quarterly National Household Survey (QNHS)	Highest level of education attained
National Education Panel Study (NEPS)	Educational processes, competence development, educational trajectories, non-formal or informal learning activities
Fragile Families Study (FFS)	Education, parental education
National Longitudinal Study of Adolescent to Adult Health	Cognitive development, educational histories,
US National Longitudinal Study of Youth (NLSY)	Training and achievement
Longitudinal Surveys of Australian Youth (LSAY)	Engagement with and attitudes to school, tertiary education, pathways, post-school study
ALSPAC	Education

6C - New topics in education for Cohort 98 at 30

Work-integrated and lifelong learning

Formal and in-work occupational training are significant components of what is generically called 'lifelong learning'. While the workforce continues to adapt and change with larger structural forces at play, there is an expectation that continuous learning is now a regular part of occupational and social life (Gamage & Dehideniya, 2025). Continuous professional development is a requirement for some occupations. At the same time, higher education institutions are adapting to novel means of flexible learning for adults, beyond the campus gates. Over half (59.5%) of Cohort 98 at age 25 had obtained an NFQ Level 7 or higher by 2023.[37] However, the importance to occupational change of ongoing and lifelong learning (particularly post-pandemic) is clear from both anecdotal

37 https://data.cso.ie/table/GUI22



and systematic evidence (Tamoliune et al., 2023). Learning may be both formal and informal. The umbrella term Work-Integrated Learning (WIL) is used to capture these diverse experiences and learning pathways (QQI, 2025).

To understand the relevance and impact of WIL, it would be important to consider broader standards, understood here as a function of Quality and Qualifications Ireland (QQI), the body who provide quality assurance guidelines and approve assurance procedures for educational providers across the country. It operates using the National Framework of Qualifications (NFQ). This is a framework that classifies the level, class of award and type of qualifications. Universities and Higher Education Institutes currently offer postgraduate NFQ Level 9 qualifications while the State's FET agency, Solas, offers NFQ Level 6 qualifications. The agency does capture formal education and training in further education but does not collect data on non-formal education and training.

The CSO's Labour Force Survey measures lifelong learning as the percentage of the population aged 25–64 who have participated in formal or non-formal education and training in the 4 weeks prior to the survey. However, QQI does not include online training modules or micro-credentials (short learning programmes with a focus on complementary skills in a particular area of interest) as part of its Framework. Some work has been conducted to assess the potential for integrating micro-credentials into such frameworks (Iatrellis et al., 2024) and their recognition as learning achievements), (Mitchell et al., 2025).

Those in the 30-year-old focus group expressed a need to learn continuously and that retraining is common. However, this was understood as a further factor to add to the busyness of their regular lives. To understand the role played by WIL, the Department proposes a new question on the use of online and micro-credentialing in the workplace for C98 only. Linking Solas and other data using administrative datasets could capture the formal qualifications.

Recommendation for the 98 at 30 Cohort only: Insert a question measuring the prevalence of informal (i.e. non-QQI) Work Integrated Learning along the following lines: Have you completed in the last year, or currently registered for, an online skills course (sometimes called micro-credentials) through your workplace?

6D - Continuing topics in education for Cohort 08 at 20

Since the transition of the Growing Up in Ireland study to a model whereby data are collected by the Central Statistics Office, there are new possibilities for supplementing education questions on the survey with data linkage. For example, Leaving Certificate results, courses applied for via the CAO system, and whether the 20-year-old is in receipt of a further/higher education grant from the State.

The discussion of continuing topics below highlights topics where data would be useful, whether this is collected directly from the participant or via data linkage. Where questions are asked directly of the 20-year-old, it is recommended that the items used with Cohort 98 at 20 are re-used for cross-cohort consistency.



Experience of secondary school

Participants' experience of the senior cycle, including programme type and subjects chosen, and overall performance in exams (where relevant), can have a profound impact on later life, in terms of further/higher education, training and employment (Smyth & McCoy, 2009). This information can be used in both cross-sectional and longitudinal analysis to explore factors associated with exam performance and educational attainment. As was seen for Cohort 98 at age 20, we see a strong relationship between the senior cycle programme taken, Leaving Certificate achievement, and post-school pathways. Almost all (96%) of those in the top quintile of grades in this cohort went on to higher education compared with 42% of those in the lowest quintile (O'Mahony et al., 2021).

Similarly, early school and Leaving Certificate Applied leavers were over-represented in other further education courses (such as apprenticeships and Youthreach) (33% and 28% respectively) while 18% of those in the lowest-performing LCE/LCVP group took part in these courses (ibid.).

Cohort 08 at 20 should also be asked to look back on their **experience of the Leaving Certificate programme** and reflect on their **satisfaction or regrets** now that they have experienced life after school. For example, an individual may feel that there were other subjects they could have done for the Leaving Certificate that would, in hindsight, have been more helpful for the course they are now doing at third-level.

Recommendation for Cohort 08 at age 20: Some factual information - such as Leaving Certificate exam results - is likely available through data linkage. More subjective perspectives such as satisfaction with the Leaving Certificate programme should be collected through direct survey questions, ideally with some information as to why they had regrets (if any).

Early school leaving

Educational attainment has been identified in research as a key predictor of labour market outcomes, with those attaining higher education achieving higher salaries and early school leavers disproportionately at risk of unemployment (Byrne & Smyth, 2010). Despite the current low levels of unemployment in Ireland, for early school leavers the risk of unemployment remains relatively high (CSO, 2023). As noted above, early school leavers are underrepresented in higher education courses and over-represented in further education courses (O'Mahony et al., 2021). For the purposes of survey design, early school leavers are considered to be young people who have left school before completing the Leaving Certificate.

While early school-leaving may have already been identified in the age 17/18 wave of Cohort 08, it is possible that additional young people might have left since the age17/18 fieldwork but before they completed the Leaving Certificate. Another possibility is that young people who did not participate at age 17/18 rejoin the study at age 20, and some missing information on their senior cycle experience (or not) needs to be filled in.

Relevant questions for early school leavers include the age of leaving the education system, reasons why, whether their friends or siblings also left early, and whether they intend to return to education.



Recommendation for Cohort 08 at age 20: Structure the questionnaire such that participants who did not complete the Leaving Certificate, and whose data on early school leaving was not already captured at the age 17/18 survey, will complete the relevant module at age 20. This is expected to be a small percentage of the overall number of participants so should not add significantly to the average interview length.

Transition to post-school pathways

The gap between the age 17/18 and 20 waves for Cohort 08 will likely include a key transition from school to either post-secondary education or the labour market.[38] It is important that detail about both decisions and factors that influenced those decisions are captured.

With the new model for Growing Up in Ireland, some factual information such as the **course enrolled** on and whether the young person availed of a student **support grant** (known locally as 'SUSI') should be available through data linkage.

However, it would also be important to capture whether the young adult applied for a course but was either not successful, chose not to take it up or did not complete the course. These questions were previously H1a4 and H1a6 on the instrument for Cohort 98 at 20. Almost 8% of this cohort at aged 20 stated that they did not complete a NFQ Level 8 course with 28% not completing a course at Level 7 (ordinary bachelor's degree). Much of this is accounted for by the course not being what the person expected (42%). For programmes lower than Level 7 (certificates, diplomas and other qualifications), levels of non-completion range from 16% to 20%.

Other subjective information to include in a module on post-school pathways would include **financial support** (excluding SUSI), **satisfaction with the course chosen** and **reasons for choosing a particular institution**. We know, for example, that young people with caring responsibilities were more likely to say that attending an institution where they could live at home was an important factor in their choice (Russell & Smyth, 2024). These questions appeared as H10-11, H12 and H7 on the Cohort 98 at 20 instrument.

If a young adult did not proceed directly to their post-secondary option after the Leaving Certificate, a short question on what they did in that **'gap year'** could replace the rather more onerous 'event history grid' used with Cohort 98 at 20. Answer options could include wanting to travel, wanting to earn money before starting college, illness/disability, did not get an offer and re-applied the following year.

For a minority of young adults who might attend a third-level option outside the Republic of Ireland, some short factual questions on the area and institution of study, and NFQ level of the course should be collected as part of the survey to fill in the data linkage gap.

Recommendation for Cohort 08 at 20: As outlined above, include questions on more subjective aspects of the transition to post-secondary education including reasons for choosing a particular institution, funding, satisfaction with course, or reasons for not attending/dropping out of a course.

38 Transitions to the labour market are discussed in Chapter 7



A new question to replace the event history grid used with Cohort 98 at 20 could cover reasons for taking a break (of a year or more) between finishing secondary school and starting a post-secondary course. Details on course and grants should be available for the majority through data linkage, but details may need to be collected within the survey for individuals who completed a course abroad (including Northern Ireland).

Educational support (including Special Educational Needs, SEN)

Similar to Cohort 98 at age 20, the survey for Cohort 08 at 20 should include questions on whether they have a special educational need or disability that affected their post-secondary education or training. Follow-on questions should repeat those items from Cohort 98 (H8-H9c) on whether they received any support, and the nature and usefulness of those supports.

As has been noted in Cohort 98 at age 20, other aspects of prior educational experience may also play a part in the likelihood of taking part in education and training. At that time, young adults who reported frequent positive interaction, such as praise or encouragement, with their teachers were more likely to go on to higher education (HE) or a post-Leaving Certificate course (known locally as a 'PLC' course)[39] but were less likely to do another FET course (O'Mahony et al., 2021). The older age cohort also showed the continuing nature of educational disadvantage across time. Young adults who had attended a DEIS[40] school were significantly less likely to go on to HE than those who went to a non-DEIS school (50% compared with 76%). They were more likely to take a PLC course (29% compared with 15%) or another FET course (16% compared with 8%) (ibid.). Family context clearly has some impact here and is consistent with international research which shows that family advantage plays a particularly strong role for those with lower levels of performance in education (Grätz and Wiborg, 2020).

Students with and without additional needs may benefit from more general support from their parents. While questions on financial support from parents are included elsewhere (see Chapter 7), some questions on parental engagement in the young adult's post-secondary education could provide useful context. Such questions were not previously asked of Cohort 98 at 20 but there were questions from Cohort 98 at 17 that could be repeated (E1 on the latter instrument): in particular, the items on parents asking how the young adult is coping with the amount of work, getting on with peers and lecturers, how they are doing in exams.

Recommendation for Cohort 08 at 20: Repeat questions on special educational needs and supports available at post-secondary level as used with Cohort 98 at 20. Consider items on parental engagement/support for post-secondary education by adapting items used with Cohort 98 at 17 as outlined above.

39 Post -Leaving Certificate Courses (PLCs) are full-time courses for people who have finished post-primary school and adults returning to education.

40 The DEIS programme is the main Government policy for addressing concentrated educational disadvantage at school level and has been in place since 2006.



Work experience and placements

Work experience placement was collected at 17, when that experience was part of the curriculum. Cohort 98 at age 20 was asked about what they thought they would do after you left school and included among the choices was the "pursuit of an area from placement". For consistency across the cohorts, the Department recommends the same approach for Cohort 08 at 20.

Finally, part-time paid work during term-time as well as employment history, work placements and training were all asked at age 17. While Cohort 98 at age 20 had an event history grid across four years and month in each year previous to administration, the Department recommends repeating the individual questions in these matters to assist comparison across time and trajectories of employment after school and in any transition to further education.

Recommendation for Cohort 08 at 20: Repeat questions on work placements at third level as used with Cohort 98 at 20.

