Fás Aníos in Éirinn
Growing Up in Ireland

Report on the Research Needs for *Growing Up in Ireland* Cohort '08 at age 17

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Acknowledgments

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Introduction

1.1 About this Report

This report documents the first phase in the development of instrumentation and procedures for the age 17 interview with Cohort '08 of Growing Up in Ireland. Although these interviews are scheduled for 2025, the process of shaping this wave of data collection started in Q1 of 2023. As part of a new model of delivery for the Growing Up in Ireland study (since January 2023), the sponsoring Department (Department of Children, Equality, Disability, Integration and Youth; DCEDIY) is tasked with making recommendations for each new wave of the survey – in terms of content and procedures – but the final decisions rest with the Central Statistics Office (CSO) who have responsibility for all aspects of the data collection and preparation.

In arriving at recommendations for the survey with Cohort '08 at 17, the team at the Department undertook a wide-ranging consultation with policy and academic stakeholders, young people, and a review of materials used by other cohort studies with similarly-aged respondents. This report presents the resulting recommendations as advised to the CSO in Q2 of 2023. It includes an addendum which summarises some late changes recommended as a result of a consultation event held in September 2023; however, the vast majority of this report represents the initial position of the Department as of summer 2023 – prior to feedback from the CSO or a Research Ethics Committee, and before any final decisions on content or procedures.

1.2 Background

1.2.1 The Growing Up in Ireland cohorts

The Growing Up in Ireland study is the national longitudinal study of children and youth. It started in 2006 with two cohorts. The older cohort (Cohort '98) were aged 9 years at first interview in 2007 while the younger cohort (Cohort '08) were aged just 9 months at the initial visit in 2008. It is this younger Cohort '08 who are the focus of this report, as they approach the age of 17 years, but with frequent reference to the older Cohort '98 who took part in an age '17/18[1] years' interview in 2015.

The previous scheduled waves (i.e. data collection) with Cohort '08, starting at 9 months, were at age 3, 5, 7/8 years, 9 years and 13 years. In addition, there was an unscheduled 'special COVID-19 survey' in December 2020 when most of the cohort were aged 12 years. Most waves, with both cohorts, have involved an in-person visit by an interviewer to the family home. There have been three exceptions with Cohort '08, however: (a) the age 7/8 year survey was pre-planned as a shorter, postal questionnaire; (b) the COVID-19 survey was online only; and (c) the age 13 year wave – which had been planned as in-person – took place remotely by phone and online because of ongoing COVID-related public health restrictions.

1.2.2 Why age 17?

In the early planning of the schedule for interviews with the Growing Up in Ireland cohorts, age 17 was identified as an important stage of the life course with young people having either just finished, or be about to finish, secondary schooling. In Ireland, students typically (but not necessarily) complete a final set of exams known as the Leaving Certificate at the end of six or seven years of secondary school. The results of the Leaving Certificate are hugely important in determining access to further and higher education courses, and consequently can be associated with a great deal of stress. It is also the period when students make choices on what (if any) further or higher education courses to apply for, as initial choices must be lodged prior to taking the actual Leaving Certificate exam.[2]

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1 Approximately 20% of Cohort '98 had turned 18 years old when they were interviewed. In the rest of this report, the description is abbreviated to 'Cohort '98 at 17' but refers to all who took part at that wave.

2 There is a 'change of mind' window after students sit the Leaving Certificate but before they get the results

Apart from transitions in education, age 17 is also the legal cusp of adulthood in Ireland. Young people can legally drive a car and consent to sex from age 17, both cultural and practical milestones in the transition from childhood to adulthood. Virtually all other adult rights and responsibilities, from a legal perspective, are triggered by the individual's 18th birthday. While certain risky activities such as purchasing alcohol or gambling become legal at age 18, previous research – such as with Growing Up in Ireland Cohort '98 at 17 – indicates that young people will begin experimenting with these types of behaviour earlier than that.

Furthermore, from the practical perspectives of a longitudinal study, age 17 is a time when most young people will still be living at home with parents; while after this age there is an increased likelihood of them living at another address for study or work, which makes them more difficult to trace. Particularly for members of Cohort '08, whose scheduled age 13 interview had to be conducted remotely due to the pandemic, there is a strong argument for making a personal visit and refreshing engagement with the study before they leave the parental home.

1.3 Conceptual Framework

The conceptual framework for Growing Up in Ireland has been discussed in detail in previous publications, particularly Greene et al. (2010). Thus the overview presented here will be at a summary level with a focus on the key elements that will influence the forthcoming wave (Cohort '08 at 17).

1.3.1 The bio-ecological model

Since its inception, the Growing Up in Ireland study has been guided by Bronfenbrenner's bio-ecological model of development (e.g. Bronfenbrenner & Morris, 2006). This framework places the person within various 'systems' in their environment that interact both with each other and the individual. The 'systems' comprise other people, institutions (e.g. school), policies and cultural norms. It is expected that the people and institutions in closest proximity and most frequent contact will have the greatest influence on the individual's development: for most young people at age 17, these will be their parents, siblings, school and close peers – termed the 'microsystem' in Bronfenbrenner's model.

As illustrated in Figure 1, there are other spheres of influence on the individual's development, albeit more distant than the microsystem. The 'exosystem' typically comprises the wider community and people or institutions that influence the Young Person's developmental context but who might not interact with them directly; examples include the local neighbourhood or the parents' workplaces. The 'macrosystem' generally refers to more abstract concepts of the political and cultural environment; examples could include education policies for post-secondary education or societal expectations for gender norms. The 'mesosystem' refers to interaction between systems or actors within systems which may influence the Young Person's development; examples include conflict between the parents or parental involvement with the school.

Time is represented in Bronfenbrenner's model as the 'chronosystem'. Time can influence the individual's development in a number of ways. First, there is the passage of time and the maturing of the individual: the capacity of, and expectations for, members of Cohort '08 at 17 will be very different to what they were at age 3 or 9. In addition, the repetition of interactions between the individual and others over months and years influences development more so, typically, than a single interaction. For example, the child – ideally – develops a secure attachment to the parent as they get to know that their needs will be met in a responsive and sensitive way by that parent.

Figure 1.1: Summary of Bronfenbrenner's bioecological model
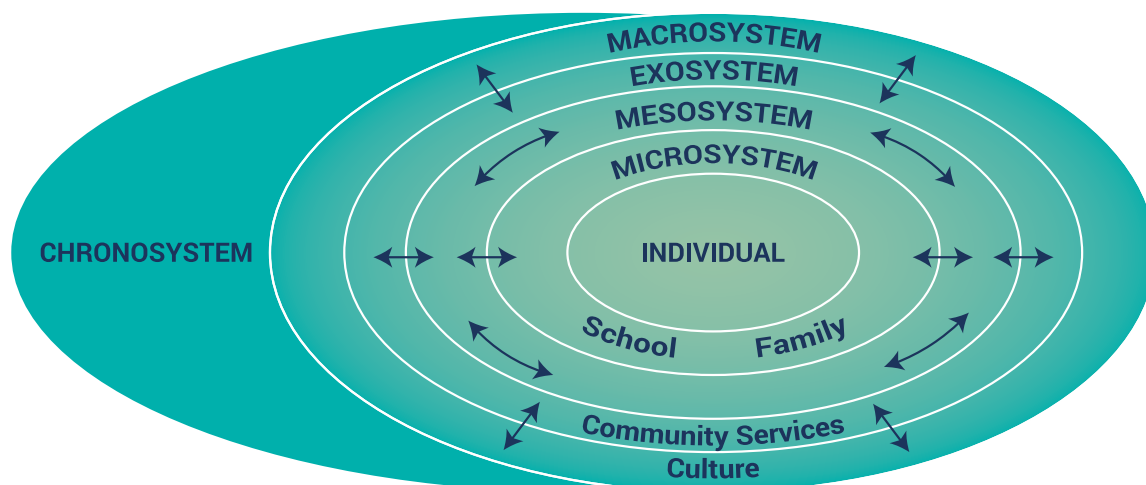
Another aspect of time is the 'period effect' of being born in a certain period of history. A recent example is the COVID-19 pandemic: not only have Cohort '08 lived through this momentous event but they experienced it at the key transition point of changing from primary to secondary school. In contrast, most of Cohort '98 were at the point of moving from college to starting a career when the pandemic hit. Finally, longitudinal studies such as Growing Up in Ireland allows researchers to consider the timing of events in the life course: a 'mistimed' event such as an unusually early puberty or the premature death of a parent may alter the trajectory of an individual's development relative to someone who experiences similar events at the expected time.

An interesting question arises for the original formulation of the bio-ecological model in how to position the online world within the longstanding 'system' structure. Arguably, given its proximity and the length of time that the average young person engages with people and material online, it is now part of the microsystem. Conversely, given how new movements and norms develop and spread around the globe via the internet, it could be considered as part of the macrosystem. We may need to acknowledge that the online world is embedded in each of the systems.

A recent paper by Navarro and Tudge (2022) suggests an evolution of the bio-ecological model into what they term the 'neo-ecological model' to account for the influence of technology and the virtual world on development, particularly for adolescents. Navarro and Tudge suggest, alongside other adaptations, two parallel types of microsystem – the physical world and virtual world – both of which influence the development of the individual and also interact with each other. The paper also emphasises the role of the virtual world in establishing new or alternative cultural spheres; for example, a Black youth who lives in a predominantly White locality but is active within a virtual community of mainly other Black youth may experience two quite different sets of cultural influences simultaneously.

Growing Up in Ireland is in the rare position of having captured data on key aspects of all the 'systems' in the individual's context since – in the case of Cohort '08 – they were infants. The study also collects information from and about the Young Person as an individual. The bio-ecological model recognises the effect of the individual's characteristics and agency on their own development and the systems around them. Some characteristics like gender or having a chronic health condition will be influential but largely outside the control of the individual. However, the Young Person's dispositions, desires and behaviour offer more scope for exercising agency, and by age 17 will likely be more powerful than previously. Examples include choices for

third-level education, actively developing skills through study, engagement (or not) in risky activities like drug-taking and anti-social behaviour.

1.3.2 Other perspectives on the transition from adolescence to adulthood

The design and instrumentation for Cohort '98 at 17, which is in turn a guiding template for the upcoming wave of Cohort '08 at 13, also considered theoretical perspectives with a particular focus on the transition to adulthood. These are discussed in some detail in the literature review for the older cohort at age 17 (Murray, McNamara et al. 2020) but are briefly recapped in the following paragraphs.

Arnett's concept of 'emerging adulthood' has been an influential, if not universally accepted, description of the phase between adolescence and established adulthood which has developmentally distinct characteristics. This stage of the life course is, suggests Arnett (2014), characterised by features such as an exploration of identity, changes in relationships and work status, a focus on the self, a sense of being 'in-between' stages, and optimism for the future. This indicates that the Growing Up in Ireland study should, at this age 17 wave, collect more information from cohort members on their beliefs, feelings, aspirations and sense of identity compared to younger waves; if it is to reflect the distinguishing characteristics of this phase of the life course.

A further perspective is the degree to which the transition to adulthood is characterised by the attainment of specific milestones. These milestones could include leaving school, getting a job and moving out of the family home. Over time, these milestones have been pushed out to the mid-20s and beyond with many more young people extending education into third-level (and consequently delaying full-time entry to the labour market), relying on parents for financial support and being unable to acquire a home of their own. The last of these has been the focus of intense public debate for a number of years. A Eurofound report[3] published in June 2023 showed that Ireland had one of the highest increases, among EU countries, in the rate of 25-34-year-olds still living with their parents (comparing 2010 and 2019 rates); and, across Europe, the average age at which at least 50% of people were living outside the parental home had increased from 26 to 28 years (comparing 2007 and 2019). In terms of survey design for Cohort '08 at 17, this perspective argues in favour of collecting data on the socio-demographic characteristics of the individual young person, as well as the household level, from now on; so that progress on, or delays to, 'milestones' can be compared to other outcomes.

1.4 Criteria for Questions / Scales

The Growing Up in Ireland study forms a crucial part of the research infrastructure in Ireland. The data are extensively used by policymakers and researchers to address a wide variety of topics and research questions. Growing Up in Ireland, therefore, is quite distinct from single-purpose surveys designed to answer a specific set of research questions. Rather, it resembles other international cohort and longitudinal studies in serving as a resource to answer questions that may not have been anticipated by those being consulted and/ or designing the questionnaire content. Such studies also capture social and policy change that would not have been anticipated at the outset; the impact of the Great Recession and the COVID-19 pandemic are striking cases in point. Like other cohort studies, Growing Up in Ireland's value lies in recording key events, turning points and the effect of key policy changes over the life course and, even more importantly, respondents' subjective experiences of these events and the factors motivating their actions.

1.4.1 Description of evaluation criteria

The former Growing Up in Ireland Study Team at the Economic and Social Research Institute / Trinity College

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Dublin, in conjunction with DCEDIY, constructed a set of criteria to evaluate topics and specific measures for use in the Research Needs Report for Cohort '98 at age 25 (2022). These can usefully be revisited in evaluating content for the survey with Cohort '08 at 17. A recap of the previously used criteria, with some revisions for the current context, is provided below.

1. The measure captures one of the key domains of the lives of 17-year-olds

Since its inception, Growing Up in Ireland has focused on three core domains – health, socio-emotional well-being and education/cognitive development – with a fourth domain on civic and economic engagement added as Cohort '98 respondents moved into early adulthood. Another important domain encompasses all background and contextual family characteristics. The proposed measures should, therefore, relate to one or more of these core domains.

2. The topic is policy-relevant

The Growing Up in Ireland study was initiated to provide an evidence base for policy development in relation to children, young people and families and, as indicated above, has been widely used by policymakers. It is crucial, therefore, that the 17-year wave captures the important policy issues affecting this age group; for example, their post-secondary school pathway (be it further/higher education, apprenticeship, employment or unemployment).

3. The measure is age- or stage-appropriate

The proposed measures at the 17-year wave need to reflect the kinds of experiences being faced by this group of young people. This phase is often difficult to pitch to appropriately given they are no longer children but not yet adults. Sometimes a trade-off must be made between continuing a measure intended for children and younger adolescence in the interests of longitudinal consistency at age 17 versus putting a new adult-oriented measure in place for future longitudinal consistency. Furthermore, some information, such as preparation for the Leaving Cert and planning for post-school pathways is 'stage sensitive' and is best collected on a contemporary rather than post-hoc basis.

4. The measure captures a (potentially) dynamic process

Growing Up in Ireland provides useful insights into cross-sectional patterns on certain topics, often for the first time in Ireland, but its main added value lies in its insights into the dynamics of change over the life-course. Measures that capture potential change are given priority over ones where little change would be anticipated between 13 and 17 years of age. Some examples where change might be expected for some individuals are conflict in the parent-child relationship and engagement with school.

5. There is longitudinal consistency with earlier waves and/or cross-cohort consistency with Cohort '98 at 17

Other Irish studies collect information on physical and mental health (for example, Healthy Ireland, the My World survey). The value of Growing Up in Ireland is that it provides insights into changes in these measures, and the factors associated with such changes, over time. Consistency between waves is crucial so that observed variation over time does not merely reflect changes in wording. Therefore, even where other (potentially better) measures of some variables become available, longitudinal consistency is prioritised. This is, of course, balanced against the need for questions and response categories to be appropriate to the age/stage.

The other main source of comparative analysis is with Cohort '98 at 17. Given how much has happened since the older cohort were this age circa 2015 (COVID-19 pandemic, cost of living crisis, war in Ukraine), a cross-cohort comparison is a potentially very useful and almost unique resource. Therefore, there is a compelling reason to repeat as much of the previous instrumentation used with Cohort '98 at 17 now that Cohort '08 will

have reached the same age. This does mean, however, that a choice may need to be made whether to prioritise longitudinal over cross-cohort consistency for some topics.

6. The measure has worked well in previous research

'Working well' is a broad notion but has a number of key components: first, that there is (likely) sufficient variation in response (though there are cases where it is important to know that something is near-universal, e.g. social media usage, as well as instances where we explicitly want to capture small groups; see point 8); second, that such measures when used previously did not have a significant number of unexplained missing values (suggesting that the question wording was unclear); third, that previous research has shown that this measure is likely to be significantly related to key outcomes across the study domains. For new material, the pilot will be a key input into the evaluation of whether a proposed measure 'works well'.

7. There is comparability with other international cohort studies

Since its inception, Growing Up in Ireland has explicitly drawn on good practice from other cohort studies and, in turn, other such studies have drawn on measures used in Growing Up in Ireland. This practice links to principle 6, which emphasises the importance of using 'tried and tested' measures, at least where possible. Having common measures in different countries opens up new analysis possibilities; for example, if a relationship is observed between a set of variables in multiple contexts, this strengthens the argument that such a relationship is genuine and not a coincidence in one dataset. Another example would be comparing rates of a behaviour such as smoking across different policy contexts with a view to identifying effective policies. The use of common measures across surveys makes such an exercise more viable.

8. The measures capture the potential diversity of experiences and pathways among the cohort and are inclusive of minority groups

Interviewing young people allows them to tell the story of their lives, making it important that they see themselves reflected in the questions put to them. For this reason, there are some instances where it is crucial to include questions even though the numbers in some response categories may be small. In particular, not asking about sexual orientation or gender identity because of potentially small cell sizes runs the risk of marginalising the lived experiences of some young people. The importance of the study being inclusive was emphasised strongly by policymakers and researchers at the consultation sessions. It has also increased in relevance given the expanded remit of the funding department (formerly the Department of Children and Youth Affairs; now the Department of Children, Equality, Disability, Integration and Youth).

9. The topic being measured has sufficient prevalence and variance to be analysed

The Growing Up in Ireland sample is nationally representative rather than a clinical sample and is not best suited to collecting specialised data on small groups of participants, such as detail on rare diseases. However, the practical constraints on prevalence need to be balanced against the competing mandates of inclusivity (see point 8) and the lack of good alternative data sources (see point 11).

10. The topic or question is engaging to participants

Sometimes it is necessary to leave room for items that are of interest to participants even though they might be a lower policy priority. Topics that young people want to talk about, that help to 'warm up' an interview, or provide some light relief amidst heavier topics may add value in the longer term because the overall experience is more positive for the participant. This matters in terms of engaging individuals in the future, given the longitudinal nature of the study, as well as avoiding poor reports of the interview between participants while the current

wave continues. At the other end of the spectrum, a question or topic that could be in some way off-putting to participants (e.g. potentially offensive, difficult to complete or understand) may be excluded to preserve the goodwill of the participants, although in most such instances the first option would be to explore an alternative measure of the same concept.

11. The issue can realistically be measured in a valid way within the context of Growing Up in Ireland

Previously, this has meant measurement by an interviewer within the home but, depending on the choice of mode, it could also mean as part of an online survey. The criterion could refer to survey length, acceptability to participants, and ease of administration. It would, for example, not be feasible to ask general survey interviewers to take a blood sample but they might be able to collect a saliva or hair sample. In another example, participants might not wish to provide intimate details about their sex lives face-to-face, but they might give some details on a self-complete basis.

In practical terms, sometimes a balance must be struck between using a measure that will indicate that there is an increased risk of a problem rather than a diagnostic tool. For example, it would not be feasible, within the structure of Growing Up in Ireland, to incorporate a clinical interview to diagnose a psychological disorder such as depression or psychosis, or implement an entire IQ test battery, but relevant data can be collected through screening tools (e.g. the CES-D 8 depression scale) or measuring related concepts (e.g. vocabulary). Another avenue, in relation to illness at least, is to ask the participant if they have ever been diagnosed with a condition.

12. The topic is not covered in other data collection

In a multidisciplinary survey with limited space such as Growing Up in Ireland, priority should be given to collecting data that are not otherwise available. Research questions that could be reasonably answered with existing data from other sources (e.g. administrative data or other studies such as the Census, Healthy Ireland or My World Survey) should be a lower priority (except where the focus is on the dynamics of change; see point 3).

13. There is a trade-off between respondent burden (and its potential impact on response rates and data quality) and the need to take account of the other principles listed

Being a multi-domain study has always posed challenges in terms of the relative balance of breadth and depth in the questionnaire and the risk of overburdening the respondent in trying to cover the main domains in sufficient detail. One possibility to be explored further is the establishment of a nested study protocol which would allow researchers to identify participants within Growing Up in Ireland who have a characteristic of interest (e.g. have a disability, early school leavers, identify as LGB+) and invite them to further explore issues affecting them in a dedicated follow-up.

1.5 Overview: Lessons from Comparable Studies

In developing the study design for the forthcoming wave of data collection at 17 years of age, a review of comparable studies was conducted. The purpose of the review was to inform decisions relating to the methodology and content for the forthcoming wave of Growing Up in Ireland.

As outlined in the criteria for inclusion of questions (criteria #7, see Section 1.4, above), Growing Up in Ireland has, from its inception, drawn on good practice from other (cohort) studies. If a scale or question has been used in another study, this gives some assurance that the item has been 'tried and tested'. The use of common

measures across studies also allows for post-hoc data harmonisation and comparison of findings. Other studies may also identify topics of exploration that the Growing Up in Ireland study team may have otherwise overlooked. Differences in practices regarding methodological considerations, in terms of participants included, mode of data collection or length of survey, can also be considered.

Studies included in this review are those that share methodologies or research objectives with Growing Up in Ireland; studies focussing on interview-based data collection, young person cohorts of a similar age, longitudinal in design, multidisciplinary in scope. The aim of this review was to:

- Identify common trends amongst similar studies
- Identify potential new topics for inclusion in data collection for the forthcoming wave
- Examine modes of data collection, involvement of other persons, data linkage, other data collected

Table 1.1: List of comparable studies included in the review

STUDY	AGE	YEAR	COUNTRY
Growing Up in Ireland - Cohort '98	17-18	2015-16	Irl
Add Health	18-26	2001	USA
ALSPAC (Avon Longitudinal Study of Parents and Children)	18-19	2010-11	UK
Census	Hsd	2022	Irl
Growing Up in Australia	16-19	2017-20	Aus
HBSC (Health Behaviour of School-age Children)	15	2017	Irl / Int'l
Healthy Ireland	16+	2021	Irl
Millennium Cohort Study	17	2018	UK
My World Survey 2	12-25	2019	Irl
Next Steps	18	2008	UK
NLSCY (National Longitudinal Survey of Children and Youth)	16-17	2008	Canada
PAIRFAM	15-17	2008	Germany
Ten to Men	18	2020	Aus
Understanding Society	16+	2021	UK

In total, fourteen studies (including the 17/18 wave of data collection with Cohort '98 of Growing Up in Ireland) were identified as being suitably similar in study design and/or scope to Growing Up in Ireland (Table 1.1). These studies were surveyed for topics across a number of established themes: physical health; socio-emotional well-being; relationships; behaviours / activities; cognitive development / education; economic/civic engagement; background/family characteristics and finances; the impact of COVID-19. New (sub)topics, not included at previous waves of Growing Up in Ireland, were also reported. All topics were organised into one of three categories:

- *Established topics*: topics previously explored in Growing Up in Ireland and prevalent in six or more of the other surveys
- *Less common topics*: topics previously explored in Growing Up in Ireland, but featured in less than six of the other surveys
- *Potentially new topics*: topics that have not been included in previous waves of Growing Up in Ireland, but that appear in other surveys. These topics warrant consideration for inclusion at the forthcoming wave, in the context of feedback from the consultation phases.

In chapters 3 to 7, findings will be discussed according to the aforementioned research domains. Subsequent discussion will consider methodological issues, including data linkage, participants included, mode of data collection and survey length.

1.6 Overview: Young Person Focus Group Process

In addition to the insights and opinions of policy, research and practice experts, it is important that young people themselves are afforded the opportunity to provide input into the questionnaire development process. They are best placed to inform researchers about the issues and topics that matter most in the lives of other young people like them. They may also be able to identify research gaps that policy and research experts have overlooked.

With this in mind, the Growing Up in Ireland study team, in conjunction with the National Participation Office, conducted a focus group consultation with young people aged 16-17 to get their perspective on issues that should be explored in the forthcoming wave of data collection. Five young people contributed to the focus group; three females and two males. The mean age of the group was 17, and all five were in secondary school (either fifth or sixth year). Two participants lived in an urban environment (cities or large towns), the remainder lived in more rural environments (small towns or countryside).

Given the geographical spread of the participants, the focus group was conducted remotely over Zoom. The focus group was led by two facilitators from the National Participation Office, while a member of the Growing Up in Ireland study team acted as note-taker. Parental consent and young person assent was received from all participants in advance of the session. In advance of the session, a facilitator outlined a safeguarding statement, reminding the group on matters relating to respect, confidentiality, and consent. The session was not audio-recorded. Whilst notes were taken, they were not assigned to any single participant.

Outlined below are the main observations from the focus group, providing a high-level overview of key issues raised and the participants' perspectives on them. Where relevant, these perspectives are expanded upon in chapters 2 to 7, in terms of providing justification for the inclusion of specific questions and topics in the variable specification provided to the CSO.

Stress: Stress relating to the Leaving Certificate exam process (and the associated obligation to make decisions regarding further/higher education, etc.) was cited as a key concern amongst this group of young people. The group noted an inability to separate school-life from other aspects of their life, that they could never fully switch off from school-related pressures. They also pointed to the pressure of making decisions at age 16/17 (post-secondary choices) that would impact their lives for years to come. They lamented the lack of support or guidance provided by schools in regard to these stressful issues.

Further / Higher Education: The group also highlighted an overemphasis placed on choosing college or university, in comparison to alternative post-secondary school pathways (i.e. PLCs, apprenticeships, employment); they felt there was a stigma associated with these options, based on the attitudes perpetuated by schools (i.e. teachers and career guidance counsellors). They felt academic-based courses were favoured over more creative courses (i.e. art, drama).

Mental health: As expected, mental health was also cited by the group as a key issue for young people their age. Despite improved dialogue around mental health in society in general, the group still felt it was a taboo subject, and young people might expect to be made fun of if they admitted to having mental health issues. This was particularly true for boys, and deemed easier through social media.

The group did not think that mental health supports were good enough; either through school (difficult to get access and there was an impression that the school did not care) or CAMHS[4] (long waiting lists, not continuity in support once young people turned 18).

Social media: The group spoke about both advantages and disadvantages associated with social media (and broader online activity). From a positive perspective, the group noted how young people can use social media for different forms of support; accessing an online community helps them to see that they are not alone in dealing with certain problems.

However, the group also pointed to the association between social media and increased social anxiety; the group felt that some young people were more inclined to stay at home spending time online than going out to meet friends in person. Increased social anxiety may stem from the COVID-19 restrictions; there was agreement that the long-term impact of the pandemic was still being experienced by young people nowadays, and that it should be explored as part of a survey.

Other: The group discussed a wide range of other issues, including the impact of living in a rural location; the (lack of) information and guidance relating to sexual health, sexual consent and LGBTQ+ issues; financial concerns and how they impact college choices; substance use; and positive aspects of being a 17-year-old nowadays.

1.7 Overview: Policy/Research Expert Consultation Process

In preparation for Cohort '08 at 17, two new stakeholder advisory groups were established: 'Research and Practice Experts' and 'Policy'. On 15th March 2023, the two groups separately attended in-person consultation events to introduce the new model for Growing Up in Ireland and discuss important topics for inclusion in the age 17 survey. These discussions took place in small groups with a chair and note-taker. The small groups were randomly assigned rather than being domain specific.

The notes from each table were thematically arranged with individual comments also considered for specific suggestions in the development of the draft variable specification. Observations collected on the day were supplemented by a number of individual written submissions received by members of the advisory groups in the week following the in-person event. The themes identified from these initial consultations were as follows:

- Education/school
- Physical health
- Cost of living/nutrition
- Mental health
- Relationships and parenting
- Civic engagement and getting a job
- Social media and digital lives

As can be readily observed, the emergent themes closely corresponded with the existing, long-established domains of the Growing Up in Ireland study (education, health, socio-emotional well-being and relationships, and civic participation). Some specific suggestions for topics that would be either new to Cohort '08 at 17 – in contrast to Cohort '98 at 17 – or potentially more comprehensively covered than previously included vaping,

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gambling (including pseudo-gambling in video games), pornography, period poverty/pain, awareness of family deprivation, impact of the COVID-19 pandemic. These are discussed in more detail later in this report.

In terms of survey design, there were observations on the importance of retaining longitudinal consistency in questions and the potential for bio-markers such as saliva.

Additionally, the expert groups were asked to consider specifically (a) whether it would be important to continue the questionnaire to the principals of schools attended by the Young Person participants and (b) if an alternative measure of socio-emotional well-being – to replace the previously used Strengths and Difficulties Questionnaire (SDQ) – should be considered (or even identified). Where opinions were offered, the stakeholders favoured retaining both the survey of school principals and the SDQ.

1.8 Report Outline

In chapter 2 the policy context for 17 year olds is outlined, wherein current and emerging government policies relating to the lives and development of young people in Ireland are summarised.

Chapter 3 focuses on the research domain of physical health and activities. This includes a summary of the context relating to physical health, key findings from relevant past Growing Up in Ireland reports (Cohort '08 at 13 years and Cohort '98 at 17 years), and a summary of continuing and new topics proposed for inclusion in the forthcoming interviews.

Chapters 4 to 7 follow a similar structure as chapter 3, each focusing on a key domain of research for Growing Up in Ireland; socio-emotional well-being and relationships, education, economic and civic engagement, and socio-demographic characteristics, respectively.

Chapter 8 covers methodological considerations, discussing issues like survey mode, other participants (principal / non-resident parent), interview length, booster samples, physical measurements, cognitive testing and data linkage.

Chapter 9 is a later addendum (Q4, 2023) to the main report, which was drafted in Q1-Q2 of 2023. It reflects some additional recommendations arising from a further consultation event held in September 2024, when members of the Advisory Groups were given an opportunity to comment on a set of draft questionnaires.

Chapter 2
Policy Context

2.1 Introduction

This chapter outlines the public policy context and landscape for 17-year-olds living in Ireland. This age represents a key transitional stage for young people. They are not only on the cusp of an educational transition away from secondary level education, but they are also on the verge of reaching young adulthood and the greater level of independence that comes with this. This unique age therefore warrants an in-depth identification of the policy relevant objectives and data needs that have and will continue to impact the lives of 17-year-olds.

First, it will begin by outlining the core policy frameworks at national and EU-levels. Then it will provide an overview of national policy strategies and plans as they relate to the four domains of data collection in Growing Up in Ireland: physical health; socioemotional well-being and development; education and cognitive development; economic and civic participation. Throughout, it will highlight how Growing Up in Ireland data can strengthen our understanding of the impact of policy strategies on the lives of 17-year-olds both now and over time. It also summarises the policy relevant data needs that this next wave of data collection could address.

2.2 Policy Landscape

2.2.1 National Policy Framework for Children and Young People

Better Outcomes, Brighter Futures (BOBF): the National Policy Framework for Children and Young People, 2014-2020, (DCYA, 2014) which concluded at the end of 2020, was the primary cross-government policy legislation for children and young people in Ireland. BOBF prioritised five key outcomes for children and young people, identified a number of transformational goals and a series of aims associated with each outcome. A successor to BOBF is currently under development[5] and a blueprint for the new policy framework has been published.

2.2.2 Policy Framework for Children and Young People Blueprint 2023-2028

The blueprint for the new National Policy Framework for Children and Young People has been informed by numerous consultations to date, including a public consultation as well as consultations with children and young people themselves. The framework 'strives to place children and young people at the centre of policy, while also addressing the most pressing issues for children and young people, both now and over the lifetime of the framework', which highlights the importance of Growing Up in Ireland and the data collection from Cohort 08' at age 17 (DCEDIY, 2022b).

The blueprint outlines how the framework's new vision will be guided by four principles that are underpinned by the UN Convention on the Rights of the Child (UNCRC) general principles. It also incorporates internationally-recognised efforts in working to improve and realise the rights of children and young people. Importantly the framework also makes a distinction between the ages of 0-18 and 18-24, acknowledging that 18-24-year-olds possess unique needs that need to be addressed. The four guiding principles are as follows (DCEDIY, 2022b):

Principle 1 – Equality

Government should promote equal opportunities for all children and young people and protect their rights. Under this principle, government has "special responsibility to recognise and address disadvantage experienced by children and young people through the use of the best available data and evidence, and to promote evidence-based practices for all those working with children and young people" (DCEDIY, 2022b).

5 Since published as 'Young Ireland: the National Policy Framework for Children and Young People (0-24) 2023-2028" in November 2023

Growing Up in Ireland provides robust and relevant evidence on equality, children's rights and experiences of discrimination, and the experience of disadvantaged children and young people.

Principle 2 – Support for Children & Young People

Under this principle the best interests of children and young people must be a consideration in all government actions. The intention is that "services available to children and young people must be high-quality, appropriately timed, and focused on realising positive outcomes" (DCEDIY, 2022b).

Growing Up in Ireland will provide relevant additional evidence on access services and their benefits.

Principle 3 – Delivering for Children and Young People

This principle states that the well-being of children and young people is a core measure of success for our society. Policy must include clear implementation, monitoring and accountability mechanisms, with structures to ensure supports are effective.

As Growing Up in Ireland is a longitudinal study it can provide clear and valuable evidence of changes in experiences and outcomes over time and how these might be linked to policy changes or access to services.

Principle 4 – Respect for the Views of Children & Young People

Under this principle the importance of the views of children and young people are highlighted. Children and young people are experts in their own lives and tapping into this is an invaluable resource which can be used to improve policy and outcomes.

Growing Up in Ireland, which asks children and young people various questions about their lives to inform its development, directly supports this principle.

The new policy framework will retain the same five national outcomes as its predecessor (DCEDIY, 2022b).

Outcome 1 – Active and healthy

Being active and healthy focuses on ensuring children and young people have the best possible physical and mental health; make informed health and lifestyle choice; enjoy leisure time; express themselves creatively; and have access to nature and recreation.

Growing Up in Ireland will continue to be an important source of evidence on both physical health and socio-emotional well-being. It will continue to generate data on health status, physical activity, weight, inequalities in health and access to sports and cultural activities. In terms of socio-emotional well-being Growing Up in Ireland will generate robust longitudinal data on happiness and well-being, as well as on problems such as anxiety, stress and depression. Evidence from Growing Up in Ireland can identify specific cohorts which are underrepresented in sports and other cultural activities, or at risk of poor mental or physical health. This evidence is vital to informing policy and monitoring progress.

Outcome 2 – Achieving in learning and development

Outcome 2 aims to ensure that children and young people are; positively engaging with their learning and development from birth; successfully navigating life's transitions; and making informed choices around their future, while also having the social, emotional and communication skills to achieve their potential and lead fulfilling lives.

Growing Up in Ireland at age 17 will help provide data on how young people are preparing for the transition

beyond school, whether they feel either overwhelmed or supported, and what inequalities emerge around the transition. Growing Up in Ireland is uniquely suited to identifying the nature of transitions and challenges arising, including among subgroups of policy interest.

