



**Growing Up**  
**in Ireland**  
National Longitudinal  
Study of Children



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**THE LIVES OF 17/18-YEAR-OLDS**

**COHORT '98**



**REPORT 7**

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National Longitudinal Study of Children

## THE LIVES OF 17/18-YEAR-OLDS

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The views expressed in this report are those of the authors and do not necessarily reflect the views of the funders or of either of the two institutions involved in preparing the report.

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## EXECUTIVE SUMMARY

### INTRODUCTION

This report provides a descriptive analysis of the findings from detailed interviews with 17/18-year-olds and their parents involved in the ***Growing Up in Ireland*** study in 2015/16. The purpose of the report is to present a comprehensive overview of the lives of the young people at age 17/18, in the light of their circumstances at earlier interviews, and to describe how they are faring in important areas of their lives.

***Growing Up in Ireland*** tracks the development of two nationally representative cohorts of children and young people: Cohort '08 (Infant Cohort) and Cohort '98 (Child Cohort). This report focuses on Cohort '98, a group of young people, most of whom were born in 1998. The analysis is based on interviews with the young people, their families and school principals.

They were first interviewed between September 2007 and March 2008, when the children were 9 years of age. The young people and their families were re-interviewed at 13 years of age, between August 2011 and February 2012. The third wave of interviewing took place between November 2015 and September 2016 when the young people were between 17 and 18 years old.

At the time of the interview, four-fifths of the young people were aged 17 while one-fifth were aged 18. This report draws on the information gathered at all three rounds of the survey: 9, 13 and 17/18 years old. The results are based on those young people and their families who had participated in all three waves, a total of 6,039 cases. The report considers developmental outcomes of the young people in five broad areas of their lives:

- Physical health and development
- Education and cognitive development
- Social, emotional and behavioural well-being
- Relationships
- Social participation and responsibility

The descriptive account here examines how these outcomes varied according to a range of salient characteristics or factors in their lives, including their gender, family structure, income, social class and parental education. The outcomes for young people are set in the context of the circumstances of their families and how these changed as Ireland moved through the recession.

Because of the broad scope of the study, ***Growing Up in Ireland*** has the potential to inform policy development across a large number of policy areas, including family policy; the child's health and growth; early childhood education and care; primary and second-level education; further education and training, and higher education. The longitudinal nature of the study means that it can provide unique insights into important transitions such as beginning primary school; from primary to second-level school and from school to further/higher education and training, and the labour market. It permits the analysis of whether adverse outcomes persist or fade over time. The study allows the identification of risk factors and supportive factors that shape these transitions.

### FAMILY STRUCTURE AND ECONOMIC CIRCUMSTANCES

The report examines the living circumstances of the 17/18-year-olds. Almost all 17/18-year-olds (99%) still lived in the parental home. Of these, 20 per cent lived in one-parent and 80 per cent in two-parent families – roughly the same proportions as at age 9 and age 13. Although the overall proportion of young

people living in one-parent and two-parent families had changed little over time, there was some change at the level of the individual family. Most young people (88%) remained in families with the same broad structure (i.e. one-parent or two-parent) between the ages of 9 and 17. However, 4 per cent of young people lived in a family which had changed from one- to two-parent, while 7 per cent<sup>1</sup> experienced a change from a two-parent to a one-parent family.

As in earlier rounds of the study, there were substantial differences between the family structures in terms of their social class, income and the levels of parents' education. One-parent families were more likely than two-parent families to be in the less advantaged social class, education and income groups.

Between the time that the young people in the sample were 9 and 13 years of age, families had experienced a loss of employment and drop in income with the recession; but there was some recovery evident by 2015/16 when the respondents were 17/18 years of age. For instance, the median disposable household income reported by the families was €863 per week when the Young Person was 9, falling to €710 per week when they were aged 13 but rising somewhat to €767 by age 17/18. However, household median incomes at age 17/18 were still well below where they had been at age 9.

An indicator of the impact of the recession is the parental report of the extent to which the family found it easy or difficult to make ends meet. Parents reported financial stress (difficulty or great difficulty in making ends meet) in 7 per cent of families pre-recession in 2007/08 when the Young Person had been 9 years of age. This rose to 22 per cent in mid-recession when they were 13 years old (in 2011/12). Although there was some improvement by the time the Young Person was 17/18 in 2015/16, the level of financial stress reported by families remained well above pre-recession levels – at 18 per cent.

## HEALTH AND PHYSICAL ACTIVITY

The report examined the physical health, weight status and health-related behaviours of the 17/18-year-olds. Overall, the young people were in good general health, with virtually all parents (97%) reporting that their 17/18-year-old was 'very healthy' or 'healthy'. Most of the young people themselves reported that their health was 'excellent' (36%) or 'very good' (42%). Thirteen per cent reported having a longstanding condition or disability. There were differences by socio-economic background in health, however; 29 per cent of young people in the lowest income quintile reported their health as excellent compared to 43 per cent in the highest income quintile. Similar patterns were found in the proportion reporting a longstanding condition (17% in the lowest income quintile compared with 11% in the highest).

The weight status of the young people was based on physical measurements taken by the interviewer and used to calculate the Body Mass Index (BMI). Nearly three-quarters (73%) of young people were *non-overweight*, 20 per cent were *overweight* and 8 per cent were *obese*. At 17/18 years of age, the rate of being overweight/obese was higher for young women than young men (30% vs. 25%); and higher among those in the lowest income quintile than in the highest (29% compared to 22%). Compared to their weight status at ages 9 and 13, there was a significant increase in the risk of obesity for young men (from 4% at age 9 to 6% at age 17), but no significant difference for females.

The data showed that 65 per cent of young people reached the World Health Organization's recommended physical activity levels for adults (30 minutes, five times a week or 150 minutes per week of moderate to vigorous physical activity; WHO, 2010). The percentages meeting these targets were much higher among males than females (76% vs. 53%) and among those in the highest income quintile than the lowest income quintile (71% vs. 57%). The number of minutes of moderate to vigorous physical activity per week had fallen since age 9 but was stable between 13 and 17 years of age (352 minutes on average at 9 and about 230 minutes at ages 13 and 17).

<sup>1</sup> Here, and in other places in this report, component figures may not sum to exactly 100% due to rounding (e.g. 80.3%, 15.4% and 4.3% would add up to 100% but when individually rounded down to 80%, 15% and 4% they appear to add to just 99%). Elsewhere figures may add to 101% because of rounding up.



Screen-based activities may compete with the time available for physically active pursuits. Overall, 75 per cent of 17/18-year-olds spent two or more hours online on either a weekend day or a weekday, a pattern that differed significantly by gender (81% of young women compared with 70% of young men). There was no clearcut trade-off between screen time and physical activity: those who spent two or more hours watching TV/video had lower levels of physical activity than those spending less than two hours on TV/video. However, the average minutes physically active did not vary significantly by time spent online or on video games.

Two blood-pressure (BP) readings of the 17/18-year-olds were taken by the interviewers. The young people were classified as having 'potentially high BP' if they had one systolic reading greater than 140 or one diastolic reading greater than 90.<sup>2</sup> The large majority of 17/18-year-olds had blood-pressure readings in the normal range, while 9 per cent were classified as having potentially high blood pressure. There were higher rates among males (13%), and among those classified as overweight (11%) or obese (19%).

Less than one Young Person in 10 (8%) reported smoking daily; 12 per cent smoked occasionally. Overall, almost half (49%) of all 17/18-year-olds had ever smoked a cigarette, and they were significantly more likely to have done so if one of their parents was a smoker (57% if Parent One, 53% if Parent Two).

Most 17/18-year-olds reported having consumed alcohol at some stage (90%), typically reporting having had their first drink between the ages of 15 and 17. The data show that 5 per cent of the 17/18-year-olds reported drinking behaviour that would be classified as *high* or *very high* risk using the WHO screening tool, but another 31 per cent reported drinking behaviour that would be classified as *risky* or *hazardous*. The remaining young people included the 18 per cent who reported that they *did not drink* and 46 per cent whose self-reported drinking habits were classified as *low-risk*.

Nearly one-third (30%) of the 17/18-year-olds reported having tried cannabis, with between 2 per cent and 4 per cent having tried each of ecstasy, cocaine, painkillers and aerosols/solvents. Just under 8 per cent stated that they currently smoked cannabis occasionally, and just under 2 per cent smoked cannabis more than once per week.

## EDUCATION AND COGNITIVE DEVELOPMENT

The report examines school experiences, educational attainment at Junior Certificate level and plans for the future among 17/18-year-olds. At the time of the survey, most (83%) were still in school, with 12 per cent in post-school education and training and a very small number (5%) having entered the labour market (or economically inactive).

Young people were generally positive about their school experiences and their relationships with their teachers: only 24 per cent disliked school and 85 per cent felt they could talk to their teacher if they had a problem. Some differences by gender and social background were found: females were more likely than males to receive praise and less likely to receive reprimands from their teachers; 33 per cent of young people from the lowest income quintile disliked school compared to 16 per cent of those from the highest income quintile. Most young people (66%) liked school consistently from the age of 9 onwards.

There was a substantial gap in the average Junior Certificate achievement between the more advantaged and less advantaged groups (in terms of social class, education or household income) – in the order of more than one grade point per subject (that is, the equivalent of obtaining an A grade as opposed to a B grade across all subjects taken). Achievement was also related to experiences during junior cycle: young people who had more frequent positive interaction with teachers tended to attain higher grades (than those with less positive interaction) while those who had been frequently reprimanded tended to attain lower exam grades (than those who were reprimanded less often). A social differentiation in achievement was evident even taking into account primary school achievement levels.

<sup>2</sup> The systolic reading is the first (higher) number and measures the pressure in the blood when the heart beats. The second number, called diastolic blood pressure, measures the pressure in the blood vessels when the heart rests between beats. A diagnosis of hypertension can only be made by a medical professional (thus not by the Growing Up in Ireland interviewers or team). A threshold of systolic measurement over 140 and/or a diastolic measure over 90 is a commonly applied threshold (e.g. British Heart Foundation <https://www.bhf.org.uk/informationsupport/risk-factors/high-blood-pressure>)

Three separate cognitive tests were used to provide an objective assessment of young people's cognitive performance. In contrast to the slightly better performance of females in the Junior Certificate examination, males tended to perform slightly better on the cognitive tests, perhaps reflecting their generally better performance in multiple-choice format tests (as shown in international research).<sup>3</sup> Young people from more advantaged backgrounds (in terms of social class, income or parental education) and those with higher reading and maths test scores at age 9 tended to have higher scores on the cognitive tests.

In looking to their futures, young people drew on advice from a number of people and information from a range of sources. One-fifth of 17/18-year-olds reported a guidance counsellor class session as very important and 32 per cent reported a guidance counsellor individual session as very important. Young people from the lowest social class background ('never employed') were more reliant than their peers on such school-based guidance. Nevertheless, 17/18-year-olds were primarily reliant on informal sources which included mothers (57% very important) but also fathers (44% very important) and other family members (27% very important).

Expectations for higher education had clearly become the cultural norm among young people and their parents, with 80 per cent of parents expecting their 17/18-year-old to continue to higher education with a similarly high level reported by the young people themselves. There was some variation by social background and parental education, but the majority of all social groups expected the young adults to go on to higher education.

## SOCIO-EMOTIONAL WELL-BEING

The report looked at life-satisfaction among 17/18-year-olds as well as what they considered important dimensions of their lives. It also examined socio-emotional well-being in terms of potential difficulties, experience of depressive and psychotic symptoms, and ways of coping with any difficulties experienced.

Young people's life-satisfaction at 17/18 was measured on a scale ranging from 0 (extremely unsatisfied) to 10 (extremely satisfied). The median was towards the top of the scale at 8, and most (85%) of the 17/18 year-olds rated their life-satisfaction above the mid-point of 5. Scores below the mid-point were more likely among young women (18% vs. 13% for young men), and those from one-parent families (e.g. 26% among those from one-parent families with 3 or more children). Life-satisfaction at 17/18 could be compared with the happiness and satisfaction score from the Piers-Harris measure at 9 and 13 years. There was some evidence of persistence over time: children whose happiness/satisfaction at 9 and 13 years was in the lower ranges were more likely to report lower life-satisfaction at 17/18 years.

When asked to rate the importance of 12 different aspects of their lives, the top three were parents and siblings, health, and friends and acquaintances. The bottom three were politics, religion, and art and culture.

Coping styles of the young adults were assessed, including strategies such as avoidance (e.g. spending time alone), support-seeking (e.g. talking to a friend) and problem-solving (e.g. planning how to solve problems). The mean score on the problem-solving scale was 16.5 (out of a possible 30); the mean on the support-seeking scale was 13.9 (out of a maximum of 24) and the mean on the avoidance scale was 13.7 (out of a possible 36). Young women were about twice as likely to be in the highest-scoring quintile in terms of support-seeking and avoidance. There were no gender differences in problem-solving, however.

The Strengths and Difficulties Questionnaire (SDQ) is a widely used scale to assess socio-emotional and behavioural well-being. It covers four areas of difficulties: emotionality, peer problems, hyperactivity/inattention, and conduct problems (which are summed to give a 'total difficulties' score) – as well as a prosocial scale. This scale was based on parent reports in keeping with the measures collected at 9 and 13. Young people at 17/18 were reported as having relatively few difficulties (a mean 6.9 out of a maximum possible score of 40) and being prosocial (a mean of 8.7 out of 10). According to the scale authors, the top 10 per cent on the 'total difficulties' scale can be regarded as being at greater risk of having socio-

<sup>3</sup> Reardon et al., 2018; Bolger and Kellaghan, 1990; Eivers and Delaney, 2018.



emotional or behavioural problems. Young people from the lowest-income families (15%) and one-parent families (15% small one-parent, 22% larger one-parent families) were more likely to be in this 'at risk' group. There was evidence of considerable change over time, however, only 3 per cent were in this group at all three ages.

Depressive symptoms were examined using a self-report measure called the Short Mood and Feelings Questionnaire. On the basis of the threshold suggested by the scale authors, 20 per cent of 17/18-year-olds fell into the 'likely to be depressed' category (with the caution that this measure is not a diagnosis of depression). Being in this 'depressed' category was more likely among females (24% vs. 16% for males) and those who had scored in the 'depressed' category at age 13 years (42%), when the same measure was also used.

A set of six items designed to screen for hallucination- and delusion-type experiences (such as hearing 'voices or sounds that no-one else can hear'; Kelleher et al., 2009) indicated that 25 per cent reported that they thought that people were following or spying on them (7% 'definitely' and 18% 'maybe') – although interesting to consider this in the context of rapidly evolving location-tracking technology – and 19 per cent reported hearing voices or sounds that no-one else can hear (5% 'definitely' and 14% 'maybe').

## RELATIONSHIPS

The report examined the young adult's relationships with parents, with friends and with boyfriends/girlfriends as well as sexual orientation and sexual experience.

As at age 13, data on the level of parental monitoring, disclosure to parents (both parent-reported) and the level of control by parents (as reported by the young adult) were collected. The average levels were very similar at 17/18 years old to the levels at 13 years old. Monitoring of and disclosure from young women were higher than the corresponding figures for young men in relation to Parent One (formerly described as the Primary Caregiver and usually the mother). Young women were also considerably more likely than young men to report parental control levels in the top quintile (23% compared to 14% for Parent One.). There was also some continuity over time in the tendency to have high levels of parental monitoring, disclosure and control.

Other aspects of the relationship between the young adults and their parents were assessed based on a set of 11 items answered by the 17/18-year-olds measuring intimacy, admiration, conflict, reliability and fear of love withdrawal. The responses indicated that the young adults were generally positive about their interaction with their parents, with scores above the mid-point on 'intimacy' and 'admiration' and below the mid-point on 'unreliability', 'conflict' and 'fear of love withdrawal'.

Nearly half of young adults (46%) had 3-5 friends with whom they normally socialised; 61 per cent of young women, compared to 46 per cent of young men, said that their parents had met most or all of their friends. There was a good deal of consistency in the size of the friendship network for the Young Person since the age of 13.

Peer attachment was measured using a scale that covered mutual trust, quality of communication and extent of anger/alienation. This showed quite a high level of attachment to peers, with a mean total peer attachment score of 98 out of a maximum achieved score of 125. Young women were much more likely than young men to have positive relationships with their peers in terms of total attachment and on the trust and communication subscales. However, young men were more likely to be in the most favourable (i.e. lowest) quintile on alienation. Interestingly, young adults whose parents had lower levels of education were significantly more likely than those whose parents had a degree to be in the most favourable quintile on all three peer attachment subscales.

There was some persistence over time in peer attachment, based on the alienation and trust subscales which had also been included in the 13-year-old questionnaires. The mean scores were similar at the



two ages, but the level of correlation between the scores at 13 and at 17/18 was modest. Of those who had been in the most favourable quintile at 13, about one-third of 17/18-year olds remained in the most favourable quintile on both subscales.

When asked about sexual orientation, most of the young adults (88%) described themselves as heterosexual/straight; 2 per cent identified as gay/lesbian; just under 5 per cent as bisexual. Almost 3% said they were 'questioning/not sure' with the remaining participants indicating 'don't know', 'prefer not to say' or 'asexual'. In terms of gender identity, just under 1 per cent of young people identified themselves as transgender.

A little under one-third of the young adults reported that they had a girlfriend/boyfriend: 36 per cent of females and 28 per cent of males. There were differences by maternal education, with higher rates among those whose mothers had finished education at Junior Certificate level than those whose mothers had a degree or higher level of education.

In terms of sexual experience, 41 per cent of young adults reported that they had experienced oral sex, 34 per cent had experienced sexual intercourse and 43 per cent had experienced at least one of these. Higher rates of sexual experience were reported by males than females - particularly in relation to oral sex - and by young people in smaller one-parent families. Half of sexually active young people had experienced intercourse with one person.

## SOCIAL PARTICIPATION AND RESPONSIBILITY

This section of the report examined young people's activities outside of education and their orientation to wider society, including their sense of trust in others, confidence in public institutions, whether they felt they had been treated unfairly, and participation in antisocial behaviour.

Leisure activities that almost all 17/18-year-olds participated in included listening to music, hanging out with friends and surfing the internet (97-98%). Four out of five young people reported engaging in more active pursuits, such as playing sport, going to the gym or running, but only 46 per cent did so several times a week. These active pursuits were more popular among males than females: 60 per cent of males and 31 per cent of females participated in an active pursuit several times a week. There were also socio-economic differences in participation in these activities; 56 per cent of young people in the highest income quintile took part in at least one of these active pursuits several times a week compared to 36 per cent of those in the lowest income quintile.

Over one-quarter (28%) of young people had participated in some form of volunteer work in the past year, with little difference between males and females. The most common types of volunteer work were with clubs or organisations such as Scouts; sports-related volunteering and fundraising. Among the 10 per cent of young people involved in regular volunteering at the time of the interview, most of these (58%) spent between 3 and 10 hours per month on volunteering activities.

Levels of trust in other people may be important to young people's willingness to co-operate with others to achieve a common goal. About half placed themselves towards the middle of the scale (between 5 and 7 on the 10-point scale) for trust in other people. Males and females were similar and differences by socio-economic characteristics were modest in size.

Levels of confidence in institutions varied by the institution in question, with 74 per cent expressing confidence in the Gardaí, 68 per cent in the education system, 66 per cent in the healthcare system and 61 per cent in the courts. About half expressed confidence in the social welfare system (53%); lower proportions expressed confidence in 'the Church' (29%) and in politicians (13%). Young people from less advantaged backgrounds had lower levels of confidence in the Gardaí, courts and politicians. For example, 37 per cent of those in the lowest income quintile had low levels of trust in the Gardaí compared with 19 per cent of those in the highest income quintile.



Nearly half of the young people (49%) reported experiencing at least one form of unfair treatment at least a few times a month. The most common forms of such treatment were being treated with less courtesy or respect than others (36% at least several times a month) or people acting as if they thought you were not smart (29%). When asked for the reasons for the unfair treatment, by far the most frequently cited reason was age (49%), followed by gender (32%) and aspects of physical appearance other than weight or height (28%). These items were summed to give an overall indicator of discrimination (a five-item measure, Stucky et al., 2011). Males and those from more disadvantaged families (in terms of household income and parental education) were more likely to report experiencing high levels (in the top decile) of this kind of everyday discrimination. For example, 13 per cent of those in the lowest income quintile fell into the top decile compared with 8 per cent of those in the highest income quintile.

Half of the 17/18-year-olds reported that in the last year they had engaged in at least one of 17 different kinds of antisocial behaviour (ASB) on a continuum from fare evasion to violent behaviour. The most common form by far was not paying the correct bus or train fare (33%). Other forms of ASB in which at least one in ten young people participated were hitting, kicking or punching someone in order to hurt or injure them (13%); taking something that did not belong to them from home without permission (13%), taking something from a shop without paying for it (12%) and behaving badly in public so that people complained and they got into trouble (12%).

Excluding the item on paying the incorrect fare, and focusing on a set of 14 items that were measured at the ages of both 13 and 17, there was little difference in the overall percentage of young people who participated in ASBs (33% to 35% across the common list of 14 items). There was an increase in not paying the correct fare (from 13% to 33%).

There was some persistence in ASB over time; 45 per cent of those in the top quintile of ASB at age 13 were in the top quintile at 17/18 compared to 16 per cent of those not in the top quintile at age 13. In common with other research, males were more likely than females to be involved in ASBs, with 29 per cent of males and 14 per cent of females in the top quintile of the scale at age 17/18.

## POLICY IMPLICATIONS

A principal aim of *Growing Up in Ireland* is to provide evidence to inform policy formation and design of services for families, children and young people. *Better Outcomes, Brighter Futures: the National Policy Framework for Children and Young People, 2014-2020* (DCYA, 2014) sets out the Government's policy framework for children and young people. The policy framework has five national outcomes. The chapters in this report provide detailed insights into each of these areas:

- Physical and mental well-being (mainly Chapters 3 and 5)
- Learning and development (mainly Chapter 4)
- Safety and protection from harm (mainly Chapters 3, 6 and 7)
- Economic security and opportunity (mainly Chapters 2 and 4)
- Social inclusion and participation (mainly Chapters 2, 6 and 7)

The chapters describe how young people are faring in these areas and identify those groups at higher risk of unfavourable outcomes. In many areas, it is evident that unfavourable outcomes at earlier ages (i.e. at ages 9 or 13) tend to persist into early adulthood, although it is also evident that change and improvement are possible.

At a broader level, an important input into policy development is the identification of the key strengths and resources available to young people and the risks and challenges they face. The main resources identified in the analysis include the following:



- Positive relationships with family were identified, which promise ongoing support as young people negotiate the transition to adulthood.
- Generally positive relationships with teachers, which provides an important resource as young people finish their second-level education and plan for their future.
- High educational aspirations: both young people and their parents had high levels of educational aspirations for the 17-year-olds. This ambition is a strength to the extent that it motivates them to work to achieve their goals.
- Young people generally had good health and relatively few long-standing conditions.
- They showed high levels of satisfaction with their lives and generally positive levels of emotional well-being.
- Young people's engagement with wider society was evident in their participation in volunteering, even at this very busy stage of their second-level education.

Although the general picture of the lives of young people was a positive one, the analysis also highlighted a number of risk factors and challenges. These included:

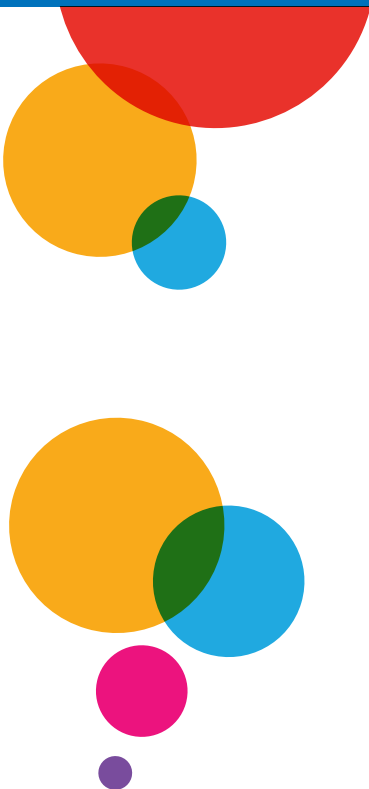
- Those young people who had been disengaged from school ('never liked') at earlier ages and who had poorer relationships with teachers fared less well in terms of performance in the Junior Certificate examination. These early negative school experiences were more common among males than females and among those from more disadvantaged backgrounds. The long-term association with poor school outcomes points to a need for earlier intervention.
- Several risks to health were identified, including exercise levels that were well below the WHO recommended levels, the levels of overweight and obesity, and risk-taking with alcohol. As with health in general, these risks were more common among young people from lower-income and lower social class backgrounds.
- Risks to emotional and mental health were also identified. Nearly one-quarter of young women showed evidence of depressive symptoms, with a figure of about one in six for young men. Levels of depressive symptoms had increased markedly since the age of 13 years. This points to a need for support among many young people as they move from the early to late teens. Further work is needed to identify the factors that might account for this increase in the prevalence of depressive symptoms, although the stress of examinations and of making the transition into adulthood undoubtedly plays a role.
- There were several risks to wider social integration, including a low level of trust in politicians and a sense of being treated less favourably than others. As with many unfavourable outcomes, those young people from lower-income and lower social class backgrounds were more at risk in these respects.
- Antisocial behaviour (ASB) levels, apart from paying the incorrect bus or train fare, had remained relatively stable overall between the ages of 13 and 17, at about one-third of young people in the past year. The risk of involvement in ASB was higher among males and those who had high levels of ASB at age 13.

In sum, analyses point to significant social differentiation in experiences and outcomes as young people move from adolescence to adulthood, providing an important evidence base for early policy intervention to target lower levels of physical activity, higher levels of obesity, greater disengagement from school and a higher incidence of antisocial behaviour among those in the most disadvantaged groups in terms of household income, social class and parental education. They highlight too the gendered nature of young people's lives, suggesting the need for more targeted responses to counter lower levels of physical activity and a higher incidence of depressive symptoms among young women as well as more negative relationships with teachers and a greater prevalence of antisocial behaviour among young men. Given that they were at the point of transition to adult life, this cohort of young people will be particularly affected by broader policy measures which seek to promote access to paid employment (especially in the wake of the economic shock of the pandemic) and to increase the supply of affordable housing.



# Chapter 1

## INTRODUCTION



## 1.1 INTRODUCTION

This report describes the lives and circumstances of a cohort of young people at age 17/18. This group have been followed in the *Growing Up in Ireland* study since they were 9 years old. They and their families and teachers were interviewed at that stage and again at age 13. The goal of this report is to provide a picture of their lives at 17/18 years old in terms of the central themes of the *Growing Up in Ireland* project: their socio-emotional well-being, their educational and cognitive development, their health and fitness, and the new domain of economic and civic engagement which has become relevant as they move into adulthood. This report also offers the opportunity to examine changes in the lives of these young adults over a period of eight years, since they were 9 years old.

At the beginning of the study, when the young people were aged 9, they were referred to as the *Child Cohort*. That term is no longer appropriate since they are now on the brink of adulthood. Instead, drawing on the year in which most of them were born, they are referred to as *Cohort '98*.

## 1.2 WHAT IS INTERESTING ABOUT AGE 17/18

Most Irish 17/18-year-olds are nearing the end of second-level education and will soon be making the transition from school to further education and training, higher education or to the labour market. Of this cohort, about 91 per cent nationally sat the final second-level state examination, the Leaving Certificate (Department of Education and Skills, 2017), although students can leave full-time education from the age of 16 provided they have completed at least three years of second-level schooling. The results of the Leaving Certificate exam are a major determinant of an individual's future educational opportunities and so the final year in school is typically a busy and potentially stressful time.

As well as the trend towards staying in education longer, in recent years the increasing cost – and decreasing supply – of rental accommodation in Ireland, particularly in Dublin (Corrigan et al., 2019), are factors likely to have changed for young adults the shape of the transition from the parental home to a home of one's own. Eurostat has observed an increase in the age at which young people in the EU leave home (over the period 2000–2013), particularly for young men. The average EU age for leaving home in 2013 was 25 years for women and 27 for men. Ireland had slightly younger ages than the EU average, with men just over, and women just under, 25 years (Eurostat, 2015).

Most 17/18-year-olds were still living with their parents. Nevertheless, they were at a point of transition where Irish society has conferred (or is about to confer) a lot more responsibility on them. Already, from the age of 16, young people can leave school, take up regular full-time jobs, become apprentices, drive a moped, apply to own a firearm, leave home with their parents' consent and give consent to surgical procedures. At 17, they can drive a passenger car and give consent to sexual activity.

From 18 years of age, they are legally able to enter into a binding contract – which means they can now apply for credit (and get into debt). Eighteen-year-olds can also marry, join the Garda or the Defence Forces, claim unemployment payments, vote in elections, legally buy cigarettes and alcohol, gamble and serve on a jury.<sup>4</sup> In summary, at 17/18 years of age, their level of responsibility for their own actions and their engagement with wider society are increasing.

## 1.3 GOALS OF GROWING UP IN IRELAND

The principal aim of *Growing Up in Ireland* is to provide data and analysis to improve our understanding of the development of children and young people with a view to informing policy and services to improve the quality of their lives (*National Children's Strategy, 2000*). An essential part of this effort has been

<sup>4</sup> There are a small number of activities which require people to be older, for example, receiving the full minimum wage (age 20), driving a goods vehicle (age 21), receipt of Jobseeker's Allowance without assessment of parental means (if living with parents; age 25), and standing for a Presidential election (age 35).



the production of a broad-ranging description of the lives of children and young people. This had not previously been possible as detailed scientific information about the lives of children and young people across a range of domains had not been available in Ireland.

***Growing Up in Ireland*** contributes to all three of the central goals of the National Children's Strategy, 2000, the overarching framework employed at the time of the initiation of the study:

- to give children an appropriate voice in matters that affect them
- to improve children's lives through improved understanding
- to promote child development through the provision of supports and services

The project has children and young people at its centre, giving them a direct voice in matters that concern them by eliciting their views and experiences. By raising awareness of the issues and the variations in experiences of children and young people, it draws attention to areas where additional supports, services and interventions may be needed.

***Growing Up in Ireland*** has nine specific objectives:

1. to describe the lives of children in Ireland, to establish what is typical and normal as well as what is atypical and problematic
2. to chart the development of children over time, to examine the progress and well-being of children at critical periods from birth to adulthood
3. to identify the key factors that, independently of others, most help or hinder children's development
4. to establish the effects of early childhood experiences on later life
5. to map dimensions of variation in children's lives
6. to identify the persistent adverse effects that lead to social disadvantage and exclusion, educational difficulties, ill health and deprivation
7. to obtain children's views and opinions on their lives
8. to provide a bank of data on the whole child
9. to provide evidence for the creation of effective and responsive policies and services for children and families

The study tracks the lives of two cohorts. Cohort '98 (previously known as the Child Cohort) consists of the Study Children, most of whom were born in 1998, who were first interviewed at age 9 and, with their families, have been re-interviewed at ages 13 and 17/18. Cohort '08 (previously known as the Infant Cohort) consists of children who, for the most part, were born in 2008. Their families were first interviewed when the Study Child was 9 months old and have been re-interviewed at ages 3, 5 and 9, with an inter-wave postal collection of data from the parent at age 7/8.

***Growing Up in Ireland*** was a core element of the national data strategy on children's lives (DCYA, 2011). The Government continues to invest substantially in the study, which provides a unique scientific framework for the development of Irish policy on families and children. Information from ***Growing Up in Ireland*** featured prominently in *Better, Outcomes Brighter Futures*, the government's national policy framework for children and young people, 2014-2020 (DCYA, 2014). There is a commitment to continuing the ***Growing Up in Ireland*** project and to investigate the introduction of a new birth cohort to continue to inform policy on younger children (DCYA, 2018a). ***Growing Up in Ireland*** provides the only large-scale, nationally representative, longitudinal evidence-base for this type of work in Ireland.

A particular strength of ***Growing Up in Ireland*** is that the same children and families are followed over time. This makes it possible to study processes that are intrinsically dynamic. As well as establishing what is typical and positive among young people, it also identifies developmental trajectories and the nature



of persistent adverse effects. This includes the influence of early life experiences on later outcomes and the significance of various experiences at critical periods in children's development. *Growing Up in Ireland* contributes to understanding the influence of socio-economic processes on children over time. Another of its main strengths is that it allows an examination of change across a large number of domains in children's lives. The analysis contributes to an understanding of the development of resilience, risk and protective factors in the lives of children and families. It provides a unique scientific framework in Ireland for the development of evidence-informed policy in areas relevant to children, young people and their families.

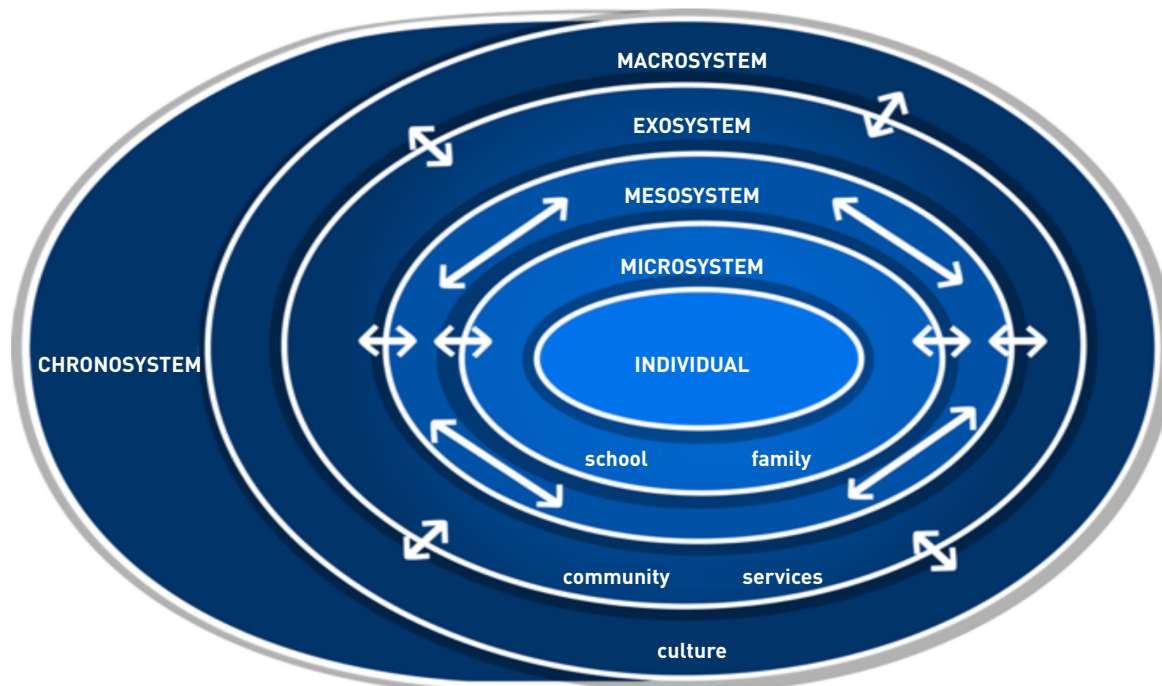
*Growing Up in Ireland* encompasses a broad range of outcomes among children and young people in areas such as socio-emotional development, cognitive and educational development, and health and physical development. As young people approach adulthood, it also provides valuable insights into emerging relationships with peers and sexual partners; the emergence of independent thinking and identity, and emerging adult patterns of social participation and responsibility. The longitudinal nature of the study means that it can provide unique insights into important transitions such as from home to primary school, from primary to second-level school, and from school to further/higher education and training and the labour market, and what risk or supportive factors help shape these transitions. Because of the broad nature of the study, it has the potential to inform policy development across a large number of policy areas, including family policy, children's health and growth; early childhood education and care; primary and second-level education; further education and training, and higher education.

## 1.4 CONCEPTUAL FRAMEWORK

### 1.4.1 THE BIOECOLOGICAL MODEL

The conceptual framework underlying *Growing up in Ireland* is based on Bronfenbrenner's bioecological model (1989); this framework applies across ages, but the salience of different elements (such as peers, school and the workplace) reflects the specific age or stage of the child or young person. This framework encompasses several layers of influence on the child or, in this wave, the 17/18-year-old, as illustrated in Figure 1.1. The innermost layer (the microsystem) includes relationships of the child or young person with family, school and peers. The relationships between the elements of the microsystem, such as between parents and school, form the mesosystem.

Figure 1.1: Bronfenbrenner's ecological perspective on child development



Source: Adapted from Garbarino (1982).

The institutions and settings which indirectly influence the 17/18-year-old and their microsystem (such as the health services, parents' work status and workplace) are contained within the exosystem. All the actions and interactions of these inner systems take place under the influence of broader societal and global forces such as cultural beliefs, national policies and general economic prosperity. These constitute the macrosystem. Finally, the chronosystem refers to the role of time in the life of the 17/18-year-old. This can involve both the passing of time, including maturation, and the experiences accumulated over time, as well as the timing of specific events and critical transitions in the 17/18-year-old's life. It also refers to the 'period effects' of growing up in a particular historical context, such as war, recession or a time of rapid social change.

Table 1.1 gives examples of family and individual characteristics captured in *Growing Up in Ireland* which are relevant to the 17/18-year-olds in each layer of the bioecological model.

**Table 1.1: Examples of factors in *Growing Up in Ireland* in each layer of the bioecological model**

Bioecological model level	Factors
<b>Characteristics of the 17/18-year-old</b>	Gender; personality; physical health and development; social & psychological development; identity; self-concept; mental well-being; cognitive development; ethnicity.
<b>Microsystem</b>	Family size, composition and structure; parenting style; parental marital relationship; school and education; parental health; parent-young person relationship; parental lifestyle; parental education; parental stress and efficacy.
<b>Mesosystem</b>	Work-life balance of the parent(s); parental involvement with community and school; parent/young adult involvement with young adult's grandparents; informal support for education in the home and elsewhere; quality of the parents' marital relationship.
<b>Exosystem</b>	Access to healthcare; church and religion; social welfare support; parental occupation; availability of and access to public services.
<b>Macrosystem</b>	Citizenship/nationality; socio-historical setting of current study; economic climate, education and health policies.

At 17/18 years of age, the immediate family and home environment are still of substantial significance for the young person. However, as they move through the teenage years, young people become increasingly oriented to the world outside the home and more open to a wider range of influences. The roles played by peer and other non-family relationships in the community and neighbourhood substantially increase, as does the significance of the school environment and relationships with teachers and peers at school. Trends in the economy and national policies in education, welfare and health will all have direct and indirect effects on the lives and circumstances of young people.

#### 1.4.2 OTHER THEORETICAL PERSPECTIVES RELEVANT TO THE TRANSITION TO ADULTHOOD

In addition to the bio-ecological conceptual framework, other theoretical perspectives are relevant to the life-stage of 17/18-year-olds (Arnett, 2000, 2007, 2014; Bynner, 2005; Elder and Giele, 2009). Some researchers in the area refer to the phase between late adolescence and the mid-20s as 'emerging adulthood' (Arnett, 2000, 2007). Arnett (e.g. 2000, 2007 and 2014) proposed that this period has some distinct features in modern societies. It is a time of frequent change (in jobs, romantic partners, world views). Other distinctive features of this stage, according to Arnett, are self-exploration, self-focus, a sense of being in between childhood and adulthood, and an optimistic outlook on the possibilities that lie ahead. Arnett (2014) sees a key criterion for reaching adulthood as accepting responsibility for one's actions.

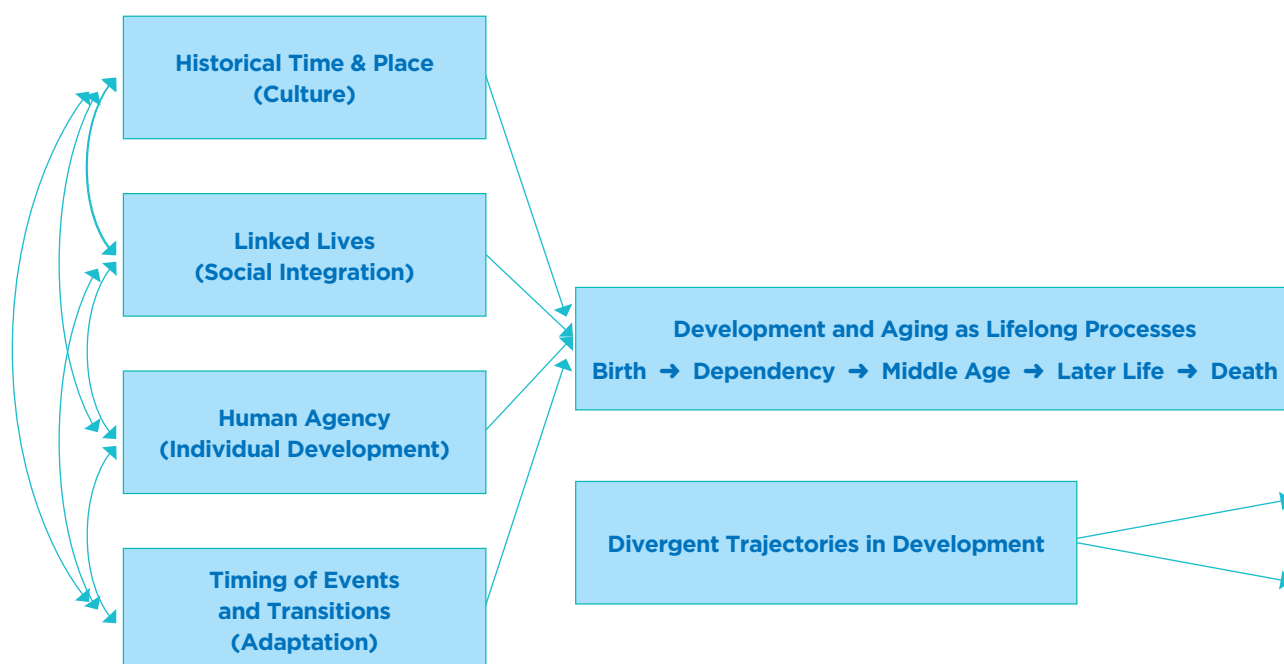
In keeping with the experimentation/exploration ‘mood’, the late-adolescent/early adulthood period has traditionally been associated with a peak in risk-taking behaviour (Arnett, 2000), particularly those relating to risky sexual behaviours, substance use, and other antisocial behaviours, but which are generally expected to decline as the person matures. Although these risky behaviours could be viewed as part of a process of identity exploration, risk-taking could lead to long-term negative consequences – for example, in the case of criminal convictions, sexually transmitted diseases, road traffic accidents or poor educational attainment. Moffitt (1993) identified two patterns of antisocial behaviour: one where involvement in such behaviour persists over the life course and where such behaviour is largely limited to adolescence. This peak in antisocial behaviour may relate to the fact that young people may be freer than older or younger age groups to pursue novel and intense experiences; having less parental monitoring and supervision on one hand and being less constrained by responsibilities on the other. It may also be explained by an increased desire for sensation-seeking, particularly in the presence of peers (Moffitt, 1993).

Not all risk-taking is inherently negative, however. Young adults may also use this time to explore new sports, creative outlets or travel, often facilitated by the emerging trend of taking a ‘gap’ year (Crawford and Cribb, 2012). A change in social contacts, peer group and living arrangements can open opportunities to try new things that are life-enhancing, as well as those that might involve risk.

Bynner (2005) is somewhat critical of the individual focus of the original Arnett model, arguing that it fails to recognise the emphasis that European theorists of this part of the life-course place on the way this stage is socially constructed. In Bynner’s view, structural factors, such as education systems, employment levels, and expectations regarding marriage and family formation, are seen as “... shaping, in a fundamental way, roles and identities to match modern conditions” (Bynner, 2005, p.369). These structural factors are stratified, in the sense that some social classes have greater access to education or are likely to have access to occupations that have a slow-build to ultimately higher earnings.

Elder and Giele (2009) also point to the significance of the context in contributing to diversity in trajectories and outcomes associated with emerging adulthood (see Figure 1.2).

**Figure 1.2: Elements of the life-course paradigm (adapted from Elder and Giele, 2009)**

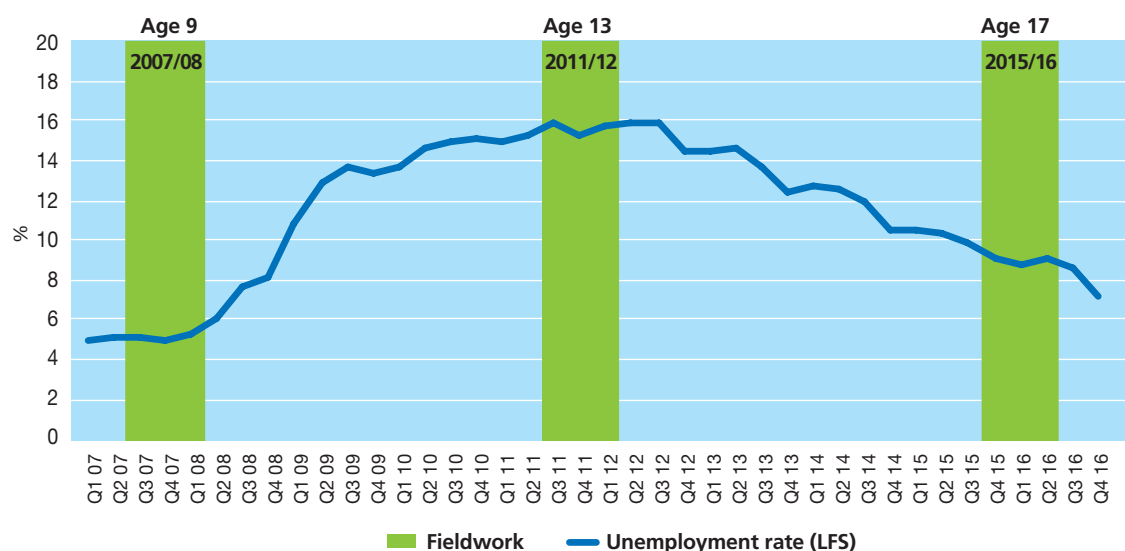


They describe the life-course perspective as a fourfold paradigm that, as illustrated in Figure 1.2, emphasises the significance of the historical and geographical context in which people live; their social embeddedness (including relationships and roles); their agency and personal control (including personal goals), and the timing of events and transitions in the person's life. The development of personal agency and of the increase in personal control receives a greater emphasis than in the Bronfenbrenner model. Sawyer et al. (2018) also note the significance of timing; they suggest that the combination of earlier puberty and the delayed transition beyond education into adult roles has extended 'adolescence' so that it can be seen to range from about the age of 10 to the age of 24.

### 1.4.3 THE ECONOMIC CONTEXT

An important element of the lives of 17/18-year-olds is the broad economic context in which they are coming to the end of their second-level schooling. The timing of the *Growing Up in Ireland* fieldwork and the state of the economy, as reflected in unemployment levels, is shown in Figure 1.3.

**Figure 1.3: Unemployment rate when Study Children were age 9, 13 and 17**



Source: Central Statistics Office seasonally adjusted unemployment rates.

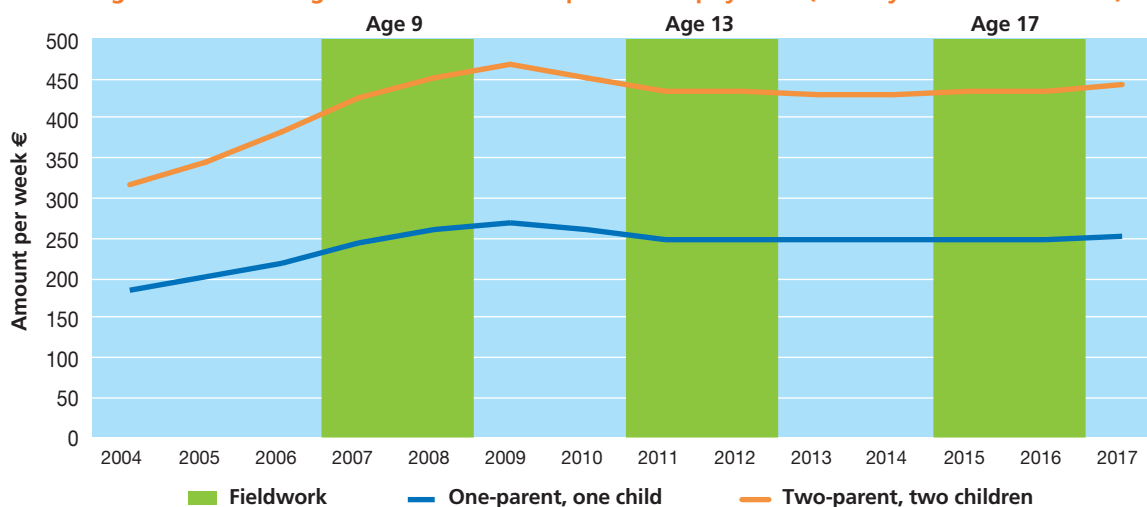
The families and young people were first interviewed when the children were 9 years of age, in 2007/2008. At this time, the unemployment rate was low (below 6%), with some evidence of a rise towards the end of the fieldwork period in the first quarter of 2008. They were re-interviewed in 2012 when the Young Person was 13. The interview took place at the height of the recession, with unemployment rates of close to 16 per cent. Over the period 2008 to 2011, real GDP declined by 5.4 per cent (real GNP by 10.1%). House prices fell by 50 per cent between 2007 and 2012.<sup>5</sup>

There were also changes in social welfare as a result of the recession. The introduction of national austerity measures resulted in substantial reductions in social welfare payments of all types. As shown in Figure 1.4, the nominal weekly social protection rates had been increasing between 2004 and 2008 and a further small increase was maintained into the early recession in 2009. After this, the rates were cut, however. The cuts amounted to 8 per cent of the 2009 rates in 2013 and 2014, with some small increases since then.

The magnitude of the cuts was relatively modest, given the scale of the recession, but they came at a time of rising unemployment when some people who had taken on rental and mortgage contracts were now depending on social welfare, and also in the context of cuts to the funding available for public services in areas such as education, health and social housing.

<sup>5</sup> Residential Property Price Index, CSO statistical release, October 2013.



**Figure 1.4: Changes in levels of social protection payment (weekly nominal amounts)**

Source: Department of Employment Affairs and Social Protection rates booklets for these years. Rate for one parent and one child is based on One-Parent Family Allowance for this family type, with Child Benefit included. The rate for two parents and two children is based on the Jobseeker's Allowance rate for a claimant, a qualified adult and two children. Again, Child Benefit is included.

Another important policy change in this period affected welfare provision for one-parent families. It concerned the introduction of a requirement that lone parents seek work once the youngest child reaches a certain age.<sup>6</sup> This policy change was introduced in 2012. Prior to this, the One-Parent Family Payment (OPFP) provided long-term income support to lone parents until their youngest child was aged 18 (or 22 if in full-time education). The OPFP did not require the recipient to seek work or to engage in education or training. The change involved a gradual reduction of the age of child in respect of which a lone parent could claim the OPFP, reaching age 7 for all recipients by 2015. The biggest group of lone parents would have been affected in January 2015, shortly before the fieldwork with the 17/18-year-olds.<sup>7</sup>

Most people who no longer qualified for OPFP because of the youngest child reaching age 8 would transfer to the Jobseeker's Transitional Payment (JST), which was payable to lone parents whose youngest child was aged between 7 and 13. This payment was designed to support the lone parent in moving towards work, while acknowledging that she or he is taking care of young children. Other lone parents of older children may have qualified for Jobseeker's Allowance if they were capable of, available for, and seeking full-time work.

#### 1.4.4 THE SOCIAL AND POLITICAL CONTEXT

Besides the recession, these young people had been growing up in a time of almost unprecedented social change in other domains of life (see Figure 1.5). In the late 90s, when they were born, there were many reasons to be optimistic about life in Ireland. In the Celtic Tiger period, there was increasing economic prosperity, and the signing of the Good Friday Agreement paved the way for the end of the Troubles in Northern Ireland.

<sup>6</sup> *Social Welfare and Pensions Act, 2012* at <http://www.irishstatutebook.ie/eli/2012/act/12/enacted/en/html>.

<sup>7</sup> For new applicants, the maximum age of the youngest child was reduced to 12 from May 2012; to 10 from January 2013 and to age 7 from January 2014. For existing recipients, the age was reduced to 17 in January 2013; age 16 in January 2014 and age 7 in January 2015. See <https://www.welfare.ie/en/pressoffice/Pages/pr050412.aspx>

Table 1.2: Cohort '98 Timeline – the Irish and international context

GUI Cohort '98	Year	National and World Events
<b>Born</b>	1997	Bertie Ahern becomes first openly separated Taoiseach
	1998	Good Friday Agreement contributes to peace in Northern Ireland
	1999	Irish unemployment rate drops to 5 per cent
	2000	The 'dot-com bubble' bursts
	2001	9/11 terrorist attacks in USA
<b>Begin primary school</b>	2002	The euro becomes legal tender
	2003	Google opens offices in Dublin's Docklands
	2004	Smoking ban in all Irish pubs, restaurants & work places European Union Enlargement (10 new member states)
	2005	Nearly 85,000 immigrants come to Ireland, mainly from enlarged EU Ireland has lowest unemployment rate in the EU (4%)
	2006	Twitter reaches 100 million monthly active users
<b>9 years old</b>	2007	Irish property prices reach a pre-recession peak and begin to decline
	2008	Lehman Brothers bank collapses, global recession begins
	2009	Barack Obama becomes the first African-American US president
<b>Begin second level</b>	2010	Human Papillomavirus vaccination introduced for girls in Ireland 'Bailout Programme' signed by Irish Government and Troika
<b>13 years old</b>	2011	Ireland's unemployment rate approaches 15 per cent
	2012	Katie Taylor wins Olympic boxing gold Irish <b>Children's Rights</b> referendum passed by a majority of 58 per cent
	2013	'Selfie' becomes Oxford Dictionary's Word of the Year Ireland exits the Economic Adjustment ('Bailout') Programme
	2014	Ebola outbreak begins in West Africa (over 11,000 deaths by 2016)
<b>17-18 years old</b>	2015	Ireland is first country to approve same-sex marriage by referendum Paris Agreement on Climate Change
	2016	Ireland commemorates centenary of 1916 rising 52 per cent of UK electorate vote to leave the EU (Brexit)

Towards the mid-2000s, growth in the Irish economy started to slow, before crashing as part of the global recession that started in late 2008. Additionally, the impact of climate change, albeit not universally acknowledged, emerged as a threat to global well-being, with uncertainty about both short and long-term repercussions. The implications for Ireland of the UK referendum to leave the European Union in 2016 are as yet unclear, but the protracted exit negotiations have resulted in a period of uncertainty.

There have been positive developments too, with advances in science and technology and the start of economic recovery as Ireland exited the Economic Adjustment ('Bailout') Programme in 2013. Evidence of substantial cultural change came in 2015 when Ireland became the first country to approve same-sex marriage by referendum. As the children of Cohort '98 come of age, the world faces serious challenges as well as opportunities.

## 1.5 DATA AND METHODOLOGY

### 1.5.1 THE SAMPLE AT THE THIRD ROUND OF INTERVIEWING

*Growing Up in Ireland* is a longitudinal study based on the same set of children and young people who (with their families) were interviewed on several occasions over time. Participants in Cohort '98 were selected through the primary school system for inclusion in the first wave of the study at 9 years of age, and interviews were completed with 8,568 children in 2007 (see Table 1.3). The target sample for the second wave (when the young people were 13 years old) included all of those who participated in the first wave and who were still resident in Ireland four years later in 2011/12, i.e. 8,465 children. A total of 7,525 children and their families were interviewed in the second wave, representing a response rate of 88 per cent of those who had participated at age 9. In the third wave in 2015/16 when the young people were aged 17 or 18, 6,216 families completed the survey, representing 83 per cent of those who had participated at age 13 and 73 per cent of those who had participated at age 9.<sup>8</sup> Of the participants, one-fifth were aged 18 at the time of the survey while the remaining four-fifths were 17 years of age.

This report is based on an analysis of the cases (6,039) for whom there was information at all three stages: ages 9, 13 and 17/18. This approach is taken in order to have all the results based on the same sample, since many of the analyses refer back to the situation of the young people at age 9 or 13. In other words, the 177 cases that were interviewed when the Study Child was age 9 and again at age 17/18 but who were missing from the sample in the intervening wave (at age 13) are not included.<sup>9</sup>

**Table 1.3: Number of Study Children completing the survey in each wave**

Fieldwork completed	Age 9	Age 13	Age 17/18	Number of families
All waves	Yes	Yes	Yes	6,039
Ages 9 and 13 only	Yes	Yes	No	1,486
Ages 9 and 17/18 only	Yes	No	Yes	177
Age 9 only	Yes	No	No	866
Totals in each wave	8,568	7,525	6,216	
Age 13 as % of age 9		88%		
Age 17/18 as % age 13			83%	
Age 17/18 as % of age 9			73%	

Source: *Growing Up in Ireland*, analysis by authors.

In spite of rigorous tracking and tracing procedures and protocols to encourage participation, some level of attrition between waves is unavoidable in all longitudinal studies like *Growing Up in Ireland* (Schoeni et al., 2013). To ensure that the sample was representative of the population, all data were statistically adjusted or reweighted using standard procedures prior to analysis and reporting. This ensures that the figures presented throughout the report are representative of 17/18-year-olds who were resident in Ireland at 9 years of age and who were still living here at age 13 and at 17/18 years old.

As in previous waves, information was provided by the Study Child, who is now a Young Person, and also their parents. In keeping with the Young Person's growing independence, the person who was referred to in earlier waves as the Primary Caregiver (usually the mother) is now referred to as Parent One and the Secondary Caregiver (usually the father) is referred to as Parent Two.

<sup>8</sup> Note that this figure does not exclude the young people who were no longer living in Ireland at age 17/18.

<sup>9</sup> Nevertheless, this group will be of interest to future researchers who want to look at changes between 9 and 17/18 years of age.

### 1.5.2 MEASURES OF BACKGROUND FAMILY CHARACTERISTICS

Information on background family characteristics contributes to understanding social and other variations in the lives and experiences of 17/18-year-olds in Ireland. The *Growing Up in Ireland* survey collects details on a number of background characteristics, including family social class, family income, family structure, and the highest level of educational attainment of the parents of the 17/18-year-olds.

**Family social class:** This involves a four-fold classification:

- Professional/Managerial (including doctors, teachers, managers, engineers, large farmers and accountants)
- Intermediate (other non-manual/skilled manual, such as clerical workers, sales assistants, bookkeepers, carpenters, plumbers, hairdressers, drivers)
- Semi-skilled/unskilled manual (care assistants, catering assistants, waiter/waitress, cleaners, labourers)
- Never employed (those who never had a regular job)

The social class classification follows the Standard Occupational Classification used by the Irish Central Statistics Office and is based on the combined work and occupational history of the child's parents (Parent One and Two). Where neither has a relevant work history outside the home (and hence no occupational history), the family is classified as 'never employed'. This social class category (the 'never employed') tends to be the most socially disadvantaged.

**Household/family income:** This is based on the income of all household members. Since the majority of households consist of one family, the term *family income* is used. Family income is reported mainly by quintile or fifth throughout the report. In other words, the families are broken into five equally sized groups with incomes ranging from the lowest to the highest. Income is adjusted (equivalised) to take account of the number of adults and children in the family. Therefore, the top quintile consists of families whose adjusted disposable income is in the highest quintile or 20 per cent of families.

**Family structure** is a fourfold classification used for analyses:

- One-parent, 1-2 children
- One-parent, 3+ children
- Two-parent, 1-2 children
- Two-parent, 3+ children

The number of parents (one-parent or two-parent) refers to the number of resident caregivers/guardians of the 17/18-year-old who is the focus of the study. Neither the biological nor marital status of parents forms part of this definition. The term 'children' in the classification of family structure refers to all persons under age 18 living in the household. In this, the third wave of data collection, the 17/18-year-old is still considered a child for the purpose of this classification, even if they are already 18 years old. Further, the 17/18-year-old may have older siblings who are not considered children for the purpose of the classification of family structure if they are over the age of 18.<sup>10</sup>

**Parent One's educational attainment:** The four-fold classification is self-reported by the respondent and based on the Irish educational system:

- Junior Certificate (lower second level) or less
- Leaving Certificate (upper second level)
- Certificate/diploma (post-second level, but below the level of third level degree)
- Degree (third level)<sup>11</sup>

<sup>10</sup> This is a standard approach used by the CSO and international organisations. There is potential for further research to look at the impact of having adult siblings living in the household.

<sup>11</sup> Further research could look at whether the Young Person's outcomes vary by whether their parent had an undergraduate or postgraduate degree. However, this is beyond the scope of the current descriptive report.

### 1.5.3 MEASUREMENT OF SOCIO-EMOTIONAL AND BEHAVIOURAL WELL-BEING

Most of the outcome variables are described in more detail in the chapters of which they are the focus. Socio-emotional and behavioural outcomes can be affected by experiences in a range of areas, including health, education, family and relationships as well as individual characteristics such as temperament. Furthermore, what is considered appropriate in terms of behaviour and social interactions may vary depending on the age and gender of the individual, and the 'norms' for particular social groups (including within the family group). *Growing Up in Ireland* uses both a parent-report measure – the Strengths and Difficulties Questionnaire (SDQ) (Goodman, 1997) – and numerous youth-reported measures of socio-emotional well-being, and is ideally placed to indicate the appropriate 'norms' for the relevant Irish population.

In most cases these measures are 'standardised scales' developed specifically to measure a particular concept such as anxiety or self-esteem. They do so by asking about the frequency of behaviours, thoughts or experiences that tend to indicate the concept. To give an example, the SDQ measure has a subscale for 'hyperactivity/inattention' but, rather than asking the parent if the young person is hyperactive – which might be differently defined by individual parents – he/she is instead asked about the behaviour of the young person, such as 'they are constantly fidgeting' and 'they have difficulty seeing things through to the end'.

Assessing the mental well-being of young adults at 17/18 years old is particularly important. As discussed in the relevant chapters, the period around 17/18 years appears to be a vulnerable one in terms of mental health. This may reflect the confluence of a number of stressors, including important exams, new relationship dynamics and additional responsibilities, together with greater access to potentially risky coping mechanisms such as alcohol, drugs and smoking.

### 1.5.4 PRESENTING FINDINGS AND STATISTICAL SIGNIFICANCE

#### *Confidence intervals and margins of error*

The results reported here come from a sample survey, so that in generalising to all 17/18-year-olds it is necessary to take account of the degree of uncertainty involved, particularly when the number of cases in a particular group is small. To give an idea of the extent of uncertainty, confidence intervals and significance tests are used. For instance, suppose the analysis suggests that 80 per cent of 17/18-year-olds live in two-parent families. The confidence interval is the range within which the 'true' population figure would be expected to be found in 95 per cent of samples of this type and size. It is typically interpreted as the 'likely range' for a statistic.<sup>12</sup> If the confidence interval for the percentage of 17/18-year-olds living in two-parent families were 78 to 82 per cent, then, in 95 per cent of samples of this size and type, the population percentage would be in that range. The *margin of error* is half the width of the confidence interval (2 percentage points in this example), and provides an alternative way of reporting on the width of confidence intervals. Thus, in this example, 'the percentage of young adults living in two-parent families was found to be 80 per cent, plus or minus two percentage points' (the margin of error). The symbol  $\pm$  is used to indicate 'plus or minus'.