6E - Summary list of all education topics proposed for Cohort 08 at 20

Table 13: Summary of education topics for Cohort 08 at 20

Topic	Captures key domain	Policy-relevant	Age / stage appropriate	Not collected elsewhere	Consistency
Experience of secondary school	2	2	1	1	2
Early school leaving	2	2	1	2	2
Financial support for education	2	2	2	2	2
Satisfaction with course chosen	2	2	2	2	2
Reasons for choosing a particular institution	2	2	2	2	2
Gap year	2	2	2	2	2
Educational support (SEN)	2	2	2	2	2
Parental involvement	2	2	2	2	2
Work experience and placements	2	2	2	2	2



6F - Summary list of all education topics proposed for Cohort 98 at 30*

Table 14: Summary of education topics for Cohort 98 at 30

New Topics	Captures key domain	Policy-relevant	Age / stage appropriate	Not collected elsewhere	Consistency
Work-integrated and lifelong learning	2	2	2	2	2

*Note that if the Cohort 98 participant is in full-time education at age 30, details on the current course should be collected as per Cohort 08 at 20

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Chapter 7

Socio-demographics, family context, and economic and civic engagement





This is a wide-ranging chapter that covers topics relating to traditional socio-demographic indicators, the broader family context and also the activities and attitudes that reflect the participant's engagement with the wider community – be that online or the physical environment. Particularly by age 30, the boundary between a socio-demographic indicator and 'economic engagement' blurs relative to the younger waves of age 17/18 and 20.

7A - Policy context

As these two cohorts grow into adulthood and early middle age, the broader landscape encompasses elements of all aspects of public policy. Income and occupation, mental health, housing, transport, planning and healthcare policies retain their relevance for both these cohorts of adults. There are very few parts of a 30-year-old's life that are not impacted by public policy provisions. Nonetheless, we can see a number of particularly relevant strategies and frameworks which have a bearing on contemporary adult life in Ireland.

Delivering Homes, Building Communities 2025-2030 (DHLGH, 2025) is the Government's five-year plan for the provision of a variety of housing types across the country. The aim is to provide affordable options for housing which is appropriate to the locale and to broader needs. Actions within this strategy include activating land, providing infrastructure, securing investment, improving construction viability, boosting skills, and tackling vacancy and dereliction. In particular, the plan envisions upskilling parts of the workforce to provide the skills and innovation needed to meet ambitious targets. Bringing vacant and derelict properties back into use is essential for sustainable housing close to local services and amenities and Government schemes aimed at these forms of housing provision will arguably have a bearing on household formation prospects for Cohort 98 at 30. For those in the younger cohort, their prospects for adequate housing, rented or owning are bound by the foundations laid in the present.

The Irish Government's labour market policies are concentrated on aligning educational and vocational outcomes with the broad sectors of the economy. This means serving the needs of an economy at near full employment in a wide variety of sectors including ICT and digital services, pharmaceuticals and biotechnology alongside more traditional sectors like manufacturing and agriculture. The most recent employment focused policy is *Pathways to Work, 2021-2025* which focused on reducing youth and long-term unemployment and improving labour market transitions (DSP, 2021). An OECD impact evaluation of employment policies found that people with low education levels and youth are facing more barriers in entering the labour market than other groups (OECD/Department of Social Protection/EC-JRC, 2024). While employment levels in the economy are generally higher than the European average, there is still some progress to be made on facilitating people with little or no work experience (most of whom are under 30) to transition to the full labour market. Instruments such as the *Employment and Youth Engagement Charter* are being used to help those who are at risk of not easily moving into employment (DSP, 2024).

Under the Charter initiative businesses undertake a number of commitments including enhanced engagement with the Department of Social Protection's Intreo centres and the JobsPlus Scheme and developing mentoring programmes that offer guidance and support to jobseekers. The most



recent economic commentary from the ESRI points to a possible divergence in male and female rates of unemployment in a context of a historically high volume of workers being engaged on a full-time basis (ESRI, 2026a).

The *Roadmap for Social Inclusion 2026–2030* was published in May 2026 and launched at the Social Inclusion Forum. It is the successor to the *Roadmap for Social Inclusion 2020–2025.* Through a set of cross Government actions, the roadmap seeks to reduce consistent poverty to 2% or less by the end of 2030 and to reduce income inequality. The roadmap makes reference to indicators in *Pathways to Work* as well as the *National Social Enterprise Policy* to provide supports in employment and training for people in identified marginalised groups (Department of Social Protection, 2026). In this way, social inclusion moves beyond just income supports and establishes links with healthcare and transport policies to achieve its aims.

In terms of training and upskilling, *Skills to Advance* is a national initiative that provides upskilling and reskilling opportunities to employees in jobs undergoing change and to those currently employed in vulnerable sectors. Elsewhere, *Skills to Compete* is also a SOLAS initiative that leads reskilling and retraining responses by combining and ramping-up three strands of Further Education and Training provision, linked to tailored advice and support. Furthermore, the Higher Education Authority continues to track educational outcomes for all students, irrespective of pathway through higher education.

Housing, labour market strategies and welfare provision are three central points of contact for public policy, particularly amongst younger adults in Cohort 98 as they begin their work lives and establish independent households. While there is some renewed focus now on the connection between these policies and their public provision (for example relational public services, wellbeing indices), those now approaching their early middle age are experiencing a rapidly changing policy context and a number of interlinked challenges which will impact on how those policies are shaped and implemented.

Finally, while there is no one current arts and culture policy in place, Creative Ireland has been coordinating an all-of-government culture and wellbeing programme since 2017. It is committed to the vision that every person in Ireland should have the opportunity to realise their full creative potential. It achieves this through enabling children's creativity, supports cross-sectoral projects in arts and heritage through local government and through grants schemes.[41] There is also a targeted basic income for the arts scheme which provides a support over a number of years to allow artists remove financial uncertainty from their lives.

41 More information is available from https://www.gov.ie/en/department-of-culture-communications-and-sport/publications/creative-ireland-programme/



7B - Brief overview of topics in socio-demographics, family context, and economic and civic engagement arising from the consultation process and comparable studies

Expert panel

Two new topics in the area of socio-demographics, family context and economic engagement are being added as a result of the consultation process: these are housing stressors and the use of, and potential threats from, AI. These are discussed in detail in the next section. The highly ranked topics indicated by the expert group that ought to be added to the 20-year-old questionnaire included loneliness and isolation, issues related to addiction and caring for ageing parents. These were highly ranked for being both essential and very relevant to any new study. For the 30-year-old study, new topics deemed essential and very relevant were again loneliness and isolation alongside becoming a parents and addiction. Coverage of some existing topics is also being modified to reflect specific points. Examples of these include questions on the desirability of working from home or the successful completion of training. In particular, there was a broad concern for lingering impacts of health lockdowns in the 2020-2022 period and how participants might experience loneliness and isolation (discussed in Chapter 4 on mental health) as changing work routines and study patterns became established.

Focus groups

Among the 20-year-old focus groups, the impacts of the pandemic in 2020/21 and related crises were also reflected in changing generational trajectories. Current crisis experiences, such as the Covid pandemic, housing and cost of living featured within the narrative for this group and are shaping their perspectives quite strongly.

There was widespread uncertainty about the next steps after college, particularly regarding job prospects and career direction. Many expressed that employment is often part-time and necessary to support living costs while in full-time education. The job market was perceived as tough, with many struggling to find relevant work, especially in their fields. One participant in a 20-year-old focus groups made reference to this:

> "Kind of what jobs are available to me with the degree that I have, because I have a sociology degree. It's kind of a very broad one… there's no set path for you to take."

Furthermore, some participants just do not see a clear way forward:

> "There's the confusion of what the next step is when you're done with college… it's a weird step to take to just not be in education anymore."

This lack of clarity about what is next is clear. While there was some anxiety about saving for the future, broader financial worries are present but often deferred. Mortgages and pensions are things they will need to have, but not something they could afford at the moment.



For those focus group participants ending their 20s and facing their 30s, housing affordability was a major stressor, with many feeling home ownership is unattainable. Current rental situations felt insecure for some. The high cost of living dominated their concerns: rent, groceries, utilities, childcare, transport and socialising have become significantly more expensive compared to when the participants were younger. From the 30-year-old focus groups we can see how this is represented:

> "Bills and groceries would be what I would be worried the most about… you could get an electricity bill that's way more than you expected and like how are you supposed to pay for it sometimes?"

And:

> "My rent went up this year by €40 and now they're already talking about up to a 50% increase again."

Savings and pensions were viewed as difficult to maintain, and health insurance often unaffordable. Some participants mentioned a dilemma between saving for a house and considering emigration to countries like Australia for better opportunities. Job security was also a concern, especially for those in technology areas.

Comparable studies

The table below summarises topics in this domain that appeared in the comparable studies reviewed.

Table 15: Summary of demographic and economic and civic engagement topics in comparable studies

Study	Topics
1958 National Child Dev. Study	Jobs and apprenticeships, physical and mental health, education, training and qualifications, leisure activities.
1970 British Cohort Study	Qualifications and training, basic skills, social participation, lifelong learning, leisure activities, social and cultural capital.
Next Steps	Qualifications, social networks and support, partner information on employment.
Understanding Society	Employment, civic participation.
PAIRFAM	Social embeddedness, family development, social connections.
National Education Panel Study (NEPS)	Outcomes and consequences over the life-course.
Fragile Families Study (FFS)	Family and social ties, health behaviours, attitudes and expectations, employment of parents.

Study	Topics
National Longitudinal Study of Adolescent to Adult Health (Add Health)	Social ties, civic participation, expectations, quality of relationships, occupational stressors, educational history, benefits.
US National Longitudinal Study of Youth (NLSY)	Training and achievement, expectations.
Longitudinal Surveys of Australian Youth (LSAY)	Pathways, job seeking, equity and social aspects, wellbeing and life satisfaction, school transitions, job search activity.
Born in Bradford	Social capital
TILDA	Social support and intergenerational transfers.
ELSA (English Long Study of Aging)	Employment, expectations, mental health, civic participation.
ALSPAC	Life events, wellbeing and social experience, social coping strategies.
1946 MRC National Survey of Health and Development	Histories of occupation, social attitudes, family circumstances.
NI Cohort for the Long. Study of Ageing	Mental health, social environment.
Whitehall II	Mental health and wellbeing, psychosocial factors.

7C - New or extended topics in socio-demographics, family context and economic engagement for Cohort 08 at 20 and Cohort 98 at 30

Housing stressors

While housing conditions and quality are an established part of the survey and discussed in more detail below, stress arising from housing precarity is emerging as a new area of concern. This is particularly the case following on from the 2008 Global Financial Crisis (GFC) where housing and home ownership became more difficult for many. For those renting, owners and landlords can be more selective (and discriminatory) when it comes to filling tenancies (Waldron, 2024). As renting became more prevalent for more people in Ireland[42] after this period, and with increasing numbers of people unable to afford to purchase or obtain a mortgage to do so, insecurity over tenure and attendant health stressors become evident. This is particularly the case among sub-groups who are already within precarious housing (i.e. people with disabilities, migrants and single parents)

42 For more detail over a decade, see https://data.cso.ie/table/FY034B - Census 2022 Summary results.



(e.g. Hearne and Walsh, 2021; Russell et al., 2021). Those seeking to own their home face further difficulties with affordability and this has led to an extensive analysis of factors that seek to explain this post-GFC change (see for example, Norris and Lawson, 2023). Across Europe, there are marked differences in observed (what is experienced) and preferred (what is needed) household size, particularly for people aged 18-29 (Eurofound, 2025a) and while affordability remains a distinct problem, there are also identified mental health and family choice outcomes among younger people where housing need is unmet.

Regarding conditions in homes (particularly across 2022 and 2023) there is evidence that three in ten billpayers reported having cut back on essentials to afford their energy bills (SEAI, 2025a). The Government introduced a set of energy supports to mitigate rising gas and electricity prices, but it has been established that any supports are differentially experienced among different populations (Waldron, 2024). The ESRI has conducted research based on the 'family stress' model and, using GUI data, asserts that economic hardship can lead to acute and chronic stressors including depression, anxiety and resultant intra-family conflict (Laurence et al., 2024). Research also shows evidence of how housing-energy precarity cuts across social class lines, with those from middle-income earners also experiencing some degree of impact (Waldron, 2024). While low income is a relatively strong predictor of energy poverty and lower renewable energy use (Pobal, 2026), there has been less emphasis in policy on structural interventions (making tenure more secure and making homes warmer) and more on cash-based interventions (McElroy and Walsh, 2023). This is mirrored in the slow pace of social housing fabric retrofits in Ireland and recent alterations to the scale and application of grant schemes (SEAI, 2025b).