Outcome 3 – Safe and protected from harm

This outcome focuses on being safe and protected from harm; having family and homes that are loving, connected, safe and nurturing; are protected from violence, neglect, ill-treatment and harm; and that everyone is alert to child protection issues and knows how to report a concern.

Data collection in Growing Up in Ireland on discrimination, bullying and relationships with parents and peers can contribute to the evidence base for this outcome. At age 17, these issues could be explored in the context of participants' overall schooling experience as well as other aspects of daily life. Data on contact with the criminal justice system, feeling safe in the local neighbourhood and of anti-social behaviour could also yield useful insights.

Outcome 4 – Economic security and opportunity

The economic security and opportunity outcome aims for young people to be protected from poverty and social exclusion; live in stable housing that is affordable, warm and dry, in child and youth-friendly communities; and have pathways to economic participation and independent living.

This outcome is particularly important for 17-year-olds, who will be facing the challenge in the near future of establishing themselves in a life beyond school. This could mean a new educational, training or work environment, and with financial costs and the challenge of more independent living. Current inflationary trends may have a bearing on young people's progression. The current cost of living situation combined with a costly accommodation market may impact financial stress on young people which might ultimately prevent them from entering college, apprenticeships or educational programmes. This may have an outsized impact on families with less material resources. Questions on labour market experiences, financial stress, housing tenure and conditions and deprivation for example, will provide an insight into the experience of material security for 17-year-olds and the transition to more independent living.

Outcome 5 – Connected, respected and contributing to their world

Outcome 5 aims for children and young people to be: aware of their rights, and civically, socially and environmentally engaged off-line and online; accepted, respected and valued at home, school, and in their community; and to have their own identity, connected to their culture, language and beliefs.

The next wave of Growing Up in Ireland data collection can build on the previous waves to provide evidence on societal issues that are important to 17-year-olds such as climate change or trust in public institutions, providing a sense of their high level political concerns and sense of connection. It will also collect relevant data in relation to participation in activities, volunteering, on-line experiences and their experiences of feeling valued and respected.

2.2.3 European Union Youth Strategy 2019-2027

The *EU Youth Strategy* is a "framework for European cooperation in the youth field for the period of 2019-2027. Its goal is to improve the situation of young people in Europe by creating more and equal opportunities for them" (European Commission, 2019). The strategy does this through three main ways: promoting education opportunities; by creating greater knowledge in the labour market; and by promoting active citizenship, solidarity and social inclusion. The strategy also has 11 core goals:

1. Connecting EU with Youth

2. Equality of All Genders

3. Inclusive Societies

4. Information & Constructive Dialogue

5. Mental Health & 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 & European Programmes

Growing Up in Ireland will support these goals by providing information on youth outcomes by a variety of background characteristics such as gender, socio-economic group, rural or urban location, and ethnicity.

There is overlap with EU Youth Policy goals and national policy goals. These include the goals of mental health and well-being; quality employment for all; space and participation for all; and sustainability. National policy aims in these areas are outlined below in the relevant sections under each Growing Up in Ireland domain.

Goals 1 (Connecting EU with Youth) and 11 (Youth Organisations and European Programmes) are oriented more specifically to the European Union. Data on 17-year-olds' sense of identity could help to provide evidence on how connected 17-year-olds feel to others in the community and how involved they are with youth organisations.

2.3 Policy Strategies Across the Four Growing Up in Ireland Domains

2.3.1 Physical health and development

a. Healthy Ireland

Healthy Ireland (HI) 2013-2025 is Ireland's national strategy for improved health and well-being published by the Department of Health (DoH). The strategy's primary vision is an Ireland "where everyone can enjoy physical and mental health and well-being to their full potential, where well-being is valued and supported at every level of society and is everyone's responsibility" (DoH, 2013a). HI has four primary goals; increase the proportion of people who are healthy at all stages of life; reduce health inequalities; protect the public from threats to health and well-being; and create an environment where every individual and sector of society can play their part in achieving a healthy Ireland (DoH, 2013a). There are a wide range of indicators within HI which are used to monitor these goals. These are largely grouped into health status, health outcome and social determinant indicators (DoH, 2021).

Indicators which are used under health status are spilt into preventative measures and lifestyle and behaviour risk. Preventative measures mainly focus on immunisation and screening rates such as breast cancer screening rates and meningitis C immunisation rates. Lifestyle and behaviour risks included in the outcomes framework include body mass index (BMI), smoking rates, harmful alcohol consumption and physical activity levels. Condom use and screen time fall under health status factors which HI sees as specifically impacting young people (DoH, 2021). Growing Up in Ireland provide beneficial evidence on these factors and issues such as attitudes to physical activity, dietary behaviours and condom use.

Health outcome indicators encompass mortality and morbidity and well-being factors. Mortality and morbidity indicators include healthy life years and cancer incidence, while well-being factors include self-perceived health, feeling safe, along with mental health and depression indicators (DoH, 2021).

Social determinants encompass environmental and socio-economic factors. Environmental determinants include the air quality and index and measures of water quality, while socio-economic factors include long-term unemployment, jobless households and educational retention and attainment. Growing Up in Ireland could provide valuable data across a wide variety of these areas, helping policy makers to understand the barriers to educational progression and retention, and the broad range of factors that support health.

Healthy Ireland (HI) is designed to bring about real, measurable change and is based on an understanding of the determinants of health, whereby health and well-being are affected by all aspects of a person's life; economic status, education, housing, policy and the physical environment in which people live and work (DoH, 2021). As a longitudinal study studying multiple domains of young people's lives, Growing Up in Ireland is well placed to provide evidence on health outcomes and inequalities at different stages in the life course including the transition to young adulthood.

b. Healthy Ireland constituent strategies

Several constituent strategies of Healthy Ireland are also relevant to the planned wave of data collection with 17-year-olds. These include:

- National Sexual Health Strategy, 2015-2020
- Healthy Food for Life
- A Healthy Weight for Ireland, 2016-2025
- Tobacco Free Ireland
- Reducing Harm, Supporting Recovery, 2017-2025
- National Physical Activity Plan

The National Sexual Health Strategy 2015-2020 (DoH, 2015b) sets out a vision to improve sexual health by ensuring that everyone living in Ireland has access to high quality sexual health information, education and services. The strategy has three key goals: to ensure everyone has access to appropriate sexual health education and information; that high quality sexual health services are available and affordable; and that good quality data is available to guide the service. Growing Up in Ireland could support these high level goals by providing data on levels of sexual health knowledge and behaviours among 17-year-olds, the availability of sexual health services and their attitudes toward sexual health along with their use of condoms and contraception. Growing Up in Ireland could also assess the extent to which 17-year-olds are aware of or use, if required, the recently established free contraception scheme which covers 17-year olds.[6]

The Third National Strategy on Domestic, Sexual and Gender-Based Violence 2022 – 2026 published by the

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6 Expansion of the free contraception scheme to include women aged 26 from 1 January 2023 (www.gov.ie/en/press-release/95b1b-expansion-of-the-free-contraception-scheme-to-include-women-aged-26-from-1-january-2023)

Department of Justice (DoJ, 2022) has a core goal and guiding mission of zero tolerance to domestic, sexual and gender based violence. It also seeks to "Develop education and public information campaigns which raise awareness of the harm of pornography and of how the sex trade and pornography fuel misogyny and violence against women and undermine gender equality" (DoJ, 2022). Questions on 17-year-olds' attitudes to other genders; awareness of information campaigns; the understanding of consent; and use of porn would all provide important evidence to support work on policy objectives in this area.

Healthy Food for Life (DoH, 2013b) outlines the dietary guidelines for a healthy diet. The high level guidelines include; eat more vegetables, salad and fruit - up to seven servings a day; limit intake of high fat, sugar, salt (HFSS) food and drinks; size matters; use the food pyramid as a guide for serving sizes; and increase your physical activity levels. The planned wave of data collection will provide robust evidence on dietary habits among 17-year-olds generally, and by background variables such as socio-economic status.

A Healthy Weight for Ireland: Obesity Policy and Action Plan 2016 – 2025 (DoH, 2016a) was created to aid the HI strategy by specifying rates of obesity and the challenge of altering behaviour change. The strategy proposes a number of both long term and short term solutions to reduce obesity levels. Growing Up in Ireland provides key information on the underlying factors that influence the behaviours and environment that are associated with obesity, and on prevalence of overweight and obesity in the transition to adulthood and through the life course.

The Tobacco Free Ireland Programme implementation plan 2022-2025 (Health Service Executive (HSE), 2016) launched under the HI framework and sets a target for Ireland to be tobacco free (a smoking prevalence rate of less than 5%) by the year 2025. Smoking is significant in both gender, economic and health inequalities, thus reducing its prevalence could have enormous effects. Growing Up in Ireland data on cigarette smoking and vaping, a relatively new trend and particularly relevant for the 17-year-olds, is vital here. Questions on flavours, strength and the frequency of vaping could all provide useful data, while also contributing to future analysis of the long term effects of vaping.

Reducing Harm, Supporting Recovery: a health-led response to drug and alcohol use in Ireland 2017-2025 (DoH, 2017) has a vision of Ireland where "public health and safety is protected and the harms caused to individuals, families and communities by substance misuse are reduced and every person affected by substance use is empowered to improve their health and well-being" (DoH, 2017). The strategy highlights the need to support young people impacted by substance abuse either directly or indirectly, improve access to services, especially for groups that are affected more by substance abuse. Growing Up in Ireland will help to identify drug use patterns among population sub-groups and from a longitudinal perspective can also help to identify risk factors for and the pathways to drug use.

The *National Physical Activity Plan* (DoH, 2016b) has an aim for 17-year olds to "Increase by 1% per annum in the proportion of children undertaking at least 60 minutes of moderate to vigorous physical activity every day" and to decrease by "0.5% per annum in the proportion of children who do not take any weekly physical activity". The *National Sports Policy 2018 - 2027* (DTCAGSM, 2019) is also relevant. Growing Up in Ireland will document the number of 17-year-olds hitting these physical activity targets and the factors associated with their activity levels over time. In addition, it will provide insight into the number playing sport regularly by important sub-groups such as gender or social class and also provide evidence on the determinants that lead to inequalities in sports and physical activity participation.

Period poverty is another important health focused issue for young people. National data regarding consistent poverty rates would suggest that approximately 53,000 - 85,000 women and girls may be at risk of period poverty (DCEDIY, 2022a). A discussion paper published in 2022 looking at the subject specifically mentioned Growing Up in Ireland as valuable source for data on period poverty. (DCEDIY, 2022a).

2.3.2 Socio-emotional well-being and key relationships

a. Mental health policy

Sharing the Vision: A Mental Health Policy for Everyone (DoH, 2020) is Ireland's national mental health strategy which seeks to build on its predecessor policy *A Vision for Change*. It builds on this previous policy with a number of key priorities which include:

- The prioritization of mental health in Ireland as a major societal issue
- The importance of primary prevention and positive mental health
- A requirement to focus on social inclusion and recovery
- Expansion of mental health services to address the spectrum of conditions and needs
- Development of governance and financing to include research, evaluation and quality assurance

Growing Up in Ireland data on mental health, well-being and access to support are vital to understanding the challenges that face young people when it comes to mental health. The study will also shed light on issues such as access to mental health services and supports, and gender or socio-economic differences in the experience of mental health problems. This will help inform the targeting of interventions and services. Importantly for the 17-year-old data collection, Growing Up in Ireland will also advance the understanding of the issues that are impacting on this age group, such as climate anxiety, problems at school, self-esteem or social media use.

In addition, the study provides data on mental health coping strategies, anxiety, depressive symptoms and sources of support for 17-year-olds – as well as longitudinal insights into participants' experiences of these issues from earlier ages.

Connecting for Life: Ireland's National Strategy to Reduce Suicide 2015-2024 (DoH, 2015a) is another mental health policy which targets those most at risk of committing suicide. The strategy frames suicide as a "whole-of-society" issue and seeks to emphasise the importance of connection to services, friends and family and the dangers of isolation. It recognises the complexity of mental health and mental illness and the risk factors that can lead someone to suicide. Poverty, homelessness, substance and alcohol abuse are just some of the factors that play a role. Data from 17-year-olds on risky behaviours, economic stress, mental health and coping strategies provide important information on these risk factors.

b. Inclusion

The *LGBTI+ National Inclusion Strategy 2019-2021* (DCEDIY, 2019) is another important strategy relevant to socio-emotional well-being and key relationships. This sets out a vision for "a safe, fair and inclusive Ireland where people are supported to flourish and to live inclusive, healthy and fulfilling lives, whatever their sexual orientation, gender identity or expression, or sex characteristics" (DCEDIY, 2019). By collecting data on sexual orientation and gender identity, Growing Up in Ireland data provide unique evidence on the experiences of LGBTI+ young people, including in relation to well-being, bullying and perceptions of discrimination.

The *National Disability Inclusion Strategy 2017-2021* (DCEDIY, 2020) supports equal rights and opportunities for people with disabilities to participate in social and cultural life, to work if they want to do so, to have choice and control over how they live their lives, and to reach their full potential. Through data on disabilities, and the extent to which disabilities impact on life, together with the wide range of other variables captured by Growing Up in Ireland, the study provides useful data on the opportunities, challenges and experiences of discrimination young people with disabilities face when going through school or in the transition to adulthood and more independent living.

2.3.3 Education and cognitive development

While most young people at this age group will be preparing to sit the Leaving Certificate, some will already have left school and could be engaged in the labour market or in alternative educational programmes such as Youthreach – or not in any education, employment or training.

a. Post-Primary

The Department of Education's (DoE) *Literacy and Numeracy for Learning and Life 2011-2020* (DoE, 2011) is the national strategy to improve literacy and numeracy among children and young people. The policy sets out a vision for raising literacy and numeracy standards in early learning and care (ELC), primary and post-primary settings.

The actions contained in the strategy were organised across six pillars of the education system. They include:

1. Enabling parents and communities to support children's literacy and numeracy development

2. Improving teachers' and early childhood care and education (ECCE) practitioners' professional practice

3. Building the capacity of school leadership

4. Improving the curriculum and the learning experience

5. Helping students with additional learning needs to achieve their potential

6. Improving assessment and evaluation to support better learning in literacy and numeracy

The Growing Up in Ireland study provides useful data on these policy priorities. Questions on the curriculum, on school and subject engagement and the students overall learning experience, as well as their reading practices, are particularly relevant.

A successor to the literacy and numeracy strategy is currently under development, with a number of key factors set to underpin the development of the new strategy.[7] Many of these factors are similar to the actions of the previous strategy mentioned above, but importantly the new strategy will also add a focus on digital literacy.

Growing Up in Ireland could also provide additional data on digital literacy proficiencies among 17-year-olds and their experience of digital literacy education throughout their schooling. Data like these would also align with the *Digital Strategy for Schools to 2027* (DoE, 2022) which sets out a vision to "Empower schools to harness the opportunities of digital transformation to build digital competence and an effective digital education ecosystem"; while questions on the embedding of digital technologies in teaching, learning and assessment as well as digital infrastructure would support pillar 1 and 2 of the *Digital Strategy for Schools*.

The broad range of Growing Up in Ireland questions in the domain of education provide robust evidence relevant to both *Literacy and Numeracy for Learning and Life* and the *STEM Education Policy Statement 2017-2026* (DoE, 2017). The *STEM Education Policy Statement* sets an ambition for Ireland to become the best education and training service in Europe by 2026.

b. Further Education and Training (FET)

At age 17, participants who left school following the Junior Certificate could be engaged in other educational programmes which fall under further education and training. These includes programmes such as Youthreach — which provides opportunities for basic education, personal development, vocational training and work experience — and other further education and training (FET) courses including apprenticeships and traineeships.

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7 Literacy, Numeracy and Digital Literacy Strategy Consultation (www.gov.ie/en/consultation/14180-literacy-numeracy-and-digital-literacy-strategy-consultation)

Future FET: Transforming Learning - The National Further Education and Training Strategy 2020-2024 (SOLAS, 2020) is the primary policy which covers FET. FET offers a range of supports and opportunities with courses delivered by 16 education and training boards across National Framework of Qualifications (NFQ) levels 1 to 6.

Future FET: Transforming Learning - The National Further Education and Training Strategy has six key outcomes and associated metrics:

- Generating Jobs – measured by the number who get a job after leaving a course
- Learning Pathways – measured by the number progressing within FET and to higher education courses
- Active Inclusion – measured by the number receiving certification for Level 1-3 skills
- Lifelong Learning – measured by the number of FET lifelong learners aged 25-64
- Meeting Key Skills Gaps – measured by the number additional qualifications in key skills
- New Models of Delivery – measured by the number of new apprenticeships and traineeships

Growing Up in Ireland will shed light on how 17-year-olds involved in FET feel about the courses they take, the qualifications they hope to achieve and the reasons they have transitioned to FET. Over time Growing Up in Ireland can also highlight the pathways of those involved in FET. This would provide valuable data which could be used to improve experiences and outcomes.

2.3.4 Civic and economic participation

Civic and economic participation is the fourth domain of Growing Up in Ireland and at age 17 it will be the first time this cohort is asked questions centred around this theme. Civic and economic participation will begin to play an increasingly important role in the lives of young people. Many will already be preparing to enter the labour market on full-time and part-time bases, while others will increase their civic participation as they become more independent.

a. Economic and employment growth

As outlined previously, the *Policy Framework for Children and Young People Blueprint 2023-2028* contains an outcome specifically focused on economic security and opportunity and Growing Up in Ireland could aid this outcome by capturing various types of data. This is not the only policy which is relevant to 17-year-olds in the domain of economics and employment growth: *Pathways to Work 2016-2020* and the *Roadmap for Social Inclusion* are also relevant.

Pathways to Work 2021-2025 is the government's national employment services strategy and government's overall framework for activation and employment support policy. The strategy has four high level ambitions:

- Reduce long term unemployment
- Reduce the youth unemployment rate
- Improve labour market transitions
- Ensure better outcomes for all

Growing Up in Ireland data on 17-year-olds' experiences of school, career guidance, and transitions to training or the labour market are relevant here. Similarly, data on those facing higher barriers to employment — such as those who are in a minority, disabled, a lone parent or have extra caring responsibilities — would support understanding the impact of policy developments in this area.

The *Roadmap for Social Inclusion 2020 – 2025* has a headline aim of "reducing the national consistent poverty rate to 2% or less of the population and to make Ireland one of the most socially inclusive States in the EU". This aim is driven by seven high level goals and 66 commitments which include a variety of schemes such as disability supports and universal measures like ensuring an adequate minimum wage. Research by the Department of Social Protection found that cumulative targeted transfers are associated with lower rates of deprivation, with vulnerable groups benefitting the most from transfers and the greatest effect seen where the respondent relies on more than one set of transfers. The next wave of Growing Up in Ireland could shine a light on the effectiveness of targeted measures as well the levels of financial strain and deprivation 17-year-olds are facing. Data on the quality and types of work young people are taking on would also be beneficial.

Our Rural Future, Rural Development Policy 2021-2025 is government's strategy to improve rural development and outcomes. The plan commits to invest in remote working infrastructure to enable people to live and work in rural communities, and commits to invest in rural towns and villages so they can fulfil their role as hubs of economic and social activity. Growing Up in Ireland data can provide important insights into the lives of young people in rural communities. Questions on their experiences of education, civic engagement and issues such as the adequacy of broadband connection, access to services and employment opportunities for young people, are all linked to key policy priorities. On a social level, the survey could also seek to understand whether 17-year-olds living in rural Ireland feel they have opportunities to engage in diverse leisure activities, which the policy document recognises as an issue of concern.

The *National Strategy for Women and Girls 2017-2020: Creating a Better Society for All* aims to advance socio-economic equality by gender, to advance women and girl's physical and mental health, and to combat gender-based violence. The next wave of Growing Up in Ireland data collection will build on the work of previous waves reporting gendered patterns in experiences and outcomes among the cohort.

b. Civic Participation/Other economic issues

The *Youth Justice Strategy 2021 – 2027* has an overarching vision for children and young people "to harness support in their families and communities in order to strengthen their capacities to live free from crime and harm." The objectives in the strategy are premised on maximising opportunities to promote positive behavioural change and focus on a wide range of issues relevant to children and young people including:

- Early intervention and preventative work
- Family support
- Diversion from crime
- Court processes
- Supervision and support in the community
- Detention and support post release

Growing Up in Ireland data on young people's interactions with the criminal justice system and youth diversion programmes are relevant here.

Access to housing is an important element of social inclusion and is likely to be a bigger focus in the next wave of data collection as some 17-year-olds may be preparing to live more independently and possibly move away from the parental home, for higher and further education, as well as employment. *Housing for All – a New Housing Plan* for Ireland is government's housing policy to 2030. Its core objective is that every citizen in the State has access to a good-quality home to purchase or rent at an affordable price, that is built to a high standard and in the right place, and offers a high quality of life. *Housing for All* has four pathways to achieving its goal: supporting home ownership and increasing affordability; eradicating homelessness; increasing new housing supply; and addressing vacancy and efficient use of existing stock.

Growing Up in Ireland data will provide insights into how accommodation conditions and/or costs are affecting 17-year-olds' outcomes, or their educational and employment planning. Young people at this age may be limiting their future opportunities if they feel that living in a certain location is unaffordable, too difficult to search for accommodation or alternatively if the commute is too long. As previously mentioned, questions on the financial strain that housing may cause would also add to the overall picture of financial stress among young people.

Another important issue for society and young people is climate change. The *Climate Action Plan 2023* sets targets to ameliorate the effects of climate change in areas such as transport, a just transition, waste and the circular economy, and local action. Growing Up in Ireland data on 17-year-olds' attitudes to climate change are very important here. Growing Up in Ireland could also identify young people's behaviours in response to climate change concerns in such areas as the consumption of meat and sustainable transport.

The *National Volunteering Strategy 2021-2025* underlines the contribution of volunteering to our society and seeks to develop and enhance the role of the volunteer and encourage volunteering as a means of developing vibrant communities. The strategy includes objectives to increase participation and diversity in volunteering and to support the volunteering environment, so that it contributes to vibrant and sustainable communities. Growing Up in Ireland includes data on volunteering among young people, and the socio-demographic profile of volunteers, as well as the potential to explore the impact of volunteering on young people's outcomes and community connections.

Chapter 3
Physical Health and Activities

3.1 Context Overview

Throughout childhood and adolescence, general physical health can act as a useful barometer for a young person's overall well-being and development. Poor physical health at this stage can impact many other aspects of their lives, including their socio-emotional and mental well-being, educational performance, civic engagement, and peer relationships too.

At this age, most 17-year-olds should hopefully be enjoying good physical health. Whilst educational demands may be increasing, 17-year-olds should still have ample time and opportunities to engage in activities, hobbies or sporting pastimes that promote good physical (and mental) health. The risk of serious chronic health conditions, particularly those influenced by unhealthy lifestyle choices (sustained poor diet, smoking and drinking) also remains low for now, as they tend not to manifest themselves until middle-to-late adulthood.

Some health concerns may be becoming increasingly pertinent at this stage of life. There is evidence to suggest that older adolescents are at increased risk of becoming overweight/obese or physically inactive (McNamara et al., 2018) compared to children (although still significantly less likely than adults). Further, 17-year-olds are increasingly likely to engage in risky health behaviours too. Looking at data from Growing Up in Ireland's older cohort, the average age of onset for drinking was 16 (O'Mahony et al., 2021), most 17/18-year-olds (89%) had drank alcohol, almost half of 17/18-year-olds (49%) had smoked by this stage, and 30% had tried cannabis (McNamara et al., 2018).

Beyond their benefits in terms of physical health, leisure time activities play an important role in terms of psychological well-being, developing new skills and in forming and developing social relationships (Trainor et al., 2010). Participating in a variety of leisure time activities, including sports and hobbies, provides young people with the opportunity to develop self-expression, autonomy, and feelings of self-esteem and achievement (WHO, 2002). Further, involvement in sports or youth clubs, community groups or organisations can help to foster a protective sense of belonging and support.

Behaviours relating to screen time, encompassing everything from television viewing to smartphone usage, as well as all online and social media engagement, can have an impact on almost all aspects of a young person's development. Whilst an excessive amount of screen time may have a negative impact on mental health (e.g. Santos et al., 2023), nowadays a moderate amount is needed for educational purposes, many jobs, and for social participation.

The impact of the COVID-19 pandemic on young people, in terms of physical health but also their capacity to engage in leisure-time activities, also needs to be considered. Whilst the prevalence of serious short-term illness or hospitalisation as a result of COVID-19 was lower for young people and the risk of infection has abated (for now), post-COVID-19 syndrome (also known as long COVID) remains an issue for a substantial proportion of people (Pavli et al., 2021). Further, COVID-related restrictions led to substantial changes in young people's lifestyles, many of them negative; the long-term impact on behaviours such as screen-time, diet, physical activity and exercise (all of which affect physical health) remains to be seen.

3.2 Key Findings from Previous Growing Up in Ireland Reports

3.2.1 Cohort '08 at 13 Years[8]/Special COVID-19 Survey[9]

When last interviewed, along with their parents, at age 13 in 2021/22, the vast majority of this cohort of young people was reported to be in good physical health. In terms of general health status, almost three-quarters (72%) were described as being very healthy, with a further 25% described as healthy, with a few minor problems; only 4% were sometimes quite ill or almost always unwell.

In terms of longstanding conditions or difficulties, one-third (35%) of parents reported that their child was affected to some extent by at least one type of difficulty (including emotional, behavioural and learning difficulties). The most prevalent longstanding physical health difficulties related to vision impairment (10%) and breathing difficulties (6%).

Parents of 13-year-olds were also asked about healthcare utilisation; 38% had visited a GP at least once in the last year, 17% had visited an emergency department and 5% had spent at least one night in hospital. Only 11% of all 13-year-olds achieved the recommended intake of at least five portions of fruit and vegetables per day. However, snacking was very common; 41% reported snacking daily, and this usually included sugary food or drinks.

The 13-year-olds were also asked about their physical activity levels. Current guidelines suggest young people do 60 minutes of physical activity per day; less than one-quarter of all 13-year-olds (23%) achieved these guidelines. Notable differences were observed according to gender; boys were significantly more likely to achieve the guidelines than girls (28% versus 18%).

There was a very small reduction in overall physical activity levels from age 9, when 25% of all children were suitably active on seven days of the week. More recently, however, at age 13, young people were asked if their activity levels had changed since the onset of the COVID-19 pandemic and associated restrictions; one-quarter (25%) said they had become less active, but substantially more (47%) said they had become more active over that period of time.

3.2.2 Cohort '98 at 17 Years

A range of physical health-related outcomes were explored as part of the descriptive report of Cohort '98 at age 17/18 (McNamara et al., 2018). The vast majority of young people reported that their general health was very good or excellent, and only 13% reported having a longstanding condition or illness. The most common such conditions were actually related to behavioural disorders, while 3% had a respiratory issue and less than 2% had a musculoskeletal condition.

Levels of overweight and obesity for Cohort '98 at 17 years were 20% and 8%, respectively. The report noted a substantial increase in the risk of being overweight or obese if one or both parents were also overweight or obese. Almost two-thirds of this cohort achieved the physical activity guidelines for adults. Gender differences were observed in terms of both weight status and physical activity; males were less likely to be overweight/obese or physically inactive than their female counterparts.

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8 Figures from Key Findings: Cohort '08 at 13 Years Old (Growing Up in Ireland Study Team, 2023) unless otherwise indicated
9 Figures from Key Findings: Special COVID-19 Survey (Growing Up in Ireland Study Team, 2021) unless otherwise indicated

3.3 Topics from Comparable Studies

A review of studies comparable to the forthcoming wave of Growing Up in Ireland was conducted with a view to identifying common themes and topics across studies, as well as topics that have not yet been explored in Growing Up in Ireland (see overview in section 1.5). Fourteen studies were included in the review; this included previous comparable waves of Growing Up in Ireland. Established topics were those identified in at least seven of the 14 studies reviewed (including Growing Up in Ireland). Less common topics were those used in less than seven studies (including Growing Up in Ireland). The prevalence of topics relating to physical health and well-being are summarised in Table 3.1 (below).

General health: Established topics within the theme of general physical health included the Young Person's general health status and prevalence of longstanding conditions or disease (asked about in all 14 studies). Also established were items on sleep (10 studies), questions relating to pregnancy and medication (seven studies each). Sexual health (including questions on the Young Person's knowledge of the topic, and whether they discussed it with parents), was a less common topic, asked about in three studies (including Growing Up in Ireland).

Healthcare utilisation: Healthcare utilisation (including hospital visits) was an established topic (asked about in 10 of 14 studies), while medical insurance (or medical card ownership, asked about in three studies) and dental health (two studies) were less common topics.

Diet, exercise, risky behaviour: In terms of healthy lifestyle behaviours, physical activity (13 studies) and diet (10 studies) were both established topics, as was risky/health-compromising behaviours (including drink, alcohol and drugs), asked about in 12 studies. Items on eating disorders and self-perception of weight/body were less commonly included (six studies).

Physical measurements: The recording of physical measurements was also considered an established topic; 10 of the 14 studies reported recording these (namely height and weight). Measurements were either self-reported or recorded by an interviewer, depending on the mode of data collection for the study.

Table 3.1 Prevalence of Physical Health-related Topics and Subtopics in Comparable Studies

Topic	Subtopic	# of studies
General Health	General health / longstanding conditions	14
	Sleep	10
	Medication	7
	Pregnancy YP	7
	Sexual health knowledge / discussed w parent	3
Healthcare Utilisation	Healthcare use / hospital visits	10
	Medical insurance / card	3
	Dental health	2
	Reason for non-receipt of medical treatment	1
Diet, Exercise, Risky Behaviour	PA / exercise / barriers to… / commute	13
	Risky / health-compromising behaviours	12
	Diet	10
	Eating disorders	6
	Perception of YP's weight	6
Physical measurements	Height, weight	10
New Topics	Changes to improve health…	1
	Health literacy	1
	Fertility	1
	Biomarkers (urine, saliva, blood)	3
	Anthropometric measures (BIA, DEXA)	4
	Gambling	3
	Gangs	1
	Risk / time preference	1

New topics: New topics (those identified in comparable studies, but not previously explored in Growing Up in Ireland) are also listed in Table 3.1. Comparable studies have included questions relating to a young person's health literacy and on changes they have made to improve their health. Fertility was also identified as a potential new topic, although probably not of relevance to this specific age group.

The collection of additional biomarker data (bearing in mind height and weight are, by definition, biomarkers) was recorded in four of the 14 comparable studies. These data included urine sampling (to test for the presence of sexually transmitted diseases) and blood and saliva samples (for potential genetic testing). Advanced anthropometric measurements (those that characterize body composition) were also reported in a number of studies. These included bioelectrical impedance analysis (BIA, which estimates body fat percentage and distribution) and DEXA scanning, an advanced method of body fat and bone density measurement.

In terms of activities, three other studies (beyond Growing Up in Ireland) asked about gambling. One study also included a risk / time preference survey.

3.4 Consultation Priorities (roundtable and focus groups)

A number of new topics in the area of physical health were identified between the expert consultations and focus groups. Amongst the members of two consultation groups (policy and research), the potential topics proposed included: menstrual health and menstrual poverty; contraception usage (particularly in light of the recent HSE scheme for free contraception for young people[10]); consumption of takeaways / fast food outlets, accessibility and the possibility of linking administrative data to map closeness to takeaways; and awareness of one's own physical health. Barriers to physical activity, particularly the lack of time as young people get older, was cited as a health-related issue during the focus group.

These new topics are discussed in detail in Section 3.6.

3.5 Summary of Continuing Topics for Inclusion

3.5.1 General health

The suitability of each general health-related topic is summarised below (Table 3.2) in terms of its adherence to the criteria (see chapter 1 for further details) used to decide which topics to choose.

Table 3.2 Summary of criteria met for topics relating to General Health

CRITERIA	Health status	Chronic illness	Meds	Sleep	Pregnancy	Sexual health
Captures key domain	*	*	*	*	*	*
Policy-relevant	*	*				*
Age/stage appropriate	*	*	*	*		*
Dynamic process	*	*				
Longitudinal consistency	*	*	*			
Cross-cohort consistency	*	*	*		*	*
Works well	*	*	*	*	*	*
International comparability	*	*	*	*	*	*
Captures diversity	*	*	*	*	*	*
Prevalence / variance	*	*	*	*		*
Engaging to participants	*			*		
Feasibly captured	*	*	*	*	*	*
Not collected elsewhere	*	*	*	*	*	*
Not overly burdensome	*	*	*	*		

Self-rated **health status** is a valid and reliable indicator of objectively measured general physical health status. It is regularly employed in surveys by the World Health Organisation (Jürges et al., 2008), and has successfully been used in all previous waves of Growing Up in Ireland too.

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10 https://sexualwellbeing.ie/sexual-health/contraception/free-contraception/

Recommendation on health status: Retain the same question on general physical health used at previous waves of the study. This single question should be asked of both the Young Person and the PCG (Primary Caregiver; in past waves this has typically been the mother). The PCG should also be asked to rate their own general health, using the same question.

Chronic illness or conditions can impact many critical aspects of a young person's development, from their socio-emotional well-being to their educational performance (Yeo and Sawyer, 2005). Associated details on the exact nature of the condition and its impact on the Young Person's life should be collected.

Recommendation on chronic conditions: Ask the Young Person if they have any of a list of longstanding conditions or illnesses. This includes an open text 'other, specify' answer category, which can be used in the pilot to inform a revised list in main fieldwork. Subsequent questions on medical diagnosis relating to a chronic illness, asked at previous waves, should also be included. If the Young Person is unable to answer, this question should be asked of the PCG (about the Young Person). The same set of questions should be asked of the PCG about their own health.

Inadequate or poor-quality **sleep** can negatively affect a young person's physical health (through, for example, obesity risk) and socio-emotional well-being (in terms of depression and mood disturbance; Owen, 2014). Sleep problems have been linked to electronic media usage, which tends to be highly prevalent at this age.

Recommendation on sleep: Questions relating to sleep duration and difficulty with sleep, used at previous waves of the study, should be retained.

The average age for mothers at maternity is 32.9 years (CSO, 2018) and a reduction in teenage **pregnancy** has also been observed in recent years. However, if even a tiny proportion of this cohort have experience of pregnancy, it is important to capture contemporary information regarding this; teenage pregnancy is likely to influence the Young Person's pathways for education, economic development and relationships.

Recommendation on pregnancy: It is proposed to retain questions used for Cohort '98 at age 17; whether the Young Person has children, if they are currently pregnant, and if they had ever been pregnant.

Sexual health is an important concern at this stage of life; almost half of sexually transmitted diseases occur during adolescence and young adulthood (Bersamin et al., 2012). Discussion with parents regarding sexual health has been shown to have a significant positive effect on sexual behaviour (Hutchinson et al., 2003).