In general, for a smaller sample size, the confidence interval will be wider (and the margin of error larger). The margin of error is reported underneath each graph. Where the margin of error would differ a great deal across subgroups – because some groups are much smaller than others – a separate margin of error may be shown for each subgroup.

#### *Statistical significance*

A related idea is that of statistical significance. This is typically used when comparing means or rates for two groups. A difference between two groups might be observed in the sample, but there is some uncertainty as to whether this reflects a difference in the population (or, more precisely, whether that kind of difference in the sample could have occurred by chance at a certain level of confidence). For instance, suppose that 13 per cent of the young people lived in smaller one-parent families at age 13 but 16 per

<sup>12</sup> Although not, strictly speaking, technically correct, this interpretation is a useful simplification of its meaning.



cent lived in this type of family at age 17/18. Could a difference of this size have occurred by chance? If the confidence intervals for the two figures do not overlap, then in 95 per cent of samples of this size and type, a difference this large would not occur by chance. In other words, the difference is 'statistically significant'. When differences are reported as statistically significant, it means that we can be 95 per cent confident that a difference of this size in the sample reflects a difference in the population (sometimes interpreted as a 'true difference' as opposed to a difference so small, given the sample size, that it might be expected to have occurred by chance).

The findings and patterns discussed in the report are statistically significant at  $p \leq .05$ , that is, using the 95 per cent confidence level. This can generally be seen in the charts, taking account of the margin of error. If a difference between groups does not reach this threshold of significance, it is not discussed in the text. In a very large sample, quite small differences between the characteristics of subgroups may be statistically significant, in the technical sense that they are due to chance less than five times in 100. Although significant in that statistical sense, some of the differences may be relatively small and not of substantive importance (Wasserstein and Lazar, 2016). In addition, all of the figures presented are purely descriptive and should not be interpreted in any sense as reflecting a cause and effect relationship. In discussing differences between groups, the discussion may give a perspective on the size of group differences by comparing them to other more familiar differences, such as those based on gender or social class.

### ***Regression analysis and odds ratios***

Another statistical technique used in comparing groups, particularly when other factors are controlled, is a regression analysis. When looking at a categorical outcome (such as having a high risk of socio-emotional problems), a logistic regression is used and odds ratios are reported. Odds ratios measure the relationship between a characteristic (such as living in a one-parent family) and an outcome (such as being in the 'at risk' range for having socio-emotional and behavioural problems). The odds ratio is the ratio of the odds that an outcome will occur given a particular characteristic, compared to the odds of the outcome occurring in the reference group. For instance, an odds ratio of 2.2 for one-parent versus two-parent families would indicate that the odds of socio-emotional difficulties for children in one-parent families are 2.2 times higher than for those in two-parent families. Odds ratios with a value greater than one indicate that the characteristic increases the chances of the outcome compared to the reference group. An odds ratio less than one means that the characteristic reduces the chances of the outcome compared to the reference group.

## **1.6 CONTENT AND ORGANISATION OF REPORT**

The remainder of this report is divided into seven chapters. These reflect the main developmental domains, along with the systems that form part of the bioecological model underlying the project.

- Chapter 2 sets the context by describing the family and socio-economic characteristics of the 17/18-year-olds, including a discussion of how they were affected by the recession and the early recovery.
- Chapter 3 focuses on the physical health and well-being of the 17/18-year-olds, including their general health status, presence of disabilities, socio-economic and demographic variations in BMI, their dietary profile and physical activity, and the use of tobacco, alcohol and other drugs.
- Chapter 4 examines the stage the young people have reached in terms of their education and cognitive development, including their current status, Junior Certificate results, access to career guidance and plans for post-school education and training.

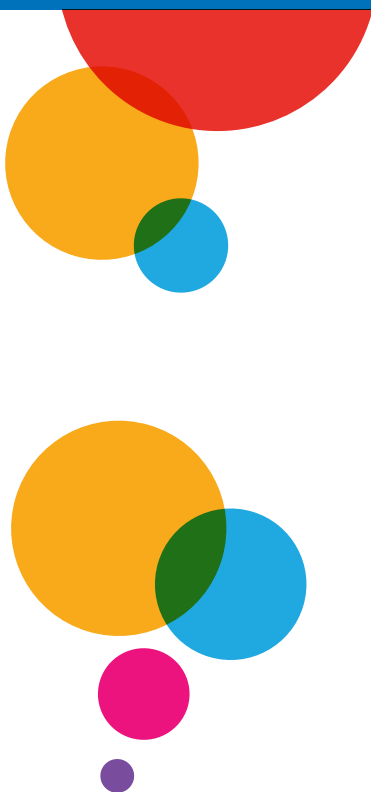
- Chapter 5 examines the socio-emotional well-being of the 17/18-year-olds. This includes their general life-satisfaction, what things are important to their quality of life, socio-emotional well-being and mental health, the presence of psychotic symptoms and their coping strategies.
- In Chapter 6, the relationships of the 17/18-year-olds are discussed, including relationships with parents and peers, and their sexual orientation and behaviour.
- In Chapter 7, the focus is on the new domain of social and civic participation and social responsibility of the young people. As well as their participation in volunteering and spare-time activities, we examine their confidence in public institutions, their exposure to the experience of discrimination, and involvement with antisocial behaviours and contact with the criminal justice system.
- Finally, in Chapter 8, the results are summarised in order to identify the main resources and challenges facing young people in the context of their relevance for policy. It also points to directions for future research, which could build upon the broad insights provided in this report.





# Chapter 2

## FAMILY STRUCTURE AND ECONOMIC CIRCUMSTANCES





## 2.1 INTRODUCTION

In this chapter, the family structure and economic circumstances of 17/18-year-olds are described. This is an important background against which the outcomes in later chapters can be better understood. At age 17/18, the vast majority of young people were still living with their parent or parents. Just over 1 per cent were living independently; since this group is too small to examine separately, it is excluded from the family structure tables presented in this chapter.

As noted in the previous chapter, the analysis is based on 17/18-year-olds for whom survey information was available at ages 9 and 13. The population of interest is that of 17/18-year-olds living in private households in Ireland and who lived in Ireland at age 9. As such, it does not include any 17/18-year-olds who may have moved to Ireland since the age of 9 or any young people who lived in Ireland at age 9 but had emigrated (or returned to their home countries) by age 17/18.

In the following sections, the family structures in which the 17/18-year-olds live are examined, including any changes in family structure since the ages of 9 and 13. The socio-economic characteristics of the different family structures are examined by looking at how they compared in terms of social class and Parent One's education. Changes over the period since the Young Person was 9 years old are then discussed, focusing on the employment situation of parents, welfare dependence of the family, changes in incomes, and changes in financial stress.

## 2.2 FAMILY AND FINANCIAL CIRCUMSTANCES AT AGES 9 AND 13

This section looks at the family structure within which the Young Person was living at ages 9 and 13 as well as the timing of earlier waves of the study in terms of economic boom and recession.

### 2.2.1 FAMILY CIRCUMSTANCES

At ages 9 and 13, most (about 4 out of 5) young people had lived in two-parent families. At age 13, 43 per cent of young people had lived in smaller two-parent families (one to two children under 18) and 38 per cent lived in larger two-parent families (three or more children). One-parent families tended to be smaller, with twice as many having one or two children under 18 as had three or more children under 18 (Williams et al., 2009 and 2018).

Between the ages of 9 and 13, there was a fall in the percentage of young people who had lived in the larger two-parent families, from 47 per cent at age 9 to 38 per cent at age 13, mainly because older brothers and sisters had reached the age of 18 and no longer met the *Growing Up In Ireland* definition of 'children' (Williams et al., 2009 and 2018).

While the distribution between one- and two-parent families remained very similar at ages 9 and 13, and most 13-year-olds had no change in family structure, some experienced significant change: moving from a two- to a one-parent family (5%); moving from a one- to two-parent family (3%); a new birth in the family (9%); a new partner (usually a stepfather) of Parent One (10% of one-parent families at age 9), or Parent Two at age 9 leaving the household by age 13 (5% of two-parent families at age 9) (Williams et al., 2018).

### 2.2.2 FINANCIAL CIRCUMSTANCES OVER TIME

The most remarkable aspect of the financial circumstances of families of the 13-year-olds was the strong impact the recession had on them since age 9. As noted in Chapter 1, the nine-year survey was conducted largely before the recession began in mid- to late-2008, so many (though not all) of the families were still enjoying the economic benefits of the boom. The interviews at age 13 took place at the height of the recession in 2011-2012, before any steady reduction in unemployment and before the end of the 'bailout' programme in 2013. The 17/18-year interviews took place in 2015-2016, when the recovery was well underway according to many economic indicators. Unemployment had dropped from a high of 15 per



cent to about 9 per cent. Nevertheless, many of the cutbacks resulting from the austerity programmes still reverberated through their impact on levels of debt (both household debt and national debt), erosion of national infrastructure, and budgetary and recruitment constraints that affected both public and private services.

## 2.3 FAMILY STRUCTURES AT 17/18 AND CHANGES SINCE EARLIER WAVES

This section examines the family structures within which 17/18-year-olds were living and the extent to which these had changed since they were 9 or 13 years of age. It also examines the profile of one- and two-parent families in terms of socio-economic characteristics.

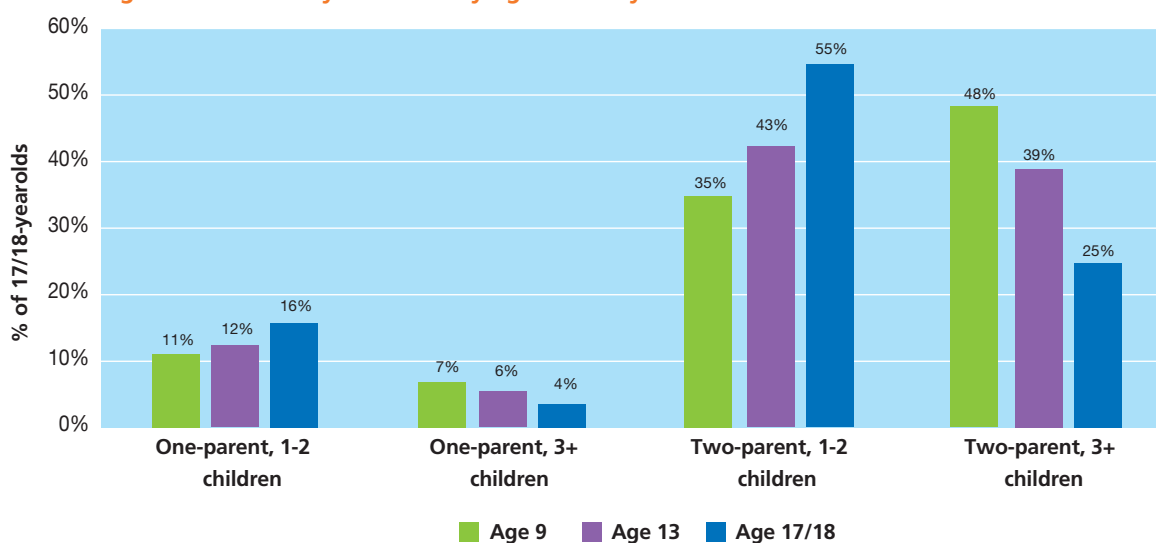
### 2.3.1 FAMILY STRUCTURE

The family structure of the young adults at different ages is presented in Figure 2.1. As noted in the previous chapter, the analysis includes those 17/18-year-olds who were interviewed at all three waves: 9, 13 and 17/18 years old. The margins of error are shown beneath the chart. The lower bound of the confidence interval for each percentage can be calculated by subtracting the margin of error while the upper bound can be calculated by adding the margin of error. Where the confidence intervals for two percentages do not overlap, the percentages are significantly different.

As in earlier waves, most 17/18-year-olds lived in two-parent families (80%), with 20 per cent living in a one-parent family (Figure 2.1). The percentage of 17/18-year-olds living in one-parent families had increased slightly since they were 9 years old, with 18 per cent in one-parent families at the earlier time-point.

There was a more marked change in the number of children (under 18) in the families over the period. As noted above, this was mainly driven by other children reaching the 18-year threshold.<sup>13</sup> The number of siblings counted as children got progressively smaller as the cohort grew up, even though the older siblings may have been still living in the household. For instance, at the age of 9, 48 per cent of the young people had been in two-parent families with three or more children. By age 17/18, this had fallen to 25 per cent, as some older brothers and sisters had reached the age of 18 or more and were no longer classified as children. At age 17/18, the biggest family structure consisted of two parents and one or two children (55%).

Figure 2.1: Family structure by age of Study Child

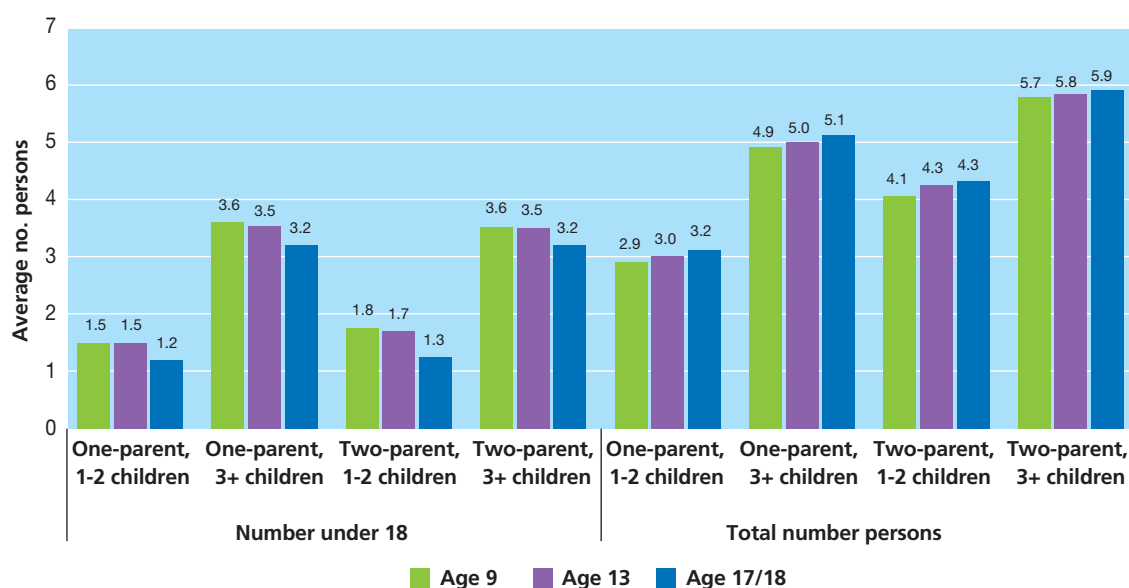


Note: The margin of error is  $\pm 1\%$ .

<sup>13</sup> The 17/18-year-old is still considered a child for the purpose of the family size classification in order to treat those interviewed after their 18th birthday the same as those interviewed before this birthday.

This can be seen more clearly for each family structure in Figure 2.2, which shows the average number of children (under age 18) and average number of persons of any age living in the household by the age of the Young Person and family structure. This excludes older siblings who had left the household by the time of the survey. For all family structures, the number of children under age 18 in the household fell as the Young Person moved from 13 years old to 17/18 years old. However, the total number of persons in the household remained relatively stable or increased very slightly (for families that were smaller at age 9) in the same period. Thus, for example, in smaller two-parent families, the average number of children decreased from 1.8 (when the Young Person was 9) to 1.3 (at 17/18) while the total number of household members increased slightly from 4.1 to 4.3.

**Figure 2.2: Average number of children under 18 and average number of persons of any age living in household by family structure and age of the Young Person**



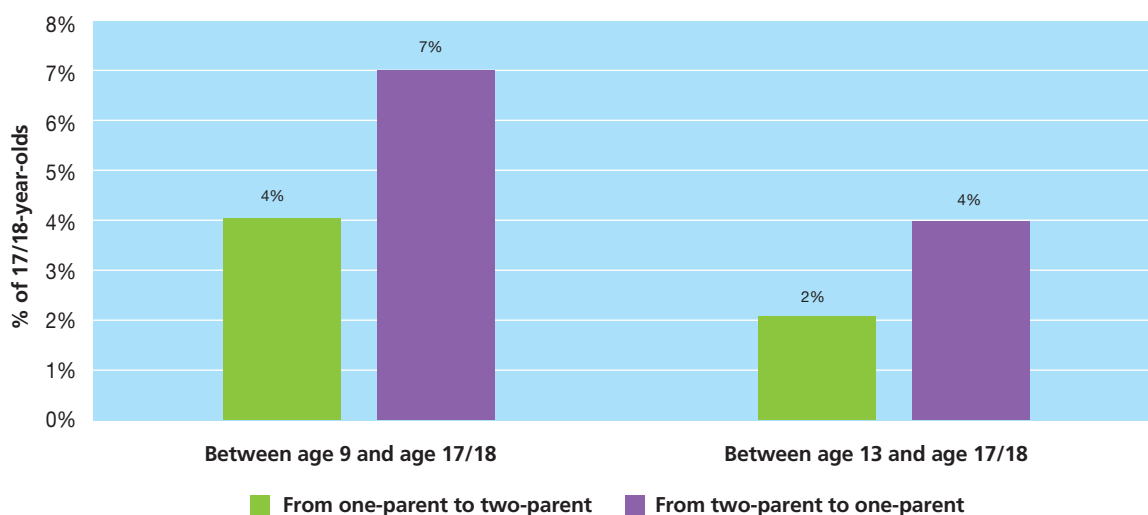
Note: The margin of error is, at most,  $\pm 0.1$  persons.

### 2.3.2 CHANGE IN FAMILY STRUCTURE OVER TIME

Most families did not change in structure over time: 88 per cent of young people remained in families with the same broad structure (i.e. one-parent or two-parent) between ages 9 and 17/18, while 94 per cent remained in families with the same structure between ages 13 and 17/18. Although the overall proportion of young people in one- and two-parent families had changed little over time, this masked some movement between these categories at the level of the individual Young Person. As Figure 2.3 shows, the families of 4 per cent of 17/18-year-olds had changed from one- to two-parent since they were 9 years old and 7 per cent had changed from two- to one-parent. The second panel of the graph shows the extent of change between the ages of 13 and 17, with 2 per cent of families changing from one- to two-parent in the period and 4 per cent changing in the opposite direction, from two- to one-parent. These changes affected a small proportion of young people, however: fewer than one in 10.



**Figure 2.3: Change in family structure over time (from one- to two-parent or vice versa)**



Note: The margin of error is, at most,  $\pm 1\%$ .

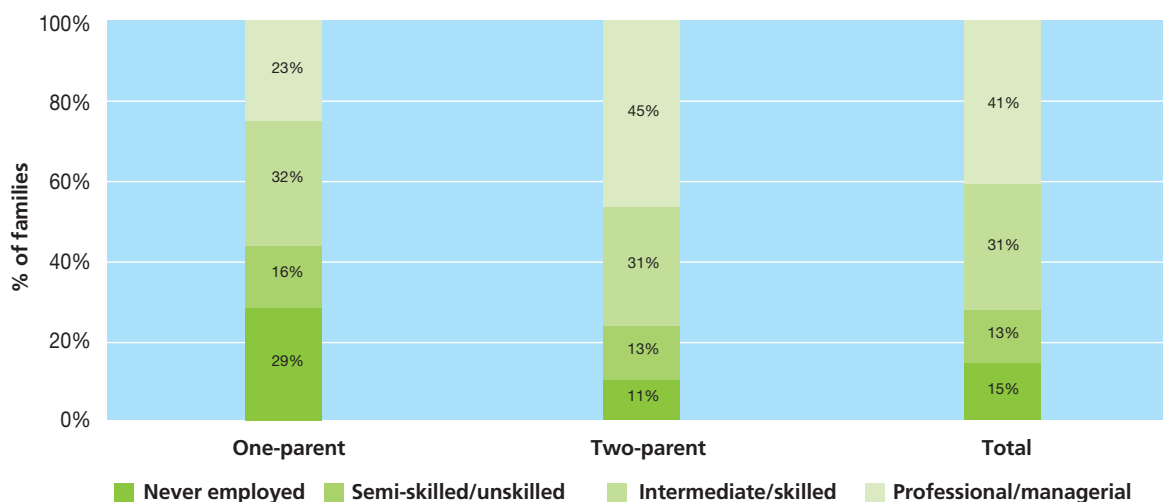
It is worth emphasising that, although the percentage of families changing from two-parent to one-parent is greater than the percentage moving in the opposite direction, this is largely due to the fact that two-parent families are much more numerous. The greater stability (in terms of structure) of two-parent families can be seen if the numbers changing from two- to one-parent are expressed as a percentage of those in the initial family structure. This calculation shows that, between the time the Young Person was 9 and the time of their interview at age 17/18, 9 per cent of the families that were initially two-parent had become one-parent families. The figure for families that had initially been one-parent becoming two-parent in the period was 25 per cent. Therefore, although there was overall more movement from two- to one-parent, a higher percentage of the two-parent families remained two-parent (91%) than the percentage of one-parent families that remained one-parent (75%).

### 2.3.3 SOCIO-ECONOMIC CHARACTERISTICS OF DIFFERENT FAMILY STRUCTURES

As in earlier years (Williams et al., 2018), there were substantial differences between the family structures in terms of their social class profile, the levels of education of Parent One and where the families were situated in the income distribution. As described in Chapter 1, the social class of the family is based on the occupation of the parents, taking the occupation with the most advantageous social class position if both parents are in employment. At age 17/18, 41 per cent of young people were in families classified as *professional/managerial* (including teachers, nurses, middle and higher managers and officials); 31 per cent as *intermediate/skilled* (including clerical workers, book-keepers, and skilled manual workers such as carpenters and mechanics); 13 per cent as *semi-skilled or unskilled* workers (including care assistants, catering assistants, waiter/waitress, cleaners, labourers), and 15 per cent as *never employed* (where the parent, or both parents in two-parent families, had never had a regular job) (Figure 2.4).

One-parent families were considerably more likely than two-parent families to be in the least advantaged social class (29% were classified as *never employed* compared to 11% of two-parent families; 23% were classified as *professional/managerial*, compared to 45% of two-parent families).

**Figure 2.4: Social class composition of each family structure**

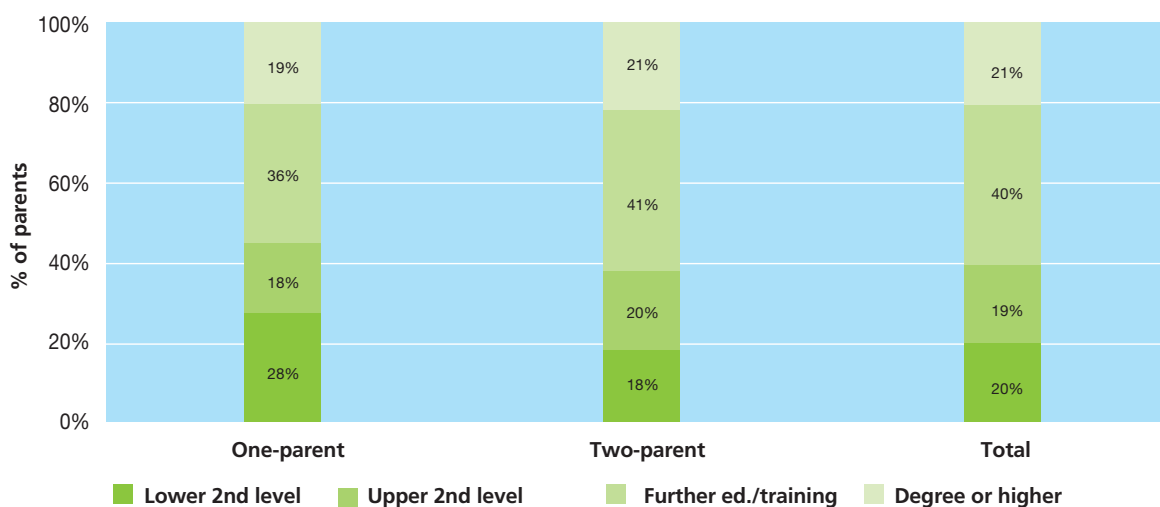


Note: Margins of error are at most  $\pm 3\%$  for one-parent families and  $\pm 1\%$  for two-parent families and for the total.

Overall, just over one-fifth of the Parents One of 17/18-year-olds had education at degree level or above (21%); 40 per cent had further education or training at the level of a diploma or certificate;<sup>14</sup> 19 per cent had education to upper second level (e.g. Leaving Certificate) and 20 per cent had education to lower second level (e.g. Junior Certificate) or less (Figure 2.5).

The more advantaged profile of the two-parent families could also be seen in the educational level of the parents, although the differences were not as marked as for social class and were more evident at the lower, rather than upper, end of the educational spectrum. Among one-parent families, 28 per cent of parents had education at lower second level or less compared to 18 per cent of parents in two-parent families. At the other end of the educational spectrum, the differences were smaller: 21 per cent of parents in two-parent families had a degree or higher compared to 19 per cent of those in one-parent families.

**Figure 2.5: Parent One's education by family structure**



Note: Margins of error are approximately  $\pm 3\%$  for one-parent and  $\pm 1\%$  for two-parent families and for total.

<sup>14</sup> Including apprenticeships and post-Leaving Cert (PLC) courses.



## 2.4 WORK, WELFARE AND FINANCIAL STRESS

This section examines the employment status and working hours of the parents of the Young Person and the extent to which they had changed over time. It also examines the prevalence of welfare dependence and the broader pattern of income changes among households over the period.

### 2.4.1 CHANGE IN EMPLOYMENT STATUS OVER TIME

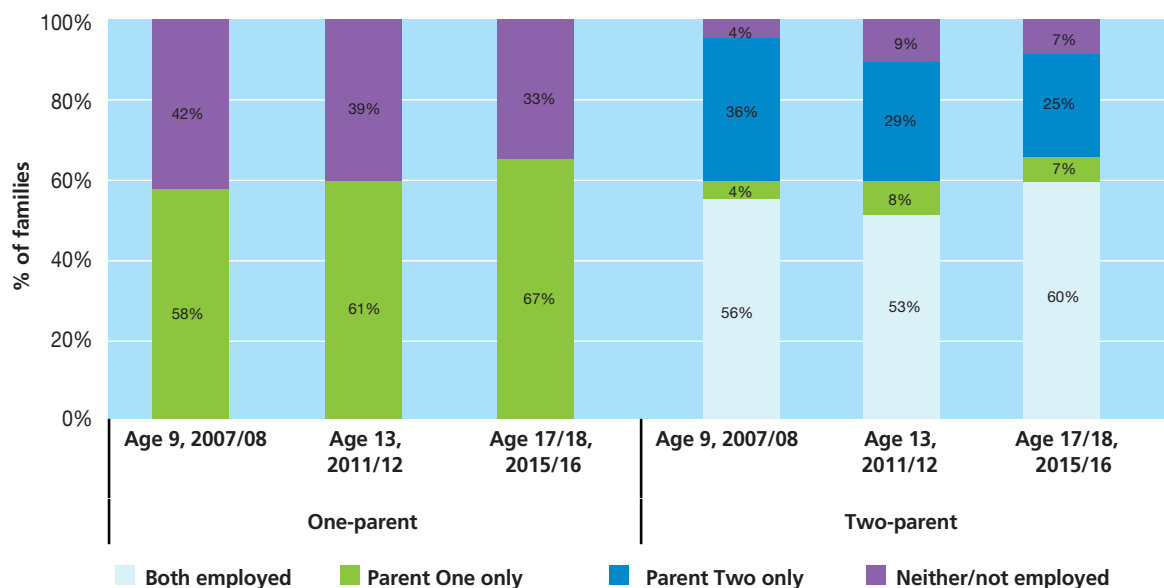
As the Young Person grew from age 9 to age 13 and to age 17/18, changes in parental employment status could be expected, particularly regarding the status of the mother. The transitions at this stage of the child or young person's life are often linked to a reduced requirement for childcare. This makes it possible for Parent One (usually the mother) to take up employment without having to pay for childcare. On the other hand, there were some major changes in the economy at the same time. With the loss of employment during the recession, it would not be surprising to see some families becoming jobless. This is explored in Figure 2.6, separately for one-parent and two-parent families. The figure shows four categories of work status for two-parent families (both parents in employment, only Parent One in employment, only Parent Two, and neither parent in employment). It shows two categories for the one-parent families, depending on whether or not Parent One was in employment. The employment status is based on the parents' responses to a question on their usual situation with respect to employment, and an additional question regarding whether they have a part-time job at present. Therefore, it includes as 'employment' both full-time jobs regarded by the person as their main activity and also any part-time work.<sup>15</sup> Turning first to the one-parent families, there was a clear increase in the percentage of parents moving into employment over the period, from 58 per cent when the Young Person was 9 years old in 2007-08 to 61 per cent when they were 13 years old in 2011-2012 and to 67 per cent when they were 17/18 years old in 2015-16. For one-parent families, it looks as though the reduced requirement for childcare was a more important factor than the recession, because employment levels increased even when overall unemployment levels were rising between 2007 and 2011/12.

Among two-parent families, the employment levels of Parent One clearly rose between the ages of 13 and 17, probably reflecting a reduced requirement for childcare and the recovery of employment levels generally. Between 2007/08 (when the Young Person was 9) and 2011/12 (when the Young Person was 13), the percentage of two-parent families where both parents were in employment fell slightly (from 56% to 53%), but the percentage where only Parent One worked increased from 4 per cent to 8 per cent. Between 2011/12 and 2015/16 (Young Person aged 13 and 17, respectively), the percentage of families where both parents were in employment rose to 60 per cent and the families where only Parent One worked was slightly lower than at age 13 (7%). Overall, then, the percentage of Parents One in employment in these families rose from 60 per cent at age 9 to 67 per cent at age 17/18. As in the case of one-parent families, the reduced requirement for childcare was likely to have been an important factor here.

<sup>15</sup> Note that although it is possible that one or both of the Parents One and Two may be different people at age 17/18 than in earlier waves, in the vast majority of cases (97%), they were the same individual.



**Figure 2.6: Work status of Parent One and Parent Two (where present) by family structure when Study Child was 9, 13 and 17/18 years old**



Note: Margins of error are, at most,  $\pm 4\%$  for one-parent families and  $\pm 1\%$  for two-parent families.

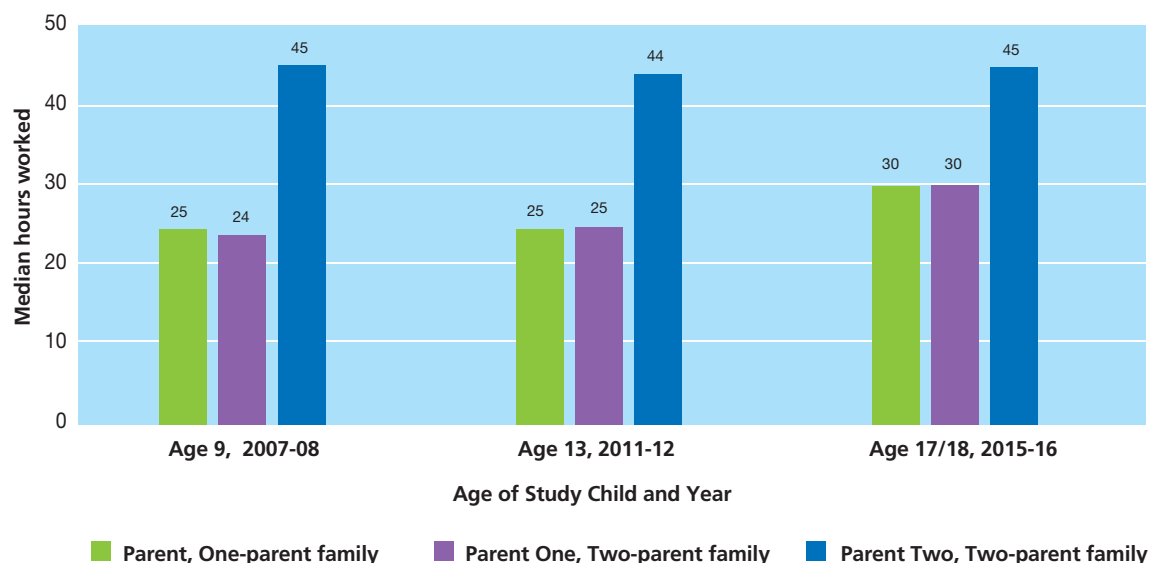
The impact of the recession was more evident in the employment patterns of Parent Two. When the Young Person was 9 years old, 92 per cent of Parents Two were in employment (including the 56% of families where both parents were employed and 36% where only Parent Two was employed). At the age of 13, at the height of the recession, this had fallen to 82 per cent – with the fall mainly occurring in families where only Parent Two was in employment. Families where only Parent Two was in employment fell from 36 per cent pre-recession to 29 per cent between 2007/08 and 2011/12. The increase in employment of Parents One was not enough to compensate, so that the percentage of two-parent families where neither parent was in employment rose from 4 per cent pre-recession to 9 per cent mid-recession.

As the Young Person grew from age 13 to age 17/18 and the economy moved into recovery, employment levels of the families increased, but did not quite reach their pre-recession levels. In the latter period, neither parent worked in 7 per cent of two-parent families compared to only 4 per cent pre-recession. Employment levels of the Parents Two rose to 85 per cent by 2015-16 when the Young Person was age 17/18 – still below the pre-recession level of 92 per cent and mainly resulting from a substantial increase in the percentage of two-parent families where both parents were in employment (from 53% at the 13-year interview to 60% at the 17/18-year interview).

The number of hours worked differs between Parents One and Two (Figure 2.7). This is based on a question to those at work (either full- or part-time) regarding their average hours per week. In 2015/16, for instance, when the Study Child was 17/18 years old, the median hours worked was 30 for Parents One who were in employment (with no difference between those in one-parent families and those in two-parent families) compared to 45 hours per week for Parents Two in two-parent families. The number of hours worked by Parents Two had changed very little in the period (although, as seen above, their employment levels did change). The hours worked by Parents One in employment had increased from a median of 25 per week in 2011/12 when the Young Person was 13 years old to 30 hours per week in 2015-16 when they were 17/18 years old.



**Figure 2.7: Median hours worked by Parents One and Two when the Young Person was 9, 13 and 17/18 years old (cases where parent was in employment)**

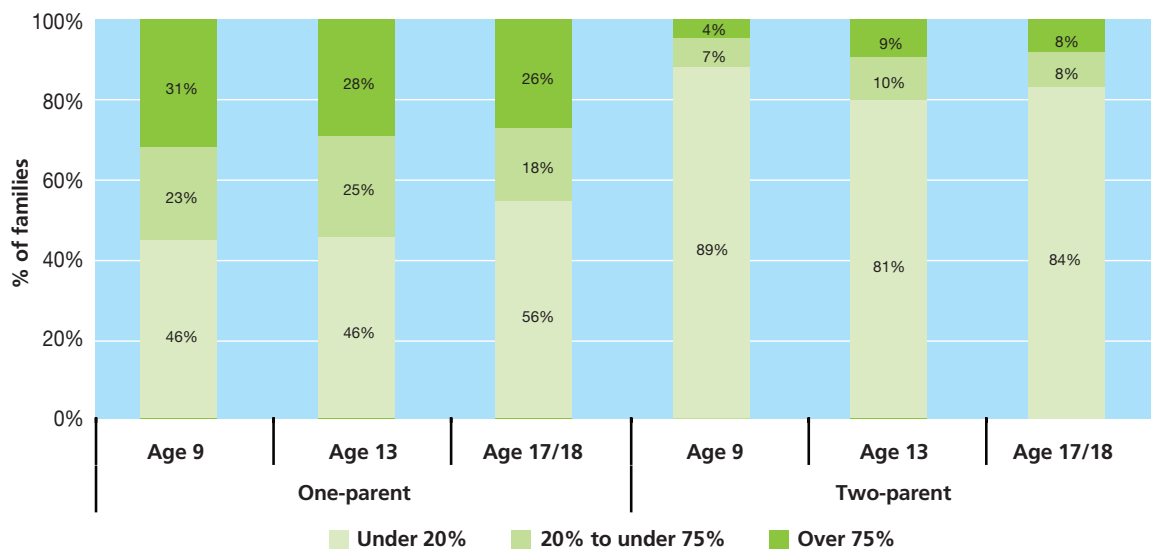


Note: Approximate margins of error are, at most,  $\pm 2.5$  hours for one-parent families;  $\pm 1.5$  hours for Parent One in two-parent families; and  $\pm 0.5$  hours for Parent Two in two-parent families.

#### 2.4.2 CHANGE IN RELIANCE ON SOCIAL PROTECTION PAYMENTS OVER TIME

As a result of changes in employment levels, reliance on social protection increased during the recession, and this can be seen in the experience of the *Growing Up in Ireland* families. Three categories of welfare reliance were noted, based on responses to a question to Parent One on the proportion of total household income that came from social welfare: those relying on social welfare payments for less than 20 per cent of their disposable incomes, between 20 and 75 per cent and more than 75 per cent. At age 9 in 2007/08, only 8 per cent of families relied on social protection for at least three-quarters of their income. This rose to 12 per cent at age 13 in 2011/12 and dropped back a little to 11 per cent by age 17/18 in 2015/16. There were substantial differences by family structure, with one-parent families having a higher rate of reliance on welfare at all three ages (Figure 2.8). However, the percentage of one-parent families relying on social protection payments for over three-quarters of their income was slightly lower at age 17/18 (26%) than it had been at ages 9 and 13 (28-31%). This is consistent with the increasing employment levels in one-parent families, as seen above. The increase in the percentage of one-parent families for whom social welfare accounted for less than 20 per cent of income was even more marked, at 46 per cent when the Young Person was aged 9 and 13 and rising to 56 per cent when they were aged 17/18.

**Figure 2.8: Percentage of income from social welfare by family structure when the Young Person was 9, 13 and 17/18 years old**



Note: Margins of error are, at most,  $\pm 4\%$  for one-parent families and  $\pm 1\%$  for two-parent families.

The fall in the reliance on welfare among one-parent families compared to age 9 is likely to be due to a combination of factors: more mothers moving into employment, facilitated by the reduced need for childcare as the Young Person moved into adolescence; increasing employment opportunities with the economic recovery after 2013, and changes in the eligibility requirements for one-parent family social protection payments, as outlined in Chapter 1.

As noted in Chapter 1, the change in eligibility requirements for One-Parent Family Payment (OPFP) involved a gradual reduction in the age of children for whom the parent could receive such a payment. Most families were likely to have been affected by the change, which was introduced in January 2015, shortly before the fieldwork with the 17/18-year-olds. From this time, parents whose youngest child was aged 8 or over were no longer eligible to claim the OPFP and were transferred to Jobseeker's Transitional Payment if the youngest child was between 7 and 13 years old or Jobseeker's Allowance (youngest child is 14 years or over). The latter scheme *required* that the applicant be available for full-time work and genuinely seek work, while the former "helps lone parents with young children go back to work"<sup>16</sup>, but does not require it, and also covers enrolment in a course of education. With the present analysis, it is not possible to separate the effects of the change in eligibility requirements for OPFP from the improving economy and the reduced need for childcare as the Young Person moved into their teen years. However, future research involving a more detailed examination of the timing of transitions to work and the ages of other children in the household may throw further light on the impact of the change in the OPFP eligibility requirements.

Among two-parent families, the percentage relying on social welfare payments for more than three-quarters of their income was very low, at 4 per cent when the Young Person was 9 years old in 2007/08, 9 per cent when the Young Person was aged 13 in 2011/12 and 8 per cent at the age of 17/18 in 2015/16. The percentage of two-parent families for whom social welfare payments accounted for very little (20% or less) of their income fell over time, however, from 89 per cent at age 9 to 81 per cent at age 13, with a small increase to 84 per cent by age 17/18. The different patterns for one-parent and two-parent families over time, with the former showing reduced reliance on welfare payments and the latter showing increased reliance, was likely to be due to the fact that, since more of the two-parent families were in

16 Department of Employment Affairs and Social Protection (2019), <https://www.gov.ie/en/service/9c29ef-jobseekers-transitional-payment/>



employment during the boom years, they were more exposed to the loss of employment that accompanied the recession (see, e.g., Watson et al., 2016).

### 2.4.3 CHANGE IN MEDIAN INCOMES OVER TIME

In comparing the resources available to families, the focus is on disposable income (after tax and compulsory social insurance contributions) after adding an adjustment for family size and composition. This is the standard adjustment that is used in the calculation of poverty rates in Ireland (e.g. Central Statistics Office, 2019). The adjustment is based on the assumption that there are economies of scale (e.g. on housing and utility costs) when several people live together and that it requires less to feed and clothe young children than older adolescents and adults. The adjustment yields equivalised income: disposable income from all sources, expressed as an adult-equivalent income.<sup>17</sup>

The median equivalised household income fell from about €322 per week at age 9 in 2007/08 to €265 per week at age 13 in 2011/12 and dropped further (to €248 per week) by age 17/18 in 2015/16. One reason that the equivalised income may have fallen is that, when children turn 14, the equivalisation formula gives them the same weight as an adult (increasing from 0.33 to 0.66). This is done on the assumption that the needs of older adolescents are more similar to those of adults. This means that, even if the incomes had remained exactly the same, the equivalised or adjusted income could fall simply by virtue of the Young Person being older. The early signs of recovery can be seen in the median disposable income before this adjustment: this was €863 per week when the Young Person was 9, falling to €710 per week when the Young Person was aged 13 but rising somewhat to €767 by age 17/18. Median incomes at age 17/18 were still well below where they had been at age 9.

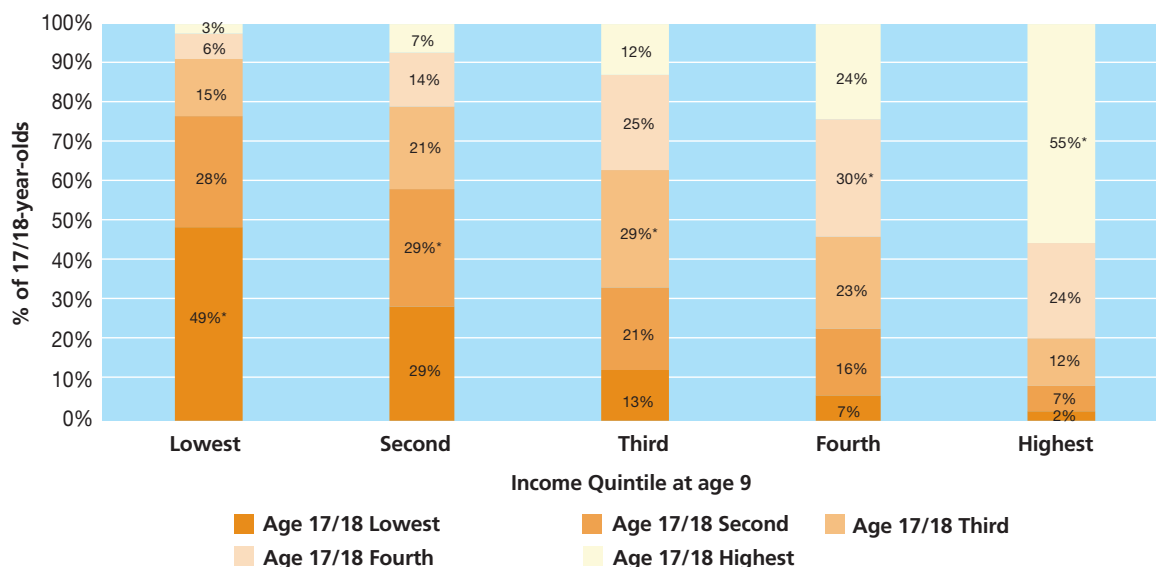
### 2.4.4 CHANGE IN INCOME RANK OVER TIME

Apart from changes in the median levels of income, many households changed their relative position over time, as shown in Figure 2.9, which shows the position in the adjusted (for household size and composition) income distribution at age 17/18 by the position at age 9. Note the focus on movement relative to other families with young people in the same age group. At both ages (9 and 17), one-fifth are found in each income group. In general, the families were more likely to be found in the same income quintile than in any other particular income quintile at the two time points, but there was quite an amount of movement up or down. Nearly half of those who had been in the lowest quintile at age 9 remained in the lowest quintile at age 17/18, and the figures were 29-30 per cent for remaining in quintiles 2 to 4 and 55 per cent for remaining in the highest quintile. It is not surprising that there was more apparent stability at the bottom and top, since there was only one direction in which these families' relative positions could have changed. Altogether, 38 per cent of the families had incomes in the same quintile relative to other families at both age 9 and age 17/18, and a further 39 per cent had moved just one quintile (e.g. from lowest to second). There is considerable potential to further investigate the impact of income mobility, as well as low income, on families.<sup>18</sup>

<sup>17</sup> The standard equivalisation scale used in Ireland, and embedded in the national Social Protection rates for children and qualified adults, is to allow a 'weight' of 1.0 for the first adult in the household, 0.66 for each additional adult (aged 14 and over) and 0.33 for each child under 14.

<sup>18</sup> For instance, the keynote address at the 2019 Annual Growing Up in Ireland Conference by Ross Macmillan compared the impact of income changes on family stability in Ireland (using Growing Up in Ireland data) and the UK countries (using the Millennium Cohort study). See <https://www.growingup.ie/information-for-researchers/gui-conferences/>.

Figure 2.9: Income quintile at age 17/18 by income quintile at age 9



Note: Figures followed by an asterisk are those where the family remains in the same income quintile at age 9 and at age 17. Margins of error are, at most,  $\pm 4$  percentage points for each quintile.

The movement up and down, relative to other families, suggested a degree of diversity in the experiences of families over that period: 23 per cent of families had changed their relative position by more than one income quintile relative to other families.

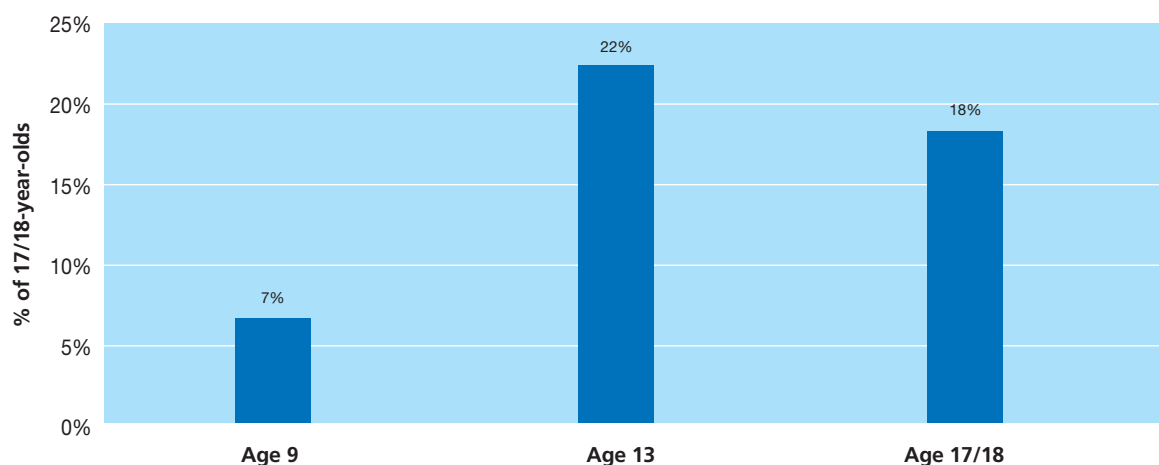
#### 2.4.5 FINANCIAL STRESS

A very useful indicator of how families fared over the period from the time the Study Child was aged 9 to the period when s/he was aged 17/18 is level of financial stress. Financial stress is based on a question to Parent One on how much ease or difficulty the family had in making ends meet, considering their incomes from all sources. Responses were classified into five categories, ranging from 'very easily' to 'with great difficulty'. Those responding *with great difficulty* or *with difficulty* were classified as experiencing financial stress. This indicator is influenced by the resources (income) available to the family as well as the family's needs, which will vary by family size and composition but also by factors such as housing costs, level of indebtedness and any additional costs faced by the family. This indicator has been widely used in analyses of data from the Survey of Income and Living Conditions (SILC), both in Ireland (Russell et al., 2011; Watson and Maître, 2012; Watson et al., 2016) and in the EU (Whelan and Maître, 2013) in order to understand social exclusion.

Given the movement from boom to recession and on to recovery in the period, it is not surprising that levels of financial stress rose sharply between the 9-year and 13-year interviews, from 7 per cent to 22 per cent. The rate dropped back to 18 per cent by the time of the 17/18-year interview – much closer to the recession peak in 2011/12 when the young people were 13 years old than to the low levels pre-recession at the 9-year interview (Figure 2.10).



**Figure 2.10: Household financial stress when the Young Person was 9, 13 & 17/18 years old**



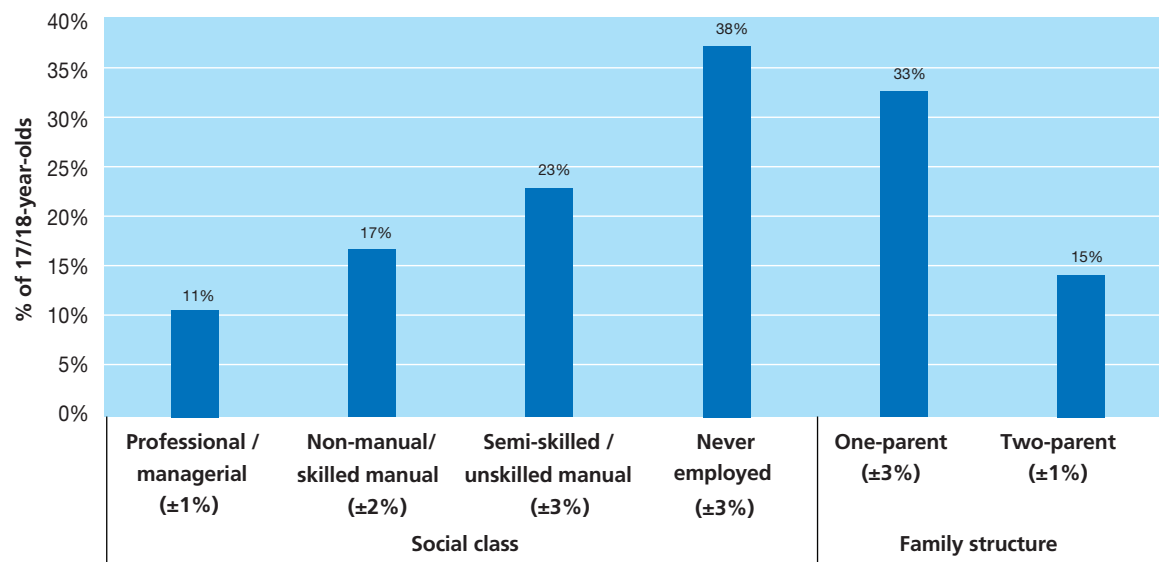
Note: Margins of error are, at most,  $\pm 1\%$ .

The data show that improvements in financial stress levels lagged behind the improvements in other economic indicators, such as the unemployment rate. In Chapter 1, the unemployment rate at the time of the 17/18-year interview in 2016 was shown to have recovered substantially, to about 8-9 per cent from its recession level of 15-16 per cent, having risen from about 5 per cent in 2007. This lag between the improvement in the unemployment rate and the circumstances of families was also observed in analyses of the ability to afford basic goods and services in Ireland using data from the Survey of Income and Living Conditions (SILC, Grotti et al., 2017). It is likely to reflect the erosion of resources (including savings), the accumulation of debt (due to borrowings) and postponement of expenditure (on housing maintenance, replacing furniture and appliances, replacing car and so on) during the recession.

#### 2.4.6 VARIATIONS BY FAMILY STRUCTURE AND SOCIAL CLASS

There were sharp differences in the levels of financial stress experienced by families according to social class and family structure (Figure 2.11). The rate of reported financial stress was over three times higher for families in the *never employed* social class than for families in the *professional/managerial* social class (38% and 11%, respectively). One-parent families were more than twice as likely as two-parent families to report financial stress when the Study Child was 17/18 years old (33% and 15%, respectively).

**Figure 2.11: Household financial stress when the Young Person was 17/18 years old by social class and family structure**



Note: Margins of error are shown in parentheses after the label for each group.



## 2.5 SUMMARY

This chapter discussed the family and financial circumstances of the 17/18-year-olds, and how these had changed over time, in order to provide a background against which to interpret the findings on outcomes for these young people. The central points are as follows.

Almost all 17/18-year-olds still lived with their parent(s) (99%); 20 per cent lived in one-parent families and 80 per cent in two-parent families.

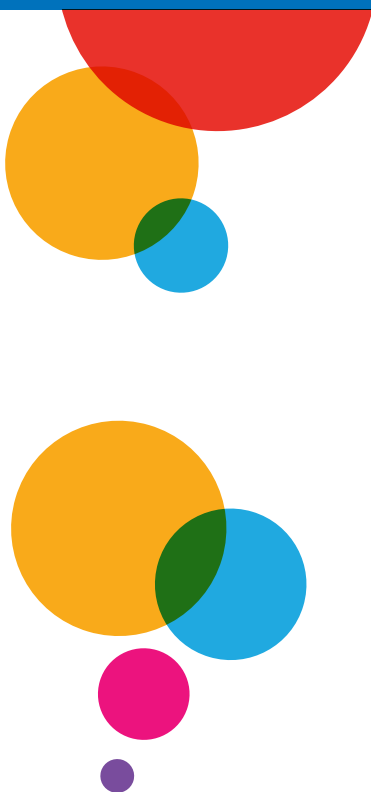
Families had experienced a loss of employment in the recession, mainly affecting Parent Two (and hence two-parent families, where the employment rate of Parent Two fell from 92% at age 9 to 81% at age 13 before rising to 85% by age 17/18). This was partly balanced by a greater movement of Parent One into work, linked, in part, to the reduced need for intensive childcare as the Young Person (and any siblings) grew older (Craig and Mullan, 2013). In two-parent families, the employment rate of Parent One rose from 55 per cent at age 9 to 65 per cent at age 17/18. In one-parent families, the employment rate of the parent rose from 51 per cent when the Young Person was 9 to 64 per cent when the Young Person was 17/18 years old.

Median family incomes when the Young Person was 17/18 years old were €767 per week – still well below where they had been when he or she was 9 years old (€863 per week), but an improvement compared to the situation mid-recession when they were 13 (€710 per week). Families experienced a substantial increase in financial stress during the recession (with the percentage facing difficulties making ends meet rising from 7% in 2007/8 to 22% in 2011/12). There was some improvement by 2015/16 (18%) when the Young Person was aged 17/18, but financial stress levels remained well above their pre-recession levels.



# Chapter 3

## PHYSICAL HEALTH AND WELL-BEING



### 3.1 INTRODUCTION

Throughout childhood and adolescence, physical health status acts as a key barometer of a Young Person's overall well-being and development. Poor physical health can impinge on a Young Person's well-being in many other areas, including socio-emotional development, mental well-being, school participation and performance, peer relationships, and civic participation. Ill-health can also have negative implications for the circumstances of the child's wider family if, for example, it limits parents' capacity for employment or if resources, such as time and money, have to be diverted away from other family members. It is also important to consider established trends suggesting that individuals who have poor health in childhood are at much greater risk of poor health in adulthood, particularly in terms of work-limiting disabilities and chronic health conditions (Haas, 2007).

In 2017, the UNICEF Innocenti Report Card of young people (up to age 17) ranked Ireland 22<sup>nd</sup> of 40 developed countries for child health and safety (UNICEF, 2017). It stands to reason then, that childhood and adolescent health are core targets of government policy initiatives. The most recent national children's strategy, *Better Outcomes, Brighter Futures* (DCYA, 2014), recognises the importance of encouraging a healthy lifestyle for children and young people among its priorities for 2014-2020; one of the five key outcomes is for young people to be 'active and healthy, and 'improving child health and well-being' is also listed as a top priority, specifically through the promotion of a healthy active lifestyle, better diet and combatting overweight and obesity.

The issues of overweight and obesity in both childhood and adolescence have been a major policy concern for some time, but have been pushed to the forefront recently following results from earlier waves of *Growing Up in Ireland* indicating that, by age 13, more than a quarter of all Irish children are either overweight or obese (Growing Up in Ireland Study Team, 2012). Given the propensity for overweight or obesity to persist from adolescence into early adulthood (Starc and Strel, 2010), it is essential to explore this potential trend in the *Growing Up in Ireland* cohort. It is equally important to track trends in physical activity, as these levels tend to reduce significantly in later adolescence too (Hallal et al., 2012). Longitudinal observation of these trends will help with the understanding of underlying pathways, and with identifying predictors and protective factors associated with obesity and inactivity.

As *Growing Up in Ireland* young people enter late adolescence, they are also exposed to new health concerns associated with their changing lifestyle and social behaviour. This is reflected in the information collected at 17/18 years of age and presented in this chapter; more extensive questions were asked about risky behaviour such as smoking, alcohol and drug consumption habits. Blood pressure, an important risk factor associated with poor cardiovascular health later in life, was recorded for the first time too.

All of these topics are explored in this chapter, presented in terms of general descriptive information, according to key sociodemographic variables and associated health variables, and also in terms of longitudinal trends, where available.

### 3.2 FINDINGS FROM PREVIOUS WAVES

A number of aspects of physical health have repeatedly been measured for this group of young people – at age 9, at age 13 and at the current wave of the study when they were 17/18 years old.

At 9 years of age, the large majority of children had good general health, as reported by their parents (73% were *very healthy* and 25% were *healthy with a few minor problems*; Williams et al., 2009). Eleven per cent had some sort of *ongoing chronic physical or mental health problem, illness or disability*, with almost half of all cases being respiratory issues (mostly asthma). One in five (20%) children was overweight and 7 per cent were obese, according to height and weight measures taken at the time of the interview;



the prevalence of both overweight and obesity was higher amongst girls. Boys were more physically active than girls; 31 per cent achieved the World Health Organization's recommended physical activity levels, compared to 21 per cent of girls (WHO, 2010).

By 13 years of age, the vast majority of children (99%) still had good general health. Again, 11 per cent had an *ongoing chronic physical or mental health problem, illness or disability*; the most prevalent being respiratory problems (4%) and mental or behavioural issues (2.8%). Levels of overweight were relatively unchanged from 9 years of age. As before, girls were more likely to be overweight or obese than boys. Similarly, boys were still more likely to be physically active than girls, in terms of both general exercise and sports participation. By age 13, 9 per cent of children had smoked and 16 per cent had drunk alcohol (Williams et al., 2018).

### 3.3 GENERAL HEALTH STATUS AND CHRONIC ILLNESS

At this wave, both parent and child were asked to report on the latter's health: parents were asked to *describe the Young Person's health in the last year, does the Young Person have any long-lasting conditions or difficulties*, and if they were *hampered in their daily activities by this condition*; young people were asked *how their current health was*, if they had *any on-going chronic physical or mental problem, illness or disability*, if it had been *diagnosed by a medical professional* and if they were *hampered in their daily activities by this problem, illness or disability*.

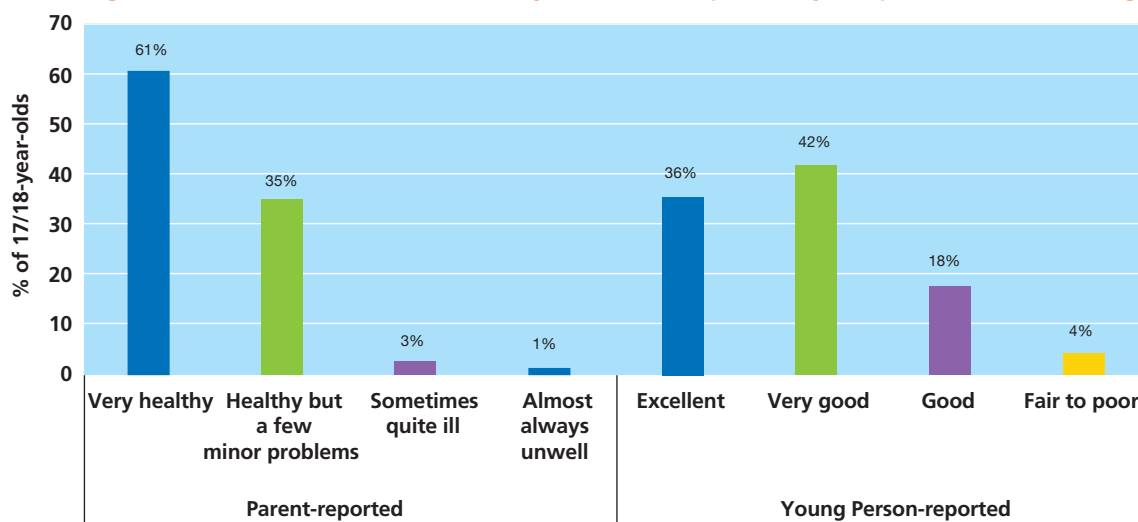
The parent and Young Person general health reports give a useful overall perspective on a Young Person's physical well-being. Such reports have been collected at all previous waves of the **Growing Up in Ireland** study. A separate indicator from the general assessment of health is the parent and Young Person's report of the presence of chronic illness or conditions. These conditions can substantially affect a Young Person's physical and mental development in both the short and long term. Chronic illness can impinge upon school performance in terms of absenteeism and lower academic achievement, with potential broader repercussions beginning in childhood and leading on into adulthood (Forrest et al., 2011). Chronic illness or conditions can also have a more widespread negative impact on the functioning and quality of life of other members of the Young Person's family (Miller et al., 2016). Young people were asked to report any chronic conditions at all, whereas parents were asked if their child had any of the following long-lasting conditions or difficulties: *blindness or serious vision impairment, deafness or a serious hearing impairment, difficulty with basic physical activities, an intellectual disability, a difficulty with learning, remembering or concentrating, a psychological or emotional condition, a difficulty with pain, breathing or any other chronic illness or condition*. Young people and parents were asked to report on these conditions, whether or not they had been diagnosed by a medical professional.

#### 3.3.1 HEALTH STATUS: PARENT REPORT VERSUS YOUNG PERSON'S REPORT

Overall, 17/18-year-olds were in very good general health, as both self-reported and according to their parents. Almost 97 per cent of parents said that their child was 'very healthy' or 'healthy, but with a few minor problems', while 78 per cent of young people reported that their health was 'excellent' or 'very good' (Figure 3.1).