There is an increasing tendency in the research to understand housing in terms of issues centred on quality of the housing and not just the quantity available or built. In a context where the most deprived urban settings are likely to have the lowest rate of renewable energy use (Pobal, 2026), the quality of a residence is often understood as of higher importance than its tenure. However, tenure security is still an issue for renters, those with a disability, migrants and single parents (Hearne and Walsh, 2021). This is not merely a matter of burdens placed on renters (e.g. poor conditions and retaliatory and / or eviction landlord actions) but a basis for a relational understanding of landlord and tenant relationships. Media coverage has highlighted issues with poorer quality housing and accommodation.[43] However, there is a sense that the precarity of housing is best understood as involving the naturalisation of bad conditions and the continuation of the notion of moral failings of the tenant (especially for migrant renters, Lima 2025). Insecurity ought instead to be understood as a function of landlord and tenant relations (Byrne and McArdle 2022), albeit with distinctive power differentials between the two groups. There has been some recent legislative change to regulate this relation, i.e. Residential Tenancies Act 2026.

43 For example, https://www.irishexaminer.com/news/arid-41780276.html; Living in cold, mouldy, damp council homes in south Dublin, https://www.irishtimes.com/ireland/housing-planning/2025/12/04/living-with-cold-mouldy-damp-homes-in-south-dublin/; 'Our homes are destroyed with mould and damp': Oliver Bond residents say they are 'literally getting sick', https://www.irishtimes.com/ireland/social-affairs/2024/01/23/our-homes-are-destroyed-with-mould-and-damp-and-were-literally-getting-sick-because-of-it-oliver-bond-residents-suffering-from-asthma/.



There is some evidence for age-based intervention in the nexus between housing and energy. This arises from the prevalence of younger people living in poorer quality or substandard accommodation more often than older age cohorts (Eurofound, 2025a). Poorer quality of housing has been associated in some research with an increase in the prevalence of depressive symptoms and physical health inequalities (e.g. McElroy & Walsh, 2023). For Cohort 98 at 20, 26% indicated that they were living in student accommodation (by definition temporary) and 53% renting from a landlord who lives elsewhere. Over half (56%) of the respondents indicated that their rent was a great or a bit of a burden. At age 25, almost 70% were living with their parent or guardian and 63% citing mostly financial reasons for the reason they live with their parents. A substantial minority (43%) of the respondents indicated that their current home was not suitable for remote working. The concept of secure occupancy can be used to help understand the relationship between stress, attendant illnesses, mental health issues and housing security.

Recommendation for Cohort 08 at 20: Repeat the questions used on housing tenure and quality for the Cohort 98 at 20 survey including those on accommodation being suitable for their needs. The Department also proposes an additional question on the prospects of availability of housing and its impacts on the transition to adulthood.

Recommendation for Cohort 98 at 30: A question on their current housing / accommodation and barriers to the feasibility of making their home warmer / more comfortable.

Use of and potential threats from AI

Artificial Intelligence (generically and popularly known as AI) continues to be advanced through a multitude of technology companies, platforms and consumer-facing apps. There is now a wide public debate about these systems' uses and applications (for example, see Irish Human Rights and Equality Commission, 2026). At the same time, companies and other organisations across private and public sectors are integrating AI into work processes at various levels and scales. The TCD Centre for Digital Business and Analytics (CDBA) has conducted research (with Microsoft) on AI usage and adoption in Ireland and, while AI usage has been increasing, "organisations adopting an AI-first approach…have grown more modestly, from 1.81% in 2024 to 8%" more recently. They suggest that organisations are "integrating AI gradually rather than restructuring their entire business models around it." (TCD, 2025, p.8).

Much of the public discussion on AI adoption has focused on its potential to replace existing jobs and work patterns. The Department of Finance states that there is a measurable impact of AI on employment levels, naming ICT and Financial Services as particularly exposed (Department of Finance, 2026). In 2026, the ESRI estimates that in its central scenario, around 7% of current jobs could be displaced in the short to medium term (ESRI, 2026b). They also indicate that the largest average income losses are projected to be experienced by middle- and higher-income households with lower income households also projected to lose but by much less. They provide a more detailed breakdown for changes in average household disposable income as a result of a number of scenarios.



General population frequency of use is not currently known but there is some evidence that people under 25 are adopting dedicated AI apps and parts of apps for a wide variety of purposes. Simple chatbot use is widespread on consumer applications where people are seeking answers to basic questions, for example utility providers. Some of the larger providers of AI technologies have extensive public and public service use. While there has rightfully been focus on the use of some tools to produce inappropriate and illegal content, there can be little doubt that the lives of those aged 30 and under will continue to be impacted by AI use in their educational, social and occupational lives. Irish Central Government (DPER) and agencies (e.g. HIQA, the HEA) have both put forward frameworks to plan for AI's use in public and wider social services.

Some efforts have been made to develop and implement instruments for assessing attitudes toward AI (e.g. Grassini, 2023) but the tendency for companies to adopt the use of AI is often done without widespread consultation and so measures of general or specific acceptance are, as yet, difficult to derive. This is an extremely fast-moving area of technological development with consumer-centred apps merely representing one part of wider adoption and usage.

Any measure of assessing AI's use and understanding will compete with timeliness and in the application and mode under conditions of rapid change; so, the specification of questions for upcoming waves of GUI should be done on a 'just in time' basis to best reflect the situation during fieldwork. However, themes for questions can be identified at this juncture as reasons for using AI (work, college, creativity, everyday help, therapy – see Chapter 4) and concerns about AI such as reducing job opportunities.

Recommendation for Cohort 08 at 20: Specific questions to be determined on a 'just in time' basis but to cover reasons for use and concerns about employment impact as outlined above.

Recommendation for Cohort 98 at 30: As per age 20 recommendation, specific questions to be determined on a 'just in time' basis but to cover reasons for use and concerns about employment impact.

7D.1 - Continuing topics in socio-demographics, family context and economic engagement for Cohort 08 at 20 and Cohort 98 at 30

The topics in this section cover a greater mix of individual topics than in other chapters, and many were introduced to the Growing Up in Ireland study for Cohort 98 at 17 and repeated for the most part for Cohort 08 at that age. The following sections recap why they are relevant to repeat for Cohort 08 at 20 and for Cohort 98 at 30.

Employment history

Although the vast majority of Cohort 08 are expected to be still in school at age 17, by age 20 a portion will have completed their education for now and commenced employment as their principal economic status. Many more are likely to have some kind of part-time job while being registered in some form of higher education. For Cohort 98 at 30, it is expected that the majority



will be in some form of paid employment (given the strong upward trend in employment across the economy up to 2026)[44] but there will be some who will be continuing their education (or be neither in work nor education).

As with Cohort 98 at 17, it is proposed that the (probable) minority of young people in Cohort 08 at 20 whose principal economic status is not full-time education be asked to provide **details of their current or most recent job**. Such details should include type of contract (e.g. part-time or full-time; employee or self-employed), duration, nature of occupation, number of hours per week, earnings, and job satisfaction. Although the number of participants may be small, it is important to capture details of early employment in a similar fashion to what will apply in a later wave (e.g. age 25) when a greater proportion of the sample will be working. A question for both cohorts on total number of different jobs to date would be useful in building up a work history. It is also proposed that a small number of questions on **history of unemployment** be administered as well. Again, following the template for Cohort 98 at 17, these would just be number of periods of unemployment and total weeks spent unemployed.

For most young people at 20, however, their experience of employment will likely be in the form of a part-time job while in post-secondary education. Among Cohort 98 at that age, 65% of those in education or training had a term-time job (O'Mahony et al., 2021). **Employment during term-time** is of particular policy interest given the potential for it to negatively impact on school achievement during a typically pressured period in the education cycle; especially if it is more common among certain socio-demographic groups (e.g. low-income or farming families) (ibid.). Dependence on part-time wage earning could increase as housing and daily costs increase for all groups. Time spent working in a job at weekends and evenings may also eat into the time the 20-year-old might otherwise give to physical activities or other activities to promote wellbeing. Conversely, there may be medium or long-term benefits to term-time working when it comes to securing or maintaining employment after higher/further education. Questions on term-time employment for Cohort 98 at 17 included typical hours per week; amount earned; brief description of the work, and if the young person worked for a family member (paid or unpaid).

In the survey of Cohort 98 at age 20 there have been related questions on whether the young person had undertaken a **work experience placement** as part of their education course. This question could be repeated for either cohort where someone is currently in education.

Recommendation for Cohort 08 at 20: Participants whose principal economic status is employment should be asked the full details in relation to contract, duration, hours etc. similar to Cohort 98 at 20. Questions on term-time employment and work placements as part of education should be asked of those currently studying. The Department recommends including one new question on whether the participants sought a term-time job if they don't/didn't have one.

Recommendation for Cohort 98 at 30: As per the age 20 recommendation, participants whose principal economic status is employment should be asked for full details in relation to contract, duration, hours etc. A modified 'event history' question on periods of unemployment and

44 For more details, see CSO Labour Force Survey data https://data.cso.ie/table/QES02



employment, similar to that used with this cohort at age 25, should be included to fill in the period since the previous interview. For a (likely) small minority still in full-time education, questions on term-time work or placements should be included.

Social class

An historically appropriate way to measure social class position has often been understood through head of household dominance. This accounts for the higher earner within the household being the determinant of that household's class position, irrespective of gender (De Graaf & Heath, 2023). However, literature reviewed by these authors often makes a strong case for recording an individual's social class, alongside the collection of other people's (usually spouses') social class. Other accounts centre on observed differentials between the class positions of parents in two parent households and those found between parents and child respondents. Ballarino et al. (2021) have found through their work on Italian cohort studies that class dominance "underestimates the association between parental education and respondent's education when parents have a similar educational title, while it overestimates it when a wider education gap is found between parents."

For consistency between waves and cohorts, therefore, the recommendation of both upcoming waves is to repeat the derived social class variables based on questions about the individual's occupation.

Recommendation Cohort 08 at 20: Repeat previously used questions on the occupations of those in the household to establish social class.

Recommendation for Cohort 98 at 30: Repeat previously used questions on the occupations of those in the household. Where the 30-year-old is residing with parents, it would be beneficial to calculate their individual social class separately from their parents.

Social welfare receipt

Both cohorts will potentially be eligible for social welfare payments, which are likely to be important financial supports. A recent report using Growing Up in Ireland data, commissioned by DCDE, showed that 25-year-olds who were categorised as 'struggling' using a combination of other indicators were more likely to be in receipt of social welfare (15%) than their peers who were categorised as 'doing well' (5%) (Silke et al., 2026). It is expected that this information could be derived through linked administrative data from the Department of Social Protection rather than needing dedicated survey questions, but consideration could be given to a question on the proportion of the individual's income that comes from social welfare (as used in previous waves of Growing Up in Ireland).



Recommendation for Cohort 08 at 20: Explore options for administrative data linkage, possibly in combination with a question on what proportion of their income comes from social welfare.

Recommendation for Cohort 98 at 30: As for Cohort 08 at 20, explore options for administrative data linkage, possibly in combination with a question on what proportion of their income comes from social welfare.

Household income

The income available to the family and household is a key determinant of resources available to the participant. Particularly at age 20, when the young adult may still be heavily reliant on their parents for direct and indirect financial support – the wider family economic context is important. But even at age 30, the financial resources of the parental household may be relevant to situations such as getting a loan guarantor or money transfer from parents towards purchasing a home of their own.

For 30-year-olds living independently of their parents, the income of a spouse/partner may be a new factor in the household circumstances (or needing to support a spouse/partner with limited means of their own). There may be additional expenses if the 30-year-old is now a parent themselves.