Recommendation on sexual health: It is proposed to retain the questions from the PCG self-complete questionnaire at age 17 for Cohort '98; asking if they had spoken with the Young Person about their sexual history, contraception, sexually transmitted diseases and sending messages with sexual content. The Young Person should be asked new questions on whether they were taught about sexual consent and sexual orientation in school. Questions directed to the Young Person on contraception usage and sexually transmitted diseases should be retained.

3.5.2 Healthcare utilisation

The suitability of each healthcare utilisation-related topic is summarised below (Table 3.3) in terms of its adherence to the criteria (see chapter 1 for further details) used to decide which topics to choose.

Table 3.3 Summary of criteria met for topics relating to Healthcare Utilisation

CRITERIA	Hospital / Health professional visits	Medical insurance / card	Dental health	Barriers to receipt of med treatment
Captures key domain	*	*	*	*
Policy-relevant	*	*	*	*
Age/stage appropriate	*	*	*	*
Dynamic process				
Longitudinal consistency	*	*	*	*
Cross-cohort consistency	*	*	*	*
Works well	*	*	*	*
International comparability	*	*	*	*
Captures diversity	*	*	*	*
Prevalence / variance		*	*	*
Engaging to participants				
Feasibly captured	*	*	*	*
Not collected elsewhere				*
Not overly burdensome	*	*	*	*

Healthcare utilisation (**including hospital, GP and other health professional visits**) is an important objective indicator of a young person's overall health and well-being. It can be used to supplement the more subjective measure of self-reported general health and explore the association between physical health status and numerous developmental outcomes. It may also provide useful information on the most commonly used types of healthcare, and whether usage varies in accordance with socio-demographic factors.

> **Recommendation on healthcare utilisation:** Retain the questions used for Cohort '98 at age 17, including questions about the number of nights the Young Person has spent in hospital in the last year, and the number of times they have availed of different healthcare services (e.g. GP, A&E) in the same period.

Medical insurance and medical card status can impact access to healthcare services, which can lead to increased risk of negative health outcomes. A strong social gradient has previously been identified in terms of a medical card or medical insurance – this warrants further exploration as participants get older.

> **Recommendation on medical card and insurance:** It is recommended to ask the PCG if the Young Person has medical insurance or a medical card. Past pilot waves of the study have identified that the parent might be better placed to answer this question than the Young Person themselves.

Health professionals have noted, via the consultation exercises with practice and research experts, that there is a dearth of information on young people's **dental health** in Ireland, Growing Up in Ireland being one of the few sources of relevant data. Research has pointed to a social class difference in dental health (Whelton et al., 2007). Dental issues such as decay can be problematic for young people, treatment is often challenging and painful, and can impact self-esteem.

> **Recommendation on dental health:** It is recommended to ask the Young Person to rate their dental health, how often they brush their teeth and detail recent dental visits.

Asking about **barriers to the receipt of healthcare** (including an inability to pay, being unable to take time off work, being put on a waiting list) is extremely important from a public policy perspective, particularly where socio-economic indicators may be linked to the main reasons why people are unable to receive healthcare, including costs and a lack of services locally.

> **Recommendation on barriers to healthcare:** Retain past question (from the Cohort '98 at 17 years Young Person self-complete questionnaire) about whether and why the Young Person was unable to avail of necessary healthcare. Refer the question to the PCG if the Young Person is unable to answer. *Note, these recommendations were revised in light of expert feedback at the September consultation event (see section 9.2).*

3.5.3 Healthy lifestyle behaviours

The suitability of each lifestyle behaviour-related topic is summarised below (Table 3.4) in terms of its adherence to the criteria (see chapter 1 for further details) used to decide which topics to choose.

Table 3.4 Summary of criteria met for topics relating to Healthy Lifestyle Behaviours

CRITERIA	Physical activity	Diet	Health risk behaviour	Body image	Physical measurements
Captures key domain	*	*	*	*	*
Policy-relevant	*	*	*	*	*
Age/stage appropriate	*	*	*	*	*
Dynamic process	*	*	*	*	*
Longitudinal consistency	*	*	*	*	*
Cross-cohort consistency	*	*	*	*	*
Works well	*	*	*	*	*
International comparability	*	*	*		*
Captures diversity	*	*	*		*
Prevalence / variance	*	*	*	*	*
Engaging to participants	*				
Feasibly captured	*	*	*	*	*
Not collected elsewhere	*	*	*	*	*
Not overly burdensome	*				

Along with diet, **physical activity** is the key modifiable health behaviour associated with combatting obesity and numerous associated negative health outcomes. Given young people tend to become less active through late adolescence (O'Mahony et al., 2021), there is a strong need to explore barriers to physical activity too. Active commuting can provide a useful opportunity for young people to increase their physical activity levels. However, data from past waves of Growing Up in Ireland have highlighted an overwhelming reliance on motorised modes of transport; just 25% of all 13-year-olds in Cohort '08 cycled or walked to school. These trends should continue to be measured.

> **Recommendation on physical activity:** A standardised set of (two) questions for measuring physical activity (linked to the World Health Organisation guidelines of 30mins of activity at least five days per week) is recommended for the forthcoming wave; this would allow for a) assessment of the number of YPs achieving the government guideline and b) international comparison of findings relating to

physical activity. We also recommend asking YPs why they choose (not) to be physically active. Further, we recommend asking YPs about the nature (mode and distance) of their daily commute. In terms of parental physical activity (an established indicator of child physical activity), the PCG should be asked to rate their own activity levels.

Somewhat related to the items on physical activity are questions on **skin type and time spent outside**. These were used with Cohort '98 at 17 with a view to estimating skin exposure, which in turn is related to vitamin D levels and, potentially, skin problems associated with over-exposure. A large study of older Irish adults (TILDA) estimates that 1 in 8 older adults are deficient in vitamin D increasing to 1 in 5 in winter months (Laird & Kenny, 2020). The skin type question asks the Young Person to rate themselves on a scale of 1-6 where 1 is "very pale or blue white/burns very easily never tans" and 6 is "black/never burns, tans very dark". As such this question may also be relevant to items on discrimination elsewhere in the questionnaire.

> **Recommendation on skin type and time outside:** Repeat questions on skin type and time spent outside as per Cohort '98 at 17.

Poor **diet** is a major contributing factor to overweight and obesity, an area of policy concern in Ireland. A strong social gradient can be observed across many health outcomes associated with 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 snacking behaviour and takeaways, and healthy eating habits like fruit and vegetable consumption.

> **Recommendation on diet:** Retain the adapted food frequency questionnaire used at all previous waves of the study to provide an overview of dietary intake. This should be supplemented by questions asking how often (per day) the Young Person eats fruit and vegetables (to gauge adherence to HSE guidelines for healthy eating – see 13yr PCG Main) and sugary snacks (food and/or drink – 13yr Young Person Main). A new question about how often young people use takeaways should be added.

The likelihood of young people engaging in **health risk behaviours**, specifically smoking, drinking and taking drugs, increases significantly as they progress through adolescence. **Smoking** has serious health implications and is one of the chief preventable causes of death in the world, strongly associated with cancer and other diseases.[11] Equally concerning, those who smoke in adolescence are far more likely to smoke in later life [ibid]. The rapid increase in **e-cigarette/vape** usage, particularly amongst young people, is also worrying, given the lack of evidence regarding their short- and long-term health effects. All of these issues warrant further investigation to give a fuller picture of trends in smoking across adolescence.

> **Recommendation on smoking:** We recommend retaining the standard questions about smoking: smoking status, how much the Young Person smokes (if relevant) and efforts to give up smoking. We also propose asking smokers why they smoke (a question successfully employed with Cohort '98 at age 20). We further recommend retaining questions directed at the PCG about their own smoking status, previously asked in Cohort '98 at age 17. Given the prevalence of vaping, we propose expanding the number of questions on this topic to mirror those asked with regard to smoking (history, current status, frequency). *Note, these recommendations were revised in light of expert feedback at the September consultation event (see section 9.2).*

Research has shown that **alcohol** consumption tends to peak in the late teens to early twenties. As with smoking, drinking patterns in adolescence are strongly predictive of drinking behaviour in later life. The shortened version of the World Health Organisation's screening tool, the AUDIT-C, has been used previously in Growing Up in Ireland and is recommended to track trends in harmful drinking in this cohort. Parental attitudes and behaviours regarding alcohol are linked to child alcohol consumption and should be recorded too.

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11 https://www.hse.ie/eng/about/who/tobaccocontrol/kf/

Recommendation on alcohol: We recommend using the internationally validated AUDIT screening tool to gauge drinking behaviour and problematic drinking patterns among Young People. A shortened version of this tool (the AUDIT-C) is recommended for the PCG and SCG. In light of a recommendation raised at the research expert consultation event, a single question exploring where young people get their alcohol should be added.

Recent reports suggest that levels of **drug use** for young Irish people are amongst the highest in Europe (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). Exposure to drugs in early adolescence has also been linked to substance dependency and crime as young people progresses into adulthood (Odgers et al., 2008). Parental attitudes to and experience of drug use are linked to child drug use, and should also be monitored.

Recommendation on drug use: We propose retaining the questions from the Cohort '98 at age 17 survey, asking about historical drug use, as well as current status with regard to cannabis usage (the most commonly consumed drug at this age). We also propose retaining questions directed at the PCG about their own drug consumption habits, previously asked in Cohort '98 at age 17/18. *Note, these recommendations were revised in light of expert feedback at the September consultation event (see section 9.2).*

A related set of items to the above question on health risk behaviours is that which asks the Primary Caregiver if they are aware of their teenager trying alcohol, cigarettes or cannabis/marijuana. From a policy perspective, the extent to which parents could or should be supported in assisting their adolescent children in making healthier choices is contingent on said parental awareness of what the Young Person is actually doing.

Recommendation on parental awareness of substance use: Repeat question from the parental self-complete questionnaire for Cohort '98 at 17 on parental awareness of their child's use of alcohol, cigarettes or cannabis.

Issues relating to weight self-perception and **body image** are increasingly prevalent in society nowadays; recent research suggests that up to 62% of females and 39% of males experience body dissatisfaction (Al Sabbah et al., 2009). Research also strongly supports links between media consumption and body image dissatisfaction (Barlett, et al.2008). Collecting information on media usage and body image perceptions at the forthcoming wave would allow researchers to explore this association in Irish young adults.

Recommendation on body image: We propose retaining the questions relating to body image from the Cohort '98 at age 17 survey. This includes questions about exercising or dieting to lose weight or bulk up, historical eating disorders and how they would describe themselves.

3.6 Summary of New Topics for Inclusion

A number of recommendations for new topics in the health domain arose from the consultation process and reviews of other research. These are summarised in the following paragraphs, and in Table 3.5 below evaluates each new topic against the selection criteria.

Table 3.5 Summary of criteria met for new topics proposed for Health

CRITERIA	Health literacy	COVID Impact	Vaping	Menstruation Issues	Contraception
Captures key domain	*	*	*	*	*
Policy-relevant	*	*	*	*	*
Age/stage appropriate	*	*	*	*	*
Dynamic process		*	*		
Longitudinal consistency		*	*		
Cross-cohort consistency	*				*
Works well	*	*	*		
International comparability	*		*		
Captures diversity					
Prevalence / variance	*	*	*	*	*
Engaging to participants		*			
Feasibly captured	*	*	*	*	*
Not collected elsewhere	*	*	*	*	*
Not overly burdensome	*	*	*	*	*

3.6.1 Health literacy

Health literacy was flagged as a topic explored in a comparable international survey (PAIRFAM, Germany) that was not previously explored amongst this cohort in Growing Up in Ireland (primarily because they were too young previously for the question to be relevant). However, members of Cohort '98 were asked about some aspects of health literacy when interviewed at age 20, specifically what the recommended daily calorie intake for an average adult man/woman was. They were also asked a question about when in the menstrual cycle is the highest risk of pregnancy.

In the context of recent policies to encourage food outlets to display the caloric value of foods on menus with a view to helping the public make healthier eating choices, it is deemed useful to know whether young people are aware of the daily target they should be aiming for. This information could potentially be explored in the context of the participants' physical health, and whether an awareness of recommended calorie consumption is linked to obesity (greatly influenced by diet) or any other chronic health conditions.

> **Recommendation on health literacy:** Bring forward questions on knowledge of guideline calorie intake from Cohort '98 at age 20, or an equivalent item. *Note, these recommendations were revised in light of expert feedback at the September consultation event (see section 9.2).*

3.6.2 COVID-19 impact

The short-term effects of the COVID-19 pandemic are well documented, most notably in the Growing Up in Ireland Key Findings report from the special COVID-19 survey. This report highlighted the immediate impact (mostly negative) of the pandemic and associated restrictions on both cohorts and their parents in terms of education, physical and mental health, relationships, careers and aspirations. Given the fact that the pandemic occurred so recently, the associated long-term impact on the lives and development of young people remains unknown.

However, the lasting effects of the pandemic were noted throughout the consultation process, in conversation with young people during the focus groups and at the roundtable discussions amongst policy, research and practice experts. Focus group participants noted the potential legacy of the pandemic in terms of how young people socialise and the increased reliance and comfort engaging with each other online as opposed to in-person. Increased social isolation, stemming from stunted experience of in-person socialisation, was flagged as a potential negative impact of the pandemic. Research and practice experts postulated more broadly about the long-term effect of the pandemic on the mental health of young people, amongst other outcomes.

It is proposed to include an item asking young people about the long-term impact of the pandemic on their lives in terms of physical and mental health, relationships, career and general outlook on life as being rolled out with Cohort '98 at age 25. Given main fieldwork will not be conducted for a number of years, this question may warrant revision at a later date to reflect more contemporary research relating to the pandemic's effects.

> **Recommendation on COVID-19 impact:** Bring forward questions on perceived impact of the pandemic from Cohort '98 at 25, with the proviso that some revisions might be needed closer to fieldwork. Concern about another pandemic is also proposed for another question about attitudes to social issues as described in the civic engagement chapter.

3.6.3 Vaping

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 (2022) found that 6% of the population use vapes, but this figure increases to 11% for those under the age of 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. Correspondence with the Institute of Public Health strongly advocated for more data on vaping among young people, both from the potential for as yet unquantified negative health effects and as a potential gateway to later tobacco-smoking (with well-established health risks).

Therefore, collecting additional information on vape/e-cigarette usage amongst young people in the forthcoming wave is recommended. The proposed questions are modelled directly on those asked in terms of smoking; participants could be asked if they have ever tried vaping, how often they vape, the strength of the vapes that they used (a proxy indicator to cigarettes per day) and whether they have tried to give up vaping. This will provide important information on a developing health issue for young people.

> **Recommendation on vaping:** Extend questions on vaping from previous Growing Up in Ireland questionnaires, as part of the Young Person Self-Complete questionnaire, to more closely model data collected on tobacco smoking.

3.6.4 Period poverty and 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.

There has been strong policy interest in the issue in Ireland recently. The Government of Ireland released a discussion paper on the issue of period poverty[12] as part of the *National Strategy for Women and Girls* in February 2021. The recommendations of this paper include strengthening the evidence base and specifically references Growing Up in Ireland in this regard. In March 2022, there was a ministerial announcement[13] that period products would be made available for free in Irish further and higher education settings. At time of writing, a piece of legislation entitled the 'Free Provision of Period Products Bill 2021' is working its way through the Oireachtas which seeks to make period products available to everyone in need of them.

In support of these policy initiatives, the Department is proposing a new set of questions to female participants in Cohort '08 at 17 to collect information on the extent of disruption to participation caused by (a) difficulty accessing suitable period products, and (b) the physical symptoms of periods (e.g. cramps and heavy flow). The questions are modelled on those recently piloted by the HBSC study but with some modification: (a) 'could not afford' has been broadened to a 'difficulty accessing' period products, with a follow-up clarification on whether this was due to cost or another reason; (b) given the older age of Growing Up in Ireland participants, the reference period is the last year rather than ever; and (c) participants are asked about 'disruption to' rather than 'missing' school (and sport/pastimes). Contrasting the results of the Growing Up in Ireland pilot with those of the HBSC could inform whether there is added value in a modified wording or if direct comparability with HBSC would be preferable.

Consideration is needed on an appropriate routing within the questionnaire to avoid excluding individuals who, while biologically female, do not identify as such.

> **Recommendation on period poverty:** Add five new questions on disruption to normal routines caused by difficulty accessing period products and period symptoms as described above. These should go on the Young Person Self-Complete questionnaire.

3.6.5 HSE contraception programme

As of 2022, the Health Service Executive (HSE) has made emergency and prescription contraception available to women and people aged 17 to 26. This scheme was developed to address the costs associated with procuring contraception. It was noted during the research and practice expert consultation that Growing Up in Ireland is well-placed to gauge the uptake (and success) of this scheme, within the broader context of questions on sexual intercourse and contraception usage. It might be of interest to compare contraception usage between cohorts (Cohort '98 at age 17) to explore the potential effect of this scheme.

> **Recommendation on HSE contraception programme:** Add two new questions to the Young Person Self-Complete questionnaire asking about awareness and use of the new HSE free contraception programme.

The next chapter discusses recommendations in relation to socio-emotional well-being, behaviour and relationships.

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12 Period Poverty in Ireland: Discussion Paper | Period Poverty Sub-Committee, National Strategy for Women and Girls 2017–2020 (February 2021) (www.gov.ie/en/publication/264f4-period-poverty-in-ireland-discussion-paper-period-poverty-sub-committee-national-strategy-for-women-and-girls-20172020-february-2021)

13 Minister Harris and Collins announce roll out of free period products in further education and training sector (www.gov.ie/en/press-release/cea1f-minister-harris-and-collins-announce-roll-out-of-free-period-products-in-further-education-and-training-sector)

Chapter 4
Socio-Emotional Well-being, Behaviours and Relationships

4.1 Context Overview

The transition from adolescence to young adulthood is both an exciting and stressful period in the life-course. In Ireland, as elsewhere, it coincides with the closing stages of second-level education and associated influential exams. In contrast to the earlier years of adolescence, the Young Person is likely to have greater freedom in how, where and with whom they spend their free time. As such, there may be an increase in 'risky' behaviours as the individual has greater scope to experiment with smoking, drinking, drug-taking, sex, and anti-social behaviour. While such activities are likely to be of concern to policy-makers, experimentation with hobbies, peers and identity can be a positive aspect of expanding freedom.

The transition to adulthood will likely involve changes in the relationship dynamics between the Young Person and their family and peers. Parents of 17-year-olds may be anxious to balance their child's wish for more autonomy with keeping them 'on track' in terms of exam study and away from too much of the aforementioned risky behaviours. Such negotiations (or not, as the case may be) could lead to tension within the family. Relationships with peers may also be evolving as 17-year-olds develop romantic relationships with boyfriends and girlfriends. A potentially interesting feature of modern adolescence, in contrast to older generations, is the extent to which young people have friend networks both on- and off-line; and particularly for this cohort, the fact that such overlap has likely existed for some years – perhaps even boosted by the experience of COVID-19 lockdowns in their early adolescence.

A particular policy-relevant area within this theme is youth mental health. A joint Oireachtas sub-committee on mental health was convened in the wake of the COVID-19 pandemic, and recently there have been concerns about the adequacy of the provision of the child and adolescent mental health services – including a report published by the Inspector of Mental Health Services (January, 2023). Youth mental health was also identified as a priority for research and policy among members of the Irish public who submitted responses to the 'Creating Our Future' campaign.[14] Therefore, it is expected that measures related to this area will be of wide interest.

4.2 Key Findings from Previous Growing Up in Ireland Reports

4.2.1 Cohort '08 at 13 Years/Special COVID-19 Survey

Using the Mental Health Inventory 5 on an online, self-complete basis as part of the Growing Up in Ireland Special COVID-19 Survey (Growing Up in Ireland Study Team, 2021), 22% of Cohort '08 (then aged 12) were in the 'low mood' category. Girls were at higher risk of low mood (28%) than boys (17%). By the time of the age 13 phase for Cohort '08 (Growing Up in Ireland Study Team, 2023), the gender gap on this measure had widened further: although the overall 'low mood' group declined to 14%,[15] it applied to 21% of girls compared to just 8% of boys.

Also in the Cohort '08 survey at 13 (ibid), parents used the Strengths and Difficulties Questionnaire (SDQ) to describe the child's socio-emotional well-being and behaviour along different dimensions. Using a threshold of 10% to define the 'worst' scores within the Cohort, girls were more likely to be described as having 'emotional symptoms' (15% versus 9% of boys) whereas issues with 'hyperactivity/inattention' were more common for boys (14% versus 6% of girls). Rates of 'peer problems' and 'conduct problems' were similar for both genders. Adding

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14 The 'Creating Our Future' campaign was a major public consultation in which the Irish population were invited to submit what they thought research should focus on. Submissions were collected on an open text basis from people of all ages between July and November 2021, and a report was published in April 2022. https://creatingourfuture.ie/wp-content/uploads/2022/07/Creating-Our-Future-EXPERT-Report.pdf

15 Note that there was a change of mode to telephone interview for the age 13 wave, which might explain some of the decline

up the four subscales together to give a 'total difficulties' score, children in the lowest income quintile (16%) were more likely to be in the 'worst' decile compared to the highest income quintile group (8%); as were children in one-parent families (22%) compared to those living with two parents (10%).

In terms of relationships, a majority of 13-year-olds in Cohort '08 said parents (83%) and friends (78%) were a source of support for them if they had a problem. The modal number of friends reported by the Young Person at 13 was between three and five (51%) with very small numbers saying they had no friends at all. Quality of sibling relationships was an expanded topic for Growing Up in Ireland in that wave: 44% of 13-year-olds said a sibling was a source of support but both positive (e.g. spending time together on a hobby/interest) and negative (e.g. arguing) interactions with siblings were common. From the parents' perspective, both mothers and fathers reported low levels of conflict with their children.

4.2.2 Cohort '98 at 17 Years

A wide range of socio-emotional well-being and relationships indicators were used with Cohort '98 at age 17 and consequently feature prominently in the first research report for that wave (McNamara et al., 2018). A small selection, only, of those results are noted here.

While 17-year-olds in the older Growing Up in Ireland Cohort were generally positive about life overall – with an average of 8 out of 10 – for life satisfaction, there were areas of concern. For example, 20% were in the 'likely to be depressed' category on a measure called the Short Mood and Feelings Questionnaire, particularly girls (24% versus 16% of boys). One in 20 said they could 'definitely' hear voices or sounds that no one else could (sometimes a symptom of psychosis) with an additional 14% saying they 'maybe' heard voices. Using the same parent-reported SDQ measure as described above, and following similar trends, young people in the lowest income and/or one-parent families were more likely to have socio-emotional or behavioural difficulties.

Young people were generally positive about their parents reporting quite high levels of 'intimacy' and 'admiration' and low levels of 'unreliability', 'conflict' and 'fear of love withdrawal' on a set of subscales. Both parents and young people reported on levels of parental supervision, which tended to be higher in relation to girls than boys and showed some longitudinal consistency from when Cohort '98 had been 13 years old.

In terms of relationships with peers, a friend group of between three and five others was typical (46%). Girls at 17 reported more positive aspects of peer relationships in terms of trust and communication than did boys, but also reported more alienation. Just under a third of 17-year-olds had a boyfriend or girlfriend at the time, and this was more common among girls and young people whose mothers had lower levels of education.

4.3 Topics from Comparable Studies

The table below (Table 4.1) summarises topics in this domain that appeared in the comparable studies reviewed.

Table 4.1 Prevalence of Topics and Subtopics Related to Socioemotional Wellbeing, Behaviour and Relationships in Comparable Studies

Topic	Subtopic	# of studies
Socio-emotional Well-being and Behaviour	Depression (MHI-5)	11
	Anxiety / stress	9
	Psychological / psychiatric disorders	4
	Self-harm	6
	Emotions, Behaviour, Personality	4
	Self-esteem/self-concept	4
	Satisfaction / SMFQ	4
	Delinquent behaviour / Garda contact	4
	Adverse life events	5
Peer / Romantic Relationships	Friends	10
	Romantic/sexual relationships	6
	Bullying	5
Relationships / Family Context / Parenting	Relationship with mother / father	8
	Parental monitoring / supervision / parenting style	3
	Relationship with siblings / extended family	2
New Topics	**Socio-emotional Well-being:**	
	Suicide (suicidality)	2
	Eating disorders	1
	Top stressors	1
	Body esteem scale	1
	Resilience	1
	Connectedness	1
	Relationships:	
	Carer	4
	Childcare	1
	YP parenting	1
	Cyber friendships	1
	Partner details	1

4.4 Consultation Priorities (roundtable and focus groups)

Four new topics in the area of socio-emotional well-being and relationships are being added as a result of the consultation process: these are pornography, loneliness, access to mental health services and positive mental well-being. These are discussed in detail in Section 4.6. Coverage of some existing topics is also being extended to reflect specific points. Examples of these include questions on engaging with friends online, exposure to parental conflict, and experience (or the threat) of homelessness. This last point has been added both as an adverse event, experienced since age 13, and as an additional 'immediate or major' concern that the parent might have for their son or daughter.

Delegates at the consultation event with adult stakeholders (i.e. academics, policy-makers, and NGOs) were asked to suggest alternatives for the Strengths and Difficulties Questionnaire (SDQ) measure of socio-emotional well-being but there was no consensus. This did, however, help to inform a recommendation by the Department to continue with the SDQ.

4.5 Summary of Continuing Topics for Inclusion – Part 1: Socio-emotional

The set of topics covered under the broad heading of socio-emotional well-being is extensive and varied. The first cluster of continuing topics in this section relate to what might be termed 'mental health problems'. The following table (Table 4.2) summarises how each matches to the set of selection criteria described at the start of this report.

Table 4.2 Summary of criteria met for topics relating to mental health problems

CRITERIA	Depressive symptoms/ low mood	Anxiety	Psychotic experiences	Self-harm	Suicide ideation/ attempts
Captures key domain	*	*	*	*	*
Policy-relevant	*	*	*	*	*
Age/stage appropriate	*	*	*	*	*
Dynamic process	*	*	*	*	*
Longitudinal consistency	*		*		
Cross-cohort consistency	*	*	*	*	
Works well	*	*	*	*	
International comparability	*	*		*	*
Captures diversity	*	*	*	*	*
Prevalence / variance	*	*	*	*	*
Engaging to participants					
Feasibly captured	*	*	*	*	*
Not collected elsewhere					
Not overly burdensome	*	*	*		

4.5.1 Mental health problems

Several measures on the Cohort '98 at 17 reflect dimensions of mental health problems (as distinct from positive socio-emotional well-being). All were self-completed by the Young Person.

A measure of **depressive symptoms and/or low mood** is essential and for Cohort '08 at 17 there are multiple options. For both cross-cohort and longitudinal consistency, the Short Mood and Feelings Questionnaire (SMFQ) focuses specifically on depressive symptoms (e.g. 'I felt miserable or unhappy') and has 13 items. The five-item Mental Health Inventory (MHI-5) would have longitudinal consistency within Cohort '08 since the Special COVID-19 Survey (albeit with a change of mode) but was not used with Cohort '98 at 17. The MHI-5 has a mix of positively and negatively worded items. Another possibility is the CESD-8 measure of depression (eight items) used consistently with parents in Growing Up in Ireland at every wave and with the young adults of Cohort '98 at 20. This option would lose longitudinal consistency with Cohort '08 at 13, and cross-cohort consistency with Cohort '98 at 17, but would set up future longitudinal consistency on a key indicator as Cohort '08 move into adulthood (the SMFQ being mostly used with adolescents).

> **Recommendation on depressive symptoms/low mood:** On balance, the longitudinal and cross-cohort consistency afforded by using both the MHI-5 and SMFQ with Cohort '08 at 17 – especially in light of assessing COVID-19 impact – is recommended.

The negative effect of **anxiety** on youth well-being has been attracting increased interest in light of the COVID-19 pandemic at national and European level.[16] Pre-pandemic, 17-year-olds in Cohort '98 completed the anxiety subscale from the Depression Anxiety Stress Subscales measure (DASS) as part of the self-complete section of their interview. Repeating this measure with Cohort '08 at 17 could provide a potentially useful marker as to whether youth anxiety levels in the population have changed since the pandemic. There was no anxiety measure at 13 years so there would be no scope for retrospective longitudinal consistency except to compare against the other more general indicators such as the MHI-5.

> **Recommendation on anxiety:** Use the anxiety subscale from the DASS, as used with Cohort '98 at 17, to allow for cross-cohort comparisons.

The scale items on depression can be supplemented (as in Cohort 98 at 17) by individual questions on whether they have been **diagnosed and/or received treatment for depression or anxiety**. These factual variables would help to estimate potential unmet need by comparing young people whose scale scores indicate experience of depressive or anxiety symptoms but have not received a formal diagnosis or treatment; as well as indicating the number who have been medically assessed as suffering from these mental health conditions.

> **Recommendation on diagnosis of depression/anxiety:** Repeat the questions as used with Cohort '98 at 17, to allow for cross-cohort comparisons.

The survey for Cohort '98 at 17 included six items about **symptoms of psychotic experiences**. Psychosis is a distressing and potentially serious mental health problem, with late adolescence being a developmental stage where psychiatric disorders such as schizophrenia often start to manifest. Following discussions with researchers in this area to reduce the overall length of the Growing Up in Ireland survey for Cohort '08 at 13, it was decided to keep just a single item (hearing voices) from the original six as it tended to be the most clinically relevant. Retaining just a single item on psychotic symptoms may, therefore, be sufficient to maintain longitudinal and cross-cohort consistency on a potentially important indicator of mental health. An alternative subset would be three of the six items as used by the My World Survey 2 (being spied on, auditory and visual hallucinations).

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16 https://projects.research-and-innovation.ec.europa.eu/en/horizon-magazine/covid-generation-effects-pandemic-youth-mental-health
https://www.oireachtas.ie/en/debates/question/2022-02-08/802/

Recommendation on psychotic experiences: Repeat the single item on hearing voices as per Cohort '08 at 13 for longitudinal consistency and partial cross-cohort consistency.

Self-harm is a detrimental behaviour indicating mental distress but also posing a risk to the physical well-being of the individual. According to the 2019 annual report from the National Self-Harm Registry (Joyce et al., 2020, p.6), the peak rate for females presenting at hospital due to self-harm is the 15-19 year age range (726 per 100,000); the peak is slightly older for males at 20-24 years (485 per 100,000). However, the rates for presenting at hospital are almost certainly a significant underestimate of total affected individuals. Cohort '98 at age 17 were asked a set of three questions about 'hurting [themselves] on purpose'. As rates of reported self-harm tend to vary according to the wording used, it would be particularly important in this instance to repeat the questions exactly as before if cross-cohort contrasts are to be meaningful. An extension of self-harming behaviour is **suicidal ideation or attempts**. This would be a potentially new topic covered by some other longitudinal and/or cohort studies but not previously administered in Growing Up in Ireland. The My World Survey 2 (Dooley et al., 2019) found that 41% of adolescents had thought about taking their own life (even though they wouldn't do it, p.26). Like self-harm, wording is an important consideration for questions on suicidal ideation (Ammerman et al., 2021). More challenging, however, are the ethical implications of prompting possibly vulnerable young people to answer questions about their suicidal thoughts in a context where no immediate support is available through the survey.

Recommendation on self-harm and suicide: Repeat the self-harm items as previously used with Cohort '98 at 17, to allow for cross-cohort comparisons. In addition, pilot a single question on whether the Young Person has considered attempting suicide, as used in the My World Survey 2, but only after consideration by a Research Ethics Committee on what supports should be made available. Suggested question is: 'Have you ever thought about taking your own life, even though you would not do it?'. Answer options are yes/no; and if yes, was that within the last month, last six months, last year or another time.

4.5.2 Socio-emotional well-being

There are a number of dimensions that measure socio-emotional well-being on a spectrum (i.e. which might indicate either negative or positive states depending on the scoring pattern) as part of the existing suite of Growing Up in Ireland instruments. Most of those described here were included in the Young Person's Self-Complete Questionnaire for Cohort '98 at 17, with the notable exception of the Strengths and Difficulties Questionnaire (SDQ) which was completed by the PCG.

Table 4.3 Summary of criteria met for topics relating to socio-emotional well-being

CRITERIA	Self-esteem	Self-efficacy	Locus of control	Self-control	Life satisfaction	SDQ
Captures key domain	*	*	*	*	*	*
Policy-relevant	*	*	*	*	*	*
Age/stage appropriate	*	*	*	*	*	
Dynamic process	*	*	*	*	*	*
Longitudinal consistency	*				*	*
Cross-cohort consistency	*	*	*	*	*	*
Works well	*	*	*	*	*	
International comparability	*	*	*		*	*
Captures diversity	*	*	*	*	*	*
Prevalence / variance	*	*	*	*	*	*
Engaging to participants	*	*	*	*	*	
Feasibly captured	*	*	*	*	*	*
Not collected elsewhere		*	*	*		*
Not overly burdensome	*	*	*	*	*	*

Table 4.4 Summary of criteria met for topics relating to socio-emotional well-being continued

CRITERIA	Parental concerns	Personality	Coping	Sources of support
Captures key domain	*	*	*	*
Policy-relevant	*		*	*
Age/stage appropriate	*	*	*	*
Dynamic process	*		*	*
Longitudinal consistency				*
Cross-cohort consistency	*	*	*	*
Works well	*		*	*
International comparability	*	*	*	*
Captures diversity	*	*	*	*
Prevalence / variance	*	*	*	*
Engaging to participants	*	*	*	*
Feasibly captured	*	*	*	*
Not collected elsewhere	*	*		
Not overly burdensome	*	*	*	*

High levels of **self-esteem** are generally considered to reflect positive well-being and vice-versa for low self-esteem. In Growing Up in Ireland Cohort '98 at 17 – and Cohort '08 at 13 – self-esteem was measured using a reduced version of the Rosenberg measure (six items instead of the usual 10). Given the scope for longitudinal and cross-cohort comparisons, and general acceptance of self-esteem as an important part of socio-emotional well-being, this measure presents 'good value' within the survey.

> **Recommendation on self-esteem:** Repeat the six-item version of the Rosenberg self-esteem measure for longitudinal and cross-cohort consistency.

A related measure in Growing Up in Ireland Cohort '98 at 17 is a set of six items intended to capture a person's sense of **self-efficacy.** A strong sense of belief in one's ability to achieve one's goals will likely reflect a positive sense of well-being and may affect the person's likelihood to take on new challenges. It is a separate concept from self-esteem but expected to be closely related, and in Cohort '98 at 17, there was a moderately strong correlation of .53 between the two measures. This measure was not asked of Cohort '08 at 13.

> **Recommendation on self-efficacy:** Given the overlap with the self-esteem measure, and the importance of including some new measures on well-being (see earlier in this chapter), the measure of self-efficacy could be assigned a lower priority – to be included only if the overall length of the questionnaire has capacity after higher priority items. *Note, these recommendations were revised in light of expert feedback at the September consultation event (see section 9.4).*

The measure of **self-control** used with Cohort '98 at 17 comprises 10 items where the Young Person described being easily distracted or, in contrast, having strong focus. Self-control refers to being able to reign in one's own impulses rather than a more general sense of efficacy or agency as described in the preceding sections. High levels of self-control could be seen as advantageous at this stage of the life-course in terms of, for example, maintaining good study habits and avoiding the temptation to drink too much or engage in anti-social behaviour.