**Figure 3.1: General health of 17/18-year-olds, as reported by the parent and the Young Person**



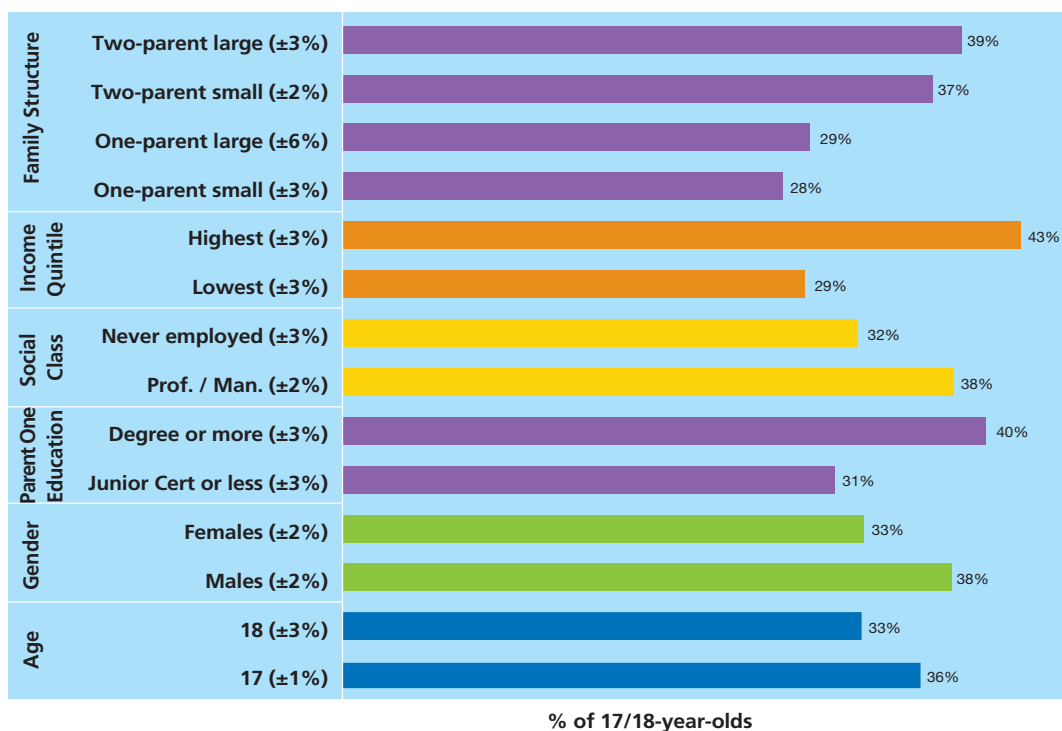
Note: Margins of error are, at most,  $\pm 1\%$ .

There was a strong relationship between parent-reported and Young Person-reported general health. Of those young people who said that their general health was 'excellent', almost all of them (99.6%) were also considered 'very healthy' or 'healthy' by their parents. The disparity in the highest-ranking category between parent-reported (61%) and Young Person-reported general health (36%) may be explained by the variation in wording between the two; being 'very healthy' could arguably be seen as a broader category than 'excellent health'.

### 3.3.2 VARIATION IN HEALTH STATUS

The association between self-reported general health and a number of key socio-demographic variables is presented in Figure 3.2. While there was no significant difference observed in terms of age (17 versus 18 years), significant differences were observed between genders, with 38 per cent of young men reporting their health as 'excellent' compared to 33 per cent of young women.

**Figure 3.2 Percentage of 17/18-year-olds self-reporting their health as 'excellent', categorised according to key socio-demographic variables**



Note: Margins of error shown in parentheses after each group label.

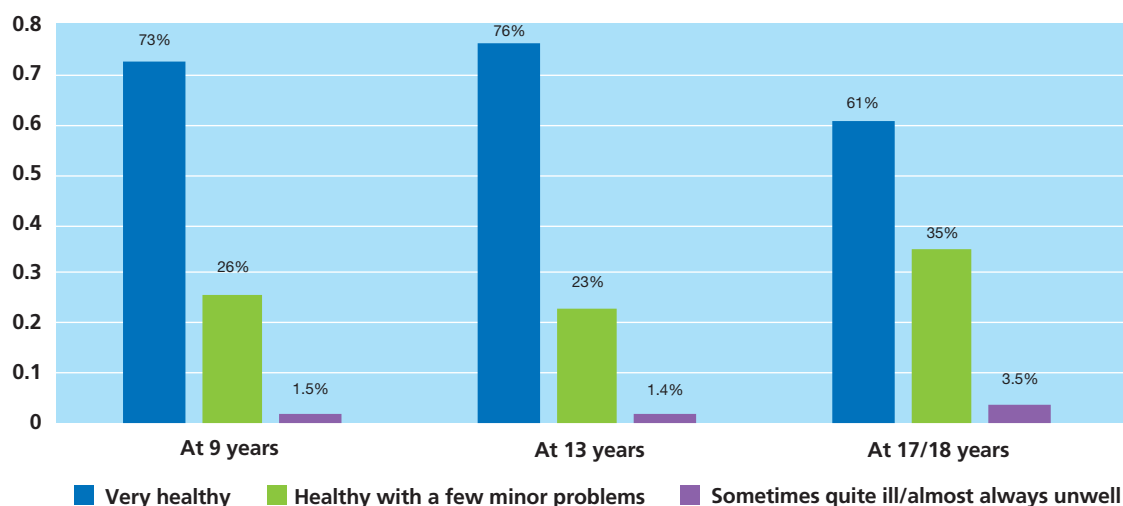


Significant differences were also observed according to the parent's educational status; those whose Parent One was educated to degree level or higher were more likely to report their health as 'excellent' (40%) than those whose Parent One had a Junior Certificate qualification or less (31%). Similarly, young people from families with the highest equivalised income were more likely to report excellent health than those from families with the lowest income (43% versus 29%). When young people were categorised according to their family structure, those from two-parent families were significantly more likely to report having excellent health (37-39%) than their peers from one-parent families (28-29%).

### 3.3.3 LONGITUDINAL TRENDS IN HEALTH STATUS

During earlier waves of the study, at ages 9 and 13 years, parents were asked to rate their child's general health (Figure 3.3). The majority of young people were reported by their parents as 'healthy with a few minor problems' or 'very healthy' at all three waves to date; 99 per cent at ages 9 and again at 13 years, and 96 per cent at 17/18 years. There was a slight improvement in the Young Person's reported health between 9 and 13 years of age, followed by a disimprovement between 13 and 17/18 years, with the proportion described as 'very healthy' decreasing from 76 per cent to 61 per cent.

**Figure 3.3** Parent-reported Young Person's general health at ages 9, 13 and 17/18 years

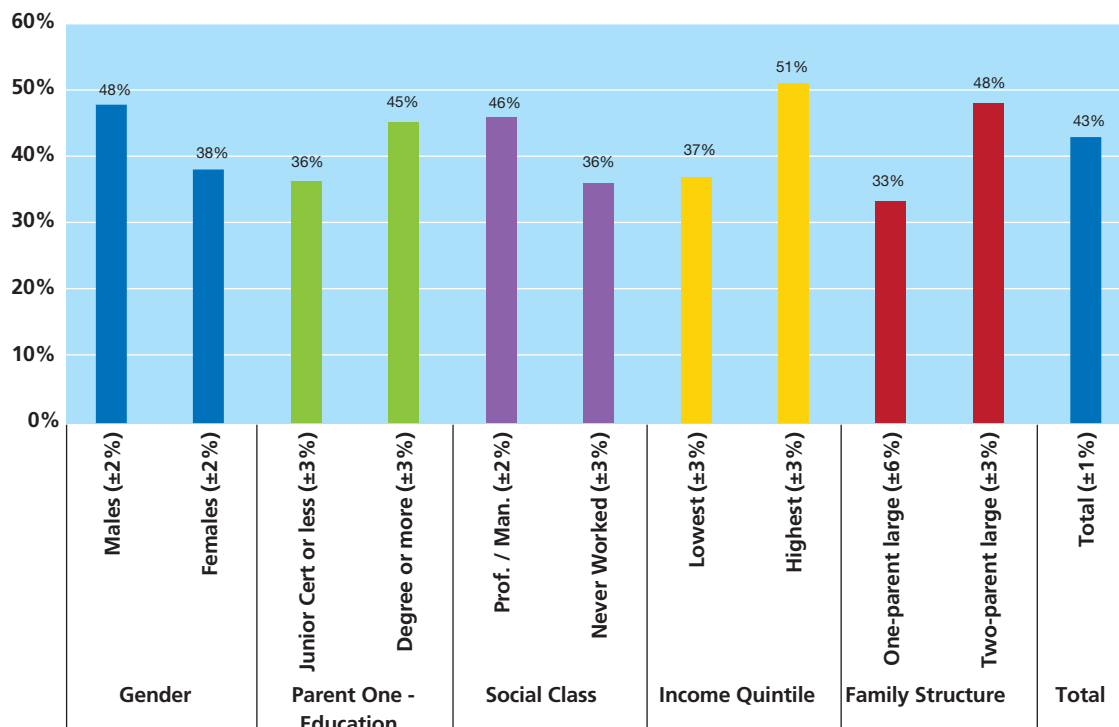


Note: Margins of error are, at most,  $\pm 1\%$ .

While 73 per cent, 76 per cent and 61 per cent of young people were reported to be 'very healthy' at Waves 1, 2 and 3, respectively, only 43 per cent were reported to be consistently 'very healthy' at all three waves of the study. Males (48%) were significantly more likely to be consistently 'very healthy' than females (38%), as reported by a parent (Figure 3.4). Similarly, higher family social class, Parent One education and combined family income were all associated with increased likelihood of being 'very healthy' at all three waves of the study to date. Household type was also associated with long-term health. Young people from large two-parent families (48%) were more likely to report excellent health at all three waves than their counterparts from large one-parent families (33%).



**Figure 3.4: Percentage of 17/18-year-olds reported by their parents as 'very healthy' at all three study waves, by key socio-demographic variables**

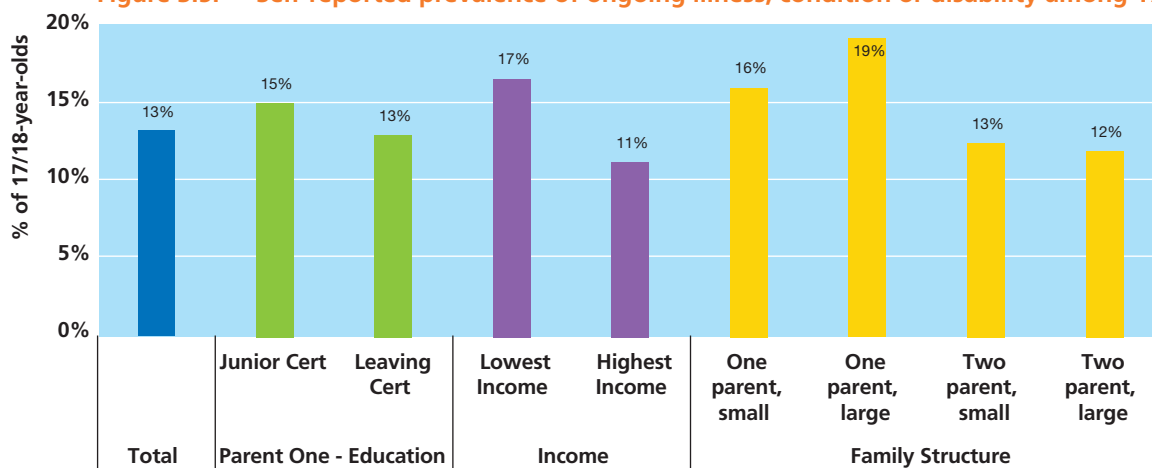


Note: Margins of error shown in parentheses after each group label.

### 3.3.4 ONGOING ILLNESS, DISABILITY OR CONDITIONS

Overall, slightly more than 13% of young people reported having an *ongoing chronic physical or mental health problem, illness or disability* at age 17/18; 11% reported only one condition, but a further 2.6% reported two or more conditions.<sup>19</sup> No significant differences in prevalence were observed according to parental education, but young people from families with the lowest income were more likely to report having an illness or condition than those from families with the highest income (17% versus 11%, Figure 3.5). Young people from large (two children or more) one-parent families were also more likely to report a chronic issue than those from two-parent families, small or large.

**Figure 3.5: Self-reported prevalence of ongoing illness, condition or disability among 17/18-year-olds**



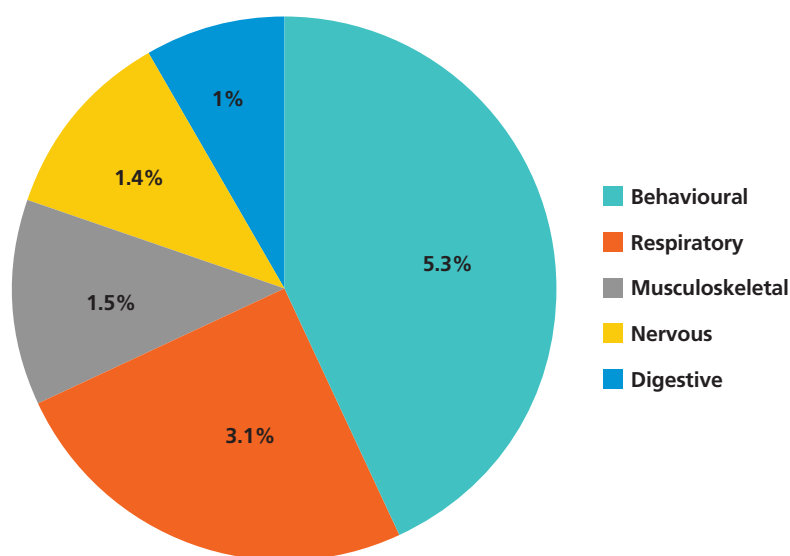
Note: Margins of error are ±1% for the total figure; ±5% for one-parent, large and ±2% for all other categories.

<sup>19</sup> This is based on self-report. There was a subsequent question on whether the condition had been diagnosed; and 95% of the young people reported that it had.



Young people were asked to explain the nature of any ongoing chronic physical or mental health problem, illness or disability.<sup>20</sup> As shown in Figure 3.6, the most common ongoing conditions were those classified as mental or behavioural disorders (including ADHD, anxiety/stress, depression and autism; 5.3%), respiratory conditions (most often asthma; 3.1%), musculoskeletal conditions (1.5%) and illnesses of the nervous system (1.4%). Similar to the prevalence of illnesses in general, mental and behavioural disorders were significantly more prominent among young people from large one-parent families (9.9%) compared to large two-parent families (3.8%).

**Figure 3.6: Most common type of illness or condition among 17/18-year-olds**



Note: Margins of error are, at most,  $\pm 1\%$

Previous research on this cohort at 9 years of age found that 11% of children had a chronic illness, with parent-reported prevalence higher among boys and socio-economically disadvantaged children (Reulbach et al., 2010).

Looking at international research, the prevalence rates of chronic illnesses vary significantly across studies, often because of differences in the measurement strategy. Using data from the Avon Longitudinal Study of Parent and Children linked to primary care records, Cornish and associates (2013) reported that 44% of children (aged 0-9 years) had at least one chronic condition recorded at some time in that period. The most common issue was a skin condition such as eczema, recorded in respect of 25% of the cohort, while 19% of children had asthma recorded in their medical records. A report stemming from the Medical Expenditure Panel Survey examined the parent-reported prevalence of five specific conditions (asthma, epilepsy, hypertension, food allergies, and diabetes) in a cohort of 66,000 American children aged 0-18 years. Overall, 12% of children were reported to have at least one of these conditions, with asthma being the most common (8.5%) (Miller et al., 2016).

The broad range of domains covered in *Growing Up in Ireland* data opens the possibility for future research to examine potential associations between the different kinds of health conditions and disability in children. For instance, research on emotional and mental health disability in adults in Ireland found that this type of disability is most often found among those who also have another type of disability, such as limitations in terms of mobility and dexterity (Watson and Maître, 2014). While that study used cross-sectional data and was not able to comment on whether the emotional or mental health condition preceded the other disability, the longitudinal nature of *Growing Up in Ireland* allows for a more detailed analysis of health and disability pathways.

<sup>20</sup> The respondent recorded the problem in an open-text box; responses were subsequently categorised according to the World Health Organization's ICD-10 coding system.

### 3.4 OVERWEIGHT AND OBESITY

By adolescence, overweight and obesity are already strongly associated with the risk of early development of many negative health outcomes (Lobstein and Jackson-Leach, 2011). While many obesity-related health conditions and disease-indicators are not diagnosed until adulthood, significantly elevated rates of type II diabetes and impaired glucose tolerance have been observed among obese children (Wabitsch et al., 2004). Lobstein and Jackson-Leach (2011) estimated that over 27,000 obese children (aged 5-18 years) in the EU have type II diabetes and 400,000 have impaired glucose tolerance. They also estimated that more than one million children in the EU display indicators of cardiovascular disease (including elevated blood pressure and cholesterol).

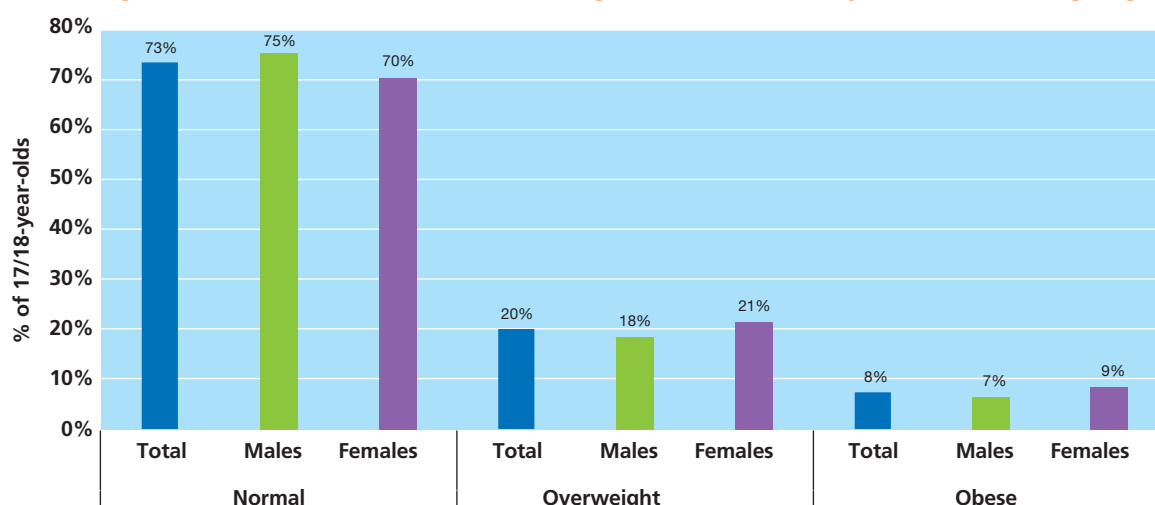
These serious health risks, coupled with the potential associated financial and societal implications, make the prevention of overweight and obesity a major policy concern. Treatment and prevention of childhood and adolescent obesity is a public health issue, and thus needs to be addressed at home, in the local environment and at school, but also in terms of government policies aimed at promoting healthy lifestyles (WHO, 2004). This policy priority is reflected in Ireland's National Policy Framework for Children & Young People (2014-2020); combatting obesity is cited as a key priority in *Better Outcomes, Brighter Futures* (DCYA, 2014).

#### 3.4.1 YOUNG PERSON'S BMI STATUS

As at previous waves of the study, the Young Person's height and weight were measured by a trained interviewer with a view to calculating body mass index (BMI).<sup>21</sup> This figure was then used to establish BMI status, categorising all young people as either non-overweight (including underweight), overweight or obese.<sup>22</sup> Overall, 73% of 17/18-year-olds were classed as non-overweight, 20% were overweight and 8% were obese (Figure 3.7).<sup>23</sup>

According to the 2017 Healthy Ireland survey, 22% of 15-24-year-olds were overweight and 9% were obese (Department of Health, 2017). This higher level of obesity compared to the *Growing Up in Ireland* cohort at 17/18 years of age is not unexpected, as the Healthy Ireland cohort was slightly older and the prevalence of overweight and obesity tends to increase with age (NCD-RisC, 2017). Comparable data presented in the most recent Health Survey for England (National Health Service, 2017) indicated that levels of obesity were slightly higher among 16-24-year-olds in England than in Ireland; 23% were overweight and a further 12% were obese.

Figure 3.7: BMI status (normal, overweight, obese) for 17/18-year-olds, according to gender



Note: Margins of error are, at most,  $\pm 1\%$  for the total figure and  $\pm 2\%$  for males and females. The gender differences are statistically significant for both overweight and obesity.

<sup>21</sup> BMI = Weight (kg) / Height<sup>2</sup> (m).

<sup>22</sup> Based on international age- and sex-specific guidelines developed by the World Obesity Federation (formerly IOTF). The same gender-specific thresholds were used for all 17/18-year-olds in the Growing Up in Ireland study – the thresholds at exactly 17.5 yrs.

<sup>23</sup> Six per cent of the cohort were classified as underweight using guidelines developed by the WOF, a pattern that did not differ by gender.

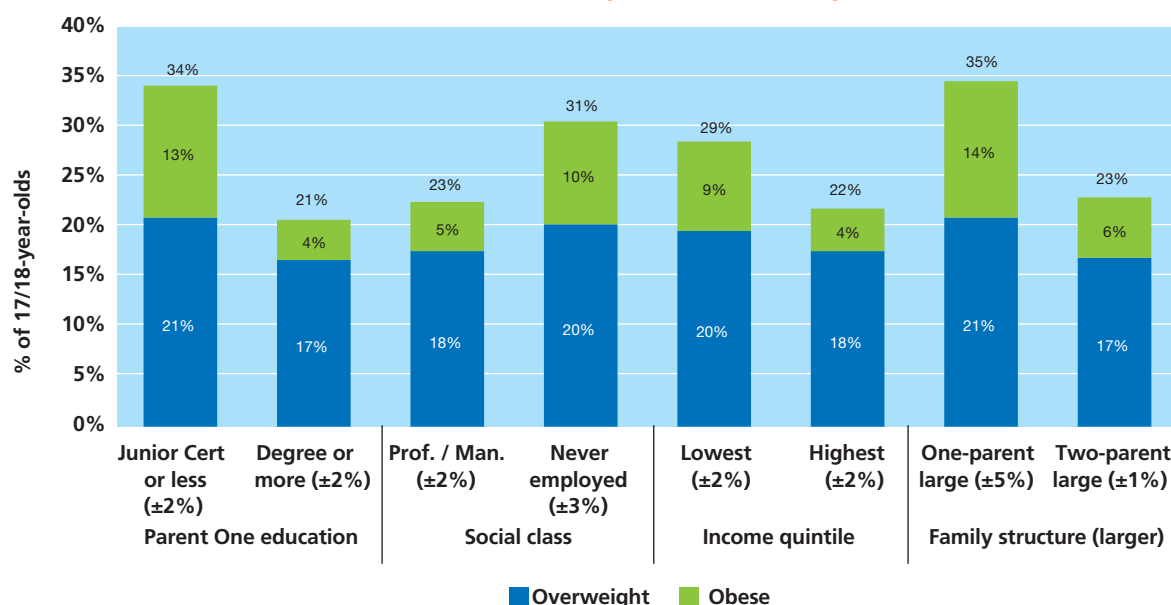


### 3.4.2 VARIATION IN YOUNG PERSON'S BMI STATUS

Significant differences were observed according to gender; young females were more likely to be either overweight or obese than their male counterparts. Rates of overweight and obesity were 18% and 7%, respectively, for males and 21% and 9%, respectively, for females (Figure 3.7). This pattern differs from that found among the adult population; both the Healthy Ireland survey and the Health Survey for England reported that males were more likely to be overweight or obese than females (Department of Health, 2016; NHS, 2017).

Differences in levels of overweight and obesity were observed according to other key socio-demographic characteristics (Figure 3.8). A particularly strong social gradient was observed according to parental education; 34% of young people whose Parent One had Junior Certificate-level education were either overweight or obese, compared to 21% of those whose Parent One had degree-level education or greater. Family income was also associated with weight status; 29% of those in the lowest income quintile were overweight or obese, compared to 22% of those in the highest quintile. An even greater difference was observed when young people were grouped according to their household structure; 35% of those in large one-parent families were overweight or obese, compared to 23% in large two-parent families.

**Figure 3.8** Levels of overweight and obesity among 17/18-year-olds, classified by Parent One education, social class, family income and family structure



Note: Margins of error are shown in parentheses after the group label. Differences by parental education, social class, income and family structure are statistically significant.

The socio-economic patterns observed here reflect those found in a recent systematic review of adolescent overweight and obesity according to socio-economic position by Chung and associates (2016). In 72% of the studies included, low socio-economic status (defined by parental education, parental occupation, family income or neighbourhood) was associated with higher prevalence of overweight and obesity among children and adolescents in economically advanced countries. The review also analysed trends in the disparity in obesity between socio-economic groups over time and noted that, in 40% of all studies, the inequality appeared to have widened since 2000.

### 3.4.3 IMPORTANCE OF PARENTAL BMI STATUS

The heights and weights of both Parents One and Two were also gathered at interview, with a view to establishing parental BMI and BMI status. Overall, levels of overweight and obesity were 35% and 24%, respectively, for Parent One, and 52% and 29% for Parent Two. The results are therefore consistent with patterns for the adult population in both the Healthy Ireland and Healthy England Surveys. Looking at the link between parental and child BMI status, significant associations were observed. For families where Parent One was a healthy weight, obesity levels for their children were 3%; 7% of children were obese if Parent One was overweight, and, if Parent One was obese, 15% of their children were obese (Table 3.1).

**Table 3.1: The 17/18-year-old's BMI status based on Parent One BMI status**

	Parent One BMI status			Total
	Healthy weight (41%)	Overweight (35%)	Obese (24%)	
<b>17/18-year-old BMI status</b>				
<i>Healthy weight</i>	80%	73%	61%	73%
<i>Overweight</i>	17%	20%	23%	20%
<i>Obese</i>	3%	7%	15%	7%

Overall, 52% of young people had one resident parent who was overweight or obese, and a further 26% had two overweight/obese parents (Table 3.2). Again, having one or two overweight or obese parents was significantly associated with an increased risk of being overweight or obese for the Young Person. Among young people, rates of overweight and obesity were 19% if they had no overweight or obese parents, 28% if they had one overweight/obese parent, and 33% if they had two overweight/obese parents.

**Table 3.2: The 17/18-year-old's BMI status by whether they had 0, 1 or 2 overweight or obese parents**

	Number of overweight/obese parents (%)			Total
	0 (22%)	1 (52%)	2 (26%)	
				<b>Mean: 1.05 (100%)</b>
<b>17/18-year-old BMI status</b>				
<i>Healthy weight</i>	81%	73%	67%	73%
<i>Overweight</i>	15%	20%	23%	20%
<i>Obese</i>	4%	8%	10%	7%

The clear association between parental and child overweight/obesity observed in this study supports previous research in this area; 21 of 32 studies in a recent systematic review found a moderate to strong association between parent and child obesity (Wang et al., 2017). Combining data from all of the studies, the authors found that children with overweight or obese parents were twice as likely to be overweight or obese themselves, compared to their peers with healthy-weight parents. As observed in *Growing Up in Ireland*, stronger associations were seen when both parents were overweight or obese.

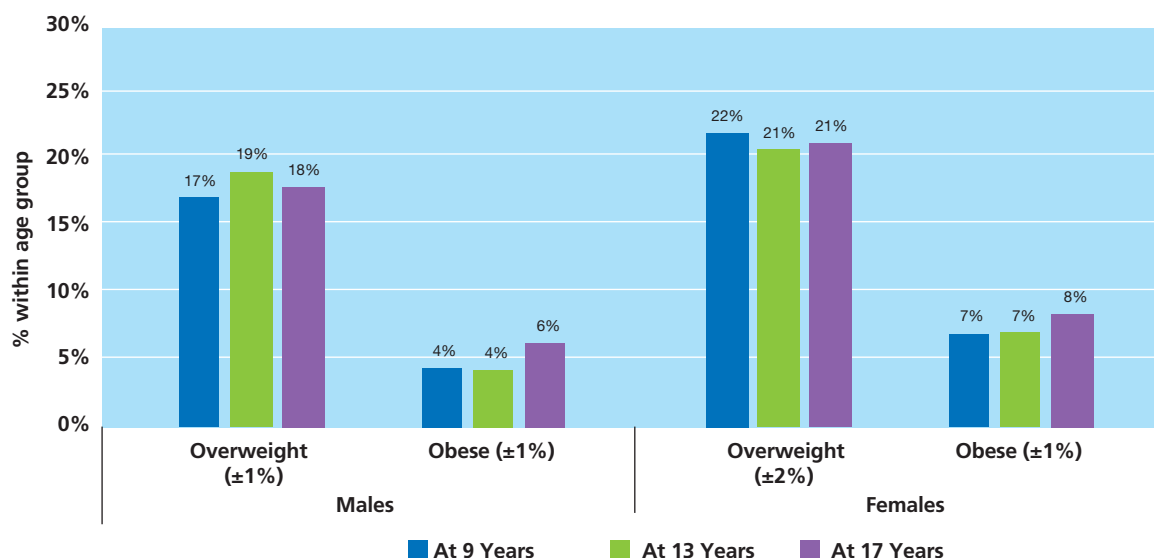
While this association can possibly be explained by shared genetic dispositions, a more realistic explanation is that the combined influence of shared socio-demographic and environmental conditions, along with shared social and physical environments, can lead to the parent and child having similar behavioural lifestyle traits. These behavioural traits, relating specifically to diet, physical activity and sedentary behaviour, are primary determinants of overweight and obesity (Singh et al., 2008). Parental traits that lead to obesity, such as unhealthy eating habits and a physically inactive lifestyle, can easily be passed onto children over the course of their childhood (Hood et al., 2000).



### 3.4.4 LONGITUDINAL TRENDS OF BMI STATUS

Age-specific BMI status has been recorded at all three waves of the study to date. The results are presented in Figure 3.9. There was a significant increase observed in the level of obesity among males at age 17/18 years, compared with ages 9 and 13 years. No significant differences were observed for females over time.

**Figure 3.9: BMI status at ages 9, 13 and 17/18 years, classified according to gender**



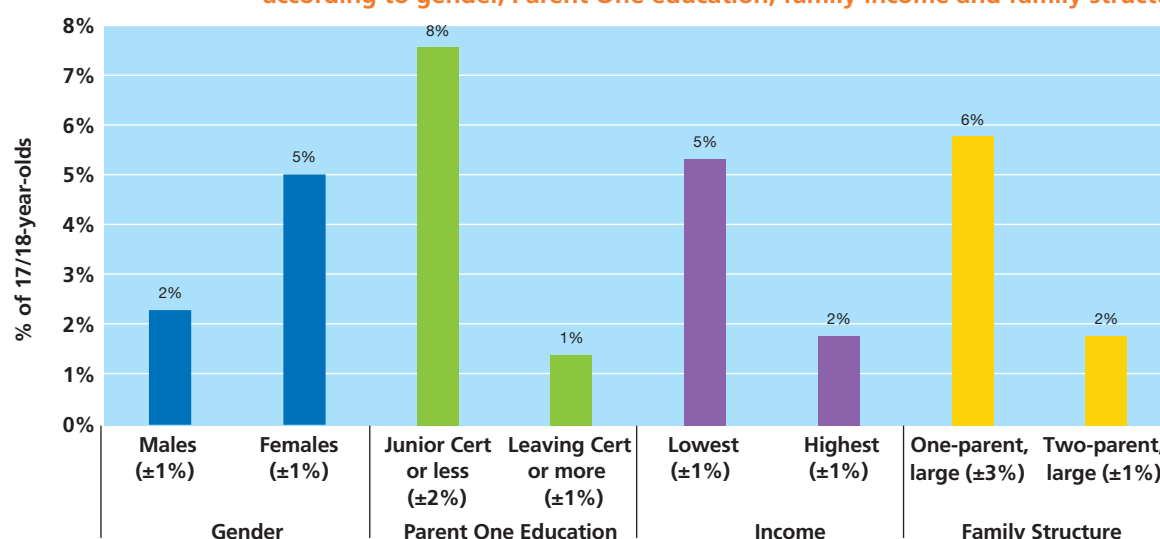
Note: Margins of error are shown in parentheses after the group label. The change in level of obesity for males between 13 and 17/18 is statistically significant. Changes over time for females are not statistically significant.

In terms of longitudinal trends in BMI status between Wave 2 and 3 of the study, 66% of young people were of a normal weight at both waves, 10% were overweight at both waves, and 3.6% were obese at both waves. Of the remaining young people, the BMI status of 12% worsened over time, and for 9% BMI status had improved.

Focusing on potentially the most problematic group, those who were obese at both ages 13 and 17/18 years, certain common trends can be observed (Figure 3.10). Females were significantly more likely to be in this category (5% versus 2%), as were those whose Parent One had a Junior versus Leaving Certificate-level education (8% versus 1%), those from the lowest versus the highest income quintile (5% versus 2%) and those from larger one-parent families (6% versus 2%). For those young people whose BMI status worsened between 13 and 17/18 (not illustrated), a significant difference was only observed by social class: between those from families in the *professional/managerial* social class (10%) and those *never employed* (14%).



**Figure 3.10: Percentage of young people who were obese at ages 13 and 17/18 years, classified according to gender, Parent One education, family income and family structure**



Note: Margins of error are shown in parentheses after the group label.

Among those who were classified as overweight at age 9 (20% overall), by age 13 11% had become obese but 35% were now a healthy weight. Looking at the same original subgroup at age 17/18 years, 17% had become obese whereas 40% were now a healthy weight. These findings have potentially positive implications in terms of policy and intervention development; many children can achieve improvements in their BMI status during adolescence, a phenomenon that merits further research to identify the factors which supported these improvements.

Similar trends of persistent obesity were observed in the Avon Longitudinal Study of Parents and Children in the UK (Wright et al., 2010). BMI status tended to persist over a four-year period; 75% of obese 7-year-olds were still obese at 11 years old, while 16% of overweight children had become obese. An important degree of persistence of BMI status was also observed in a 12-year longitudinal study of children in Slovenia (Starc and Strel, 2010), the longer follow-up period moderating somewhat the strength of the association. Weight status in early childhood predicted weight status in late adolescence; 40% of males and 49% of females who were obese at age 18 years had already been obese when they were 7 years old.

## 3.5 DIETARY PROFILE

Alongside physical activity, diet is the primary modifiable lifestyle predictor of overweight and obesity in adolescence. For many young people around 17/18 years old, the influence of family begins to decline while peer influence increases. This, coupled with increased financial independence, can affect the dietary behaviour of young people (Winpenney et al., 2017). Dietary habits in adolescence can often persist into early adulthood, highlighting the benefits of combatting poor diet at this key stage in life (Craigie et al., 2011).

### 3.5.1 DIETARY BEHAVIOUR

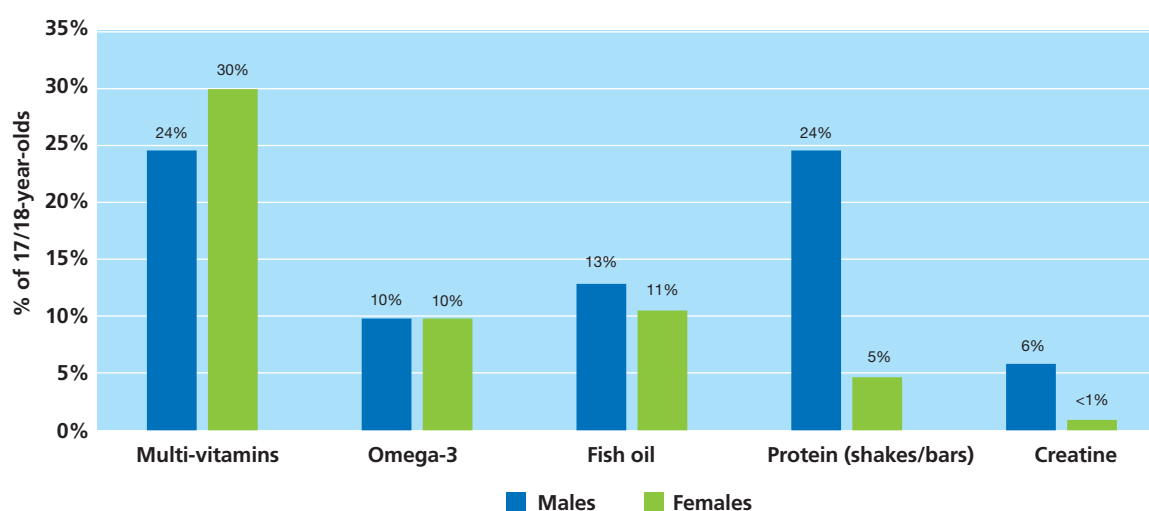
From a list of 20 different types of food, 17/18-year-olds self-reported that the foods they most commonly consumed *more than once in the last 24 hours* were meat (56%), bread (48%) and fresh fruit (40%). The vast majority did not adhere to a vegetarian (or similar) diet; 3% were either vegetarian or vegan. Almost



80% of young people said that they ate breakfast at least 5 times per week, while 68% had breakfast daily. Just over half of young people said they had a takeaway or ate at a restaurant at least once per week.

The prevalence of supplement use by 17/18-year-olds is reported in Figure 3.11. From a list of common supplements, the Young Person was asked *do you use any of the following supplements?* Multi-vitamins were the most widely consumed supplement for both males and females. This was followed by protein (either shakes or bars), with males (24%) consuming significantly more than females (5%). Similarly, males were significantly more likely to take creatine supplements than their female counterparts (6% versus <1%). Omega-3 and fish oil were also taken by 10-13% of 17/18-year-old males and females.

**Figure 3.11: Supplement use by 17/18-year-olds, according to gender**



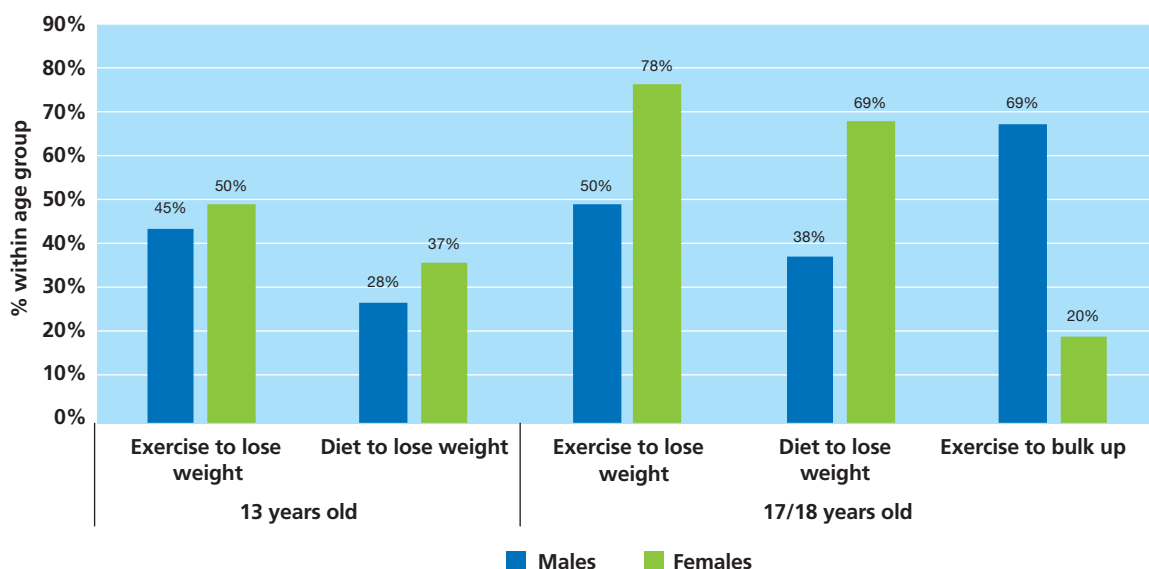
Note: Margins of error are, at most,  $\pm 2\%$ . Gender differences are not statistically significant for Omega-3 or Fish oil.

### 3.5.2 DIETING AND EXERCISING TO LOSE WEIGHT

Young people were also asked about efforts to *lose weight or avoid gaining weight*, either through modifying their diet or through exercise. Differences were observed according to gender: females were much more likely than males to either exercise to lose weight (78% versus 50%) or diet to lose weight (69% versus 38%; Figure 3.12). Males were more likely to exercise to bulk up (69% versus 20%).

Efforts to lose weight were also investigated when these young people were 13 years of age. Again, females were more like to exercise (50% versus 45%) or diet (37% versus 28%) to lose weight, although overall levels and gender difference were much less pronounced than at 17/18 years of age.

Figure 3.12: Gender differences in efforts to lose weight at 13 and 17/18 years old

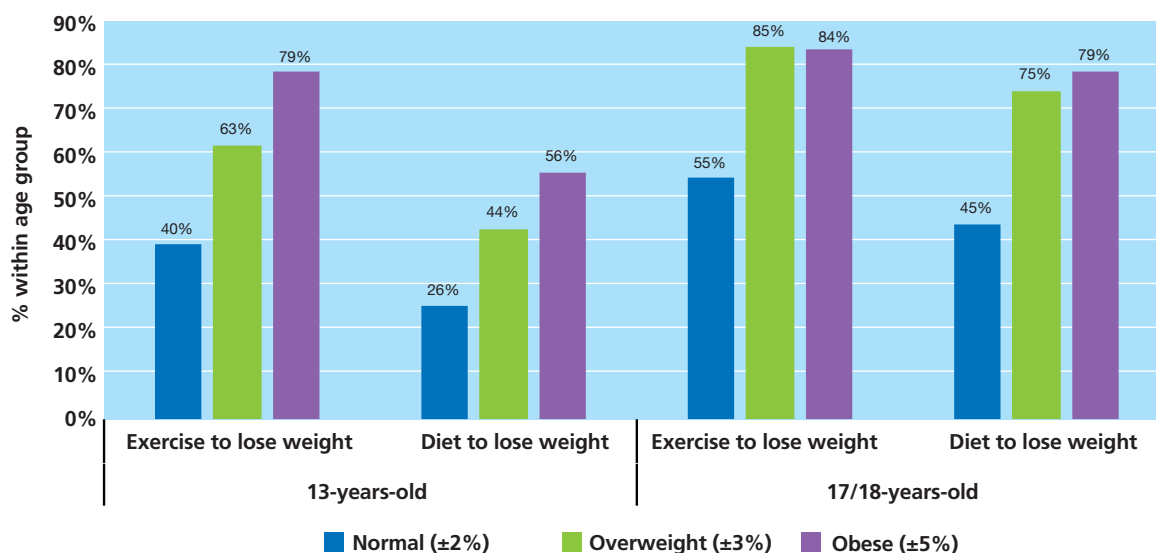


Note: Margins of error are, at most,  $\pm 2\%$ .

### 3.5.3 DIETING AND BMI STATUS

Efforts to lose weight recorded at Wave 2 and 3 of the study were examined in terms of the Young Person's BMI status, as shown in Figure 3.13. As observed, and as would reasonably be expected, those who were overweight or obese were more likely to try to lose weight, either through dieting or exercise. This was the case at both 13 and 17/18 years of age. Between 75% and 85% of overweight/obese 17/18-year-olds (21-24% of all 17/18-year-olds) had tried to lose weight at some stage, either through diet or exercise.

Figure 3.13: Efforts to lose weight at 13 and 17/18 according to 17/18-year-olds' BMI status



Note: Margins of error are shown in parentheses for the three weight categories. Statistically significant differences are observed between those of normal weight and those who are either overweight or obese.



### 3.6 PHYSICAL ACTIVITY

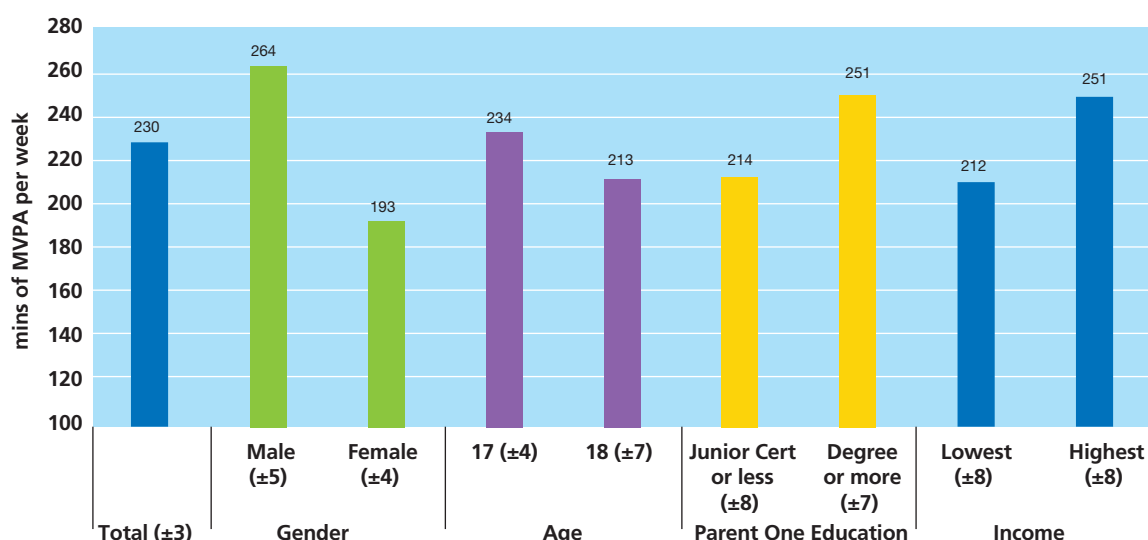
Physical activity can act as a modifiable behaviour associated with successfully combatting overweight and obesity. Achieving recommended physical activity guidelines also has a protective effect against the risk of a range of diseases widely linked with obesity, including cardiovascular disease and type II diabetes (Lee et al., 2012). The *National Physical Activity Plan* (Department of Health, 2016b) and the *National Sports Policy 2018–2027* (Department of Transport, Tourism and Sport, 2018) both contain commitments to increase participation in sport and physical activity. Previous research has highlighted a consistent decline in physical activity levels starting in adolescence and continuing into adulthood (Corder et al., 2017). Given this trend, it is essential to observe physical activity levels in late adolescence and compare them to earlier findings, while also accounting for known barriers to activity; this is possible using longitudinal data from *Growing Up in Ireland*.

Young people were asked about the frequency and intensity of their physical activity. They were asked how often in the past fortnight they had participated in either light (walking, slow cycling, etc) or hard bouts of physical activity (field sports, jogging, etc). The information from these two questions was combined to calculate the amount of time (in minutes) young people spent in moderate to vigorous physical activity (MVPA) per week (Figure 3.14). Overall, young people reported that they took part in an average 230 minutes of MVPA per week, the equivalent of almost 33 minutes per day.

#### 3.6.1 PHYSICAL ACTIVITY LEVELS BY SOCIO-DEMOGRAPHIC VARIABLES

As expected, significant differences were observed according to gender; males (264 minutes per week) were substantially more active than females (193 minutes per week), by an extra 10 minutes of MVPA every day of the week. Similarly, 17-year-olds were more active than 18-year-olds, although the difference was less pronounced (234 minutes versus 213 minutes). Other socio-demographic trends were also observed; activity levels were significantly higher among those whose parents had higher levels of education and in higher-income families.

**Figure 3.14** Mean amount of time 17/18-year-olds reported they spent in Moderate to Vigorous Physical Activity (MVPA) per week



Note: Margins of error are shown in parentheses for each group.

### 3.6.2 PHYSICAL ACTIVITY GUIDELINES

There are currently two sets of internationally accepted physical activity guidelines, one for young people (age 2-18 years) and one for adults ( $\geq 18$  years of age; WHO, 2010). These guidelines differ considerably; young people are encouraged to partake of MVPA for 60 minutes every single day (equal to 420 minutes of MVPA per week), while the adult recommendations are for 30 minutes of MVPA at least five times per week (150 minutes of MVPA per week). Given the disparity between them, applying each set of guidelines presents two very different pictures of how active the cohort is. This cohort consists of both 17 (80%) and 18-year-olds (20%), and so, arguably, could incorporate the two guidelines accordingly. Figure 3.15 shows the percentages meeting both the child and adult guidelines, and the percentages meeting the adult guidelines only. Using the adult physical activity guidelines, 65% of 17/18-year-olds indicated that they were meeting the adult guidelines (and classified as 'active'), compared to only 14% meeting the child guidelines. In studies where the focus is on children, the child guidelines are often used. For instance, the Children's Sport Participation and Physical Activity (CSPPA) Study uses the child guidelines for children and adolescents aged 10-18 (Woods et al., 2018). That study finds that just 10% of post-primary students meet the physical activity guidelines for children.

Looking at similar studies, where the focus is on young adults, the adult guidelines tend to be used for young people of 17/18. The Healthy Ireland survey presents combined physical activity data for those aged 15-24 years, while the Health Survey for England uses an age range of 16 to 24. Both studies apply adult guidelines to 17 and 18-year-olds. In keeping with these prominent studies, the remaining results in Figure 3.15 will be discussed with respect to the adult guidelines. It should be noted, however, the general patterns across groups are similar whether the adult or child guidelines are used.

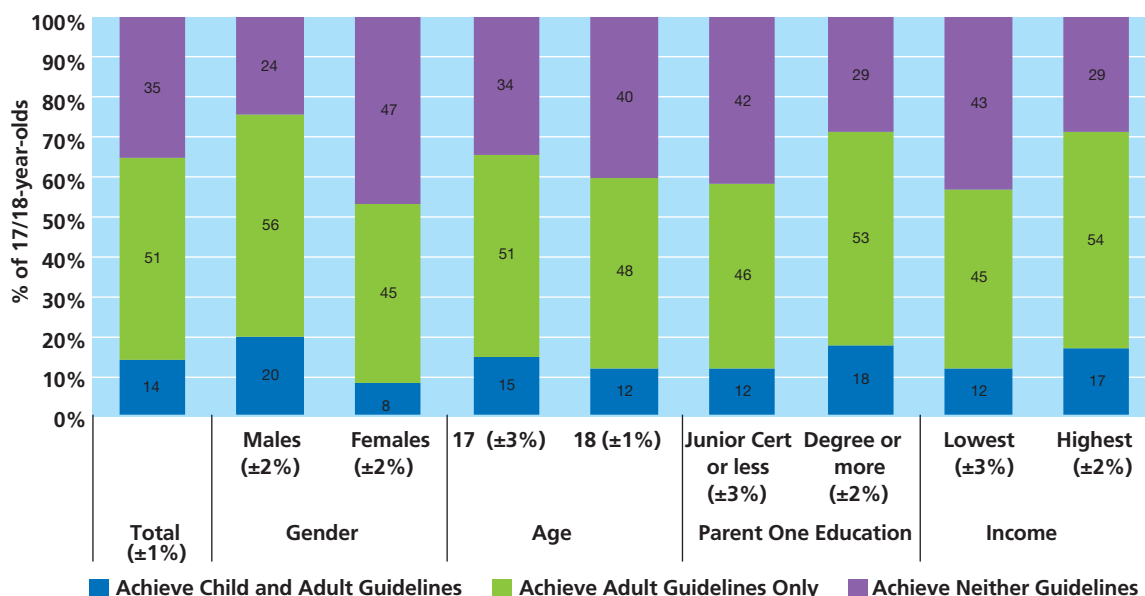
Significant differences in the proportion classified as 'active' were observed according to both gender (76% of males were 'active', compared to 53% of females) and age (66% of 17-year-olds and 60% of 18-year-olds were 'active'). Those from families where Parent One had a higher level of education and where the family had a higher level of income were also significantly more likely to achieve 30 minutes of MVPA at least five days per week.

According to the 2016 Healthy Ireland survey, 56% of men and 34% of women aged 15 to 24 years achieve the recommended guidelines (Department of Health, 2016). As with obesity, the higher rate of meeting the activity guidelines among the 17/18-year-olds are not unexpected given that the Healthy Ireland cohort is slightly older, and physical activity overall is inversely associated with age (Department of Health, 2016).

In the 2016 Health Survey for England, 75% of men and 64% of women (and 69% overall) aged 16 to 24 years achieved the guidelines (NHS, 2016). The figures for 17/18-year-old young men in the *Growing Up in Ireland* sample is very close to the UK estimates for the age range 16-24, but the figures for young women are much lower.



Figure 3.15: Percentage of 17/18-year-olds achieving child and/or adult physical activity guidelines

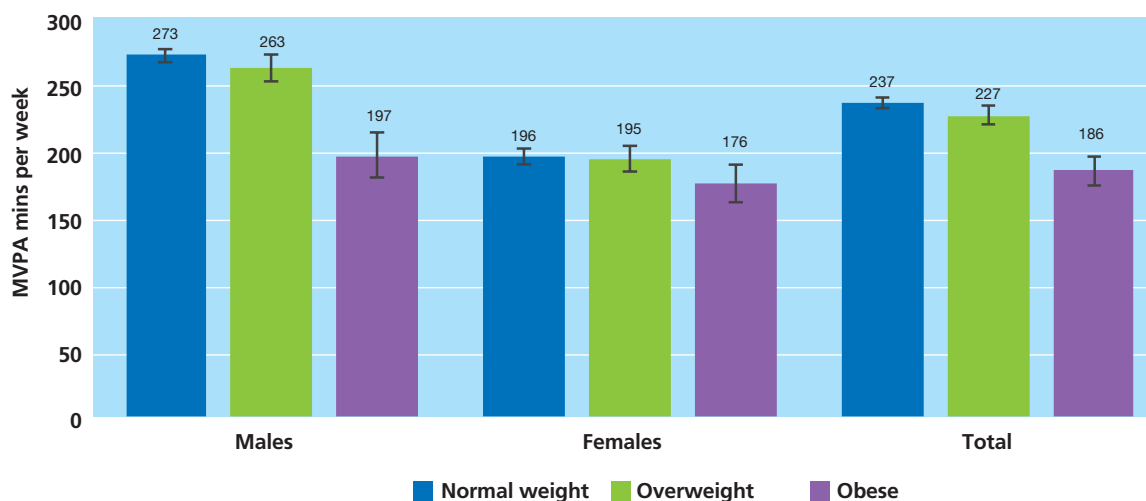


Note: The child guidelines are for 60 minutes of moderate to vigorous physical activity every day, while the adult guidelines are for 30 minutes of moderate to vigorous physical activity at least five times per week. Margins of error are shown in parentheses after the label for each group.

### 3.6.3 PHYSICAL ACTIVITY AND BMI

The association between physical activity and BMI status was also explored, and is presented in Figure 3.16; males and females were categorised according to whether they were normal weight, overweight or obese, and their weekly MVPA was calculated. While no differences were seen between normal and overweight, males classified as normal or overweight were significantly more active than those classified as obese. Normal and overweight males spent 263-273 minutes per week doing MVPA, compared to 197 minutes for obese males. Interestingly, no significant differences were observed for females; normal-weight females spent 196 minutes doing MVPA, compared to 195 minutes for overweight and 176 minutes for obese females.

Figure 3.16: Physical activity levels (minutes of moderate to vigorous physical activity per week) according to BMI status and gender



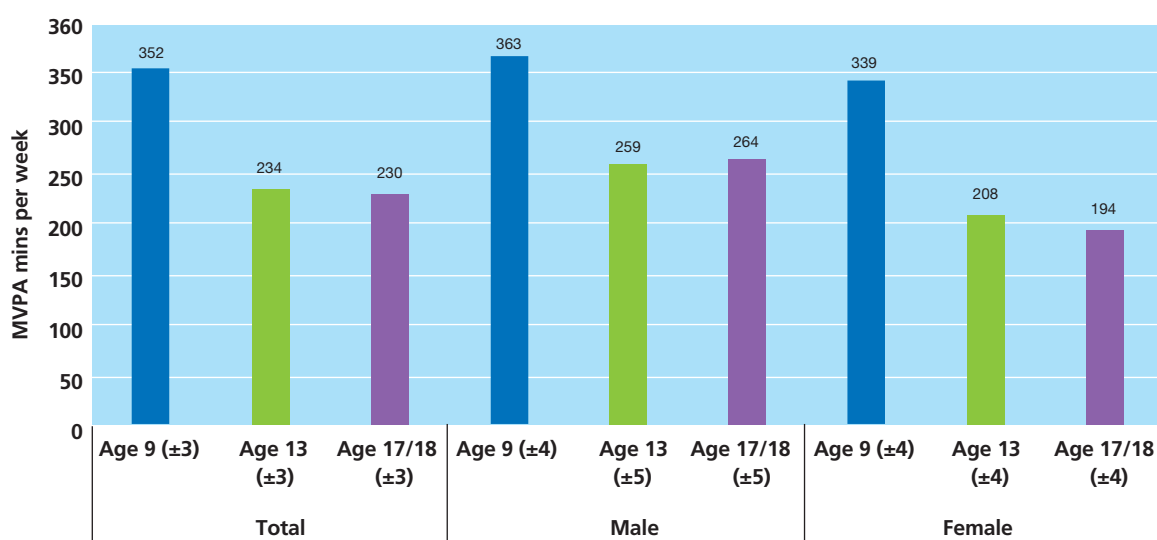
Note: Margins of error are shown by the error bars in the chart.

### 3.6.4 CHANGES IN PHYSICAL ACTIVITY LEVELS OVER TIME

Similar questions regarding physical activity levels were asked at the first two waves of the study; questions were asked of Parent One at 9 years of age, and asked directly of the Young Person at 13 years of age. Again, it was possible to convert this information into an overall figure of minutes per week spent doing moderate to vigorous physical activity. While there was a significant reduction in physical activity between the ages of 9 and 13 (352 minutes per week to 234 minutes per week), no such drop was observed between age 13 and age 17/18 (230 minutes; Figure 3.17). Looking at this transition separately according to gender, there was no significant change for males from 13 to 17/18 years of age but a small but statistically significant reduction in physical activity levels over this time period for females (208 minutes to 194 minutes).

A recent meta-analysis of the association between physical activity and health risks among children and adolescents (Ekelund et al., 2012) indicated that a 10-minute daily reduction in MVPA was associated with increased waist circumference (and risk of obesity), higher systolic blood pressure and higher fasting insulin. This highlights the potentially important health implications at the population level of a reduction of the same magnitude as that observed among the young women.

Figure 3.17: Physical activity levels at Wave 1 (9 years), Wave 2 (13 years) and Wave 3 (17/18 years)



Note: Margins of error are shown in parentheses after the label for each group.

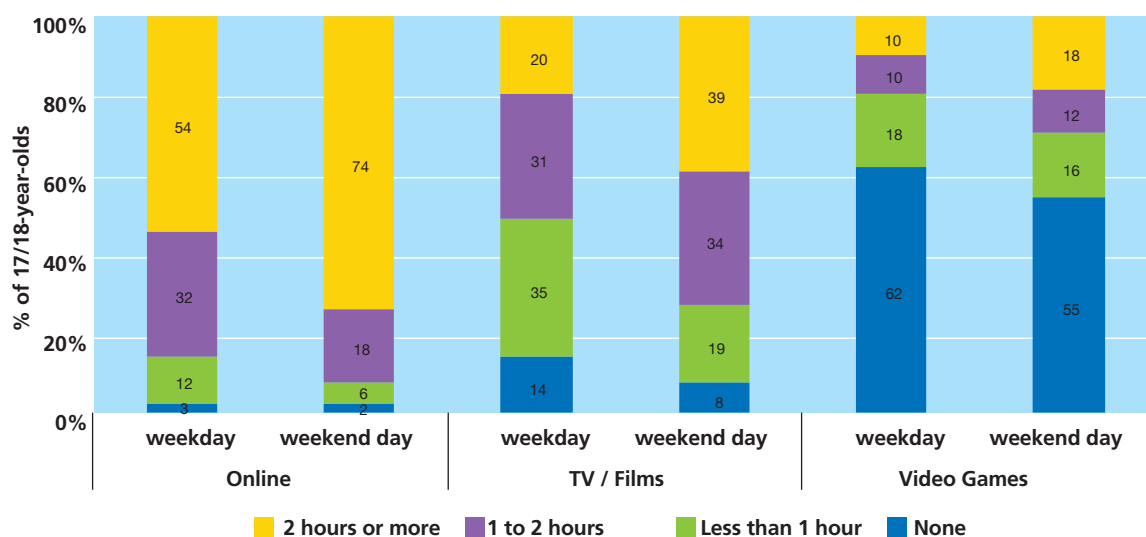
### 3.6.5 SCREEN-TIME

Young people were asked how much time they spent looking at screens of all types (including PCs, laptops, tablets, mobile phones and TVs) during the week and the weekend, categorised as either *online*, *TV/films* or *video games* (Figure 3.18). Clearly, the most popular form of screen-time was *online*; 54% of all young people spent two or more hours online on a weekday, while 74% did so on weekend days. Video game screen time was substantially less popular; 62% of young people spent no time at all playing video games on weekdays, the figure dropping slightly to 54% for weekend days. Almost three-quarters of all young people (53%, not illustrated) said that they 'multi-screened'; that is, they used or watched more than one device at a time. A common example of this would be using a smartphone while watching television.





Figure 3.18: Screen-time usage by 17/18-year-olds during the week and at weekends

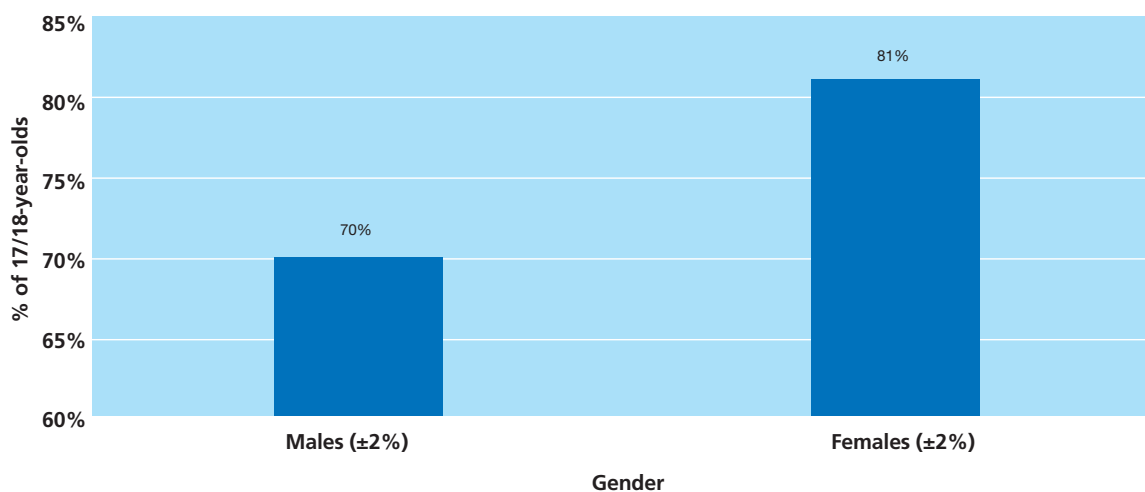


Note: Margins of error are, at most,  $\pm 1\%$ .

In this rapidly evolving area, the distinction between time spent online and time spent watching TV/ films is becoming less relevant, since the consumption of TV and film through online streaming services is increasing rapidly. Comreg's *Ireland Communicates Survey 2017* showed that 56% of those aged 18-34 used the Netflix streaming service (accessible online through an internet device or smart TV), 32% used catch-up players for scheduled TV programmes, and 61% had stopped or reduced their consumption of live TV (Comreg, 2018).