As well as how much, the questions used with Cohort 08 at 17 Parent questionnaires also asked about sources of income and what proportion of income came from social welfare. While it may be feasible to use data linkage to fill in income data and save time in the interview, there will be a delay in linking contemporary information for the self-employed and not all income may be declared to Revenue. Detail on type and amounts of social welfare payments would, however, be better coming from data linkage for accuracy and to save time in interview.

Recommendation for Cohort 08 at 20: Repeat both parent and young person questions as used with Cohort 08 at 17 to collect details on amount and sources of household income. Use data linkage to provide details on type and amount of social welfare payments.

Recommendation for Cohort 98 at 30: Questions on household income should match those used for this cohort at 25.

Deprivation and financial strain

Historically, Growing Up in Ireland questionnaires have measured deprivation using a set of items derived from the widely used EU SILC measure. This measure asks whether the household can, for example, afford items such as new rather than second-hand clothes and replace worn-out furniture. The items were used with Cohort 98 at 20 in the parent questionnaire but discontinued for Cohort 08 at 13. Parents of Cohort 08 at 13 were just asked questions on financial strain and not the SILC-related categories, partly because of the need to shorten the questionnaire for telephone administration during the Covid pandemic.



A stand-alone question on difficulty making ends meet has been used consistently in all Growing Up in Ireland waves and should be continued for forthcoming waves. Amongst the 25-year-olds polled in 2023/24, 34.2% of the respondents reported having some degree of difficulty making ends meet (CSO, 2025c).

A new question asked of parents of Cohort 08 at 13 was whether the household could afford an unexpected expense of €1,000 without borrowing. They were also asked if they had access to a car and, if not, was this because they couldn't afford it. The questions on making ends meet, affording a car, and change in financial situation had also been asked of Cohort 98 at 17 allowing for both longitudinal and cross-cohort comparisons. There was also a question on whether the family was currently having difficulty meeting any loan or debt repayments at that wave, which would make an interesting cross-cohort comparison in terms of whether prevalence of household indebtedness had changed in the last decade. It is suggested that a specific question on being behind with mortgage or rent payments (previously asked of Cohort 08 at age 9) be included as well.

The young adults of Cohort 98 at 20 were asked a question about how they would meet an unexpected expense of €250, with answer options including borrowing strategies. Among these respondents, almost 55% indicated that they would use savings, while 40% indicated that they would borrow from parents. Just over 37% indicted that they would cut back on other expenditure (DCDE, 2026a).

At the stakeholder consultations there was a call for more information on planning for future finances. An administratively linked dataset on whether the 30-year-old has been auto enrolled in the MyFuture Fund saving scheme could be considered to address this specific point from the stakeholder feedback (it could also be an option for 20-year-olds but it is expected that most of these will be in education at the time of interview).[45]

Another option is to ask items such as cutting back on heating or electricity, and eating less or cheaper food to save money to parents (of 20-year-olds) as well as young adults. This option would allow for an interesting within-family analysis but would compromise on cross-cohort and longitudinal consistency. It is also worth considering a split-sample in the pilot to contrast the standard EU-SILC deprivation items with the new questions described here.

Recommendation for Cohort 08 at 20 Questions that offer both longitudinal and cross-cohort comparisons should be repeated: these are the items on making ends meet, affording a car, change in financial situation. Two new items harmonised with those asked of the young person (cutting back on energy use and food) could be added to the parent interview.

Observing a change over time in the family's ability to meet an unexpected expense of €1,000 and indebtedness would also be useful. However, consideration might be given to revising that threshold upward.

Recommendation for Cohort 98 at 30: Repeat questions used with this Cohort at age 25 and consider linkage to the MyFuture Fund enrolment.

45 More detail on this scheme is available here: https://myfuturefund.ie/about-myfuturefund

Caring for others in the home

See discussion of this topic in Section 5.D.

Household composition

A basic description of who the participant is living with is an essential part of the context for that individual. The grid captures basic demographic details on everyone in the household such as gender, date of birth, principal economic status and how they are related to the participant (and head of household, if different). For Cohort 08 at 20, this information was likely completed by their parent at a previous wave. If this parent is still the head of the 20-year-old's main household – and assuming they are re-interviewed, then the previous information can be fed-forward with updates. Otherwise, the 20-year-old will need to complete a new household grid at this wave. If the 20-year-old also resides in another household as their main residence, they should provide a basic description of the individuals whom they live with – even if a grid is also completed in respect of the parental home.

For Cohort 98 at 30, the household grid information will be completed by them – with a possibility of information being fed-forward from their age 25 interview.

Recommendation for Cohort 08 at 20: If the parent who previously completed the grid is being interviewed, and they are still head of the 20-year-old's household, then they should be asked to update the information provided at the previous wave. Else a new grid should be completed by the 20-year-old.

Recommendation for Cohort 98 at 30: The 30-year-old should complete the household grid information, potentially fed-forward from their age 25 survey.

Parental education and principal economic status

Parental socio-economic characteristics are important contextual information, even though its impact is expected to be less direct as the original cohort 'child' enters adulthood. For Cohort 08 at 20, there is the potential to update previously collected information on the educational attainment of the former primary caregiver via a parent interview.

While it is possible for parents of Cohort 98 to have changed educational status, as no parent interview is proposed for the age 30 wave, there will be no information collected on this topic.

For both cohorts, it would be useful to collect parental Principal Economic Status (PES) as a way to understand the capacity of the parents to provide financial support to their child at this stage of life. Particularly for Cohort 98 at 30, it is likely that some of their parents will now be retired and may have reduced financial means.



If the 20-year-old or 30-year-old is still living with their parents at time of interview then the PES of everyone in the household should be recorded as part of the household grid. If there is a separate parent interview for Cohort 08 at 20, the grid for the parental household should still pick up that information even if the 20-year-old resides elsewhere. For cases where parental PES is not available through grid collection consideration could be given to either administrative linkage or a basic survey question to the young adult participant.

Recommendation for Cohort 08 at 20: Collect parental PES via the household grid and consider alternative options such as administrative linkage if not available via interview. Any parent completing a parent interview should also be given the chance to update their current level of educational attainment.

Recommendation for Cohort 98 at 30: Collect parental PES via the household grid if the 30-year-old is still living with their parents. Consider alternative options such as administrative linkage if not available via interview. Parental education will not be collected at this time.

Neighbourhood

In most waves of Growing Up in Ireland to date, including Cohort 98 at 17 and at 20, parents were asked to evaluate their local area in terms of physical appearance (e.g. homes and gardens in good condition), availability of facilities, perceived safety, and if they are happy living in the area.

These parents were also asked if they intended to stay in that area. An indicator like this is useful for evaluating community effects on outcomes. It would be particularly important to include these questions for Cohort 08 at 20 because they were excluded from the age 13 wave for reasons of space in the telephone interview. Usage of green space and perceptions of their area would have changed considerably from aged 13 to 20 but more importantly, their inclusion for Cohort 08 at 20 would mean comparative analysis with the same age group for Cohort 98. Such a comparison would indicate if current 20-year-olds feel more or less safe in their area compared to 2018. There would also be scope for comparison on the suitability of leisure and sports facilities for this age in their area. The one area-based item that did feature at the age 13 wave was in relation to the availability of green space to exercise within 2km – as this was important during the COVID-19 lockdowns.

For Cohort 98 at 25, there were four questions for young adults on their local area, a subset of those asked in previous waves. These related to safety, access to services, availability of leisure and sports facilities, and whether the 25-year-old had family or friends living nearby. A majority (77%) of the respondents strongly agreed or agreed with the statement that there was good access to needed services in their area and just under 74% of the respondents agreed or strongly agreed that there were suitable leisure and sports facilities (DCDE, 2026b). Questions from previous waves about litter, homes in good condition etc were not included at that wave but could be reintroduced for age 30, particularly if – at this older age – participants are more likely to have settled into a longer-term home and either have or are planning for children of their own.



Recommendation for Cohort 08 at 20: Follow a protocol similar to Cohort 98 at 20 with questions on both the condition of the neighbourhood and access to services (formerly C2 and C3 on the Young Person Main Questionnaire).

Recommendation for Cohort 98 at 30: Repeat questions used with this cohort at age 25 but consider expanding to reinsert items on the condition of the local area, as per the recommendation for Cohort 08 at 20.

Housing

Across Europe, and in Ireland, housing remains a central concern of policy makers and governments. Housing shortfalls continue to be a prominent topic amongst people in Ireland and policy makers, often leading to a plurality of policy changes which appear contradictory (Norris and Lawson, 2023). Young adults in Ireland are caught between rising prices for stable housing and increasing rents, particularly in urban areas; particularly for those in Dublin and the east (CSO, 2025). The top ten highest rents by location indicate that all areas are in the Dublin region (RTB, 2025) but many areas across Ireland continue to experience housing rent increases. These linked insecurity and affordability crises are more acute for this generation when compared with older generations and is contributing to a consequent weakening of social cohesion (Eurofound, 2025b, p. 7). The Government's policy from *Housing for All* to the present time has been centred on an increase in supply and to ensure better quality housing in places where it is most needed (DHLGH, 2025).

More limited access to ownership and fewer opportunities to avail of social housing means that private renting is often the remaining housing option for many (Waldron, 2024, p.126). Research conducted at earlier ages using Growing Up in Ireland data has already pointed to how housing conditions are associated with a range of health outcomes, in particular inadequate heating and neighbourhood disorder (Laurence et al. 2023). To aid an understanding of children's development and related matters, the Growing Up in Ireland survey includes subtopics such as the physical characteristics of the accommodation, the nature of the occupancy and costs under the broader heading of 'housing'.

Cohort 08 at 20

As young people in Cohort 08 leave their teenage years, there is an expectation of greater housing independence in the transition to adulthood. This is not always a straightforward process, particularly under constrained conditions (Mayock et al., 2011). Housing costs as well as the characteristics of their home have been measured in previous waves to appraise housing adequacy and stability. It would be important that some continuity would be provided in forthcoming waves given the policy relevance of housing in Ireland. While the quality and adequacy of the family home remains a central part of current housing considerations, it would be useful to know more about the barriers to attaining more housing independence, the neighbourhood and other housing occupancy details of any new housing situation as well as its location (Laurence et al., 2023, p.67). This has been sought in recent research by the ESRI.



At age 17 for this cohort, consideration was given to incorporating parental expectations of the family unit remaining living in the same home into the future. At this stage, we may wish to include a change in emphasis: how long they expect the young person to remain living in the family home given the changing nature in state support between 17 and 20 years (Laurence et al., 2024, pp. 40-41). The Consultation Group also expressed continued interest in housing and the nature of occupancy. This would allow for some understanding of housing among specific, traditionally more economically vulnerable groups, particularly families headed by single parents, and those in substandard housing, e.g. with inadequate heating or space. Additionally, while perhaps still in education, some better understanding of the various locations of their housing while aged 20 would be important. This form of mobility across time might be useful to understand its impact on eventual household formation. Over two-thirds of Cohort 98 at this age gave their parents' address as their sole address and some measurement of this would be important for comparative reasons.

Recommendations for Cohort 08 at 20:

- Repeat the questions on housing as used with Cohort 08 at 17 with an additional parental question on expectations into the future.
- While tenure should continue to be collected, the questions used in Cohort 98 at age 20 on the level of rent and rent burden should be included for cross-comparative purposes.
- Consideration should be given to opportunities for linkage to administrative datasets on location (e.g. eircode), housing support payments and the availability of housing supports available during time spent in higher education.

Cohort 98 at 30

By aged 30, Cohort 98 might expect to be independent of the family home. At aged 25, almost 70% of them lived with a parent or guardian and of these, almost 64% of them believed it was for financial reasons. This reflects an ongoing difficulty in obtaining housing in young adulthood, seen across Europe and Ireland (Eurofound, 2025a), primarily caused by housing shortages and consistent increases in costs since the global financial crisis of 2008-12 (Housing Europe, 2025). The links between adequate housing and the social determinants of health are now well established, with worse health outcomes for those in poor quality housing (for example McElroy and Walsh, 2023; Grotti et al., 2024). It remains a significant political challenge in Ireland and public discourse is also focused on the impact that living in the family home is having on young adults and their experience as an adult.