> **Recommendation on self-control**: Repeat 10-item measure as used with Cohort '98 at 17 for cross-cohort comparison.

Life satisfaction for Cohort '98 at 17 was captured using a single question where young people rated their general satisfaction with life at that point in time on a scale from 0 to 10, where 10 was 'extremely satisfied'. A very similar question (but with somewhat differently worded anchor points) was also used with Cohort '08 at 13 offering potential for both cross-cohort and longitudinal comparisons.

> **Recommendation on life satisfaction:** Repeat item using version from Cohort '08 at 13 – given the slight wording differences, more precise longitudinal consistency is preferable.

A multi-dimensional measure of socio-emotional well-being and behaviour called the **Strengths and Difficulties Questionnaire (SDQ)** has been used in most juvenile waves of Growing Up in Ireland to date including Cohort '98 at 17 and Cohort '08 at 13. The version used by Growing Up in Ireland has always been the parent-report measure but there is a youth-report questionnaire published too. The former, as used by Growing Up in Ireland, has five dimensions: one is a 'strength', the prosocial subscale (e.g. helping others) and the other four are the 'difficulties' of hyperactivity/inattention, conduct problems, peer problems and emotional symptoms. These dimensions capture important aspects of the individual's overall well-being as manifested in their behaviours (as observed by the parent). It is arguably one of Growing Up in Ireland's most widely used measures and offers scope for longitudinal and cross-cohort comparisons. The downside, however, is that by age 17 some items seem rather childish (e.g. 'shares readily with other children (treats, toys, pencils, etc.)') and this feedback was noted during piloting for Cohort '98 at age 17. The Growing Up in Ireland team did, at the time, ask the SDQ authors for permission to lightly update some wording but this was denied. Thus an important decision for the upcoming 17 year wave of Cohort '08 is whether to use the parent-report SDQ again to maintain longitudinal and

cross-cohort consistency or to adopt a new measure that could be repeated into adulthood. This question was posed to the academic stakeholders at the consultation event but no consensus on an alternative emerged.

> **Recommendation on SDQ:** On balance, the potential for both longitudinal and cross-cohort consistency offered by repeating the parent-report SDQ outweighs concerns about the age-appropriateness; especially as no clear alternative emerged in the consultation process.

In a new question for Cohort '98 at 17, parents were asked about their **concerns for the well-being of the Young Person**. These items point towards the areas where parents might need support and information to provide support in turn to the Young Person. The potential concerns were not all socio-emotional in nature: how well they (the Young Person) will do in education, have a problem with drink or drugs, have the wrong type of friends, or have an unhappy relationship. If repeated for Cohort '08 some updating of items may be required to reflect the prevailing economic and social conditions (e.g. a fear that the Young Person will experience homelessness). Such updating could be achieved by asking an open-ended question in the pilot along the lines of 'what is your biggest concern for the future of your son/daughter?' and use the responses to create new categories for the main phase. On reflection, this question may be more appropriate for the self-complete section part of the parental interview (rather than the main section as in Cohort '98 at 17) although this would compromise cross-cohort comparisons.

> **Recommendation for concerns for young person's well-being:** Repeat questions as used with Cohort '98 at 17 with an additional concern of 'experiencing homelessness'. Consideration to be given to moving the items to the self-complete rather than face-to-face part of the parental interview.

The Ten Item Personality Inventory (TIPI) has been used in multiple waves of Growing Up in Ireland. There are two items for each of the 'Big Five' theorised personality traits: neuroticism, extraversion, conscientiousness, openness, agreeableness. The combination and varying degrees of these traits present in the individual may be considered more or less desirable in terms of socio-emotional development and well-being.   For Cohort '98 at age 17 years, the TIPI was both parent-reported (in respect of the Young Person) and self-reported by the 17-year-old. It is difficult to say which report might be more useful and/or accurate: how the Young Person perceives their own personality or how they are perceived by others. Given the extent of socio-emotional data already (likely to be) collected as part of the interview, it could be argued that the TIPI offers less in the way of policy-relevance in contrast to something like a measure of anxiety or depression. Hence, if there were pressure on space in the questionnaire then it might be preferable to defer administering a measure of personality to a later wave. It is probably unlikely that there would be much to be gained by a cross-cohort comparison of personality with two different sets of individuals and the TIPI has not previously been used with Cohort '08, so there would be no loss of longitudinal consistency.

> **Recommendation on the TIPI:** Given the need to add new items and topics to the survey, administering the TIPI is considered a lower priority. If included, the Young Person's self-report would likely be more useful than the parent's perception given that only the Young Person will be continuing in the study long term.

Cohort '98 at 17 utilised a reduced version (15 items) of Amirkhan's Coping Strategy Indicator (Amirkhan, 1990) as used in the first wave of the My World Survey. It has three subscales that group **coping behaviours** into three styles: problem-solving, seeking social support and avoidance. The first two are considered constructive ways of difficulties but avoidance is not. There was no similar measure for Cohort '08 at age 13. For Cohort '98 at age 20, the Growing Up in Ireland study switched to a simple, but somewhat wider, list of different coping behaviours including a mix of positive and negative strategies (e.g. exercising, consulting a professional, drinking or smoking). Therefore, a decision is needed as to whether the coping 'style' or specific coping strategies is a more useful indicator for Cohort '08 at 17.

> **Recommendation for coping:** In the interests of cross-cohort comparison, repeating the shortened

Amirkhan coping styles indicator from Cohort '98 at 17 is recommended. However, it would be useful to also have an open-ended question on 'what is the most important coping strategy for you?' along the lines of that used in the My World 2 survey.

The availability of **sources of support** in times of difficulty is important at any age but may be particularly noteworthy at the challenging period between childhood and adulthood. The My World survey has previously emphasised the importance of having 'one good adult' available for youth mental health. Young people in Cohort '98 at 17 - and Cohort '08 at 13 - were given a list of people whom they might talk to about a problem including a parent, teacher, friend, grandparent and sibling. In a separate question, 17-year-olds in Cohort '98 were asked specifically if there was an adult they could turn to for help and support. This is an important area not just for young people's well-being but to be aware of which categories of adults may be in need of support and information to fulfil the role of being the 'good adult'.

Recommendation for sources of support: Repeat the sources of support and 'one good adult' question as used with Cohort '98 at 17.

4.5.3 Behavioural issues

The following topics relate to what may be broadly termed 'behavioural issues'. The following table (Table 4.5) summarises how they compare to the selection criteria. Note that this table also summarises the topic of adverse events for reasons of space, although it is not a behavioural issue per se.

Table 4.5 Summary of criteria met for topics relating to behavioural issues

CRITERIA	Anti-social behaviour	Contact with Criminal Justice System	Risky behaviour by peers	Opposition to Authority	Adverse events
Captures key domain	*	*	*	*	*
Policy-relevant	*	*	*	*	*
Age/stage appropriate	*	*	*	*	*
Dynamic process	*	*	*	*	*
Longitudinal consistency	*				*
Cross-cohort consistency	*	*	*	*	*
Works well	*	*	*	*	*
International comparability	*	*			*
Captures diversity	*	*	*	*	*
Prevalence / variance	*	*	*	*	*
Engaging to participants					
Feasibly captured	*	*	*	*	*
Not collected elsewhere			*	*	*
Not overly burdensome	*	*	*	*	

Adolescence is recognised as a 'risky' period for **anti-social behaviour (asb)**. Even if such behaviour patterns are ultimately limited to the adolescent period, they pose a risk to the well-being of the Young Person and those in their community. For Cohort '98 at 17, young people self-reported if they had engaged in any of a list of 17 types of anti-social behaviour ranging from not paying the correct fare on public transport, to burglary and assault. For Cohort '08

at 13, that list was condensed to eight items that were the most efficient – based on analysis of Cohort '98 at 13 – at distinguishing individuals with a propensity to engage in such behaviour. Arguably, the study could continue with this shortened list at 17 to maintain longitudinal consistency – albeit with the loss of a full cross-cohort comparison.

> **Recommendation for ASB:** Repeat longer list of anti-social behaviours as used with Cohort '98 at 17; but analyse results from pilot to see if the same people would be captured if the shorter list from Cohort '08 at 13 was used in the main phase instead.

A related topic is whether the Young Person has already come to the **attention of the Criminal Justice System (CJS)**. For Cohort '98 at 17, young people self-reported being cautioned, participating in a Youth Diversion Program and appearing in court. Some of these questions may need updating for Cohort '08 to reflect contemporary nomenclature or programs.

> **Recommendation for contact with CJS:** Repeat questions as used with Cohort '98 at 17 but ask for a review by Department of Justice prior to piloting.

Seventeen-year-olds in Cohort '98 were asked about **risky behaviour among their peers**. In a new question for that wave, they were asked if their friends had smoked, been drunk, taken cannabis or been in trouble with the police. This question was intended to get a picture of how common risky behaviour was among the Young Person's peer group even if they were not (yet) partaking themselves. A perception (correct or otherwise) that such behaviours are common among their peer group may also serve to normalise them for the Young Person. The young person's own substance use (tobacco, alcohol, cannabis and other drugs) is discussed in the physical health section of this report.

> **Recommendation for peers' risky behaviour:** Repeat questions as used with Cohort '98 at 17 but this might be re-evaluated in light of the pilot results.

At the recommendation of one of the international reviewers at the time, an attitudinal scale measuring **'opposition to authority'** was included with the self-complete questionnaire for Cohort '98 at 17. It contained eight items such as it 'being ok to break the law to help a friend'. The scale was not asked of Cohort '08 at 13. Among 17-year-olds in Cohort '98, those who reported less confidence in police/Gardaí as an institution had greater opposition to authority. It may be too early to note whether attitudes among Cohort '98 at 17 will predict criminal behaviour at later ages. A report on clustering of health behaviours among 17-year-olds in Cohort '98 by Nolan and Smyth (2020) found that higher scores on the opposition to authority scale strongly predicted membership of the 'unhealthy smokers and drinkers' clusters (as was the use of an 'avoidance' coping style and greater 'alienation' from peers – see other sections in this chapter).

> **Recommendation for opposition to authority:** Repeat the scale as used with Cohort '98 at 17 if space allows. However, given the relationship with another item on the survey – lacking confidence in police – and the low likelihood that future serious offenders will remain active in the study, it could be assigned a lower priority than other questions.

Other: 'Conduct problems' is also a subscale of the SDQ, described in the preceding section.

4.5.4 Adverse events

Stressful events can undermine a young person's socio-emotional well-being and have the potential to divert their life-course trajectory in unhelpful ways. Sometimes an event may be stressful at the time but ultimately lead to a more positive outcome such as a move to a nicer house or a parental separation after a long period of conflict. On other occasions, the event may have a permanent scarring effect such as the early death of a parent which results in grief and practical implications such as a loss of family income. Theoretical views of the life-course often emphasise the timing of such key life events – both in terms of what else is happening for the person at

the time (e.g. Leaving Cert exams) and whether an event is 'mis-timed' (e.g. experiencing the death of a parent in childhood or adolescence rather than middle-age).

A list of adverse events has been included in most waves of Growing Up in Ireland so far. Typically, they have been asked of the parent (as for Cohort '08 at 13) but for Cohort '98 at 17, they were reported by the Young Person and the usual list was extended to include items such as breaking up with a boy/girlfriend and 'reduction in standard of living'. The list was divided between the Young Person's main (eight items, e.g. moving house) and self-complete questionnaire (20 items such as relationship breakdown). A cross-cohort comparison is potentially very useful in this instance – given the historically significant events (COVID-19, housing crisis, Ukraine war) since Cohort '98 were 17 – and whether this has translated into adolescents experiencing more adverse events by late adolescence. To address a point raised during the consultation process, an additional event of experiencing homelessness could be added.

> **Recommendation for adverse events:** Repeat items as used with Cohort '98 at 17 (main and self-complete lists) and add an item of 'experienced homelessness, including stay in emergency or temporary accommodation' to the self-complete list.

4.6 Summary of Continuing Topics for Inclusion – Part 2: Relationships

The potential network of relationships that have importance for the 17-year-old can be wide-ranging and complex. Relationships with peers may be evolving to include some sexual as well as platonic elements. The Young Person has individual relationships with parents and siblings but may be impacted by the relationships between family members, particularly that between the parents as a couple.

The first set of relationships to be discussed covers those with peers, including romantic and/or sexual relationships. Table 4.6 below summarises how individual topics compare against the selection criteria.

Table 4.6 Summary of criteria met for topics relating to Relationships with Peers and Romantic/Sexual Relationships

CRITERIA	Friendship network	IPPA	Bullying	Gender and sexual identity	Current boy/ girlfriend	Sexual experience
Captures key domain	*	*	*	*	*	*
Policy-relevant	*		*	*	*	*
Age/stage appropriate	*	*	*	*	*	*
Dynamic process				*		
Longitudinal consistency	*		*	*	*	
Cross-cohort consistency	*	*	*	*	*	*
Works well	*	*	*	*	*	*
International comparability	*	*	*	*	*	*
Captures diversity				*	*	*
Prevalence / variance	*	*	*		*	*
Engaging to participants				*		
Feasibly captured	*	*	*	*	*	*
Not collected elsewhere						
Not overly burdensome	*		*	*	*	*

4.6.1 Relationships with peers (non-sexual)

Some basic **descriptors of the 17-year-old's friendship network** such as number and relative age – as used in most previous adolescent waves of Growing Up in Ireland – are necessary for context. The study may wish to include some new questions to ascertain how much engagement with friends is online versus in-person; for example, does the Young Person have friendships that are entirely online (i.e. they've never met in person)? This was raised as part of the consultation with stakeholders. In the context of support, it could be useful to repeat one additional item introduced for Cohort '08 at 13, "my friends would help me out if I needed them". These and other questions on peer relationships are proposed for the Young Person Self-Complete Questionnaire unless otherwise indicated.

> **Recommendation on friendship network:** Repeat questions as used with Cohort '98 at 17 but add three additional questions from the Understanding Society self-completed youth questionnaire: any close friends they've never met in person; how often engage with friends in person; how often engage with friends online. In addition, repeat the question from Cohort '08 age 13 on counting on friends to help them out.

The survey for Cohort '98 at 17 included the peer-related scales from the **Inventory of Parent and Peer Attachment** (IPPA – 25 items). At that wave, there were three subscales of trust, communication, and alienation. Two of these (trust and alienation) had been included in the age 13 wave of Cohort '98 but not Cohort '08 for reasons of space. The IPPA has the potential to explore more complexity in the emotional quality of peer relationships at this critical stage but consideration could be given to selecting just one or two of the three subscales going forward.

Recommendation for the IPPA: Repeat the alienation subscale of the IPPA from Cohort '98 at 17. Although one of the negatively framed subscales, it has the potential to capture a context where a young person notionally has a wide circle of friends but the quality of the relationship with them is poor. It was also found to be predictive of unhealthy smoking and drinking behaviours among 17-year-olds in Cohort '98 in an analysis by Nolan and Smyth (2020). *Note, these recommendations were revised in light of expert feedback at the September consultation event (see section 9.4).*

Bullying is a negative dimension of relationships with peers. The socio-emotional and physical impacts on the individual are potentially very serious. The potential for bullying to continue online, outside school hours, in what should be the safety of the home, is an additional concern. Previously, in Cohort '98 at 17, the Young Person was asked if they had experienced (i.e. been the victim of) any of eight kinds of bullying (e.g. 'physical bullying', 'gossip/spreading rumours') in the previous three months, plus a ninth option of 'other'; and if this happened daily, weekly, monthly or rarely. They were then asked the same question about bullying behaviours but this time as the perpetrator.

For Cohort '08 at 13, there was a slightly different approach. The 13-year-old was also asked about experiencing bullying behaviours in the last three months but these behaviours were more concretely spelled out; so instead of 'physical bullying', there were two separate answer options of 'been hit, kicked or punched' and 'been pushed, shoved or slapped'. There were further questions of whether these experiences involved the same people on multiple occasions, if the 13-year-old perceived their actions as intentionally hurtful, and how it made them feel. In terms of being a perpetrator, they were just asked a single question on whether they had bullied anyone themselves in the last three months but without detail on the type of bullying. The parent in Cohort '08 at 13 was also asked a single question as to whether they were aware if their child had been bullied in previous three months. While there is considerable overlap between the two sets of questions, a major decision for the study at the age 17 wave of Cohort '08 will be whether to prioritise longitudinal consistency within the cohort (by repeating the age 13 items) or cross-cohort comparisons with Cohort '98 at 17. Whichever choice is made, it is important that the question wording remains consistent with the previous reference wave else comparisons will be jeopardised.

Recommendation for bullying: Repeat questions as used with Cohort '08 at 13 (youth and parent self-report) as longitudinal consistency is preferable to cross-cohort consistency for this topic.

Other: A number of peer-related items appear elsewhere in the questionnaire but are discussed as part of other sections, such as: the 'peer problems' subscale of the parent-reported SDQ, friends as someone they could talk to about a problem, knowledge of friends acting illegally, and knowledge of whether friends are sexually active.

4.6.2 Relationships with romantic or sexual partners

Given the age of sexual consent (17 years), this is the first wave of Cohort '08 that will collect detailed information on the Young Person's romantic and/or sexual relationships. All questions are intended for the Young Person's Self-Complete Questionnaire unless otherwise specified. There is considerable overlap with questions on sexual health and contraception which are discussed in the chapter on physical health. For Cohort '98, age 17 was also the first wave to collect information on romantic or sexual relationships, and gender and sexual identity, so many of the items could be repeated for Cohort '08 at 17 and provide a useful cross-cohort comparison.

An important prequel to questions about romantic relationships is establishing **gender and sexual identity**. Respondents are invited to describe their gender as 'male, female or other' and if they would describe themselves as transgender. One important data consideration is whether sufficient numbers of individuals will choose some of these options; in piloting with a relatively small sample, it is possible that none will. However, it would seem remiss not to make these options available to participants even if it is necessary to later restrict

access to exact figures to maintain confidentiality. The question on sexual orientation for Cohort '98 at 17 was tick one box from a list including heterosexual/straight, gay or lesbian, bisexual, questioning/not sure, don't know or prefer not to say. Cohort '08 at 13 were asked a simpler question on whether they were attracted to boys, girls, both or neither. Arguably, the sexual orientation item used with Cohort '98 at 17 question could be modified and/or extended for the younger cohort to include recently-emerged categories or focus on behaviour rather than adjectives (e.g. 'I have had a relationship with a person of the same sex' rather than 'I would describe myself as gay'). However, this would mean that cross-cohort comparison would be ruled out if anything less than consistent wording was used. A submission, via a journal publication (Ceatha et al. 2023) was sent to the Department from a researcher using Growing Up in Ireland data who recommended adding categories of 'pansexual' and 'queer' to the choices to describe sexual orientation. They also recommended having the option of 'I use another term' with free text added to both the gender identity and sexual orientation question.

> **Recommendation for gender and sexual identity:** Repeat questions as used with Cohort '98 at 17 but pilot adding additional response options of pansexual, queer to the sexual orientation question, and 'I use another term' to both this question and the one on gender identity.

Cohort '98 at 17 were asked, in separate questions, if they **currently had a boyfriend or girlfriend; and how many boy/girlfriends** they'd had in the last year. They were then asked a hierarchical series of questions about the extent of their sexual intimacy with a peer – it was emphasised that the questions should be answered in respect of contact with an unrelated person about the same age as them. The hierarchical questions were adapted from a similar measure used with adolescents in the ALSPAC study: more intimate behaviours such as oral sex were only asked of young people who had earlier engaged in less intimate acts such as holding hands. This hierarchy was put in place to avoid suggesting to 17-year-olds that such levels of intimacy were expected for their age group if they had not already become sexually active. However, it is likely that a review of the suitability of these items for the current generation will be necessary – it may be that the assumed 'progression' of intimacy is out-of-date. In particular, there is a strong possibility that new relationships will start and develop online before an actual in-person encounter takes place; in which case the usual sequencing of physical intimacy may 'skip' a few steps relative to previous generations. Underestimating the prevalence of sexual activity would significantly reduce the value of the study in this aspect, particularly as a number of policy-relevant questions such as contraception use are only asked of young people who indicate they've already had intercourse.

> **Recommendation for romantic and sexual relationships:** Repeat Cohort '98 at 17 questions on having a current boyfriend or girlfriend but replace the previous hierarchical intimacy questions with straightforward questions on sexual intercourse and oral sex. This compromises cross-cohort comparison but may lead to better estimates of prevalence and also ensure that all relevant young people are correctly routed into additional questions on sexual intercourse (contraception, timing, etc. – see below). An alternative would be to split the sample between the old 'hierarchy' questions and the non-routed questions on sexual intercourse and oral sex to see if they lead to different estimates.

Young people may feel **peer pressure to have sex** earlier than they are comfortable with. This issue was addressed with three items for Cohort '98 at 17: direct pressure from peers, perceptions about whether their friends were sexually active, and fear of losing a girl/boyfriend by not having sex.

> **Recommendation on peer pressure to have sex:** Repeat questions as used with Cohort '98 at 17 to facilitate cross-cohort comparisons.

More detailed **questions about sexual intercourse** for Cohort '98 at 17 were routed on the last question of the hierarchical sexual intimacy scale (described above) – which was 'have you had sexual intercourse?'. From the relationship perspective, the initial questions were about whether their first time was with someone of the same or opposite sex, and what was the status of their emotional relationship at the time (e.g. steady

relationship, just met, etc.), and whether they had any regrets about the timing of their first intercourse (i.e. too early, too late or 'on time'). Questions about contraception etc. are described in the physical health chapter. A gap in understanding from the previous cohort is more specific information about age at first intercourse: using the previous survey items, one can only say that it has occurred by the time of the age 17 interview or not. Knowing whether full sexual intercourse is occurring earlier than the age of consent, and what are the risk factors associated with it, is potentially very useful information for policy and practice. It was not, however, collected previously because of uncertainty over whether such an admission by an identifiable young person would compel the Department to break confidentiality and inform the Garda Síochána of a crime. However, it is noteworthy that in the Irish context both the HBSC and My World Survey asked young people to self-report age of first intercourse with the potential to indicate that this was younger than age 17; although these may have been anonymous self-reports.

> **Recommendation for questions on sexual intercourse (relating to socio-emotional well-being):** Repeat questions as used with Cohort '98 at 17. Add a question on age of first sexual intercourse but seek legal advice on whether this would compel a child protection report.

The previous questionnaire for Cohort '98 at 17 did not collect much information on the **nature of the current relationship with a boy/girlfriend** (e.g. 'status', duration, relationship quality). There was more on this at the age 20 wave. However, given how common it was for 17-year-olds in Cohort '98 to report a current romantic relationship (36% of girls and 28% of boys), it could be worth collecting additional information about it.

> **Recommendation on current boy/girlfriend:** Repeat the question as used with Cohort '98 at 17 for a cross-cohort comparison but add an additional question, similar to that asked at age 20, about what they expect the status of the relationship to be in a year's time (not together, still dating, cohabiting etc.) to get a sense of whether the Young Person views their current relationship as a short-term or long-term prospect.

4.6.3 Relationships with parents

Information on the relationship between the parent(s) and the Young Person was collected from both sides as part of Cohort '98 at 17. Having both perspectives on the relationship gives a better picture of this key element of the microsystem at a stage when it too is in a state of transition. As the 17-year-old navigates their place and identity as an almost-adult, mothers and fathers may need to adapt their previous parenting style as their child seeks more autonomy and faces new challenges. All measures discussed in this section were previously included on the self-complete modules for respondents unless otherwise specified.

The tables (Table 4.7 and Table 4.8) below summarise how the topics in this section are evaluated against the selection criteria.

Table 4.7 Summary of criteria met for topics relating to Relationships with Parents – YP and PCG (parent) report

CRITERIA	R'ship quality with parents (YP)	Parental control (YP)	Talk to parents about sex (YP)	Parent distracted by phone (YP)	Legal nature of parent-child r'ship (PCG)	Reasons for leaving hsd (PCG)
Captures key domain	*	*	*	*	*	*
Policy-relevant	*	*	*	*	*	*
Age/stage appropriate	*	*	*	*	*	*
Dynamic process	*					
Longitudinal consistency	*	*	*	*	*	*
Cross-cohort consistency	*	*	*		*	*
Works well	*	*	*	*	*	*
International comparability	*	*	*		*	*
Captures diversity					*	
Prevalence / variance	*	*	*	*		*
Engaging to participants						
Feasibly captured	*	*	*	*	*	*
Not collected elsewhere				*		
Not overly burdensome	*	*	*	*	*	

Table 4.8 Summary of criteria met for topics relating to Relationships from the Parental Perspective

CRITERIA	Parental supervision (PCG)	Parenting stress (PCG)	Parent-child conflict (PCG)	Joint activities (PCG)	Discussed sex & r'ships (PCG)	Details on non-res parent (PCG)
Captures key domain	*	*	*	*	*	*
Policy-relevant	*	*	*	*	*	*
Age/stage appropriate	*	*		*	*	*
Dynamic process	*	*				
Longitudinal consistency		*	*	*	*	*
Cross-cohort consistency	*	*			*	*
Works well	*	*	*	*	*	*
International comparability	*	*			*	*
Captures diversity						*
Prevalence / variance	*	*	*		*	*
Engaging to participants				*		
Feasibly captured	*	*	*	*	*	*
Not collected elsewhere	*	*	*	*	*	*
Not overly burdensome	*	*	*	*	*	*

Young Person's Perspective

For Cohort '98 at 17, young people completed items from the Network of Relationships Inventory to describe, separately, the **emotional quality of the relationship with their mothers and fathers**. The Inventory 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'. The advantage of this measure is that it could, in theory, be continued as the cohort ages and the same items can also be used to describe other close relationships (such as with a romantic partner).

In contrast, Cohort '08 at 13 completed one subscale with five items – responsiveness - from a different measure, the Parenting Style Inventory 2. There are other subscales available (demandingness and autonomy) which had been used with Cohort '98 at 13. Repeating at least the responsiveness subscale from the Parenting Style Inventory 2 with Cohort '08 at 17 would allow for an examination of trends over time within-family – arguably more interesting than cross-cohort comparisons – but the measure is intended for adolescence so would not lend itself to further use in later waves.

> **Recommendation for young person's perception of relationship with parents:** Repeat the items from the Network of Relationships Inventory as used with Cohort '98 at 17, including routing questions, to enable cross-cohort comparisons and potential for future longitudinal consistency as the Young Person ages.

A different scale was used to capture information about parental monitoring, youth disclosure and **parental control** (Kerr & Stattin, 2000). Unusually this measure is split between different respondents with the Young Person reporting on 'control' while the parents themselves complete the monitoring and disclosure subscales (these are discussed in the next section). The 'control' subscale for the Young Person has six items such as "do you need your parent's permission before going out on week nights?". The control subscale was also completed by this Cohort '08 at 13 (but not the parent report subscales). All three subscales were used with Cohort '98 at 17. Of the three subscales, the Young Person's perception of control by their parents is likely to be of particular interest in the context of a presumed preference for greater independence and the temptations of engaging in risky behaviours (as previously described).

> **Recommendation on parental control:** Repeat scale as used with Cohort '98 at 17 and Cohort '08 at 13 to enable both longitudinal and cross-cohort comparisons. Also administer related scales to parents (see later).

Other: The self-complete questionnaire for Cohort '98 at 17 included some other individual questions about interactions with their parents. As part of the sex and relationships section, they were asked if they could **talk openly about sex with their parents** and answered individually for mothers and fathers. As noted previously, 'parents' is an answer option in questions on sources of support and coping strategies. For Cohort '08 at 13 (only), there was a new item on **how often their parent was distracted by their own smartphone** while they were trying to have a conversation with them.

> **Recommendation on other young person/parent items:** Repeat the items on talking about sex with parents at 17 from Cohort '98 and the new item on parents too distracted by their smartphone to talk to the Young Person from Cohort '08 at 13.

Parental Perspective

The first questions on the PCG Self-Complete module concern the **legal status of that individual's relationship to the Young Person** (i.e. biological, foster or adoptive parent). By age 17, it's likely that the parent will have participated before so these questions could be skipped for the vast majority of families. In this section (for Cohort '98 at 17), there are also questions relating to reasons for household members leaving the household, routed from the household grid on the main questionnaire. Covering the reason for leaving for any household

member could get down to small numbers relatively quickly, so there is a strong argument for limiting the collection of such information for just the Young Person or the spouse/partner from the previous wave as that is who most researchers will be interested in.

> **Recommendation for legal relationship to young person and reasons people left household:** As per previous Growing Up in Ireland waves, it should only be necessary to ask questions about the legal nature of the relationship with the Young Person if the PCG has changed since the previous wave. Only ask reason for leaving if that individual was either the Young Person or the secondary caregiver at the previous wave. Note that the household grid is covered in Chapter 7.

As noted in the preceding section, the first two subscales from Kerr & Stattin's measure of **parental monitoring, youth disclosure** and parental control are completed by the parent (while 'control' is reported by the Young Person. The monitoring subscale refers to parental knowledge of the Young Person's actions (e.g. "do you know what they do with their free time?") whereas youth disclosure concerns how much information the Young Person gives the parent about what they are doing (e.g. "do they spontaneously tell you about their friends?"). As already noted, the two parent-report subscales were used with parents of Cohort '98 at 17, allowing for cross-cohort comparisons in parenting behaviours, but only the youth-reported control subscale was used with Cohort '08 at 13. Given the potential for 'risky' behaviour among young people at this transition point between childhood and adulthood, it would be useful to have a measure of how much control parents exert over their son or daughter and whether they feel the Young Person shares information with them. As suggested at the stakeholder consultation, it may also be useful to know whether patterns of parental monitoring have changed since the older cohort were 17 given that more parents are likely to be working from home.

> **Recommendation on parental monitoring and youth disclosure:** Repeat the two subscales as used with Cohort '98 at 17.

A measure of **parenting stress** has been included in most waves of Growing Up in Ireland. The same basic 'parental stressors' subscale from a measure by Berry and Jones (1995) was used with both Cohort '98 at 17 and Cohort '08 at 13. At some waves, there have been additional items from some of the other subscales within the same measure (e.g. parental satisfaction). The core measure likely to be of particular interest to researchers and policymakers is the 'stressors' subscale which refers specifically to stress resulting from being a parent to the child/young person rather than, for example, work-related stress (e.g. "caring for my child sometimes takes more time and energy than I have to give") which has six items. Both cross-cohort and intra-cohort comparisons on this measure would be interesting.

A further option would be to ask the parent to complete a more general measure of stress, not specifically related to parenting (e.g. the stress subscale of the DASS). This would pick up more general levels of stress in the household context – potentially important if there is a continuing cost of living crisis, for example – and parents might feel more comfortable reporting symptoms of stress more generally than what is directly related to the Young Person. The significant disadvantage of this approach is that it would compromise comparability with previous Growing Up in Ireland waves.

> **Recommendation on parental stress:** Repeat the stressors subscale from the Berry & Jones parental stress measure as used with Cohort '08 at 13 in the interests of consistency but consider a more general measure of stress depending on results in the pilot.

Conflict in the parent-child relationship was measured - using a subscale from the Pianta measure – as part of the parent interview in Cohort '08 at 13. For Cohort '98, it also featured at age 13 but was not continued at age 17, although there was a 'conflict' subscale in the youth-report Network of Relationships Inventory. There might be some interest from researchers in continuing the Pianta conflict subscale with this cohort at 17; although usually intended for younger children, at face value most of the items would still be applicable in late

adolescence (e.g. "my child easily becomes angry at me").

Another alternative would be to bring forward some items on the parent-child relationship that were used with Growing Up in Ireland Cohort '98 at age 20 for the first time, and which could potentially be continued with Cohort '08 at 20 having started at 17. These items (from age 20) asked the parent how often in the previous three months they had disagreed with their son or daughter about (separately) how they dress, their boy/girlfriend, friends, getting a job, sexual behaviour, drinking/smoking/drug use, money, helping around the house, and staying out late. If brought forward to age 17 for Cohort '08, the item on disagreements about getting a job could be replaced with an item on disagreements about studying or school work, given that most of the young people will likely be preparing for the Leaving Cert. For Cohort '98 at 20, the most frequent disagreements reported by parents concerned 'helping around the house' (57% at least monthly) and 'money' (24%) (Growing Up in Ireland Study Team, 2019). There were two other candidate questions from Cohort '98 at age 20 that would be relevant to this topic: how often the parent 'had an especially enjoyable time' with the Young Person and, conversely, how often they 'argued or fought or had a lot of difficulty with them'.

> **Recommendation on conflict in the parent-child relationship:** Bring forward the 'disagreement' items from age 20 with some adaptation, such as replacing the 'job' item with 'studying'. In addition, bring forward the 'how often argued or fought or had a lot of difficulty with them' from Cohort '98 at age 20 but consider changing the reference period to the last week rather than last three months. Using these more mature items means that they can be repeated into the future, potentially important if young adults remain living in the parental home for some years.

Another set of items that was asked of Cohort '08 at 13, but not Cohort '98 at 17, were two questions about **joint activities between parent and child**. Specifically, these were how often they share a meal and how often they do household chores together. Parents of Cohort '98 at 20 were asked two similar questions about sharing meals and doing activities together, along with a third question on 'having an especially enjoyable time together'. Within a theoretical framework that tends to emphasise the increasing independence of young people at this age, questions on time spent with parents could provide interesting contextual information on the microsystem. Such joint activities may also give the Young Person more opportunity to talk to parents about things that are bothering them.

> **Recommendation on joint activities:** Bring forward the three positively framed joint activities questions from Cohort '98 at 20 but change the reference period to the 'last week' rather than the 'last three months' so there is more consistency with Cohort '08 at 13 – and likely easier for the parent to recall if the Young Person is living at home. There will be a high degree of longitudinal consistency with Cohort '08 at 13 and also positions the survey for future longitudinal consistency at age 20 and beyond.

At both Cohort '98 at 17 and Cohort '08 at 13, parents were asked if they had **spoken to their child about matters relating to sexual health and relationships**. The items were almost the same at both of those waves except the age 13 set had an additional item about sexting/explicit images that would be good to continue in the upcoming wave. Given that parents tend to be frequently cited by young people as a source of support, it would be good to know whether parents have been proactive about also discussing sexual health issues with them. This might be particularly relevant for LGBTQI+ young people who may feel less able to talk about such issues with peers or who might be at greater risk of being targeted with harmful online content (e.g. Ging & Castellini da Silva, 2022).

> **Recommendation for talking to young person about sex:** Repeat items as used with Cohort '08 at 13.