Focusing on those young people who spent *two hours or more* online, on either a weekday or weekend day (75% overall), significant differences were observed according to gender (Figure 3.19). Females were more likely to spend *two hours or more* online than males (81% versus 70%). No significant differences were observed according to age, family income or family structure.

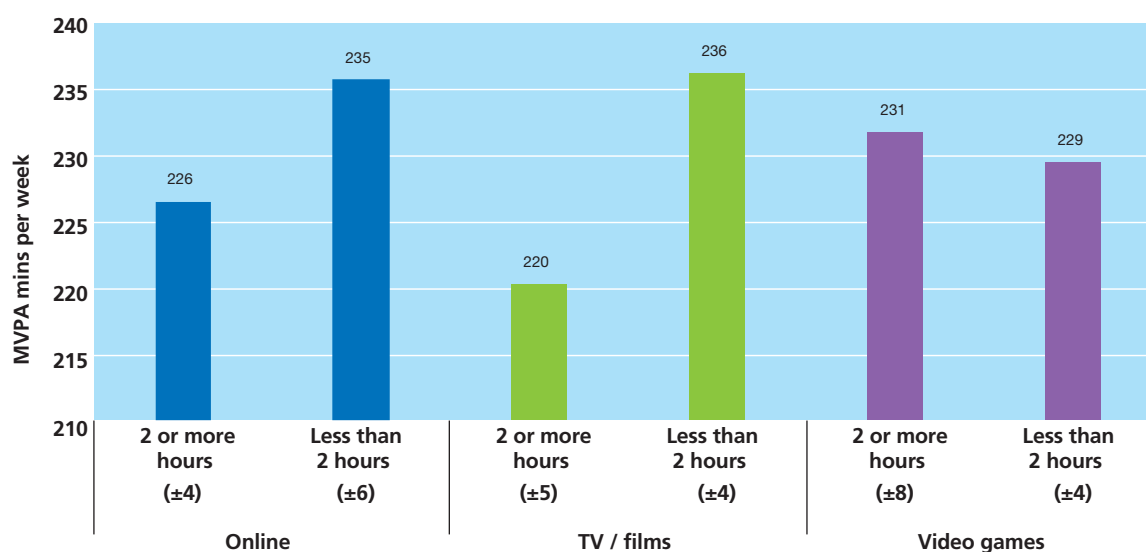
Figure 3.19: Percentage of 17/18-year-olds who spent more than 2 hours online in a day, by gender



Note: Margins of error are shown in parentheses after the label for each group.

The association between *two or more hours* spent online and physical activity levels was also explored, as presented in Figure 3.20. Young people were split according to whether they spent more or less than two hours per day online, watching TV/films or playing video games, and mean minutes of weekly MVPA were calculated. Those who spent less time online and watching TV also spent more time being physically active, although the difference was only significant in terms of TV/films (220 minutes versus 236 minutes). No substantive differences were observed for video game usage.

**Figure 3.20: Physical activity levels (MVPA per week) according to online, TV and video game screen-time**



Note: Margins of error are shown in parentheses after the label for each group.

## 3.7 BLOOD PRESSURE

For the first time in *Growing Up in Ireland*, blood pressure (BP) was recorded for the Young Person at 17/18 years of age. High blood pressure (also referred to as hypertension) is a key risk factor for cardiovascular disease (Williams et al., 2002), one of the principal causes of death in Ireland (Department of Health and Children, 2010).

### 3.7.1 HIGH BLOOD PRESSURE

The young people had two blood pressure readings taken. The mean blood pressure reading for the cohort was 116/69 (systolic/diastolic). A diagnosis of hypertension can only be made by a medical professional (thus not by the *Growing Up in Ireland* interviewers or team), but the young people were classified as having 'potentially high BP' if they had one systolic reading greater than 140 or one diastolic reading greater than 90. Slightly more than 9% fell into the category of having potentially high BP.

Looking at the association between blood pressure and the main classificatory variables used in analysis, no notable trends were observed in terms of any social gradient (i.e. Parent One education, social class, family income). However, males reported significantly higher mean BP readings than females (121/68 versus 111/70). Males were also significantly more likely to have potentially high BP than females (13% versus 5.5%).

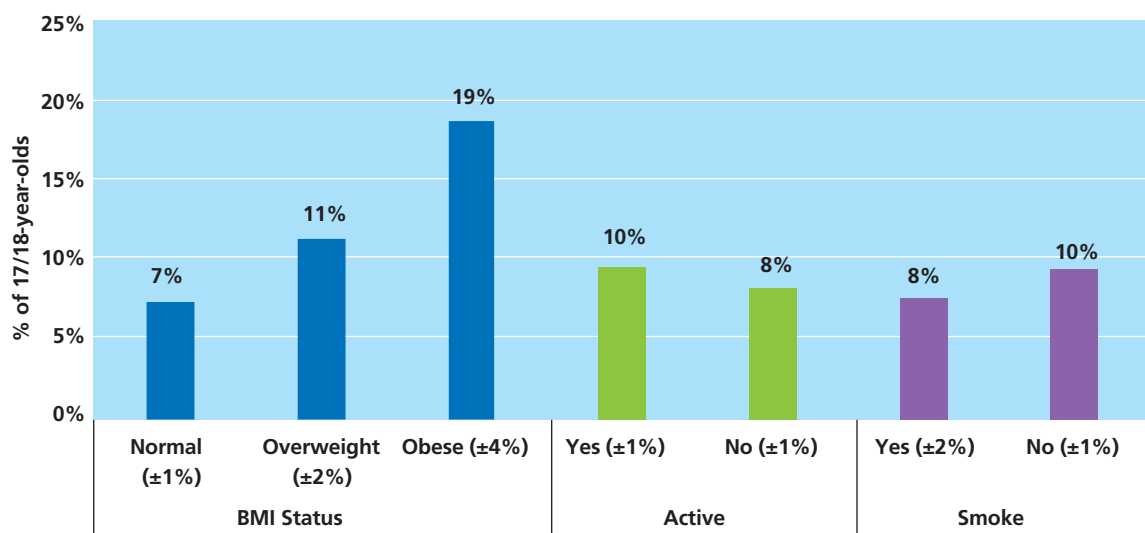
### 3.7.2 POTENTIALLY HIGH BLOOD PRESSURE AND OTHER HEALTH OUTCOMES

The list of risk factors associated with high blood pressure includes both non-modifiable factors such as age and family history, and modifiable factors such as being obese, physical inactivity and smoking (NHLBI,



2011). With this in mind, the association between a range of health outcomes and potential hypertension was investigated.

**Figure 3.21: Prevalence of potentially high BP according to BMI status, activity levels and smoking status**



Note: Margins of error are shown in parentheses after the label for each group.

As observed in Figure 3.21, BMI status was strongly linked with having a potentially high BP. The data showed that 7% of those 17/18-year-olds with a normal BMI status were potentially hypertensive, compared to 11% of overweight and 19% of obese young people. This trend is not unexpected; an expert panel on cardiovascular health in young people recently cited increasing obesity levels as a key factor in the growing prevalence of hypertension for children in the United States (Expert Panel on Integrated Guidelines for Cardiovascular Health and Risk Reduction in Children and Adolescents, 2011). This is further supported by similar trends stemming from the Cork Children's Lifestyle Study cohort; hypertension was 7% for normal weight, 8% for overweight and 20% for obese children (Keane et al., 2012). No significant differences were observed in terms of activity levels and smoking status.

### 3.8 SMOKING

Through the combined influence of being exposed to peer pressure and an inclination to experiment with risky behaviour in adolescence (along with numerous parental, environmental and social background factors), some young people may be motivated to try cigarette smoking in their teens. Short-term consequences of smoking while young include respiratory issues and nicotine addiction (Gold et al., 1996; Park 2011). Long-term effects, reinforced by an increased likelihood of continued smoking into adulthood, include further respiratory complications and lung cancer.

#### 3.8.1 SMOKING PREVALENCE – YOUNG PERSON'S REPORT AND PARENT'S PERCEPTIONS

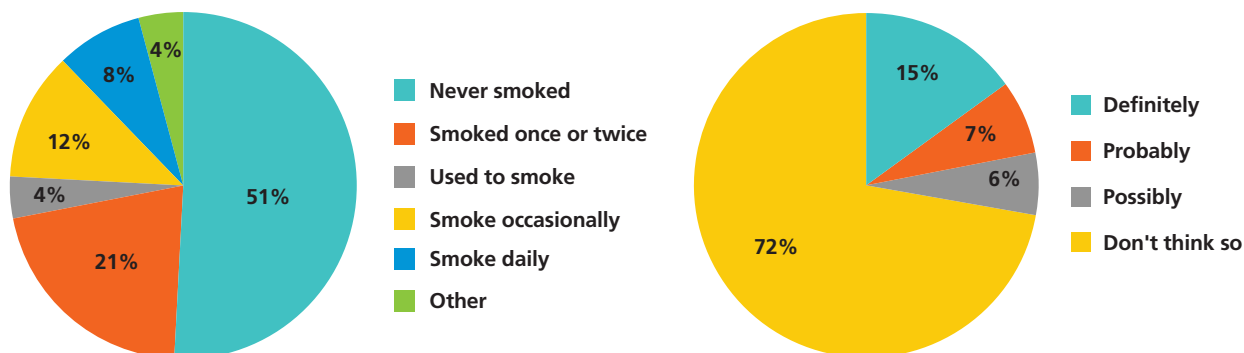
Parents and their children were both asked about the Young Person's smoking habits; the Young Person was asked if they smoked and the parent was asked if they thought that their child smoked.

As can be seen in Figure 3.22a, just over half of all young people (51%) had never smoked by 17/18 years of age.<sup>24</sup> A further 25% had either smoked once or twice or used to smoke but had stopped now. However, 12% of young people classified themselves as occasional smokers and 8% said that they smoked daily.

<sup>24</sup> These figures relate to cigarettes. Just over a third of the total sample (34%) had tried an ecigarette or vaping. Trying an ecigarette was more common among those who had tried a regular cigarette than among those who had never done so (83% compared with 32%).

Comparing this to parents' thoughts on their children's smoking habits (Figure 3.22b), the vast majority (72%) did not think that their child had ever tried smoking. In contrast, 15% of parents were definite that their child had tried a cigarette, and the remaining 13% said that it was either probable or possible. There was a moderate positive correlation between the Young Person's report of ever having smoked and their parent's thoughts on the matter ( $r = .46, p < .001$ ).

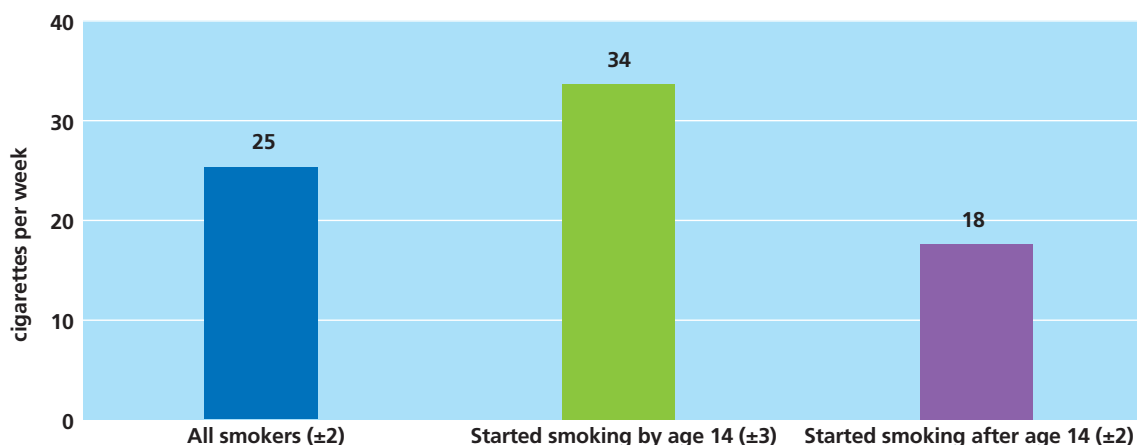
**Figure 3.22: a) 17/18-year-old's smoking status and b) parent's perception of 17/18-year-old's smoking status**



Notes: Margins of error are, at most,  $\pm 1\%$ . 'Other' describes a small group of young people who had tried smoking but described their current status as 'don't smoke' rather than 'once or twice' or 'used to smoke'.

On average, young people first smoked a cigarette at 15 years of age (median = 16). Daily smokers smoked an average of 25 cigarettes per week (Figure 3.23). Looking specifically at those who had their first cigarette by the age of 14 (30% of all smokers), they smoked an average of 34 cigarettes weekly. Those who started smoking at 15 years of later smoked significantly fewer, with an average of 18 cigarettes per week.

**Figure 3.23: Average number of cigarettes smoked per week, according to when Young Person started smoking**



Note: Margins of error are shown in parentheses after the label for each group.



### 3.8.2 VARIATION IN SMOKING HABITS

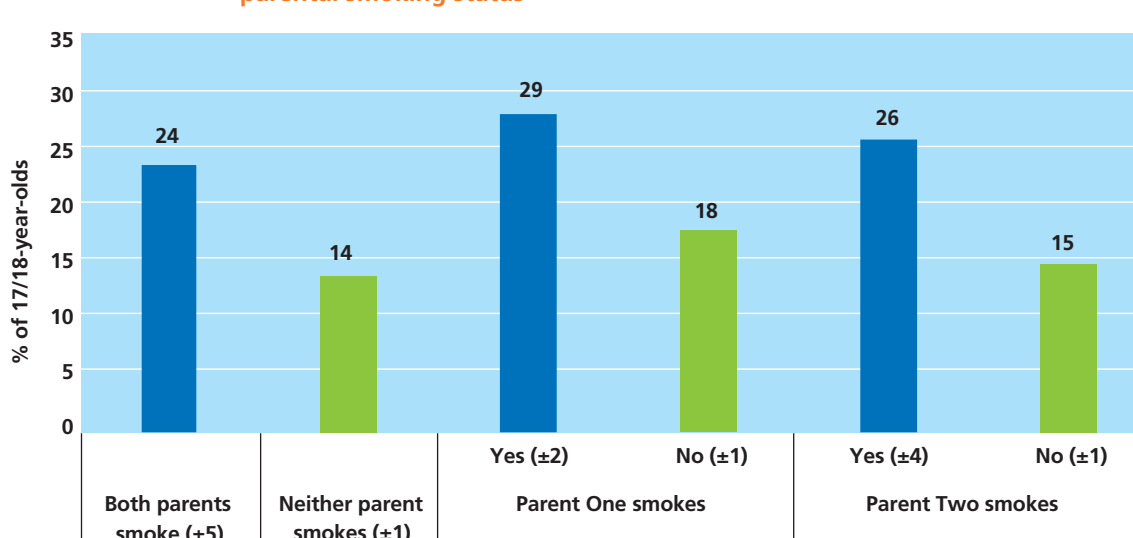
The gender difference in current smoking was not statistically significant. Neither was the difference between 17-year-olds and 18-year-olds. No significant differences were observed in terms of Parent One education, although a link was observed in terms of family income: those in the lowest income quintile were more likely to currently smoke (daily or occasionally) than those in the highest income quintile (25% versus 18%). Looking at household type, children from one-parent families were more likely to currently smoke than those from two-parent families (25-30% versus 18-19%), although family size (in terms of number of siblings) did not have a significant effect.

### 3.8.3 EFFECT OF PARENTS' SMOKING HABITS

Among parents of 17/18-year-olds, slightly more than a quarter of Parents One (25%) and almost a fifth of Parents Two (19%) reported themselves as smokers. Looking at the link between parental and child smoking habits, some interesting observations can be made (Figure 3.24).

The 17/18-year-olds were significantly more likely to have ever smoked if either of their parents was a smoker, at 57% (Parent One) and 53% (Parent Two) respectively, compared to 49% overall. Current smoking (20% in total) was also significantly higher if either Parent One (29%) or Parent Two (26%) was also a smoker. Similarly, if both parents were smokers, the likelihood of the Young Person also being a smoker was significantly higher than if neither parent was a smoker (24% versus 14%). These results support the findings of other longitudinal studies that have highlighted the elevated risk of smoking among the children of smokers (Vuolo and Staff, 2013).

**Figure 3.24: Percentage of 17/18-year-olds who currently smoke daily or occasionally, according to parental smoking status**



Note: Margins of error are shown in parentheses after the label for each group.

### 3.8.4 LONGITUDINAL ANALYSIS – TRENDS AT 13 YEARS

Looking back at when these 17/18-year-olds were 13 years old, almost 6% of Parents One at that time thought their child *definitely, probably or possibly* had ever smoked a cigarette, while the remaining 94% did not think their child had ever smoked. When the 13-year-olds were directly asked themselves about their smoking habits, almost 8% said that they had tried a cigarette. However, only 1.3% claimed to currently smoke at age 13.

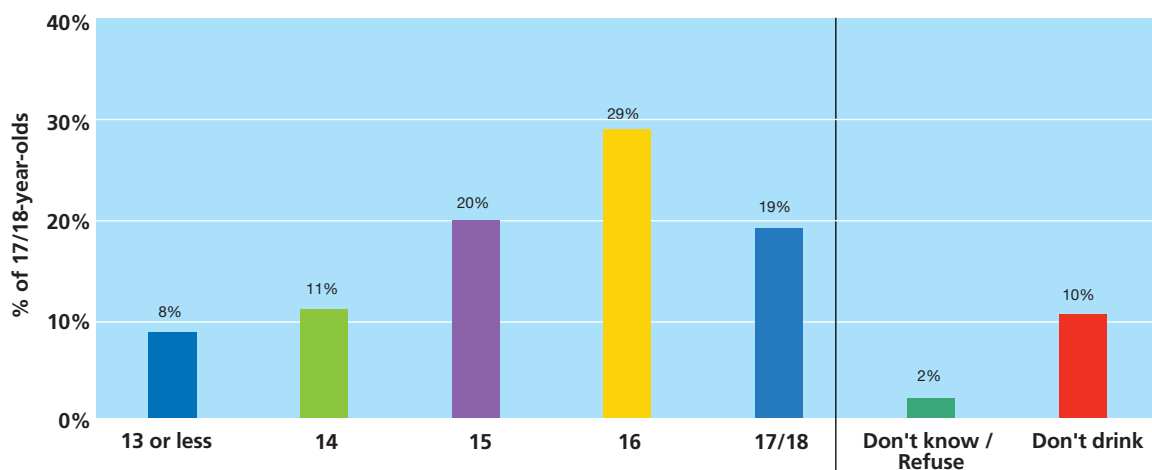
Young people who had tried a cigarette by 13 years were significantly more likely to be a current smoker at 17/18 years of age than those who had not tried a cigarette by 13 (52% versus 18%). The difference was even more pronounced in terms of 'current smoker' status at 13 years; 71% of smokers at 13 were smokers at 17/18, compared to 20% of non-smokers at 13.

### 3.9 DRINKING AND DRUG-TAKING

#### 3.9.1 CURRENT PREVALENCE OF DRINKING AMONG YOUNG PEOPLE

The young people were asked whether they had ever consumed alcohol, how old they were when they first had a full drink of alcohol (other than a few sips) and how much they drank now. According to 17/18-year-olds, 90% had already consumed alcohol at some stage. Most of them (67%) had their first alcoholic drink between the ages of 15 and 17 years (mean = 15.4 years), although 8% said they had their first drink by 13 years of age (Figure 3.25). This corresponded quite closely with the answers provided by parents; according to the parents of 17/18-year-olds, 71% were definite that their child had tried alcohol, while a further 16% thought it was either probable or possible. The remaining 13% did not think their child had tried alcohol. A significant positive correlation was observed between the 17/18-year-old's report of ever having consumed alcohol and their parent's thoughts on the matter ( $r = .57, p < .001$ )

Figure 3.25 Age when the 17/18-year-old reported they first drank alcohol

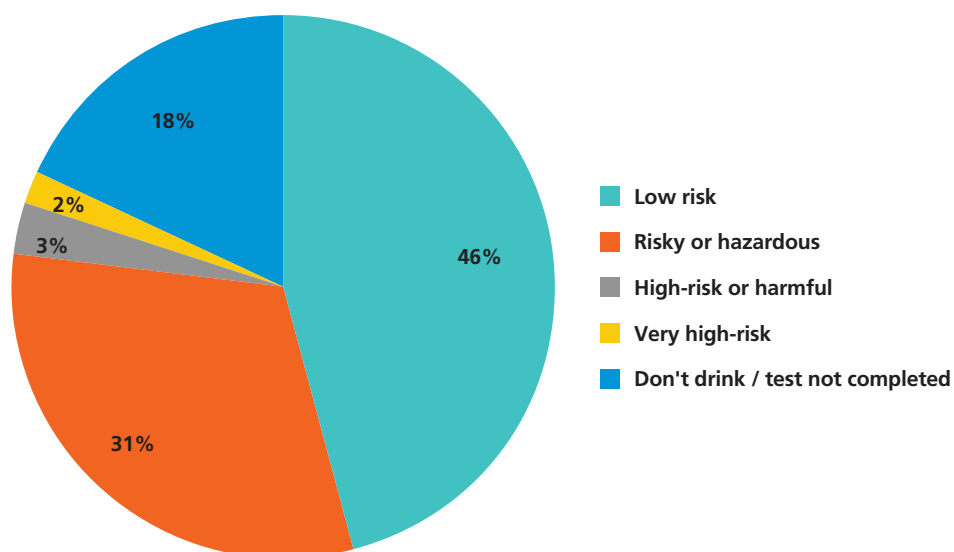


Note: Margin of error is, at most,  $\pm 1\%$ .

Using a screening tool developed by the World Health Organization (the Alcohol Use Disorders Identification Test, AUDIT), it was possible to identify early signs of hazardous or harmful patterns of alcohol consumption among respondents. The Young Person was asked 10 questions about their drinking habits; *total scores of eight or more are recommended as indicators of risky or hazardous alcohol use* (Babor et al., 2001). According to the AUDIT, 46% of young people self-reported drinking habits that would be categorised as low risk, 31% reported drinking behaviour that would be classed as risky or hazardous, 3% would be categorised as high-risk or harmful, and a final 2% reported drinking behaviour that would be classed as very high-risk or possibly alcohol-dependent. The remaining 18% of young people reported that they did not drink alcohol. (Figure 3.26)



**Figure 3.26: Classification of 17/18-year-olds' drinking patterns (using the WHO AUDIT screening tool)**

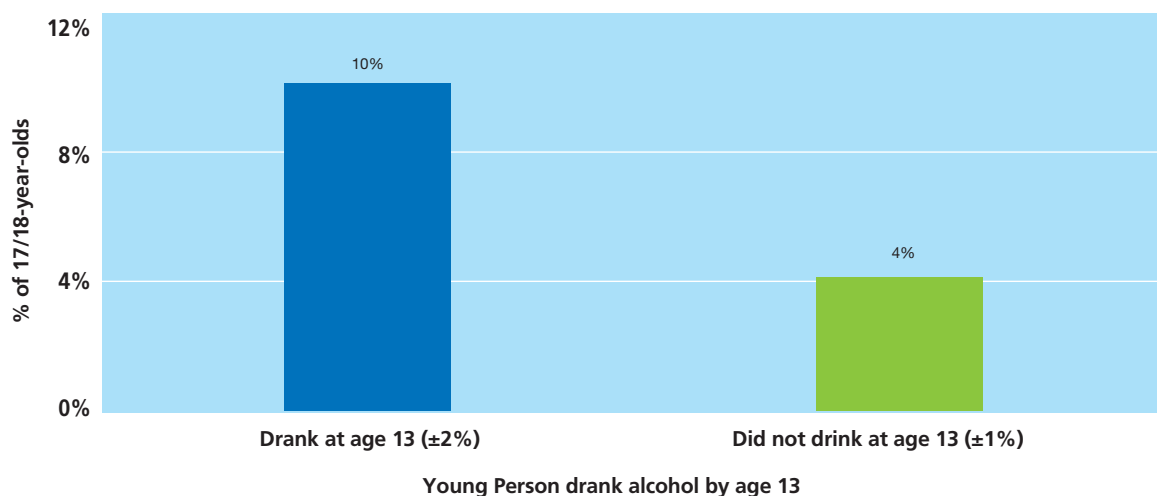


Note: Margin of error is, at most,  $\pm 1\%$ .

Focusing on those in the high-risk and very high-risk categories (5.1% overall), significant differences were observed in terms of both gender and age; males (6.1%) were more likely to be 'high/very high-risk' than females (4.1%), while 18-year-olds (7%) were more likely to be 'high/very high-risk' than 17-year-olds (4.7%).

Looking back to when they were 13 years old, approximately 14% of the young people reported that they had already consumed alcohol (more than a few sips). As can be seen in Figure 3.27, 'high/very high-risk' drinking behaviour at 17/18 years of age was significantly more prevalent among those who had tried alcohol by age 13, compared to those who had not (10% versus 4%).

**Figure 3.27: Percentage of 17/18-year-olds whose drinking behaviour is 'high-risk' or 'very high-risk' using the WHO AUDIT tool, by drinking habits at 13 years of age**



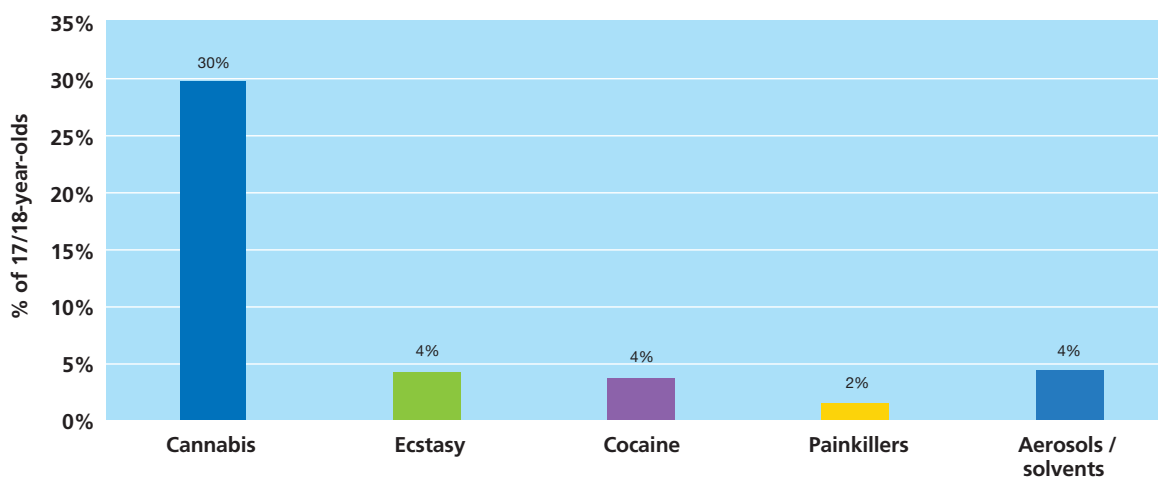
Note: Margin of error is shown in parentheses after label for each group.



### 3.9.2 DRUG CONSUMPTION BY SOCIO-DEMOGRAPHIC CHARACTERISTICS

According to the young people themselves, 30% reported that they had ever tried cannabis at some stage. Just under 8% currently smoked cannabis occasionally and just under 2% smoked cannabis more than once per week. Nine per cent of young people reported that they had ever tried other illicit drugs, that is, either non-prescribed drugs (such as ecstasy or cocaine), prescription drugs or other substances (aerosols/solvents) for recreational purposes. As seen in Figure 3.28, the most commonly consumed of these, aside from cannabis, were aerosols/solvents (ever tried by 4.4%),<sup>25</sup> ecstasy (ever tried by 4.2%), cocaine (ever tried by 3.7%) and painkillers (consumed for recreational purposes; ever tried by 1.5%). In total, 35% of all 17/18-year-olds had ever tried any illicit drugs (including cannabis).

**Figure 3.28: Percentage of 17/18-year-olds who had ever tried the most common illicit drugs**



Note: Margin of error is, at most,  $\pm 1\%$ .

As with alcohol consumption, significant differences for cannabis and other drug consumption were observed in terms of both gender and age (Figure 3.29). More males than females had ever tried cannabis (33% versus 27%) and other drugs (10% for males versus 8% for females). Usage levels were somewhat higher among the 18-year-olds than the 17-year-olds.

While no differences were found according to the level of Parent One educational attainment for illicit drugs in general, young people whose parents had a degree or more were significantly more likely to have ever tried cannabis than their peers (35% versus 25%). Young people from small one-parent families were also more likely to have tried cannabis (40% versus 26-29%) and other drugs (16% versus 7-11%) than those from large one-parent families or any two-parent families.

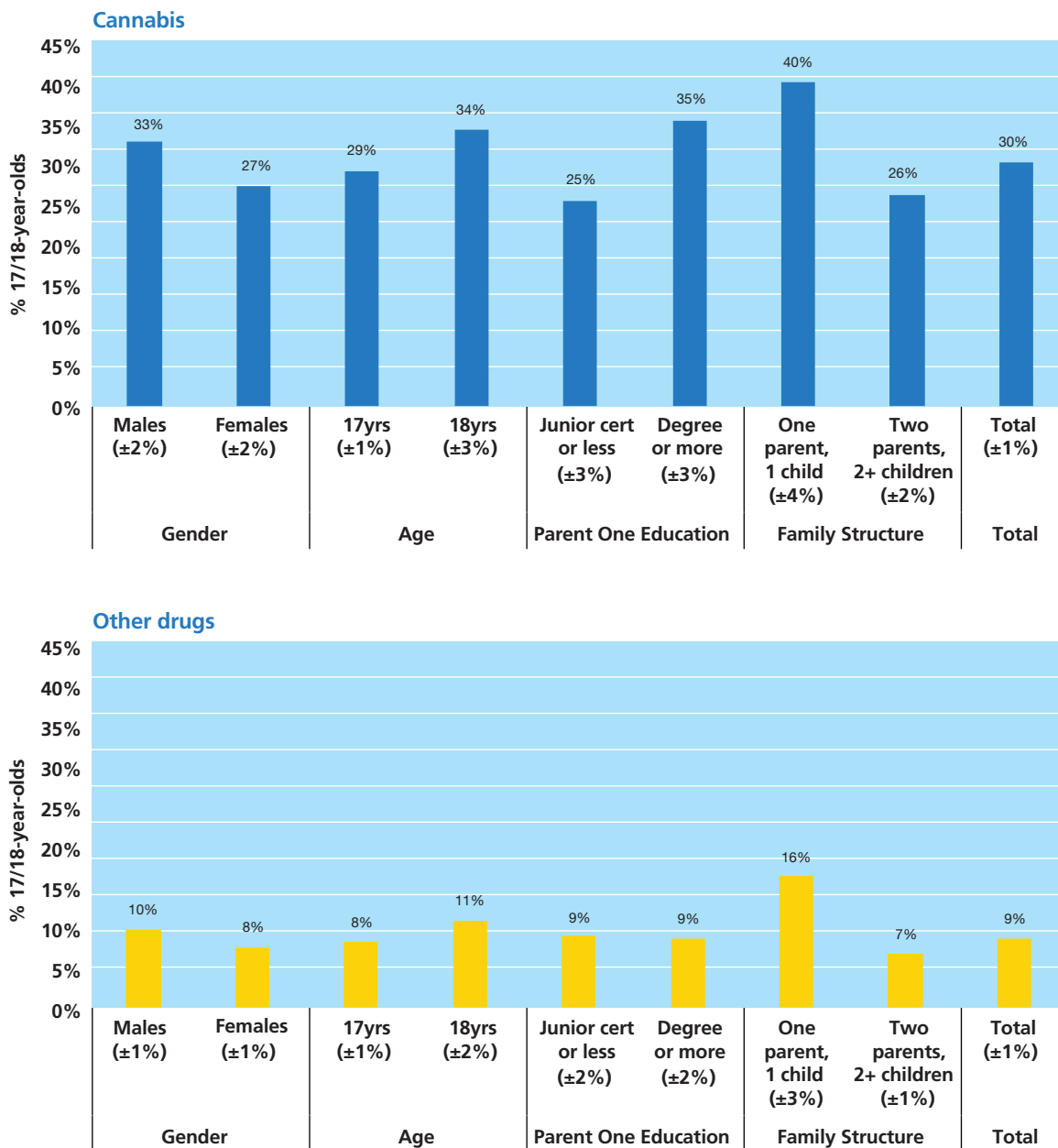
Young people from families where their parents were never employed were also more likely than their peers to have ever tried other drugs (13% versus 6-8%, not illustrated), although this was not the case for cannabis. However, no such differences were observed according to family income.

When asked about their child's experience with regard to illicit drugs, 5% of parents of 17/18-year-olds said that they were *definite* that their child had tried cannabis, 2.4% said it was *probable* and 5% said it was *possible*, leaving 88% who didn't think they had tried it.

<sup>25</sup> The wording on the questionnaire referred to 'aerosols/gas (lighter refills) /glue/solvents'.



Figure 3.29: Illicit drug consumption according to key socio-demographic variables



Note: Margin of error is shown in parentheses after the label for each group.

### 3.10 SUMMARY

This chapter has provided a broad overview of the physical health and health behaviours of 17/18-year-olds in Ireland. Overall, they were in good general health, with virtually all parents (97%) reporting that their 17/18-year-old was 'very healthy' or 'healthy', and 78% of young people themselves reporting that their health was 'excellent' or 'very good'. Just over 13% of young people self-reported that they had a longstanding illness, condition or disease. However, there were significant differences in health status by socio-economic background. For instance, 29% of young people in the lowest income quintile reported their health as *excellent* and 17% reported a longstanding condition, compared to 43% with excellent health in the highest income quintile and 11% with a longstanding condition.

Comparing parent-reported health status of the young people at ages 9, 13 and 17/18, there has been an increase in the reporting of minor health problems since they were 13 years old.

The weight status (BMI) of the young people based on measurements taken by a trained interviewer indicated that nearly three-quarters (73%) of young people were classified as *non-overweight*, 20% as *overweight* and 8% as *obese*.

Young women (30%) were more likely to be *overweight/obese* than young men (25%), as were those from lower socio-economic groups (29% of those from the lowest income quintile compared to 22% from the highest income quintile).

Comparing the weight status of young people at 17/18 years to their measured weight status at ages 9 and 13, there was a significant increase in the risk of obesity for males (from 4% at ages 9 and 13 to 6% at age 17/18), but no significant difference for females.

Efforts to manage weight status and body shape were also identified. Young women were more likely than young men to either exercise (78% and 50%, respectively) or diet (69% and 38%, respectively) to lose weight while young men were more likely to exercise to 'bulk up' (69% compared to 20%). Over three-quarters of those who were overweight or obese at age 17/18 dieted to lose weight, while 85% exercised in an effort to lose weight.

In general, 65% of young people reported meeting the World Health Organization's recommended physical activity levels for adults (30 minutes, five times a week or 150 minutes per week of moderate to vigorous physical activity (MVPA); WHO, 2010). The percentages saying they met these levels were higher among males than females (76% vs. 53%) and among those in the highest income quintile than the lowest income quintile (71% vs. 57%). The number of minutes of MVPA reported per week had fallen since age 9, with most of the change happening between the ages of 9 and 13 (352 minutes on average at 9 and about 230 minutes at ages 13 and 17).

Screen-based activities can be beneficial to young people in terms of relaxation, entertainment and learning but can also compete with the time available for physically active pursuits. Three-quarters (75%) of young people spent two or more hours online on either a weekend day or a weekday, with higher figures for females (81%) than males (70%). The association between screen-time and physical activity was mixed: there was a significant lower level of activity observed only for those who spent two or more hours watching TV/video versus those spending less time on this activity. The association between average minutes physically active and large amounts of time spent online or on video games was not statistically significant.

The large majority of 17/18-year-olds had blood pressure readings in the normal range. The data showed that 9% were classified as having potentially high blood pressure. Potentially high blood pressure was more common among males (13%), and among those classified as overweight (11%) or obese (19%). However, the association between potentially high blood pressure and activity levels or smoking was not statistically significant among the 17/18-year-olds.



Eight per cent of the young people reported smoking *daily* and 12% smoked *occasionally*. Four per cent reported that they *used to smoke*; 21% reported smoking *once or twice* and 51% said they *never smoked*. There was no significant gender difference, but smoking currently (daily or occasionally) was more common among those in the lowest income quintile (25%). Almost half (49%) of all 17/18-year-olds had ever smoked a cigarette. They were significantly more likely to have done so if one of their parents was a smoker (53-57%).

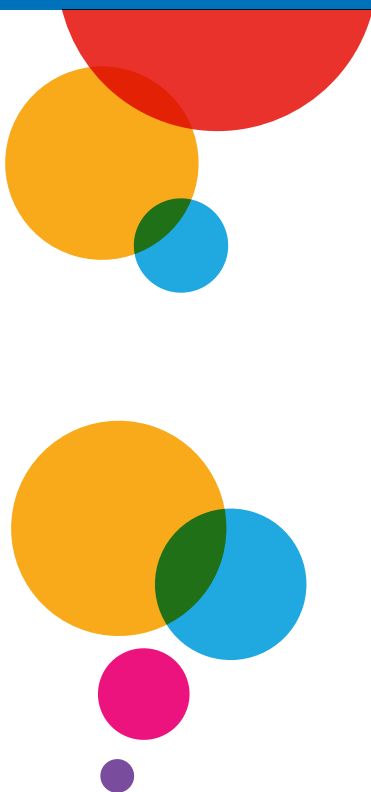
The majority of 17/18-year-olds reported having consumed alcohol at some stage (90%), typically having the first drink between the ages of 15 and 17. Using a screening tool developed to identify alcohol problems, 5% of the 17/18-year-olds reported drinking behaviour that would be classified as high or very high-risk, with 31% that would be classified as risky or hazardous. Nearly one-third (30%) of the 17/18-year-olds reported having tried cannabis, with between 2% and 4% having tried each of ecstasy, cocaine, painkillers and aerosols/glue. Almost 10% stated that they currently smoked cannabis occasionally or more than once per week.





# Chapter 4

## EDUCATION AND COGNITIVE DEVELOPMENT





## 4.1 INTRODUCTION

This chapter examines the current educational status of 17/18-year-olds and their experiences of school to date, including their attitudes to school, the programmes they have taken, their relationships with teachers, and their educational performance. It looks too at their plans for the future, including their access to, and perceptions of, guidance from formal (school) and informal (parental) sources as well as their aspirations. In addition, the chapter examines educational performance measured using Junior Certificate results and presents new findings on cognitive development among 17/18-year-olds from direct assessments undertaken during the fieldwork.

At 17/18 years old, young people in Ireland are generally approaching the end of second-level schooling. In Ireland, over 90% of those who enter second-level education complete senior cycle (upper secondary education) (Department of Education and Skills, 2015b). A small minority (around 5%) take the Leaving Certificate Applied Programme, which does not facilitate direct entry to higher education. The remainder take the Leaving Certificate Established or Leaving Certificate Vocational programmes. Students typically take seven exam subjects, which may be taken at higher, ordinary or (in the case of Irish and Maths) foundation level. The grades, largely based on exam performance, in their best six subjects give them a 'points' total, which is the main criterion in allocating places in higher education. Exam grades also play a part in access to further education, including Post-Leaving Certificate (PLC) courses and apprenticeships.

Among those who enter the labour market after leaving school, higher Leaving Certificate exam grades are associated with enhanced employment chances and greater access to better jobs. The Leaving Certificate can therefore be regarded as a 'high stakes' exam in terms of young people's future life chances.

## 4.2 EDUCATIONAL EXPERIENCES AND COGNITIVE DEVELOPMENT AT AGE 13

At 13 years old, the young people had recently made the transition to second-level schooling. Findings from the wave of data collection at age 13 showed that this required adjustment to a new setting, including a substantial increase in the amount of time spent on homework and a decline in young people's self-reported capacity to cope with schoolwork. However, parents generally reported that young people had settled well into the new school. Transition difficulties were found to be slightly greater among females than males, and were higher for those from less advantaged families in social class and educational terms, and markedly higher among those with special educational needs. The transition experience was more positive among those who liked school at age 9 and those who had higher scores on cognitive tests at 9 years old (Williams et al., 2018).

At 13 years old, young people were generally positive about their school and school subjects, and reported good relationships with their teachers. There were gender and socio-economic differences in this respect, however: negative interactions with teachers and self-reported misbehaviour levels were higher among males and those from lower-income families. Students with special educational needs (SEN) also reported somewhat less positive experiences (Williams et al., 2018).

Parents had high levels of involvement in their 13-year-olds' education, including attending parent-teacher meetings and discussing school-related issues with the 13-year-olds. Helping with homework was much less prevalent than it had been at age nine, however. The most frequent reasons given for never helping with homework were that the 13-year-olds did not need or want assistance (Williams et al., 2018).

Parents held high educational expectations for their 13-year-olds, even higher than the 13-year-olds themselves. Overall, 79% of the Parents One expected their child to attain a third-level degree while 51% of the 13-year-olds themselves expected to attain this level of education (Williams et al., 2018).



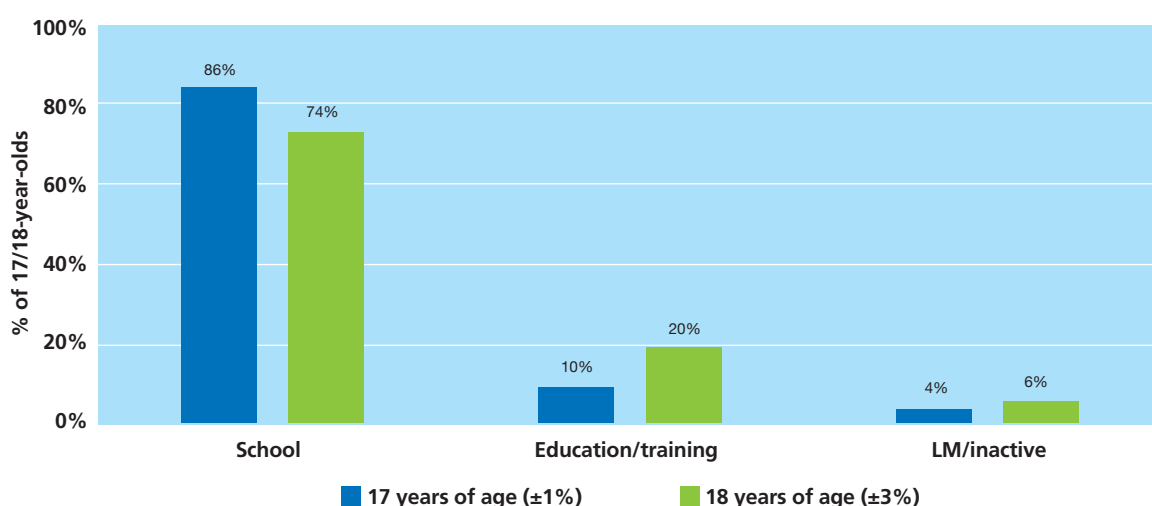
Performance on a number of different cognitive tests was examined at age 13 and was found to be strongly related to family social class and the level of education of Parent One. Males performed slightly better than females on the tests, though the gender differences were smaller than those by parental education and family social class. Cognitive test performance at 13 years was positively associated with academic self-concept at age 9 and at age 13, and also with liking school and liking specific subjects, both at 9 years and 13 years (Williams et al., 2018).

### 4.3 CURRENT STATUS AT AGE 17/18

At the time of the survey, the majority (83%) of the 17/18-year-olds were still in school, 12% had progressed to other forms of education and training, and 5% had entered the labour market (or were economically inactive<sup>26</sup>). Not surprisingly, 18-year-olds were twice as likely as their 17-year-old counterparts to have progressed to post-school education and training and were less likely to still be in school (74% compared with 86%) (Figure 4.1).

Females were slightly less likely to still be in school than males but the difference was small. Different dimensions of family background were significantly associated with current status; 17/18-year-olds from more advantaged households (in terms of social class, maternal education and income) were more likely to be in school at the time of the survey than those from less advantaged households. Thus, 92% of those whose parents had degree-level qualifications were still in school compared with 72% whose parents had a Junior Certificate or less. These patterns are likely to reflect three sets of factors: first, higher rates of early (pre-Leaving Certificate) school-leaving among less advantaged groups; secondly, later school start among more advantaged groups (Smyth, 2018); and thirdly, higher levels of participation in Transition Year among middle-class and highly educated families, resulting in an older age on school completion (see section 4.4). In addition, young people from larger one-parent families were less likely to be in school than those from other household types (72% compared with 77% for small one-parent families and 84-87% for two-parent households). This pattern was associated with the more disadvantaged profile of the large one-parent families; differences by family structure were much smaller within education or social class groups.

**Figure 4.1: Status at the time of the interview by age**



Note: Margin of error is shown in parentheses after the label for each group.

<sup>26</sup> This group was too small to distinguish separately.

Among those still in school, just over half (53%) were in sixth year, 38% were in fifth year, 8% were repeating the Leaving Certificate, and a small number were in other year groups (including special schools or classes). Because the majority of the cohort were still in school at the time of the survey, detailed analyses of the factors associated with different post-school outcomes will only be possible using the data collected at 20 years of age. While only a small number of 17/18-year-olds were in the labour market, a larger percentage had some employment experience. A third of those still in school had a part-time job at the time of the survey. This was somewhat more common among those in fifth year (37% compared with 31% of those in sixth year) and among males (35% compared with 32% among females).

#### 4.4 JUNIOR CYCLE OUTCOMES

At 17/18 years old, young people were asked about the subjects and subject levels they had taken in the Junior Certificate exam and the grades they had received when they took the exam (usually at age 15 or 16). While the Junior Certificate is no longer regarded as a 'high stakes' exam because of high rates of Leaving Certificate completion (Department of Education and Skills, 2017), the levels taken and grades achieved can be used by schools to determine access to subject levels at senior cycle and thus influence Leaving Certificate grades and post-school outcomes. In addition, Junior Certificate grades are likely to be an important influence on young people's view of themselves as learners and their expectations for the future.

The cohort of young people typically took 10 (37%) or 11 (43%) subjects in the Junior Certificate exam. During the period covered by the survey (2015/2016), all subjects (except CSPE) could be taken at ordinary or higher level, with an additional (lower) foundation level available in Irish, English and Maths.<sup>27</sup> The number of subjects taken at higher level among the *Growing Up in Ireland* sample varied from none to 13, with a mean of 7.9 and a median of 9. For analytical purposes, the number of higher-level subjects was grouped into three categories: 5 or fewer (21%), 6 to 9 (37%) and 10 or more (42%).

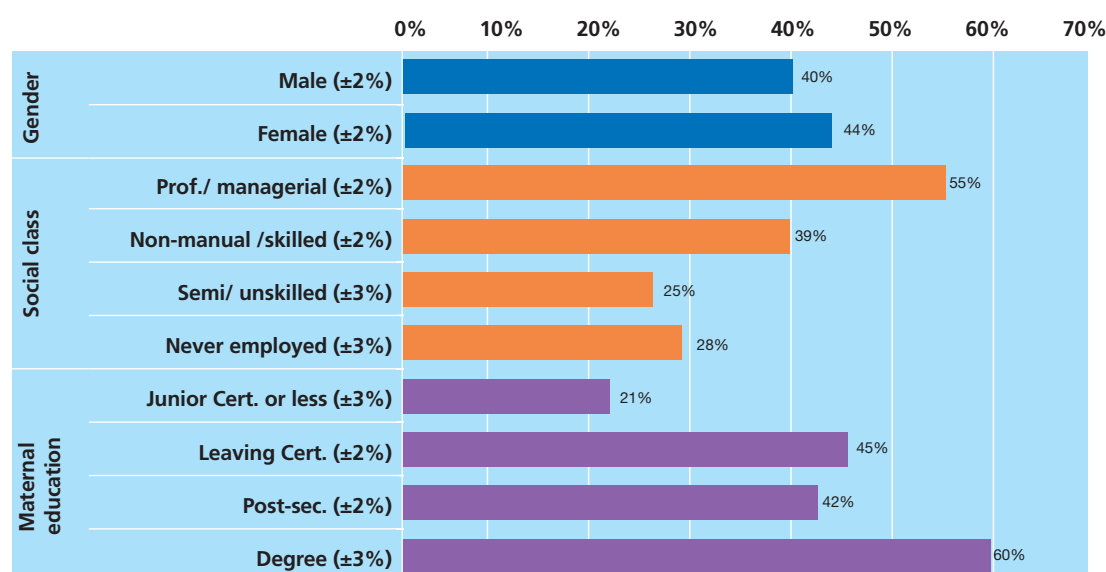
There were slight differences by gender, with females more likely than males to have taken 10 or more higher-level subjects (44% compared with 40%). Differences in terms of family background were more marked. Those from professional/managerial backgrounds were significantly more likely than the semi-skilled/unskilled manual or never-employed groups to take several higher-level subjects (Figure 4.2). Indeed, a very significant minority (36-38%) of young people from semi/unskilled manual and never-employed households took five or fewer subjects at higher level.

Take-up of higher-level subjects also varied significantly by household income and by family structure. Young people from one-parent families took fewer higher-level subjects than those from two-parent families. Variation by household type was not solely explained by the more disadvantaged profile of this group, as the difference persisted after taking account of maternal education.

<sup>27</sup> Junior-cycle reform means that all junior-cycle subjects, except Irish, English and Maths, are now taken at a common level, that is, no differentiation will exist between higher and ordinary levels for most subjects.



**Figure 4.2** Proportion who took 10 or more higher-level subjects at Junior Certificate by gender and social background



Note: Margin of error is shown in parentheses after the label for each group.

Looking at different aspects of family background simultaneously, inequality in level of take-up was found to be multidimensional. Social class, maternal education, household income and family structure all had significant associations with the likelihood of taking 10 or more higher-level subjects. These gaps reduced in size when reading and mathematics achievement at age 9 were taken into account; in other words, some of the advantage of more middle-class groups was likely explained by their higher levels of achievement at primary level. However, all of the dimensions of social background continued to have a significant and direct relationship with higher-level take-up, even taking into account primary-level achievement.

'Points' were assigned on the basis of Junior Certificate levels and grades (see Table 4.1) and averaged over all exam subjects taken, to give a grade point average (GPA). Using such a composite measure provides a useful way of assessing young people's performance across a range of exam subjects. Values ranged from an average of 10 (a higher-level A grade across all subjects) to an average of 0 (E, F or NG grades on all subjects).

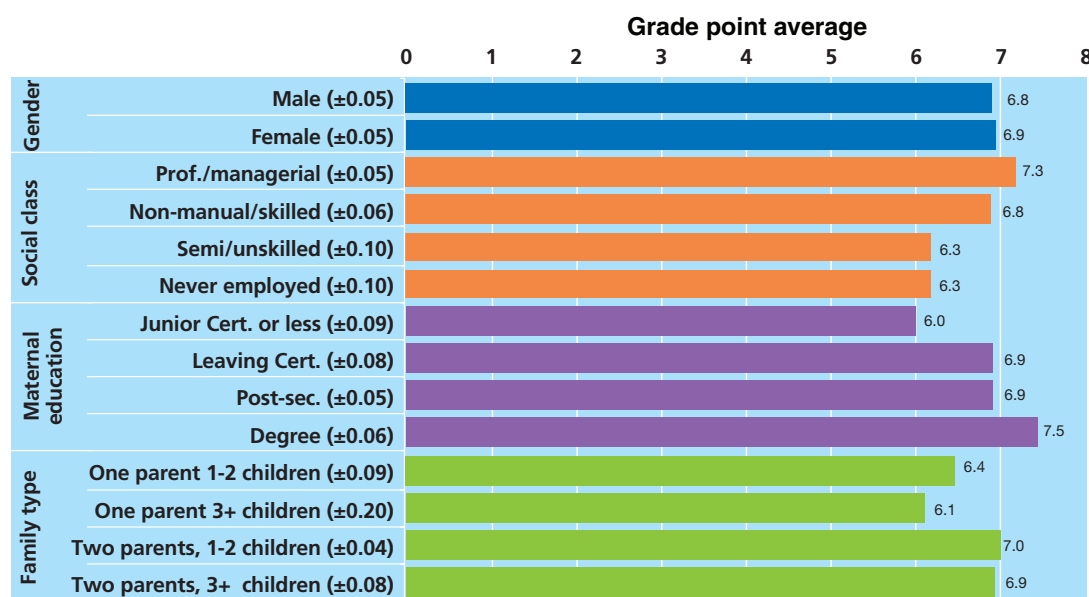
**Table 4.1** Calculation of Junior Certificate grade points from levels and grades

Grade	Higher level	Ordinary level	Foundation level
A	10	7	4
B	9	6	3
C	8	5	2
D	7	4	1
E, F or NG	0	0	0

Females tended to achieve slightly higher Junior Certificate grades than males (Figure 4.3); this difference was statistically significant but very small in scale. On closer investigation, this difference was solely driven by a gender gap (of about 0.3 grade points) within the professional/managerial and highly educated (degree) households. Junior Certificate performance varied markedly by household social class and maternal education, with a gap of over one grade point per subject between the most and least advantaged groups. One grade point would be the equivalent of getting 'A' versus 'B' grades across all subjects in the Junior Certificate exam. Young people from one-parent families had significantly lower

grades than those from two-parent families; the difference was in the order of 0.6 to 0.8 grade points per subject, which across around ten Junior Certificate subjects amounts to a sizeable achievement gap (that is, the equivalent of getting one grade lower in at least five of the 10 subjects taken). Junior Certificate performance also varied significantly by household income. As with higher-level take-up, all dimensions of family background (social class, maternal education, household income and family structure) were significantly related to Junior Certificate performance. These differences were evident even when reading and mathematics test scores at age 9 were taken into account. The extent to which exam performance varied across different types of school is explored below.

**Figure 4.3: Junior Certificate grade point average (GPA) by gender, social class, maternal education and family structure**

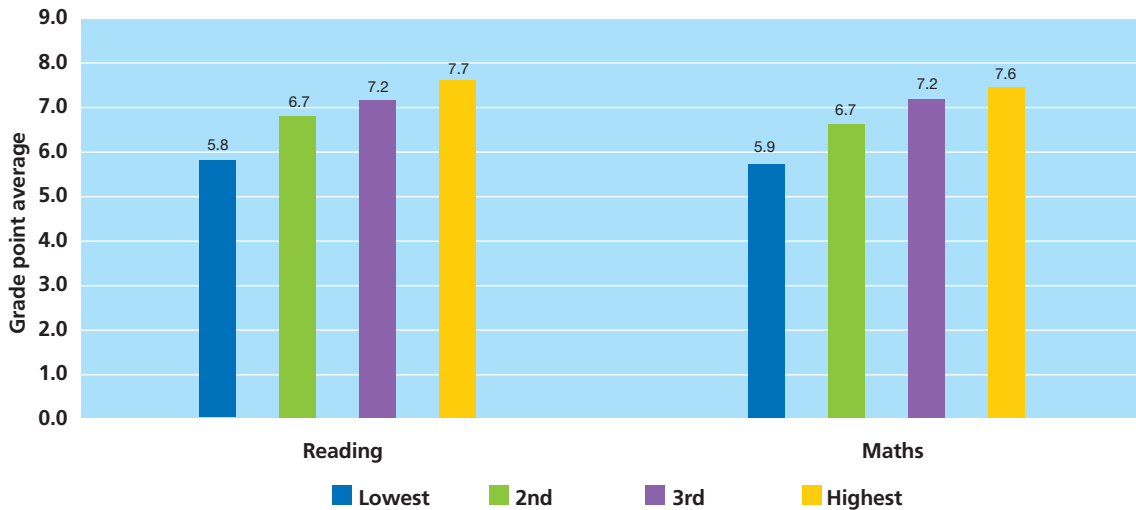


Note: Margin of error is shown in parentheses after the label for each group.

The longitudinal nature of the study means that potential influences on Junior Certificate outcomes can be traced back to early junior cycle and even beyond into primary school. It is evident that the foundational skills in literacy and numeracy acquired in primary school were predictive of later educational outcomes. There was a large gap in Junior Certificate grades between those with the highest and those with the lowest reading and maths scores at age 9 (Figure 4.4). The gradient was slightly sharper for reading than for maths, reflecting the literacy-based nature of most junior-cycle subject content and assessment.



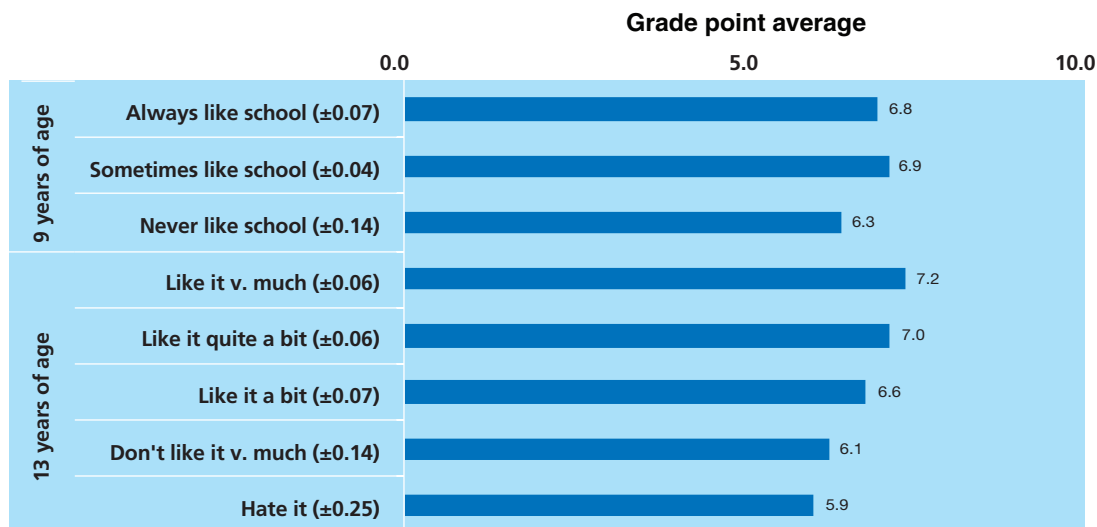
**Figure 4.4: Junior Certificate grade point average by reading and maths achievement at age 9 (grouped into quartiles)**



Note: Margin of error is, at most,  $\pm 0.08$ .

The small group (6%) of young people who reported that they 'never' liked school at 9 years of age achieved significantly lower grades (by about half a grade point per subject) in the Junior Certificate than those who had 'always' or 'sometimes' liked school. Attitudes to school at age 13 were more strongly associated with later exam grades. There was a gap of over one grade point per subject between those who had liked school very much and those who hadn't like it very much or hated it (Figure 4.5).

**Figure 4.5: Junior Certificate grade point average by attitudes to school at 9 and 13 years of age**

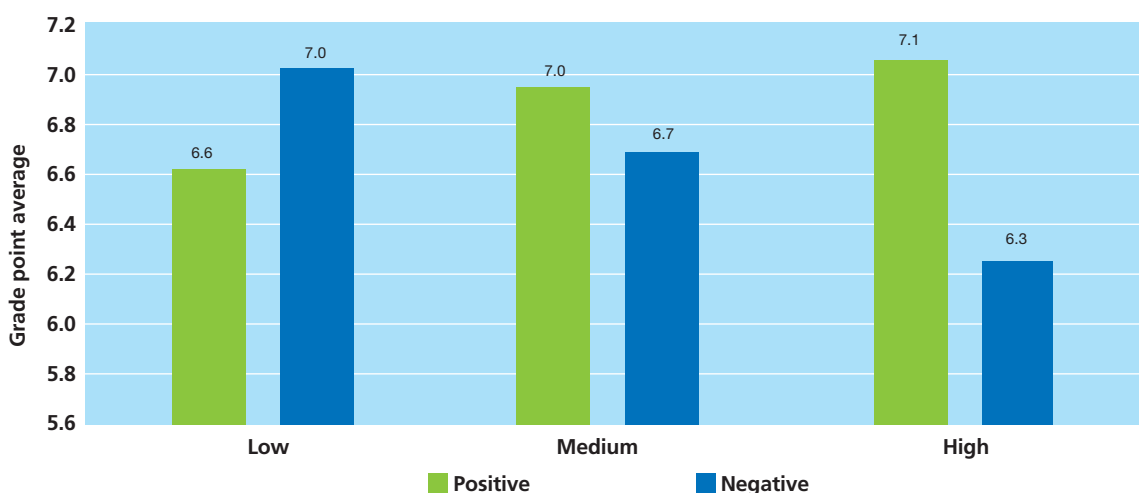


Note: Margins of error are shown in parentheses after the label for each group.



This difference was only partly related to the more disadvantaged profile and lower reading and maths scores among this group, highlighting the importance of engagement as a factor in educational success. Exam performance also varied significantly by the quality of interaction with teachers in early junior cycle. Young people who had high levels of positive interaction (praise or positive feedback) with teachers achieved higher Junior Certificate grades than those with low levels of positive interaction (Figure 4.6).<sup>28</sup> The gap was larger for negative interaction; much lower grades were found among those who had been frequently reprimanded by their teachers. The relationship between the quality of teacher-student interaction at age 13 and later Junior Certificate performance was evident even when a range of family background factors, attitudes to school at age 9 and reading and maths scores at primary level were taken into account.

**Figure 4.6: Junior Certificate grade point average by level of positive and negative interaction with teachers at 13 years of age**



Note: Margins of error are, at most,  $\pm 0.1$ .