The expert panel gave importance to housing and the nature of occupancy for this cohort wave at 30, reflected by its second-placed rank (mental health received the highest ranking). Issues with housing are not new to participants in this cohort: in the age 25 survey, 86% were very concerned about access to housing in Ireland (DCDE, 2026b). Some observers suggest continued housing insecurity is a threat to safe and healthy development (Heerde et al., 2024). Other longitudinal studies have pointed to the impact of higher rental costs on the increased likelihood of either leaving or returning to live in the parental home in adulthood (Warner and Sharp, 2024). In an Irish context, the Housing Agency has estimated that the 30–39-year-old age group maintains the highest proportion of the population qualifying for social housing support in the period 2016-2024 (Housing Agency, 2025).



Some in the consultative focus group expressed a continuing frustration with housing insufficiency, and in particular their potential to buy a dwelling as against renting. This is married with decreasing affordability over time as rents rise. This is broadly reflected in the results of the last Census which showed a decline in the proportion of the population that owns their home: 66% in 2022, compared with 70% in 2011 (CSO, 2023). Among 25-29 year-olds the percentage being owner-occupiers (as a percentage of all occupancy types) declined from 29% in 2011 to 20% in 2022 (source: CSO table F2010).[46] Furthermore, the typical age at which people change their status from 'renting' to 'owner occupation' has been increasing across the same time period, from age 32 in 2011 to age 36 in 2022 (CSO, 2023).

The affordability crisis in housing, particularly amongst younger age groups, is widely discussed nationally.[47] Post-Covid, with the normalisation of larger numbers of people now working from home, it is important to consider the impact of multi-tenant occupancy and work routines. Furthermore, there may be some scope for understanding pathways to housing insecurity and emergency accommodation although the sub-sample will probably remain relatively small.

Recommendation for Cohort 98 at 30 years: Repeat the questions on housing (including rent paid) as used with Cohort 98 at 25 with an additional question on multi-tenant occupancy and working from home routines.

Reasons for continuing to live in parental home

As noted elsewhere, adequate and appropriate housing remains a consistent problem for many younger adults across a range of issues: affordability, location, work availability, health and wellbeing. This is by no means confined to Ireland. In this context, continuing to live in the parental home retains relevance for many entering adulthood. There is also some evidence that children are returning to their parental home later in life to facilitate saving for their own home in time.[48]

At 20, Cohort 98 were asked to compare living at the parental home with living independently and presented with a list of reasons as to which applied to their situation. These should be asked again of this younger cohort with the addition of a new question for both cohorts on if they have returned to the parental home following a period away from it.

46 https://www.cso.ie/en/releasesandpublications/ep/p-cpp2/censusofpopulation2022profile2-housinginireland/data/

47 For example see 'Buying your first house in Ireland, 2026 vs 2006', https://www.irishtimes.com/your-money/2026/08/12/buying-your-first-house-in-ireland-2026-vs-2006-i-borrowed-seven-times-my-income/ and 'First-time buyers with two incomes still priced out of market, SCSI study finds', https://www.irishtimes.com/business/2026/07/28/first-time-buyers-with-two-incomes-still-priced-out-of-market-scsi-study-finds/.

48 For example, see 'State of our young nation: a report into the lives if Irish 18-29 year olds.' Available from https://www.youth.ie/documents/state-of-our-young-nation-a-report-into-the-lives-of-irish-18-29-year-olds/



Recommendation for Cohort 08 at 20: Repeat the format of the Cohort 98 at age 20 question and add an additional question on return to the parental home after a period of living independently in Ireland or elsewhere outside of Ireland.

Recommendation for Cohort 98 at 30: Similar questions could be asked for any 30-year-olds whose primary residence is still the parental home, as outlined for Cohort 08 at 20. It could be useful to add a specific answer option of 'saving for a place of my own' for the older cohort.

Accommodation quality

A subset of questions under a broader heading of housing relate to the specifics of the physical accommodation. Questions used with previous cohorts included items on size, access to a garden and issues with damp, noise etc. These questions have continued policy relevance not just for health and deprivation but also in relation to the energy efficiency of homes, a set of policy interventions for which have been in place since 2021.

The importance of an adequate internet connection was highlighted during the COVID-19 lockdowns. The questionnaires for Cohort 08 at 13 and 17 included a question on type of connection (e.g. broadband, dongle); however, at this stage it may be more useful to ask the respondent whether their internet connection is of adequate quality in terms of speed and reliability. Therefore, a new question to that effect is proposed for the pilot. In theory, given the progress in national broadband plan rollout, it should be possible to link to a database that would detail the kind of internet connection available to a household – although the family may not choose to pay for/avail of the best of what's technically available.

Recommendation for Cohort 08 at 20: Repeat the questions on type and quality of accommodation as used with Cohort 08 at 13 and 17. The number of nights spent living per month in the parental home should be included if the respondent has another address. Retain questions on access to kitchen facilities and adequacy of internet connection as described above.

Recommendation for Cohort 98 at 30: Repeat questions as used with Cohort 98 at 25 and ask about adequacy of internet connection specifically.

Screen time, social media and digital connectedness

It is difficult to accurately gauge all aspects of screen time, smartphone use and online behaviour (c.f. Kaye et al. 2020) although its infiltration into so many areas of life behoves researchers to strive for at least a best estimate.

Overall exposure (i.e. frequency and duration) to screens is important to measure, but there are further details that should be considered too. It is important to differentiate, where possible, between different types of screen time, particularly when respondents may engage in extensive screen time related to work or study. Sanders et al. (2019) identified five types of screen time for young people: social (connecting with friends and family on social media and messaging



platforms), passive (consumptive activities like streaming TV/film), interactive (video games), educational (study), and all other. An obvious addition for older respondents is screen time pertaining to work.

It is important to note that moderate levels of screen time are not inherently harmful, and have, in fact, certain benefits: many studies have identified a curvilinear association between screen time and a range of outcomes, like cognitive developmental, health and wellbeing. This is often referred to as 'the Goldilocks hypothesis' (Przybylski & Weinstein, 2017); whilst very high and low levels of digital connectedness are problematic, moderate levels may be beneficial. Recent research using data from Growing Up in Ireland supported this hypothesis, with a curvilinear relationship between screen time and both internalizing and externalising symptoms (as measured by the Strengths and Difficulties Questionnaire; Brannigan et al., 2023).

However, negative impacts of screen-time have also been observed and are widely discussed – at time of writing in 2026, there has been particular debate around social media bans for children and younger adolescents. Input from the focus groups conducted with 20- and 30-year-olds for Growing Up in Ireland tended to focus on the negative behaviours and feelings associated with social media and screen-time. Whilst there is a debate about whether an addiction framework should be employed when considering smartphones and other technological behaviours, it is widely acknowledged that there is a need to explore problematic technology use (Panova & Carbonell, 2018) and how it impacts people's wellbeing. Emerging evidence suggests that problematic phone use and excessive screen time can negatively affect both physical and mental health (Stiglic & Viner, 2019; Ratan et al., 2021; Vasconcellos et al., 2025).

With this in mind, a wide range of scales and instruments have been developed to explore such behaviour. Phone-specific addiction scales have been developed to measure guilt, obligation and distraction (e.g. I feel restless or anxious when I cannot use my smartphone, I constantly check my smartphone so I don't miss conversations; Kwon et al., 2013). Elsewhere, appearance comparison scales include statements about comparing oneself to others on social media and others' posts making you feel worse about yourself (Schaefer & Thompson, 2018), while body image esteem scales can explore if social media has affected how respondents feel about their body.

Previous waves of Growing Up in Ireland, such as for Cohort 08 at 13 and Cohort 98 at 17 have included questions on the problematic use of online activities such as, [I have] 'felt bothered when I cannot be on the internet' and 'spent less time than I should with family and friends, or on schoolwork'. A subset of these could be repeated for Cohort 08 at 20, or items asked of parents of Cohort 08 at 13 – such as *feeling pressure to respond to messages immediately* or *checking one's phone as soon as you wake up* – might also be relevant to both 20 and 30-year-olds.

Some new items to be considered for both forthcoming waves:

- I miss work that I planned, due to smartphone use (SAS-SV)
- I have a hard time concentrating in class, while doing assignments, or while working, due to smartphone use (SAS-SV)
- I feel impatient and fretful when I am not holding my smartphone (SAS-SV)



- I compare my appearance to others on social media
- Seeing others' posts makes me feel worse about myself
- Social media has negatively affected how I feel about my body

Whilst the first three items are derived from the Smartphone Addiction Scale – Short Version (Kwon et al., 2013), the latter three items have been constructed by the GUI study team. However, they are based on items from a copyrighted scale, the Physical Appearance Comparison Scale-3 (PACS-3; Schaefer & Thompson, 2018).

Looking to findings from recent waves of Growing Up in Ireland, the issue of screen time has been explored in a number of reports. For Cohort 98 at age 20, respondents were asked about the amount of screen time they engaged in (weekdays and weekend days); broken down into online, watching TV/films and playing video games. At age 20, almost half of young people spent at least three hours online on a typical weekday (Growing Up in Ireland Study Team, 2019). A longitudinal trend was also observed, wherein those who had higher screen time usage at age 17 were more likely to have higher screen time usage at age 20 too. The most common online activities at age 20 were streaming/listening to music, messaging friends, social media engagement, searching for information and news, online shopping, and college work or learning (ibid).

Fewer questions were asked at age 25, with screen time usage just categorised into leisure and work/study.

For Cohort 08 at age 13 and 17, young people were asked a range of questions about their smartphone / screen time behaviour and attitudes, including: if they *felt bothered when they cannot be on the internet*, if they *spent less time than they should with others because of time spent on the internet*, and if they *feel as if they have to respond to messages/posts from other people immediately*. These items were taken from the EU Kids Online survey. A question was also asked about *how often they felt they had to respond to messages/posts from other people immediately*.

Recommendations for Cohort 08 at 20: Collect data similar to that collected at age 17 for Cohort 08 on duration and type of screen-time. Include some items (either from Cohort 08 at age 17 or from new scales) on the negative impacts of screen-time and/or social media specifically. Consider balancing the negative items with some positive aspects such as keeping in touch with friends and family, entertainment etc.

Recommendations for Cohort 98 at 30: Collect data similar to that collected at age 17 for Cohort 08 on duration and type of screen-time; consider whether some additional detail relative to Cohort 98 at 25 might be useful. As per the age 20 recommendation, include some items (either from previous waves or from new scales) on the negative impacts of screen-time and/or social media specifically. Consider balancing the negative items with some positive aspects such as keeping in touch with friends and family, entertainment etc.

Civic participation and activities

Compared to age 17/18, Cohort 08 at 20 are likely to have more autonomy over the extent and manner of how they engage with others in the wider community. They are also likely to be viewed differently by the adults around them with, potentially, greater expectations in terms of contributions and accountability for actions. Cohort 98 at 30 will probably have had high levels of autonomy for some years but their interactions with their community may change as they move to new roles (e.g. as a parent themselves) or new locations. The topics covered in this section include participation in groups and other activities, volunteering and driving; this last being especially important for autonomy and engagement for young people in rural areas. All questions in this section are proposed for the Main Questionnaire unless otherwise specified.

Volunteering

With increased independence comes greater scope to make an active contribution to society through volunteering activities. Involvement with clubs and groups may increase the likelihood that the young person will become a volunteer as such activities are more likely to be organised by these groups. Among Cohort 98 at 17, 10% were engaged regularly in volunteering at the time of the survey and an additional 18% had done so in the previous six-month period; when volunteering with either sports clubs or non-sporting organisations such as the scouts were the most popular categories at 17 (McNamara et al., 2020). By the time this cohort were 20, 34% of them had volunteered in the six-month period before the survey (O'Mahony et al., 2021). Engaging in volunteering activities could put time pressure at a busy period in their educational commitments as well as job prospects.