Most of the information about a **non-resident parent** has been collected from the resident parent (PCG) in previous waves of Growing Up in Ireland. For Cohort '98 at 17, the resident parent provided details such as when they separated, contact between the Young Person and non-resident parent, financial support and the current emotional tone of the relationship between the parents. In previous waves, the resident parent effectively determined whether the non-resident parent received their own postal questionnaire and was asked to provide

contact details for same. The young person was not asked directly about a non-resident parent but they can choose to complete the Network of Relationships Inventory (which describes the emotional quality of their relationship with their parents, see preceding section) about him/her and there is a follow-up question for them to clarify to whom their responses refer. The issue of co-parenting was raised in the stakeholder consultations, however key elements such as number of overnight stays with the non-resident parent, should already be covered by existing questions.

Recommendation for information about non-resident parent: Repeat questions as used with Cohort '98 at 17.

4.6.4 Other family relationships

The following section discusses the issues of sibling relationships, and the parent's own mental health and marital relationship. Table 4.9 below compares the three topics against the selection criteria.

Table 4.9 Summary of criteria met for topics relating to Sibling Relationships, and Parent's Own Mental Health and Marital Relationship

CRITERIA	Sibling relationships	Depressive symptoms (PCG)	Quality of marital relationship (PCG)
Captures key domain	*	*	*
Policy-relevant	*	*	*
Age/stage appropriate	*	*	*
Dynamic process	*	*	*
Longitudinal consistency	*	*	*
Cross-cohort consistency	*	*	*
Works well	*	*	*
International comparability	*	*	*
Captures diversity			
Prevalence / variance		*	*
Engaging to participants			
Feasibly captured	*	*	*
Not collected elsewhere	*		*
Not overly burdensome	*	*	*

Cohort '08 at 13 included more extensive questions than previously on the Young Person's **relationship with their siblings**. This was to address a previous gap in the study, respond to themes that came up in the young person focus groups (pre-COVID) and an expectation that sibling relationships may have increased in importance due to the COVID-19 lockdowns. The questions used in that wave were adapted from a selection used by the ALSPAC study and asked about specific positive and negative interactions (e.g. help with homework, fighting). For Cohort '98 at 17, there were two general questions on, separately, how well they got on with their siblings and how well their family got on together.

The perennial difficulty with questions on sibling relationships, particularly more specific interactions, is whether to ask the respondent about their relationship with one specific sibling (if more than one) and, if so, which

one. Therefore, the approach in Growing Up in Ireland has been to ask about siblings generally although this might mean that the negative interactions such as fighting might be reported for a different person than the more positive ones such as listening to music together. Given the afore-mentioned reasons for expanding the information gathered about sibling relationships with this Cohort '08 at the previous wave, repeating them at age 17 would provide the potential for longitudinal consistency and fill a gap in this area for late adolescence given that this detail was not asked with Cohort '98.

> **Recommendation for sibling relationships**: Repeat the questions as used with Cohort '08 at 13 for longitudinal consistency and include the general 'how well do you get on with siblings' and 'how well does your family get on' questions from Cohort '98 at 17 for a cross-cohort comparison. After piloting, it may be necessary to adapt the wording of some of the sibling interaction items to reflect the older age of the Young Person and their siblings.

In all waves of Growing Up in Ireland to date, parental mental health has been measured by using the CESD-8 to capture **depressive symptoms**. To maintain both longitudinal and cross-cohort consistency, the obvious choice is to continue with the CESD-8 for the parents of Cohort '08 at 17. In an analysis using the CESD-8 for both parent and young adult at age 20, it was observed that levels of depressive symptoms tended to be higher among young adults whose parents also self-reported more symptoms - although parents generally had lower scores than the 20-year-olds (Growing Up in Ireland Study Team, 2019). The parent's own depressive symptoms are interesting both in terms of how they might be 'inherited' by the Young Person (either genetically or through a shared environment) and the effect of the parent's well-being on the 17-year-old's microsystem: for example, what capacity the parent has to support the Young Person through their struggles.

> **Recommendation for parental depressive symptoms:** Repeat the CESD-8 as used with Cohort '98 at 17 and other Growing Up in Ireland waves.

The **parent's report of the quality of their relationship with a resident spouse/partner** (probably, but not necessarily, the 17-year-old's other parent) is an important part of the family context and the Young Person's microsystem. Conflict in the parental-marital relationship may add tension to the household and how parents behave with one another (positively or negatively) may model the Young Person's expectations of how a mature adult relationship should function. For the age 13 wave of this cohort (Cohort '08), parents completed a four-item version of the Dyadic Adjustment Scale. This comprises three items on an 'all the time' to 'never' scale (considered separation, think things are going well with partner, and confiding in partner) plus one item where the parent is asked to rate the overall happiness in the relationship from 'extremely unhappy' to 'perfect'. There was an additional question in the same section which asked how often the couple argue.

These same five questions were also asked of parents of 17-year-olds in Cohort '98 allowing for both longitudinal and cross-cohort consistency; however, parents of Cohort '98 were also asked a sixth question (with three parts) about how often they shouted, threw things or had a physical altercation while arguing. This last question was not asked of parents in Cohort '08 at 13 because of uncertainty over whether it would effectively be asking a parent to describe a domestic violence situation. From a research and policy perspective, however, it would be useful to know how common this type of exposure is for young people and what impact it has on their well-being. This issue was identified as important by the stakeholders in the consultation process.

> **Recommendation for quality of marital relationship:** Repeat items as used with Cohort '98 at 17, including the item on physicality and shouting during arguments.

Other: Note that the topic of parental stress is discussed in the preceding section of this chapter. Parents may also indicate a specific mental health condition when asked about longstanding conditions in the parental health section of the main questionnaire.

4.7 Summary of New Topics for Inclusion

The consultation events and a review of the literature has led to several recommendations for new topics in the domain of socio-emotional well-being, behaviour and relationships. These are discussed individually in the following sections, and Table 4.10 below evaluates them against the selection criteria.

Table 4.10 Summary of criteria met for new topics proposed for socio-emotional well-being, behaviour and relationships

CRITERIA	Pornography	Loneliness	Access to Mental Health Services	Positive Mental Health
Captures key domain	*	*	*	*
Policy-relevant	*	*	*	*
Age/stage appropriate	*	*	*	*
Dynamic process		*		*
Longitudinal consistency				
Cross-cohort consistency				
Works well		*		
International comparability		*		*
Captures diversity		*		*
Prevalence / variance	*	*	*	*
Engaging to participants				*
Feasibly captured	*	*	*	*
Not collected elsewhere	*	*	*	*
Not overly burdensome	*	*	*	*

4.7.1 Pornography

Wider, and cheaper, access to the internet plus the mainstreaming of sexually explicit content on well-known websites means that pornography is probably more accessible now than it ever has been. A recent Irish survey commissioned by Woman's Aid indicated high levels of concern among the general public about the effect of pornography on children and young people in particular: they report that 74% of respondents agreed that pornography "undermines healthy sexual development for young people" and 75% thought that it "makes children and young people more vulnerable to requests for sexually explicit images and videos" (Women's Aid, Nov. 2022, p.6).

The implementation plan for the *Third National Strategy on Domestic, Sexual and Gender-Based Violence 2022-2026* aims to "Develop education and public information campaigns which raise awareness of the harm of pornography and of how the sex trade and pornography fuel misogyny and violence against women and undermine gender equality" (1.1.4, p5) and "Develop specific age appropriate information campaigns which highlight how pornography fuels misogyny and undermines gender equality" (1.3.7, p.13).

Young people who participated in the My World Survey 2 described high levels of exposure to pornography, especially among boys. Dooley et al. (2019) reported that 48% of young people in Senior Cycle (86% of males and 24% of females) had watched pornography. Of those, the majority (88%) had searched for a website themselves

(in contrast to being sent uninvited links or images) and half of them watched pornography at least once a week (65% of all males but just 17% of all females). This suggests that a substantial number of young people, particularly boys/young men, are active consumers of pornography even while still in school.

These statistics strongly suggest that Growing Up in Ireland should ask the young people of Cohort '08 about their engagement with pornography at age 17 years rather than waiting until age 20, as with Cohort '98. In that wave (Cohort '98 at 20), there had been a single question on pornography embedded within a varied list of online activities: 64% of men and 13% of women aged 20 indicated pornography was one of their regular online activities (O'Mahony et al. 2021). The issue of pornography as an alternative source of (mis)information on sexual health and relationships was raised by stakeholders at the March 2023 consultation event, as well as the issue of pornography more generally. Expanding the section to include a question on when the Young Person first watched pornography could help policy-makers to understand if pornography is an issue for just older teenagers or even younger age groups.

> **Recommendation on pornography:** The Department proposes to include new items on pornography similar to (or the same as) those used in the My World Survey 2 given that study was aimed at a similar population to Growing Up in Ireland Cohort '08 at 17. These items would ask young people if they'd watched pornography in the last month, how often, and whether they had searched for it or received unwanted links or images. A further question could gather information on age of introduction to pornography. It is also recommended, in line with the specific suggestion from the stakeholder consultation, that 'pornography' be added as an answer option to the existing question (from Cohort '98 at 17) on sources of information about sex and relationships.

4.7.2 Loneliness

The issue of social isolation, in particular competencies around interpersonal interactions post-COVID, came up in the focus group with young people organised as part of the consultation process. It – social isolation and loneliness - was also brought up in the consultation with researchers and policy-makers. It is possible that loneliness will be a more acute issue for Cohort '08 as a result of COVID-19, if they have had less opportunity to practise social interactions outside their close circle than previous generations.

In the most recent Planet Youth survey[17] (which surveyed young people aged 15-16 years in secondary schools in Roscommon, Mayo and Galway), the percentages of pupils who said they 'felt lonely' sometimes or often in the previous week had increased substantially since the previous survey in 2018. For example, in Roscommon[18] it had gone up from 34% in 2018 to 48% in December 2020 (during the pandemic).

Among the Growing Up in Ireland Cohort '98 at 20, even though there was not a specific measure of loneliness, it was noted that a high proportion of 20-year-olds were endorsing the 'felt lonely' item on the CESD-8 measure of depressive symptoms: around one-in-five indicated they felt lonely on at least three days in the previous week.[19]

The CSO's well-being hub includes a question on how often the respondent felt lonely in the preceding four weeks. In 2018[20], fewer than 3% of respondents aged 16-24 years had felt lonely 'all' or 'most' of the time but 15% had felt lonely 'some of the time'.

Although a number of scales to assess loneliness are available, the UCLA Loneliness Scale in particular seems to be a popular choice for surveys. Four items were used in the COVID-19 surveys implemented by a number of

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17 https://planetyouth.ie/survey-results/

18 The Planet Youth study produces separate reports for each of the three counties involved. The corresponding figures for pupils in Galway were 37% (2018) and 48% (2020); and 34% and 43% respectively for Mayo.

19 https://www.growingup.gov.ie/pubs/KF3-Web.pdf

20 https://www.cso.ie/en/releasesandpublications/hubs/p-wbhub/well-beinginformationhub/connectionscommunityandparticipation/populationwhofeellonely/

the UK cohort studies including MCS, Next Steps and BCS70. Five items modified from the UCLA scale were also used with older Irish adults as part of TILDA[21], raising the possibility of contrasting older and younger generations in Ireland. There is also a three-item version of the UCLA[22] scale (which are a subset of those used by the MCS and TILDA) that asks about frequency of feeling that [you] (a) lack companionship, (b) left out, and (c) isolated from others.

Both TILDA and MCS ask an additional question 'how often do you feel lonely?', with TILDA also asking 'how often do you feel in tune with the people around you?'.

> **Recommendation on loneliness/social isolation:** Using the three items from the revised UCLA loneliness scale plus a direct question on 'how often do you feel lonely?' would allow for direct comparison with MCS and Next Steps (depending on how long they continue the measure post-COVID), near-direct comparison with older Irish people in TILDA, plus - on the basis of the single 'lonely' question - some comparison with the CSO national well-being survey item. The benefit of the additional UCLA items (lacking companionship, feeling left out, and isolated from others) – as well as UK and TILDA comparisons - allows researchers to unpick the more specific feelings that contribute to a sense of loneliness; especially in the context of potentially greater isolation following the COVID-19 disruption.

4.7.3 Difficulties accessing mental health services

There has been much debate in the national media around access to Child and Adolescent Mental Health Services (CAMHS). As 17-year-olds will be on the cusp of exiting the remit of CAMHS and transitioning to provision for adult mental health, it could be important to gauge how many young people are, or have been in recent need of care, but were unable to access it. Access to youth mental health services was discussed at the consultation with research and policy stakeholders, and also arose as a strong area of interest in the 'Creating Our Future' public consultation.

Cohort '98 at 17 were not asked specifically about unmet need for mental health care but there was a question for that group at age 20, which could be usefully brought forward to Cohort '08 at 17. This item initially asks if there was 'any time during the past 12 months when you really needed to consult a psychologist, psychiatrist, counsellor or other mental health specialist but did not?'. If the respondent indicates there was at least one occasion, they are asked a follow-up question on the reasons for not doing so. Many of the answer options at age 20 would also be applicable at age 17 (such as being still on a waiting list) but some additional reasons might be needed given the younger age group, such as 'my parent wouldn't allow me to go' or 'I was too embarrassed to ask my parents to make an appointment for me'. A variation would be to ask the parent of the 17-year-old although this might lead to an underestimate of young people with unmet need for mental health care, if the parent is unaware of it.

A related point emerged in the focus group with young people: they felt that schools did not do enough to educate them about mental health. Therefore, a new question is proposed on whether they were taught anything about mental health difficulties in school and, if so, were they satisfied with it. It joins a set of similarly-worded questions in the same section of the self-complete questionnaire on teaching of sex education, consent and substance use dangers.

> **Recommendation on difficulty accessing mental health services:** Ask 17-year-olds, in the self-complete section, if they had an unmet need for mental health care as per questions J9 and J10 on the Cohort '98 age 20 self-complete questionnaire; but with some revisions to the reasons for missing out to include parents as a barrier (e.g. 'didn't want parents to know' and 'parents would not let me go'). Some of the other

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21 https://tilda.tcd.ie/publications/reports/pdf/Report_Loneliness.pdf
22 https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2394670/pdf/nihms47842.pdf

response options at 20 could possibly be dropped depending on frequency. Furthermore, add two questions on whether the Young Person was taught about mental health at school and if same was satisfactory.

4.7.4 Positive mental well-being

More recently, there has been a shift away from theorising mental well-being on a spectrum with mental ill health at one end and positive well-being on the other (e.g. OECD, 2023) – the continuum approach. Similarly, positive well-being is no longer simplified as an absence of mental health problems – a binary approach. A third approach, described by the recent OECD report, proposes a 'dual continuum' with mental ill health and positive well-being as distinct but related spectrums. From this perspective, and corresponding with feedback received from the expert stakeholder consultation, Growing Up in Ireland needs a distinct measure of positive mental well-being. Arguably, this could be partially addressed just by continuing the existing measures of the Mental Health Inventory 5 and the Rosenberg self-esteem scale (see later discussion), although that is unlikely to satisfy researchers in this area. A positively-framed measure would have the additional advantage of being a counter to the weight of mostly negatively-framed questions that make up the bulk of the continuing mental health measures.

The aforementioned OECD report recommends a number of survey measures for 'positive mental health' in the general population. Two that could be of particular interest in the context of Growing Up in Ireland at 17 are: (a) the WHO-5 Well-being Index (five items) and (b) the Short Warwick-Edinburgh Mental Well-Being Scale (SWEMWBS; seven items). Both are widely used, have been validated in different studies, and ask about positive experiences such as 'feeling relaxed'. While both would likely work well in Growing Up in Ireland, as a self-report measure by the Young Person, the content of the items in the SWEMWBS might have particular relevance for 17-year-olds, for example: 'feeling optimistic about the future', 'feeling useful', and 'able to make up my own mind about things' – which do not have equivalents on the WHO-5. Both measures are free to use but permission is required for the SWEMWBS.

> **Recommendation on positive mental well-being:** Administer the seven-item version of the Short Warwick-Edinburgh Mental Well-Being Scale to 17-year-olds as part of their self-complete interview.

The next chapter discusses recommendations in relation to education.

Chapter 5
Education

5.1 Context Overview

By age 17, education will be amongst the most important issues in the lives of many young people. The majority of 17-year-olds will be coming towards the end of their secondary schooling; and, in recent years, over 90% of young people in Ireland complete upper secondary education (OECD, 2019). This usually culminates in the completion of the Leaving Certificate (or equivalent) exams. Exam performance in the Leaving Certificate, and the Junior Certificate before it, is informed by a wide range of factors. Collecting longitudinal data on educational performance can assist researchers in establishing the impact of these factors at different points in time.

Decisions regarding young people's preferences relating to further/higher education are usually made during their final year of school, prior to the Leaving Certificate exams. The Leaving Certificate typically consists of seven subjects; the exam grades in a student's best six subjects can be converted to 'points', and this criterion is used for admission into higher education. Their exam grades can also be used in accessing further education, apprenticeships and employment. As a result, this period, and the Leaving Certificate exam process in particular, can be considered a critical period in terms of impact it can have on young people's long-term career and broader life trajectories.

Given the potential long-term impact of events at this juncture, young people may rely heavily on having a good support network to guide them in post-school decisions and support them in exam performance. That support may come through formal channels, in the form of career guidance or extra tuition (through or outside of school), or more informally via parents, friends and wider family. Such supports have the potential to positively impact educational outcomes; however, their nature and availability may be linked to social class (Smyth, 2022).

The impact of leaving school before the completion of the senior cycle can have seismic effects on later career pathways. As a result, it is important to identify and collect contemporary data on early school leavers. Leaving school early is associated with a higher risk of number of negative personal and social outcomes, including increased demand on social services, foregone national income and tax revenues, poorer levels of health and unfulfilled human capacity (Freeney & O'Connell, 2012).

The Transition Year programme places emphasis on developing personal and social skills, self-directed learning, and provides young people with experience of working life. Students who participate in Transition Year have been found to perform better in the Leaving Certificate and they are also twice as likely to have applied to higher level education in comparison to those who skipped Transition Year (Smyth, Byrne & Hannan, 2004).

5.2 Key Findings from Previous Growing Up in Ireland Reports

5.2.1 Cohort '08 at 13 Years[23]

When this cohort was last interviewed at age 13 in 2021/22, the young people were in either first (32%) or second year (67%) of secondary school. Most agreed that they had transitioned and settled in well to secondary school, in terms of both friendship and schoolwork; although almost half reported missing their old (primary) school friends. The majority were positive about school in general; 57% liked school very much or quite a bit, while 11% didn't like it very much or hated it. Young people from less advantaged families were more likely to have negative feelings towards school.

23 Figures from Key Findings: Cohort '08 at 13 Years Old (Growing Up in Ireland Study Team, 2023) unless otherwise indicated

In general, 13-year-olds were positive about their interactions with their teachers, in terms of praise received and being reprimanded for misbehaving. However, gender differences were observed; girls were more likely to report positive interactions with teachers (praise), and less likely to report negative interactions (being reprimanded).

Almost one-fifth of 13-year-olds received support in or through school (including resource teaching, special needs assistance and assistive technological support), while 11% received support outside of school (including private tuition and behavioural support).

In terms of educational expectations at age 13, 73% of young people expected that they would get a degree or higher. A similar number of parents (69%) expected their child to reach this level of education, although expectations were significantly higher for girls than for boys, and for those from more advantaged families (in terms of parental education and income).

5.2.2 Special COVID-19 Survey[24]

As already noted, a special COVID-19 survey was conducted via an online questionnaire in December 2020, when the members of Cohort '08 were mostly 12 years old. That survey took place around nine months into the pandemic; schools had closed in March 2020 but most reopened at the start of the new school year in September 2020, meaning that young people had relied on remote learning for approximately three months. Two-thirds of 12-year-olds transitioned to secondary school during this period.

Citing their home/remote-learning environment, almost all young people said they had access to a suitable computer and a quiet place to study sometimes or always. However, more than half of all young people had difficulty with studying remotely (14% always, 39% sometimes), and only 38% said they always or sometimes had access to online classes.

Returning to school in September 2020, either a new class in primary school or transitioning completely to secondary school brought many challenges for the young people. One-fifth of those in primary school found it difficult to settle into school (always or sometimes true), compared to 35% of those in secondary school. Two-fifths of those in primary school found schoolwork more difficult, compared to 65% of secondary school students. Positively, most students felt safe from COVID-19 infection in school (91% of those in primary, 85% of those in secondary).

5.2.3 Cohort '98 at 17 Years[25]

When the older Growing Up in Ireland cohort were interviewed at age 17, the majority of young people were broadly positive about their overall school experience and their interactions with teachers; most felt they could talk to a teacher about a problem, and less than one-quarter reported disliking school. Similar to Cohort '08 at age 13, girls reported more positive experiences with teachers than boys. Those from less advantaged families were more likely to dislike school too.

A social gradient was also evident in terms of Junior Certificate exam performance; those from families with higher parental education or family income performed substantially better than their less advantaged peers.

In terms of career expectations at age 17, the vast majority of parents and the young people themselves expected them to continue on to higher education. Again, a social gradient was observed; parental and young person expectations were substantially higher in families with higher versus lower parental education.

The 17-year-olds also spoke about sources of information regarding their post-secondary school choices; the most popular sources of information were parents (mother more so than fathers), other family members and guidance counsellors.

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24 Figures from Key Findings: Special COVID-19 Survey (Growing Up in Ireland Study Team, 2021) unless otherwise indicated
25 Figures from Growing Up in Ireland: The Lives of 17/18-Year-Olds (McNamara et al. 2020) unless otherwise indicated

That wave of data collection included three cognitive tests; a semantic fluency test ('animal naming'), a vocabulary test, and a financial literacy test. Compared to results from similar cohort studies, the 17-year-old participants performed well in all three cognitive tests.

5.3 Topics from Comparable Studies

Attitudes to and Performance in School: In our review of comparable studies and surveys (both nationally and internationally), most studies asked for general information about school (10 of the 14 studies reviewed; Table 5.1). Performance in exams (Junior Certificate, Leaving Certificate, or equivalent), subject choice (in Leaving Certificate or equivalent) and the experience of Transition Year were less common topics, asked about in six studies.

Questions on educational expectations (either from the perspective of the Young Person or their parents) and cognitive testing were also less commonly included topics, present in five other studies each. Items relating to parental involvement in education, extra tuition and general attitudes towards school were asked about in just three of the 14 studies. Only two studies (one of which was Growing Up in Ireland) asked about the experience of being an early school leaver.

Beyond Secondary School: Asking for details about post-leaving certificate choices (including further/higher education courses) was an established topic, included in nine studies. Source and difficulties related to funding for further education was a less common topic, asked about in just four studies.

Table 5.1 Prevalence of Topics and Subtopics Related to Education in Comparable Studies

Topic	Subtopic	# of studies
Attitudes / Performance in School	School info	10
	Junior Cert performance / Transition Year / Leaving Cert subjects / performance	6
	Educational expectations	5
	Cognitive testing	5
	Parental involvement / extra tuition	3
	Attitudes towards school	3
	Early school leaving	2
Beyond Secondary School	Course info	9
	Funding for education	4

5.4 Consultation Priorities (roundtable and focus groups)

Six new topics in the area of education are being proposed for addition as a result of the consultation process: changing school, early school leaver support, Leaving Certificate satisfaction, career guidance satisfaction, school guidance on sensitive topics and adequacy of the home study environment. These are discussed in detail in section 5.6. The existing topic of beyond secondary school is also being extended to reflect a specific point on apprenticeship. This has been added in response to consultation feedback regarding the need to capture "less

traditional" post-secondary career pathways from expert stakeholders. This was echoed in the young person focus groups, where some participants said they felt pushed into academic pathways following secondary school.

Delegates at the consultation event with adult stakeholders (i.e. academics, policy-makers, and NGOs) were particularly interested in the Young Person's experience and plans following secondary education, especially in relation to non-academic pathways, as well as demonstrating a particular interest in how special educational needs (SEN) influenced the post-secondary plans.

5.5 Summary of Continuing Topics for Inclusion

Given the particular importance of education to this point in the life course, much of the previous topics covered by Cohort '98 at 17 are recommended for continuation with Cohort '08 at 17. These topics cover both secondary school experiences as well as plans for, or actual engagement in, post-secondary education. They are described in more detail in the rest of this section, and are evaluated against the selection criteria in Table 5.2 below.

Table 5.2 Summary of criteria met for topics relating to Education

CRITERIA	P.E.S. / School Info	Junior Cert / T.Y.	Senior Cycle	Educ. expectations	Cognitive testing	Parents involved	Attitudes to school	Early school leaving	Further Educ.	Funding
Captures key domain	*	*	*	*	*	*	*	*	*	*
Policy-relevant	*	*	*	*	*	*	*	*	*	*
Age / stage appropriate	*	*	*	*	*	*	*	*	*	*
Dynamic process		*	*	*	*	*	*	*		
Longitudinal consistency	*	*	*	*	*	*	*	*		
Works well	*	*	*	*	*	*	*	*	*	*
International comparability		*	*	*	*	*	*	*	*	*
Captures diversity	*	*	*	*	*	*	*	*	*	*
Prevalence / variance	*	*	*	*	*	*	*	*	*	*
Engaging to participants				*	*	*	*		*	*
Feasibly captured	*	*	*	*	*	*	*	*	*	*
Not collected elsewhere				*	*	*	*	*	*	*
Not overly burdensome	*	*	*	*	*	*	*	*	*	*

Secondary school

It is expected that by age 17, the majority of information about secondary school will be collected from the Young Person themselves. However, the parental perspective on some issues remain important and in some cases, such as where the Young Person is unable to complete their own interview, the parent may be the sole source of information in this area.

5.5.1 Current status

Whilst the majority of 17-year-olds will most likely still be in education (typically in secondary school) at the time of the survey, it is still important to ask about **principal economic status**, given the diverse range of pathways available to them. Some young people may now be in employment or training, whilst a small number may be unemployed. Asking about principal economic status will allow for routing of subsequent questions about education and employment.

> **Recommendation on principal economic status:** Retain question asking about current main activity with regard to education, work, training or unemployment.

5.5.2 About the school

School-related information can provide valuable details to researchers interested in exploring school-related differences in certain outcomes, such as exam performance.

> **Recommendation on school information:** Retain relevant questions for Cohort '98 at 17 including school name, current school year, whether school is a boarding school. New questions relating to changing school are also proposed, and discussed below.

5.5.3 Junior Certificate performance

Research has shown that **performance in the Junior Certificate** exams is highly correlated with subsequent performance in the Leaving Certificate exams (Smyth et al., 2011). For individuals who do not go on to complete the Leaving Certificate, Junior Certificate results provides an indication of educational attainment.

> **Recommendation on Junior Certificate:** Retain questions on when the Young Person sat the Junior Certificate, how many subjects they sat, what subjects they sat and the level and grade of each. Possibilities for adding this information via data linkage could be explored.

5.5.4 School programmes post Junior-Certificate

Transition Year (the fourth year of secondary school, between the Junior and Leaving Certificate programmes) places an emphasis on developing personal and social skills, self-directed learning, and provides young people with experience of working life. It may be optional or mandatory, depending on school policy. Students who participate in Transition Year have been found to perform better in the Leaving Certificate and are twice as likely to apply to higher level education (Smyth, et al., 2004).

> **Recommendation on Transition Year:** Retain questions from Cohort '98 at 17 years asking if the Young Person a) completed Transition Year and b) how satisfied they were with the year.

There are **three senior cycle programmes** available to young people (this may vary depending on their school); the Established Leaving Certificate, the Applied Leaving Certificate and the Leaving Certificate Vocational programme. The Young Person's experience of the senior cycle, including programme 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.

Recommendation on senior cycle: Retain questions from survey of Cohort '98 at 17 years asking about the senior cycle. A new question on satisfaction with exam results is discussed below.

5.5.5 Special educational needs and educational supports

A substantial proportion of young people avail of **extra educational supports**, such as grinds or private tuition, when preparing for the Leaving Certificate exams; these supports have been shown to positively affect exam performance. However, further analysis suggests that these improvements are often driven by socio-economic status, itself linked to availing of private supports, educational attainment and educational expectations (Smyth et al., 2011). The intricacies of these interactions warrant further exploration.

The Young Person may also have a **special educational need** (SEN). Examples of educational supports include a Special Needs Assistant (SNA), psychological support or assistive technology. Among this Cohort '08 at 13, 19% received some sort of educational support in or through school – the most common being 'resource teaching/ learning support' – and 11% received support outside school (Growing Up in Ireland Study Team, 2023). In this context, questions on the nature of special educational need – and if professionally diagnosed – are also necessary.

Recommendation on special educational need and educational supports: Retain questions on extra educational support within and outside of school from Cohort '98 at 17 and Cohort '08 at 13. Preference is given to longitudinal consistency within Cohort '08. It is also recommended that questions about nature and diagnosis of a special educational need be continued from Cohort '98 at 17 – possibly with adaptations to reflect latest practice. It may be necessary to ask these questions of the Primary Caregiver rather than the Young Person, depending on the capacity of the latter. *Note, these recommendations were revised in light of expert feedback at the September consultation event (see section 9.6).*

Research suggests that a positive **attitude to school** is associated with improved self-efficacy, positive relationships with teachers and better performance in academic exams. Coupled with educational attainment, asking about attitudes to school provides a more complete overview of the success (or otherwise) of the Young Person's school experience.

Recommendation on attitude to school: Retain questions from Cohort '98 at 17, asking how they feel about core subjects and the Young Person's perspective on the benefits of school.

5.5.6 Parental perspective

Parental involvement in education can play an important positive role in the Young Person's educational achievement, school engagement and **educational aspirations** (Steinberg et al., 1992), particularly when parents provide encouragement to study and guidance in education-related decisions. The Primary Caregivers in Cohort '08 at 13 were asked questions about their involvement with the school and included an item reflecting the school's attempts to involve parents in school decisions, "you have been asked your opinion on what is done in the school", as well as more conventional questions about attending parent-teacher meetings and being on the parent's council at their child's school. Young People in Cohort '98 at 17 were asked to describe how their parents got involved with their education – such as discussing how they were doing with different subjects or how they were getting on with teachers; note these items could apply to third-level as well as secondary education.

Parental involvement can vary substantially according to social class (Rowan-Kenyon, Bell & Perna, 2008), while parents from professional backgrounds report higher expectations for their children with regard to their level of

educational attainment in comparison to parents from working-class backgrounds (Schoon, 2010). Among Cohort '08 at 13, a majority of both Primary Caregivers and Young People anticipated they would ultimately achieve a degree (Growing Up in Ireland, 2023).

> **Recommendation on parental involvement:** Ask the Young Person about their experience of their parents' involvement/interest in their education/schooling, as per Cohort '98 at age 17. Parents could report on their own involvement with the secondary school, along the lines of those used with Cohort '08 at 13. It is further suggested that both the Young Person and their parent(s) are asked how far they expect them (the Young Person) to go in their education.

Beyond secondary school

By the time young people reach the age of 17, they are (generally) no longer obliged to remain in school. Some may have already progressed to further or higher education (especially those who may be close to 18 years at time of interview). Other possibilities, apart from education, include employment or being 'economically inactive'.

5.5.7 Career guidance

Between the ages of 15 and 19, young people are obliged to make a number of important decisions that can have a profound effect on their future pathways in life; first they have to choose a programme and subjects for the senior cycle, and then in sixth year (usually around the age of 17/18) they have to state their post-secondary school preferences (if they wish to stay in education). **Career guidance** is extremely important at this point in helping young people to make informed decisions. This guidance can be formal (provided through the school) or informal (provided by family and friends).

> **Recommendation on career guidance**: Retain questions from Cohort '98 at 17 asking whom the Young Person consulted for career guidance, and what other services/sources/websites they availed of for information.

5.5.8 Post-school pathways for continuing in education

Third-level education is the most common post-secondary school pathway among young people in Ireland. Choice of course and institution have been found to reflect the complex interplay of student characteristics (such as gender and social class), prior educational achievement, the characteristics of the school attended and the guidance received (McCoy & Byrne, 2011).

Whilst most 17-year-olds will still be in secondary school, many will have already applied to Further or Higher Education through the Central Application Office (CAO) system, and thus given considerable thought to their continuing education. Gathering information regarding their post-school preferences will be useful in future longitudinal analysis of their actual educational and career outcomes. For an expected minority who may have already commenced third-level education, there needs to be routing options in place to capture the detail of courses already started as well as planned.

There can be a wide of factors influencing young people's choice of third-level institution, including the course(s) they offer, transport links and closeness to home, encouragement from family/friends/teachers and other services provided (i.e. SEN supports). It is important to collect information on the relative importance of these factors to young people, and whether they vary according to social class.

> **Recommendation on third-level education:** Retain questions from Cohort '98 at 17 asking the Young Person about what course and institutions they have chosen or hope to choose after secondary school (if they aim to attend a third-level institution), and the factors that influenced their decisions. In addition, maintain

questions to capture courses already started even if this is likely to be a small proportion of the sample.

An **apprenticeship** is a recognised way for people to become a craftsperson. An apprenticeship usually alternates between on-the-job training with an employer and training in an education centre. The Irish Government has been developing apprenticeship options and associated systems to provide more alternatives to traditional, academic-focused courses in further and higher education under its Apprenticeship Action Plan 2021-2025.

> **Recommendation on apprenticeship:** If the Young Person specifies that they intend to complete an apprenticeship or training course, they should be asked where they plan on completing the course/apprenticeship and in what field.

One-third of 17-year-olds in Cohort '98 had a **part-time job while in school** (Growing Up in Ireland Study Team, 2016). Employment, particularly during the final year in school, can be associated with poorer academic performance, poorer quality relationships with friends and parents, and lower mood (Largie et al., 2001). However, part-time employment also has positive effects, including a stronger sense of self-efficacy and employment orientation (Mael, Morath & McLellan, 1997). Term-time employment, particularly at third-level, can be an important source of funding for educational resources and social activities, and assist the Young Person in becoming financially independent from their parents.

> **Recommendation on term-time part-time jobs:** Retain questions from Cohort '98 at 17, asking the Young Person if they ever had a part-time job during term-time in school or college, how many hours they worked per week, how much money they earned on average each week and to briefly describe the job. Consider adding a new question on whether those without a part-time job had sought to get one.

5.6 Summary of New Topics for Inclusion

Although a considerable amount of previous material is recommended for continuation with Cohort '08 at 17, the consultation process, in particular, highlighted some new areas that were either not previously covered or would benefit from expansion. These are described in the following paragraphs and Table 5.3 below compares the potential new topics against the selection criteria.