## 4.5 PROGRAMME TAKE-UP AT SENIOR CYCLE

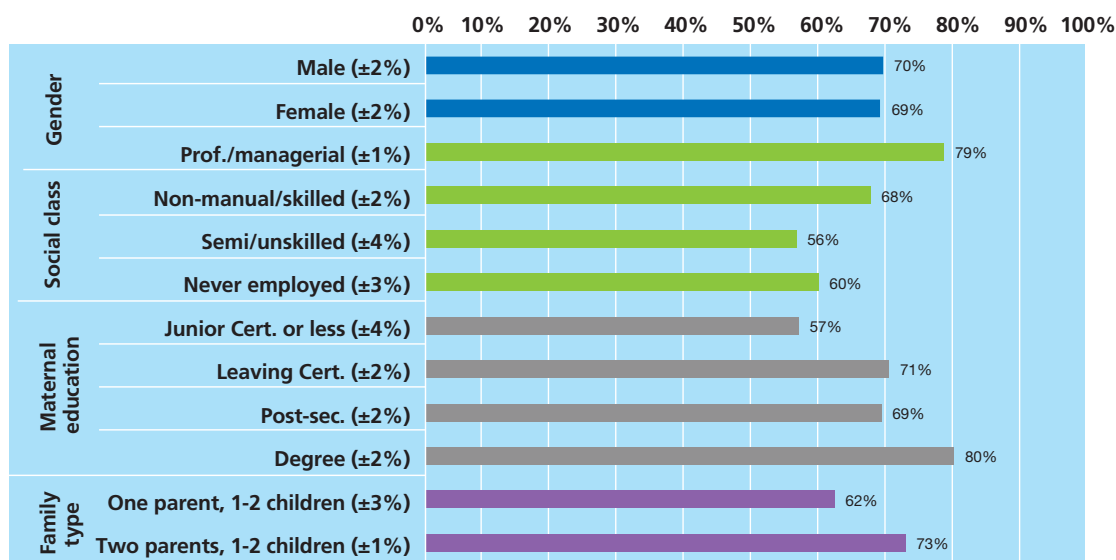
After the Junior Certificate exam, students may take the Transition Year programme before embarking on the two-year senior-cycle programme. The Transition Year (TY) programme was developed to provide an opportunity for wider educational, personal and social development. TY is provided in four-fifths of schools but is less likely to be offered in schools serving more socio-economically disadvantaged populations, reflecting concerns on the part of school personnel about the potential effect of an extra year in school on student retention (Clerkin, 2013). Schools may decide to offer TY on an optional or, more rarely, on a compulsory basis. Just over half of the total student cohort took the programme in 2010/11 (Clerkin, 2013). Among the 17/18-year-olds surveyed for *Growing Up in Ireland*, 70% had taken Transition Year. There were no significant differences in this pattern by gender. The majority of young people across social groups took part in the programme. Nonetheless, take-up varied significantly by maternal education, social class and income, with more advantaged families much more likely to take part in the programme (Figure 4.7). Take-up was also higher among young people in two-parent families. Young people who took TY were more likely to have had a positive experience of school at junior-cycle level. Three-quarters of those who had liked school very much at 13 went on to take TY compared with less than half (47%) of those who had hated school. Those who went on to take TY had higher levels of positive interaction, and lower levels of negative interaction, with teachers at 13 than non-participants. In addition, there was a gap in prior achievement (at Junior Certificate level) of almost one grade point per subject between participants and non-participants (7.1 and 6.3 respectively).<sup>29</sup>

<sup>28</sup> The measure of positive interaction at age 13 was based on four items capturing praise and feedback, with an alpha of 0.57. The measure of negative interaction at 13 was based on two items capturing reprimand, with an alpha of 0.66. These scales have been used in a number of previous Irish studies and have been found to be significantly associated with a range of outcomes (see, for example, Smyth et al., 2011).

<sup>29</sup> Young people would have chosen to take TY or not before receiving their Junior Certificate results, so this pattern can be taken to reflect the fact that higher-performing students tended to take TY rather than as reflecting the influence of JC grades on take-up.



**Figure 4.7: Proportion who had taken the Transition Year programme by gender and family background**



Note: Margins of error are shown in parentheses after the label for each group.

After taking Transition Year, second-level students may take one of three Leaving Certificate programmes, depending on the school they attend: the Leaving Certificate Established (LCE) programme, the Leaving Certificate Vocational Programme (LCVP) and the Leaving Certificate Applied (LCA) programme. LCVP students mostly take the same subjects as LCE students but also take two link modules on preparation for the world of work and enterprise education. A small proportion take the alternative Leaving Certificate Applied programme, which adopts a more hands-on approach to learning and assesses students on the basis of coursework as well as exams. The LCA qualification cannot be used for direct access to higher education.

Among the sample, 4.1% had taken/were taking LCA; this figure was roughly comparable with the 4.9% who completed the LCA in 2015/16, according to SEC figures. Take-up of LCA was slightly higher among females. It varied markedly by family background, being highest among families with lower educational levels (11%), economically inactive families (11%), larger one-parent families (12%) and low-income families (9%). Prior achievement was markedly lower among the LCA group (by over 2.5 grade points). Only 6% of the young people in the sample indicated that they were taking/had taken LCVP – much lower than the 30% apparent from exam records. This pattern is not perhaps unusual, as previous research indicates that LCVP is often not seen as a distinct ‘programme’ by young people (Smyth and Calvert, 2011). For this reason, LCE and LCVP are grouped into one category for the purpose of analysis.

The vast majority (93%) of 17/18-year-olds were very satisfied or satisfied with the programme they had taken. The LCA group was significantly more likely to report they were very satisfied than the LCE/LCVP group (56% compared with 44%), but rates of dissatisfaction were similar for the two groups. Dissatisfaction levels were somewhat higher among socio-economically disadvantaged groups, but the differences by social background were modest. Those who expressed dissatisfaction had lower levels of prior achievement. Over a third (36%) had some regrets about their subject choice for the Leaving Certificate.<sup>30</sup> There was little systematic variation in subject regret by the characteristics of the Young Person.

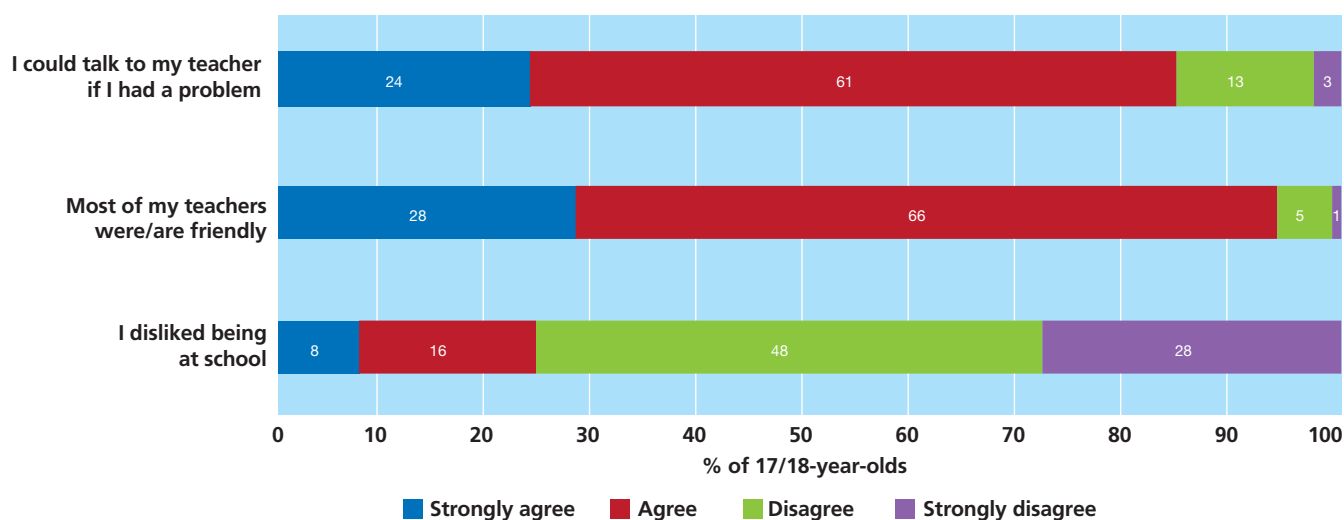
<sup>30</sup> Young people were not asked about the subject(s) they regretted taking. Previous research (Smyth and Calvert, 2011) indicated that young people regretted taking a range of different subjects. The issue was that they felt a mismatch between the courses taken and their interests/abilities, not the specific subject taken.

## 4.6 ATTITUDES TO SCHOOL AND TEACHERS

International research has consistently shown that students who are more positive about school have higher levels of academic achievement, greater self-efficacy, positive relations with teachers, and better general well-being (Wang and Holcombe, 2010). In the Irish context, longitudinal research has shown that those who are more positive about school perform better in state examinations, are less likely to leave school early, and less likely to engage in disruptive classroom behaviours in comparison to students who are not as satisfied with school (Smyth et al. 2011; Byrne and Smyth, 2010).

At age 17/18 of *Growing Up in Ireland*, the Young Person was asked to rate how much they agreed/disagreed with three statements about school, including 'I disliked being at school', 'I could talk to my teacher if I had a problem' and 'Most of my teachers were/are friendly'. The majority of 17/18-year-olds reported positive attitudes towards school (76%); however, a sizeable minority of 17/18-year-olds strongly agreed or agreed with the statement 'I dislike(d) being at school' (24%). In general most 17/18-year-olds felt they could talk to their teacher if they had a problem (85% agreeing or strongly agreeing) and that most of their teachers were/are friendly (94%) (Figure 4.8).

Figure 4.8 Young person's attitudes to school and teachers



Note: Margins of error are, at most,  $\pm 1\%$ .

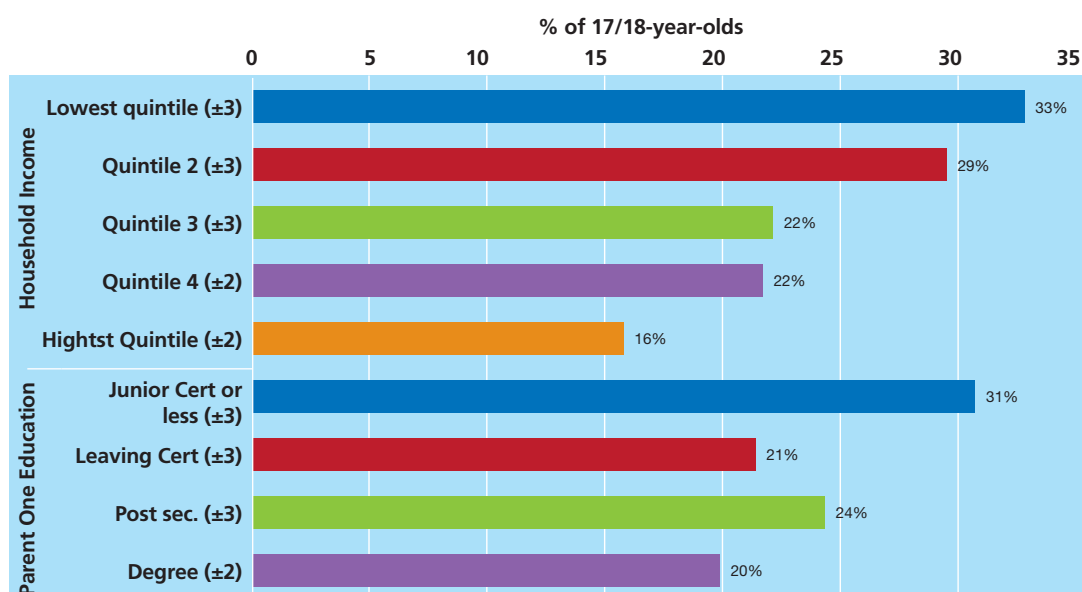
In contrast to the situation at 13 years old, no gender differences were observed in having positive/negative attitudes towards school.<sup>31</sup> However, females (26%) were more likely to 'strongly agree' that they could talk to their teacher if they had a problem in comparison to males (22%). Attitudes to school varied more by family characteristics than by gender. Young people in the lowest income quintile were significantly more likely to dislike school in comparison to those in the highest income quintile (Figure 4.9).

Young people whose Parent One's education level was Junior Certificate or less were significantly more likely to dislike school in comparison to young people whose Parent One had a degree-level qualification. Differences were also observed in relation to household social class, with individuals from semi/unskilled manual backgrounds (29%) reporting disliking school more frequently in comparison to those from professional/managerial backgrounds (20%).

<sup>31</sup> Note, however, that the wording of the question and the response categories differed between the two waves. At age 13, young people were asked 'how do you feel about school in general?', with five response categories ranging from 'I like it very much' to 'I hate it'. At 17/18, young people were given a single item, 'I disliked being at school', and asked to indicate the extent to which they agreed or disagreed with this statement.



**Figure 4.9:** Percentage of 17/18-year-olds strongly agreeing or agreeing with the statement *'I dislike(d) being at school'* by income and parental education

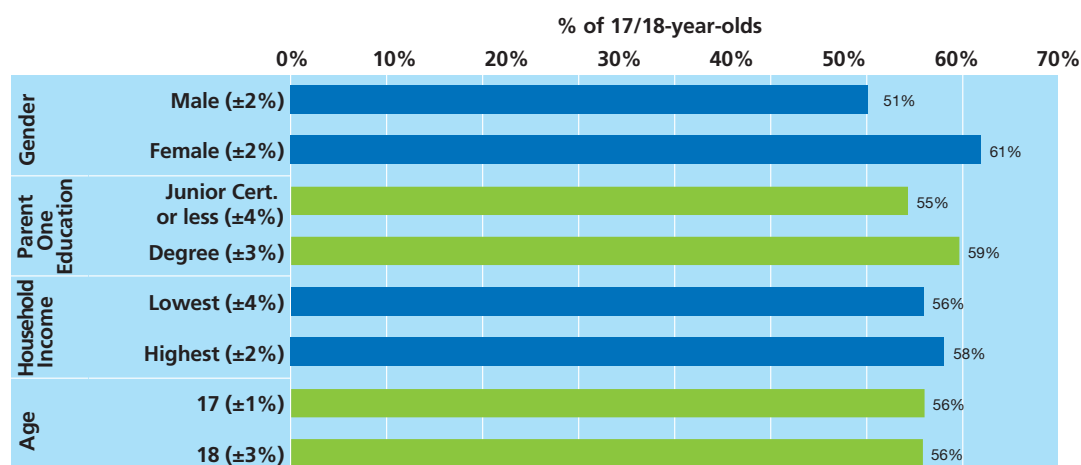


Note: Margins of error are shown in parentheses after the label for each group.

Overall, young people's perceptions of their interactions with their teachers were positive; in the two weeks prior to the survey, 73% reported being told by their teacher very often or often that their work was good and 56% reported that they were praised by a teacher very often or often because their written work was well done. However, 12% of 17/18-year-olds reported that they had been given out to (reprimanded) very often or often for misbehaving in class and 16% reported that they had been often or very often given out to by a teacher because their work was untidy or not done on time. A larger group of young people (46% and 48% respectively) reported that they had been reprimanded a few times by their teachers in the previous two weeks.

Positive interaction with teachers is important to encourage school engagement. Females reported more positive interactions with their teachers, with 61% of females reporting being praised 'very often' or 'often' because their written work was well done in comparison to 51% of males. Differences in relation to family characteristics or by the Young Person's age were not significant (Figure 4.10).

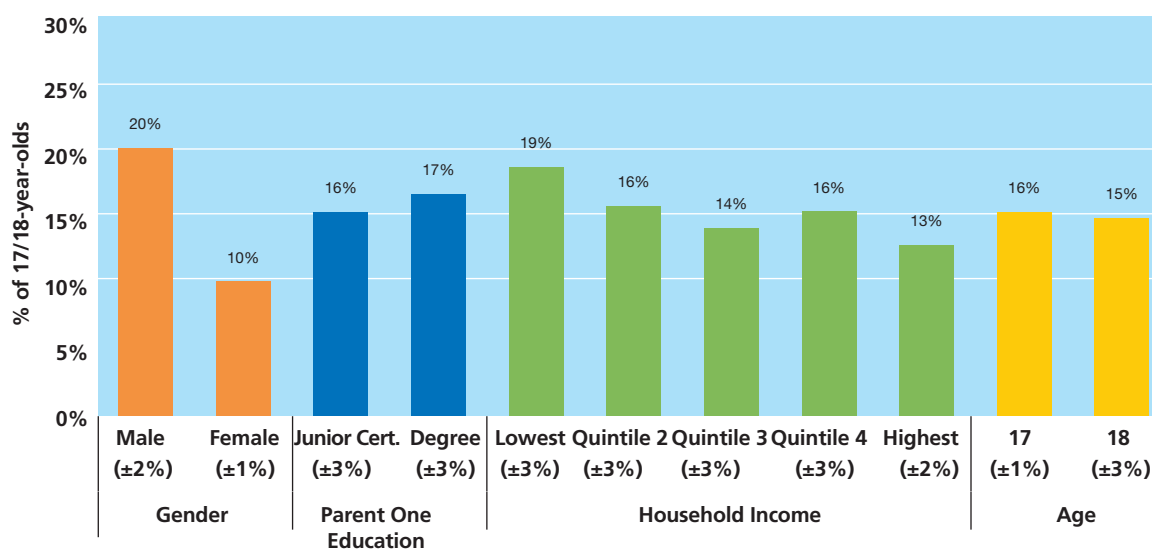
**Figure 4.10:** Percentage of 17/18-year-olds who reported being praised by teachers very often or often for their written work



Note: Margins of error are shown in parentheses after the label for each group.

There was a significant gender gap in relation to negative interactions with teachers. Males were twice as likely as females to report being reprimanded very often or often for misbehaviour in class (Figure 4.11). However, levels of frequent reprimand were low for both males and females. Differences in reported negative interaction by family background were not significant. The exception related to household income and family structure. Those from the lowest income quintile reported higher frequency of being reprimanded than those in the highest income group (19% compared with 13%). Similarly, rates of being reprimanded were higher among those from lone-parent families compared with those from two-parent families (22% and 14% respectively, not illustrated).

**Figure 4.11: Percentage of 17/18-year-olds who reported being reprimanded by teachers for misbehaviour very often or often**



Note: Margins of error are shown in parentheses after the label for each group.

The *Growing Up in Ireland* study enables analysis of the ways in which attitudes to school change and develop as young people move from primary to second-level education and from junior to senior cycle. Students' attitudes to school reflect their affective or emotional (dis)engagement in school and have been found to be highly predictive of achievement and other outcomes (Lawson and Lawson, 2013). Overall, most participants had liked school consistently since the age of 9 years (66%). Interestingly, 18% of 17/18-year-olds had liked school at both 9 and 13 years of age but had stated that they disliked school at 17/18. Two groups of young people had negative attitudes to school at primary level but became more positive at 13 (3.5%) or at 17/18 (0.6%). Only a very small minority of participants disliked school at all three waves (0.5%, Table 4.2).

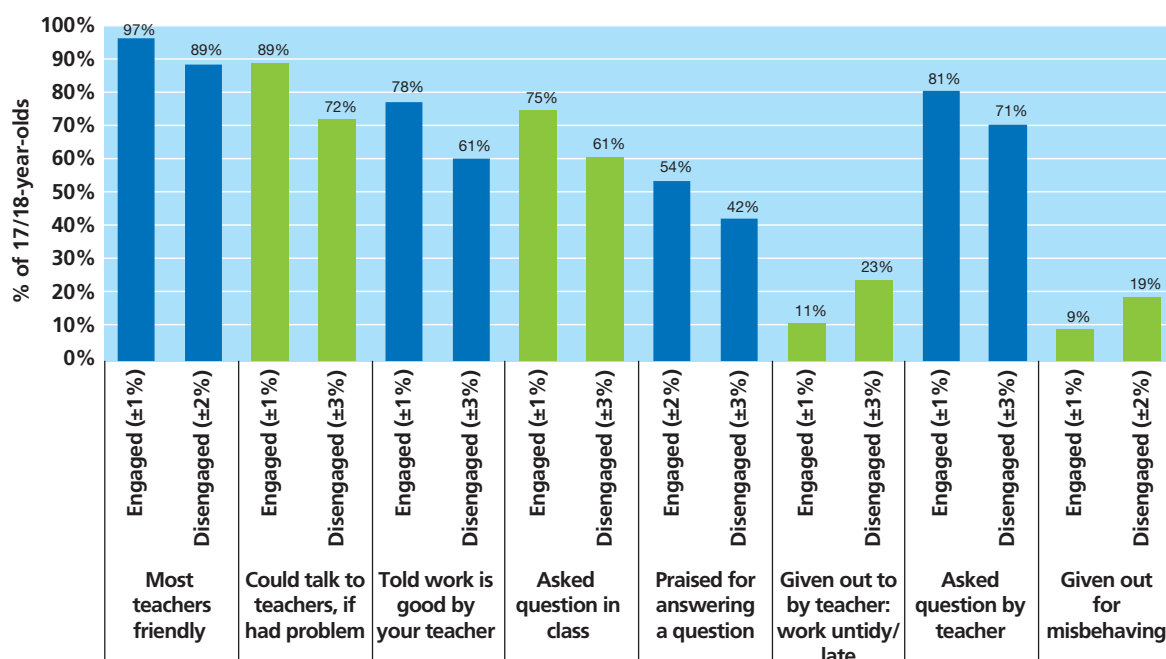
**Table 4.2: Trajectories in attitudes to school from 9 to 17/18 years**

Liked school at...			Percentage of young people
9 years	13 years	17/18 years	
Yes	Yes	Yes	66.2
Yes	Yes	No	18.0
Yes	No	No	4.1
No	Yes	Yes	3.5
No	No	Yes	0.6
No	No	No	0.5
Other patterns of like/dislike			7.1



No differences were observed in family and individual characteristics between those who liked school at all waves and those who liked school until they were 13 but were more negative about it at 17/18. However, Figure 4.12 shows that the overall attitudes to, and interaction with, teachers at 17/18 were quite different between those who had remained engaged with school and those who had become more negative or disengaged. Thus, the disengaged group were less likely to find their teachers friendly and approachable, less likely to report praise or positive interaction with teachers, and more likely to report negative interaction at 17/18 years of age (Figure 4.12).

**Figure 4.12: Differences between 17/18-year-olds who liked school ('engaged') at each wave of the study in comparison to those who were more negative ('disengaged') about school by age 17/18**



Note: Margins of error are shown in parentheses after the label for each group.

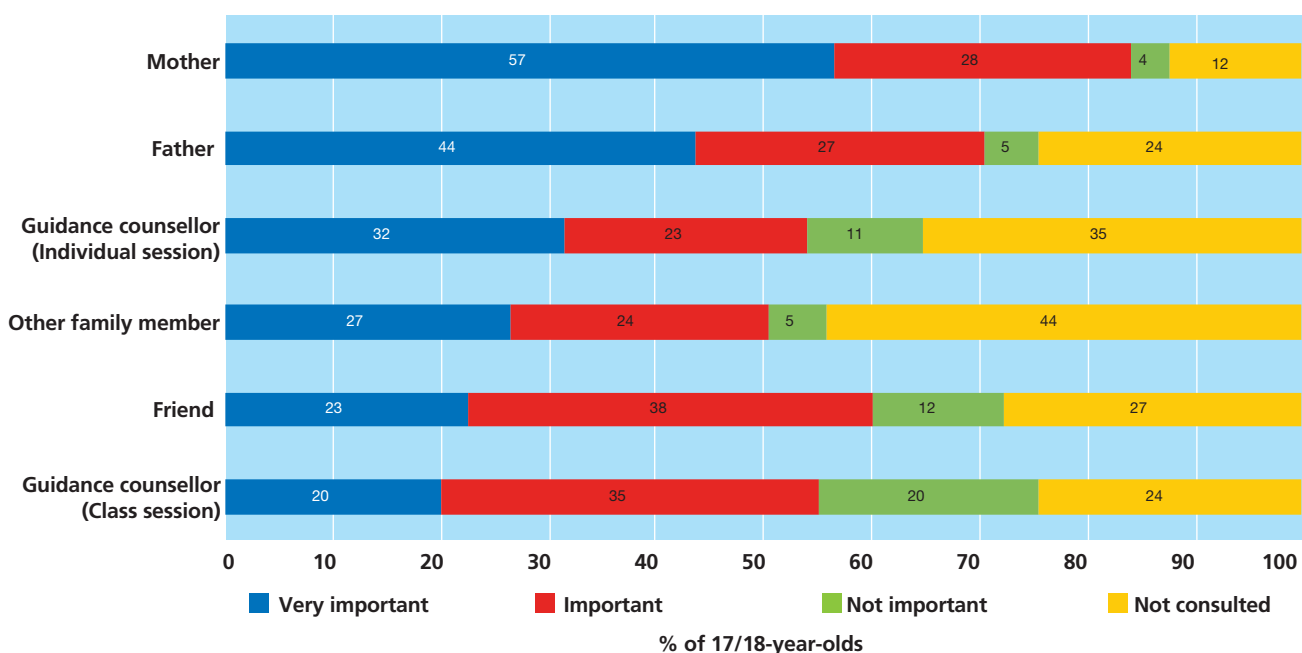
## 4.7 CAREER GUIDANCE AND DECISION-MAKING

In the period up to, or after, completion of the Leaving Certificate, students have to make decisions regarding their post-school pathway. Young people often seek advice from a number of different people, such as parents, friends and their guidance counsellor, and access information through a range of sources, including college open days, careers websites, etc. Parental support, in particular, is very influential in young people's career decisions. Parental support is found to enhance young people's confidence to explore different options, including options they may previously have thought to be inaccessible such as college abroad (Turner and Lapan, 2002).

At age 17/18, the Young Person was asked about who they had consulted in their decision regarding their post-school pathway and how important this individual was in their decision-making. The majority of the young people consulted their mothers on this decision (88%); this was followed by the Career Guidance counsellor (class session 77%; individual appointment 65%), their father (76%), friends (73%) and another family member (56%). Young people were then asked about the relative importance of each of the people

they had consulted (Figure 4.13); where they had not consulted this group of people, this is indicated in the chart. Mothers were rated as the most important source of help (with 57% deeming them very important and 28% describing them as important) in the Young Person's career decision-making. This was followed in ranking by their father (44% 'very important'). Family members (other than parents) and friends were considered very important by about a quarter of the cohort. These findings are not surprising as previous research has found that parents and siblings are very influential in young people's career-related decisions (Smyth, Banks and Calvert, 2011). While parents were considered the most important source of help in decision-making, over half (55%) of young people considered individual guidance sessions and guidance classes as important or very important. A similar proportion (not shown on the figure) considered their subject teachers as a very important or important source of assistance.

**Figure 4.13: Young people's rating of the importance of their career guidance counsellor, friend, mother, father and another family member in their career decisions**



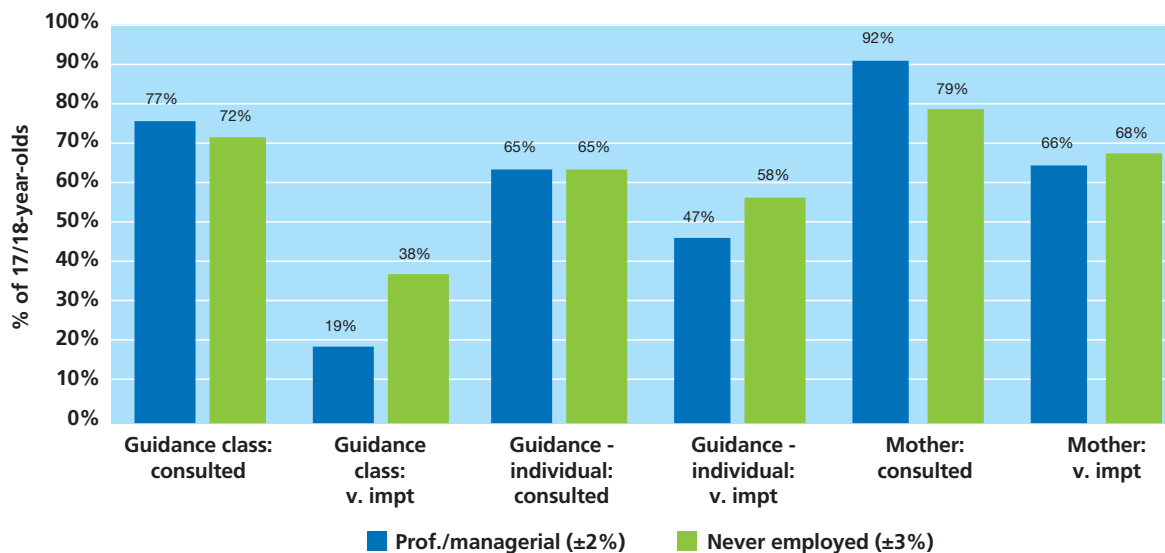
Note: Margins of error are, at most,  $\pm 2.5\%$  for these responses.

Some gender differences were evident in the sources of information used. In relation to parental advice, females were significantly more likely to go to their mother for career advice (90% vs 86%), while males were somewhat more likely than females to go to their father (77% compared with 75%). In both cases, however, the scale of the difference was small. Females were also more likely to go to a friend for career advice (77% vs 69%) and somewhat more likely than males to consider their parents 'very important' sources of information. There was no significant gender difference in the rating of other sources of advice.





**Figure 4.14: Social class differences in the sources and perceived importance of career advice (for those who consulted each source)**



Note: Margins of error are, at most,  $\pm 2\%$  for Prof./managerial and  $\pm 3\%$  for Never employed.

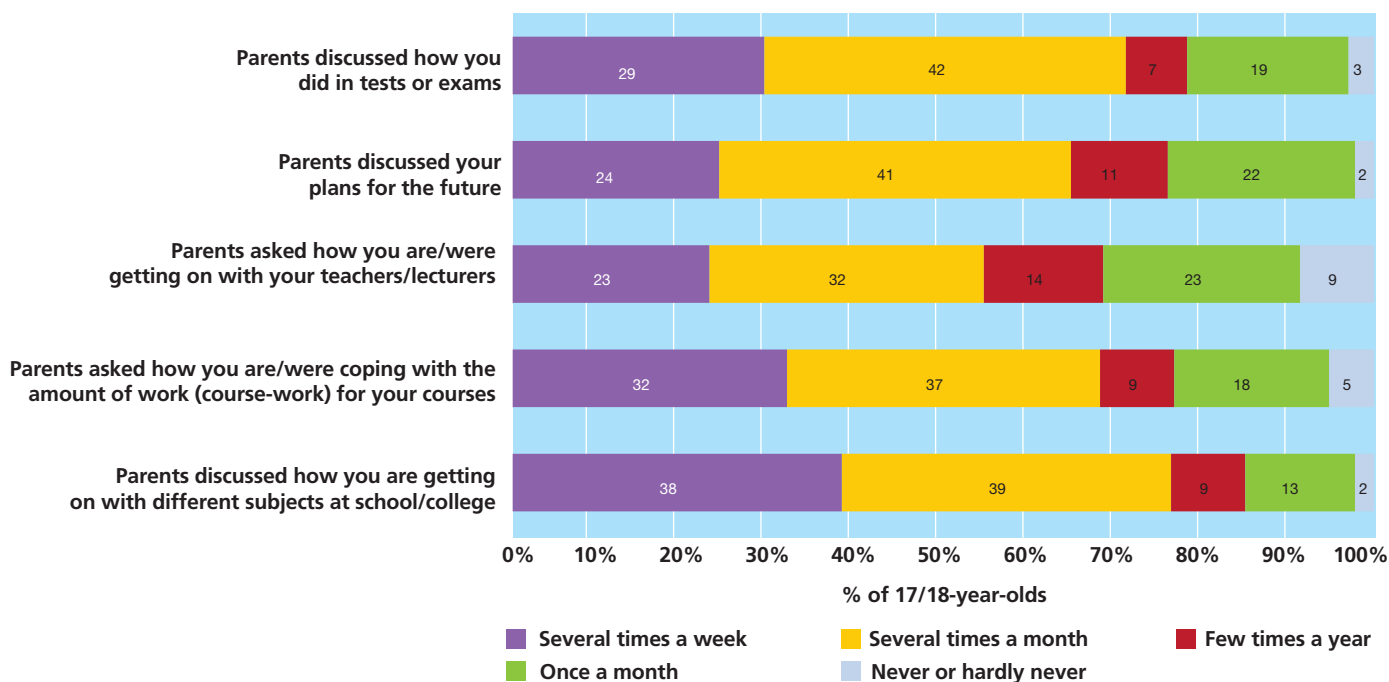
International evidence suggests guidance provision, such as individual guidance interviews, group work sessions, and access to career-related information, can have a positive impact on the development of students' career-related choices (Hughes et al., 2016). Career guidance can be particularly important, for those whose parents did not progress to third-level education, to inform them of the career options available to them (McCoy et al., 2014). Figure 4.14 shows the proportion of young people from professional/managerial or never-employed households who consulted different sources of information and, among those who consulted the source, considered it 'very important'. Young people from professional/managerial households were more likely to go to their parents, and to some extent, their friends for career advice than those from semi/unskilled or never-employed backgrounds or whose parents had Junior Certificate qualifications. Thus, 79% of those in never-employed households went to their mothers for career advice compared with 92% in professional/managerial households. Variation in the perceived importance of different sources of advice was evident by family background, with more disadvantaged groups more reliant on school-based sources of support. Among those who had had career guidance classes, young people from never-employed groups were significantly more likely to rate these as very important (38%) in comparison to those from professional/managerial backgrounds (19%). They were also more likely to deem individual sessions with the guidance counsellor as very important (58% compared with 47%).

## 4.8 PARENTAL INVOLVEMENT AND EXPECTATIONS

Research has found that parental involvement and expectations for their children's education are positively related to academic achievement. There is a clear social gradient in expectations, with those from professional backgrounds reporting higher educational expectations for their children in comparison to parents from working-class backgrounds (Schoon, 2010; Williams et al., 2018).

Young people in *Growing Up in Ireland* answered a number of questions about their parents' involvement in their education and about their future aspirations. The majority reported that their parents were involved in their education; for example, asking them how they were getting on with subjects in school and college, discussing plans for the future or discussing how the Young Person did in tests or exams (see Figure 4.15).

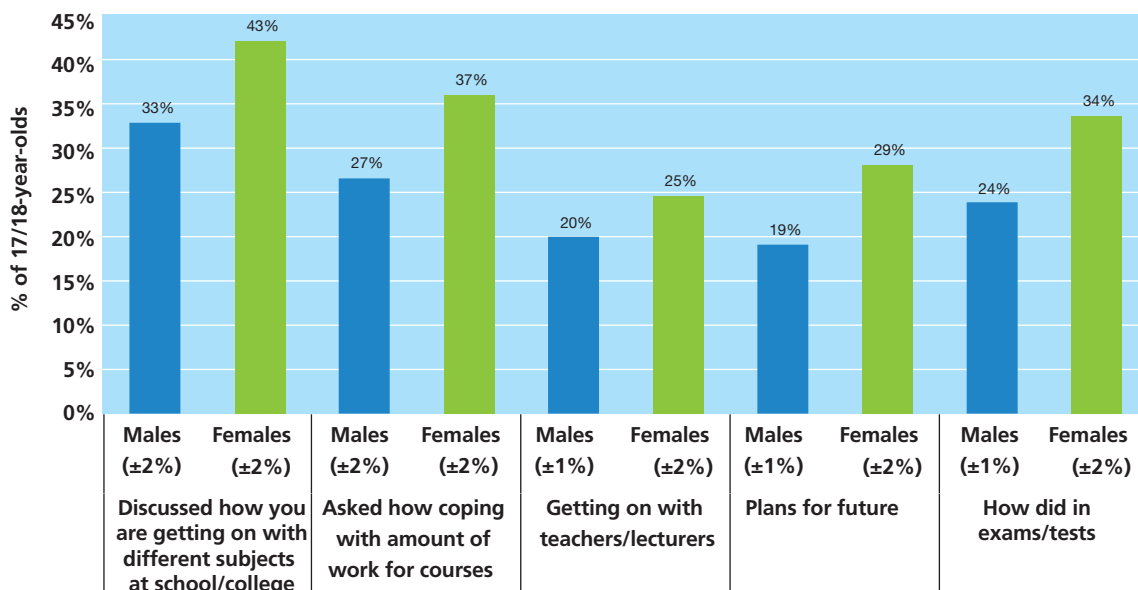
Figure 4.15: Frequency of parental involvement in the Young Person's education



Note: Margins of error are, at most,  $\pm 1.5\%$  for these responses.

There were significant gender differences in relation to parental involvement in the Young Person's education. The parents of daughters were more likely to discuss with them how they were getting on in school or college and their plans for the future several times a week than the parents of sons (see Figure 4.16). There were few systematic differences in frequency of discussion with parents by family background characteristics, with regular discussion across all social groups.

Figure 4.16: Parental involvement in the Young Person's education by the Young Person's gender (percentage reporting 'several times a week')

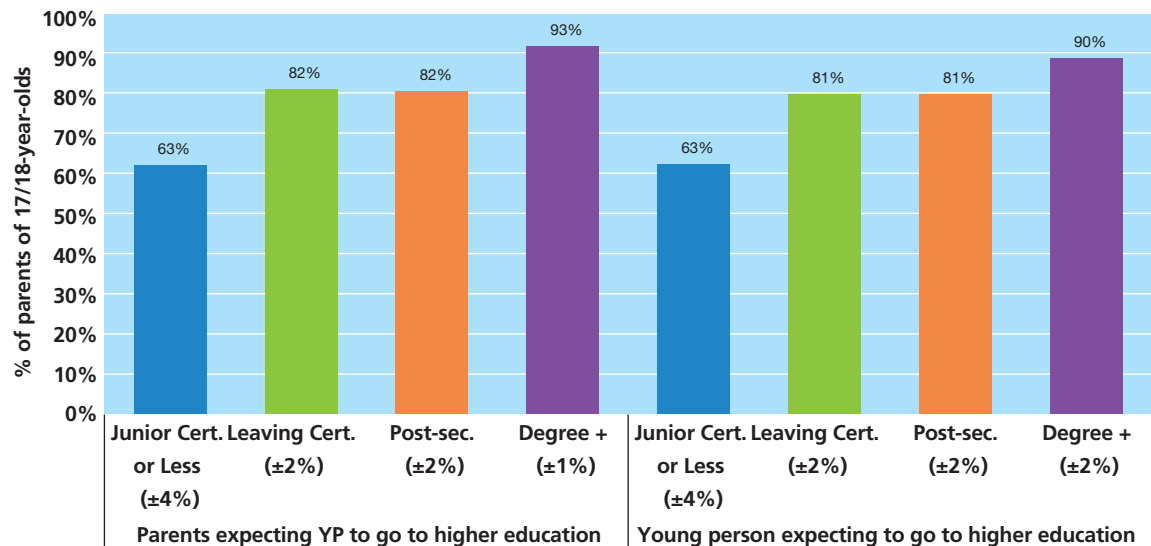


Note: Margins of error are shown in parentheses after the label beneath each column.



Parents held very high expectations for their 17/18-year-old’s education (Figure 4.17). In total 80% of parents expected the Young Person to continue to higher education; this includes 33% who expected the Young Person to complete postgraduate education. Similarly high expectations were evident among young people, with 80% of those at school at the time of the survey expecting to go on to higher education.

**Figure 4.17: Proportion of Parents One who expect their child to go on to higher education and the proportion of young people who intend to go on to higher education by Parent One’s education level**



Note: Margins of error are shown in parentheses after the label for each group.

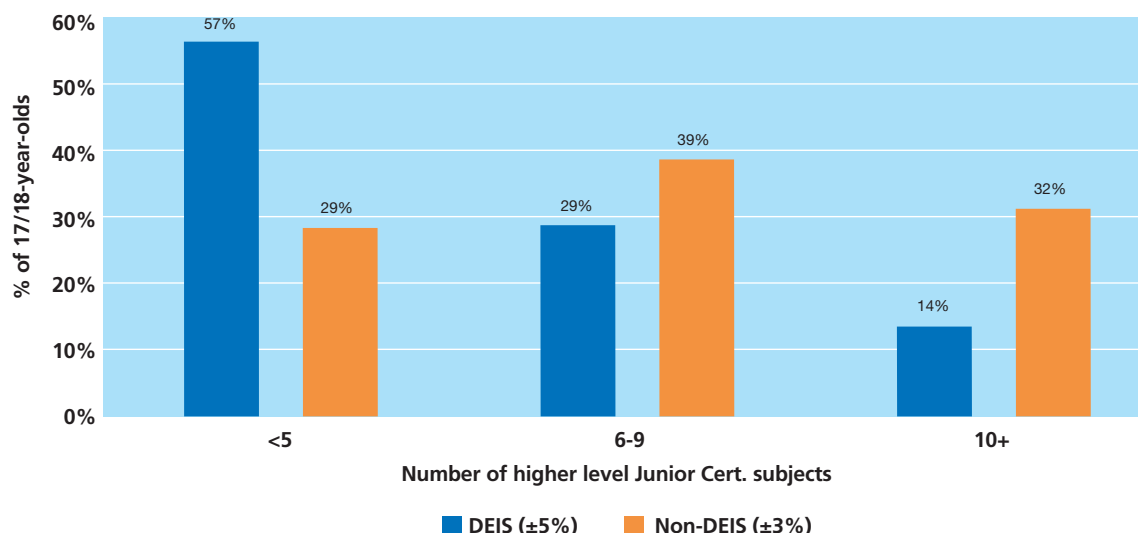
Parental expectations regarding the Young Person’s post-school pathway were significantly related to the Parent One’s educational attainment. Where Parent One had a Junior Certificate or less, they were significantly less likely to expect the Young Person to continue on to higher education in comparison to families where Parent One had a degree. Similarly, young people whose Parent One was educated to Junior Certificate or less were significantly less likely to expect to continue on to higher education in comparison to individuals whose Parent One had a degree (See Figure 4.17). While varying by parental education, parents across all social groups held high expectations for their children and young people themselves held high expectations; thus, the expectation of going on to higher education is now a cultural norm.

4.9 SCHOOL SOCIAL MIX AND YOUNG PEOPLE’S EXPERIENCES

Earlier sections of the chapter have documented social differentiation in educational experiences and outcomes among 17/18-year-olds. A good deal of policy attention has been paid to the fact that children and young people who attend schools with a concentration of students from disadvantaged backgrounds achieve poorer educational outcomes than those in socially mixed or middle-class schools (McCoy et al., 2014). Ongoing evaluation of the Delivering Equality of Opportunity in Schools (DEIS) programme, designed to target additional resources at such schools, has generally compared outcomes for those attending DEIS schools with those in other schools, without taking account of the social background of individual students (for an overview, see Smyth, McCoy and Kingston, 2015). Earlier analyses of *Growing Up in Ireland* data have used multivariate modelling to examine the impact on educational outcomes of attending schools with a concentration of students from disadvantaged backgrounds, over and above the effects of student social class, parental education and household income (McCoy et al., 2014). This section mirrors this approach by comparing experiences and outcomes in DEIS and non-DEIS schools for a group of young people that could be termed disadvantaged, that is, those whose families were in semi-skilled or

unskilled manual jobs or who had never been in employment.<sup>32</sup> Confining attention to this specific group of young people identifies the net impact of school social mix in a fairly straightforward way. It should be noted that DEIS participation is used here as a proxy for school social mix; the findings are not intended as an assessment of the impact of participation in the scheme and it may be that any differences between DEIS and non-DEIS schools would be greater in the absence of the supports received.

**Figure 4.18: Number of higher-level subjects taken for Junior Certificate exam among those from semi/unskilled and never-employed families, by DEIS status of the school**



Note: Margins of error are shown in parentheses after the DEIS status label.

It is clear that, even focusing on this group only, there was a sizeable difference in higher-level take-up for the Junior Certificate between those attending DEIS and non-DEIS schools. Over half (57%) of those in DEIS schools took five or fewer higher-level subjects compared with less than a third (29%) of those from similar social groups in non-DEIS schools (Figure 4.18). Accordingly, those in DEIS schools were much less likely to take 10 or more higher-level subjects (14% compared with 32%).<sup>33</sup> This gap in take-up was reflected in the overall grade point average received in the Junior Certificate; those from the most disadvantaged social classes in non-DEIS schools received an average of 6.6 grade points compared to 5.6 for their counterparts in non-DEIS schools.

Senior-cycle pathways were also found to vary by school social mix. For working-class and never-employed groups, take-up of the Transition Year programme was much higher in non-DEIS than in DEIS schools (63% compared with 48%).<sup>34</sup> On the other hand, take-up of the Leaving Certificate Applied programme was much higher in DEIS schools (18% compared with 5% for those attending non-DEIS schools).

Among those from working-class or never-employed backgrounds, general attitudes to school did not vary significantly between young people attending DEIS and non-DEIS schools. However, those in DEIS schools were more likely to disagree that ‘most of my teachers are/were friendly’ (13% compared with 5%). At the same time, the experience of positive and negative interaction with teachers was broadly comparable in DEIS and non-DEIS schools for this group of young people.

Sizeable differences were found in intentions after leaving school; 74% of those from working-class/never employed families in non-DEIS schools intended to go on to higher education compared with 59% of their counterparts in DEIS schools. This difference was evident among both those who had expected to obtain degree-level qualifications at the age of 13 and those who had not. In other words, the social-mix effect

<sup>32</sup> Similar analyses using Parents One having a Junior Certificate or lower qualification revealed comparable patterns to those shown for social class.

<sup>33</sup> Further analysis (not shown here because of smaller numbers) reveals that the gap was even greater when those from never-employed families were considered separately.

<sup>34</sup> DEIS schools were slightly less likely to offer Transition Year than non-DEIS schools but the vast majority (over 90%) of DEIS schools did offer the programme.



was not merely due to lower prior aspirations among those in DEIS schools. As with higher-level subject take-up, the DEIS/non-DEIS gap was greater for those young people from never-employed households.

#### 4.10 COGNITIVE OUTCOMES AT 17/18

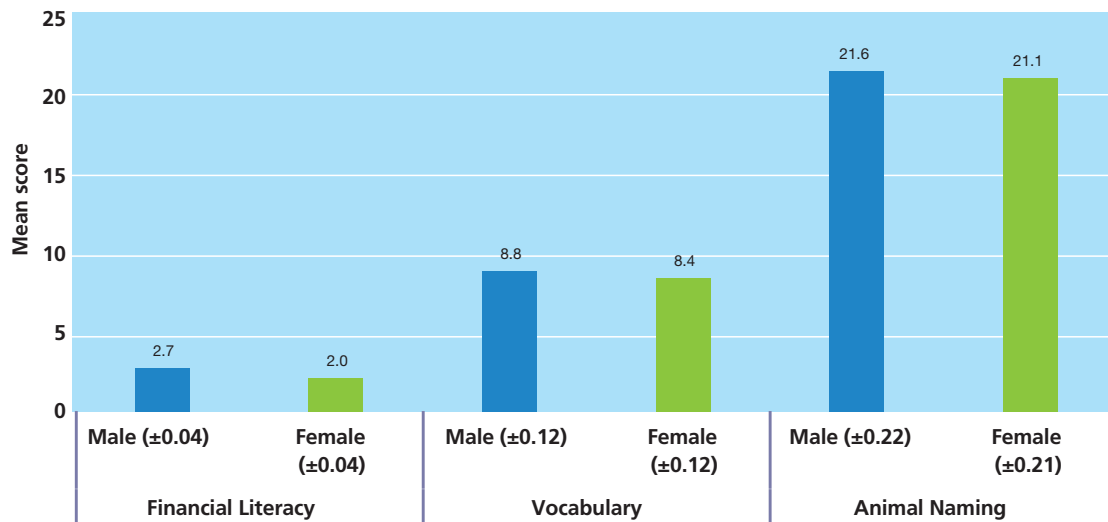
This section provides an objective analysis of the Young Person's performance on three separate cognitive tests: of Young Person's semantic fluency, financial literacy and vocabulary.

1. **The Semantic Fluency Test**, otherwise known as the Animal Naming Test, required the participant to name as many animals as they could think of in one minute. This type of test draws on knowledge in long-term memory and requires use of **executive function** to access that knowledge and self-monitor responses for repetitions, acceptable items, etc. Tombaugh and colleagues (1999) found variation in performance on the animal naming task by both years of education and age. The mean number of animals named in a minute for young adults aged 16-19 years was 21.5.
2. At age 17/18 years in *Growing Up in Ireland*, the Young Person's **vocabulary** was tested using the same vocabulary measure given to British Cohort Study 1970 (BCS70) participants in 1986 and the Millennium Cohort Study when they were 14 in 2015. The words originally came from the standardised vocabulary tests devised by the Applied Psychology Unit at the University of Edinburgh in 1976. The task includes 20 words that increase in difficulty, from 'quick' to 'pusillanimous'. Each word is accompanied by five other words and the respondent has to choose which of the five is closest in meaning to the target word. Respondents complete the test on paper, with a time limit of four minutes.
3. The third component of the cognitive assessment was three short questions aimed at testing the respondent's **financial literacy**, that is, their ability to work out relatively simple mathematical calculations. The three individual questions have been used with an Irish sample in the Irish Longitudinal Study of Aging (TILDA). The questions were filled out by the Young Person on paper, similarly to the vocabulary test. Extra space was provided to allow for the individual to perform any calculations. There was no fixed time limit for completing the questions.

Overall, participants performed well on the cognitive tests. Just over 20% of participants scored full marks on the financial literacy test. The average number of animals named in one minute was 21.4, which is reflective of the mean number found for that age group by Tombaugh et al. (1999). The average score on the vocabulary test was 8.6, which is higher than that found for 14-year-olds in Britain using the same test (Sullivan, Moulton and Fitzsimons, 2017).

Analyses presented earlier in the chapter indicated that females achieved marginally higher grades in the Junior Certificate exam than males. In contrast, the same group of males scored higher on all three cognitive tests than females (Figure 4.19). While these differences were only marginal in scale, they were statistically significant. These findings may seem surprising given the patterns for exam grades and the higher levels of reading for pleasure found among females than males at 13 and 17/18 years of age (see Chapter 7). Part of the explanation, especially in relation to the vocabulary test scores, may relate to the test format used. Previous research in Ireland and internationally has indicated that males tend to perform relatively better on multiple-choice tests compared to open-ended questions (Reardon et al., 2018; Bolger and Kellaghan, 1990; Eivers and Delaney, 2018), a pattern that some commentators relate to males being more likely to 'guess' multiple-choice test answers (Riener and Wagner, 2018).

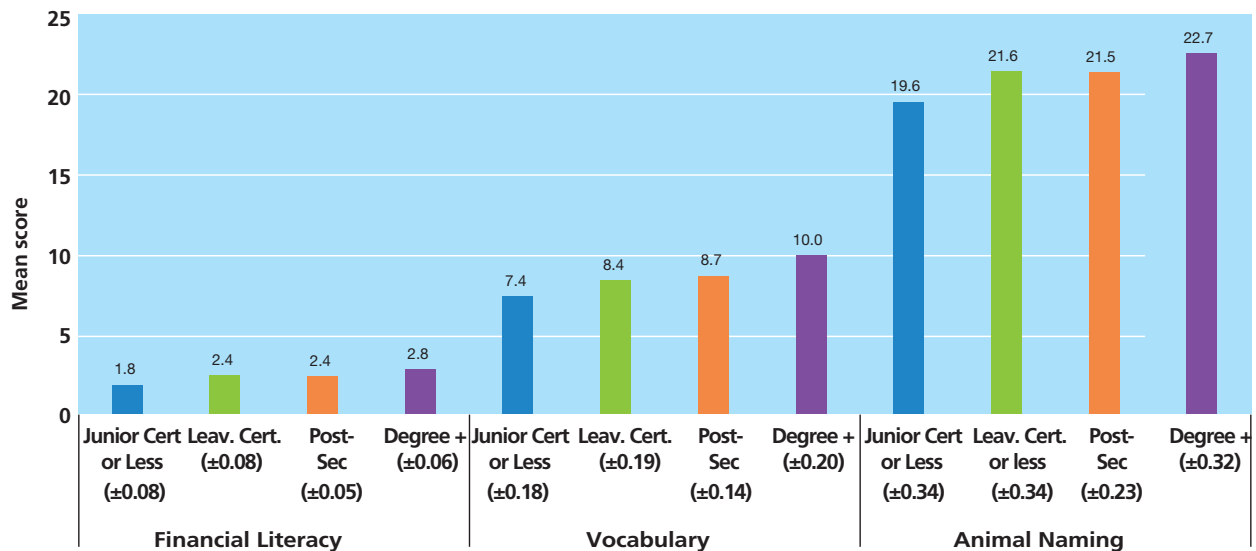
Figure 4.19: Gender differences of 17/18-year-olds in performance on cognitive tests



Note: Margins of error are shown in parentheses after the label beneath each column.

There was a very strong relationship between the Young Person's performance on the cognitive tests and their Parent One's level of education. Young people whose Parent One had a degree-level education or higher scored significantly higher on all three cognitive tests (see Figure 4.20).

Figure 4.20: Parent One's education and performance by Young Persons on cognitive tests

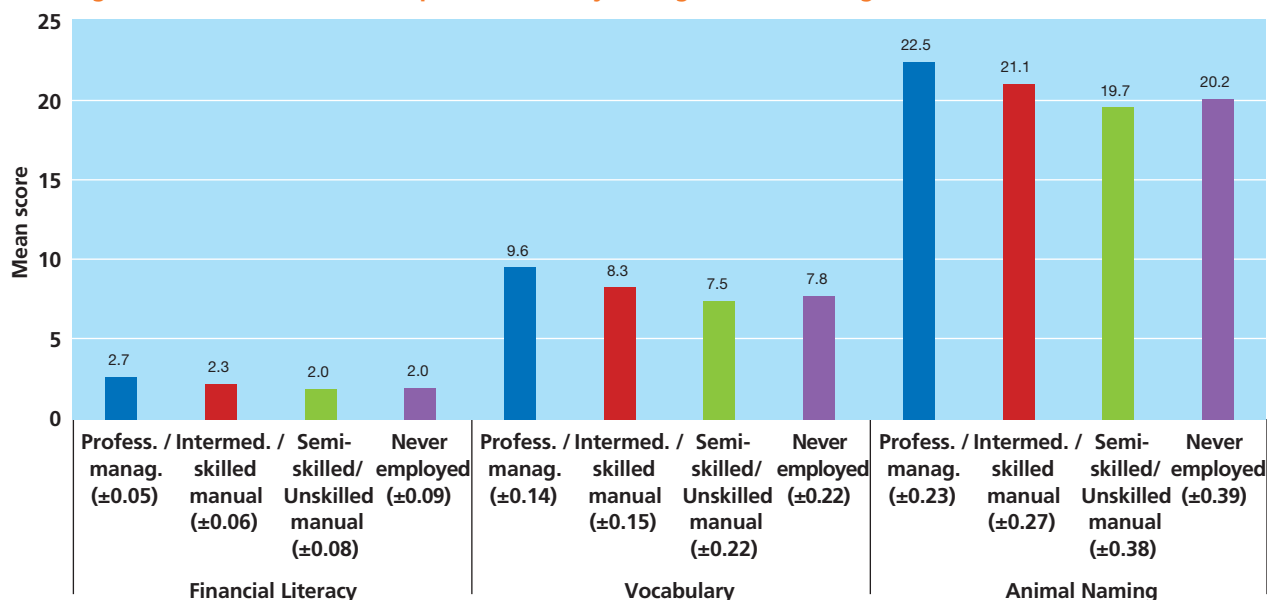


Note: Margins of error are shown in parentheses after the label beneath each column.



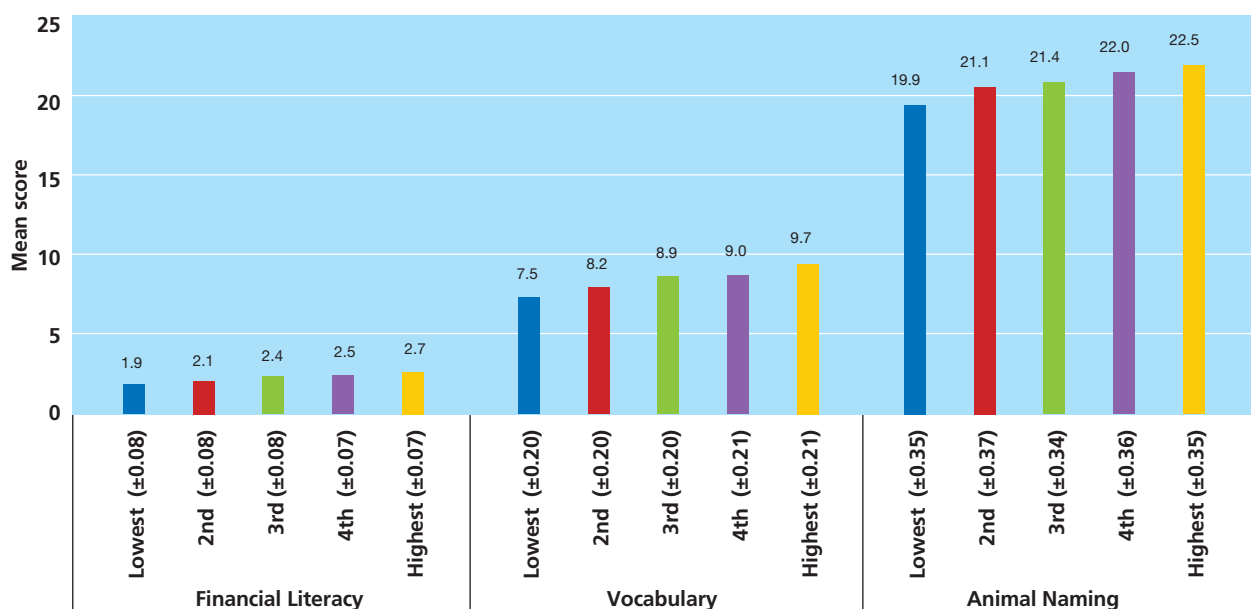
Similar relationships were observed between the Young Person's performance on the cognitive tests and family social class and income. Those from a higher social class group (professional/managerial) scored significantly higher than those from other class groups on all three cognitive tests (Figure 4.21). Equally, those in the highest income quintile scored the highest for all tests (Figure 4.22).

**Figure 4.21: Social class and performance by Young Persons on cognitive tests**



Note: Margins of error are shown in parentheses after the label beneath each column.

**Figure 4.22: Household income quintiles and performance by Young Persons on cognitive tests**

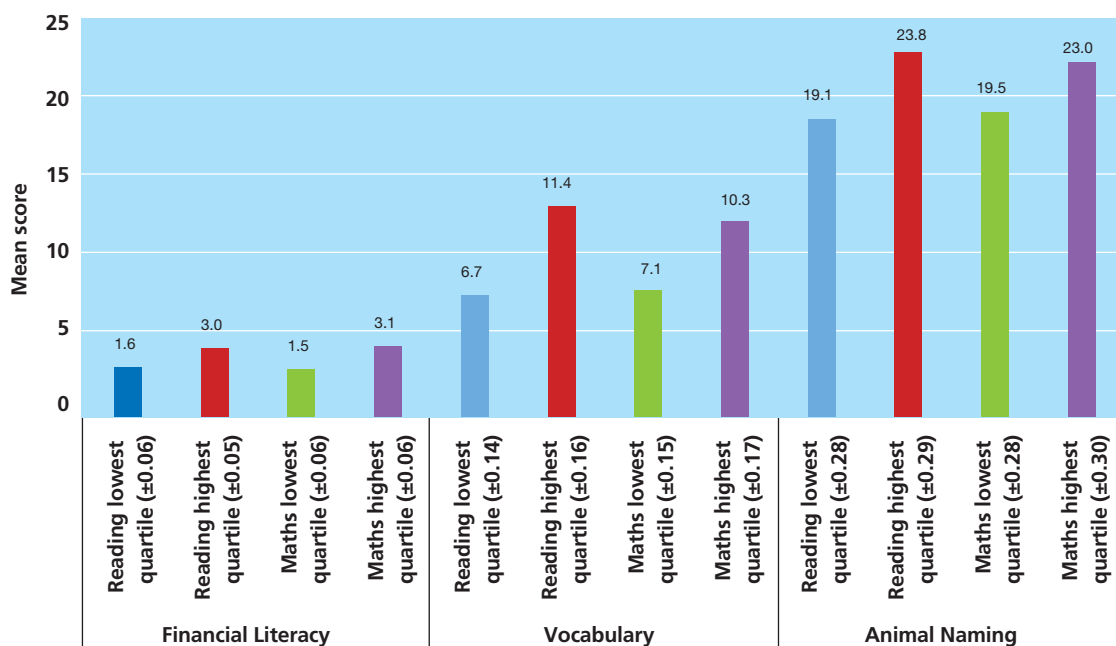


Note: Margins of error are shown in parentheses after the label beneath each column.



Significant differences in scores across all three cognitive tests were found by reading and maths achievement test scores at the age of 9. Thus, those in the highest reading and maths quartiles (the top quarter) had higher scores on financial literacy, vocabulary and animal names (Figure 4.23). Reading at age 9 was more strongly related to later vocabulary scores than to the other domains, while maths at age 9 was more strongly related to the financial literacy measure. Verbal and numeric reasoning test scores at age 13 were also strongly related to test scores four years later.

**Figure 4.23: Performance on cognitive tests at 17/18 years of age by reading and maths test scores at age 9 (showing lowest and highest quartiles)**





## 4.11 SUMMARY

This chapter has examined school experiences and plans for the future among 17/18-year-olds. At the time of the survey, the majority (83%) were still in school, with 12% in post-school education and training and a small number (5%) entering the labour market (or economically inactive).

On the whole, young people were positive about their school experiences and their relationships with their teachers. For instance, 85% felt they could talk to their teacher if they had a problem, and only 24% disliked school. Some differences by gender were evident, with females more likely to receive praise and less likely to receive reprimands from their teachers than males.

A social gradient was evident in attitudes to school, the quality of interaction with teachers and performance in the Junior Certificate examination. Thus, 33% of young people from the lowest income quintile disliked school compared to 16% of those from the highest income quintile.

The achievement gap between the more advantaged and less advantaged groups (in terms of social class, education or household income) was substantial, in the order of more than one grade point per subject. Patterns also varied by school social mix. For the group of young people from semi/unskilled manual or never-employed households, those attending DEIS schools had much lower exam grades than their counterparts in non-DEIS schools.

Attitudes to school were partly related to primary school experiences, including school engagement and reading and maths performance. They were also related to experiences during junior cycle, with the quality of interaction with teachers at age 13 predictive of later exam grades. The social differentiation in achievement was evident even taking into account primary school achievement levels.

In looking to the future, young people drew on advice from a number of people and information from a range of sources. School-based guidance was considered important, with 20% of 17/18-year-olds reporting a guidance counsellor class session as very important and 32% reporting a guidance counsellor individual session as very important. The 17/18-year-olds were primarily reliant on informal sources, which included their mothers (57% very important) but also fathers (44% very important) and other family members (27% very important). However, young people from working-class or less-educated families were more reliant than their middle-class peers on school-based guidance.

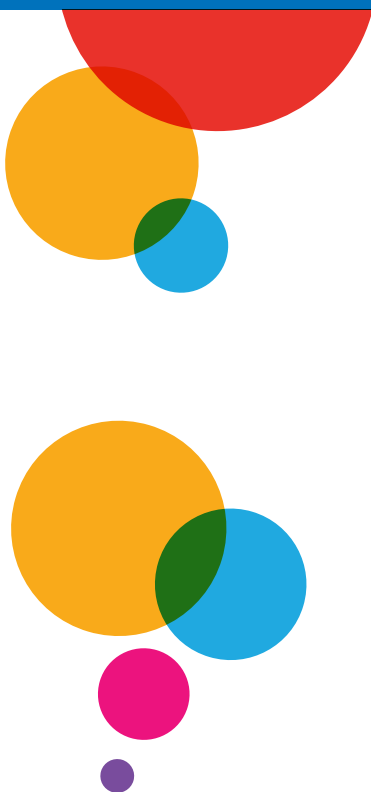
The findings indicated that expectations for higher education had become the cultural norm among young people and their parents. While there was some variation by social background and parental education, the majority of all social groups expected their children to go on to higher education. Nonetheless, sizeable differences by school social mix were found in intentions after leaving school, with a large gap between non-DEIS and DEIS schools in the higher-education intentions among those from working-class/never-employed families.