From a policy perspective, it would be insightful to know how many young adults continue to contribute to community organisations and wider civic society at both age 20 and 30. For the younger cohort, there is direct relevance to the national outcome of being 'connected, respected and contributing to their world' in the Young Ireland policy framework (DCEDIY, 2023).

Recommendation for Cohort 08 at 20: Similar items as used with Cohort 98 at 20 could be repeated to collect basic details on recent voluntary work. This involves their volunteering currently and/or in the last six months, the nature of the voluntary work and time commitment. A pre-defined list of categories on the nature of the work could be developed in place of an open-ended description.

Recommendation for Cohort 98 at 30: As above, repeat similar questions used with this cohort at 20 to collect basic details on volunteering currently and/or in the last six months, the nature of the voluntary work and time commitment.



Voting

Being able to exercise one's right to vote is an essential part of democracy. Many of the participants in Cohort 08 would have only become eligible to vote since their participation at the age 17/18 wave. Therefore, a question on whether they are now registered to vote should be asked of all 20-year-olds. For 30-year-olds, the question on being registered to vote could reasonably be asked of all participants again as their registration may not be up to date even if they were previously registered (e.g. due to a change of address). When this cohort were surveyed at age 25, 85% were registered to vote (DCDE, 2026b).

Depending on the timing of the wave relative to an election or referendum, a question could also be asked of registered voters in both cohorts on whether they had exercised their right to vote on that occasion.

Recommendation for Cohort 08 at 20: Ask all participants about being registered to vote. Consider asking a question to registered voters on whether they had voted at the last election/ referendum if there has been an opportunity in the year preceding the start of fieldwork.

Recommendation for Cohort 98 at 30: While it may be possible to feed-forward answers to a previous question on being registered to vote, given that valid registration status can change, it would be safer to ask all participants if they are currently registered to vote. As with Cohort 08 at 20, consider also asking a question to registered voters on whether they had voted at the last election/ referendum - if there has been an opportunity in the year preceding the start of fieldwork.

Concern about social issues and current affairs

Broader issues of social concern remain relevant for those age groups now being surveyed in the new waves. These are detectable through tracing currents of public discourse and across political actions identified within the population. Examples at time of writing are gender equality and violence against women and girls, racism and trans/homophobia, war as well as activities to increase access to housing, good food and quality work, climate change and global inequalities.

While similar questions were asked of Cohort 98 at 20 and 25, the age 25 wave had a simpler set of response options: 'not concerned', 'somewhat concerned' and 'very concerned'. At age 25, the issue with the highest percentage of participants saying they were 'very concerned' was access to housing (85%) while 'global gap between rich and poor countries' showed the lowest levels of concern with a more modest 34% 'very concerned' about this issue, although a further 50% were 'somewhat concerned'.

For the next waves of both cohorts, the specific issues of concern should balance continuity from earlier waves (e.g. access to housing) with issues that may have arisen closer to fieldwork.

Recommendation for Cohort 08 at 20: Repeat questions and response options similar to that used with Cohort 98 at 25 but update the specific social issues to reflect contemporary concerns as well as continuity for some issues like housing.



Recommendation for Cohort 98 at 30: As per the age 20 recommendation, repeat questions and response options similar to that used with Cohort 98 at 25 but update the specific social issues to reflect contemporary concerns as well as continuity for some issues like housing.

Leisure activities

The topic of leisure activities has relevance across multiple domains: physical activities like sports are important for health, activities with friends and family promote relationships, and doing activities to have fun and relax can help with positive mental wellbeing. Leisure activities are also a way for younger adults and others to engage with people in the community – either physically or virtually – and so are discussed in this chapter on civic participation, although some of the activities on the list might be conducted individually.

The survey for Cohort 98 at age 20 included a reasonably comprehensive list of activities 'for fun or to relax' including watching TV, sports, reading, spending time with pets, and hanging out with friends. Although long, it was felt preferable at the time to use a 'tick all that apply' format rather than an entirely open text field which would likely include multiple answers and be extremely time-consuming to code. There was, however, an 'other, please specify' option to capture anything that was missing. The most popular activities among the older cohort were listening to music and using the internet (O'Mahony et al. 2021). Nearly all of that age cohort also spent time being with friends, but the frequency of participation was more varied. Compared to a similar question for Cohort 98 at 17, the list at 20 included an option for 'watching TV'; while initially excluded at the earlier wave because there were other specific questions on screen-time in another part of the questionnaire – it did end up being one of the most frequent 'other specify' activities.

Following feedback from policymakers in the arts and culture areas during an earlier consultation, the Department also suggested adding two new items to a similar list of leisure activities proposed for Cohort 08 at 17; namely 'going to a live music performance' and 'going to an arts or culture event such as a museum or play'. Both remain relevant to the upcoming '20' and '30' waves.

Recommendation for Cohort 08 at 20: Present a list of leisure activities similar to that used with Cohort 08 at 17 (and Cohort 98 at 20) and ask participants to indicate all that they do on a regular basis. Include an 'other specify' option, especially for the pilot, to pick up any pastimes that have become popular more recently.

Recommendation for Cohort 98 at 30: Present a list of leisure activities with a view to the participant selecting all regular activities as previously used and recommended for Cohort 08 at 20 above. Include an 'other specify' option, at least for the pilot, to pick up either new activities or activities that have become popular now that Cohort 98 are older (e.g. they may wish to include activities with their own children as a specific option).

Driving capacity

The minimum age to become a qualified driver of a car or van on roads in Ireland is 17 and a year younger for low-powered mopeds. All applicants for a driving licence must pass a theory test to attain a learner permit and undergo essential driver training to be eligible for a practical driving test to become qualified. After a successful test, a certificate of competency is issued for a period of two years, within which they can apply for a driving licence. Attaining a full licence means fewer restrictions on driving and cheaper vehicle insurance. At age 20, 31% of the Cohort 98 respondents had attained a full driving licence for a car and 44% had no driving licence (DCDE, 2026a). Being a qualified driver and gaining access to a vehicle (and its costs) are likely to be particularly important for both work and leisure activities in rural areas where there is limited or insufficient public transport.

A question on access to a vehicle (even if not owned by the participant) would be useful. Similar questions to those already utilised for Cohort 98 at 20 could be used, with an update to reflect stages of being a qualified driver.

Recommendation for Cohort 08 at 20: Repeat similar questions on type and vehicle category of driving licence, and access to a vehicle, as used with Cohort 98 at 20 with updates as described above.

Recommendation for Cohort 98 at 30: As above, repeat similar questions on type and vehicle category of driving licence, and access to a vehicle, as used with this cohort at age 20 with updates as described above.

Contact with the Criminal Justice System

Contact with the Criminal Justice System is a potentially traumatic and life-course altering experience for the individual at any age. A conviction may mean time spent in prison and limits future opportunities for employment and travel.

Cohort 98 at age 25 were asked if, since the age of 20, they have had some contact with the criminal justice system at different levels from being stopped and questioned to being found guilty of a crime. For longitudinal consistency, the inclusion of the same question for this wave is recommended for age 30 (asking about the period since age 25).

The questions asked of Cohort 98 at 20 were slightly different so for cross-cohort comparisons, it may be preferable to repeat this set for Cohort 08 at age 20. It included a separate question on having ever participated in a 'Garda Juvenile/Youth Diversion Project'.

Recommendation for Cohort 08 at 20: Repeat questions on contact with criminal justice system as used with Cohort 98 at 20 but check with Department of Justice for any new practices or terminology that should be included.

Recommendation for Cohort 98 at 30: Repeat questions used with Cohort 98 at 25 but with a reference period 'since age 25'.



7D.2 - Continuing topics in socio-demographics, family context and economic engagement for Cohort 08 at 20 only

Adult identity

Late adolescence and early adulthood are well-recognised as periods of exploring identity and the contexts within which they fit. Although we can ascribe a particular relevance at age 17, with plans for their future in terms of post-school education and occupation, arguably being aged 20 allows for greater definition in establishing identities and social groups. After being a full-time school student, there is increased opportunity for them to deal directly with the wider community and state institutions as individuals rather than these being mediated by their parent(s). How the young person perceives how they are treated by others may affect their own sense of identity and maturity: do older adults treat them as a child or an adult and/or are they treated with respect and fairness through their social and public lives? In turn, their attitudes to other groups and institutions could influence whether those early interactions as a young adult will be positive or negative.

The young person's sense of identity as an adult is quite directly assessed by three items from Coté's adult resolution scale: do they consider themselves to be an adult, do others respect them as an adult and do they feel they have matured fully. These items were previously used with Cohort 98 at 17 and 20 and can provide interesting cross-cohort comparisons as well as a context for contemporary outcomes and behaviours. At age 20, almost half of Cohort 98 said it was 'true for the most part' that they considered themselves to be adults and 28% felt it was 'entirely true' (Department of Children, Disability and Equality, 2026).

Recommendation for Cohort 08 at 20: Repeat the three items from Coté's adult resolution scale on the Young Person Main questionnaire as used with Cohort 98 at 20.

Employment aspirations and attitudes

Young people in previous Growing Up in Ireland waves of both cohorts have been asked about what job they want to have since they were 9 years old. Cohort 98 at 17 were asked two variations of the question: what job they would 'really like to get' and, separately, what job they 'expect to get' (if that was different from their ideal choice). **Employment aspirations** at age 20 can be contrasted at the individual level with earlier aspirations, subject choice, educational attainment, plans for further education, parental occupation and – ultimately – occupational outcomes in later adulthood. Aspirations can be compared at group level using characteristics such as gender, family income, type of school, and academic attainment. If time allows, two separate questions on 'ideal' versus 'expected' job could be asked – as done with Cohort 98 at 20 – but otherwise a single question on the job they would really like will suffice.

Recommendation on desired occupation for Cohort at 20: Repeat the questions used with Cohort 98 at 20 on both ideal and expected future occupation but could limit to just ideal occupation if space is limited.



For the oldest Growing Up in Ireland cohort, age 17 was the first time that extended information was captured on attitudes to work, but they were also asked at 20. At the time, there was a new question that listed some potentially **important factors when choosing a job** (e.g. high income, interesting work, flexible working hours). As noted earlier, for Cohort 98 having an interesting job was the most popular choice. Such information, while more qualitative in nature, gives some insight into education and career planning for young people. It is also one of the questions that the younger adult cohort are likely to find engaging and interesting to reflect on, in contrast to purely factual information such as the nature of their employment contract. In light of the structural changes in work practices brought about by the pandemic, the Department suggest adding another job factor of being able to work from home to the list used previously.

Recommendation on factors important when choosing a job for Cohort 08 at 20: Repeat the question and list of answer options as used with Cohort 98 at 20 but with an additional option of being able to work from home.

Other aspirations for adulthood/closing question

Thirteen-year-olds from Cohort 08 (wave 6) were asked a 'wind-down' question at the end of their Young Person Self-Complete questionnaire about what they were most looking forward to about adulthood. Options included living in their own place, travelling, and spending their money as they wished. This was not originally conceived as a longitudinal question but repeating the question that they previously answered when they were 13 could show some interesting longitudinal trends while fulfilling the 'lighter note' suggestion from the focus group. At face value, the previous response options from age 13 are still valid at 20 although some consideration could be given to an update.

Recommendation for Cohort 08 at 20: Repeat question, from Cohort 08 at 13, on what the emerging adult is now looking forward to about being an adult as the last question on the Young Person Self-Complete questionnaire. Further consideration to be given to maintaining previous answer options or updating them, for example studying or training could be adapted to successfully completing studying or training.