Table 5.3 Summary of criteria met for new topics proposed for education

CRITERIA	Changing School	Early School Leaver Support	Leaving Cert Satisfaction	Career Guidance Satisfaction	Guidance on Sensitive Topics	Home Study Environment
Captures key domain	*	*	*	*	*	*
Policy-relevant	*	*	*	*	*	*
Age/stage appropriate	*	*	*	*	*	*
Dynamic process	*					
Longitudinal consistency						
Cross-cohort consistency						
Works well	*					
International comparability						
Captures diversity	*	*				*
Prevalence / variance	*	*	*	*	*	*
Engaging to participants			*	*	*	
Feasibly captured	*	*	*	*	*	*
Not collected elsewhere		*	*	*	*	*
Not overly burdensome	*	*	*	*	*	*

5.6.1 Changing school

During the roundtable expert consultation, the prevalence and reason for changing secondary school was highlighted as an area of potential research interest. Changing schools can bring with it feelings of anticipation, worry, anxiety, and potentially resentment. Starting at a new school can mean leaving behind old friendships, known patterns/routines and familiar teachers. This can potentially have a negative effect on learning and educational outcomes. Conversely, if the previous school environment had been adversely affecting the Young Person (for example because of bullying), then changing school could improve their well-being and educational outcomes.

Whilst certain information relating to changing secondary school might possibly be inferred from previous questions in the survey, young people have not been asked explicitly about it before. Two new questions are proposed; how often and why they have changed secondary school. A list of common reasons for changing school is provided (e.g. moved house, bullying), along with an 'other, specify' category – the results of this question in the pilot can be used to refine the categories for main fieldwork. Note that fieldwork for Cohort '08 at 13 was timed so that virtually all children would have already transitioned to secondary school by the time they were interviewed.

Recommendation re changing school: Add two new specific questions on whether the Young Person has changed school and the reason for doing so to the Young Person Main questionnaire. Note that reasons for leaving may need adjustment depending on the pilot data.

5.6.2 Early school leaver support

Engagement with established support networks for early school leavers was highlighted during the roundtable expert consultation as an important, and potentially under-explored, area of research. Examples include Youth Reach and the School Completion Programme. Although it is anticipated that only a small proportion of young people in Cohort '08 will leave school early, this group may be at increased risk of unfulfilled human capacity, demand on social services and poorer health, amongst other concerns (Freeney & O'Connell, 2012).

From a longitudinal perspective, it is worth exploring early school leavers' engagement with schemes that can support them, to track their subsequent economic engagement pathways (and associated outcomes) and whether they return to education/school. However, it is possible that due to the relatively small sample in the pilot, there might be few or no early school leavers in the group. It would, however, be important to retain the questions for early school leavers for the main phase.

Recommendation for early school leaver supports: Add a new question for early school leavers (i.e. before completing the Leaving Cert) on whether they have engaged with support services such as Youth Reach. This should be on the Young Person Main Questionnaire.

5.6.3 Leaving Certificate, satisfaction

Some of those young people involved in the focus group reported dissatisfaction with the Leaving Certificate programme. They noted that pressures associated with the Leaving Certificate were ever-present throughout the senior cycle, and they (both the students and the schools) were ill-equipped to deal with the associated stress of the exams.

Whilst there is already a question asking about how much the Young Person likes 'school in general' along with questions about individual subjects, there is currently no question asking how they feel about the Leaving Certificate syllabus and exam structure. We propose including a question on the main Young Person Questionnaire which asks specifically about this. A subsequent question about how satisfied the Young Person was with their Leaving Certificate exam results will be asked of those who have sat their exams.

Recommendation for Leaving Cert satisfaction: Add a new question on the Young Person's satisfaction with the Leaving Cert programme specifically, and exam results (for those that have already received their Leaving Certificate results).

5.6.4 Career guidance, satisfaction

Another common theme during the young person focus group was a sense of dissatisfaction with career guidance; this was echoed during the roundtable consultation too. It was felt that there tends to be an over-emphasis on academic post-school pathways, with students particularly encouraged to choose college or university courses above any other potential options. The focus group participants reported feeling that there was a stigma associated with not choosing a college or university course as a preferred option after school, and that students tended to be discouraged from options relating to creative pursuits (art, drama) or apprenticeships.

Reflecting on this, it is proposed to expand upon the current career guidance-related questions, asking whether participants were satisfied with formal career guidance they had received, and if not, why not. Elsewhere in this section of the Young Person Main questionnaire, we suggest adding a response option to indicate that no career guidance was received at school.

Recommendation for career guidance satisfaction: Add two new questions on satisfaction with career guidance and reasons for dissatisfaction to the Young Person Main questionnaire. The latter to be informed by 'other specify' answers in the pilot phase. Also include a 'did not receive career guidance at school' as an answer option to a preceding question in the same section.

5.6.5 School guidance on sensitive topics

The most prominent theme stemming from the young person focus group was a lack of leadership, guidance and education from schools regarding a number of sensitive topics, including LGBT+ topics (sexuality, gender identity), sexual consent, mental health and the dangers associated with drinking, smoking and drug use. A lack of leadership from schools (as an authoritative source) could lead to young people relying on unsubstantiated (and potentially harmful) sources online for information regarding these extremely sensitive and important topics.

With this in mind, the section on sexual education has been expanded from Cohort '98 at 17 to include items on all of the above-listed topics, asking a) whether the topic was taught to participants in school and if so, b) how satisfied they were with that teaching.

Recommendation on school guidance on sensitive topics: Expand section with question on receipt of and satisfaction with sex education in the Young Person Self-Complete questionnaire to include new questions on satisfaction with guidance on other issues such as substance use and mental health, as described above.

5.6.6 Adequacy of the home study environment

The COVID-19 lockdowns, and as reported from the results of the Growing Up in Ireland special COVID-19 survey, shone a light on inequalities in the home study environment for children and young people. Even though young people are not expected to be staying at home for classes as they were in the early COVID-19 lockdowns, given the timing of the Cohort '08 survey at 17 to coincide with preparation for the Leaving Cert, access to a suitable area for study at home is likely to be important. Therefore, the Department proposes a new question on how easy or difficult the Young Person finds studying at home, and if any difficulty, the reasons for same. A suggested list of options includes it being too noisy, not having a dedicated space, poor internet connection and being ask to help around the house or farm. An 'other specify' option is also recommended for the pilot.

Recommendation on home study environment: Add two new questions to the Young Person Main question on how easy or difficult it is for them to study at home and the reasons for difficulty, if any.

The next chapter discusses recommendations in relation to economic participation and civic engagement.

Chapter 6
Economic Participation and Civic Engagement

6.1 Context Overview

As young people come towards the end of their time in secondary school and their attention turns towards further/higher education, they may also be mindful of issues like the world of work, finance and broader social participation. As noted earlier, age 18 is the official start of adulthood in Ireland, which confers a wide range of new rights and responsibilities on the individual. Conversely the trend for young people to stay in education, and remain living in the parental home, into their twenties[26] may lead to some dissonance between their legal and practical status as an independent adult.

As described in Chapter 2, on the current policy landscape, the new cross-government framework for children and young people is expected to retain the outcome goals of 'economic security and opportunity', and 'being connected, respected and contributing to their world' from the previous framework.

The material covered in this chapter covers a broad range of topics relating to the transition to adulthood including employment, money, volunteering, discrimination, attitudes and recreational activities.

6.2 Key Findings from Previous Growing Up in Ireland Reports

6.2.1 Cohort '98 at 17 Years[27]

When the participants in Cohort '98 were interviewed at 17 years of age, only 2% were working full-time, with 84% still in school (Growing Up in Ireland Study Team, 2016a). The remainder were in further/higher education (10%), training (2%) or not engaged in any activity (2%).

One-third of all secondary-school students worked part-time; 37% of those in 5th year and 30% of those in 6th year. A gender difference was observed; females (35%) were more likely to have a part-time job than males (31%). On average, students did 9 hours of part-time work per week (ibid).

In terms of job aspirations, the most popular aspired-to careers included teaching, entertainment (actors, singers etc.), nursing, business analysis (economists, management consultants etc.), engineers and scientists.[28] In a separate question when 17-year-olds were asked what job characteristics were important to them, the most frequently endorsed were an interesting job (76%), a high income (58%), an opportunity to travel or work abroad (39%), and a job that is useful to society or helps others (32%).

In relation to the 'important things in life' more generally, 17-year-olds in Cohort '98 gave the highest mean ratings (out of 6) to 'parents and siblings' (5.7) and 'health' (5.5). They gave the lowest ratings to 'religion' (2.7) and 'politics' (2.6) (Growing Up in Ireland Study Team, 2016b).

Among Cohort '98 at 17, over a quarter had volunteered in the current or past year (10% currently at the time of the survey). The most popular types of volunteering were with organisations such as scouts or youth clubs (26% of volunteers), 18% related to sporting activities (such as coaching) and 16% helped with fundraising.

In terms of trust in other people, while most 17-year-olds in Cohort '98 were in the middle of a scale that went

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26 According to the Irish Census in 2022, 61% of 20-24-year-olds lived with their parents – an increase on figures recorded in 2011 and 2016 https://www.cso.ie/en/releasesandpublications/ep/p-cpp3/censusofpopulation2022profile3-householdsfamiliesandchildcare/adultslivingwiththeirparents/

27 Findings from Growing Up in Ireland: The Lives of 17/18-Year-Olds (McNamara et al., 2020) unless otherwise indicated

28 Calculations from AMF for Growing Up in Ireland, Cohort '98 at 17 via Irish Social Science Data Archive

from 0 ('you can't be too careful') to 10 ('most people can be trusted'), it is noteworthy that almost one-in-five young people chose the bottom of the scale indicating very low levels of trust. Having low levels of trust was more common among young people in the lowest family income quintile. In a separate question on levels of confidence in various State institutions, the lowest levels of confidence were in 'the Church' and 'politicians', and the highest levels were for 'police/Gardaí' and 'the education system'. There was, however, a big income gap in confidence in 'police/Gardaí' with 37% of young people in the lowest quintile having 'not very much [confidence]/ none at all' in them compared to 19% among the highest income quintile.

The Everyday Discrimination Scale, with some amendments, was included with Cohort '98 at 17 for the first time in Growing Up in Ireland. The most common form of discrimination reported by young people was being 'treated with less courtesy or respect than others' (63% at least a few times a year) and nearly 80% reported some kind of discrimination. The main reason 17-year-olds thought they were treated unfairly was because of their age (49%), followed by their gender (32%) and a comparatively small percentage felt it was due to their race (8%). However, a greater proportion of Cohort '08 were born to non-Irish parents than Cohort '98 so race-based discrimination might be more prevalent in the upcoming wave.

6.3 Topics from Comparable Studies

Economic and civic participation: Almost all studies (12 of 14, Table 6.1) asked participants about their employment history. Volunteering was a less common topic, enquired about in three studies.

Emerging adulthood: Questions relating to a young person's beliefs, attitudes and activism were included in six studies, including Growing Up in Ireland. Somewhat related questions on trust in others and institutions were included in four studies. Three studies asked the young person about discrimination, whilst two studies asked them more explicitly about adult identity, feelings of independence or maturation.

Activities and screen time: Most studies (11) asked about activities that young people did for fun, including sports and hobbies. Another established topic was screen time (included items about the TV viewing, internet, smartphones and other electronic devices, and social media engagement); asked about in nine of the studies.

Growing Up in Ireland was the only study to include a time-use diary.

New topics: Topics explored in other studies, but not in Growing Up in Ireland, included more detailed questions on alternative post-school pathways, specifically unemployment and apprenticeships. Another possible new topic was that of gig economy work.

Table 6.1 Prevalence of Topics and Subtopics Related to Economic and Civic Participation, and Activities in Comparable Studies

Topic	Subtopic	# of studies
Economic and Civic Participation	Employment history / aspirations	12
	Volunteering	3
Emerging Adulthood	Beliefs, attitudes & activism	6
	Trust in others/institutions	4
	Discrimination	3
	Adult identity / independence / maturation	2
Activities / Screen time / Social media	Activities for fun / hobbies / sports	11
	Screen time / internet / social media	9
	Time-use diary	1
New Topics	Apprenticeships	1
	YP unemployment	1
	Gig economy	1

6.4 Consultation Priorities (roundtable and focus groups)

Nine new topics in the area of economic participation and civic engagement are being added as a result of the consultation process: these are concerns about social issues, behaviour in response to climate change, spaces for young people, positives and negatives of social media/being online, use of Youth Information Centres and other official sources of advice, gambling, money, civic participation and activities, and emerging adulthood. These are discussed in detail in section 6.6. One of the interesting topics discussed at the focus groups that has been incorporated in the survey was the advantages of social media, as social media use is often presented as solely detrimental to young people. In this chapter, much of the changes pertain to incorporating new topics identified in the consultations and focus groups, rather than amending old questions. However, a question asking if the Young Person attempted to find term-time employment has been included for Young Persons who are still in education but not currently employed, after discussion at the consultation event. This point has been added to further gauge employment behaviour amongst young people still in education.

6.5 Summary of Continuing Topics for Inclusion

The topics in this section cover a greater mix of individual topics than in other chapters, and most were introduced to the Growing Up in Ireland study for Cohort '98 at 17. The following paragraphs recap why they are relevant to repeat for Cohort '08 at 17, and Table 6.2 below evaluates each topic against the selection criteria.

Table 6.2 Summary of criteria met for topics relating to Economic and Civic Participation, and Activities

CRITERIA	Employment history	Volunteering	Beliefs, attitudes	Trust in others	Discrimination	Adult identity	Screen time and digital lives	Activities
Captures key domain	*	*	*		*	*	*	*
Policy-relevant	*	*	*		*	*	*	*
Age / stage appropriate	*	*	*	*	*	*	*	*
Dynamic process	*	*	*	*	*	*	*	*
Longitudinal consistency	*	*	*	*	*	*	*	*
Works well	*	*	*	*	*	*	*	*
International comparability	*	*	*	*	*	*	*	
Captures diversity	*	*	*	*	*	*	*	*
Prevalence / variance	*	*	*	*	*	*	*	*
Engaging to participants	*	*	*	*	*	*	*	*
Feasibly captured	*	*	*	*	*	*	*	*
Not collected elsewhere	*	*	*	*	*	*	*	*
Not overly burdensome	*	*	*	*	*	*	*	*

Employment history and aspirations

Although the vast majority of Cohort '08 are expected to be still in school at age 17, some could have already commenced employment and many more are likely to have some kind of part-time job while studying. Important decisions around post-school education will likely be influenced by aspirations for future employment. All questions under this heading are to be located on the Young Person Main Questionnaire.

6.5.1 Employment history

As with Cohort '98 at 17, it is proposed that the (probable minority) of young people whose principal economic status is not full-time education be asked to provide **details of their current or most recent job**. Such details 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 is likely to be small (2% of Cohort '98 were in paid employment at 17), it is important to capture details of early employment in a similar fashion to what will apply in a later wave (e.g. age 20) when a greater proportion of the sample will be working. A question 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 17, however, their only experience of employment will be in the form of a part-time job while still at school. Among Cohort '98 at that age, one-third had had a term-time job. **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 school cycle; especially if it is more common among certain socio-demographic groups (e.g. low-income or farming families). Time spent working in a job at weekends and evenings may also eat into the time the 17-year-old might otherwise give to physical activities or other activities to promote well-being. Conversely, there may be medium or long-term benefits to term-time working when it comes to securing or maintaining employment after secondary school. 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).

There was also a related question on whether the Young Person had undertaken a **work experience placement** as part of the school curriculum. Following from the stakeholder consultations, an additional question for Cohort '08 at 17 is proposed for those who don't have/haven't had a term-time job: have they tried to get one?

> **Recommendation for employment history:** Repeat questions from Cohort '98 at 17 on (un)employment history and current employment for young people who are not currently in education. Term-time employment and workplace questions are intended for all participants. The Department recommend including one new question on whether the Young Person sought a term-time job if they don't/didn't have one.

6.5.2 Employment aspirations and attitudes

Young people in both Growing Up in Ireland cohorts have been asked about what job they want to have since they were children. 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 17 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 adulthood. Aspirations can be compared at group level using characteristics such as family income, type of school, region etc. Example research questions include: is there any evidence that attending certain types of school leads to young people tempering their aspirations? Have some young people effectively given up on their dream job already and is that affected by social class or gender? How influential is career guidance?

> **Recommendation on employment aspirations:** Continue the two 'ideal' and 'expected' job aspiration questions as used with Cohort '98 at 17.

For the older Growing Up in Ireland cohort, age 17 was the first time that extended information was captured on attitudes to work. At the time, there was a new question that listed some potentially **desirable job characteristics** (e.g. high income, interesting work, flexible working hours) and young people were asked to pick out the three that were most important to them. As noted above, 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 young people are likely to find engaging and interesting to reflect on, in contrast to purely factual information such as exam results or how often they brush their teeth. In light of the sea-change in work practices brought about by the pandemic, the Department suggest adding another job characteristic of being able to work from home to the list used previously.

> **Recommendation on desirable job characteristics:** Repeat question and list of answer options as used with Cohort '98 at 17 but with an additional characteristic of being able to work from home.

Another new attitudinal measure in this section for the older cohort was a scale measuring **belief in the value of work**. It includes five items such as 'a person must have a job to feel a full member of society'. It was recommended for use in Cohort '98 at 17 by one of the international reviewers at the time, having been developed for the ESRC 16-19 Initiative research programme in the UK. The scale would be potentially interesting to contrast with young people's post-school intentions and family history of employment or with Cohort '98 at the same age; however, internal consistency on this scale when used with the older Growing Up in Ireland cohort was relatively modest, so may require further evaluation after piloting with Cohort '08. Analysis of the older cohort – contrasting belief in the value of work with employment status at age 25 on completion of current fieldwork – might also help inform a decision as to whether the scale is worth continuing for the younger cohort.

> **Recommendation on belief in the value of work:** The Department suggests including the previously used scale in the pilot for Cohort '08 at 17 but with a recommendation for further evaluation post-pilot and/or with an analysis for longitudinal predictive value in Cohort '98 when age 25 data are available.

6.5.3 Other aspirations for adulthood/closing question

Thirteen-year-olds from Cohort '08 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. Although this was not originally conceived as a longitudinal question, it has resonance with a point from the focus group with 17-year-olds which suggested finishing the interview on a lighter or positive note given the possible emotional intensity of the topics in the self-complete section. 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 17 although some consideration could be given to an update.

> **Recommendation for adulthood aspirations/closing question:** Repeat question, from Cohort '08 at 13, on what the Young Person is 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.

6.5.4 Money

Earnings from work are covered in the preceding section on employment. There are other money-related issues of relevance, however. These are financial transfers between young people and their parents, and social welfare receipt by the Young Person.

Financial transfers between parents and young people

With most of Cohort '08 expected to be in school at age 17, the direction of financial transfers is anticipated to be mostly from parents to the Young Person. However, it is noteworthy that a minority of Primary Caregivers in Cohort '98 reported receiving money from their 17-year-old children: while only 3% said they received money from the Young Person on a regular basis (i.e. a set amount per week or per month), 8% said they would ask the Young Person for money when they needed it, and 9% said they got loans from them to pay back. This suggests that **financial transfers from young people** may be more important in keeping the family afloat than previously recognised and should be repeated for Cohort '08.

Nonetheless, for Cohort '98 at 17 - with similar expected for Cohort '08 – it was more common for the parent to provide **financial support to the Young Person**. Nearly three-quarters (70%) of Primary Caregivers in the older cohort gave the Young Person money to spend as they wished and paying bills/fees for them was quite common. For example, over 90% paid for some or all of their child's education costs. A substantial minority of parents (23%) reported loaning money to their 17-year-old which they were expected to pay back. 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. From a policy perspective, it is a potential source 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.

It is also likely that there will be policy interest, including from an equality perspective, in the specific questions on parents paying for grinds (i.e. private tuition). For Cohort '98 at 17, if the parent indicated this as one of the forms of financial support, and it was for 45% of them, there were follow-up questions on how much and whether it was throughout the year or in blocks (e.g. Easter holidays).

All of the questions mentioned in this section were on the Parent One (PCG) Main Questionnaire for Cohort '98 at 17. As discussed in the chapter on socio-demographic characteristics and family context, 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 on financial transfers:** Repeat questions to Parent One/PCG about financial transfers to and from the Young Person, including payment for grinds, as used with Cohort '98 at 17. See chapter on socio-demographics for a discussion of additional new questions about the Young Person's behaviour in response to financial pressures in the home.

Social welfare receipt

Given their age, it is unlikely that the Young Person will be in receipt of a social welfare payment in their own right. To cover the possibility, however, 17-year-olds in Cohort '08 could either be asked about receipt of payments or linkage with data from the Department of Social Protection.

> **Recommendation on social welfare receipt by the Young Person:** Explore possibilities for data linkage, possibly in combination with a question 'do you receive a social welfare payment?' on the Young Person Main questionnaire.

Civic participation and activities

At age 17, young people are likely to have more autonomy over the extent to which they engage with others in the 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. 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 Young Person Main Questionnaire unless otherwise specified.

6.5.5 Participation in groups 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 develop specific skills – such as 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 school or family settings. It is proposed that the previous questions be repeated for Cohort '08 at 17 with an additional category of 'scouts and similar organisations'.

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. Such responsibility could help them develop

skills that will be useful later in college and work, and might also be an advantage on their CV when applying for future roles.

> **Recommendation for groups and clubs:** Repeat questions as used with Cohort '98 at 17 with an additional 'scouts' category on the Young Person Main questionnaire. Additionally, repeat the question on specific roles within the group(s) as used with Cohort '08 at age 13.

6.5.6 Volunteering

With the increased ability of the maturing adolescent, by age 17 comes greater scope to make an active contribution to society through volunteering. Involvement with clubs and groups like those described in the preceding section 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 in volunteering at the time of the survey and an additional 18% had done so in the past year. Volunteering with either sports clubs or non-sporting organisations such as the scouts were the most popular categories at the time.   Engaging in voluntary activities may help young people develop skills and networks that could benefit them in the future; however, it could also put pressure on their time at a busy period in the school cycle. There was considerable variation in the time commitment among the older cohort with some doing as little as 1-2 hours per month (22%) but a similar proportion contributed 11 hours or more per month.

From a policy perspective, it would be insightful to know how many young people contribute to civic society and how. There may also be a consideration as to whether guidelines for young people's participation might be useful to avoid a negative effect on 17-year-olds in terms of time commitment and nature of the voluntary work.

> **Recommendation on volunteering:** Repeat the same three items as used with Cohort '98 at 17 on the Young Person Main questionnaire in terms of volunteering currently and/or in the past year, nature of the voluntary work and time commitment. Previously the nature of the volunteering was left completely open-ended but the subsequent categorisation based on Cohort '98 data could be used to create pre-defined answer categories with an 'other specify' option instead.

6.5.7 Caring for others in the home

Young people may provide care for family members within the home as well as helping others in the community. It is a potentially valuable contribution for the Young Person to make to the household but may also be a 'cost' in terms of time and energy to spend on study, exercise or their own well-being. It may also be a source of stress depending on the nature and intensity of the care provided. As such, this area is of particular policy interest but is hard to capture from existing data sources.

Cohort '98 at 17 were asked about care they provided to a family member where 'care' was defined as "things like cooking for them, helping them wash or dress, making sure they take medication, supervising them when there is no-one else at home". If yes, there was a question on for whom they cared (grandparent, parent, sibling, etc.). If that person was a younger sibling, there was a clarification on whether the care could be described as 'baby-sitting' or something more intensive. There are potentially interesting cross-cohort comparisons in this area, as well as a within-cohort examination of the impact of being a young carer on current and future outcomes.

> **Recommendation on caring duties:** Repeat the three questions as used with Cohort '98 at 17.

6.5.8 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 are key to positive mental well-being. Leisure activities are also an avenue for young people 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 solo affairs.

Cohort '98 at age 17 included a reasonably comprehensive list of activities 'for fun or to relax' including 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 specify' option to capture anything that was missing. The most popular activities among the older cohort were listening to music and surfing the internet: both 88% 'several times a week' and nearly all participated at least sometimes. Nearly all young people also spent time hanging out with friends but the frequency of participation was more varied, just 47% did so 'several times a week' with much of the remainder describing it as 'weekly'.

If the Young Person indicated they did a certain activity, there was a follow-up question on the frequency ranging from 'several times a week' to 'less often than monthly'. Note that for a similar question with Cohort '98 at 20, the response options were simplified to just yes/no. The equivalent question at age 20 also 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. Depending on the positioning of the activities list in the questionnaire, therefore, it could be worthwhile adding 'TV' as a specific option among the activities.

Following feedback from policymakers in the arts and culture areas during the recent consultation, the Department also suggest adding two new items to the list 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'. There was feedback from rural participants in the young person focus group on difficulties accessing activities in their locality, which are discussed in the 'socio-demographic characteristics and family context' chapter, but are also relevant to the current topic.

> **Recommendation on leisure activities:** Repeat a list of activities in a similar fashion to that given to Cohort '98 at 17 with the suggested addition of two items on participation in cultural events, in response to a request from policymakers. An option of 'watching TV' might also be useful even though it will also feature elsewhere in the questionnaire. Retaining the 'frequency' answer format would allow for richer data and cross-cohort comparisons in trends over time, especially given the intervening pandemic, but does increase the time taken to complete the section. These questions were previously asked on the Young Person Main questionnaire, although consideration could be given to combining them with the online activities/screen time questions on the Young Person Self-Complete instrument.

6.5.9 Screen time and digital lives

Growing Up in Ireland has a long history of collecting information on the digital context of children and young people. As with leisure time activities, the topic of screen time and online activity cuts across multiple domains but is discussed in this chapter being one of the main ways in which 17-year-olds are likely to engage with the world beyond their immediate physical environment. All of the questions discussed in this section are intended for the Young Person Self-Complete questionnaire.

As the reach of the online world has evolved, so too have the Growing Up in Ireland surveys. For Cohort '98 at 17, and this Cohort '08 at 13, three principal categories of screen time were distinguished: watching TV, video games and other online activities such as social media. On a typical week-day, most 13-year-olds spent at least some time watching TV and/or in 'other online activities' (Growing Up in Ireland Study Team, 2023) but 40%

spent no time gaming on a week-day. The modal time spent watching TV was 1-2 hours (34%) and for 'other online activities' it was 'up to 1 hour' (31%) but with 1-2 hours running a close second (29%). At time of writing, this distinction between different categories of screen time appears to be a useful one to continue in terms of asking young people to estimate time spent, although it is a rapidly changing area. It is also worth continuing the distinction between **week-day and weekend-day screen time** and a separate question from Cohort '98 at 17 on frequency of multi-screening (i.e. using more than one device at a time such as phone and TV).

> **Recommendation on screen-time:** Repeat questions on screen time on a typical week-day and typical weekend-day under three headings of TV, gaming and other online activity as per Cohort '98 at 17 and Cohort '08 at 13.

Cohort '98 at 17, and again at 20, were asked further questions on what they used the internet for. This was a simple 'tick all that apply' format that listed a wide range of potential **online activities** from study to social media, dating, shopping and applying for grants among others. It is recommended that a similar list be used with Cohort '08 at 17 with room for some updating closer to fieldwork depending on prevailing trends. Although Cohort '98 were not asked about type of **social media platforms** at age 17, questions were included when they were age 20 and it is proposed that these be 'brought forward' for Cohort '08 at 17 and be added to existing questions on awareness of private versus public profiles.

In terms of **online dependence**, the Department recommends a combination of questions from Cohort '98 at 17 and Cohort '08 at 13. From the former, there is a set of six items measuring online addiction (e.g. feeling bothered when you cannot get online) taken from the EU Kids Online survey. From the latter (age 13), there are two suggested items: feeling pressure to respond promptly to posts by friends, and feeling safer when out and about if they have a phone with them. As already noted in the section on relationships with parents, an item on finding that their parent(s) are distracted by their own smartphones when they are having a conversation with them, is also suggested.

The theme of the harms and positives of social media and being online featured prominently in the consultations with both adult and young person stakeholders, and so is discussed as a new topic at the start of this chapter.

> **Recommendation for online activities, dependence and social media:** Repeat a mixture of questions from Cohort '98 at 17 and 20, and Cohort '08 at 13 as detailed above. See also the discussion of a new sub-topic on the positives and negatives of being active online, and associated questions, at the start of this chapter.

6.5.10 Driving capacity

At age 17 years, young people in Ireland are legally allowed to drive a car or van on Irish roads (somewhat younger for low-powered mopeds and tractors). All driving licence applicants must pass a theory test to get a 'provisional' licence and subsequently pass a driving test to get a 'full' licence. Having a full licence rather than a provisional one means fewer restrictions on driving and cheaper insurance. It also opens up more job opportunities. However, the usefulness of a licence in itself is limited if the Young Person does not also have access to a vehicle. Having a licence and access to a vehicle is likely to be particularly important for both work and leisure activities in rural areas where there is limited or no public transport.

> **Recommendation for driving capacity:** Repeat questions on type and vehicle category of driving licence as used with Cohort '98 at 17. Consider adding another question on access to a vehicle as per Cohort '98 at 20.

Emerging adulthood: Identity and attitudes

Late adolescence and early adulthood is well-recognised as a period of exploring identity. Arguably this is particularly relevant at the life stage associated with age 17 as the individual plans their future life in terms of post-school education and occupation. There is also 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 they are treated by others may affect their own sense of identity and maturity: do adults treat them as a child or adult and/or are they treated with respect and fairness? In turn, their attitudes to other groups and institutions could influence whether those early interactions as a young adult will be positive or negative.

6.5.11 Adult identity

The young person's **sense of identity as an adult** is quite directly assessed by three items from Coté's adult identity 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 (Côté, 2002). These items were previously used with Cohort '98 at 17 and could provide interesting cross-cohort comparisons as well as a context for contemporary outcomes and behaviours. At age 17, just under half of Cohort '98 said it was 'true for the most part' that they considered themselves to be adults but only 14% felt it was 'entirely true' (Growing Up in Ireland Study Team, 2016b).

> **Recommendation for sense of adult identity:** Repeat the three items from Coté's adult resolution scale on the Young Person Main questionnaire as used with Cohort '98 at 17.

6.5.12 Discrimination

As well as a sense of their own identity, young people's awareness of how others view them and aspects of their identity resolution may be especially important at this time of emerging adulthood. Cohort '98 at 17 used an extension of the **Everyday Discrimination Scale** to ask young people how often they were treated unfairly in five different ways such as being harassed or receiving poorer service than others in restaurants or stores. If they have been treated unfairly, the Young Person is asked from whom and to what reason they attribute the unfair treatment. These reasons were expanded from the original listing to include, among others, the nine grounds for unfair discrimination in Irish legislation. As noted earlier in this chapter, the most common reason for being treated unfairly, according to 17-year-olds in Cohort '98, was actually their age. Repeating the items as used with the older cohort would give an interesting cross-cohort comparison as to whether the experience of discrimination among young people has increased or declined over the last decade. It also has heightened policy relevance in light of this Department's increased remit for integration.

> **Recommendation for discrimination:** Repeat the extended Everyday Discrimination Scale on the Young Person Self-Complete questionnaire, as used with Cohort '98 at 17.

6.5.13 Support for sex equality

Attitudes towards gender, especially in terms of work both in and outside 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 2018 statement to the Joint Oireachtas Committee on Justice and Equality, researchers in this area pointed out that while the percentage of women employed outside the home has been increasing over time, women on average do considerably more of the domestic labour within the home (McGinnity and Russell, 2018).[29]

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29 https://data.oireachtas.ie/ie/oireachtas/committee/dail/32/joint_committee_on_justice_and_equality/submissions/2018/2018-09-26_opening-statement-dr-helen-russell-and-dr-frances-mcginnity-economic-and-social-research-institute-esri_en.pdf

For Cohort '98 at 17, the Young Person Main 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 sex equality attitudes:** Repeat items as used with Cohort '98 at 17, including the modified item, to facilitate the cross-cohort examination of attitudes in this area.

6.5.14 Trust in others and confidence in state institutions

Attitudes to others generally and to major bodies such as the police or health service 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 'on board' with policies was sharply highlighted during the pandemic when emergency public health measures such as lockdowns and face-mask wearing were put in place.

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 from some quarters which have undermined the reporting by conventional media outlets, this could be a very topical extension for age 17. It also relates to a point raised in the stakeholder consultations on where young people source their news: those who do not have confidence in mainstream media may be more likely to digest content from unregulated sources. Members of Cohort '08 who completed the special Growing Up in Ireland COVID-19 survey as 12-year-olds were asked from where they got their information about the disease: 60% cited watching or reading the news.

> **Recommendation for trust in others and confidence in state institutions:** Repeat questions as used with Cohort '98 at 17, with the possible inclusion of 'the media/press' as one of the institutions in the confidence question (as per Cohort '98 at 20).

6.5.15 Important things in life

Cohort '98 at 17 included a set of items asking young people to rate how important various dimensions of life were (e.g. health, parents and siblings, religion). There were 12 dimensions in total and participants rated their importance from 1 (not important) to 6 (very important). As noted earlier, the older cohort gave the highest importance rating to 'parents and siblings' and the lowest to 'politics'. The items were initially included on the basis of a recommendation from one of the international reviewers at the time and they are drawn from a measure used with two German youth studies.

This is a question which helps to set the current and future responses of young people in context: for example, do 17-year-olds who believe their health to be of high importance avoid health-risk behaviours like smoking and binge-drinking? There could also be an interesting cross-cohort analysis given anecdotal reports of how, for some people at least, the emergency and existential threat of the COVID-19 pandemic crystallised what was really important to them. Furthermore, it is one of those questions that respondents are likely to find particularly engaging – giving them a chance, quite literally, to share what is most important to them.

> **Recommendation for important things in life:** Repeat questions as used with Cohort '08 at 17.

6.6 Summary of New Topics for Inclusion

As had been the case for this domain when Cohort '98 were 17, multiple new topics were mooted for inclusion. Several of these reflect the changing social and environmental context. These recommended new topics are described in some detail in the following paragraphs, and Table 6.3 below compares them to the selection criteria.

Table 6.3 Summary of criteria met for new topics proposed for economic and civic participation, and activities

CRITERIA	Concerns about social issues	Behaviour re. climate change	Spaces for young people	Effects of social media	Youth Information Centres	Gambling
Captures key domain	*	*	*	*	*	*
Policy-relevant	*	*	*	*	*	*
Age/stage appropriate	*	*	*	*	*	*
Dynamic process	*			*		*
Longitudinal consistency						
Cross-cohort consistency						*
Works well						
International comparability	*	*		*		*
Captures diversity	*	*		*		*
Prevalence / variance	*	*	*	*	*	*
Engaging to participants	*			*		
Feasibly captured	*	*	*	*	*	*
Not collected elsewhere			*	*	*	*
Not overly burdensome	*	*	*	*	*	*

6.6.1 Concerns about social issues

Delegates at the stakeholder consultations were interested in knowing whether social issues that are being debated in wider society are causing concern for 17-year-olds on the cusp of adulthood. Housing was pre-eminent among these, followed by climate change. The Department, therefore, suggests bringing forward a version of the question on concern about social issues that was used with Cohort '98 at 20. This question, as used previously, asked young adults to rate their concern about topics such as access to housing, employment, poverty and climate change on a scale of 0 to 10 with 10 being the highest level of concern. For 20-year-olds in Cohort '98, surveyed in 2018, the biggest concern had been access to housing (average rating of 7.8 out of 10) and the least concern from the list was terrorism (5.8 out of 10) (O'Mahony et al. 2021). Bringing forward a version of this question to Cohort '08 at 17 is an opportunity to address multiple areas that arose at the consultation in regard to how young people feel about issues such as housing, poverty, the environment, and the COVID-19 pandemic.