# Chapter 5

## SOCIO-EMOTIONAL WELL-BEING



## 5.1 INTRODUCTION

The late adolescent period is one of challenges and opportunities, both of which may be taxing on the individual's socio-emotional health. On the positive side, there is greater personal freedom, perhaps a stronger sense of self and identity, stronger peer (and intimate) relationships and a greater capacity to engage meaningfully with wider society. There is also more opportunity for enjoyable pursuits not generally available at younger ages such as music festivals, independent travel, and driving a car (although these do also involve greater exposure to risk). On the downside, most 17/18-year-olds face life-shaping exams and the pressure of making key decisions on their future. Some may also have to assume additional responsibilities in the home in terms of supporting both themselves and other family members.

An important Irish cross-sectional study of mental health in young people in adolescence through to early adulthood (*My World Survey*, Dooley and Fitzgerald, 2012) noted that the period of 16-18 years can be a particularly 'low' point in the life-course between early adolescence and early adulthood. This age was associated with higher levels of depression, stress and anxiety, and lower levels of self-esteem and optimism compared to younger ages – but with gradual improvements in these last two aspects from age 19 (p.110). Additionally in the *My World* survey, alcohol and cannabis consumption typically increased around this time and continued to rise from the age of 18 years. This study also noted several gender differences, some of which favoured females (such as seeking support as a means of coping with difficulties) while others favoured males (e.g. greater life-satisfaction and self-esteem).

Gender differences in socio-emotional well-being have also been noted in earlier waves of this ***Growing Up in Ireland*** Child Cohort. While the majority of children at 13 years were reported by parents to have had low levels of socio-emotional difficulties, it was noted that girls were more likely to have problems with emotional symptoms but boys were more likely to have difficulties relating to hyperactivity and inattention (Williams et al., 2018). While at age 9 years, boys tended to have more conduct problems, by age 13 this gender difference was smaller. In terms of self-concept, boys at 13 tended to be more positive about themselves in terms of their intellectual ability, physical appearance, freedom from anxiety and general happiness (*ibid.*).

Previous work with this ***Growing Up in Ireland*** cohort also pointed to socio-demographic trends in socio-emotional well-being. In general, children from families with social or economic disadvantage appeared to be at greater risk of poorer outcomes. For example, 13-year-olds in households with one caregiver (rather than two) or where the main caregiver had low levels of education were more likely to be in the 'problematic' range of a measure of socio-emotional and behavioural development (Williams et al., 2018). A similar pattern was evident for the same children when they were 9 years old (Williams et al., 2009). In other areas, however, socio-economic differences either did not emerge or were modest, such as in terms of positive self-concept at age 13 years (Williams et al., 2018).

This chapter focuses on measures of the Young Person's socio-emotional well-being: their general life-satisfaction, what they consider important in life, how they cope with difficulties, experience of depressive or psychotic-like symptoms, and a parent-reported measure of socio-emotional/behavioural development that can be linked to the same measure at age 9 years. For each topic, overall descriptive information is followed by socio-demographic trends, and commentary on longitudinal trends where available. Relationships with family and friends are inextricably linked with socio-emotional well-being but these aspects of the life of a 17/18-year-old are discussed in a separate chapter.

## 5.2 LIFE-SATISFACTION

In contrast to the emotional experience of happiness, a rating of one's life-satisfaction reflects the individual's perception of the positivity or otherwise of their situation. Asking someone to put a numerical value on their experience requires them to consciously evaluate how close they are to their



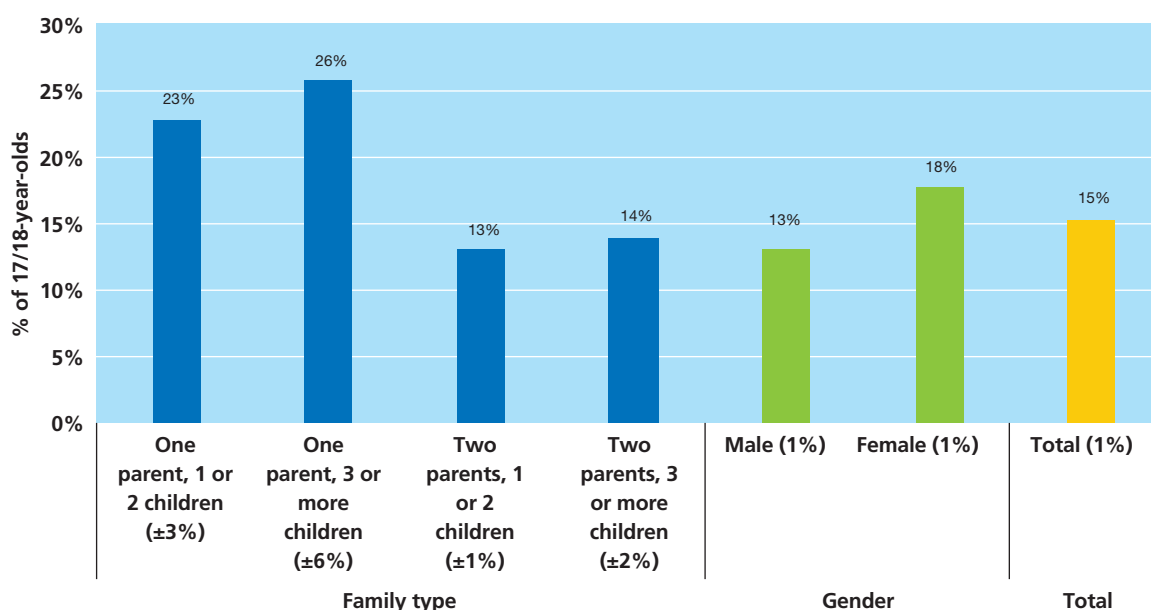
ideal state of well-being. It is by design a very subjective assessment and closely linked to the notion of 'positive psychology' (e.g. Vela, Lerma and Ikonopoulou, 2017). Proctor (2009) summarises research on the correlates of higher levels of life-satisfaction among youth as: a healthy lifestyle; participation in activities; good relationships with parents and peers; social support; living in a nice physical environment, and avoidance of antisocial behaviour and substance abuse. Positive life-satisfaction is thought to be an important source of resilience in dealing with stressful life events while low levels are correlated with poorer mental health, especially depression (*ibid.*). In a large representative study of Croatian youth (n= 2823, mean age 16.9), life-satisfaction was greater among youth who reported higher levels of family economic status and among males – with the latter apparently explained by higher self-esteem (Raboteg-Šarić, Brajša-Žganec and Šakić, 2009). Family cohesion and parent support were also significant predictors of life-satisfaction in that particular study.

While *Growing Up in Ireland* did not include a specific life-satisfaction rating question at 9 or 13 years, it included a multi-dimensional self-concept measure with a *happiness and satisfaction* factor. This measure, the Piers Harris self-concept scale (Piers, Harris and Herzberg, 2002), was self-completed by the (then) child and scores were grouped into categories ranging from 'very low/low' up to 'above average'.<sup>35</sup> At 9 years of age, children from lower social class backgrounds reported somewhat lower scores for that aspect of self-concept but there was no significant gender difference (Williams et al., 2009). By 13 years, however, girls reported significantly less positive scores on this *happiness and satisfaction* self-concept measure than boys (Williams et al., 2018), but social class trends were no longer evident.

### 5.2.1 LIFE-SATISFACTION AT 17/18 YEARS

On the self-complete part of the questionnaire, 17/18-year-olds were asked to rate how satisfied they were with their lives generally (*If you were to describe how satisfied you are with your own life in general how would you rate it on a scale of 0 to 10, 0 meaning you are extremely unsatisfied with your life in general, and 10 meaning that you are extremely satisfied with your life*). The mean score was 7.2 (SD=2.1), with a median of 8, out of 10. These findings suggest that the average 17/18-year-old was quite satisfied with life.

**Figure 5.1: Percentage of 17/18-year-olds with lower life-satisfaction ratings (5 or less out of 10) classified by family structure and gender**



Note: Margins of error are shown in parentheses after the label beneath each column.

<sup>35</sup> The original range of categories was condensed to allow for sufficient cell sizes in this analysis. As the ranges of categories were pre-determined by the test developers, respondents were not distributed equally across the five classifications. For example, 38% of 13-year-olds were in the 'above average' category.

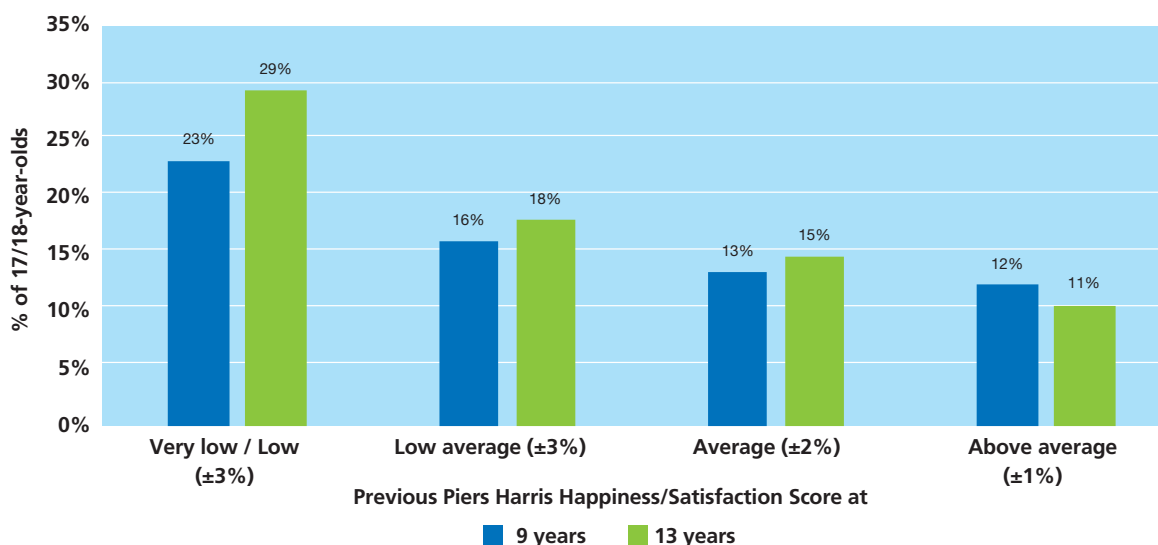
Overall, 15% of 17/18-year-olds were in the lower portion of the satisfaction scale (that is, having scores of five or lower out of 10). Young women and young people in less socio-economically advantaged groups tended to report lower life-satisfaction. The difference was particularly clear in relation to 17/18-year-olds in two-parent rather than one-parent families: 23-26% of young people in one-parent families reported lower life-satisfaction compared to 13-14% of those living with two parents (Figure 5.1). This trend remained statistically significant after controlling for social class, income and parental education.

### 5.2.2 LONGITUDINAL TRENDS

Having lower life-satisfaction at age 17/18 years was compared with individuals' scores on the *happiness and satisfaction* subscale from a measure of self-concept that was administered at ages 9 and 13 years.

This longitudinal comparison shows that children whose *happiness and satisfaction* score on the Piers-Harris measure at 9 and 13 years was in the lower ranges were more likely to subsequently report lower life-satisfaction at 17/18 years, though there was evidence of change as well as persistence over time. As shown in Figure 6.2, this trend was evident for scores at both 9 and 13 years but was slightly more pronounced in the latter. Almost one-third (29%) of the 13-year-olds who scored in the 'very low' or 'low' *happiness/satisfaction* range on the Piers-Harris measure also reported a lower life-satisfaction score at age 17/18 years. In contrast, 11% of those who previously had 'above average' *happiness/satisfaction* at 13 years had lower life-satisfaction four years later.

**Figure 5.2: Percentage with a lower life-satisfaction rating at age 17/18 years according to their happiness/satisfaction (Piers-Harris Self-Concept subscale) ranking at 9 and 13 years old**



Note: Margins of error are shown in parentheses after the label beneath each column.





### 5.3 IMPORTANT THINGS IN LIFE

As part of the main face-to-face interview, 17/18-year-olds were asked to rate the importance of 12 different aspects of life such as 'parents and siblings', 'education and training' and 'religion' (based on a measure used in two youth surveys of the German Youth Institute and the Growing Up in Germany study). These questions were new at 17/18 years, although at 9 years the Child Cohort members were asked an open-ended question about what made them happy. At that stage, family had been the most popular theme, followed by friends and sports or hobbies (*Growing Up in Ireland* Study Team, 2009). Attitudinal questions such as these are a potential window on the young adult's developing sense of identity and provide context to important life decisions relating to further education, occupation and family formation.

#### 5.3.1 IMPORTANT THINGS IN LIFE AT 17/18 YEARS

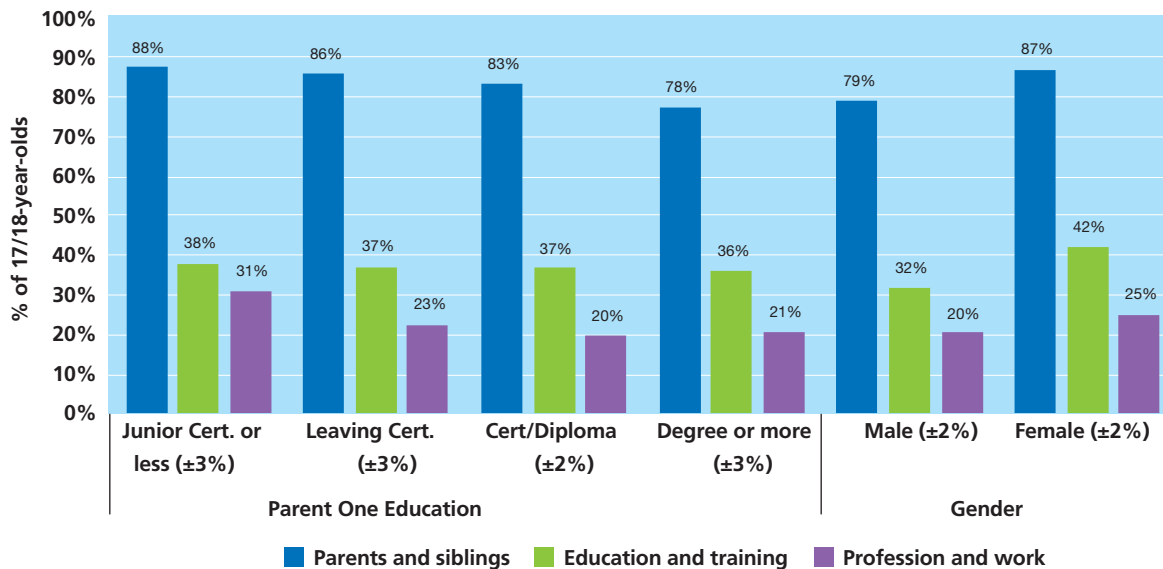
Young people gave each of the 12 aspects of their lives a rating for importance. A score of 1 reflected something that was 'not important at all' while the maximum score of 6 indicated 'very important'. Table 5.1 shows both the mean score for each aspect and the percentage of 17/18-year-olds who gave it the maximum score of 6. It is clear from the table that 'parents and siblings' were rated as the most important thing in the lives of most 17/18-year-olds, with a mean score of 5.7 out of 6 (SD = 0.7) and 83% of participants awarding it the maximum score of 6. 'Health' also featured as something of great importance to 17/18-year-olds, with a mean score of 5.5 (SD=0.9) and 66% giving it the maximum score. 'Education and training' received a mean importance score of 5 out of 6 (SD = 1.1) but only 37% of 17/18-year-olds gave it the maximum score. At the other end of the spectrum, young people attached the least importance to 'religion' (M = 2.7, SD = 1.5) and 'politics' (M = 2.6, SD = 1.3), with 5% and 2% respectively giving these aspects the maximum score.

**Table 5.1: Mean scores (based on a range of 1 to 6) and the percentage of 17/18-year-olds giving the maximum score of 6, for each aspect of life**

	Mean score	% giving max score
Parents and siblings	5.7	83
Health	5.5	66
Friends and acquaintances	5.3	52
One's own family and children	5.1	57
Education and training	5.0	37
Free time and relaxation	4.8	30
Profession and work	4.6	23
Partnership	4.2	17
Engagement in organisations	4.0	10
Art and culture	3.2	8
Religion	2.7	5
Politics	2.6	2

While, in general, socio-economic and demographic differences were relatively modest, some patterns did emerge. Figure 5.3 compares the percentage of 17/18-year-olds who gave the maximum score of 6 in terms of the importance of 'parents and siblings', 'education and training', and 'profession and work' according to parental education and the Young Person's gender.

**Figure 5.3:** Percentage of 17/18-year-olds giving the maximum importance score to 'parents and siblings', 'education and training' and 'profession and work' according to parental education and gender



Note: Margins of error are shown in parentheses after the label beneath each column.

This graph shows that females gave more maximum-importance scores than males in all three areas; with the biggest percentage-point gap in relation to 'education and training' (42% versus 32% giving a maximum score). Young people whose parents had the lowest levels of education were more likely to give the maximum score in relation to the importance of 'parents and siblings' and 'profession and work' (10 percentage points between the lowest and highest education groups) but, interestingly, did not differ in terms of 'education and training'.

## 5.4 COPING STYLES

Everyone experiences stress but individuals differ in terms of the level and type of stress experienced, and the strategies they use to reduce the negative feelings associated with that stress. Many different taxonomies can be used to describe styles or strategies of coping but most can be loosely divided into 'positive/adaptive' or 'negative/maladaptive'. Positive strategies are those largely without harmful side-effects and likely to reduce stress and/or the problem causing the stress. Examples of positive strategies could include talking to someone who can help, developing a strategy to deal with the problem, and physical exercise. Negative strategies are those that may reduce the feeling of stress in the short term but have potentially harmful side-effects and/or will ultimately fail to resolve the original difficulty. Examples of negative strategies include drinking alcohol and 'sticking one's head in the sand'.

In the recent *My World Survey 2* of mental health in Irish adolescents, Dooley, O'Connor and Fitzgerald (2019) found that, for both teenagers and young adults, females engaged in more support-seeking but also more avoidant coping strategies while males were significantly more likely to report use of problem-solving strategies. In terms of age groups, the same study found that the use of avoidant coping strategies increased from early adolescence to the late teenage years for females while, for males, the levels were highest in the third and sixth years of second-level school.

Elsewhere, Glasscock, Andersen, Labriola, Rasmussen and Hansen (2013), using a cross-sectional analysis of a Danish cohort study in adolescents aged 14-15 years, found that more constructive forms of coping were associated with higher levels of parental education. The same study also examined coping style as a



mediator of the association between socio-economic status and perceived stress. It found that coping was a much stronger mediator of the relationship for girls than for boys.

#### 5.4.1 COPING STYLES AT 17/18 YEARS

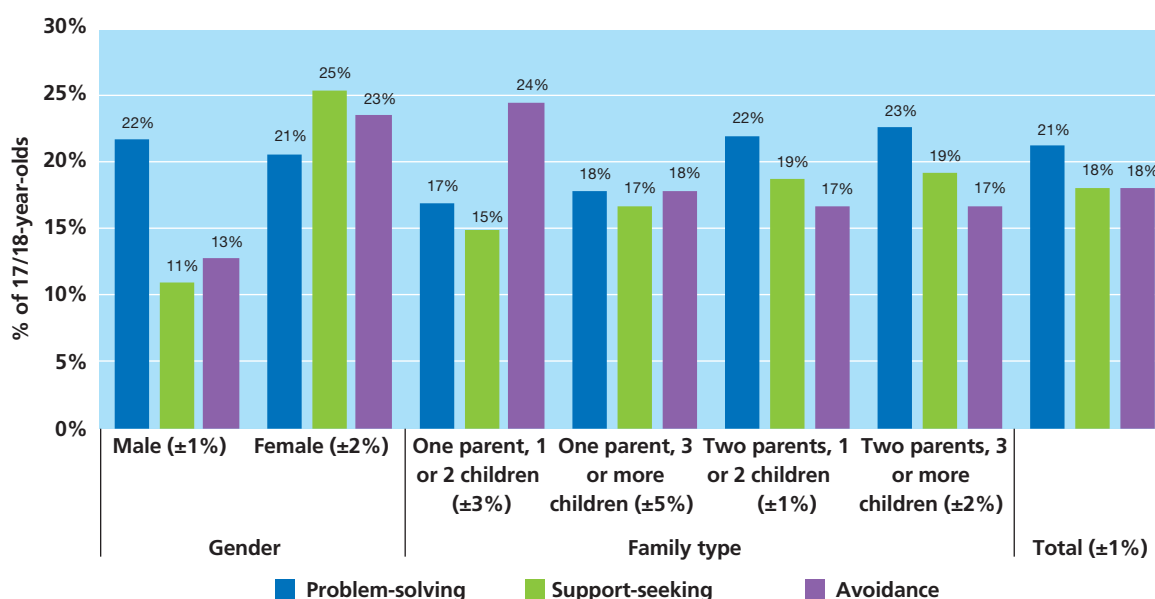
At age 17/18 years, a short questionnaire measuring coping styles was completed by the Young Person. This measure was adapted from the original Coping Strategies Indicator by Amirkhan (1990) as used in the My World Surveys 1 and 2 (Dooley and Fitzgerald, 2012; Dooley, O'Connor and Fitzgerald, 2019). It comprises three subscales relating to *avoidance*, *support-seeking* and *problem-solving*. The descriptive statistics and sample items for all three scales are presented in Table 5.2.<sup>36</sup> The means for the problem-solving and support-seeking subscales were similar to those reported in the My World Survey 2 for young adults but the mean for avoidance was somewhat lower among *Growing Up in Ireland* respondents (13.7 v 16.8 for adolescents and 19.3 for young adults - up from the previous My World Survey 1).

**Table 5.2** Sample items and descriptive statistics for the reduced form of the coping styles subscales

	Sample item	No. of items	Mean (SD)	Achieved range
<b>Problem-solving</b>	I plan how to solve the problem before I do anything else	5	16.5 (5.2)	5-30
<b>Support-seeking</b>	I go to a friend for advice on how to solve the problem	4	13.9 (4.8)	4-24
<b>Avoidance</b>	I avoid the problem by spending more time alone	6	13.7 (5.6)	6-36

In general, there were few patterns in coping style by socio-economic indicators. The main differences were observed in relation to gender. When scores on the three coping style subscales were divided into quintiles, females were around twice as likely to be in the highest-scoring quintile in terms of *support-seeking* and *avoidance* but did not differ on *problem-solving* (Figure 5.4).

**Figure 5.4:** Percentage of 17/18-year-olds in the highest quintile of each coping style indicator by family structure and gender



Note: Margins of error are shown in parentheses after the label beneath each column.

<sup>36</sup> More detail on all scales is available in the 17/18-year design report available on growingup.ie: <https://www.growingup.ie/pubs/20190531-Cohort98-at-17-report-2019-5.pdf>

There were some differences between young people living in smaller one-parent rather than two-parent families (Figure 5.4). The latter were more likely to have high scores for *problem-solving* and *support-seeking*. Those in smaller one-parent families were also more likely to have high scores for using avoidance as a coping style, suggesting that 17/18-year-olds in these family structures were less likely to have a 'healthy' approach to coping with difficulties. It is by no means clear, however, why coping style should differ significantly between family structures but not so much by characteristics such as income, social class or parental education.

## 5.5 PSYCHOTIC SYMPTOMS

In adulthood, experiences such as hearing voices in one's head or visual hallucinations are generally regarded as being potentially symptomatic of a serious illness (e.g. Lonergan, 2017). While such symptoms are most frequently associated with psychotic illnesses like schizophrenia, there may be other triggers, including head injury and substance use. Kelleher, Harley, Murtagh and Cannon (2009) report that a number of international studies find a very significant increase in risk for adult psychotic disorders among adolescents who self-report experiences such as auditory hallucinations. For example, the longitudinal study in Dunedin, New Zealand, using the Diagnostic Interview Schedule for Children (DISC-C) for DSM-III, found that a majority of 11-year-olds (n=789) reported no psychotic-like symptoms (85%), 13% had experienced a 'weak' symptom and just under 2% (n=13) had 'strong' symptoms. Of those latter 13 individuals, all but two met the diagnostic criteria for one or more of the following disorders by age 38 years: schizophrenia, persistent anxiety, persistent depression, post-traumatic stress disorder, persistent substance dependence and attempted/completed suicide (Fisher et al., 2013).

### 5.5.1 PSYCHOTIC SYMPTOMS AT 17/18 YEARS

At both 13 and 17/18 years, the cohort members were asked about hallucination- and delusion-type experiences (such as hearing 'voices or sounds that no-one else can hear'), which are similar to symptoms associated with psychosis. The items are derived from screening questions developed by researchers in the Royal College of Surgeons in Ireland (Adolescent Psychotic-Like Symptom Screener, Kelleher et al., 2009). The intention of Kelleher et al.'s study was to examine whether it was possible to screen in a non-clinical setting for adolescents with psychotic-like symptoms using self-report questionnaires. Comparing the results with detailed face-to-face clinical assessment, they found considerable predictive power of the self-report answers, especially those on auditory hallucinations. The use of these questions in *Growing Up in Ireland* is not intended to be diagnostic but to describe the prevalence of such experiences among a nationally representative sample of Irish youth and, longitudinally, to investigate whether, in future waves, these could be early indicators of later mental illness. Young people self-completed six of the original seven items used by Kelleher et al. The excluded item (*receiving messages directed to you through the TV or radio*) had the lowest predictive value of the set in the Kelleher et al. paper.

Table 5.3 summarises the prevalence of experiences reported by respondents most recently (and previously at age 13 years). Most young people (61%) reported not having experienced any of the six items. The experience of being followed or spied on was the most commonly reported by 17/18-year-olds (25%: 18% 'maybe' and 7% 'definitely'), but, perhaps given changes in technology (GPS, location tracking on social media apps, webcams, etc), this is not surprising.



**Table 5.3: Prevalence of psychotic-like symptoms reported by young people at 17/18 years and, previously, at 13 years**

Item	17/18 years		13 years		Stated definitely or maybe at both waves
	% maybe	% definitely	% maybe	% definitely	
Have you ever heard voices or sounds that no-one else can hear?	14	5	19	5	8
Have you ever seen things that other people could not see?	9	4	14	5	5
Have you ever thought that people are following you or spying on you?	18	7	22	7	12
Some people believe that thoughts can be read by another person. Have other people ever read your mind?	9	2	10	3	3
Have you ever felt that you were under the control of some special power?	4	1	5	2	1
Have you ever felt that you have extra-special powers?	5	2	6	2	2

The next most common experience was hearing voices or sounds that no-one else can; nearly one in five young people (19%) said they had ever experienced this but the majority of this group reported that 'maybe' they had experienced it (14%) rather than 'definitely' experienced it (5%). The least common was feeling under the control of a special power (4% 'maybe' and 1% 'definitely').

In terms of individuals experiencing multiple symptoms, an 'at risk' score was computed based on a scheme of scoring 'maybe' answers to an item as 0.5 points, 'definitely' answers as '1' point and 0 points for 'no'. Just over 60% of the sample had a score of '0' across all six items (i.e. no symptoms at all) and an additional 15% answered 'maybe' to one of the items. The following analysis looks at trends for individuals having an 'at risk' score of 2 or more<sup>37</sup> (including, e.g., 'definitely' to two items or 'maybe' to four items). Using this metric, 9% of 17/18-year-olds had an 'at risk' score.

### 5.5.2 LONGITUDINAL TRENDS

As shown in Table 5.3, overall the prevalence rates for most items were similar at 17/18 years to what they had been at 13 years, but with higher rates of 'maybe' for some items at the earlier wave. Approximately 12% of individuals reported thinking that 'people are following you or spying on you' at both waves (either 'maybe' or 'definitely'); 8% reported 'hearing voices or sounds that no-one else can hear'. The 'under the control of a special power' item had the lowest percentage of individuals reporting experiencing it at both waves, at 1%.

In terms of the total score, 12% of 13-year-olds had an 'at risk' score of 2 or more at the previous wave. One-quarter of these individuals (i.e. 3% of the total) had an 'at risk' score again at age 17/18 years. Of those who did *not* have an 'at risk' score at age 13, 7% (i.e. 6% of the total) had an increase in symptoms over time that moved them into the 'at risk' category by the time they were 17/18 years old.

<sup>37</sup> This scoring system is adapted from one described by Kelleher et al. (2001) except that their score of '2' was based on seven items instead of six. In a personal communication, the corresponding author indicated a preference for the predictive validity of individual items over a 'total score' method.

## 5.6 SOCIO-EMOTIONAL AND BEHAVIOURAL WELL-BEING

The period of late adolescence is sometimes referred to as the ‘emerging adulthood’ phase of the life-course. Arnett (2014) describes the main features of this period as exploring identity; instability and change in relationships and education/work; a focus on the self; a sense of being in-between childhood and adulthood, and optimism about the possibilities for the future. With such a lot going on, it could be anticipated that this would be a time of vulnerability in the individual’s socio-emotional and behavioural development. However, the greater emotional and cognitive maturity of later adolescence – relative to childhood and the early teenage years – could help young people to better cope with challenges. Therefore, at this wave of *Growing Up in Ireland*, as at previous waves, a measure called the Strengths and Difficulties Questionnaire (SDQ) was used; it looks at socio-emotional difficulties in four distinct areas as well as the ‘strength’ of prosocial behaviour (described below).

Although initially targeted at children and younger adolescents, the SDQ has been used successfully with older adolescents too. A Swedish study using the *self-report* form of the SDQ with adolescents aged 17-19 years reported acceptable psychometric properties for the measure in this age group, but noted gender differences, with females performing worse on the emotional symptoms and on the prosocial measure, and males doing worse in terms of conduct and peer problems (Svedin and Priebe, 2008). Likewise, a study of Greek adolescents aged 11-17 years, which used both the parent-report and self-report SDQ, reported acceptable psychometric properties with higher ‘total difficulties’ scores on the former among 15-17-year-olds (Giannakopoulos et al. 2013). Gender differences emerged in the self-report SDQ but not the parent-report version. Inter-rater correlations between the parent and youth reports ranged between .33 (conduct) and .45 (total).

### 5.6.1 STRENGTHS AND DIFFICULTIES QUESTIONNAIRE SCORES AT 17/18 YEARS

The Strengths and Difficulties Questionnaire (SDQ; Goodman, 1997) comprises four ‘difficulties’ subscales plus a prosocial subscale, and is completed by the parent as part of their main interview. A ‘total difficulties’ score can be calculated by summing the four ‘difficulties’ scales of *emotional symptoms*, *conduct problems*, *hyperactivity/inattention* and *peer problems*. The measure is based on parental reports at 17/18 years of age for consistency with measures at 9 and 13 years, an approach that facilitates longitudinal analysis. There might be expected to be greater discrepancy between parental and Young Person reports for this age group. For this reason, self-reported measures of young people’s socio-emotional well-being are also used (see sections 5.2, 5.4 and 5.6.3).

Each SDQ subscale has a possible range of 0-10 and thus the ‘total difficulties’ score has a possible range of 0-40. The five subscales, a sample item of each, and the descriptive statistics are presented in Table 5.4. For the prosocial scale, high scores should be interpreted as reflecting better socio-emotional well-being while, for the other items, low scores are indicative of better well-being.

**Table 5.4: Strengths and Difficulties (SD) Questionnaire: descriptive statistics at age 17/18 years**

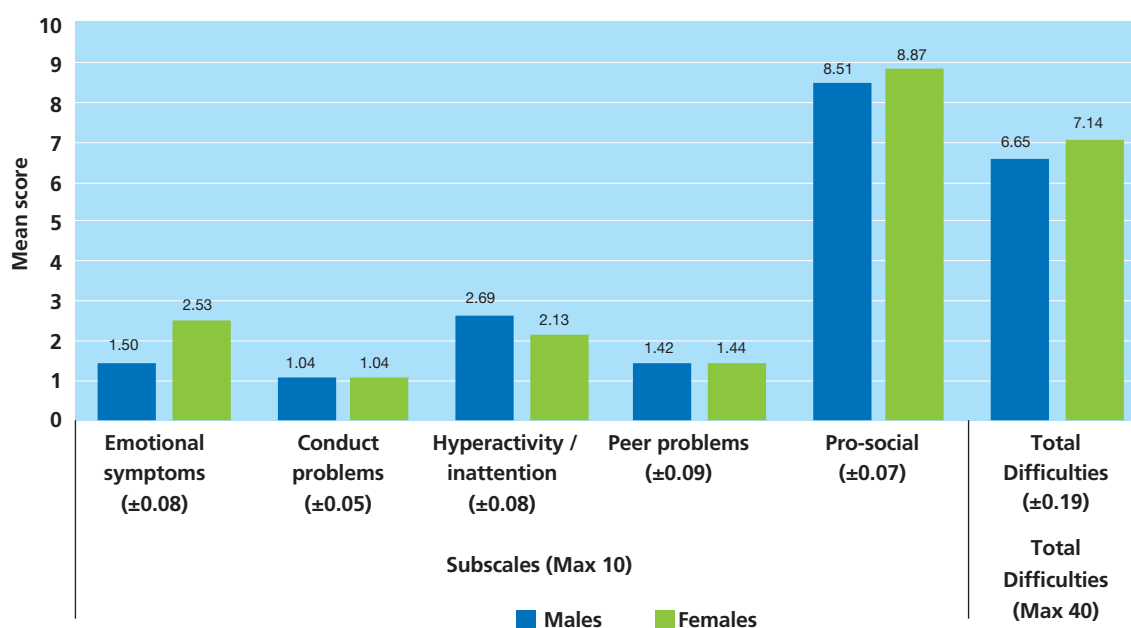
Scale	Sample item	Achieved range	Mean (SD)	% on ‘best’ score
Emotional symptoms	Often complains of headaches, stomach aches or sickness	0 - 10	2.0 (2.1)	30%
Conduct problems	Often has temper tantrums or hot tempers	0 - 10	1.0 (1.3)	46%
Hyperactivity / inattention	Restless, overactive cannot stay still for long	0 - 10	2.4 (2.3)	24%
Peer problems	Rather solitary, tends to prefer to be alone	0 - 10	1.4 (1.5)	33%
Prosocial	Considerate of other people’s feelings	0 - 10	8.7 (1.6)	44%
Total Difficulties		0 - 33	6.9 (5.1)	-



In general, parents reported their 17/18-year-old to have low (good) scores on the difficulties items and high (good) scores on the prosocial scale. For each subscale, high proportions had the 'best' possible score (i.e. 0 on the difficulties scales and 10 on the prosocial scale) as shown in Table 5.4; and the mean 'total difficulties' score was 6.9 out of a possible 40. This figure is comparable to data from other countries using the SDQ: for example, Moriwaki and Kamio (2014) describe a mean 'total difficulties' score of 6.82, as reported by a large sample ( $n=6,267$ ) of parents of 13-15-year-olds in Japan. The original test developers report a norm mean of 7.6 for girls ( $n=2,191$ ) and 8.8 for boys ( $n=2,252$ ) for British adolescents aged 11-15 years based on the parent SDQ (Meltzer, Gatward, Goodman and Ford, 2000).

As illustrated in Figure 5.5, while males and females had similar scores on the *conduct* and *peer problems* subscales, females had higher (worse) scores in terms of *emotional symptoms* but lower scores (better) on the *hyperactivity/inattention* subscale (bearing in mind that the measure was parent-reported). Overall then, females had a higher (worse) 'total difficulties' score – largely driven by the gap in the emotional symptoms scale where their mean score was one full point (equivalent to half a standard deviation) higher. Conversely, females also tended to be given a higher prosocial score, although it was quite high for both genders at more than 8 out of 10 on average.

**Figure 5.5** Comparison of parent-reported SDQ subscale mean scores, and mean 'total difficulties' score, at 17/18 years by gender

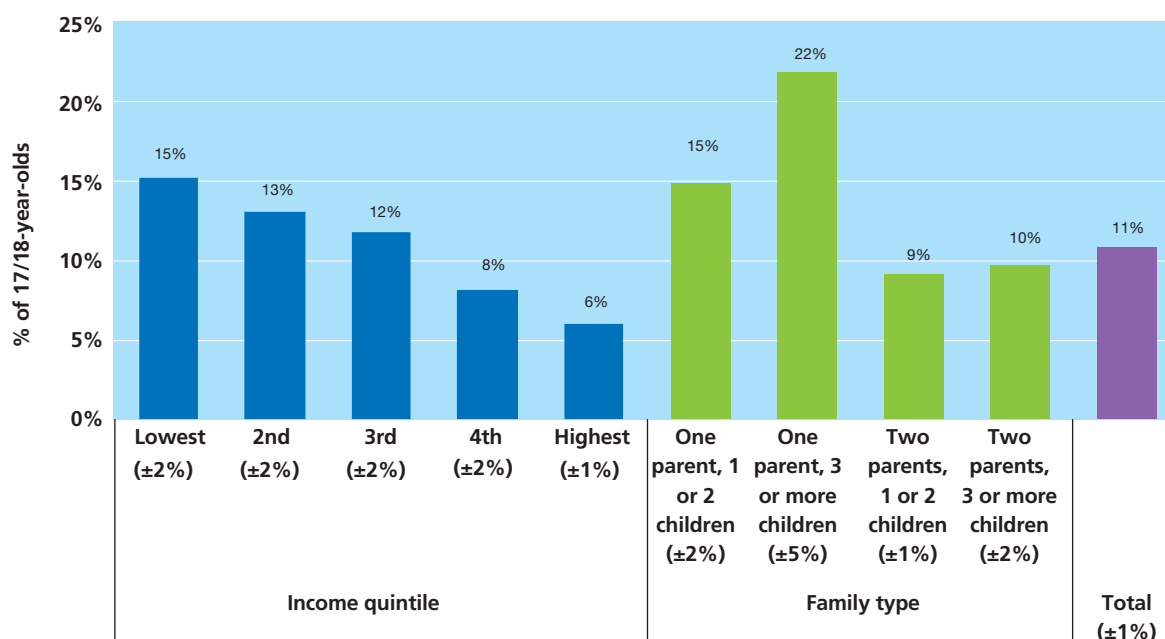


Note: Margins of error are shown in parentheses after the label beneath each column.

An alternative approach to examining SDQ scores on each subscale is to focus on those individuals whose 'total difficulties' score places them in the top decile (10%) of the distribution of all scores. According to the scale authors, this range can be interpreted as identifying young people at greater risk of having socio-emotional or behavioural problems (Goodman, 1997). For the rest of this discussion, the term 'problematic' will be used to describe young people in this highest (i.e. worst) decile on the SDQ measure, although it should be remembered that this is primarily a means of comparing one smaller group to the rest of their peers in the study. Young people from families in lower-income groups had a greater risk of a problematic SDQ: 15% among the lowest quintile compared to 6% among those in the highest quintile (Figure 5.6).



**Figure 5.6:** Percentage of 17/18-year-olds with 'problematic' socio-emotional and behavioural problems (based on the 'total difficulties' score) according to family income quintile and family structure



Note: Margins of error are shown in parentheses after the label beneath each column.

There were also differences according to family structure, with 17/18-year-olds in one-parent families more likely to be in the problematic range. This was especially true in terms of the comparison between larger families, where 17/18-year-olds with one parent and multiple siblings were almost twice as likely to have a problematic score than their peers living with two parents (and multiple siblings) (22% compared with 10%).<sup>38</sup> Reflecting the pattern observed above in mean total scores, females were more likely to be in the top decile at this age (12% compared to 9% males), although this was apparently driven by more 'emotional symptoms', as noted in the subscale breakdown above. At age 13 years, there had been no significant gender difference in relation to scores in the problematic range on the SDQ (Williams et al., 2018) although the trend for girls to have higher scores on the emotional symptoms subscale was observed at both 13 (*ibid.*) and 9 years (Nixon, 2012).

### 5.6.2 LONGITUDINAL TRENDS ON THE SDQ

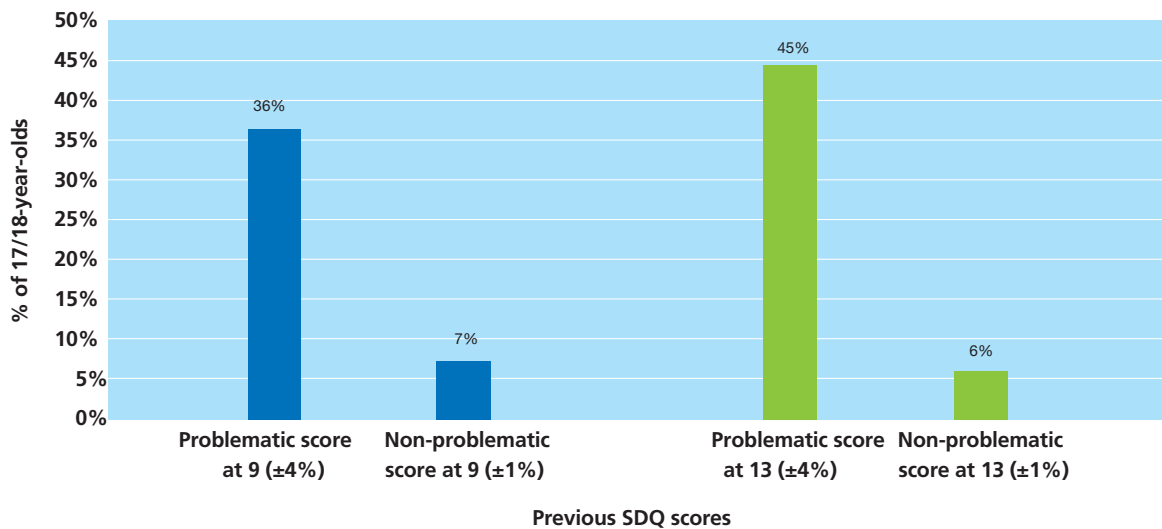
Given that the same measure had been used when the cohort members were 9 and 13 years, it is possible to see how many individuals had been in the problematic range on a previous occasion. Almost half (45%) of the young people who had a problematic SDQ score at 13 years were in the problematic range again at age 17/18 years. Looking back even further, over one-third (36%) of individuals who had a problematic score at 9 years old were in the problematic range at 17/18 years too (both Figure 5.7). Among the smaller group of individuals who had a problematic SDQ score at *both* 9 and 13 years, over half (56%) were in the problematic range at age 17/18. Thus, taking account of other factors, those who had a problematic SDQ score at 9 years were nearly seven times more likely to have a problematic SDQ score at 17/18, and those whose scores were problematic at 13 years were over 12 times more likely to have a problematic score at 17/18. This rises to 15 times more likely for individuals with a problematic score at 9 and 13 (relative to those with only one or no previous problematic score). While this shows evidence of persistence in socio-emotional well-being over time, the majority of those with the most difficulties (i.e. 'worst' 10%) at the age of 9 were no longer in this group with the most difficulties at 17/18.

<sup>38</sup> Odds ratio when controls for gender, income, education, social class and age are included is 1.8 times more likely – slightly reduced from the raw 18% v 8% ratio.



Expressed in terms of the overall sample, 4% were in the problematic range at both 9 and 17/18, and 5% at both 13 and 17/18 years. Just over 3% of individuals had a problematic score at all three waves (9, 13 and 17/18 years).

**Figure 5.7:** Percentage of 17/18-year-olds with 'problematic' socio-emotional and behavioural difficulties at 17/18 years according to whether or not they were in the 'problematic' decile at 9 or 13 years old



Note: Margins of error are shown in parentheses after the label beneath each column.

Table 5.5 shows the mean scores at 9, 13 and 17/18 years and the correlation between these scores for individuals. The correlations indicate some consistency over time; that is, young people who experienced socio-emotional difficulties at one time point (for example, 9 years old) were more likely to have these difficulties later (at 13 or 17/18). The correlation coefficients are moderate in size, ranging from .34 to .5 between scores at 9 and 17/18 years. The size of the coefficient for hyperactivity/inattention, for example, indicates that 25% of the variance in scores at 17/18 was accounted for by scores at age 9.

**Table 5.5:** Comparison of mean SDQ subscale scores at 9, 13 and 17/18 years including correlations between the earlier scores and the most recent score

Scale	17/18 years	13 years	Correlation 13-17/18	9 years	Correlation 9 – 17/18
Emotional symptoms	2.0	1.9	.50	2.1	.39
Conduct problems	1.0	1.2	.51	1.3	.41
Hyperactivity/inattention	2.4	2.8	.63	3.2	.50
Peer problems	1.4	1.2	.43	1.2	.34
Prosocial	8.7	8.8	.45	8.9	.36

Note that 17/18 years mean scores are a repeat from Table 5.4, for ease of comparison.

As might be expected, the relationship with 13-year scores was somewhat stronger; that is, more stability was evident between 13 and 17/18 than between 9 and 17/18. The highest consistency, as measured by Pearson's  $r$  correlation,<sup>39</sup> was .63 for the hyperactivity/ inattention subscale at 13 years and the lowest was for peer problems at 9 years ( $r = .34$ ) but all were statistically significant. In other words, difficulties with hyperactivity were more likely to persist for young people, while often peer problems were a temporary issue. While overall mean scores remained fairly stable from middle-childhood to late adolescence, it is

<sup>39</sup> The correlation can range from 0 (no relationship) to 1 (indicating one score perfectly predicts the other).

worth noting the linear decline in hyperactivity/inattention scores over time: 3.2 at 9 years to 2.8 at 13 and 2.4 at 17/18 years (also Table 6.5).

### 5.6.3 DEPRESSIVE SYMPTOMS (SHORT MOOD AND FEELINGS QUESTIONNAIRE)

Depression is thought to be the most common mental illness. The World Health Organization (WHO) (2017) estimates global prevalence at over 300 million people (4.4% of the total population; 4.8% for Ireland) and ranks depression “as the single largest contributor to global disability” (p.5, *ibid*). This WHO report, in keeping with other literature, also notes a higher prevalence of depression among females. For the 15-19 year age group specifically, the WHO estimates a depressive-disorder prevalence of around 4.5% for females and just over 3% for males. Eurofound (2019) reports that in 2016 14% of Europeans aged 18-24 were ‘at risk of depression’, with rates in Ireland around the middle of the country distribution.

In *Growing Up in Ireland*, young people self-completed a measure called the Short Mood and Feelings Questionnaire (SMFQ) at both 13 and 17/18 years. This short (13-item) scale was designed to provide a brief assessment of depressive symptoms in studies where depression was not the principal outcome under investigation (Angold et al., 1995). Participants are presented with 13 statements and asked how true each was for them in the *past two weeks*. A sample item from the scale would be ‘I did not enjoy anything at all’, with response options of ‘true’, ‘sometimes true’ or ‘not true’ that have scores of 2, 1 and 0 respectively. Thus the range of scores is 0-26, with higher scores indicating more depressive symptoms. There has been some debate over the appropriate cut-off score in terms of categorising those individuals as ‘[likely to be] depressed’; in this analysis the authors are using the 11+ score suggested in a 2002 paper by Angold, Erkanli, Silberg, Eaves and Costello. However, this is not a diagnosis of depression.

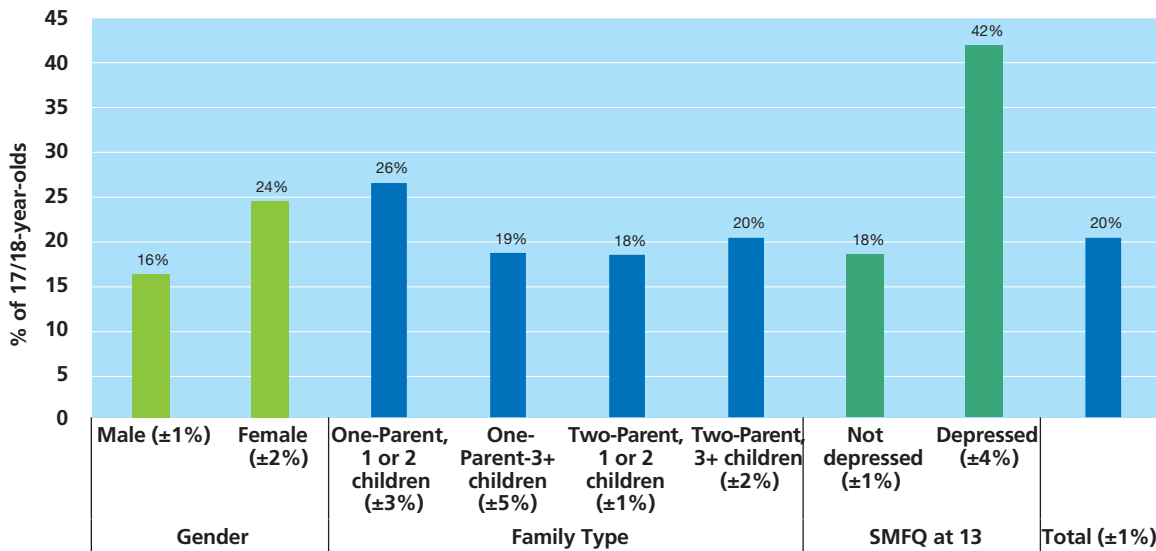
At age 17/18 years, the mean score on the SMFQ was 6 (out of 26; SD=6). As suggested by the relatively large standard deviation, there was quite a high proportion of scores at 0 (18%, i.e. people who answered ‘not true’ to all 13 statements about depressive symptoms). Overall the majority (80%) of 17/18-year-olds scored below the threshold for depressive symptoms while 20% scored at or above the threshold score of 11 (i.e. the ‘depressed’ group).<sup>40</sup>

A closer look at the characteristics of those 17/18-year-olds who scored in the ‘depressed’ range on the SMFQ would appear to confirm the gender divide noted by the WHO (2017) and others (Angold et al., 2002; Dooley, O’Connor and Fitzgerald, 2019). As shown in Figure 5.8, 24% of females were in the ‘depressed’ category compared to 16% of males. While most of the trends in terms of socio-demographic characteristics were relatively flat, there were some distinctions according to family structure: a higher proportion of young people in smaller one-parent families (26%) were in the ‘depressed’ range compared to around 20% in the other family structures. It is not clear why this group would be particularly affected, although some hypotheses – such as the recent departure of the other parent through death or separation – could be tested in more detailed analysis at a later juncture.

<sup>40</sup> Using a different measure (the DASS), the My World Survey 2 reported that 60% of young adults fell into the ‘normal’ range for depression (Dooley, O’Connor and Fitzgerald, 2019).



**Figure 5.8:** Percentage of 17/18-year-olds scoring in the 'depressed' range of the Short Mood and Feelings Questionnaire (SMFQ) according to gender, family structure and SMFQ score at 13 years



Note: Margins of error are shown in parentheses after the label beneath each column.

#### 5.6.4 LONGITUDINAL TRENDS ON THE SMFQ

At age 13 years, 8% of the sample (who have since participated at all three waves) scored in the 'depressed' range, using the same 11+ threshold as applied above to the 17/18-year data. This suggests a marked increase in the number of young people experiencing depressive symptoms over those four years (from 8% to 20%). The presence of the gender difference – with girls getting higher/worse scores than boys – was also noted at 13 years (Williams et al., 2018) but was less marked than in the current wave.

Despite the apparent increase in prevalence, young people whose SMFQ scores were in the 'depressed' range at age 13 years were more than twice as likely to score in the 'depressed' range again at 17/18 years. As shown in Figure 5.8, 42% of 'depressed' 13-year-olds were 'depressed' again at 17/18 years compared to 18% of those who were not 'depressed' at the previous phase.

The overall percentage of young people in the 'depressed' range at both waves (using the 11+ threshold) was just under 4% – bearing in mind the much smaller percentage at or above the threshold score at 13 years. In terms of the correlation between scores on the continuous measure (i.e. with a possible range of 0-26), the *Pearson's r* value was statistically significant at .32.

## 5.7 SUMMARY

This chapter examined young people's life-satisfaction and socio-emotional well-being. They were found to be highly satisfied with their lives, with a median score of 8 out of a maximum of 10. Lower levels of life-satisfaction (i.e. scores below 6) were more common among young women (18% vs. 13% for young men), and those from one-parent families (e.g. 26% among those from one-parent families with three or more children). There was some evidence that some young people were less satisfied with their lives over a protracted period: those whose *happiness and satisfaction* score from the Piers-Harris measure at 9 and 13 years was in the lower ranges were more likely to report lower life-satisfaction at 17/18 years.

When asked to rate the importance of 12 different aspects of their lives, young people highlighted *parents and siblings*, *health* and *friends and acquaintances* as the top three. The bottom three were *politics*, *religion* and *art and culture*.

The parent-reported Strengths and Difficulties Questionnaire (SDQ) is a screening instrument for socio-emotional and behavioural difficulties in the population. The SDQ took account of *emotional symptoms*, *conduct problems*, *hyperactivity/inattention* and *peer problems*, summing these to create a *total difficulties* score. A fifth subscale measured *prosocial behaviour*. In general, parents reported their 17/18-year-old to have low (good) scores on the difficulties items and high (good) scores on the prosocial scale. Gender differences were evident in some aspects of socio-emotional well-being but not others. Males and females had similar average scores on the *conduct* and *peer problems* subscales, but females had worse average scores on *emotional symptoms* (and on *total difficulties* overall) and better scores on the *hyperactivity/inattention* subscale. According to the scale authors, the top 10% on the 'total difficulties' scale can be interpreted as identifying young people with more socio-emotional or behavioural problems compared to their peers. Those from lower-income families (15%) and one-parent families (15-22%) were more likely to be in this problematic group. Although 10% of the young people were in the problematic group – by definition – at each of the ages (9, 13 and 17/18), only 3% were in this group at all three ages.

This chapter looked at trends in depressive symptoms using a self-report measure called the Short Mood and Feelings Questionnaire. Using the more recent threshold score suggested by the scale authors, 20% of 17/18-year-olds would fall into this 'likely to be depressed' category (with the important proviso that this measure is an indicator and not a diagnosis of depression). Being in this 'depressed' category was more likely among females and those who had scored in the 'depressed' category at age 13 years, when the same measure was used. Compared to 13 years of age, the total proportion in the 'depressed' category doubled. This increase in depressive symptoms between 13 and 17/18 is consistent with previous findings on trends by age-group (Dooley and Fitzgerald, 2012; Dooley, O'Connor and Fitzgerald, 2019).

Based on a set of six items developed to screen for hallucination- and delusion-type experiences (such as hearing 'voices or sounds that no-one else can hear' (Kelleher et al., 2009)), the results indicated that 7% of 17/18-year-olds 'definitely' and 18% 'maybe' reported that they thought *people were following or spying* on them while 5% 'definitely' and 14% 'maybe' reported *hearing voices or sounds that no-one else can hear*.

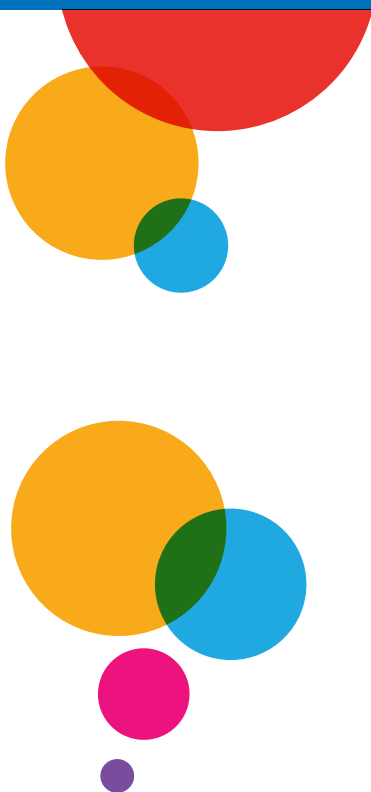
Finally, at age 17/18 years, a short questionnaire measuring coping styles assessed strategies such as *avoidance*, *support-seeking* and *problem-solving*. Females and males had different approaches to coping with difficulties, with females about twice as likely to be in the highest-scoring quintile in terms of *support-seeking* and *avoidance*. However, there were no gender differences in *problem-solving*.





# Chapter 6

## RELATIONSHIPS



## 6.1 INTRODUCTION

At age 17/18 years, most young people in Ireland continued to live with their parents and the majority were still attending school, given the very high rates for the completion of senior cycle in secondary school in this country. For many individuals then, there will be fewer changes in the structure of the microsystem of family, peers and school since 13 years than might be expected in other countries. Even in other jurisdictions, however, there has been commentary on the trend for young adults to live with their parents for longer than previous generations (e.g. Arnett, 2007; Bynner, 2005; Furstenberg Jr, 2010; Sawyer et al., 2018).

Even though most young people continued to live with their parents, the dynamics of the relationship may have shifted. The adolescent period can be a time of recalibration in the child-parent relationship; some observers predict a lowering of parental support and an increase in conflict as teenagers seek out their own identity and increased independence, followed by a relatively settled period in late adolescence and early adulthood (see Murray et al., 2020). Despite expectations of increased independence, some studies point to a protective effect of continuing high levels of parental monitoring into later adolescence – for example, by limiting involvement in antisocial behaviour and harmful substance use (e.g. Criss et al., 2015; Pesola et al., 2015). On another positive note, parents may be an important source of love and support for 17/18-year-olds as they navigate stressful periods in their lives such as state exams (i.e. the Leaving Certificate) and the highs and lows of relationships with friends and romantic relationships.

In terms of peer relationships during adolescence, Brown and Larson (2009) summarised an extensive review of the literature as indicating (among other lessons) that such relationships increase in both salience and complexity during adolescence, that status within the peer network is important, and that acceptance by peers is likely to reflect good social skills/adjustment. An evolving aspect of peer relationships in recent years is the extent to which adolescents interact with each other online as well as in person. An Irish study published in 2015 showed that most (88%) 15-16-year-olds had a profile on a social networking site (O'Neill and Dinh, 2015). Peers can exercise both a positive and negative influence; for example, they can be an important source of support in some instances but a route into risky behaviour elsewhere. On the plus side, a review of resilience during transitions from a range of cohort studies highlighted the importance of positive peer relationships (Newman and Blackburn, 2002). On the negative side, an extensive review of 'peer contagion' by Dishion and Tipsord (2011) noted a link between peer interactions and an increase in problem behaviours such as drug use in middle and late adolescence.

An additional aspect to peer relationships in late adolescence is the increasing frequency and duration of romantic rather than platonic relationships (i.e. having a boyfriend or girlfriend), sometimes including a sexual relationship. Romantic relationships at this stage of the life-course can remain closely entwined with the rest of the peer network, having perhaps developed from an existing peer relationship or still set in the context of frequent shared activities with peers (e.g. Collins, 2003). The time around 17/18 years is also likely to be the age of sexual initiation for a sizeable proportion of young adults (Layte et al., 2006). The emergence of sexual feelings (or not) and the exploration of sexual identity are likely to be a key feature of the transition from childhood to adulthood, and may bring a mixture of positive and negative emotions and experiences.





## 6.2 PARENTAL MONITORING, DISCLOSURE AND CONTROL

As already noted, parental monitoring and control of adolescents has been associated with lower levels of delinquency (Criss et al., 2015), harmful alcohol use (Pesola et al., 2015) and fewer depressive symptoms (Hamza and Willoughby, 2011). It is unclear as to how exactly parental monitoring is associated with positive outcomes, but it may relate to the internalisation of 'rules' by adolescents and/or it may facilitate parental intervention when a potentially risky situation looms. Alternatively, the active involvement of the parent in the Young Person's day-to-day activities, and their reciprocal sharing of information, may reflect mutual warmth and trust in the relationship more generally.

In *Growing Up in Ireland*, the same subscales for monitoring, disclosure and control were used at both 13 and 17/18 years:

- *Monitoring*: e.g. the parent knows where the Young Person is during their free time, as reported by parents.
- *Disclosure*: e.g. the Young Person spontaneously tells parent about their friends, as reported by parents.
- *Parental control*: e.g. the Young Person must tell parents where they are going on a Saturday evening (as reported by the Young Person).

At age 13 years, parents (both Primary and Secondary Caregivers) in *Growing Up in Ireland* tended to report high levels of monitoring and disclosure overall, but only the Primary Caregiver (usually the mother) reported significantly higher levels of both for girls relative to boys (Williams et al., 2018). Likewise, girls reported being subject to higher levels of control than did boys. Higher levels of parental monitoring and disclosure were associated with fewer socio-emotional difficulties (as also reported by parents).

### 6.2.1 MONITORING AND DISCLOSURE AT 17/18 YEARS

As noted above, *Growing Up in Ireland* assessed parental supervision of the Young Person at age 17/18 using the same measure as at age 13 years. Again, the study used three of the four subscales originally devised by Stattin and Kerr (2000). As already noted, the *monitoring* and *disclosure* subscales were completed by Parent One and Parent Two of the Young Person (formerly referred to as the Primary and Secondary Caregiver), and the control subscale was completed by the 17/18-year-olds themselves. Items were rated on a five-point Likert scale ranging from 'almost never or never' to 'almost always or always'. Higher scores on the subscales indicate higher levels of *monitoring*, *disclosure* or *control*.

The mean scores for *monitoring* differed between Parent One and Parent Two, with Parent One reporting much closer monitoring of the 17/18-year-old (40 and 38 respectively; a difference of almost half a standard deviation) and also somewhat more disclosure from him/her in contrast to Parent Two (mean of 20 compared to 19). As can be seen in Table 6.1, these means are similar to those recorded for this cohort at age 13 years. In terms of the 17/18-year-olds' reports of parental *control*, the mean score was 20 (where the maximum score was 30).

**Table 6.1: Descriptive statistics for parental monitoring, disclosure and control**

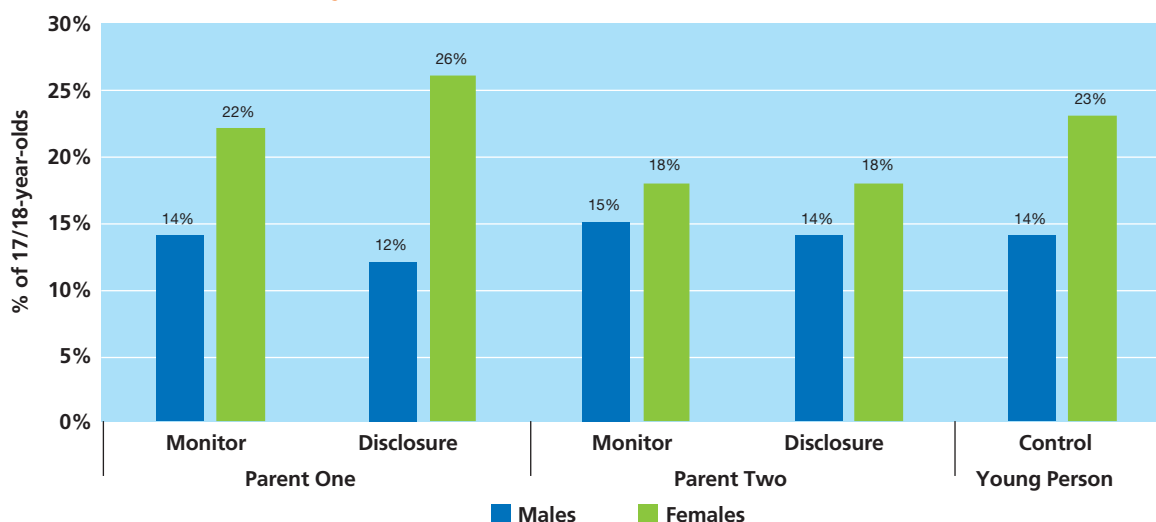
Scale	Source of data	Number of items	Mean (SD) at 17/18 years	Confidence interval at 17/18 years	Achieved range at 17/18 years	Mean (SD) at 13 years
<b>Monitoring</b>	Parent One	9	40.1 (5.2)	(40.0 – 40.2)	0-45	39.8 (4.5)
	Parent Two		38.4 (5.7)	(38.2 – 38.6)	0-45	38.6 (4.9)
<b>Disclosure</b>	Parent One	5	20.4 (3.9)	(20.3 – 20.5)	0-25	19.6 (4.7)
	Parent Two		19.2 (4.0)	(19.0 – 19.3)	0-25	18.9 (4.5)
<b>Control</b>	Young Person	6	20.1 (6.5)	(19.9 – 20.2)	0-30	19.8 (7.4)

### 6.2.2 GENDER DIFFERENCES IN MONITORING, DISCLOSURE AND YOUTH CONTROL

To compare groups based on socio-demographic indicators, the three subscales were re-categorised as being in the top quintile (i.e. highest 20%) or not.<sup>41</sup> Given the generally high (i.e. positive) scoring on these particular scales, focusing on the group at one end of the range – in this case, the highest scorers – helps to make comparisons more translatable than using mean scores. Using this method to explore gender patterns among 17/18-year-olds, more females than males were placed in the top quintile for monitoring and disclosure by Parent One (typically the mothers), as shown in Figure 6.1.