Financial transfers between parents and young people

With most of Cohort 08 expected to be in higher education at 20, the direction of financial transfers is anticipated to be mostly from parents to the young person. As acknowledged above, the necessity for term-time employment is perhaps a bigger factor now than in previous waves. Among parents of Cohort 98 at age 20, 18% said they received a regular amount of money from their now-adult child, 19% got money towards their keep 'now and then', 27% asked for money from their 20-year-old when they needed it, and 22% of parents had borrowed money from them (DCDE, 2026a). This suggests that financial transfers from young people may be more important in keeping the family's finances viable than previously recognised.



Nonetheless, for Cohort 98 at 20 - with broadly similar expected for Cohort 08 at 20 – it was more common for the parent to provide financial support to the young person. For example, over half of Primary Caregivers paid some of their 20-year-old's education (61%) or transport (55%) costs, and 39% gave them money to spend as they wished (DCDE, 2026a). Given current and recent financial stresses at national and international level, a cross-cohort comparison of financial transfers between parents and young people could be particularly insightful. There is some utility in understanding how this might change over the time of the transition from legal childhood to adulthood. From a policy perspective, it is a marker of inequality if some young people receive large amounts of financial support from parents – including money for discretionary spending – while at the other end of the spectrum, some young people receive very little and/or make a net financial contribution to the household, or if there are some items not paid for by parents as children move into adulthood.

All of the questions mentioned in this section were on the Parent One (PCG) Main Questionnaire for Cohort 98 at 20. As discussed elsewhere, the Department has an additional proposal for questions to the young person on how they might be contributing to family finances by either cutting back or getting a job/taking on extra hours at work.

Recommendation for Cohort 08 at 20: Include questions on the parent interview about financial transfers to and from the younger adult as used with Cohort 98 at 20. See also discussion on questions to 20-year-olds about funding for living and study costs, and young person's contributions to family finances elsewhere in this chapter.

Funding for living and study costs, and saving

At age 20, young adults – similar to adults of other ages – will have a variety of living costs such as rent, food, transport and communication. However, particularly if many of them are still living at least part-time in the parental home, then it is likely that at least some of these costs are being met by their parents. Additionally, with a high percentage of 20-year-olds likely to be in education, many will have specific education costs including fees and learning materials. The extent to which both living and education costs may be subsidised by parents for some young adults but not others is a potential source of inequality at this stage in the life-course. Parental support may also influence the 20-year-old's capacity to save and/or avoid going into debt to meet living and education costs.

For cross-cohort comparisons, it would be desirable for Cohort 08 at 20 to complete similar questions as used with Cohort 98 at the same age: questions K7-K8 on the Young Person Main Questionnaire for Cohort 98 at 20 covered own/partner's and parents' contributions to living and education costs, K10 was about saving, and K11 was a question on how they would deal with an unexpected expense of €250. Potentially the parts of question K8 on education expenses could be simplified to one question on fees and a second question on 'other education costs to include materials, equipment etc'.



Recommendation for Cohort 08 at 20: Repeat questions on whether parental contributions are received for specific living and education costs, and saving, from Cohort 98 at 20 to allow for cross-comparison between cohorts as described above.

Support for sex equality

Attitudes towards gender, especially in terms of workplaces and at home, may influence both individual choices and how supportive the work environment will be for this generation as they enter employment and parenthood. In a CSO report on discrimination collected in 2024, 20% of men and 27% of women stated that they had experienced any discrimination. Workplace discrimination specifically was also higher among women (10%) than men (5%) (CSO, 2025b). In a broader context where sex and gender issues are more contested than even a few years ago, it would be important to have recent data on this matter.

For Cohort 98 at 17, the Young Person's questionnaire included a set of six items measuring attitudes on this topic. It was originally developed for ESRC 16-19 Initiative study in the UK. A sample item is "it is less important for a woman to go out to work than it is for a man". One item was modified post-piloting, however, given negative feedback from participants.

Recommendation for Cohort 08 at 20: Repeat items as used with Cohort 98 at 17, including the modified item, to facilitate the cross-cohort examination of attitudes in this area.

Trust in others and confidence in state institutions

Trust in others generally and in major bodies such as the police or health service in particular are likely to influence the young person's engagement with those in wider civil society. A lack of confidence in state institutions and politicians generally has the potential to weaken the impact of policy initiatives if they are greeted with scepticism and a reluctance to engage. The importance of getting people to accept the legitimacy of policies was highlighted during the pandemic when emergency public health measures such as lockdowns and facemask wearing were put in place. This has also been an issue with the growth of small political movements which have leveraged this scepticism.

For Cohort 98 at 17, trust in others was measured by a single item in which participants rated how much they thought people could be trusted on a scale of 1 (you can't be too careful) to 10 (most can be trusted). The items on confidence in state institutions presented young people with a list of systems and groups including the police, courts, health service, education system, social welfare system, the 'church' and politicians. Answers were on a four-point scale from 'a great deal' [of confidence] to 'none at all' for each different organisation.

The same question was used with Cohort 98 at 20 but included an additional answer category of [confidence in] 'the media/press'. Given recent narratives which have undermined the reporting by conventional media outlets, this could be a very topical extension for Cohort 08 age 20 as well as

Cohort 98 at 30. Among Cohort 98 at age 20, just 3% had a 'great deal' of confidence in the media/press and 25% had 'none at all'. Politicians were similarly viewed negatively with just 1% having a 'great deal' of confidence in them and 28% 'none at all' (DCDE, 2026a).

Recommendation for Cohort 08 at 20: Repeat questions on trust in people and confidence in state institutions and the media/press as used with Cohort 98 at 20.

Young person's citizenship and religion

Cohort 98 at 20 asked the young person to describe their own citizenship, religious beliefs and attendance, and spirituality. These questions could be repeated for Cohort 08 at 20 as the young person may describe these characteristics differently to their parents, and religious observance may change over time.

Recommendation for Cohort 08 at 20: Questions to the young person from Cohort 98 at 20 could be repeated for Cohort 08.

Participation in organised activities and clubs

Cohort 98 at 17 were asked about their participation in different kinds of groups and clubs such as sports clubs, student councils and religious organisations. Involvement in these kinds of groups, depending on their focus, gives the young person the opportunity to enhance specific skills – such as in sport or music – and more general social skills like teamwork and communication. There is also the potential for the young person to mix with a wider circle of people than they otherwise would in just educational or family settings. Although these questions were not continued for Cohort 98 at 20, recent research using longitudinal data from Growing Up in Ireland has identified participation in organised activities as an important factor in the promotion of wellbeing (Silke et al., 2026). Arguably the transition to college may have facilitated greater and wider engagement in such activities and/or special interest clubs than might have been available previously. Therefore, it is proposed that questions like those asked at age 17 be repeated for Cohort 08 at 20.

It is further suggested that a question previously used with Cohort 08 at 13, on whether they have a specific role in the group such as captain or secretary, be included at this wave.

Recommendation for Cohort 08 at 20: Repeat similar questions on participation in organised activities/groups as used with Cohort 98 at 17 with Cohort 08 at 20. Additionally, repeat the question on specific roles within the group(s) as used with Cohort 08 at age 13.



7D.3 - Continuing topics in socio-demographics, family context and economic engagement for Cohort 98 at 30 only

Behaviour in response to climate change

Concern about the effects of climate change is now embedded within public discussions, although they now to tend to be more locally focussed than even a few years ago. Groups like Just Stop Oil have staged high-profile protests across Europe and elsewhere that have attracted much media attention.

Among 20-year-olds in Growing Up in Ireland Cohort 98 (O'Mahony et al. 2021), the average rating on a question of 'how concerned are you about climate change?' was 6.9 out of 10 (with higher scores reflecting more concern). Young women were more likely to report being very concerned about climate change (38%) than young men (24%). Results from a question on the Cohort 08 at age 17 questionnaire will indicate whether concerns about climate change among 17-year-olds are being translated into actual changes in behaviour (such as buying second-hand rather than new items and reducing meat consumption). However, asking the same question of this cohort at 20 remains difficult given the short span of time. Focus instead should be on the older cohort's participants to allow for some comparison across a shorter time span once the data is available. The four new questions that were used then are proposed to be asked of Cohort 98 at 30. The suggested reference period is the preceding month, with response options of 'never' to 'more than twice' but these are open to adjustment.

Recommendation for Cohort 98 at 30: Ask the four questions asked of the younger cohort at age 17 about behaviour changes the individual has made in response to concerns about the environment and/or climate change.



7E - Summary list of all topics in socio-demographics, family context and economic engagement for Cohort 08 at 20

Table 16: Summary of context topics for Cohort 08 at 20

Topic	Captures key domain	Policy-relevant	Age / stage appropriate	Not collected elsewhere	Consistency
Employment history	2	2	2	2	2
Social class	2	2	2	2	2
Social welfare receipt	2	2	2	1	2
Household income	2	2	2	1	2
Deprivation and financial strain	2	2	2	2	2
Household composition	2	2	2	1	2
Parental education and principal economic status	2	2	2	1	2
Neighbourhood	2	2	2	1	2
Housing	2	2	2	2	2
Reasons for continuing to live in parental home	2	2	2	2	2
Accommodation quality	2	2	2	1	2
Screen-time, social media and digital connectedness	2	2	2	2	1
Volunteering	2	2	2	1	2
Voting	2	2	2	2	2
Concerns about social issues and current affairs	2	2	2	2	2
Leisure activities	2	2	2	1	2
Driving capacity	2	2	2	2	2
Contact with Criminal Justice System	2	2	2	2	2
Adult identity	2	2	2	2	2
Employment aspirations and attitudes	2	2	2	2	2
Other aspirations for adulthood	2	1	2	2	2
Financial transfers between parents and young people	2	2	2	2	2



Topic	Captures key domain	Policy-relevant	Age / stage appropriate	Not collected elsewhere	Consistency
Funding for living and study costs, saving	2	2	2	2	2
Support for sex equality	2	2	2	1	2
Trust in others and confidence in state institutions	2	2	2	2	2
Citizenship, ethnicity and religion	2	2	2	1	2
Participation in organised activities and clubs	2	2	2	1	2
New/extended topics	**Captures key domain**	**Policy-relevant**	**Age / stage appropriate**	**Not collected elsewhere**	**Strong support**
Housing stressors	2	2	2	2	2
Use of and potential threats from AI	2	2	2	1	2

7F - Summary list of all topics in socio-demographics, family context and economic engagement for Cohort 98 at 30

Table 17: Summary of context topics for Cohort 98 at 30

Topic	Captures key domain	Policy-relevant	Age / stage appropriate	Not collected elsewhere	Consistency
Employment history	2	2	2	2	2
Social class	2	2	2	2	2
Social welfare receipt	2	2	2	1	2
Household income	2	2	2	1	2
Deprivation and financial strain	2	2	2	2	2
Household composition	2	2	2	1	2
Parental education and principal economic status	2	2	2	1	2
Neighbourhood	2	2	2	1	2
Housing	2	2	2	2	2

Topic	Captures key domain	Policy-relevant	Age / stage appropriate	Not collected elsewhere	Consistency
Reasons for continuing to live in parental home	2	2	2	2	2
Accommodation quality	2	2	2	1	2
Screen-time, social media and digital connectedness	2	2	2	2	1
Volunteering	2	2	2	1	2
Voting	2	2	2	2	2
Concerns about social issues and current affairs	2	2	2	2	2
Leisure activities	2	2	2	2	2
Driving capacity	2	2	2	2	2
Contact with criminal justice system	1	2	2	2	2
Behaviour in response to climate change	2	2	2	1	2
New/extended topics	**Captures key domain**	**Policy-relevant**	**Age / stage appropriate**	**Not collected elsewhere**	**Strong support**
Housing stressors	2	2	2	2	2
Use of and potential threats from AI	2	2	2	1	2



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Chapter 8
Conclusion and matters not covered elsewhere





8A - Differences between the surveys for Cohort 08 at 20 and Cohort 98 at 30

This is the first time that a Research Needs Report has covered two waves (and cohorts) in a single document. The rationale for this decision is twofold: (a) the substantial overlap in topics now that both cohorts have fully reached adulthood, and (b) that the surveys will take place in the same year (2028).