> **Recommendation on concerns about social issues:** Repeat a revised version of the question on concerns about social issues as used with Cohort '98 at 20. This list should include housing, poverty, employment and climate change from before, and a new item on concern about another pandemic. Other issues for the list could be determined depending on what the hot topics are closer to fieldwork.

6.6.2 Behaviour in response to climate change

Recent years have seen an increase in concern about the effects of climate change, especially among young people, with spokespeople such as Greta Thunberg gaining an international following. Groups such as Extinction Rebellion and Just Stop Oil have staged high-profile protests, mainly in the UK, 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%). This was part of a wider block of questions on concerns about social issues (see preceding paragraph). At the stakeholder consultation, there was interest in following up whether concerns about climate change among 17-year-olds were being translated into actual changes in behaviour. Therefore, four new questions are proposed that will ask young people if they have cut back on energy use, reduced meat consumption, swapped a car journey for walking or cycling, or bought a second-hand item instead of a new product. The suggested reference period is the preceding month, with response options of 'never' to 'more than twice' but these are open to adjustment.

> **Recommendation on climate change response:** Ask four new questions about behaviour changes the Young Person has made in response to concerns about the environment and/or climate change (e.g. cutting back on energy use and meat) as described above.

6.6.3 Spaces for young people

A number of stakeholders indicated an interest in collecting information on the spaces in the community that young people use. Arguably, adolescents are a missed demographic in the design of spaces – falling between areas designed for younger children, like playgrounds, and areas such as pubs and restaurants geared towards adults. Additionally, other age cohorts may object to teenagers hanging around certain areas (for example, in commercial spaces if they are not buying anything) or feel intimidated by larger groups. Potentially, this may mean teenagers congregate in hazardous spaces such as waste ground or abandoned buildings.

The Department therefore recommends a new question loosely adapted from items in the Planet Youth survey along the lines of, "where do you normally hang out with your friends?" with a 'tick all that apply' set of answer categories to include their home, friend's home, shopping centres, green spaces etc. A 'somewhere else, please specify' option would be useful for the pilot.

An additional answer option of going to cultural events/venues as part of the list of pastimes for young people is also proposed. This would give some information on young people's use of spaces such as museums and galleries, as well as address a specific request for more information on their cultural activities.

> **Recommendation on spaces for young people:** Collect information on spaces where the Young Person hangs out with their friends, similar to a set of items in the Planet Youth survey, as described above. Add new options for attending cultural events to the existing list of pastimes.

6.6.4 Positives and negatives of social media/being online

While social media per se is a continuing topic from Cohort '98 at 17 (see later), there was a lot of interest in expanding the area. Some of these new sub-topics are highlighted here given that they reflect substantial additional content.

It is widely acknowledged that the online world, including social media apps, are an integral part of life for most adolescents (and, indeed, older generations) but there are some gaps in knowledge as to how outcomes are

influenced by it. Data that are routinely collected, such as by Growing Up in Ireland, include amount of time spent and which kind of apps are used. These are discussed in more detail later in the chapter.

In terms of new material, the adult stakeholders expressed an interest in knowing more about whether young people feel harmed by their engagement with social media. As this is not specifically covered by existing questions, and is likely to be of interest to researchers, policy-makers and young people themselves, a new item is proposed for Cohort '08 at 17. Having reviewed material from another survey, shared by one of the experts on the panel, the Department suggest an item which asks the Young Person if, in the last year, they have been upset by something they've seen on social media. If yes, there is a further question on what type of content this was ('tick all that apply'). A wide range of options is included from 'gory or violent' images to content shared by beauty and lifestyle influencers. This is to tap into the possibility that some apparently innocuous content may still upset young people if it makes their own circumstances seem substandard.

Specific questions on gambling and pornography, which are likely to be - but not necessarily - online, have also been added to the questionnaire and are discussed elsewhere.

A contrasting recommendation from the focus group with young adults was that the survey should also pick up on the positive aspects of social media and not just focus on the negative. Some of the rural participants noted that online was often their only option for pursuing certain activities as many things in-person take place in larger towns and cities. Therefore, a number of positively-framed questions have been inserted throughout the questionnaire, reflecting the different dimensions where young people might engage digitally. Some of these are the continuation of the questions from Cohort '98 at age 17 on what activities the Young Person goes online for, which includes practical items such as shopping and finding out information, as well as pastimes like music and gaming. New items have been added to the section on friends asking about how often the Young Person socialises with friends online and how many friends are online-only (see the socio-emotional chapter).

There is also a new item in the education section on self-directed learning with answer options for online resources. This helps to address two aspects of being online that came up in the focus group: a positive aspect plus a resource for young people in rural areas who cannot get to in-person courses.

> **Recommendation for positives and negatives of social media:** Insert a new question on upsetting experiences on social media, adapted from material on a survey commissioned by the National Advisory Council for Online Safety and recommended by a member of the researcher advisory group. Repeat the previous question on online activities from Cohort '98 at 17 which includes positive options. Add a question of use of self-directed resources for education, including online sources.

6.6.5 Use of Youth Information Centres and other official sources of advice

There was a specific request from the Youth Affairs Unit of DCEDIY to include a question on awareness and take-up of youth support and advice services, particularly Youth Information Centres. It would be useful for the Department to gauge the extent of awareness among young people and to, potentially, compare the profiles of those have used services, are aware of them but have not used, or not aware. This topic has not been covered before in Growing Up in Ireland, and is peculiar to Ireland, so the Department have constructed two items to address this information gap.

The first question presents a short list of potential sources of state-affiliated information and support (e.g. Youth Information Centres, Citizens Information Centre, Ombudsman, Spunout) and asks the 17-year-old to indicate whether they are aware of the service and if they have used it. A follow-up question asks those who are aware of an individual service but not used it, if they are likely to do so in the future. Arguably, a variation of this question could also be administered to those who have used it to gauge if they would be likely to use it again.

Recommendation for official sources of advice and support: Include a question which captures awareness and use of Youth Information Centres and similar organisations as described above. Consider adding a follow-up question on likelihood of using them in the future.

6.6.6 Gambling

There was a lot of interest in collecting additional information on gambling by the Young Person at the stakeholder consultations. This is in parallel with increased policy focus on the issue which saw a proposed new law, the Gambling Regulation Bill 2022, published in December 2022. This will establish a new Gambling Regulatory Authority of Ireland as a statutory body.

Cohort '98 at 17 collected very limited information on gambling because, in theory, young people should be 18 before they can gamble and only a portion of the Growing Up in Ireland sample were as old as that at time of interview. The only gambling item in the earlier wave was having a 'virtual casino' as one of the possible online activities engaged in by the 17-year-old.   However, using the limited data available from Growing Up in Ireland, researchers (Duggan & Mohan, 2023) were able to demonstrate that while online gambling was rare at age 17/18 (2.6%), those who had already started were much more likely to be gamblers at age 20 follow-up. Gambling at either age was much more common among males than females.

The Department propose to expand the data collected on gambling from Cohort '08 at 17. The suggested questions are an adaptation of questions used by the ALSPAC study. It includes a range of online gambling options such as virtual casinos and using apps to bet on sports online. Another option would be to bring forward the gambling questions used with Cohort '98 at 20 but these would also likely require adaptation to reflect the full range of gambling options now available online or in person. Piloting the ALSPAC-based questions would allow for an evaluation of the new items with a view to reverting to those used with Cohort '98 at age 20 if unsatisfactory.

In light of the stakeholder consultations, the Department also recommend asking young people a question about the use of 'loot boxes' in video games. Loot boxes are offered virtually to players as containing items of potential value in the game but without revealing the actual contents. Thus the player has to take a gamble on purchasing a loot box as it may or may not contain a particular item they want. The 'purchase' may be affected by either real money (through an in-app purchase) or giving up some sort of currency earned within the game. The reveal of the contents of the purchased loot box is typically accompanied by flashy graphics and sound effects not dissimilar to old-fashioned slot machines. There would seem to be clear parallels to more conventional gambling activities but such exchanges, at time of writing, are generally not limited to over 18s. In the UK, in 2019 and 2020 respectively, two influential Westminster committees made recommendations for the UK's gambling legislation to be extended to loot boxes; but the UK Government response in 2022 left the issue 'under review' because academic research had yet to establish a causal link between loot boxes and problematic gambling (Woodhouse, 2023).

Recommendation on gambling: Include new questions based on ALSPAC items on whether, and how often, the Young Person engages in different forms of online and in-person gambling. Ask a further question on whether the Young Person has used loot boxes within video games. These questions could be considered for either the Young Person Main or Self-Complete questionnaires but may be preferable in the latter for privacy. *Note, these recommendations were revised in light of expert feedback at the September consultation event (see section 9.2).*

The next chapter discusses the research needs for the measurement of socio-demographic characteristics in the survey.

Chapter 7
Socio-Demographic Characteristics and Family Context

7.1 Context Overview

Inequalities in outcomes between groups is typically considered along socio-demographic dimensions such as gender, income, race and family type. In Ireland, there are nine grounds for discrimination which are outlawed: gender, civil status (e.g. married or single), family status (e.g. having children), sexual orientation, religion, age, disability, race, and membership of the Traveller community. Consideration is being given to whether socio-economic status should also be added to the list. Hence from a policy perspective, it is necessary to have complete and accurate information on these characteristics of the participants to compare outcomes.

Ecological frameworks of development, such as Bronfenbrenner's bio-ecological model, also emphasise that the individual does not grow up in a vacuum. Their well-being and development is influenced by factors and actors that are proximate to them. This includes the wider community and environment as well the immediate family and school/work context. While geo-coding and data linkage have the potential to provide valuable objective information about the family's community (e.g. air quality, facilities, crime rates, area deprivation indicators), it is also important to collect the individual's perception of their neighbourhood as arguably this could have a bigger influence on their behaviour. For example, a parent may not allow their 17-year-old to go out at night because they perceive the neighbourhood to be unsafe even though the area actually has a low crime rate and vice versa.

7.2 Findings from Previous Growing Up in Ireland Reports

As the socio-demographic characteristics have been so widely used in previous Growing Up in Ireland reports, it is not feasible to provide an overview here. However, it may be said that typically children and young people in families characterised by socio-economic disadvantage in terms of income, parental education, social class or one-parent family status are at greater risk of poorer outcomes. Furthermore, such indicators of disadvantage often co-occur: for example, an analysis of mothers in Cohort '08 at age 9 (Growing Up in Ireland Study Team, 2018) found that lone parents were over-represented in both the low education (18% with Junior Cert less) and lowest income groups (43% in lowest quintile) – compared to just 9% of mothers in two-parent families with Junior Cert or less attainment and 15% in the lowest income quintile.

One good example of an analysis that considered a range of socio-demographic and area factors from Growing Up in Ireland data is a recent report by Smyth and Darmody (2021) on 'risk and protective factors in adolescent behaviours: the role of family, school and neighbourhood characteristics in (mis)behaviour among young people'. These authors noted that behavioural difficulties as measured by the Strengths and Difficulties Questionnaire were more prevalent among young people from families with one parent, lower levels of education, and who experienced financial strain during the recession. In terms of neighbourhood effects, "those living in areas characterised by mothers as disorderly (with more antisocial behaviour or public drinking/drug-taking) had greater internalising and externalising difficulties, while perceived local gang activity was associated with increased internalising and anti-social behaviour" (p.x).

7.3 Topics from Comparable Studies

Socio-Demographic Information: All studies asked participants about their household income, receipt of benefits and deprivation experience. Most studies (13 of 14, Table 7.1) asked about household composition and parental employment and education, while housing status and information regarding nationality, citizenship, language and religion were other topics that were frequently investigated across comparable studies. Questions about the quality and young person's perceptions of their neighbourhood were a less common topic, asked in five of the studies.

Table 7.1 Prevalence of Topics and Subtopics Related to Socioemotional Wellbeing, Behaviour and Relationships in Comparable Studies

Topic	Subtopic	# of studies
Socio-demographic Information	Household income / benefits / deprivation	14
	Household composition	13
	Parental employment / education / literacy etc.	13
	Housing status / garden	9
	Nationality, citizenship / language / religion	8
	Quality and perceptions of neighbourhood	5

7.4 Consultation Priorities (roundtable and focus groups)

Four new topics in the area of socio-demographic characteristics and family context are being added as a result of the consultation process: ethnicity of the Young Person, the Young Person's awareness of poverty, housing insecurity and family member with additional care needs. These are discussed in detail in section 7.6. Coverage of some existing topics is also being extended to reflect specific points. Examples of these include questions on access to kitchen facilities, adequate internet connection, cutting back on energy consumption due to lack of finances and utilisation of food banks/financial supports for food. These last two points, referred to as "food and fuel poverty" at the consultation event, were mentioned several times, as their effects on the Young Person's experience of growing up can be myriad across the dimensions of physical, mental and emotional health.

7.5 Summary of Continuing Topics for Inclusion

Unlike other themes in the instrumentation, the majority of information on socio-demographic characteristics is collected via the Parent Main Questionnaire. Therefore, all items discussed in the following sections are proposed for that instrument unless otherwise indicated.

The suitability of each topic is summarised in terms of its adherence to the criteria (see chapter 1 for further detail) used to decide which topics to prioritise (Table 7.2, Table 7.3 and Table 7.4)

Table 7.2 Summary of criteria met for topics relating to socio-demographics and family context

CRITERIA	Household composition	Housing	Parental employment	Household income	Parental education
Captures key domain	*	*	*	*	*
Policy-relevant	*	*	*	*	*
Age/stage appropriate	*	*	*	*	*
Dynamic process	*			*	
Longitudinal consistency	*	*	*	*	*
Cross-cohort consistency	*	*	*	*	*
Works well	*	*	*	*	*
International comparability	*	*	*	*	*
Captures diversity			*		
Prevalence / variance	*	*	*	*	*
Engaging to participants					
Feasibly captured	*	*	*	*	*
Not collected elsewhere					
Not overly burdensome	*	*	*	*	*

Table 7.3 Summary of criteria met for topics relating to socio-demographics and family context continued

CRITERIA	Parental citizenship etc.	YP citizenship and religion	Deprivation/ financial strain	Neighbourhood PCG	Neighbourhood YP
Captures key domain	*	*	*	*	*
Policy-relevant	*	*	*	*	*
Age/stage appropriate	*	*	*	*	*
Dynamic process			*		*
Longitudinal consistency	*		(partial)	(with age 9)	
Cross-cohort consistency	*	*	(partial)	*	
Works well	*	*	(partially tested)	*	
International comparability	*	*			*
Captures diversity	*	*	*		
Prevalence / variance	*	*	*	*	*
Engaging to participants					*
Feasibly captured	*	*	*	*	*
Not collected elsewhere			*	*	*
Not overly burdensome	*	*	*	*	*

Table 7.4 Summary of criteria met for topics relating to socio-demographics and family context continued

CRITERIA	Intergenerational characteristics	Familial contact with CJS
Captures key domain	*	*
Policy-relevant	*	*
Age/stage appropriate	*	*
Dynamic process		
Longitudinal consistency		(partial)
Cross-cohort consistency	*	*
Works well	*	
International comparability	*	*
Captures diversity	*	
Prevalence / variance	*	*
Engaging to participants	*	
Feasibly captured	*	*
Not collected elsewhere	*	*
Not overly burdensome	*	

7.5.1 Household composition

The initial part of the parent's questionnaire is concerned with establishing where the 17-year-old is living, and assuming with the parent, who else lives in the household. If the parent in the current interview is the person who completed the household grid the last time, then the details can be fed forward such that the parent confirms previous details and provides updates if necessary rather than filling out all details afresh. 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 Young Person and the parent completing the grid. This section is also used for routing later in the questionnaire.

> **Recommendation on household composition:** Repeat section as previously used with Cohort '98 at 17 with forward-feed of previous information to reduce respondent burden.

7.5.2 Accommodation

The questionnaire for Cohort '08 at 13 had more questions on housing and accommodation than did Cohort '98 at 17. As longitudinal consistency is likely to be more important than cross-cohort consistency, and the continuing policy interest in this area, it is recommended that the Cohort '08 questions at 13 be repeated at age 17. These include questions on **type of accommodation** (e.g. house, apartment), nature of occupancy (e.g. owner-occupied, rented), number of rooms and bedrooms, and access to a garden area.

There are also some questions on the **quality of accommodation** such as presence of double-glazing and insulation or problems such as damp or noise. These questions have policy relevance not just for health and deprivation but also in relation to the energy efficiency of homes.

At the stakeholder consultation, there was a request for an additional question on whether the family has access to kitchen facilities to prepare their own meals. This is likely to apply only to people in emergency or temporary accommodation so could likely be routed on type of accommodation.

The importance of an **adequate internet connection** was highlighted during the COVID-19 lockdowns. The questionnaire for Cohort '08 at 13 included a question on type of connection (e.g. broadband, dongle); however, it may be more useful to ask the parent whether their internet is of sufficient quality in terms of speed and reliability. Therefore, a new question to that effect is proposed for the pilot. In theory, given the 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 is technically available.

> **Recommendation for accommodation:** Repeat the questions on type and quality of accommodation as used with Cohort '08 at 13. Add two new questions on access to kitchen facilities and quality of internet connection as described above.

7.5.3 Parental employment status

The nature and status of the parent's employment is a key variable for contrasting subsequent child and family outcomes. Nature of employment heavily influences family income and is also used to construct a social class variable. For longitudinal consistency the Department recommends repeating the questions as used with Cohort '08 at 13; which in turn will be very similar to Cohort '98 at 17. An initial question on principal economic status (employee, self-employed, home duties, retired, etc.) dictates a routing path into more detailed questions on the nature of the work, whether it involves supervising others. There is also a question on working from home, added at the most recent wave in light of changed work practices post-COVID.

If the respondent is not currently working there are questions about past employment. In previous Growing Up in Ireland surveys, the Primary Caregiver has also been asked for the occupation of their spouse/partner so that household social class may still be estimated even if he/she does not complete their own interview.

> **Recommendation for parental employment status:** Repeat questions as used with Cohort '08 at 13.

7.5.4 Household income

The income available to the family is a key determinant of resources available to the Young Person. It is one of the most widely used predictor variables in the Growing Up in Ireland datasets. As well as **how much**, the questions used with Cohort '08 at 13 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. Details 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 household income:** Repeat questions as used with Cohort '08 at 13 to collect details on amount and sources of household income. Use data linkage to provide details on type and amount of social welfare payments.

7.5.5 Parental education

Along with income and social class, parental education is a key predictor of outcomes and widely used in the context of Growing Up in Ireland data. The format for Cohort '98 at 17 was that an initial question fed forward the parent's highest level of education recorded at the previous interview. If the respondent confirms this information is still correct, then no further questions on education are needed. If educational status has changed, or if it is a new respondent, then follow-up questions on level and year of attainment, name of highest qualification and age of leaving full-time education for the first time would be required.

Recommendation for parental education: Repeat questions as used with Cohort '98 at 17 but with the expectation that highest level of attainment will be unchanged from the previous wave for the majority of respondents.

7.5.6 Parental citizenship, country of birth, length of time in Ireland and ethnicity

The parental characteristics of citizenship, nationality, ethnicity and length of time living in Ireland are key variables for researchers in the area of integration. However, it is expected that most respondents will have provided this information at an earlier wave and it should not need to be repeated. A possible exception would be for parents who were not previously citizens of Ireland but who might have become so since. If needed, the questions used with Cohort '98 at 17 could be repeated.

Recommendation for parental citizenship and associated questions: Repeat questions from Cohort '98 at 17 if a new respondent. Otherwise, only repeat the citizenship question if not previously an Irish citizen.

7.5.7 Young person's citizenship and religion

Cohort '98 at 17 asked the Young Person to describe their own citizenship, religious beliefs and attendance, and spirituality. These questions could be repeated for Cohort '08 at 17 as they tie-in with the interest in young person's self-reported ethnicity that emerged at the stakeholder consultations (see earlier section). However, if there is pressure on space in the questionnaire they could reasonably be deferred until age 20, given the likelihood that most people who were born in Ireland will have Irish citizenship and share the religious affiliation of their parents while still living at home. An analysis of discord between the religious affiliation of young people and their parents among Cohort '98 at 17 could inform this decision.

Recommendation for young person's citizenship and religion: Repeat questions as used with Cohort '98 at 17 but with the possibility of deferring them until age 20 pending an analysis of the data collected with the older cohort.

7.5.8 Deprivation and financial strain

Historically, Growing Up in Ireland questionnaires had measured **deprivation** using a set of items derived from the widely used EU SILC measure. This measure asks whether the household can afford items such as new rather than second-hand clothes or to replace worn-out furniture. The items were used with Cohort '98 at 17 but discontinued for Cohort '08 at 13. Parents of Cohort '08 at 13 were just asked questions on **financial strain**. One of these is a core question on difficulty making ends meet which has been used consistently in all Growing Up in Ireland waves. Another question asked 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 could not afford it. The last question in this section for Cohort '08 at 13 was whether their financial situation had improved or deteriorated since the last interview.

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.

At the stakeholder consultations there was a call for more information on **food and fuel poverty** in particular. The latter could be addressed by re-inserting a question from Cohort '98 at 17 on whether the household has had to go without heating in the last 12 months because of a lack of money. Questions on whether the family

has used a food bank and/or received financial support from a charity could also be added to address this specific point from the stakeholder feedback. Another alternative is to ask some of the new items proposed for the Young Person (see start of chapter) of the parent as well: cutting back on heating or electricity, and eating less or cheaper food to save money. 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 on deprivation and financial strain:** 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; as well as two further items on using a food bank or receiving support from a charity such as SVP to address points raised in the stakeholder consultation could be piloted. Observing a change over time in the family's ability to meet an unexpected expense of €1,000 and indebtedness would also be useful.

7.5.9 Neighbourhood (parent report)

In most waves of Growing Up in Ireland to date, including Cohort '98 at 17, 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. Parents of Cohort '98 at 17 were also asked if they intended to stay living in Ireland and in that area. An indicator of how highly the parent rates the area is useful for evaluating community effects on outcomes. It would be particularly important to include these questions for Cohort '08 at 17 because they were excluded from the age 13 wave for reasons of space in the telephone interview, and a 'catch-up' on these data is needed. The one area-based item that did feature at that wave was in relation to the availability of green space to exercise within 2km – as this was important during the COVID-19 lockdowns. It could be repeated for age 17.

There was a new item on gangs added to the questionnaire for Cohort '98 at 17 in response to an expert recommendation at the time. It is suggested that parental concern about gang activity be repeated at this wave. Concerns about gangs are likely to fall into two broad categories: the family being a victim of gang crime (e.g. a burglary) or gang members having an adverse influence on the Young Person (e.g. enticing them into criminal behaviour).

> **Recommendation for neighbourhood (parent report):** Repeat questions as used with Cohort '98 at 17, including concerns about gang activity, plus the additional green space item asked of Cohort '08 at 13.

7.5.10 Neighbourhood (young person report)

At the stakeholder consultations, there was interest in exploring the Young Person as part of the community and not just the family or school, and in particular the physical spaces available to them. In the focus group with young people, those living in rural areas noted the lack of activities available to them in contrast to their urban peers.

For Cohort '98 at age 17, young people were asked generally the same questions about perceptions of neighbourhood quality and facilities as their parents. While interesting, these do not really capture the essence of what came up in the recent consultations. Furthermore, if the parents are also to report on neighbourhood quality, the space in the Young Person Main Questionnaire may be better utilised with more tailored questions. The Department therefore suggests piloting some questions from the Planet Youth survey. One block of items focuses on access to activities; for example, 'there is a lot to do in my neighbourhood/community' or there is stuff to do but they cannot access it because of transport or costs. A second block asks whether the Young Person feels safe (separately) at home, in school and in their neighbourhood.

Some additional questions previously used with Cohort '98 at 17 on how long they have lived in the area and whether they plan to leave Ireland could be informative, especially in the context of the housing crisis. From a policy perspective, it would be informative to see if more young people are planning to emigrate in 2025 than had done so in 2015; and if yes, what is the profile of the pending 'brain drain'.

> **Recommendation for neighbourhood (young person report):** Repeat questions from Cohort '98 at 17 on length of time in area and intention to emigrate but replace previous 'neighbourhood quality' items with new questions from the Planet Youth survey that focus on access to activities and feeling safe. *Note, these recommendations were revised in light of expert feedback at the September consultation event (see section 9.3).*

7.5.11 Intergenerational characteristics

Parents in Cohort '98 at 17 were asked to provide some retrospective information on their household circumstances when they themselves were 16 (family structure, financial strain) and some detail on their own parents (i.e. the Young Person's grandparents). These questions fell into two broad categories: the socio-economic characteristics of the grandparents (education, occupation, etc.) and, if deceased, age and cause of death. The latter is of interest in terms of heritable conditions and intergenerational life-expectancy. The former can inform analyses of social mobility across generations. Recent debate has raised the possibility that the next generation will be the first in decades to be worse off than their parents. Another angle in terms of equality is the notion of privilege, not just from parents to children but extending further back. While the full extent of intergenerational transmission of health or social advantage/disadvantage will not be known until Cohort '08 are older; this wave likely represents the last opportunity to collect information about grandparents from both the maternal and paternal sides.

> **Recommendation for intergenerational characteristics:** Repeat questions on household circumstances in parent's youth and characteristics of grandparents as used with Cohort '98 at 17.

7.5.12 Familial contact with the criminal justice system

Consultations with experts in advance of Cohort '98 at 17 resulted in questions about whether the Young Person's parents, aunt/uncles or siblings had been in trouble with Gardaí/police (other than for traffic offences) and/or been to prison. The rationale at the time was the potential exposure to criminality and whether this might increase the risk of the Young Person becoming involved in crime themselves. If the parents have been to prison then this will likely have a negative impact on their job prospects, and subsequently household income, as well as potential disruption to the parent-child relationship depending on the timing and duration of the imprisonment (details of which were not collected).

The Growing Up in Ireland Study Team have received numerous queries about outcomes for children of prisoners over the years, and so it is recommended that the questions to the parent about their own contact with the Criminal Justice System and experience of prison be continued. It is further suggested that in the limited cases where the parent has been to prison, they be asked to indicate if this was since the Young Person was born. This information could be used to refine analyses seeking to link parental imprisonment with child outcomes.

The rationale for collecting information on siblings or aunts/uncles being in trouble with Gardaí/police or going to prison with Cohort '98 at 17 remains valid, but with increased awareness of data protection and minimisation principles, it may be more difficult to justify collecting in respect of Cohort '08 at 17. It is, therefore, recommended for Cohort '08 at 17 that parents are just asked about their own history of contact with the Criminal Justice System.

Related questions – 'parent in prison' and 'sibling in prison' – are also included as items in the list of potential

adverse events that are reported by the Young Person (see socio-emotional well-being chapter). To address potential disclosure concerns about 'sibling in prison' and to partly compensate for removing related questions in the parent self-complete questionnaire, it is suggested that this item from the adverse events list be reworded as 'other close family member in prison (e.g. sibling, aunt/uncle, grandparent)'.

> **Recommendation for familial contact with Criminal Justice System**: Repeat questions to parent about their own contact with the Criminal Justice System and imprisonment but discontinue those in relation to siblings and aunts/uncles. If the parent has been to prison, ask a new question as to whether this was since the Young Person was born. There is a further suggestion to adapt the related item in the list of adverse events on the Young Person Self-Complete Questionnaire as described above.

7.5.13 Other

A question on period poverty and questions about the impact of COVID-19 are discussed in the health chapter.

7.6 Summary of New Topics for Inclusion

The consultation process and review process highlighted a number of potential new topics to explore in the domain of socio-demographic characteristics and family context. Four have been put forward for inclusion in Cohort '08 at 17. These are described in the following paragraphs, and Table 7.5 below evaluates them against the selection criteria.

Table 7.5 Summary of criteria met for new topics proposed for socio-demographic characteristics and family context

CRITERIA	Ethnicity of Young Person	Awareness of poverty	Housing insecurity	Family with care needs
Captures key domain	*	*	*	*
Policy-relevant	*	*	*	*
Age/stage appropriate	*	*	*	*
Dynamic process				
Longitudinal consistency				* (age 9)
Cross-cohort consistency				
Works well	*			*
International comparability	*			
Captures diversity	*			*
Prevalence / variance	*	*	*	*
Engaging to participants	*			
Feasibly captured	*	*	*	*
Not collected elsewhere		*	*	*
Not overly burdensome	*	*	*	*

7.6.1 Ethnicity of the Young Person

Although the ethnicity of the parent(s) has been recorded in previous waves of Growing Up in Ireland, the Young Person has not yet self-reported their own ethnicity. The standard format asks the participant to choose between four broad categories of White, Black, Asian or other and then a subcategory within that; one of which is Traveller. This variable was requested in the stakeholder consultation as useful for integration research. It also reflects the Young Person's own sense of identity, which may differ from their parent(s).

> **Recommendation for ethnicity:** Include the standard question on ethnicity, as used previously in Growing Up in Ireland and the Census, on the Young Person Main Questionnaire.

7.6.2 Young Person's awareness of poverty

The issue of household poverty was raised multiple times at the stakeholder consultations. A longstanding issue, the prevailing economic context of a cost of living crisis has increased the policy relevance of this issue. Even though the Growing Up in Ireland study, and other CSO household surveys, has well-established instruments for collecting poverty data, stakeholders were particularly interested in knowing whether the young people were cognisant of their family's economic straits. The Department have developed a new set of six questions for the Young Person targeted at how they may have altered their behaviour in recognition of the financial pressure on the household. They are informed by qualitative research such as that of Odenbring (2019). The proposed items are: being reluctant to bring friends home, cutting back on energy to save money, eating less or cheaper food, going without something for school, getting a job or working extra hours, giving or lending money to parent(s). It is also suggested that the Young Person be asked the same question as parents on how easy or difficult it is for the household to make ends meet.

> **Recommendation for Young Person's awareness of poverty:** Pilot six new questions on the Young Person's actions in response to household financial challenges as described above. Also ask the 17-year-old the same question on 'making ends meet' as parents but with some consideration as to whether a wording change might be need for the younger participant. These items should be on the Young Person Self-Complete Questionnaire to avoid potential embarrassment for them.

7.6.3 Housing insecurity

At the time of the consultations, and for some time prior, the housing crisis has been the subject of much political and public debate. A major policy initiative, Housing for All, has already been commenced; however, the scale of the issue suggests that it will still be of concern by the time Cohort '08 are 17 in 2025. Several stakeholders who spoke to Growing Up in Ireland wanted to know whether the housing issue was concerning young people even though virtually all will be expected to be still living with their parent(s). It is proposed that this research need be mostly addressed by incorporating the housing issue into other questions: as a barrier to accessing higher education (education chapter), as one of the social issues they might be concerned about (civic engagement chapter), experience of homelessness as a possible adverse event and as a parental concern for the Young Person (both socio-emotional well-being chapter). For this specific chapter on socio-demographics and family context, a new question for the parent is proposed: how confident they are of being able to stay in their current accommodation as long as they want to. This question could be routed to just those staying in some sort of rental or other temporary accommodation, although it's possible that families who are falling behind on their mortgage might also fear having to leave. To capture the latter, an additional question to parents on whether they are falling behind on mortgage or rent might also be useful. A similar question was asked of Cohort '08 at age 9.

> **Recommendation on housing insecurity:** Difficulties with housing/fear of homelessness to be inserted into existing questions as described above and discussed in other chapters. Two questions to be added to the

Parent Main Questionnaire: one on falling behind with rent or mortgage (as per Cohort '08 at 9) and one on level of confidence that family will be able to remain in current accommodation.

7.6.4 Family member with additional care needs

Young people who require additional care because of an illness or disability, or who live in a household with someone who requires additional care, are likely to experience a very different family context to a 17-year-old who does not. Even if the Young Person is not the individual who requires additional care, there could be more pressure on family resources due to increased expenditure/reduced income, reduced availability of the parent to the Young Person (e.g. to help with study or discuss troubles) and higher levels of stress all round. While the young people and their families may not perceive providing care to a family member as a burden per se, it has the potential to put them at a material disadvantage and hence it is an issue of policy relevance.

The same Cohort '08 parents were asked about additional care responsibilities when the children were aged 9 years. They were not repeated at age 13 due to time constraints in the phone interview. However, now would be an optimal time to repeat the previously used questions which have the potential for measuring change over time, capturing this feature of the family context at a likely stressful time for the Young Person (exam pressures), and a possible increase in prevalence as the parents' own parents become elderly. Therefore, the Department recommends repeating the age 9 questions on whether additional care is provided to someone by the parent, how that person is related to the family, whether they live in the household, how much time is required and whether it puts pressure on the family.

> **Recommendation on family member with additional care needs:** Repeat questions to the parent from Cohort '08 at age 9 on caring responsibilities and impact on the family context, as described above. For longitudinal consistency, it would be preferable to have these question on the Parent Main questionnaire but consideration could be given to moving them to the self-complete due to their potential sensitivity.

The next chapter outlines suggestions related to methodology in the survey and describes data to be collected which will supplement the main questionnaires.

Chapter 8
Supplementary Measurements and Methodological Considerations

8.1 Overview of Main Structure

This chapter outlines the recommendations for the 'who/what/where/how' as part of the research needs identified for Cohort '08 at 17. It makes suggestions for how the variables could be structured by respondent and instrument based on previous waves of Growing Up in Ireland, including a survey of school principals. There are also observations on design and methodology considerations such as the potential value of including a booster sample.

8.2 Respondents and Instruments

It is recommended that the interviews with parents and young people be conducted face-to-face in the home where possible. This dimension is particularly important because (a) the last wave, at age 13, had to be conducted remotely because of the pandemic meaning that it will have been eight years since the family last had a face-to-face visit, (b) re-establishing a more personal contact with the Young Person before they potentially leave home could be important for retaining them in the study for future waves, and (c) the remote nature of the age 13 phase meant that important measurements like height and weight, and cognitive ability, were not assessed in the desired way.

The following paragraphs summarise the respondents and their associated instruments.

Young Person age 17:

- Face-to-face interview with a 'main questionnaire' and a 'self-complete' instrument to be filled out during a household visit
- The instruments used with Cohort '98 at 17 are being used as the base framework
    - Supplemented with newer questions from Cohort '98 at 20/25 and Cohort '08 at 13
    - Some brand new topics and questions as described in the preceding chapters of this report
- Paper/oral cognitive assessment as used with Cohort '98 at 17
- Height and weight measurement to be taken by the interviewer; consideration to be given to a weighing device capable of other biomarkers such as body fat percentage

Parent One/Primary Caregiver (PCG):

- Should be the person 'who provides most care' to the 17-year-old; in past waves this has typically, but not necessarily, been the mother of the Young Person;
- Face-to-face interview with a 'main questionnaire' and a 'self-complete' instrument to be filled out during the household visit. Content of these to be finalised before drafting the Secondary Caregiver (SCG) instrument
- The instruments used with Cohort '98 at 17 are being used as the base framework
    - Supplemented with newer questions from Cohort '98 at 20 and Cohort '08 at 13
    - Some brand new topics and questions as described in the preceding chapters of this report
- Weight measurement to be taken by the interviewer; also height if not available from earlier wave

Parent Two/Secondary Caregiver (SCG):

- The resident spouse/partner of the PCG and typically, but not necessarily, the father of the Young Person

- Face-to-face interview with a 'main questionnaire' and a 'self-complete' instrument to be filled out during the household visit.