Over a quarter of females were in the top quintile on disclosure based on Parent One's report compared to 12% of males (i.e. sons). Similarly, 22% of females and 14% of males were in the highest quintile of scores for Parent One's report of monitoring. In contrast, the reports of Parent Two (typically the father) showed less differentiation by Young Person's gender, although still tending towards somewhat higher monitoring of, and disclosure from, females relative to males.

**Figure 6.1: Gender differences in the top quintile for parental monitoring, disclosure and control at 17/18 years**



Note: Margins of error are, at most,  $\pm 2\%$ .

From the 17/18-year-old's report, females were more likely to be in the top quintile on parental control (23% in top quintile) than males (14% in top quintile), although scores were relatively high for both sexes, with the mean being well above the mid-point on the scales.

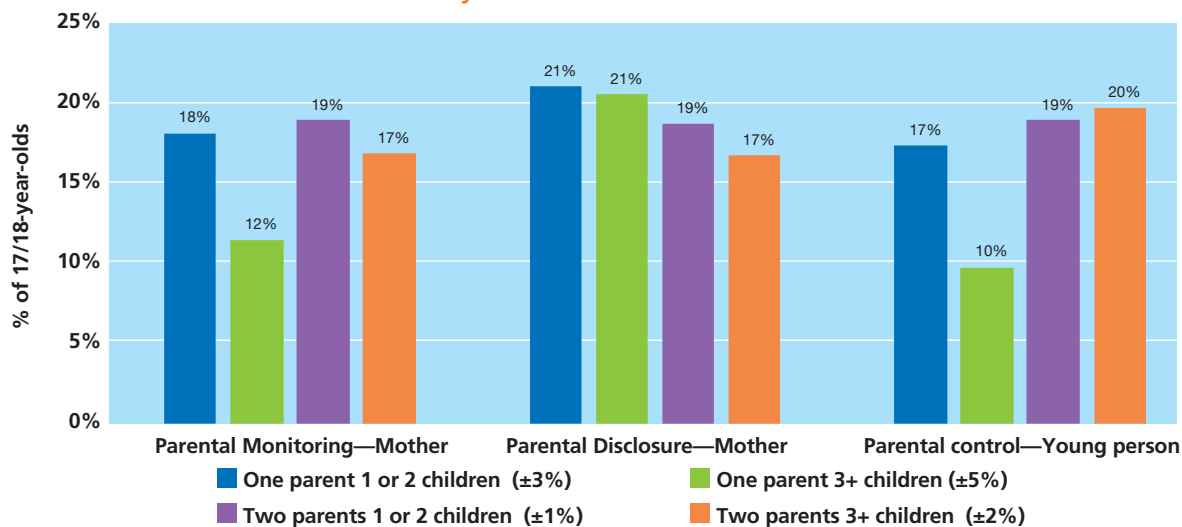
### 6.2.3 FAMILY STRUCTURE AND MONITORING, DISCLOSURE AND YOUTH CONTROL

Different dynamics associated with family structure may affect supervisory behaviours; for example, the more children the parent has the less likely they may be to strictly monitor and control their adolescent child's behaviour (Laursen and Collins, 2009). In the following analysis, Parent One's report of monitoring of, and disclosure from, the 17/18-year-old and the Young Person's report of parental control are examined by comparing the percentage in the top quintile according to family structure. Those young people in families with more siblings were somewhat less likely to experience higher levels of monitoring but the difference by family size was more noticeable in one-parent families, albeit with wider margins of error (Figure 6.2).

41 Note that due to the distribution of scores, there weren't fully 20% of cases in each quintile: Parent One monitoring 18%; Parent Two monitoring 16%; Parent One disclosure 19%; Parent Two disclosure 16%; Young Person control 18%.



**Figure 6.2: Family structure differences in the top quintile for parental monitoring, disclosure and control at 17/18 years**



Note: Margins of error are shown in parentheses after the label in the legend.

The lowest levels of reported monitoring and control were for parents and young people in large one-parent families (12% and 10% in the highest quintile respectively). This contrasts with reported rates of 19% in the top quintile on both measures among smaller two-parent families. Larger one-parent families did not, however, differ significantly from smaller one-parent families or from two-parent families in terms of the level of disclosure reported by Parent One (also Figure 6.2).

#### 6.2.4 LONGITUDINAL TRENDS

As the same subscales were used previously when the cohort members were 13 years old, it is possible to compare trends over time. Table 6.1 shows the mean scores across the two waves and indicates that, overall, the mean scores for the different subscales were quite similar at the different time-points. However, there may have been changes at the individual level.

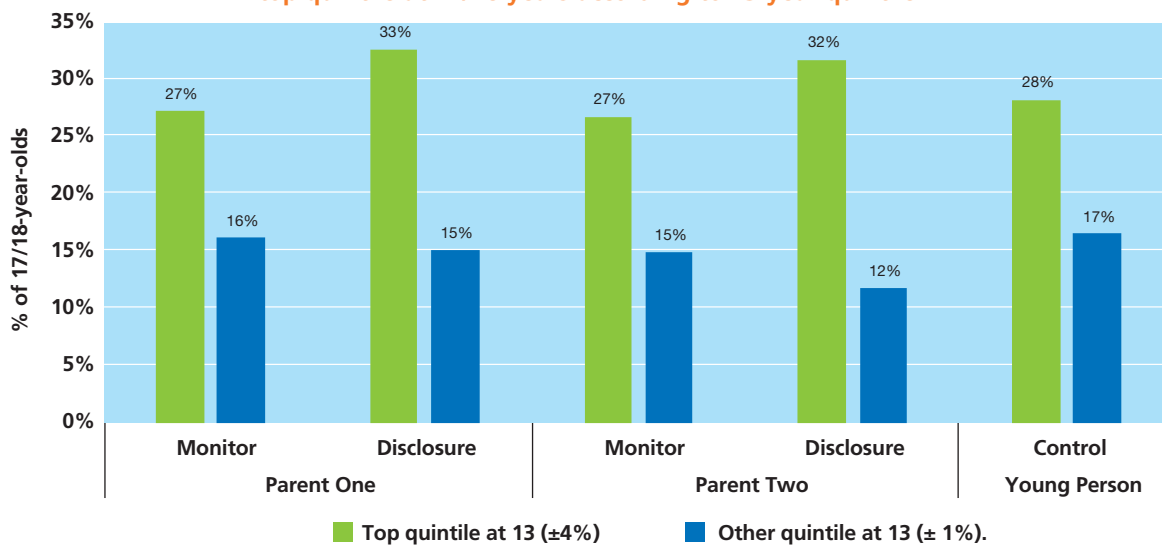
Correlations (Pearson's  $r$ ) for Parent One/Primary Caregiver monitoring and disclosure were positive but modest (.23 and .27 respectively). The corresponding figures for Parent Two/Secondary Caregiver were .28 and .35. These values indicate that, if a parent had reported higher levels of monitoring and/or disclosure when the Young Person was 13, there was a slight tendency for them to report higher levels again at age 17/18. The correlation for the Young Person's reports of perceived parental control was more modest, albeit still statistically significant, at .15. This, however, is not entirely unexpected given the considerable passage of time between the two measures and the different levels of maturity between 13 years and 17/18 years.

An alternative to correlations is to look at how likely parents and young people's reports were to remain in the top quintile of a given subscale, depending on whether they had previously been in the top quintile at age 13 years. Parents whose reports had been in the top quintile for monitoring and/or disclosure when the Young Person was 13 were around twice as likely to feature in that top quintile again at 17/18 (when compared to parents whose reports had not been previously in the top quintile). As shown in Figure 6.3, 27% of Parents One whose score placed them in the highest monitoring quintile at 13 years were in the top quintile again when the Young Person reached 17/18 years, whereas 16% of lower-monitoring parents at 13 years increased to the top quintile at the later age. Similarly, 33% of high-disclosure Parents One at 13 years were in the top disclosure quintile again at age 17/18 compared to 15% of lower-disclosure

parents. The trends were similar for Parent Two/Secondary Caregivers. Additionally, young people who at 13 years had described higher levels of parental control were more likely to be in the higher-control quintile again at 17/18 years (28% compared to 17% with lower control at 13).

These patterns over time suggest that parent-child dyads whose interactions in early adolescence were characterised by higher supervision (i.e. monitoring, control and/or disclosure) were among the most likely to be close supervisors of their child's behaviour as they entered adulthood, but there was considerable change in some families.

**Figure 6.3: Longitudinal trends in parental monitoring, disclosure and control: frequency of being in top quintile at 17/18 years according to 13-year quintile**



Note: Margins of error are shown in parentheses after the label in the legend.

### 6.3 PARENT-YOUNG PERSON RELATIONSHIP QUALITY

During the adolescent years the parent-child relationship can come under pressure due to physical, social and cognitive changes in the young adult. The relationship typically changes from hierarchical to more equal and interdependent, and this transition can cause increased conflict in the relationship (Branje, 2018). These changes can be accompanied by a decline in reported closeness and in the amount of time adolescents and parents spend together (Laursen and Collins, 1994). Changes also occur in relation to the parent-child interaction; for example, while the parent and child may still have an intimate relationship, intimacy as expressed by cuddling and extensive joint interactions decreases as the child matures, whereas conversations in which information is conveyed and feelings are expressed increases (Laursen and Collins, 2009). These adaptations are appropriate responses to the maturity level and changing needs of the adolescent.

Questions asked in the study at 17/18 years on the relationship with mother and father were adapted from measures used by the German PAIRFAM study (Thonnissen et al., 2014). The Young Person reported on four dimensions of their relationship with their parents: 'intimacy', 'admiration', 'conflict' and '(un)reliability'. Each subscale comprises two items rated on a five-point Likert scale from 'never' to 'always'. A fifth dimension, 'fear of love withdrawal', has three items with a five-point scale ranging from 'not at all true' to 'completely true'. All questions were asked separately of the Young Person about mothers and fathers (including non-resident parents and other maternal/paternal 'figures'). The scales were contained in the self-complete section of the questionnaire. Note that these questions were asked with respect



to the 'mother or mother figure' and 'father or father figure', and not specifically about the person identified as Parent One or Parent Two.<sup>42</sup>

### 6.3.1 INTERACTION WITH PARENTS AT 17/18 YEARS

Overall, 17/18-year-olds tended to be positive about their interactions with their parents. Table 6.2 gives the descriptive statistics for each of the five subscales as reported about mothers and fathers. Note that a higher score on a subscale indicates a higher level of that measure, so a high intimacy score means more intimacy while a high conflict score means more conflict. In general, 17-18-year-olds gave their parents mid-range ratings for 'intimacy', 'conflict', and 'fear of love withdrawal' but higher ratings for 'admiration' and lower ratings for 'unreliability' (i.e. they found their parents reliable).

**Table 6.2: Mean scores reported by young people for their relationship with their mothers and fathers and correlation between them**

Subscale	Sample item (abbreviated)	Mean (SD)	Achieved range <sup>a</sup>	Correlation <sup>b</sup>
Mother intimacy subscale	Share what you're thinking	6.1 (2.0)	2-10	.50
Father intimacy subscale		5.1 (2.0)	2-10	
Mother admiration subscale	Shows that (he/she) likes you	7.9 (1.7)	2-10	.50
Father admiration subscale		7.5 (2.0)	2-10	
Mother conflict subscale	You disagree and quarrel	5.2 (1.6)	2-10	.38
Father conflict subscale		4.9 (1.8)	2-10	
Mother (un)reliability subscale	You cannot rely on (him/her)	3.3 (1.6)	2-10	.38
Father (un)reliability subscale		3.5 (1.8)	2-10	
Mother fear of love withdrawal	Afraid (he/she) will love you less if you disappoint her	6.0 (2.6)	3-15	.66
Father fear of love withdrawal		5.5 (2.9)	3-15	

a. The achieved range was the same as the potential range on all subscales.

b. Correlation between mother and father subscales where Young Person completed both.

There were some differences in the relationships with mothers and fathers: young people rated their relationship with mothers as more intimate and with higher levels of admiration, but also with more conflict. They were less likely to rate mothers as unreliable but also slightly more likely to fear 'love withdrawal'. Despite the (mostly small) differences between the mean scores for mothers and fathers, Table 6.2 also shows that the correlations between reports on mothers and fathers for each subscale were positive and statistically significant, indicating that if the mother was rated highly then the father tended to get a higher score too (and *vice versa*).

### Gender differences in poor-quality relationships

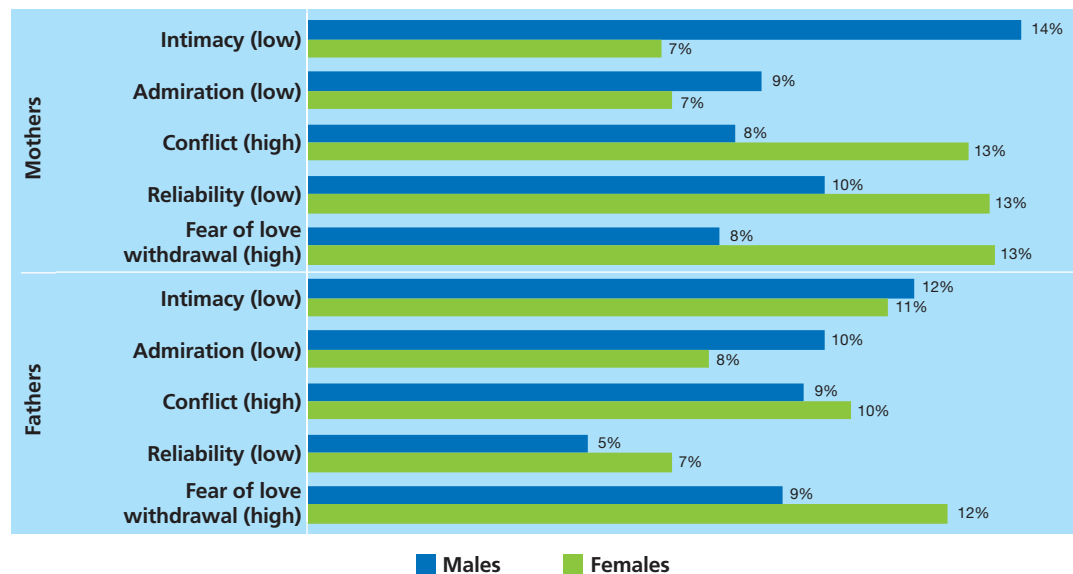
For comparison purposes, the scores on each subscale were categorised as being in the 'least favourable' decile or not: that is, the lowest decile for *intimacy* and *admiration* but the highest decile for *conflict*, *(un)reliability* and *fear of love withdrawal*. For ease of interpretation, high unreliability is labelled '*low reliability*'. The following analysis was restricted to parents who were resident with the Young Person at the time of the interview, which was the majority of families.

The differences in the least favourable deciles given to each parent by their sons and daughters are presented in Figure 6.4. In terms of ratings for mothers, daughters were more likely to give scores that

<sup>42</sup> However, the vast majority of young people answered these questions in relation to their resident biological or adoptive parent (96% for mothers and 88% for fathers).

were in the worst deciles<sup>43</sup> of the conflict, reliability and fear of love withdrawal subscales. Sons, on the other hand, were more likely to give mothers ratings in the worst deciles for intimacy and admiration (although the latter was only on the cusp of statistical significance). This suggests that sons gave their relationship with mothers lower scores on both the negative and positive aspects. These comparisons are in the context of generally positive parent-young person relationships, however.

**Figure 6.4: Gender differences in 17/18-year-olds' ratings of their relationships with mothers and fathers: likelihood of being in the 'least favourable' decile on each subscale**



Note: Margins of error are  $\pm 1\%$ .

The likelihood of relationships with fathers being in the least favourable decile showed less evidence of gender differences. The main difference was that daughters were more likely than sons to score their fathers in the worst decile for 'fear of love withdrawal' (12% versus 9%), though this difference was not large.

### 6.3.2 LONGITUDINAL TRENDS

The subscales used at 17/18 years were new to the study at this wave. At 9 and 13 years, however, the Study Child completed some questions about the *responsiveness* of their individual parents. The *responsiveness* concept relates to warmth and sensitivity in the parent-child relationship. It included items such as 'your mum praises you when you do well' and 'your mum likes you to tell her when you are worried about something'. This concept could be expected to relate to later reports of *intimacy* and *admiration* (see sample items for these subscales in Table 6.2) at 17/18 years.

Comparing scores on the current subscales and earlier *responsiveness* measure, using Pearson's *r* correlations, suggests some longitudinal consistency for both mothers and fathers (Table 6.3). The analysis is confined to parents living with the Young Person at 17/18 years. Responsiveness at both 9 and 13 years was positively but modestly associated with reports of intimacy and (showing) admiration at 17/18 years. Correlations were statistically significant for reports about mothers and fathers, and were somewhat stronger between 13 and 17/18 years than 9 and 17/18 years, as would be anticipated. The strongest correlation was that of .29 between paternal responsiveness at 13 years and paternal admiration (towards their child) at 17/18 years. These values indicate that for many, though not all, parent-child relationships, the emotional tone was established by middle childhood and continued through adolescence.

<sup>43</sup> Due to the distribution of scores, it was not always possible to assign exactly 10% of the sample to the 'worst' decile. The actual per cent for each subscale was as follows: mothers – intimacy 10.5%; admiration 8.4%; conflict 10.4%; unreliability 11.6%; love withdrawal 10.5%; fathers – intimacy 12%; admiration 9%; conflict 9.9%; unreliability 7.2%; love withdrawal 10.6%.



**Table 6.3: Longitudinal trends between parental responsiveness at 9 and 13 years and intimacy and admiration at 17/18 years**

Subscale	Responsiveness 9 years	Responsiveness 13 years
Mother intimacy subscale	.20	.24
Father intimacy subscale	.19	.27
Mother admiration subscale	.14	.23
Father admiration subscale	.17	.29

Notes: Correlation value is for the corresponding parent (e.g. mother intimacy x mother responsiveness). All correlations significant at the <.001 level. Analysis confined to parents resident at 17/18 years and same individuals in parenting roles at all three waves.

## 6.4 PEER RELATIONSHIPS

Friends form an important part of the adolescent microsystem and, as in any interpersonal relationship, can bring both positive and negative aspects. For examples, research has linked peer relationships to life-satisfaction (Parkes, Sweeting and Wight, 2014), self-image (Smyth, 2015) and educational achievement (Brown and Larson, 2009). Conversely, research with the Avon Longitudinal Study of Parents and Children identified a link between peer victimisation at 13 years and depression at age 18 (Bowes, Joinson, Wolke and Lewis, 2015). In another negative example, analysis using the (American) National Longitudinal Study of Adolescent Health (Haynie and Osgood, 2005) indicated a risk associated with socialising with 'delinquent' peers in unstructured activities (hence providing both the normalisation of delinquent behaviour in adolescence and the opportunity for engaging in it).

## 6.5 FRIENDSHIP NETWORK

At age 13 years in *Growing Up in Ireland* (Williams et al., 2018), the modal number of friends was 'six to ten' (35%). In that report, children's accounts of having no or a small number of friends was associated with a higher risk of socio-emotional/behavioural problems, as measured by parent reports on the Strengths and Difficulties Questionnaire (SDQ), which included a 'peer problems' subscale. In the previous wave, at age 9 years, the parent was asked how many 'close friends' the child had, for which the modal answer was 'two – three' (41%) (Williams et al., 2009).

### 6.5.1 FRIENDS AT 17/18 YEARS

The 17/18-year-old was asked to indicate how many friends they normally hung around with (a similar question to that asked at age 13 years). The modal response was 'three to five' (46%). A very small number said 'none', 10% said 'one to two'; 36% said 'six to ten' and the remaining 8% said 10+. In terms of friends' characteristics, the majority of participants (70%) reported that most of the friends they hung around with were about the same age; however, 10% described 'most or all' of their friends as being a year or two older. Just over half (52%) said that none of their friends was of a different ethnic background; most of the remainder (45%) reported that 'some' were. There was greater diversity when it came to the gender of friends: over 80% had 'some' friends that were a different gender to themselves.

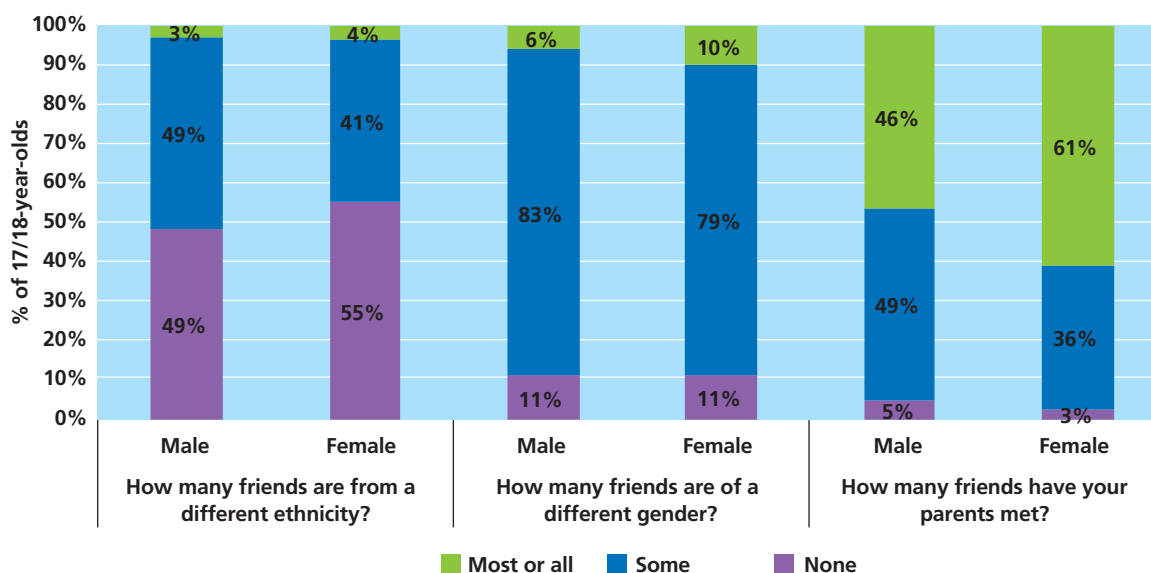
### 6.5.2 GENDER DIFFERENCES

The biggest gender difference was in relation to whether the Young Person's parents had met their friends. While, overall, 53% of young people reported that their parents had met 'most or all' of their friends, the figures were 61% for females but 46% for males (Figure 6.5). Females were somewhat more likely to report that 'none' of their friends was of a different ethnicity (55% compared to 49% of males). While males and females did not differ in how many said 'none' of their friends was a different gender,



having 'most or all' of your friends as a different gender was more common among females (10%) than males (6%).

**Figure 6.5: Gender differences in reported friend characteristics and parents having met their friends among 17/18-year-olds**



Note: Margins of error are, at most,  $\pm 2\%$ .

### 6.5.3 LONGITUDINAL TRENDS IN NUMBER OF FRIENDS

There was quite a high degree of consistency in the size of the friends group over time. At both 13 and 17/18 years, young people completed the same question about the number of friends they usually hung around with. When the small number who had no friends at either or both time-points are excluded, 39% of young people reported the same category (i.e. 'one or two friends', etc) at both time points, and half of these were consistently in the 'between 3 and 5' friends category. The remaining 17/18-year-olds were divided between those who reported an increase in the size of their friend network (23%) and those who reported a smaller group than previously (39%).

## 6.6 FRIENDSHIP AND ATTACHMENT

Although attachment is commonly thought of in terms of the relationship between parent and child, significant bonds can also develop between peers. Attachment styles in adolescence can affect how the individual is perceived by their peers (Dykas, Ziv and Cassidy, 2008). The Inventory of Parent and Peer Attachment (IPPA) (Armsden and Greenberg, 1987), used by *Growing Up in Ireland*, aims to assess adolescents' perceptions of the positive and negative aspects of their relationships with their parents and close friends. One study using the IPPA among adolescents aged 16-18 years found that peer attachment was related to self-image and that females were more strongly attached to peers than males (O'Koon, 1997).

The IPPA subscales included at age 17/18 years of *Growing Up in Ireland* focused on peer attachment. The scale comprised 25 items measured on a five-point scale from 1, 'almost never or never true', to 5, 'almost always or always true'. The scale measured three broad dimensions of attachment: degree of mutual trust, quality of communication, and extent of anger and alienation. Two of the subscales (alienation and trust) had previously been used at age 13 years.



The descriptive statistics for the three subscales and the total 'peer attachment' score are presented in Table 6.4. This shows that young people scored quite highly on trust in peers (mean of 41.9 out of a possible 50) and communication with peers (mean of 30.5 out of 40). Their mean total peer attachment score (after the reverse-coding of the alienation scale) was 98 out of a maximum of 125. The changes between 13 and 17/18 years of age are discussed in section 6.6.3 below.

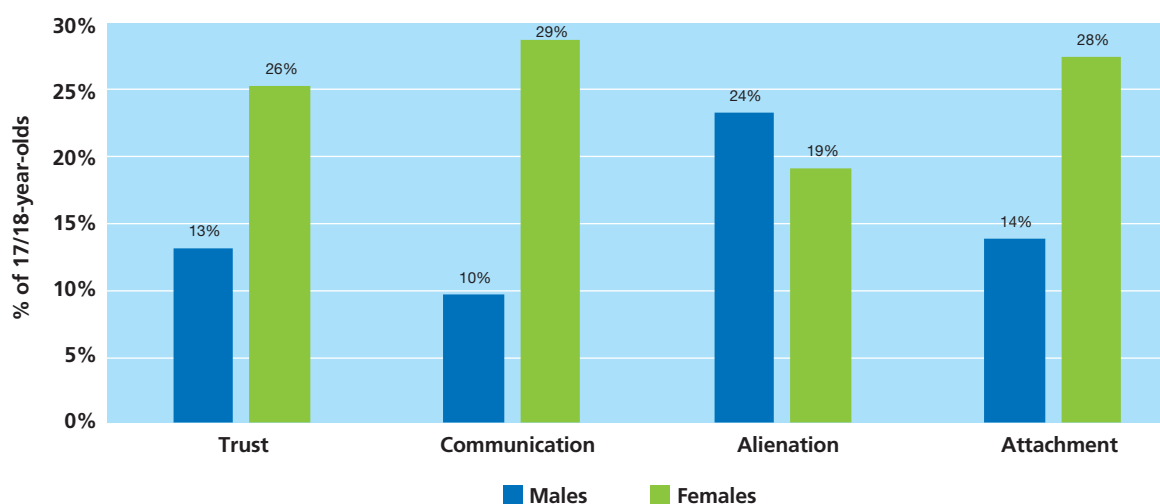
**Table 6.4** Descriptive statistics for Inventory of Parent and Peer Attachment

	Sample item (abbr.)	Number of items	Mean (SD) at 17/18 years	Achieved range	Mean (SD) at 13
<b>Peer Trust</b>	wish for different friends	10	41.9 (6.9)	10-50	43.0 (7.2)
<b>Peer Communication</b>	encourage me to talk about my difficulties	8	30.5 (6.3)	7-40	
<b>Peer Alienation</b>	don't understand what I'm going through	7	16.5 (4.7)	6-35	13.9 (4.3)
<b>Peer Attachment Total Score</b>		25	98.0 (15.0)	34-125	

### 6.6.1 GENDER AND SOCIO-ECONOMIC DIFFERENCES

Scores on each subscale, and on the total attachment score, were divided into quintiles so that groups could be compared in terms of being in the 'best' quintile (i.e. high on trust, communication and total attachment, and low on alienation). Females were much more likely than males to have positive relationships with their peers in terms of total attachment and on the trust and communication subscales. The number of females in the top quintile was twice that for males (Figure 6.6).

**Figure 6.6:** Gender differences in the proportion in the most favourable quintile for trust, alienation, communication and overall attachment score in peer relationships

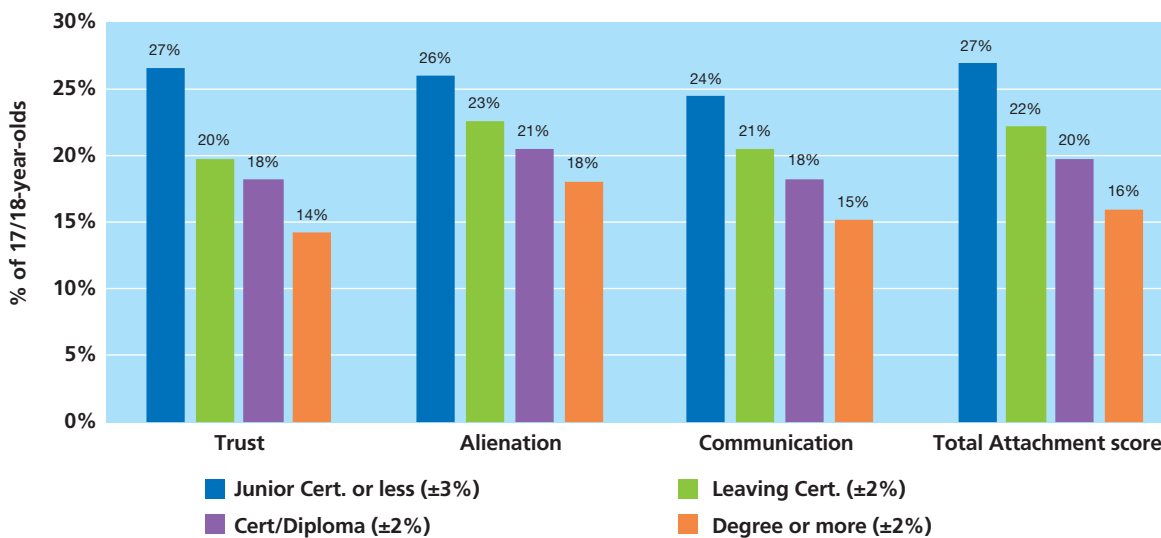


Note: Margins of error are, at most,  $\pm 2\%$ .

In terms of alienation, however, males were somewhat more likely to be in the 'best' (i.e. lowest) quintile (24% compared to 19% of females). Since females have been found to engage in peer relationships that are higher in quality and intimacy than males (Brown and Larson, 2009), perhaps these findings suggest that females feel difficulties in those relationships more keenly than males.

Young people whose parent (Parent One) had lower levels of education (particularly Junior Certificate level or less) were more likely to rate their peer relationships in the 'most favourable' quintile on all three subscales and the total attachment score (Figure 6.7). In addition, for the total attachment score, 17/18-year-olds whose parent had the highest levels of education were the least likely to feature in the best quintile: 16% compared to 27% for the children of parents with Junior Certificate education or less. These differences remained statistically significant even after controls for other socio-demographic characteristics such as income. Thus, young people from more educated families appeared to give lower ratings on the quality of their peer relationships, a pattern that would merit further research.

**Figure 6.7:** Percentage of young people in the most favourable quintile for trust, alienation, communication and overall attachment score in peer relationships, by level of education of Parent One



Note: Margins of error are shown after the labels in the legend.

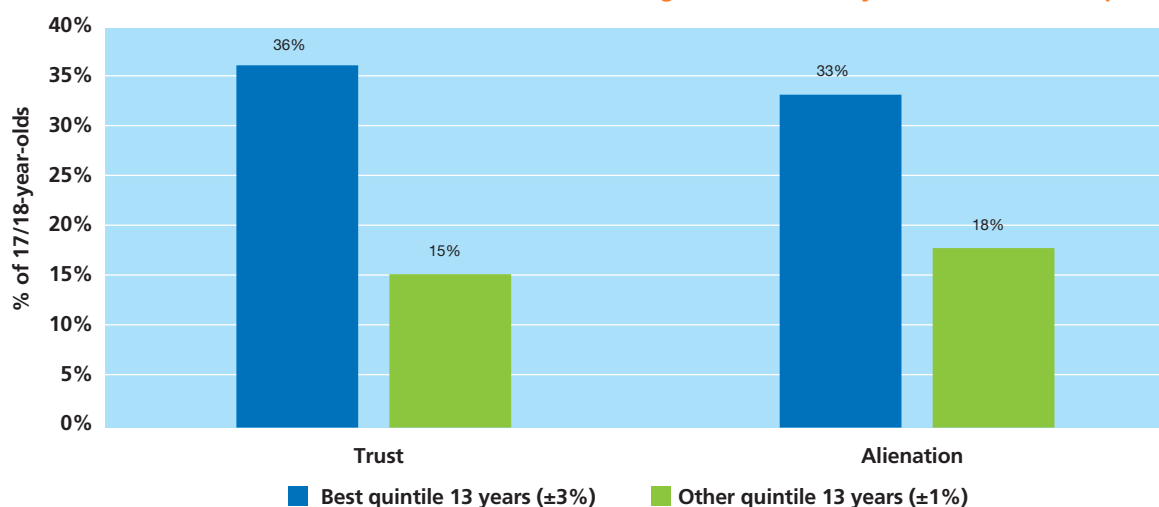
### 6.6.2 LONGITUDINAL TRENDS

At age 13 years, young people completed two of the IPPA subscales: alienation and trust. The longitudinal consistency over time was modest, with correlations between the 13-year and 17/18-year phase in the region of .20 for both. As shown in Table 6.4, the actual mean scores were relatively similar at the two waves, although at the individual level young people gave higher scores at age 13 for trust and lower scores for alienation.

Looking at how many participants were in the 'most favourable' quintile at both waves shows that having been in the 'most favourable' quintile at age 13 years was associated with a greater likelihood of being in the 'most favourable' quintile again at the 17/18-year follow-up (Figure 6.8). Of those who were in the highest trust quintile at 13, over one-third (36%) continued to be so at 17/18 (compared to 15% who moved 'up' to the top quintile between waves). A very similar pattern emerged in relation to alienation, with 33% of the 'most favourable' quintile scorers at 13 years being in the 'most favourable' quintile again four years later, in contrast to 18% moving into this quintile.



**Figure 6.8:** Percentage of young people in most favourable quintile of peer relationships (IPPA) trust and alienation subscales according to whether they were in the 'best' quintile at 13 years



Note: Margins of error are shown in parentheses after label in the legend.

## 6.7 SEXUAL IDENTITY, EXPERIENCE AND ROMANTIC RELATIONSHIPS

Literature from several countries suggests that the frequency of romantic relationships, as opposed to friendships, becomes more common in mid-late adolescence. For example, in the United States, Collins et al. note findings from the National Longitudinal Study of Adolescent Health (reported by Carver et al., 2003) that around 70% of 17/18-year-olds reported having a romantic relationship in the previous 18 months, in contrast to around half of 15-year-olds and a quarter of 12-year-olds. In Spain, among a large sample of 15-21-year-olds, around one-third were currently in a dating relationship (Viejo Almanzor et al., 2013). A similar figure was reported among a small Irish sample ( $n=260$ ) of second-level students aged 12-18 years (Kenny, Dooley and Fitzgerald, 2013).

For some young people, romantic relationships (casual or otherwise) will include sexual activity. In 2006, the Irish Study of Sexual Health and Relationships found that the median age for first (vaginal) sexual intercourse was 17 years among people then aged 18-25 years (Layte et al., 2006). Findings from the 2014 Irish sample in the Health Behaviour of School-Aged Children (HBSC) study indicated that 31% of boys and 21% of girls aged 15-17 years had ever had sex (Gavin et al., 2015). The same HBSC analysis also noted that young people aged 15-17 years in higher social-class groups were less likely to report having had sex: 27% of girls and 35% of boys in the lowest social-class groups had already had sex compared to 18% and 26% respectively in the highest social-class groups.

According to an international expert review published in 2011, self-definition is a commonly used method of gathering information on sexual orientation. Using this type of methodology, the expert group noted that around 3% of students aged 14-18 years in the United States identified as gay, lesbian or bisexual (Haas et al., 2011). The same review noted the heightened levels of discrimination, both individual and institutional, experienced by gay, lesbian and bisexual young people and the negative consequences for their mental health.

In the Irish context, the development of a national strategy to improve the lives of LGBTI+ young people in 2018 represents an acknowledgement of the challenges these young people face (Department of Children

and Youth Affairs, 2018b). Further, as recognised in the *LGBTI+ National Youth Strategy 2018-2020*, recent legislative changes have advanced greater equality for the LGBTI+ community as a whole, most notably through the passing of the Gender Recognition Act and the Marriage Equality Act in 2015.

### 6.7.1 SEXUAL IDENTITY AND ROMANTIC RELATIONSHIPS AT 17/18 YEARS

Questions on sexual identity, experience and romantic relationships were new to the *Growing Up in Ireland* study in this phase. All questions relating to these topics were self-completed by the 17/18-year-old.

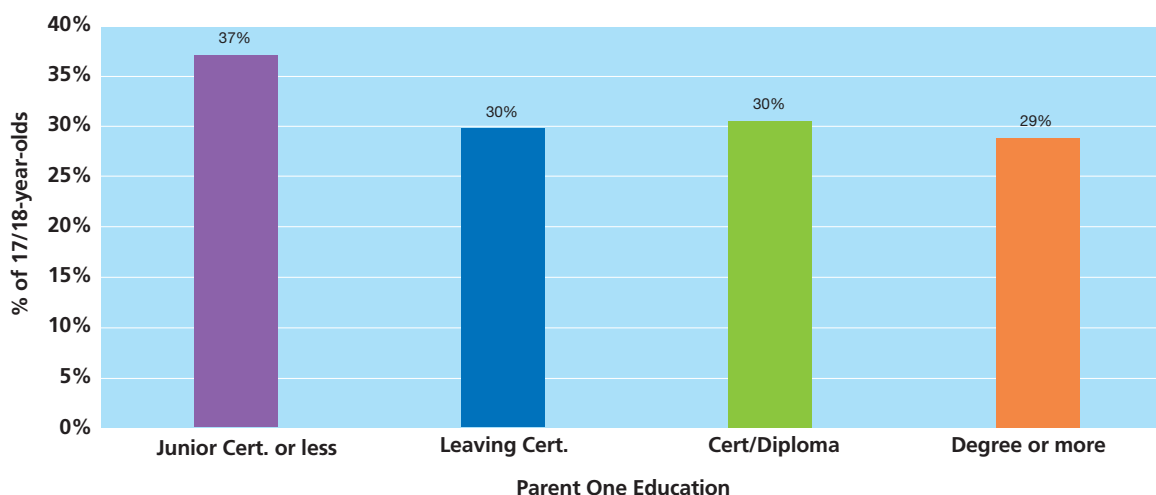
#### *Sexual orientation and gender identity*

In terms of sexual orientation, the majority of 17/18-year-olds – 88% – described themselves as ‘heterosexual/straight’. A little over 2% identified as ‘gay/lesbian’ and just under 5% as ‘bisexual’. Almost 3% said they were ‘questioning/not sure’ with the remaining participants indicating ‘don’t know’, ‘prefer not to say’ or ‘asexual’. In a separate question, just under 1% of young people identified as transgender.

#### *Relationships*

Just under one-third of 17/18-year-olds said they currently had a girlfriend or boyfriend. Females were somewhat more likely to report having a current boy/girlfriend (36%) than males (28%). Young people from more advantaged households (in terms of social class, income and education) were significantly less likely to report having a boy/girlfriend. As shown in Figure 6.9, 37% of young people in households where the main parent had lower secondary education (or less) had a current boy/girlfriend, in contrast to 29% of those where the main parent had a degree. The middle-education groups differed from the lowest education group, but did not differ from the highest-educated.

**Figure 6.9: Percentage of 17/18-year-olds with a current boy/girlfriend, according to parental education**



Note: Margins of error are, at most,  $\pm 3\%$ .

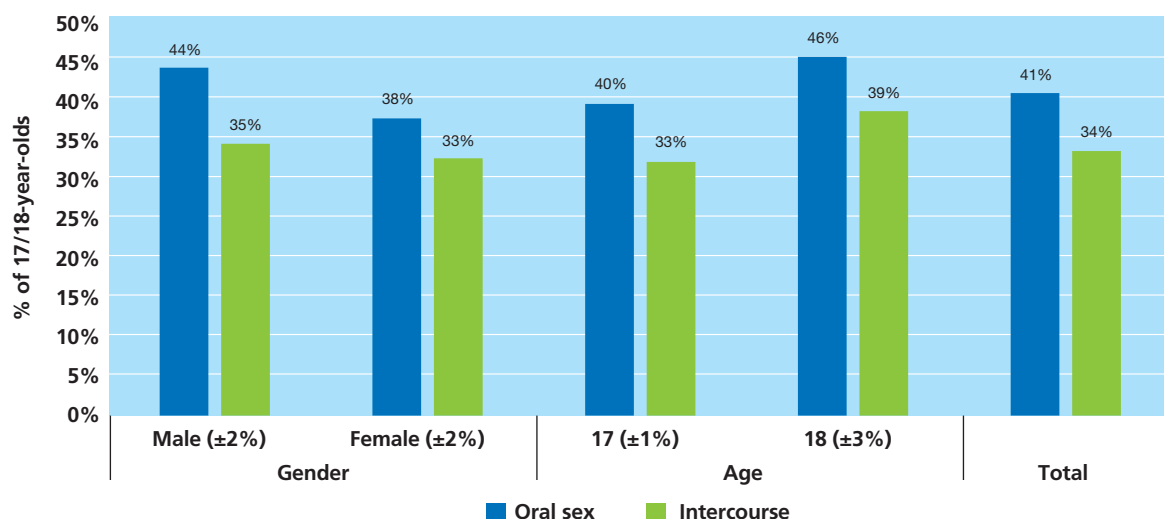
#### *Sexual experience*

Questions about sexual experience were graduated such that only respondents who indicated some level of sexual initiation – such as kissing or getting undressed – were asked questions about oral sex and sexual intercourse. Based on these hierarchical questions, it is estimated that 41% of 17/18-year-olds have experienced oral sex and 34% have had sexual intercourse; while 43% have experienced at least one of these.



Not surprisingly, young people aged 18 rather than 17 years were more likely to report experiencing oral sex (46% compared to 40%) and intercourse (39% compared to 33%; Figure 6.10). Males were more likely to report sexual experience – especially oral sex, at 44% compared to 38% for females – with less differentiation for intercourse at 35% among males and 33% among females.

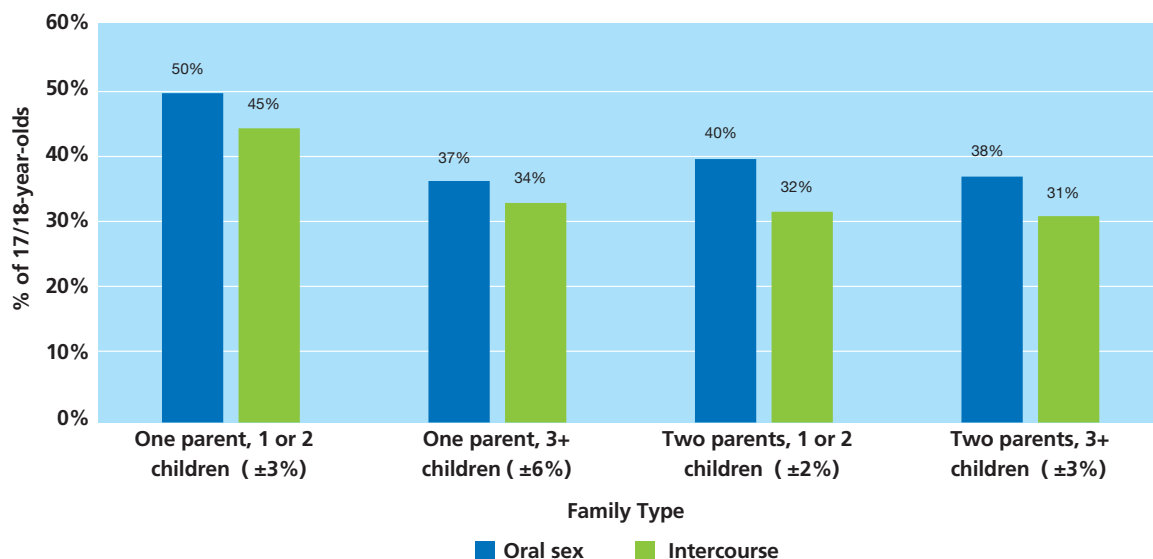
**Figure 6.10: Frequency of reporting oral sex and intercourse among 17/18-year-olds according to their gender and age**



Note: Margins of error are shown in parentheses after the label beneath each column.

Some of the biggest socio-economic contrasts were in relation to family structure (Figure 6.11), especially between young people in small one-parent families in contrast to larger two-parent structures. In the former, 50% of young people said they had experienced oral sex and 45% reported having intercourse; in the latter the corresponding figures were 38% (oral sex) and 31% (intercourse). Limited differences were observed according to family income and class, and no significant differences were observed according to parental educational status.

**Figure 6.11: Frequency of reporting oral sex and intercourse among 17/18-year-olds according to their family structure**



Note: Margins of error are shown in parentheses below each column.

Among the approximately one-third of 17/18-year-olds who reported experience of sexual intercourse, a set of follow-up questions recorded some further details. The following percentages apply only to the subset of young people who reported sexual intercourse (i.e. 34% of young people). Most (95%) said their first intercourse was with someone of the opposite sex. Around two-thirds had intercourse for the first time within the context of a steady relationship; 6% had either just met or didn't know the person. The remainder (28%) knew the person but were not in a steady relationship. While the majority (64%) felt that their first sexual intercourse had occurred around the right time for them, one in five felt they should have waited longer and an additional 10% were 'not sure'. Half of sexually active young people had experienced intercourse with one person, 19% with two people, 11% with three people, and the remaining 20% with more than three. As a percentage of the whole sample (including those who had not had intercourse), this equates to just under 6% of 17/18-year-olds who have had four or more sexual partners.

## 6.8 SUMMARY

This chapter examined relationships between the Young Person and his or her parents, and with friends and with boyfriends/girlfriends, as well as sexual orientation and sexual experience.

The average level of parental monitoring of young adults and disclosure to parents (both as reported by Parents One and Two) was very similar at 17/18 years old to the level at 13 years old. The average level of control reported by the Young Person was also very similar to the level at age 13. Monitoring of and disclosure from females was higher than the corresponding figures for males, particularly as reported by Parent One. Females were also considerably more likely than males to report parental control levels in the top quintile (23% compared to 14%). High levels of monitoring and control were reported less often in the larger one-parent families – that is, those with three or more children – than in other family structures, albeit with wider margins of error for the relatively small number of young people in this group.

There was some continuity over time in the tendency to have high levels of parental monitoring, disclosure and control. Parents who had been in the top quintile for monitoring and/or disclosure when the Young Person was 13 were around twice as likely to feature in that top quintile again at 17/18 (compared to parents who had been previously been lower than the top quintile). Similarly, young people who at 13 years had described higher levels of parental control were more likely to be in the higher-control quintile again at 17/18 years.

The 17/18-year-olds were generally positive about their interactions with their parents, as indicated by a set of 11 items measuring aspects of the relationship such as *intimacy*, *admiration*, *conflict*, *reliability* and *fear of love withdrawal*. Daughters were more likely than sons to give scores for their mothers that were in the worst deciles of the *conflict*, *reliability* and *fear of love withdrawal* subscales. Sons, on the other hand, were more likely to give their mothers ratings in the worst deciles for *intimacy* and *admiration*. Gender differences in ratings were smaller in the case of ratings of Parent Two.

The biggest group of 17/18-year-olds (47%) had three to five friends they *normally hung around with*; 61% of females, compared to 46% of males, said that their parents had met *most or all* of their friends. There was a good deal of consistency in the size of the friendship network for the Young Person since the age of 13.

A 25-item scale measuring *mutual trust*, *quality of communication* and extent of *anger/alienation* (Inventory of Parent and Peer Attachment; Armsden and Greenberg, 1987) showed quite a high level of peer attachment, with a mean total peer attachment score of 98 out of a maximum of 125. Females were much more likely than males to have positive relationships with their peers in term of total attachment and on the trust and communication subscales. Males were more likely to be in the most favourable (i.e. lowest) quintile on alienation.





Young adults whose Parent One had lower levels of education were more likely to be in the most favourable quintile on all three peer attachment subscales. The alienation and trust subscales had also been included in the 13-year-old questionnaires. The mean scores were similar at the two ages, but the level of correlation between the scores at 13 and at 17/18 was modest. Of those who had been in the most favourable quintile at 13, about one-third of 17/18-year olds remained in the most favourable quintile on both subscales.

In terms of sexual orientation, the majority of 17/18-year-olds, 88%, described themselves as *heterosexual/straight*; 2% as *gay/lesbian*; just under 5% as *bisexual*; 3% said they were *questioning/not sure*, with the remaining participants choosing *don't know, prefer not to say* or *asexual*. In terms of gender identity, just under 1% of young people identified themselves as *transgender*.

Just under one-third of 17/18-year olds had a girlfriend/boyfriend: 36% of females and 28% of males. There were also differences by maternal education, with higher rates among those whose mother had Junior Certificate qualifications or less (37%, compared to 29% among those whose mother had a degree or higher level of education).

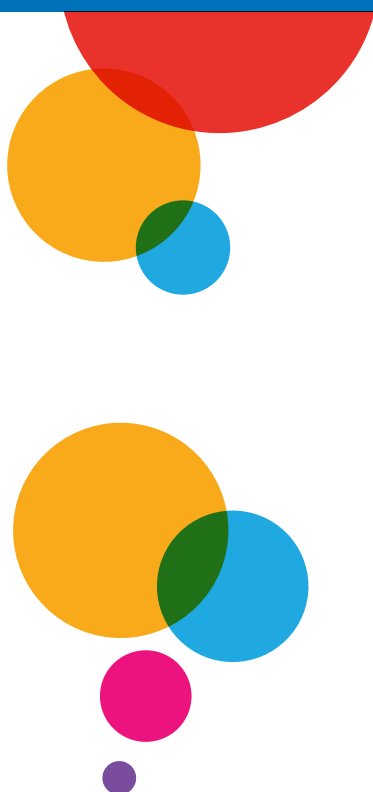
In all, 41% of 17/18-year-olds had experienced oral sex, 34% sexual intercourse and 43% at least one of these. Higher rates of sexual experience were reported by males - particularly in relation to oral sex - than females and by young people in smaller one-parent families. Half of sexually active young people had experienced intercourse with one person.





# Chapter 7

## SOCIAL PARTICIPATION AND RESPONSIBILITY



## 7.1 INTRODUCTION

As young people approach the end of their second-level school lives, their attention turns increasingly to life as an adult. They begin to look at life beyond school – to further and higher education and training, the world of work, adult relationships, family formation and social participation more broadly. The seeds have been sown in school, in extracurricular activities, in neighbourhood clubs and activities and, increasingly, in online connections with people they may never have met in person. This chapter focuses on young people's activities outside of school as they prepare for adult life, including their leisure activities, volunteering, trust in other people, confidence in institutions, sense of being treated less favourably than others, involvement in antisocial behaviours and contact with the Garda Síochána (the Irish police force) and criminal justice system. Young people's active involvement in the wider world and their attitude to other people and institutions form important elements of their successful integration into life as an adult.

## 7.2 EXPERIENCES OF THE COHORT AT AGES 9 AND 13

At 13 years old, young people were already involved in a wide range of non-school activities. Virtually all 13-year-olds had internet access (98%) and most had access in several different forms (e.g. at home and at school). Relatively high proportions of young people at age 13 had spent at least an hour on the average weekday on a range of sedentary activities, including watching TV or videos (89% of boys and 88% of girls); reading for pleasure (40% of boys and 51% of girls), using the computer (60% of boys and 69% of girls) and playing video games (54% of boys and 13% of girls) (Williams et al., 2018). Over half of them had participated in informal sports or physical activities at 13 (56%) while 65% participated in organised sports or physical activities. Smaller numbers participated in dance, drama or music lessons (24%, usually paid) or other clubs or groups such as scouts/guides and youth or community clubs (21%, Williams et al., 2018).

Sometimes individuals experience harassment from others due to characteristics such as their race, family background, sexual orientation or physical appearance. About 10% of the young people at 13 years reported having *been bullied* in the preceding three months (Williams et al., 2018). The most common reasons perceived as the motivation for the bullying at that age were jealousy (43%) and physical appearance (such as clothing, wearing glasses, height or weight – 46%). Class performance (23%) was also moderately important. In contrast, having a physical disability or a learning difficulty were perceived as factors in bullying in a relatively small number of cases, as were not conforming to traditional gender roles and ethnicity (Williams et al., 2018).

At 13 years old, both the young people and their parents had been asked about the Young Person's involvement in antisocial behaviours. The prevalence was low according to both accounts. Only 12% of were reported by their parents as having engaged in any of 11 antisocial behaviours. Parents reported that 9% of 13-year-olds had engaged in starting fights, or had bullied, threatened or intimidated others, but less than 5% had been involved in deliberate cruelty to people or animals or using a weapon.

In general, boys were more likely than girls to engage in such behaviours, according to both self-reports and parental reports. For example, almost 25% of boys compared to 10% of girls reported 'hitting, kicking or punching someone in order to hurt or injure them'.

The number of young people who reported having *been in trouble with the Gardaí* (the Irish police) was under 8% at age 13. It was significantly higher among boys (10%) than girls (5%). Rates were also significantly higher among 13-year-olds from the most educationally and socially disadvantaged groups, measured in terms of Parent One's education and family social class (Williams et al., 2018).



## 7.3 ACTIVITIES AND VOLUNTEERING AT 17/18 YEARS

### 7.3.1 ACTIVITIES FOR PLEASURE AND RELAXATION

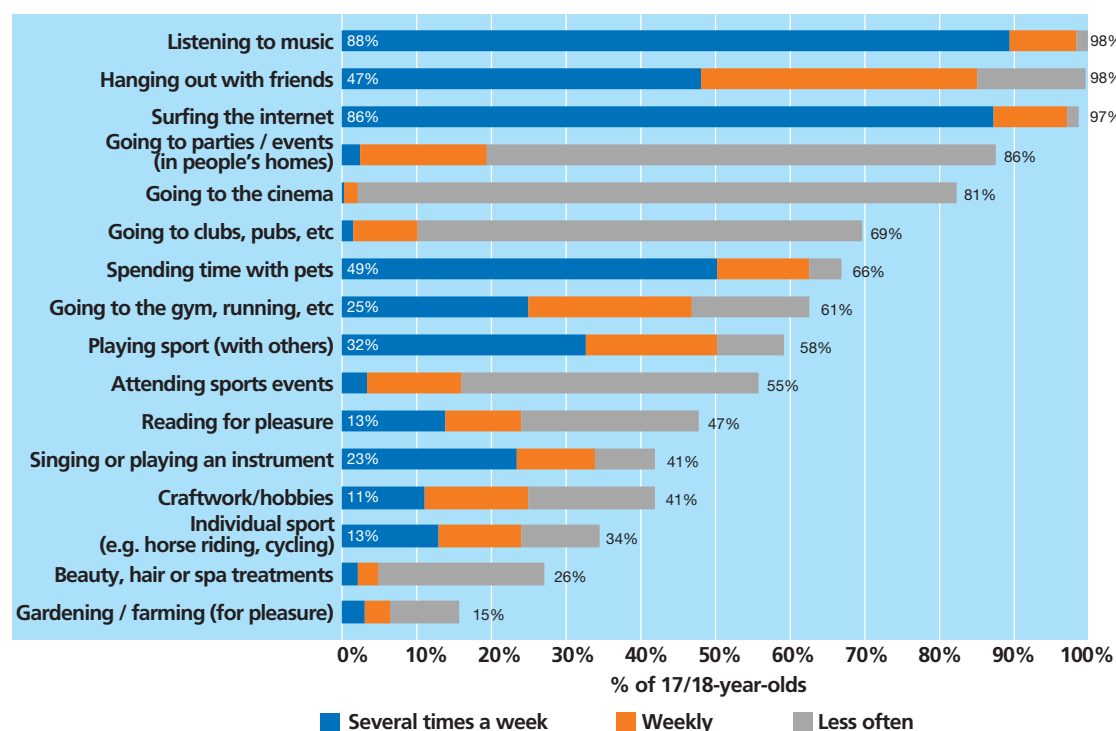
Leisure activities are important for young people's psychological well-being, the development of new skills, and the formation of social relationships (Trainor et al., 2010; Badura et al., 2015). *Better Outcomes, Brighter Futures* has the aim of ensuring that children and young people are "connected, respected and contributing to their world" (Department of Children and Youth Affairs, 2014, p.6). Within this framework, recreation and cultural activities are seen as key to the well-being of children and young people. The Creative Ireland programme also focuses on developing the creative potential of children and young people through school- and community-based initiatives.

Young people were asked which of 16 activities they took part in for fun or to relax, and how often they engaged in each type of activity. Figure 7.1 shows the percentage of 17/18-year-olds with any level of engagement in each activity and also indicating the frequency of their engagement. Almost all of the young people listened to music, hung out with friends and surfed the internet (97-98%); listening to music and surfing the internet were typically something they did very frequently (at least several times a week). Hanging out with friends was an activity in which just under half the young people engaged several times a week, with most of the remainder doing so weekly.

Other activities in which two-thirds or more of the young people engaged were going to parties or social events in other people's homes (86%); going to the cinema (81%); going to pubs or clubs (69%), though the typical frequency for these was less than weekly. Another common activity was spending time with pets (61%, usually several times per week).

In terms of participating in more active pursuits several times a week, 13% engaged in individual sports, 32% in sports with others and 25% went to the gym or ran. The total percentage who engaged in any of these three types of activity (at any frequency) was 81%; 46% engaged in them several times a week.

**Figure 7.1** Activities 17/18-year-olds engage in for fun or to relax

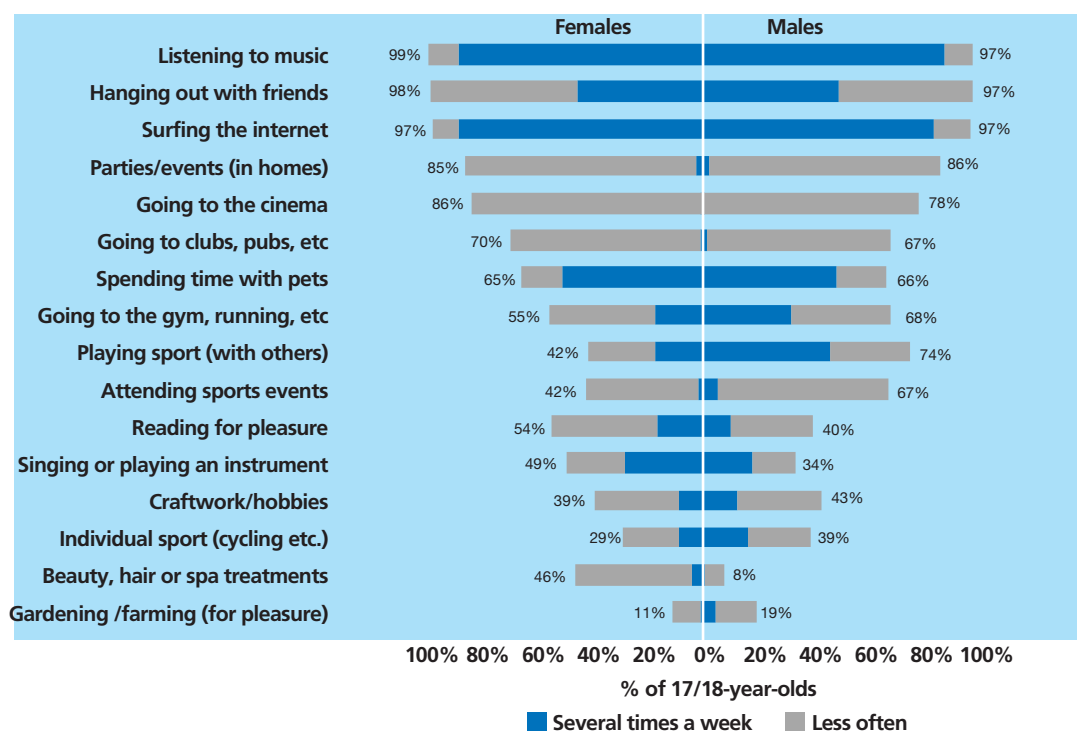


Note: Margins of error are, at most, plus or minus 1%.

Males and females did not differ greatly in the activities that were most popular, as shown in Figure 7.2, which distinguishes between activities in which males and females participated several times a week or less often. Listening to music, surfing the internet, hanging out with friends and going out (to parties, cinema, pubs and clubs) were popular with both genders, as was spending time with pets. Young men were more likely than young women to engage in active pursuits several times a week: individual exercises such as running or going to the gym (32 vs. 17%); playing sports with others (46 vs. 17%) and individual sport (16 vs. 9%). Taking these three active pursuits together, 60% of males and 31% of females participated in them several times a week.

Young women were more likely to sing or play an instrument several times a week (28% vs. 18%) and read for pleasure (17% vs. 10%). Young women were also more likely to go for beauty, hair or spa treatments (46% of young women and 8% of young men, any frequency).