A summary list of topics is provided separately for each wave both at the end of each domain chapter and as an appendix to this report. However, the domain in which the differences in topic coverage are markedly different is education. This is because a much greater proportion of Cohort 08 at 20 are expected to be in education as their principal economic status, and detail on further/higher education should already have been collected for Cohort 98 both at their own age 20 interview and via data linkage for completed courses at their age 25 wave.

There are also some topics that are likely to apply to at least some 20-year-olds but are probably going to be relevant for a greater proportion of 30-year-olds. Judicious use of routing questions should, however, mean that questions on these topics are skipped for individuals to whom they are not relevant. Topics likely to fall into this category are caring for aging or ill parents; planning a family/having children of one's own; savings/investments/pensions; the special module for emigrants.

The Department is also recommending a short survey for a parent of the respondent for Cohort 08 at 20, given the likely high proportion of 20-year-olds who will still be living in the family home. A parent survey is not being recommended for Cohort 98 at 30 – even though many of them may also still be living in the parental home – as this older age group are less likely to find it acceptable and are more likely to be financially independent (even if still living with parents).

The final difference of note between the surveys for the two cohorts is in relation to mode. Given that Cohort 08 were surveyed in-person for their age 17/18 interview in the first half of 2026, an online-first mode for data collection at age 20 will likely be sufficient given the relatively short time lapse since an in-person visit and a potentially higher likelihood that the then 20-year-old will be living between two different addresses while attending college (making it harder for an interviewer to schedule a visit).

However, for Cohort 98 at 30, it will have been a full decade since their last in-person interview for most participants– given that the age 25 wave was online-first. Therefore, an in-person interview at age 30 is considered important both for re-engaging with the participants to reduce attrition and to capture physical measurements such as weight and blood pressure which are now 10 years out of date.



8B - Other decisions for survey design

Proxy and short-form interviews for participants with moderate to severe disabilities

To ensure that the survey is as inclusive as possible, accommodations should be made to facilitate participation. Many of these accommodations will need to be negotiated on a case-by-case basis depending on individual needs.

However, decisions could be taken in advance on whether and how to offer options for a proxy interview (where a certain amount of the survey is completed by a third person on the participant's behalf). This is likely to be easier to arrange for Cohort 08 at 20 given that many of the cohort will probably be still residing with parents, and that at least one parent will have participated in the study in all previous waves (potentially already having completed a proxy interview for the study young person at age 13 and/or 17). For Cohort 98 at 30, there is a greater chance that the individual's main carer will no longer be a parent and thus specialist advice will be needed on the best way to proceed.

Another option for participants with a disability is a short-form interview. This format reduces the content of the questionnaire for individuals who might have difficulty with the full-length version. If a dedicated parent interview is used for all participants in Cohort 08 at 20, the basic socio-demographic information on the household could be collected with that instrument so that the short-form interview for the main participant could focus on more subjective questions.

Data linkage

The survey for Cohort 98 at 25 was the first conducted under the new model for Growing Up in Ireland where data collection is undertaken by the CSO. Thus, it was also the first wave where there was significant use of administrative data linkage to supplement or replace actual survey questions to the participant. These included details on further and higher education completed in Ireland, SOLAS apprenticeship data, social welfare payments, and PAYE and income tax data.

These datasets could presumably be also linked to Cohort 08 at 20 and Cohort 98 at 30.

In addition, the Department understands from the CSO that the following datasets are also likely to be available for linkage by the time Cohort 08 at 20 and Cohort 98 at 30 are in the field:

- Leaving Certificate results
- Springboard and ICT Student and Course Details
- Landlord and Tenant Details from the Register of Tenancies
- Housing Agency social housing waiting lists
- Local Property Tax Returns



- Water quality
- Pobal HP Deprivation Index

8C - Exclusions of note

A wide range of potential topics were suggested for inclusion through the various components of the consultation exercise, but it has not been possible to include all of these. As detailed in the domain-specific chapters, topics which have been proposed have met core criteria of:

- Capturing information on a key domain
- Policy relevance
- Being age/stage appropriate
- Not being available through other sources
- Longitudinal or cross-cohort consistency (or strong support from stakeholders in the case of new topics)

The authors also considered factors such as how feasible it is to capture certain topics in the context of a home-based survey, whether there is likely to be sufficient prevalence/variance in the population, and if the topic could be considered offensive or objectionable by participants.

There are some components that have been used previously in Growing Up in Ireland that have not been proposed on this occasion for either Cohort 08 at 20 or Cohort 98 at 30. These are:

Time-use diary: While data-rich, they are time-consuming to complete for the participant; require an explanation from the interviewer (at least in the previous format); the format of having the participant complete and return by post after the interview means that only partial coverage of the sample can be expected; the data have not been widely used relative to the effort required to collect them.

Non-resident parent survey: For Cohort 98 at 30, no parent surveys (resident or otherwise) are recommended due to the age of the participant. For Cohort 08 at 20, parent data are being limited to one individual, usually the person who was the primary caregiver at the previous wave – it may be that this parent no longer lives with the 20-year-old but non-resident parents are not being specifically surveyed due to the age of the participant and low response rates at earlier waves.

Appendices





Appendix 1 – List of comparable studies to Growing Up in Ireland

Study	Organisation	Country	Age(s)	Mode(s)
1946 MRC National Survey of Health and Development	CLS / UCL	UK	16-31	face-to-face / post
1958 National Child Development Study	CLS / UCL	UK	23 (1981)	face-to-face
1970 British Cohort Study	CLS / UCL	UK	26 (1996)	postal
ALSPAC	University of Bristol	UK	22-32	face-to-face
Born in Bradford	Better Start Bradford	UK	Household survey 2007-2024 Newborn survey 2024	face-to-face
ELSA (English Long Study of Aging)	UCL / the National Centre for Social Research (NatCen)/	UK	11 waves (2002-2023) 50+ years old	face-to-face / nurse visit
Fragile Families Study (FFS)	Princeton University / Columbia Population Research Center	USA	Ages 1,3,5,9,15,22, 27	face-to-face/ telephone
Longitudinal Surveys of Australian Youth (LSAY)	Australian Department of Education	Australia		face-to-face/ telephone
Millennium Cohort Study	CLS / UCL	UK	17, 23	face-to-face, online
National Education Panel Study (NEPS)	Leibniz Institute for Educational Trajectories	Germany	Multi-cohort, including SC6: age 23-65	face-to-face/ online



Study	Organisation	Country	Age(s)	Mode(s)
National Longitudinal Study of Adolescent to Adult Health (Add Health)	Eunice Kennedy Shriver National Institute of Child Health and Human Development	USA	12-42	face-to-face
Next Steps	CLS / UCL	UK	25 (2015)	sequential mixed mode - web, phone, face-to-face
NI Cohort for the Longitudinal Study of Ageing (NICOLA)	Queen's University Belfast (QUB)	UK	50+	face-to-face / health assessment
ONS Longitudinal Study	Office for National Statistics	UK	Household survey, 1971-2011	linked data
PAIRFAM	Multi-institution management	Germany	Family survey, all ages	face-to-face/ post
Quarterly National Household Survey (QNHS)	CSO	Ireland	Household survey, quarterly	computer-assisted personal interview
Southampton Women's Survey	University of Southampton	UK	+ 4, 6, 8, 12 years	home / clinic visits
Ten to Men	Australian Institute of Family Studies	Australia	Multi-cohort, including C3: age 18-55	face-to-face
TILDA	TCD (and WHO)	Ireland	7 waves (2011-2025) 50+ years old	face-to-face / health assessment at dedicated centre / telephone survey (COVID) / online or post (self-complete)

Study	Organisation	Country	Age(s)	Mode(s)
Understanding Society (UK Household Longitudinal Study)	University of Essex	UK	Household survey, all ages	face-to-face / online
US National Longitudinal Study of Youth (NLSY)	National Longitudinal Surveys (NLS)	USA	20 waves (1997-2021)	face-to-face/ telephone
Whitehall II	UCL	UK	Multiple ages 1985-2022	face-to-face / health assessment

Appendix 2 – Summary of all topics for Cohort 08 at 20

Physical health

- Self-reported health
- Chronic conditions
- Healthcare utilisation
- Nights in hospital
- Barriers to healthcare
- Health insurance / medical card
- Sleep
- Dental health
- Physical activity
- Reasons for (not) exercising
- Diet
- Smoking and vaping
- Alcohol
- Drug use
- Gambling
- Sexual health
- Pornography
- Period poverty and symptoms
- Physical measurements (incl. blood pressure)
- Attitudes to drug use
- Body image (incl. use of weight loss drugs)

Mental wellbeing

- Depression and anxiety
- Other psychological or psychiatric diagnoses
- Self-esteem
- Stress
- Life satisfaction
- Coping strategies
- Sources of support
- Self-harm
- Positive mental wellbeing
- Attitude to risk
- Perceptions of happy childhood
- Loneliness and isolation
- Transition from CAMHS to Adult Services/Accessing mental health services



Relationships

- Sexual orientation and gender identity
- Sexual initiation
- Romantic relationships
- Friends
- Relationship with parents
- Planning for a family
- Caring for aging parents

Education

- Experience of secondary school
- Early school leaving
- Financial support for education
- Satisfaction with course chosen
- Reasons for choosing a particular institution
- Gap year
- Educational support (SEN)
- Parental involvement
- Work experience and placements

Socio-demographics, family context and economic engagement

- Employment history
- Social class
- Social welfare receipt
- Household income
- Deprivation and financial strain
- Household composition
- Parental education and principal economic status
- Neighbourhood
- Housing
- Reasons for continuing to live in parental home
- Accommodation quality
- Screen-time, social media and digital connectedness
- Volunteering
- Voting
- Concerns about social issues and current affairs
- Leisure activities
- Driving capacity
- Contact with Criminal Justice System
- Adult identity
- Employment aspirations and attitudes
- Other aspirations for adulthood
- Financial transfers between parents and young people
- Funding for living and study costs, saving
- Support for sex equality
- Trust in others and confidence in state institutions
- Citizenship, ethnicity and religion
- Participation in organised activities and clubs
- Housing stressors
- Use of and potential threats from AI

Appendix 3 – Summary of all topics for Cohort 98 at 30

Physical health

- Self-reported health
- Chronic conditions
- Healthcare utilisation
- Nights in hospital
- Barriers to healthcare
- Health insurance / medical card
- Sleep
- Dental health
- Physical activity
- Reasons for (not) exercising
- Diet
- Smoking and vaping
- Alcohol
- Drug use
- Gambling
- Sexual health
- Pornography
- Physical measurements (weight)
- Period poverty and symptoms
- Physical measurements (incl. blood pressure)
- Attitudes to drug use
- Body image (incl. use of weight loss drugs)

Mental wellbeing

- Depression and anxiety
- Other psychological or psychiatric diagnoses
- Self-esteem
- Stress
- Life satisfaction
- Coping strategies
- Sources of support
- Self-harm
- Positive mental wellbeing
- Attitude to risk
- Loneliness and isolation
- Accessing mental health services

Relationships

- Sexual orientation and gender identity
- Sexual initiation
- Romantic relationships
- Friends
- Relationship with parents
- Planning for a family
- Caring for aging parents



Education

- Work-integrated and lifelong learning

Socio-demographics, family context and economic engagement

- Employment history
- Social class
- Social welfare receipt
- Household income
- Deprivation and financial strain
- Household composition
- Parental education and principal economic status
- Neighbourhood
- Housing
- Reasons for continuing to live in parental home
- Accommodation quality
- Screen-time, social media and digital connectedness
- Volunteering
- Voting
- Concerns about social issues and current affairs
- Leisure activities
- Driving capacity
- Contact with Criminal Justice System
- Behaviour in response to climate change
- Housing stressors
- Use of and potential threats from AI



An Roinn Leanaí, Míchumais agus Comhionannais
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