  - A subset of the PCG instrumentation focusing on the SCG's own characteristics and their individual relationship with the Young Person.

- Weight measurement to be taken by the interviewer; also height if not available from earlier wave

Twin of the Young Person:

- As per previous waves, it is recommended that the twin or triplet of the Young Person be invited to complete a full suite of Young Person instruments; and that child-specific details on the parental questionnaires be repeated for the twin in a 'twin module' for the parent(s).

School Principal:

- Postal questionnaire, modelled on previous instrument used with principals in Cohort '98 at 17 and Cohort '08 at 13

- Previously, these were sent to all schools in parallel with main fieldwork in anticipation that most schools would have at least one cohort member attending. This has the advantage of the school data being collected contemporaneously with household fieldwork rather than afterwards.

Non-resident Parent:

- Previous waves of Growing Up in Ireland have resulted in small percentages of completed surveys from non-resident parents.

- It is proposed that further discussion on the practicalities and cost-benefit take place before a firm recommendation is made.

Time-Use Diary:

- In previous waves of Growing Up in Ireland, including Cohort '98 at 17, this was left in the home as a paper document to be completed by the household on a specified day shortly after the interview and returned by post. Note the time-use diary for Cohort '98 at 17 also included a more detailed food frequency questionnaire.

  Recommendation: Given that this interview will likely already be time-consuming for the Young Person, it is suggested that the time use diary instead be implemented as an inter-wave mailing for postal (or online) despatch and return.

Proxy Questionnaires for Young People with a moderate or severe disability:

- For this Cohort '08 at 13, there were two alternative options for a Young Person with a disability to participate. One option was a shorter version of the main instrument which was completed by the Young Person. The other alternative was a proxy questionnaire to be completed by the PCG on behalf of the Young Person.

  Recommendation: A similar protocol should be put in place for age 17. This might benefit from more detailed feedback from the National Disability Authority or similar.

Nested Studies Protocol:

A learning point from the stakeholder consultations with academics, policy-makers and NGOs was the desire for more detailed data on key topics. However, it is not feasible to capture the level of detail sought on all topics from all participants within the time constraints of the regular household interview. A nested study protocol could be the best solution to collect more detailed information on a specific issue from a sub-sample of participants; for example, young people who gamble, or vape, or have a disability.

Recommendation: Developing a nested studies protocol in tandem with preparations for the main study would streamline the process for potential applicants and reduce the delay between key information being collected in the main interview and any subsequent follow-up as part of a nested study. Consideration would also be needed as to whether a 'consent to be contacted about a nested study' question should be collected as part of the main interview.

8.3 Sample

It is recommended that the previous protocol of inviting all of the original respondents at age 9 months, unless withdrawn, deceased, emigrated or otherwise non-contactable be continued.

It is further recommended that a **booster sample** be drawn to supplement the existing panel, in particular to add individuals who have come to reside in Ireland since they were babies. This is because the sample as it stands is solely comprised of individuals who were already resident in Ireland prior to age 9 months (in 2008), which could not be said to be currently nationally representative of all 17-year-olds in Ireland (or as it will be in 2025).

It would be optimal to roll out a booster sample at this wave, rather than a later one, before the young people leave home and school. As this might be the last wave in which a parent is interviewed, it could also be the last opportunity to collect retrospective information on new joiners (for example, birth weight, breastfeeding, early years care and education). It would also mean that key information about the (new) young person's school could be collected from the principal.

8.4 Other Considerations to be Discussed

- Data linkage possibilities to either replace or enhance information collected through interview need to be discussed in more detail.
- Given the likelihood of requests for geo-coding linkage in the future, it would be useful to discuss if and how, this might influence the structure of the main household interview.
- The perennial request for biomarkers such as blood and saliva arose again during the most recent consultations. While the window to set up this complex function is likely too tight for Cohort '08 at 17, starting an exploration of requirements and logistics now could put the study in a position to roll this out at the following wave (expected to be age 20).

8.5 Principal Questionnaire

8.5.1 Background

In previous school-age waves of Growing Up in Ireland, a paper questionnaire has been posted to the principal of the school attended by the Study Child/Young Person. This instrument focuses on the characteristics of the school such as staff and student composition, available facilities, courses offered and policies on, for example, admission and streaming. For secondary schools, the practice has been to send questionnaires to all schools in

the country before household interviewing has finished, in anticipation that most schools will have at least one Growing Up in Ireland participant. This method also means that the information on school characteristics is collected almost contemporaneously to interviews with the Young Person and caregivers rather than waiting to identify the schools attended by participants before sending out the Principal Questionnaire.

In the recent consultations with (adult) stakeholders there was strong support for continuing the practice of administering a Principal Questionnaire.

Previous questionnaires

The two most relevant instruments to the forthcoming survey with Cohort '08 at 17, in terms of the Principal Questionnaire, are those sent to schools attended by Cohort '08 at 13 and Cohort '98 at 17. While the two questionnaires have a lot of overlap, the survey used for Cohort '08 at 13 included several new sub-topics such as facilities made available to parents, healthy eating policies and presence of vending machines, and the involvement of students in decision-making. By amalgamating questions from the two sources, it should be possible to achieve a high degree of both longitudinal and cross-cohort consistency in the Principal Questionnaire instrument. It should be noted that there are some instances of a slight change in wording between similar questions for Cohort '98 at 17 and Cohort '08 at 13: for example, in the former there was a question about "foreign-national pupils" but it was phrased as "students from an immigrant background" in the latter. Where there is a difference in wording between the two main sources, we have generally drawn on that used with Cohort '08 at 13 for the variable specification document that was submitted to the CSO.

8.5.2 Linkage to other sources of school information

To reduce the burden on individual school principals, consideration could be given to liaising with the Department of Education on what school characteristics (such as absenteeism rates and DEIS status) might be available to link directly to the Growing Up in Ireland data. As well as reducing the length of the questionnaire, it could also mean that some key school characteristics could be made available to researchers even in the absence of a completed Principal Questionnaire. If exploring this avenue, care would be needed to ensure the linked data covered the same reference period as the questionnaires do/would have and there are no unusual circumstances that could compromise the central data (e.g. the recent amalgamation of two schools meaning current pupil numbers being very different to the estimate from the previous year).

8.5.3 Method

As noted, previously school questionnaires have been printed and sent out by post. This has some advantages in that (a) the principal can fill out sections when they have a window and complete the entire questionnaire over a few days at their convenience, (b) some items such as numbers of pupils and staff could be delegated to an administrator if available, and (c) the paper questionnaire can be browsed before starting completion to see what information will be required (e.g. absenteeism rates). The main disadvantage is that the data have to be manually transcribed from the paper questionnaires into the computer system which is time-consuming and carries a risk of errors, especially when trying to decipher hand-written script.

For the pilot with Cohort '08 at 17, it could be worth considering a split-sample whereby some principals are asked to complete on paper as before while others are offered a link to an online version. An alternative option would be to send both a paper questionnaire and a link to the online version to principals in the same mailing: this would allow the principal to see from the printed questionnaire what kind of information they will need to pull together, but to complete online if that is their preference.

Any online format of the questionnaire would need to be available in Irish as well as English.

8.5.4 Summary of topics

Virtually all the questions on the proposed variable specification for school principals have been drawn from the equivalent instrument used with either Cohort '98 at 17 or Cohort '08 at 13 (referred to as the 'source instruments' in the rest of this section for brevity). As the design reports for these waves already discuss the rationale for specific variables, the coverage here will be in summary form only.

Information on the principal

The starting section collects basic demographic details on the principal's own sex, age and number of years' experience as a principal. The questions were previously used in both source instruments and may be useful background details for researchers seeking to explain school-level variance, as well as providing basic descriptive information on the individuals in charge of secondary schools in Ireland. A revised version for Cohort '08 at 17 may wish to add 'other' and 'prefer not to say' answer options to the sex/gender question, in keeping with similar revisions across the survey.

School characteristics

Basic description of the school

This section collects descriptive information on the school including number and gender mix of pupils, type of school (fee-paying, boarding, etc.), number of teachers, DEIS status, language medium of the school, religious ethos of the school (if any), and what other factors (such as sports or social justice) are important to the school's ethos. Again, these variables will likely be of interest to researchers examining school-level variance in student outcomes. Most of these questions appear on both source instruments but those on language medium and additional influences on ethos were only on the Cohort '08 at 13 survey. As with the question on the principal's own gender, a new iteration might want to consider an 'other' option in the tables for recording number of boys and girls, and number of male and female teachers, in the school.

Resources and facilities

This section contains questions relating to the physical infrastructure and human resources available to students in the school. In terms of physical facilities there are questions on the age and capacity of the school building, and the principal is asked to rate the adequacy of facilities such as number of classrooms, sports facilities, science labs. Other questions refer to staffing resources such as special needs assistants, language support teachers, and guidance counsellors; and also whether these are adequate for the students' needs. There is also a question on whether the school participates in the School Completion Programme. This information will be of interest to policy makers and researchers looking at, for example, inequalities in school experience. Most of these questions are on both of the source instruments, with some small variations. The question on when the school was last renovated or extended was asked of principals in Cohort '98 at 17 but not Cohort '08 at 13.

Curriculum, teaching and learning

It is likely that questions in this section will need updating closer to fieldwork to reflect the latest developments in programmes and subject choices, but a combination of questions from both previous source instruments are a useful template in the interim.

Programme and subject availability

The core questions are on what programmes the school offers (e.g. Transition Year, Leaving Cert Applied) and what subjects are available to students on senior cycle. Availability of choice in programmes and subjects will

likely have a strong influence on students' post-school pathways.

Allocation to classes/streaming

There is a question on how students were allocated to their base classes at junior cycle, which is mainly concerned with the use of streaming (by ability level). Streaming has been a 'hot topic' in education research for some years.

Reduced timetable

A question that appeared on the Cohort '08 at 13 instrument previously but will be relevant again at 17 (even though not asked for Cohort '98 at 17) is the number of students on a reduced timetable or shorter day. The reduced timetable issue is of interest to policy makers and other stakeholders concerned with the impact on possibly already disadvantaged students.

Use of electronic devices

Another more recent question from the instrument used with Cohort '08 at 13 is the proportion of students using an individual electronic device (e.g. a tablet) for educational purposes in the classroom. The use of electronic devices is a relatively new phenomenon and the long-term impact on learning or the potential for inequalities between students with and without devices is not yet well understood.

Student profile and school supports

Admissions policy

Schools in highly populated areas or with a good local reputation may have more applications than places available. This initial admissions policy will likely influence the student profile for the whole period that an individual student attends, so even at this late stage for the Study Young Person, it is useful to collect information on whether the school is typically over-subscribed and, if so, what criteria are used to filter applications. Similar questions were collected on both of the original source instruments.

Student profile

The first question in this section refers to the numbers of students with literacy, numeracy or emotional/ behavioural difficulties. In the expert consultation, it was suggested that a fourth category of 'mental health difficulties' be added for the upcoming round; although this may require a rewording of the third existing category of 'emotional/behavioural difficulties' to avoid overlap. There is a separate question on the numbers with characteristics that could increase the need for additional supports; such as students with a sensory impairment or not having English or Irish as a native language. Together these questions give a sense of the diversity within the school's student population as well an indicator of the intensity of resources required.

There are further questions on absenteeism rates and the proportion of students who go on to higher education. In general, there were similar questions on both source instruments but with some changes to language, particularly for the question on student characteristics (e.g. 'from an immigrant background' instead of 'foreign-national').

School supports

The first question in this section concerns all the different staff members that provide personal and social support to students. The list includes options such as the 'pastoral care team' and student mentors, and principals are asked to indicate all that are available plus the one category they feel is the most important source of support.

This question illuminates the role of schools in supporting students emotionally. There was a similar question on both of the source instruments.

A second question in this section, on whether the school provides a breakfast club and/or free lunches, was asked of principals in Cohort '08 at 13 but not Cohort '98 at 17. Access to sufficient, quality food has always been of concern to policy makers but may increase in prominence if the cost-of-living crisis continues up to fieldwork in 2025.

School environment

This section has the greatest proportion of questions that were new to the survey for Cohort '08 at 13 and did not feature on the instrument used with Cohort '98 at 17.

Facilities outside class time

There is overlap between the source instruments on the first question, provision of activities such as homework club and sports outside formal class time. Allowing access to school facilities outside class time may be particularly important in communities where these facilities would be otherwise limited, or unavailable to individuals due to cost.

Healthy eating

The questions relating to a healthy eating policy and presence of vending machines in the school are drawn solely from the Cohort '08 at 13 instrument. Given the policy focus on reducing rates of overweight and obesity among children and young people, these questions provide potentially important information on access to unhealthy drinks and snacks within schools.

Student input to decision-making

This is a question previously used with Cohort '08 at 13 (only). The principal is asked to indicate how much students' opinions are taken into account in school decisions in relation to (separately) rules, class teaching, teaching materials and uniforms. This topic is of interest to those concerned with the principle of children and young people having a say in matters that affect them, and whether inclusion in such decisions benefits student well-being. The upcoming survey with Cohort '08 at 17 might benefit from a follow-on question as to how student input is gathered (e.g. student council, ballots of all students, etc.) as formats where all students can vote may be more inclusive than, for example, consulting only a small number of student representatives.

Bullying and discipline

Both source instruments included a question on whether the school has an anti-bullying policy. A review of the data relating to this question for Cohort '08 at 13 might inform a consideration to remove this question, if there was universal endorsement at the most recent wave.

Principals of Cohort '08 at 13, but not Cohort '98 at 17, were asked a detailed question on the extent to which different forms of discipline are used. Options include detention, reports to parents and restorative justice. Suspension and expulsion are also listed as options, which may have particularly negative consequences for the student concerned.

Parental involvement

Parent-teacher meetings

Interactions between school and parents are a good example of the 'mesosystem' in the bio-ecological model that forms the backbone of Growing Up in Ireland's conceptual framework. The initial questions in this section are the standard ones from most previous questionnaires re parent-teacher meetings.

Facilities/resources for parents

There were new questions on the instrument for Cohort '08 at 13 which collected information about facilities the school offered to parents such as parenting or other courses and access to health/social service professionals on school premises. These facilities are likely to be important in areas where parents might otherwise have difficulty accessing such resources.

Voluntary contributions from parents

Conversely, this section also collects information on whether the school receives voluntary monetary contributions from parents (also a new question from Cohort '08 at 13). This issue is of interest to policy makers and other stakeholders, particularly the extent to which the practice might exacerbate inequalities; where students attending schools in wealthy areas will benefit from a potentially high level of contributions while schools in disadvantaged areas collect less or do not feel it appropriate to ask at all. There may also be inequality at the family level with poorer households being asked to contribute a relatively higher proportion of their income compared to wealthier families.

Experiences as Principal

Perception of students

This question about the principal's perception of the students in the school was asked of Cohort '98 at 17, although not in the more recent Cohort '08 at 13. Despite lacking longitudinal consistency, there is scope for interesting cross-cohort comparisons – especially given the intervening pandemic -in terms of principals' perceptions regarding students enjoying school and being well-behaved.

Job stress and satisfaction

The first two-part question in this section on how (a) stressed and (b) satisfied principals feel in their job features on both source instruments, so there is scope for both longitudinal and cross-cohort comparisons. While of interest in itself to education researchers, answers to these questions could reflect the general school climate – which in turn is an important part of the Young Person's microsystem.

The second question in this section was introduced for Cohort '08 at 13. In that iteration, it was an open-ended question to principals inviting them to describe 'the main challenges facing [them] as a principal'. When used previously, respondents could put in a substantial amount of free text; however, this option may be less desirable in the context of coding responses. While a free text response with subsequent coding may be preferable for researchers, an alternative version with a wide-ranging list of responses may be sufficient for the next wave. Some suggestions for a 'tick all that apply' format were given in the variable specification document for the upcoming wave – these could be further informed through a review of coded responses from Cohort '08 at 13.

8.6 Recommendations for Supplementary Measurements

8.6.1 Tests of cognitive ability

Vocabulary test

Age 17 participants in Cohort '98 completed a short English vocabulary test as part of their home interview. The test was the same as used with the BCS 70 and MCS participants in the UK, so repeating it with Cohort '08 would allow for cohort comparisons both within and beyond Growing Up in Ireland's Cohort '98. Permission to use the test, and the actual test items, would have to be sought from the Centre for Longitudinal Studies.

The test is short with respondents given just a few minutes to complete 20 items (plus time to read the instructions). Each item consists of a target word (e.g. 'bitter') and a choice of other words, from which the participant selects the word closest in meaning to the target word (e.g. 'sweet', '**sour**', 'fast', 'deep', 'urgent'). The items get more difficult as the test progresses to avoid ceiling effects. The test is completed on paper and timed by the interviewer.

Among Cohort '98 at 17, the vocabulary test scores correlated well with attainment in the Junior Certificate exams (Murray, 2018). In general, measures of vocabulary are closely associated with assessments of general intelligence but will be more difficult for some people, such as those whose first language is not English. However, in Growing Up in Ireland such characteristics are noted elsewhere in the dataset and can be used to put vocabulary scores for individuals in context.

> **Recommendation:** Repeat the same paper-based vocabulary test as used with Cohort '98 at 17. The test would have to be administered in the exact same way to allow for reliable cross-cohort comparisons.

Semantic fluency test ('animal naming task')

The only test of cognitive ability administered to Cohort '08 at 13 was a type of semantic fluency test commonly referred to as an animal naming task. This was because the remote interviewing protocol at the time, due to COVID-19, did not permit the intended paper-based tests. The use of the animal naming task at 13 meant that not only could it be administered over the phone, but set up the potential for longitudinal consistency with the same cohort at the forthcoming age 17 wave.

The task is very simple to explain and administer: participants are just asked to name as many animals as they can in one minute. The interviewer has the slightly more difficult task of recording how many unique animal names (i.e. no repetitions) are called out. Doing well on the test draws on vocabulary, world knowledge, and attention skills to monitor previous answers. The existing Growing Up in Ireland protocol has allowed for any type of animal, bird, insect or fish to be recorded as a separate animal. Different breeds of animal, such as a 'greyhound' and a 'terrier' were also allowed as two different answers. Mythological animals (e.g. unicorn) or animals distinguished only by adjectives such as 'big' were not counted. A full description of the test rules is given in the design report for Cohort '98 at 17.

For Cohort '98 at 17, which was in-person, the interviewers were equipped with a voice recorder to record what the participant said in case they were unable to keep up with a written note. At that time, the interviewers were asked to write out the full animal name to facilitate later checking and to provide the potential for a richer dataset. To simplify proceedings for Cohort '08 at 13, over the phone, the interviewer was only asked to record a count of the total number of valid answers and was not equipped with a voice recorder. While a return to the back-up option of an audio recording would be desirable for Cohort '08 at 17, given that they will likely think of more animals at the older age, it is not essential.

Another advantage of the animal naming task is the participant engagement aspect. Unlike the vocabulary test, which needs to be quite difficult to avoid ceiling effects, most young people should be able to think of at least some animals and there is no list of unanswered items for them to potentially feel bad about. In previous waves, anecdotal feedback from interviewers was that most young people seemed to enjoy the task and it provides a break from the more intensive content of the questionnaire and vocabulary test.

> **Recommendation:** Repeat the verbal semantic fluency test as used with Cohort '98 at 17 and Cohort '08 at 13. On balance, longitudinal and cross-cohort comparisons would be best facilitated by using the category of 'animals' again. There is an argument in favour of varying it (e.g. to 'fruit') to avoid participants anticipating the test and practicing with the 'animal' category, but this seems less likely in the age 13 to age 17 interval than it was for age 17 to age 20 in Cohort '98. The situation could, however, be monitored in the pilot phase. Ideally, interviewers would take an audio recording of the test administration for checking – at least in the pilot phase.

Numeracy tests

The third part of the cognitive assessment for Cohort '98 at 17 was a set of items previously used with older Irish adults in the TILDA study. There were three questions focused on financial literacy that required relatively straightforward mathematical calculations, which were completed on paper. The third item involved an interest rate; but as the question did not specify compound interest, the Growing Up in Ireland team decided to allocate one point for answers that used simple interest and two points for those that correctly calculated a compound interest rate. This gave a potential scoring range of 0-4 rather than 0-3.

There has not previously been a test of mathematics or numeracy with this Cohort '08, in contrast to Cohort '98 which had a maths-related assessment at ages 9 and 13, then the short measure just described at age 17. Cohort '08 only had a reading test at age 9 because, in contrast to Cohort '98 at the same age, the assessments were part of the home interview rather than being administered in the school. Subsequently, the age 13 interview had to take place on a remote basis because of COVID-19 so a numeracy/maths assessment was not possible at that wave either. Therefore, it would be particularly important to capture some indicator of numerical ability at the age 17 wave.

However, further consideration could be given to what actual measure will be used with Cohort '08 at 17. While there was reasonable variation on the Cohort '98 measure, some researchers using the data criticised the limited range of scores (0-4). Therefore, the current wave may prefer to sacrifice cross-cohort comparisons in favour of a longer test of numeracy with a wider range of possible scores.

> **Recommendation:** Explore options for an alternative short test of numerical ability; preferably one that has been previously used in a household survey situation. The questions from Cohort '98 at 17 could be re-used if no suitable alternative emerges.

8.6.2 Physical Measurements

From the review of comparable studies and surveys, the recording of physical measurements was considered an established topic; 10 of the 14 studies reported recording some physical measurements. Whilst this primarily consisted of height and weight, some studies performed DEXA scans or bioelectrical impedance analysis to gather more advanced anthropometric data (i.e. percentage body fat, bone density).

The collection of more advanced physical measurements (i.e. biomarkers) was also noted in four of the 14 comparable studies. These measurements included urine sampling (to test for the presence of sexually transmitted diseases) and blood and saliva samples (for potential genetic testing). Academics working in health who participated in the consultations strongly recommended the collection of a wider suite of biomarkers, a

practice that is increasingly common in other cohort studies. It is recommended that serious consideration be given to biomarker collection for subsequent waves of data collection for both Growing Up in Ireland cohorts, with a consultation process initiated on what should be collected.

Height and weight measurements have been recorded in-person by a trained interviewer at almost all past waves of Growing Up in Ireland. The notable exception was the most recent wave of data collection for this cohort at age 13; due to the COVID-19 pandemic and associated restrictions, it was not possible to conduct data collection (including physical measurements) in person so the Young Person and their parent(s) self-reported their height and weight. The method of measurement for height and weight in comparable studies was informed by the mode of data collection in these other studies, self-reported in some instances (for remote data collection) or recorded in-person by a trained interviewer. Numerous studies have noted that self-reported physical measurements tend to slightly over-report height and under-report weight, thus underestimating body mass index (BMI) (Merrill and Richardson, 2009; Olfert et al., 2018; Hodge et al., 2020). In these studies, underestimation of BMI tended to be greater amongst females and those in older age ranges.

Using height and weight to calculate BMI can provide an objective indication of levels of overweight and obesity. Tracking levels of overweight and obesity is a key aspect of health research and such findings have garnered substantial attention at previous waves of Growing Up in Ireland. It is important to revert to an objective mode of data collection (in-person by a trained interviewer) for longitudinal (and inter-cohort) comparability, and to continue exploring trends in overweight and obesity in young people in Ireland, as Growing Up in Ireland is currently the only potential source of data for this.

> **Recommendation:** The height and weight of the Young Person should be recorded by a trained interviewer using medically approved measuring sticks and weighing scales. The weight of Parent One/PCG and Parent Two/SCG (as well as their height, if this was not available from previous interviews) should also be recorded. This is particularly important given the absence of objective measurements at the age 13 wave due to the pandemic. Consideration could also be given to a weighing scales that can collect multiple indicators such as percentage body fat.

The next and final chapter describes some late changes and additions arising from a second consultation event with the research and practice, and policy maker, advisory groups in September 2023.

Chapter 9
Summary of Amendments Following the Advisory Group Consultation in September 2023

9.1 About this Chapter

The main body of this report was written in Q1/Q2 of 2023, along with a 'variable specification'[30] (not published with this report) to inform a draft questionnaire being developed by the CSO. This chapter is an addendum describing a follow-up consultation event which was held on September 20th 2023, at which stakeholders from the two advisory groups were given an opportunity to comment on the draft questionnaire that emerged from the process already outlined in this report.

This was an online event, attended by both the policy experts group, and the research and practice experts group. Just under 50 delegates attended on the day. The expressed purpose of the event was to discuss the questionnaires that will be used for the next wave of data collection in GUI for the 2008 cohort at age 17 in 2025, with a particular emphasis on underlining high priority topics and identifying possible cuts to items in less critical areas. The draft version of the questionnaire was circulated to all members of the advisory groups in advance of the September event. It included components for both the Young Person and their Primary Caregiver.

Consultation attendees were split up into six break-out rooms, organised according to the main domains of the survey and the attendees' expertise. Written submissions were also accepted for a week after the workshop. Taking both the verbal feedback on the day and the subsequent written submissions, a wide range of suggestions were made for items/topics to be added to the forthcoming survey of Cohort '08 at 17 years – and relatively few recommendations to remove existing items.

Suggestions for additions included both completely new topics that were not covered in the earlier variable specification or the draft CSO questionnaire, as well as revisions and extensions to existing topics. Whilst all proposed additions were considered, most did not meet a sufficient number of the criteria for inclusion set out in section 1.4, given the existing volume of the survey material. As a result, only a small proportion of the new suggestions arising from the September consultation are being proposed for inclusion in the questionnaire itself – these are outlined below.

9.2 Health

Vaping: Whilst an expanded selection of questions relating to vaping were included in the first draft questionnaire, minor edits were proposed at the September consultation with a view to improving the questions. Research experts in this area noted that the type and flavour of vape was more pertinent information than strength.

The Department proposes replacing the question about the strength of the vape consumed with questions on the type and flavour of vape instead. A further question on reason(s) why the 17-year-old vapes, similar to a question asked with regard to smoking, is also proposed.

Drugs: The draft questionnaire retained drug-related questions used at previous waves of the study, asking generally about drug use and more specifically about cannabis use (given it is historically the most commonly consumed narcotic amongst Irish adolescents). Health experts at the September consultation noted that cocaine (and to a lesser extent, ecstasy) usage has increased significantly in recent years.

With this in mind, the Department proposes including questions asking the Young Person if they *ever consumed cocaine*, and *current status in terms of cocaine usage* (ranging from 'only ever tried cocaine once or twice' to 'take cocaine more than once per week').

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30 The 'variable specification' was a detailed list of topics recommended for inclusion with a suggested question wording or source for each. This drew extensively, but not exclusively, on questions used in previous GUI surveys with Cohort '98 at 17 and Cohort '08 at 13.

Vaccine: It was noted during the consultation that the existing question on the HPV vaccine was outdated, as the vaccine programme had recently been expanded to cover males as well as females. As a result, this question should apply be asked of the parents of both males and females.

Gambling: Gambling was the source of much discussion at the September consultation event, with multiple health research bodies proposing edits to the draft questions. In particular, questions enquiring about problem gambling were proposed.

The Department proposes including a *three-item problem gambling scale*, the Problem Gambling Severity Index (short-form). This scale can be expanded at subsequent waves (when participants are older and more likely to experience problem gambling), allowing for longitudinal consistency. It was also proposed that the overall topic of gambling should be classified as a *risky/addictive health behaviour*, not just an activity.

Barriers to health services: Concerns were raised about who is best placed to answer questions about barrier to health services experienced by the Young Person, themselves or their PCG.

It is proposed to pilot *the same question to both participants*. Further, the *question regarding barriers to physical health services* should be edited to mirror that asked with regard to mental health services.

Sun safety: The lack of questions regarding sun safety was identified as an oversight in the first draft questionnaires. As a result, it is proposed to include a question asking the Young Person *how often they use sunscreen when outdoors in warm weather*.

Dental health: During the consultation it was noted that a question *asking the Young Person how they rated their dental health*, including at previous waves, was absent from the draft questionnaire. The Department recommends including this question at the forthcoming wave.

Water consumption: The absence of any questions regarding water consumption was identified as a gap in the survey during the September consultation event. Informed by expert input, the Department proposes including items asking about the *quality of tap water* in the home, and the *type of water consumed* by the household and specifically, the Young Person.

Health literacy: A number of health experts called into question the usefulness of the existing draft questions on the Young Person's health literacy (asking them how many calories men/women should consume per day). It was widely agreed that it is important to ask about health literacy, and a range of alternative options were suggested by consultation attendees; however, some of these were very lengthy.

On balance, the Department proposes replacing the questions on calories consumed with two alternative questions; one asking young people *if they are aware of the mental health risks associated with drinking alcohol*, and another asking those with health conditions *if they have difficulty learning about or understanding said condition*. Piloting will inform a final decision on whether there is sufficient variation in responses to these new literacy questions.

Minor edits:

- For the question on adverse events, we propose replacing the term 'alcoholic' with 'problem alcohol use'.
- For the question about special diets, it was recommended (and the Department proposes) to include an answer category of 'flexitarian'.
- In terms of supplements taken by the Young Person, it was proposed to include 'vitamin D' as an answer category, given it is a critical micronutrient with specific recommendations for supplementation.

- In terms of barriers to physical activity, it was recommended (and the Department proposes) to include an answer category of 'my disability makes it difficult for me'.

9.3 Demographics

Neighbourhood: There was consensus amongst attendees that more questions regarding neighbourhood should be framed towards the Young Person, where traditionally they had been aimed more towards parents. Specifically, the following questions (a subset of those previously asked of parents) could be asked of the Young Person now:

- "To what extent do you agree or disagree with these statements? a. This is a safe area, b. It is safe for me to walk alone in this area after dark, c. There are places in this area where teenagers can safely hang out, d. There are facilities such as youth clubs, swimming clubs, sports clubs, for teenagers in this area"
- "Do you feel a sense of belonging in your neighbourhood?"
- "Are you happy with the condition of your accommodation?"

Other minor edits proposed at the discussion included:

- Cause of death of parents' own parents (where applicable): Instead of a free text response, there could be a short list of the most common causes: cancer, respiratory, heart attack or stroke, and 'other'.
- For question on why the Young Person might emigrate, add another response option of "quality of living".

9.4 Socio-emotional Well-being and Relationships

Relationships: The break-out room discussion relating to socio-emotional well-being reiterated the following as priority areas in this domain: loneliness, pornography, gender identity, romantic partnerships, bullying, and quality of relationship with parents. It was felt that the coverage of the quality of relationship with peers did not require the full IPPA scale; hence the Department recommends reducing this to just one subscale of the three available.

Elsewhere on the topic of relationships, it was suggested that the term 'boyfriend/girlfriend' be replaced with 'romantic partner' in the relevant questions as a more gender neutral term. The Department has some concerns, however, in relation to cross-cohort comparisons for these questions in case 'romantic partner' is understood differently to 'boyfriend/girlfriend' – perhaps implying a more long-term arrangement. A possible compromise would be to add 'romantic partner' rather than using it as a replacement: such that the questions would read 'boyfriend/girlfriend/romantic partner'.

In relation to the questions on **caregiving**, it was felt that the question on where the care took place was not necessary.

Self-efficacy: The advisory sub-group also felt that one of either self-control or self-efficacy could be dropped to save questionnaire space: the Department recommends cutting the self-efficacy measure on the basis that it was reasonably highly correlated with the self-esteem measure elsewhere in the survey of Cohort '98 at 17. The sub-group also suggested excluding the **opposition to authority** measure as being of lower importance.

9.5 Civic Engagement

There were two suggestions relating to how Young People's behaviour may be modelled on that of their parents: the first was in relation to **parental gambling behaviour**, and the second about **parental volunteering behaviour**. It is, therefore recommended that suitable questions be added to both of the parent/caregiver questionnaires on these topics to better understand the behaviour of 17-year-olds.

The Department also recommends a suggestion to ask Young People who have a part-time job while in education about their **motivations for working** (e.g. discretionary spending, helping out family finances) with a view to distinguishing between those who make an active choice to work during term-time and those who feel obliged.

It was felt that a request to ask about the **political activity** of 17-year-olds could be incorporated as a single additional answer category in the existing list of 'online activities'. If there is high endorsement in the pilot, consideration could be given to expanding the question in the main phase.

There was some discussion at the consultation, reflecting a wider debate, about **Young People's use of public spaces** – particularly green spaces. The Department therefore recommends including an adaptation of a question about access to green spaces or beaches close to their home, which was previously asked of parents in Cohort '08 at 13, on the Young Person questionnaire. It could complement the other suggestion on asking 17-year-olds a wider set of questions about their neighbourhood.

9.6 Education

Following the break-out room discussion focusing on education-related questions, some additional topics were identified that met sufficient criteria to be proposed as additional items.

Special education: It is suggested that new questions be added to capture the experience of Young People with special educational needs. These include being on a reduced timetable, participation in special classes and diagnoses since the last interview at age 13. It is further suggested that questions on the provision of special classes be added to the Principal Questionnaire.

Artificial intelligence: In recent months the availability and use of artificial intelligence (AI) programs such as ChatGPT has become more widespread – with a strong possibility that it will become even more integrated into everyday life by 2025 when fieldwork actually takes place. Therefore, it is suggested that some questions on this issue be added. For the Young Person, AI could be added to the existing list of 'things they use the internet for' with an additional routed question on how they use AI (e.g. for assignments, for creative projects, research, etc.). Principals should also be asked a specific question on the impact of AI on work handed in by students. It is possible, however, that the wording proposed at this stage will need to be updated before fieldwork in line with technological developments in the interim.

A related question was also proposed to ask Young People to self-rate their **digital literacy**, as a complement to existing self-ratings on academic tests and sports. This was felt to be particularly relevant in the context of expected increases in reliance on AI.

Exam subjects: The need to record attainment for both Junior Certificate and Leaving Certificate was emphasised, and this should be done through the survey if not available through data linkage. The importance of engagement with the core subjects of English, Irish and Maths (i.e. finding them interesting/difficulty was also re-iterated).

Miscellaneous additional questions: Further suggestions, which the Department feel merit inclusion, were an extension of reasons for 'living at home' while in education beyond financial motivations, and to ask Young People receiving grinds to specify in which subjects.

9.7 Next Steps

This report is the first part of a journey towards a full set of instrumentation and procedures for the main fieldwork with Cohort '08 at 17 in 2025. At time of writing this addendum, November 2023, detailed discussions are underway between the Department and the CSO with a view to piloting in 2024.

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