**Figure 7.2: Activities 17/18-year-olds engage in for fun or to relax by gender**



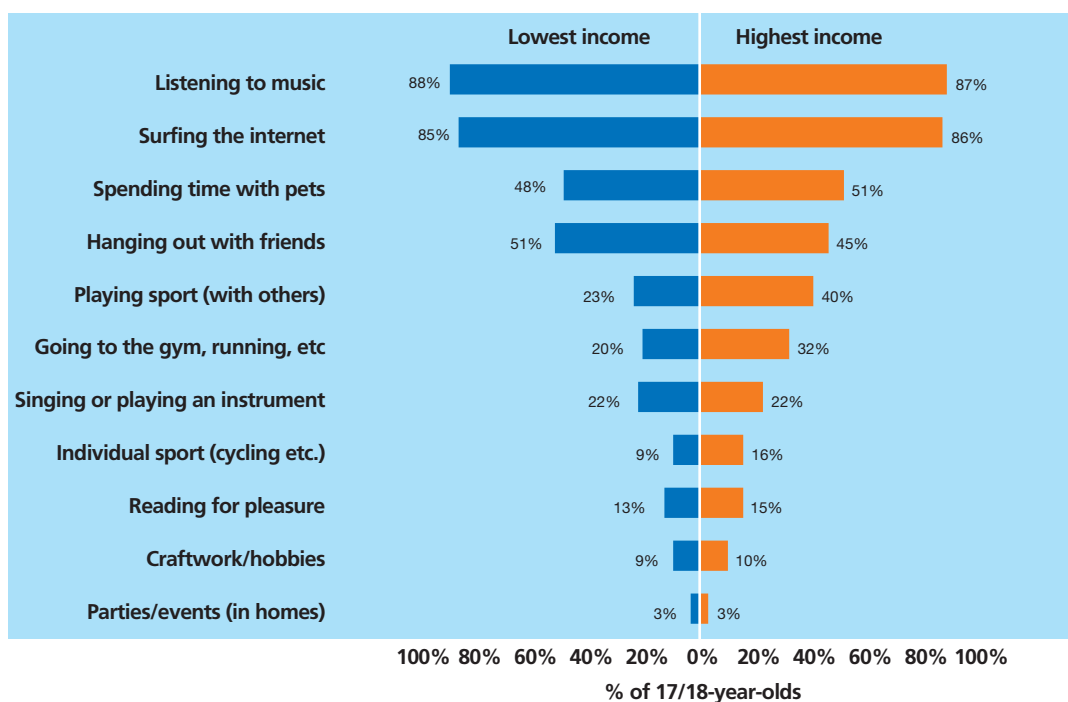
Note: Margins of error are, at most, plus or minus 1.8% for each gender.

Focusing again on the activities in which young people engage several times a week, Figure 7.3 shows the differences by the family income quintile for the most popular activities. There was very little difference between the highest and lowest income quintiles in weekly participation in most of the activities, with the exception of the more physically active ones and hanging out with friends. When it comes to physically active pursuits, those in the highest income quintile were more likely to participate several times a week: playing sport with others (40% vs. 23%), running/gym (32% vs. 20%), and individual sports such as cycling (16% vs. 9%). Among young people in the highest income quintile, 56% took part in at least one of these three types of activity several times a week compared to 36% of those in the lowest income quintile. On the other hand, young people from families in the lowest income quintile were more likely to hang out with friends several times per week (51% vs. 45%). It is possible that part of this difference is due to the costs associated with sports gear and equipment or gym memberships.



Other analyses showed that the differences by parental education and by social class followed a similar trend to the income differences, with more advantaged young people having higher levels of participation in the more physically active pursuits and less-advantaged young people being more likely to hang out with friends.

**Figure 7.3** Activities 17/18-year-olds engage in for fun or to relax several times a week by highest or lowest income quintile



Note: Margins of error are, at most,  $\pm 4\%$  for the lowest income quintile and  $\pm 3\%$  for the highest quintile.

### 7.3.2 VOLUNTEERING

There has been a debate in the literature on the orientation of young adults to social and personal responsibilities. On the one hand, Twenge (2013) argues that, since the 1980s, at least in the US, there has been a growth in narcissism (an inflated view of the self), individualism and lack of social consciousness. Narcissism may bring some positive benefits to the self in the short term, but the consequences are negative for others and for the self in the long term. A related argument identifies a “generational shift is toward more extrinsic values (money, image, and fame) and away from intrinsic values (community feeling, affiliation, and self-acceptance)” (Twenge, 2013, p.13). Negative consequences include a decline in concern for others, for larger social issues and for the environment. On the other hand, ‘millennials’ are argued to have greater tolerance for diversity than the generations that preceded them, and are said to be more confident (Twenge, 2014).

Twenge’s view on narcissism is contested by others, including Arnett, who notes that there is “no persuasive evidence that scores on the Narcissistic Personality Inventory (NPI) have risen among college students in recent decades. In any case, the NPI is a dubious measure of narcissism, and college students are a dubious sample of emerging adults.” (Arnett, 2013, p.5; see also Donnellan et al., 2009; Trzesniewski & Donnellan, 2010). Arnett also points to a decline in crime and evidence of increasing volunteering among American college students as evidence that contradicts the argument for a general rise in narcissism. Roberts et al. (2010) argue that young people are more narcissistic than their elders because of developmental trends related to maturation rather than to differences between cohorts: “Every generation of young people



is substantially more narcissistic than their elders, not because of cultural changes, but because of age-related developmental trends” (p. 99).

As noted in Murray et al. (2020), age 17/18 years is a particularly interesting time-point as regards voluntary activity. On one side, there is increased independence, and a greater capacity to contribute that comes with increased maturity. On the other, there is time pressure from exams and a time of transition away from school and possibly from the locality.

In *Growing Up in Ireland*, the 17/18-year-olds were asked whether they currently, or in the past year, regularly participated in any volunteer activity; the number of hours per month (for those who currently or in the past year volunteered regularly), and the nature of the activity. Overall, 10% of 17/18-year-olds were currently involved in volunteer work and another 18% had been involved at some point in the past year (Figure 7.4). There was no statistically significant difference between males and females.

The percentage of 17/18-year-olds involved in volunteer activity, including both current and past year combined, was 28%. This is lower than rates for young people aged 16 to 24 participating in formal volunteering at least once in the past year in the UK (35% in 2018-19; Department for Digital, Culture, Media and Sport, 2019). The figure is higher than the 21% in the UK study who participated in formal volunteering at least once a month. In 2013, the Quarterly National Household Survey indicated that 17% of 16-25-year-olds in Ireland had volunteered in the past four weeks (Central Statistics Office, 2015). A lower figure in *Growing Up in Ireland* for current volunteering (10%) might be related to the fact that the 17/18-year-olds were likely to be under pressure preparing for the end-of-second level examination (the Leaving Certificate) and planning transitions to further or higher education. It could also be the case that opportunities for volunteering increase after second-level school, including opportunities connected with further or higher-education institutions.

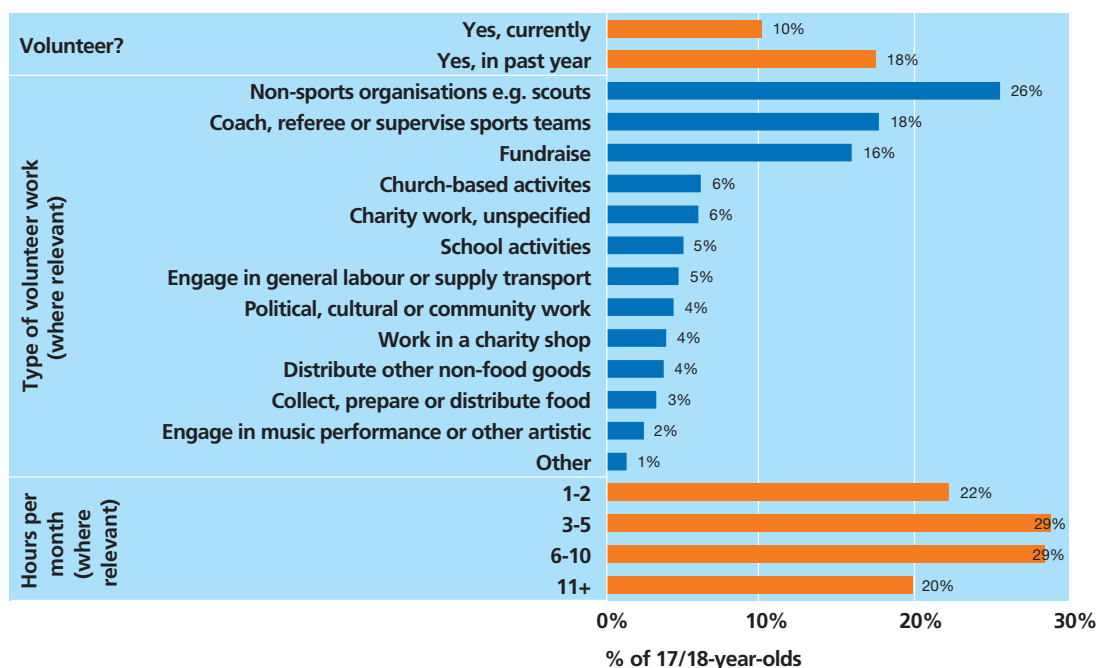
Those who were taking part in voluntary activity at the time of the survey or over the previous year were asked about the nature of that activity and the number of hours involved per month. The nature of the activity was coded into the type of organisation involved, using the categories shown in Figure 7.4. The most common types of volunteering were non-sports-related organisations (such as scouting or youth clubs, 26% of the volunteers), sports-related (18%, e.g. coaching, refereeing or supervising sports team), fundraising (e.g. collections, sponsored activities, 16%). There was a significant difference between males and females only for sports-related (23% of males and 12% of female volunteers) and non-sports related organisations (23% males and 28% females).

In terms of time spent volunteering among those who volunteered, 22% volunteered 1-2 hours per month; 29% 3-5 hours per month; 29% 6-10 hours per month, and 20% 11 or more hours per month.<sup>44</sup> Gender differences in hours spent volunteering were small, with females more likely to volunteer 3 to 5 hours per month (32% vs. 26%) and males more likely to volunteer 1 to 2 hours per month (24% vs. 20%).

44 In addition, a very small number indicated that they had volunteered on a once-off or block basis.



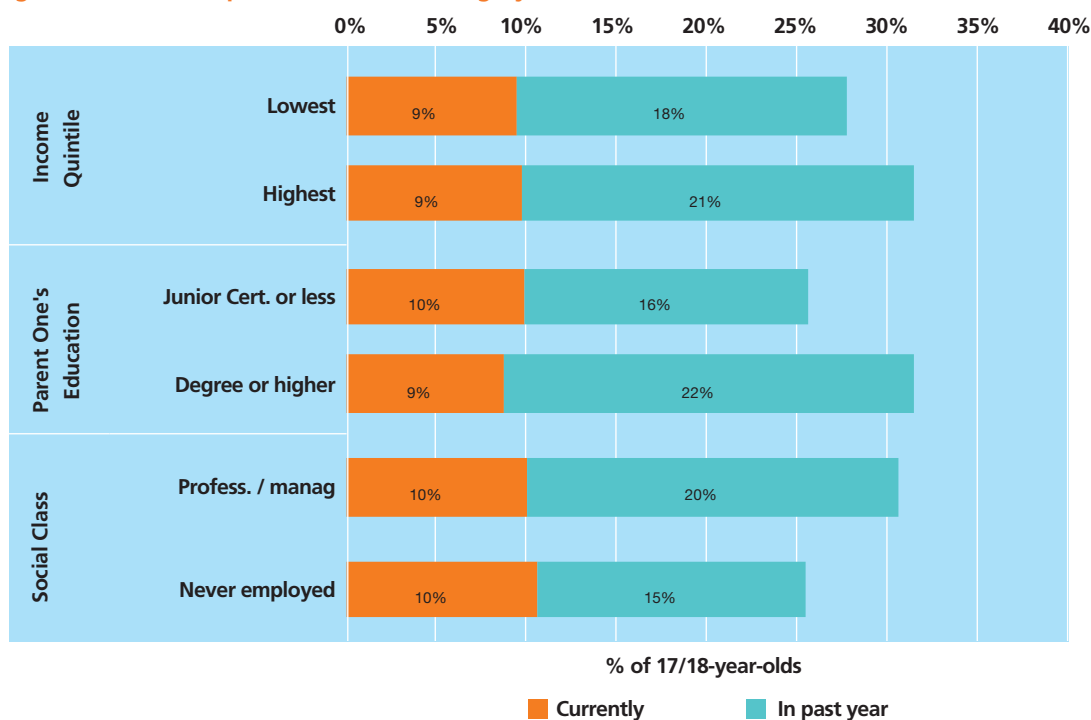
Figure 7.4: Volunteering by 17/18-year-olds, type of volunteer work and hours per month



Note: Margins of error are, at most,  $\pm 1\%$  'Volunteer?' and  $\pm 2\%$  for 'Type' and 'Hours per month.'

There were few differences by social class, family income quintile or parental education in the percentage of young people involved in volunteering (Figure 7.5). The strongest patterns were by parental education, in relation to volunteering in the past year rather than currently. For instance, 17/18-year-olds whose parent had a degree were significantly more likely to have volunteered in the past year than those whose parent had education up to Junior Certificate level (22% versus 16%).

Figure 7.5 Participation in volunteering by socio-economic characteristics



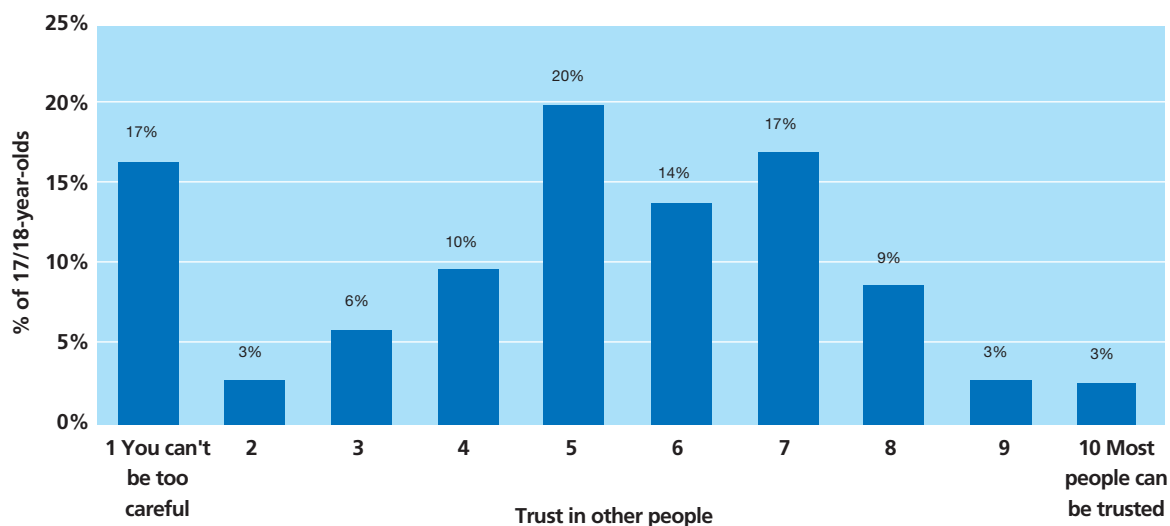
Note: The margin of error is, at most,  $\pm 2\%$  for currently;  $\pm 3\%$  in past year.

## 7.4 TRUST IN OTHER PEOPLE AND CONFIDENCE IN INSTITUTIONS

The general level of confidence that people have in others and in a society's institutions is important to their willingness to cooperate in working for the common good (Newton, 2001; Twenge, Campbell and Carter, 2014; Balliet and Van Lange, 2013). The 17/18-year-olds were asked to rate their level of trust in other people on a single-item scale ranging from 1 to 10: *Generally speaking, would you say that most people can be trusted? Please give your answer on a scale of 1 to 10, where 1 means that "you can't be too careful in dealing with people" and 10 means that "most people can be trusted."*<sup>45</sup> They were also asked to express their level of confidence in each of seven institutions, using the categories *a great deal, quite a lot, not very much or none at all*.

The scores on the 10-point trust scale are shown in Figure 7.6. Most young people gave a response either at the middle of the scale or indicating a slightly more trusting attitude (51% were between 5 and 7 on the 10-point scale). More young people gave the lowest score (*you can't be too careful*, 17%) than the highest possible score (*most people can be trusted*, 3%). The patterns were very similar for males and females.

Figure 7.6: Trust in other people on a scale from 1 to 10



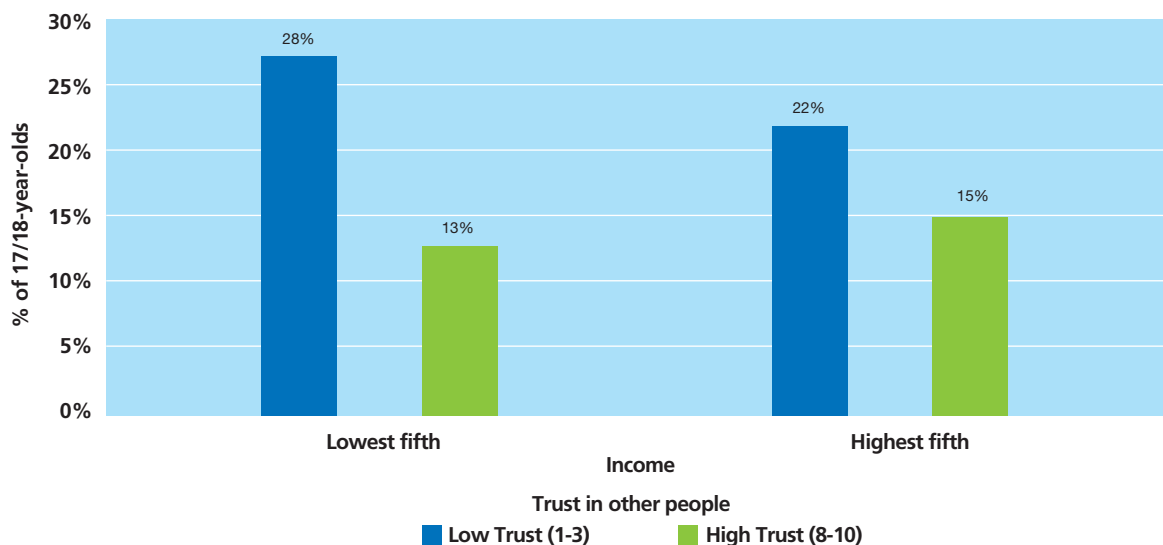
Note: The margin of error is, at most,  $\pm 1\%$ .

There were differences in the levels of trust in other people by family income, as shown in Figure 7.7, but the differences were modest in size and only affect having low levels of trust. Among those in the lowest income quintile, 28% had low levels of trust (scores from 1 to 3) compared to 22% of those in the highest income quintile. The differences in 'high' levels of trust (8 to 10 on the scale) between income groups were not statistically significant. Differences by parental education in either high or low levels of trust (not shown) did not reach statistical significance.

<sup>45</sup> This measure was previously used in the European Survey of Income and Living Conditions special module in 2013 (Eurostat, 2014).



**Figure 7.7 High and low trust in other people by family income**



Note: The margin of error is, at most,  $\pm 3\%$ .

Confidence in institutions is often associated with trust in other people. The 17/18-year-olds were asked to express their level of confidence in seven different institutions, as shown in Figure 7.8. Response options were *a great deal*, *quite a lot*, *not very much* or *none at all*. Figure 7.8 shows the percentage of males and females who expressed *a great deal* or *quite a lot* of confidence in the different institutions.

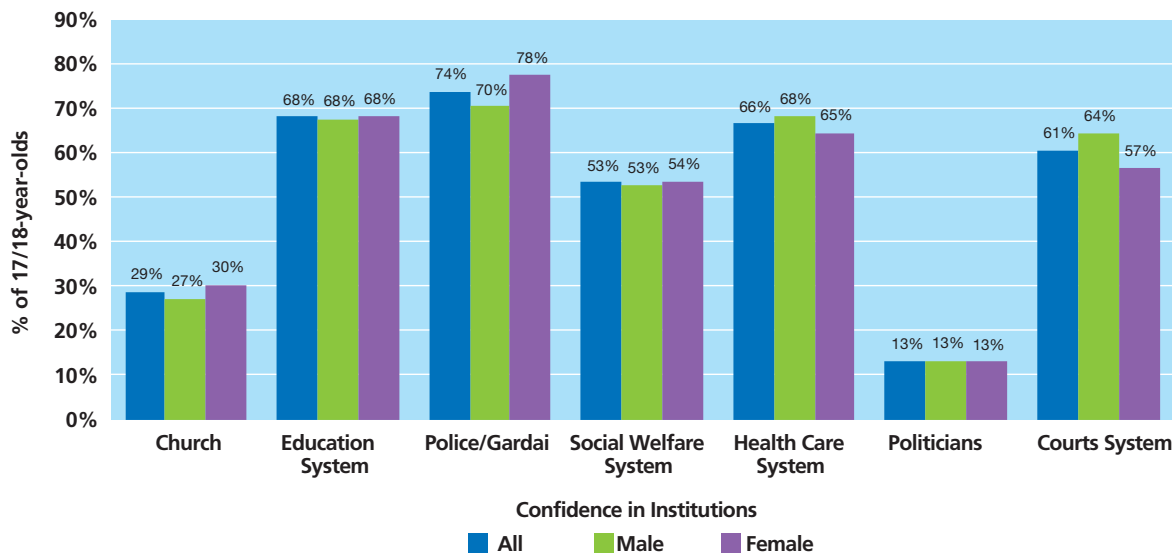
The 17/18-year-olds expressed a high level of confidence in the Garda (74%), the healthcare system, the education system and the courts (61 to 68%). The level was somewhat lower in relation to the social welfare system, with just over half of 17/18-year-olds expressing high levels of confidence (53%).

Levels of confidence in 'the Church' were low (29%) and there were very low levels of confidence in politicians (13%). There were few gender differences, and they were small to moderate in size. Young women had a somewhat higher level of confidence in the Garda (78% vs. 70% expressing *a great deal* or *quite a lot* of confidence). They had a slightly lower level of confidence in the courts system (57% vs. 64%).

A somewhat similar question is asked on the Eurobarometer, dealing with trust in institutions (European Commission Directorate General for Communication, 2017). The results are not directly comparable because of differences in question wording and in the named institutions. However, the figures for Ireland confirm the relatively high levels of trust in the police among young people aged 15 to 24 (62% tending to trust, with similar figures for older adults) and for the legal system (61%) and much lower levels of trust for political parties (25%).<sup>46</sup>

<sup>46</sup> "QA8a. I would like to ask you a question about how much trust you have in certain institutions. For each of the following institutions, please tell me if you tend to trust it or tend not to trust it. Justice\the legal system; The police; The army; Public administration in (COUNTRY); Political parties; Regional or local public authorities; The (NATIONAL) Government; The (NATIONAL PARLIAMENT); The European Union; The United Nations".

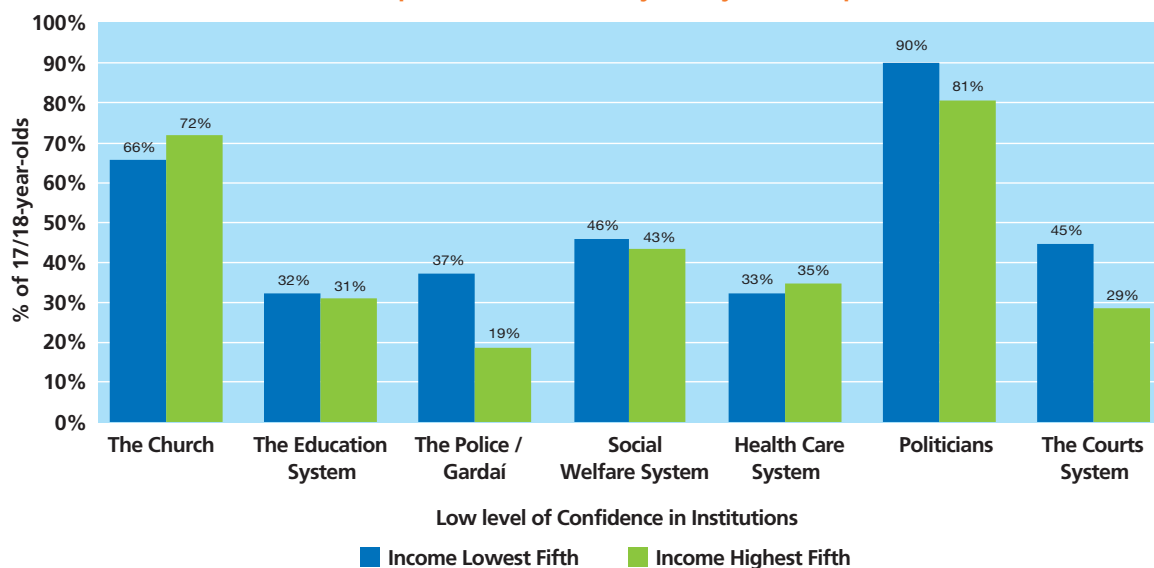
**Figure 7.8: Percentage of 17/18-year-olds with a great deal or quite a lot of confidence in different public institutions, by gender**



Note: The margins of error are, at most,  $\pm 1\%$  for 'All',  $\pm 2\%$  for 'Male' and  $\pm 2\%$  for 'Female'.

There was a distinct socio-economic differential among the 17/18-year-olds in terms of confidence in the Garda, courts and politicians, with lower levels of confidence found among those from lower-income backgrounds (Figure 7.9). Levels of confidence in politicians were very low for all social groups, however, and most young people had low levels of confidence in the Church. There were virtually no differences by income for confidence in the education, social welfare and healthcare systems.

**Figure 7.9: Percentage of 17/18-year-olds with low levels of confidence (*not very much or none at all*) in different public institutions, by family income quintile**

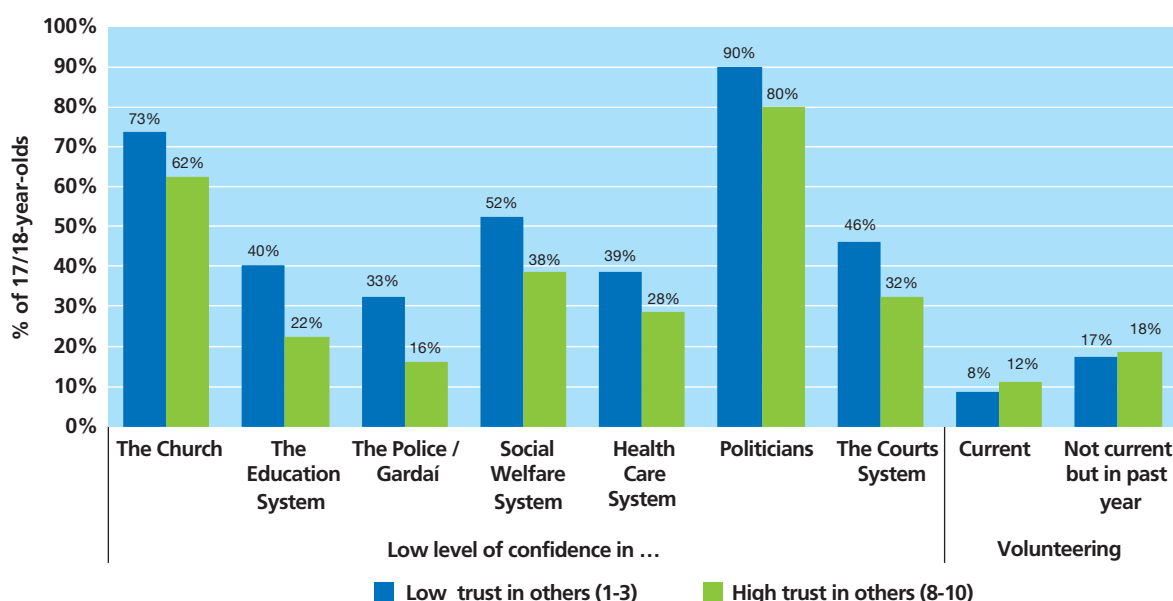


Note: The margins of error are, at most,  $\pm 4\%$  for 'Income Lowest Fifth',  $\pm 3\%$  for 'Income Highest Fifth'.



Confidence in institutions and volunteering activity were both associated with trust in other people (Figure 7.10). Young people with low levels of trust in others (scores of 1 to 3 on the 10-point scale) were more likely to have low levels of confidence in any of the institutions. The differences were particularly marked for the education system: 40% of young people with low levels of trust in others expressed low levels of confidence in the education system compared to 22% of those with high levels of trust in others. The differences by level of trust in others were also large for confidence in the Garda (33% and 16%, respectively).

**Figure 7.10: Percentage of 17/18-year-olds with low levels of confidence (*not very much/none at all*) in public institutions and who volunteered by level of trust in others**



Note: The margins of error are, at most,  $\pm 3\%$  but are  $\pm 2\%$  for 'Current volunteering'. Differences between 'High Trust' and 'Low Trust' are statistically significant except for 'Volunteering – Not current but in past year'.

Those with low levels of trust were also less likely to be currently volunteering (8%) than those with high levels of trust (12%) (Figure 7.10). It is not possible to say on the basis of these data what influences this association – that is, whether low trust in others leads to scepticism about institutions and a reluctance to volunteer or whether the experience of volunteering promotes a greater sense of trust in others. However, the three aspects of the lives of young people are associated and may indicate that some young people feel less integrated into, or more marginalised from, the society in which they live.

## 7.5 SENSE OF DISCRIMINATION

An important aspect of young people's relationship to wider society is their sense of being treated fairly. As well as being distressing for the individual, discrimination has been linked to negative physical and mental health outcomes (Lewis et al., 2012). In Ireland, many minority groups report experiencing discrimination, including Travellers (Kenny and McNeela, 2007), individuals with disabilities (NDA, 2011) and immigrants (Kennedy, 2013; McGinnity et al., 2017).

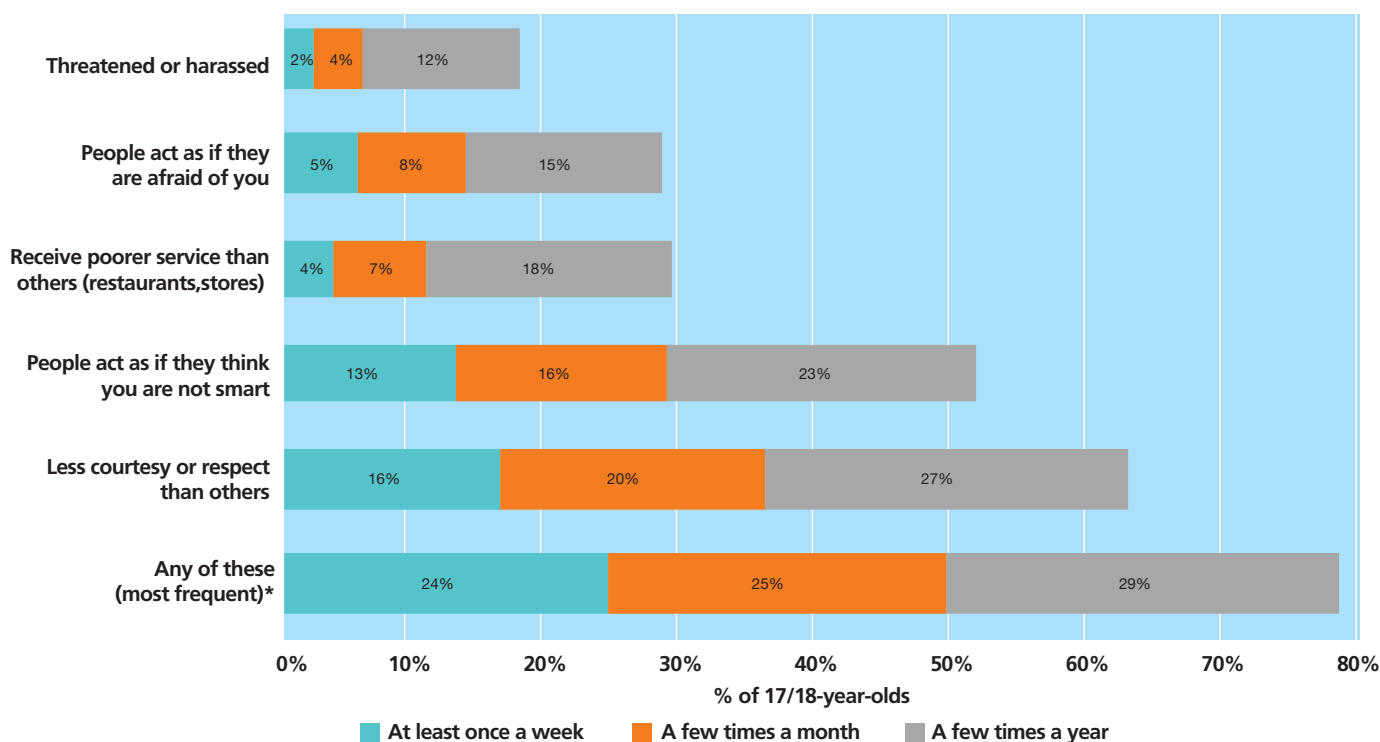
Discrimination is measured in *Growing Up in Ireland* by a shortened version of the Everyday Discrimination scale (Williams, Yu, Jackson and Anderson, 1997). This is a five-item measure (Stucky et al., 2011) that asked the 17/18-year-olds how frequently they felt they had experienced different forms of mistreatment

in their day-to-day lives. Examples of items in the scale include: 'You are treated with less courtesy than other people' and 'You receive poorer service than other people at restaurants or stores'. Responses were on a six-point scale (0=never, 1= less than once a year, 2= a few times a year, 3= a few times a month, 4= at least once a week, 5= almost every day). Scale reliability has been found to be high with US samples of adults and young people (Krieger et al., 2005; Clark et al., 2004).

Follow-up questions were asked of respondents who answered 'a few times a year' or more to ascertain what they thought was the main reason for the experience; they were presented with a list of possible reasons, which included race, age, gender, religion, height, weight.

Figure 7.11 shows the percentage of 17/18-year-olds who reported having experienced different types of unfair treatment at least a few times a year. The most common types of unfair treatment were *being treated with less courtesy or respect than others* (16% at least once a week) and *people acting as if they think you are not smart* (13% at least once a week). *People acting as if they are afraid of you* (5% at least once a week), *receiving poorer service than others in restaurants and stores* (4%) and *being threatened or harassed* (2%) were less common. The last bar in the graph represents the highest frequency across all the types of behaviour experienced by the person. Taking all of the five types of behaviour together, 24% of 17/18-year-olds experienced at least one of them once a week or more often, and 78% experienced at least one of them a few times a year or more often. These data indicate that a feeling of being treated unfairly is not rare.

**Figure 7.11: Percentage of 17/18-year-olds reporting different types of unfair treatment**



Note: The margins of error are, at most,  $\pm 1.2\%$ . \* 'Any of these (most frequent)' records the greatest frequency reported by the Young Person across all five types of behaviour.

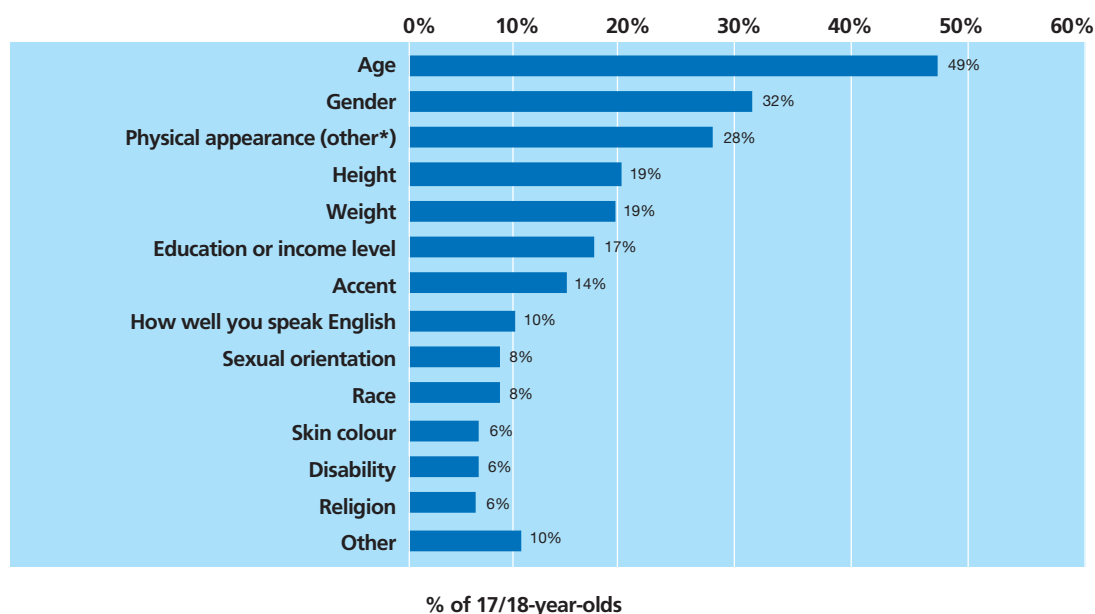
The reasons for the discrimination reported by the young adults are shown in Figure 7.12 (expressed as a percentage of all young people). The percentages sum to more than 100 because the young people may





have given more than one reason. By far the most common reason was age (49%), followed by gender (32%), aspects of physical appearance other than height or weight (28%), height and weight (both 19%) and education or income level (17%). Smaller percentages, although still of interest, referred to perceived discrimination on the basis of how they spoke; either their 'accent' (14%) and/or 'how well you speak English' (10%). It is interesting that, other than age and gender, the most commonly cited reasons do not correspond to the nine grounds under which discrimination is prohibited under Irish law. Physical appearance, height, weight, education/income and accent are not covered by Irish anti-discrimination legislation. The nine grounds in Irish equality legislation are gender, age, disability, race/ethnicity, family status, marital status, religion, being a Traveller and sexual orientation.<sup>47</sup> Of these other grounds, 'race' and 'skin colour' were mentioned by 8 per cent and 6 per cent respectively; 'sexual orientation' 8 per cent; 'disability' and 'religion' 6 per cent each.

**Figure 7.12: Reasons for unfair treatment reported by 17/18-year-olds who reported being treated unfairly**



Note: \* Aspects of physical appearance other than weight or height. The margins of error are, at most,  $\pm 1.5\%$ .

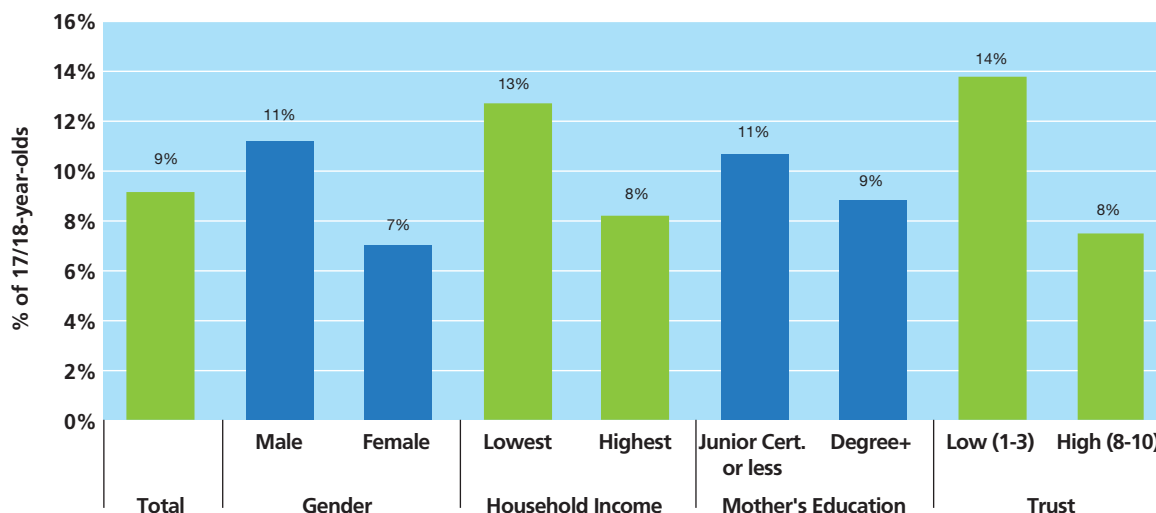
The five items shown in Figure 7.11 can be used to construct an Everyday Discrimination scale, with values ranging from 0 (never experienced any of the five kinds of unfair treatment) to 5 (experienced all five kinds of discrimination almost every day).<sup>48</sup> Figure 7.13 shows the percentage of 17/18-year-olds in the top decile on this measure.<sup>49</sup> This would correspond to an average score of between *a few times a month* and *a few times a year* across the five types of unfair treatment. The percentage in the top decile was higher for males than females (11% and 7%, respectively). It was also higher for those in the lowest income category (13%) but differences by mother's level of education were not statistically significant. The experience of discrimination was associated with low levels of trust: 14% of those with low levels of trust reported high levels of discrimination compared to 8% of those with high levels of trust. Again, the factors underlying this association cannot be inferred here. While it seems plausible that experiencing discrimination would lead a person to be mistrustful, it might also be the case that someone who does not trust other people might be more likely to perceive treatment as unfair or as less favourable than the treatment received by others.

<sup>47</sup> A tenth ground (being in receipt of a Housing Assistance Payment or Rent Supplement) applies specifically to home renting.

<sup>48</sup> The average score was 1.24, with a standard deviation of 0.89. The average corresponds, approximately, to experiencing one form of unfair treatment a little more often than once a year.

<sup>49</sup> Because of the response patterns, overall 9% of 17/18-year-olds were in this group.

**Figure 7.13: Percentage of 17/18-year-olds in the top decile on the Everyday Discrimination Scale by gender, income, education and trust in institutions**



Note: The margins of error are, at most,  $\pm 2\%$ .

## 7.6 ANTISOCIAL BEHAVIOURS AND CONTACT WITH THE CRIMINAL JUSTICE SYSTEM (CJS)

Adolescent antisocial behaviour (ASB) is worthy of attention because of its impact on the sense of security and safety in society, the injury associated with physical assault, the costs associated with behaviours such as theft and vandalism, the implications for the Young Person such as exclusion from their families and schools, and because it can lead to more serious crimes (Armitage, 2002). ASB is more common in young people and in early adulthood than later in life. Moffitt (1993) argues that there may be two separate groups involved: one group of adolescents for whom antisocial behaviour is limited to that stage of their life ('adolescent-limited ASB') and a smaller group for whom that behaviour will persist into adulthood ('life-course-persistent ASB'; see also Moffitt and Caspi, 2001).

For some young people, ASB may be an exaggerated form of the rebelliousness through which adolescents assert their independence (Frick and Viding, 2009), and may be limited to that part of the life-course (Haywood and Sharp, 2005). On the other hand, ASB has been associated with a number of other problematic outcomes in the areas of mental and physical health, including problems that persist into adulthood as consequences of adolescent ASB, such as a criminal record, dropping out of school and substance abuse (Frick and Viding, 2009).

There are many proposed risk factors for antisocial behaviour in adolescence, including: socio-economic status (Piotrowska et al., 2015), school problems (Day and Wanklyn, 2012), family structure (Amato, 2005), parenting style (Perrone et al., 2004), peer influences (Vitaro, Brendgen and Tremblay, 2002) and neighbourhood characteristics (Thornton and Williams, 2016).

The young people themselves had, at 13 years old, reported engaging in antisocial behaviour with somewhat greater frequency than reported by their parents. They were presented with a list of 15 items that ranged in seriousness from 'not paying the correct fare on a bus' to 'carrying a knife or weapon'; 'using force or threats to get money or something else from someone', and 'hitting, kicking or punching someone to hurt or injure them'. The questions were developed by researchers in the Edinburgh Study of



Youth Transitions (McAra and McVie, 2007) and were also used in the Belfast Youth Development Study (Higgins et al., 2018).

At 13 years old, over 60% of 13-year-olds reported not having engaged in any of the 15 antisocial activities – the figure being significantly higher for girls than boys (69% and 54% respectively; Williams et al., 2018). Some of the more common forms of antisocial behaviour included *hit, kicked or punched someone on purpose in order to hurt or injure them* (17%); 14% had *not paid the correct fare on a bus or train*, and 14% had *taken money or something else from home... without permission* (Williams et al., 2018). Other aggressive acts, such as ‘carrying a knife or weapon’, ‘using force/threats’ and ‘being involved in a serious physical fight’, were recorded less frequently – by 2.6%, 1.1% and 4.1% respectively. These figures were lower than those reported for a group of Australian adolescents on similar items, where 32% reported fighting, 16% reported theft and 14% reported property damage (Smart et al., 2004).

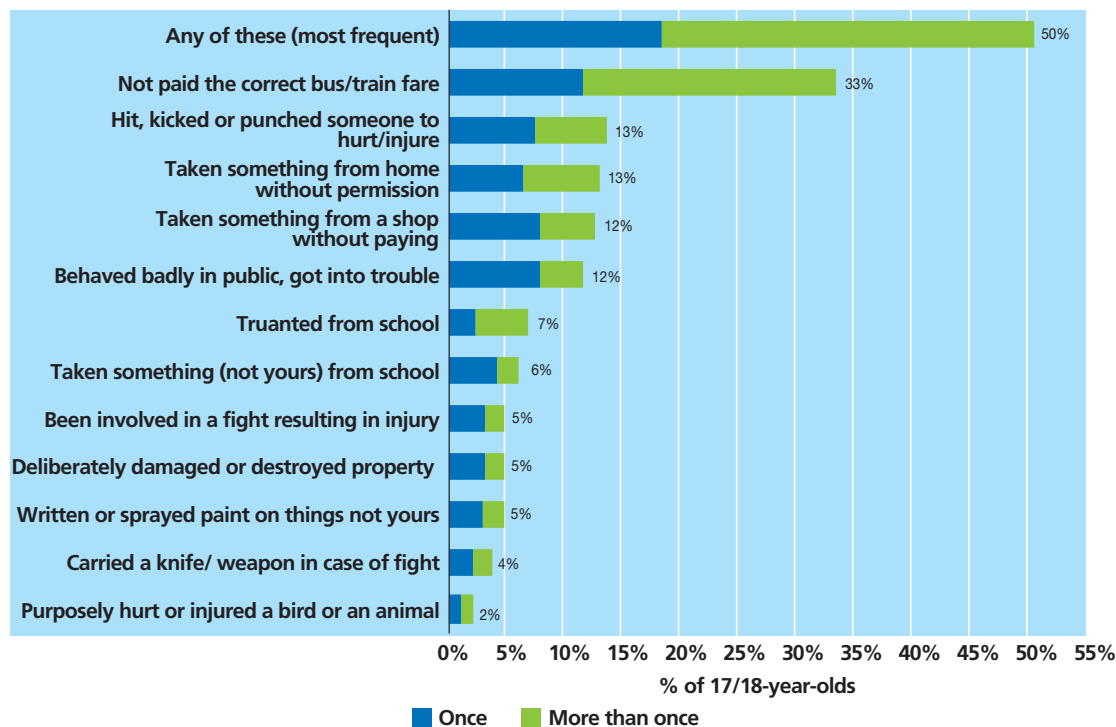
At age 17/18, respondents in *Growing Up in Ireland* were asked a series of questions about 17 kinds of delinquent behaviour, largely overlapping with the list presented at age 13. The two additional items were ‘purposely hurt or injured a bird or an animal’ and ‘truanted from school’. Again, they ranged in seriousness from not paying the correct fare on a bus to carrying a knife or weapon; using force or threats to get money or something else from someone, and hitting, kicking or punching someone to hurt or injure them. The 17/18-year-olds were also asked about their contact with the Gardaí and the criminal justice system.

Figure 7.14 shows that half of the 17/18-year-olds (50%) had engaged in at least one of the 17 types of behaviour in the past year. The figure also shows the specific types of behaviour for the 12 most commonly reported. Paying the incorrect bus or train fare (33%) was by far the most common and was also the type of ASB most likely to be repeated more than once. Ten per cent of 17/18-year-olds paid the incorrect fare on a bus or train six or more times and 12% did so between one and five times in the previous year.

Other types of behaviour reported by more than one-tenth of the 17/18-year-olds were deliberately hitting, kicking or punching someone in order to injure or hurt them (13%), taking something that did not belong to them from home without permission (13%), taking something from a shop without paying for it (12%), and behaving badly in public so that people complained and the Young Person got in trouble (12%).

Behaviours engaged in by 5% to 7% of young people included truanting from school; taking something that did not belong to them from school; being in a serious fight resulting in the need for medical attention; deliberate damage to or destruction of property, and writing on or spray-painting something not belonging to them. Other relatively rare forms of ASB included carrying a knife or weapon in case it was needed in a fight (4%) and deliberately hurting or injuring a bird or animal (2%).

**Figure 7.14: Percentage of 17/18-year-olds reporting having engaged in different types of antisocial behaviour in the previous 12 months**



Note: Margins of error are, at most,  $\pm 1.3\%$ .

The other items were less common. Fewer than 2% of 17/18-year-olds reported having engaged in each one in the previous year: breaking into a car or van to steal from it; using force or threats to take something from someone else; deliberately setting fire (or trying to set fire) to a building or property; breaking into a house or building to steal something; stealing or riding in a stolen motor vehicle.

As noted above, the young people had been asked about a similar, though shorter, list of ASBs at age 13.<sup>50</sup> The percentages reporting having engaged in any of the list of 15 antisocial behaviours at age 13 was lower, at 40%. There was a big increase in the percentage of young people reporting paying the incorrect fare at 17/18 (33%) compared to at 13 (13%). Excluding this item, because it is an outlier at age 17/18, and comparing the remaining 14 items present in both waves, the percentages reporting having engaged in any of the behaviours is not significantly different (33% to 35%).

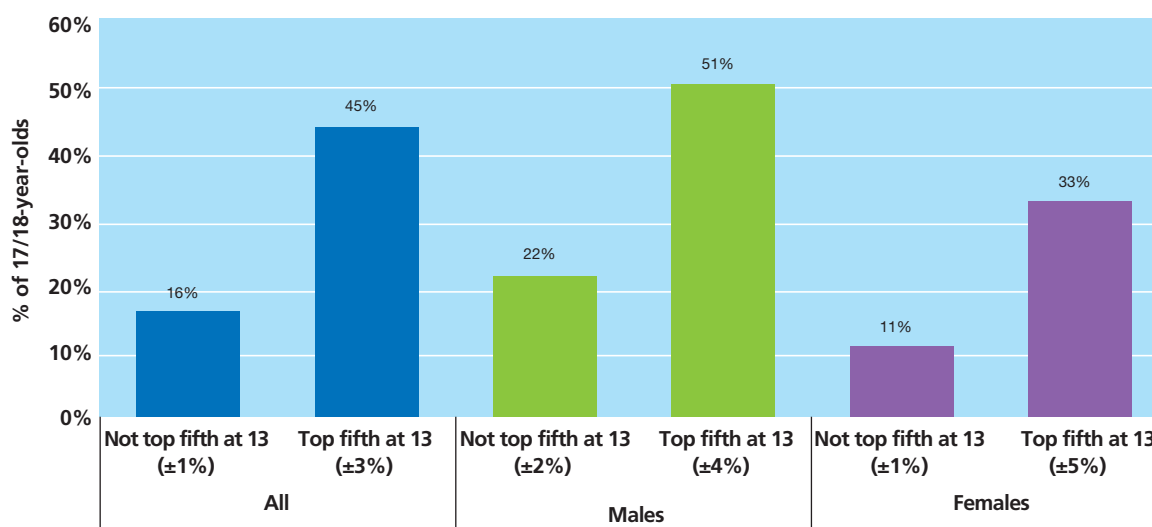
The 14-item ASB scale (i.e. omitting *not paying the correct fare*) was used to identify young people in approximately the top quintile or fifth of the ASB scale at age 17/18 (actually the top 22%). It is worth noting that the threshold for the top quintile was quite low, at 1.09 on the scale that ranged from 1 (no antisocial behaviour) to 4 (engaged in all 14 types of ASB more than 6 times in the last year). A Young Person could be in the top quintile by engaging in anything more than one of the behaviours on one occasion. For instance, engaging in two different behaviours at least once or engaging in one behaviour more than once would be enough to be in the top quintile. Males were more likely than females to be found in the top quintile of the ASB scale, with 29% of males and 14% of females in this range at age 17/18.

<sup>50</sup> The two items not included at 13 were *purposely hurt or injured a bird or an animal* and *truanted from school*.



Figure 7.15 examines the percentages in the top quintile of the 14-item antisocial behaviour scale at age 17/18 by whether or not they were in the top quintile of the ASB scale at age 13. To keep the scale similar across time, the 14 common items (and excluding paying the incorrect fare, which had a much higher prevalence at age 17/18) were used. Those who were in the top quintile of the scale at age 13 were nearly three times as likely as those with lower scores at age 13 to be in the top quintile at age 17/18; 45% of those who had been in the top quintile at 13 were in the top quintile at 17/18 compared with only 16% of those who had not been in the top quintile at 13.

**Figure 7.15: Percentage of 17/18-year-olds in top quintile of antisocial behaviour scale at 17/18 by whether they were in the top quintile on the same scale at 13 (self-reported ASB, 14 items)**



Note: Margins of error are shown in parentheses after the label beneath each column.

There is evidence of both persistence of, and change in, antisocial behaviour for both genders. Among males, 51% of those who had been in the top quintile at age 13 were in this group at age 17/18 compared to 22% of those with lower scores at age 13. The corresponding figures for females were 33% and 11%. At the same time, considerable change was also evident: nearly half of the boys and two-thirds of the girls who had been in the top quintile at age 13 were no longer in that category at age 17/18.

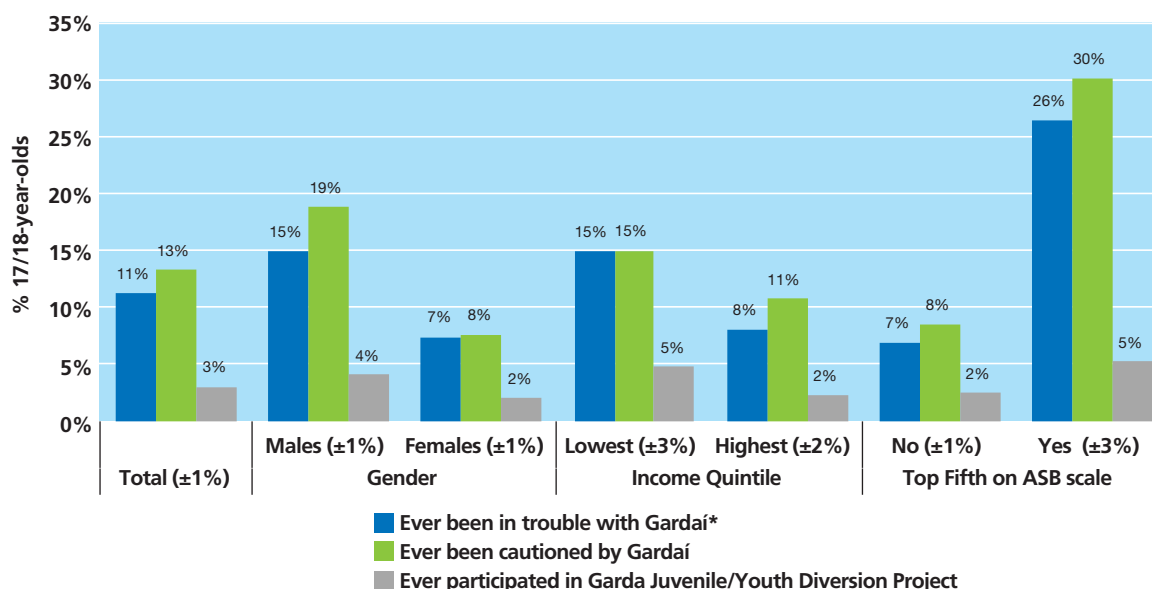
Figure 7.16 shows the extent of contact with the Garda and criminal justice system (CJS), based on a series of yes/no questions. The most common types of contact with the criminal justice system were being 'in trouble' with the Gardaí (11%) and having been cautioned by the Gardaí (13%). Participation in the Garda Juvenile/Youth Diversion programme was much less common (3%). Other types of contact with the criminal justice system, such as a court appearance – other than as a witness (1%) – or being found guilty of an offence in court (1%) were much rarer than contact with the Gardaí.

Not surprisingly, the rate of such contact was also much higher for those who had the greatest levels of participation in antisocial behaviour. Young people who had been in the top quintile on the ASB scale at age 17/18 had a much higher rate of being in trouble with the Gardaí (26%) or being cautioned by the Gardaí (30%) than those with lower scores on the ASB scale (7% and 8%, respectively). Five per cent of this group had participated in a Garda Juvenile/Youth Diversion Project.

The differences between males and females in ASB levels were reflected in gender differences concerning being in contact with the Gardaí and the criminal justice system: 19% of young men had ever been cautioned by the Gardaí and 15% had been in trouble with the Gardaí (other than for minor traffic

offences), according to their self-reports at age 17/18, compared with 8% and 7%, respectively, of young women. Young men were also more likely to have participated in a Juvenile or Youth Diversion project, though only 4% had ever done so (compared to 2% of females).

**Figure 7.16: Contact with the Garda and criminal justice system by gender, income quintile and participation in ASBs at age 17/18**



Note: \* Excluding minor traffic offences. Margins of error are, at most, as shown in parentheses after the label beneath each column. Margins of error for participation in a Garda Juvenile/Youth Diversion Project are smaller and all group differences (by gender, income and level of ASB at age 13) are statistically significant.

There were also differences in contact with the Gardaí and CJS by income. Among 17/18-year-olds in the lowest income group, 15% had been in trouble with the Gardaí and a similar proportion had been cautioned by the Gardaí, compared to 8% and 11%, respectively, of those in the highest income quintile. Those in the lowest income quintile were also more likely to have participated in the Garda Juvenile/Youth Diversion programme (5% compared to 2% of those in the highest income quintile).

## 7.7 SUMMARY

This chapter considered the activities of young adults outside of school and work. Leisure activities in which almost all 17/18-year-olds participated included listening to music, hanging out with friends and surfing the internet (97-98%). Overall, 81% of young people reported engaging in more active pursuits, such as playing sport, going to the gym or running, but only 46% did so several times a week. These active pursuits were more popular among males than females: 60% of males and 31% of females participated in an active pursuit several times a week. There were also socio-economic differences in participation in these activities; 56% of young people in the highest income quintile took part in at least one of these three types of activity several times a week compared to 36% of those in the lowest income quintile.

Over one-quarter (28%) of young people had participated in some form of volunteer work in the past year, with similar levels of involvement for males and females. The most common types of volunteer work were with clubs or organisations such as Scouts; sports-related volunteering and fundraising. Among the 10% of young people involved in regular volunteering at the time of the interview, most (58%) spent between 3 and 10 hours per month on volunteering activities.



Levels of trust in other people may be important to young people's willingness to co-operate with others to achieve a common goal. In general, over half of young people placed themselves towards the middle of the scale (51% between 5 and 7 on the 10-point scale) for trust in other people (where higher scores indicate greater trust). Males and females were similar, and differences by socio-economic characteristics were modest in size.

Levels of confidence in institutions varied by the institution in question, with 74% expressing confidence in the Garda, 68% in the education system, 66% in the healthcare system and 61% in the courts. About half expressed confidence in the social welfare system (53%), 29% expressed confidence in the Church and 13% expressed confidence in politicians. Young people from less advantaged backgrounds had lower levels of confidence in the Garda, courts and politicians.

A sense of being treated unfairly or less favourably than others was not rare among young people, nearly half (49%) of whom reported experiencing at least one form of unfair treatment at least a few times a month. The most common forms of such treatment were being treated with less courtesy or respect than others (36% at least several times a month) or people acting as if they thought you were not smart (29%). When asked for the reasons for the unfair treatment, by far the most commonly cited reason was age (49%), followed at some distance by gender (32%) and aspects of physical appearance other than weight or height (28%). Males and those from more disadvantaged families were more likely to report experiencing high levels of this kind of everyday discrimination.

Half of the 17/18-year-olds reported that they had engaged in at least one of 17 different kinds of antisocial behaviour in the last year. The most common form by far was *not paying the correct bus or train fare* (33%). Other forms of ASB in which at least one in ten young people participated were *hitting, kicking or punching someone in order to hurt or injure them* (13%), *taking something that did not belong to them from home without permission* (13%), *taking something from a shop without paying for it* (12%) and *behaving badly in public so that people complained and they got into trouble* (12%).

Excluding the item on paying the incorrect fare, and focusing on a set of 14 items that were measured at both the age of 13 and at 17/18, there was little difference in the overall percentage of young people who participated in ASBs (33% to 35% across the list of 14 items). There was an increase in not paying the correct fare (from 13% to 33%). There was a tendency for those who reported participating in more ASBs at age 13 to be more likely than others to be found in the top quintile of the ASB scale at the age of 17/18 (45% vs. 16%).

In common with other research, males were more likely than females to be involved in ASBs; 29% of males and 14% of females were in the top quintile of the scale at age 17/18.

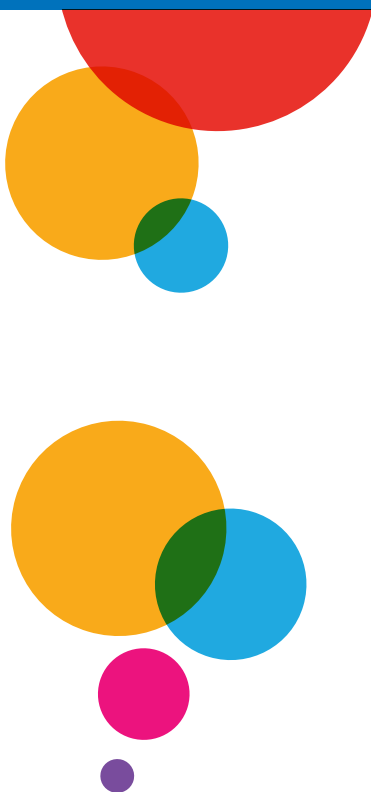






# Chapter 8

## DISCUSSION AND POLICY IMPLICATIONS



## 8.1 INTRODUCTION

This report is designed to give an overview of the lives of 17/18-year-olds using descriptive analyses, placing these patterns in the context of their experiences at 9 and 13 years of age and setting the stage for further deeper analysis of the *Growing Up in Ireland* data in order to increase understanding of both the opportunities and challenges facing children and young people in contemporary Ireland. The report drew on the three waves of data collection from the young people of Cohort '98 (formerly referred to as the Child Cohort).

The report was broadly structured along the lines of the bioecological conceptual framework that underlies the study (Chapter One). It began with a consideration of what is probably the most important and enduring influence in the Young Person's microsystem – the family. Chapter Two specifically considered family form and changes in family structure and family financial circumstances between 9 and 17 years of age. This set the context for much of the subsequent analysis and discussion in the report. It was followed by a consideration of each of the three main developmental outcome domains in the study: physical health (Chapter 3), education and cognitive development (Chapter 4) and socio-emotional and behavioural well-being (Chapter 5). Chapter 6 focused on the relationships of the Young Person, moving from relationships within the family to relationships with friends. In Chapter 7, consideration was given to the Young Person's integration into the wider society (elements of the exosystem and macrosystem in Bronfenbrenner's (1989) terminology) by examining social participation and responsibility.

As noted in Chapter 1, all group differences discussed in the report are statistically significant unless explicitly noted as being non-significant. Confidence intervals have generally been indicated by noting the size of the margins of error beneath the chart or table. However, in a very large sample, quite small differences between the characteristics of subgroups may be statistically significant (indicating they would be due to chance less than five times in 100). Such small differences are not always very meaningful in the real world.

Since the executive summary and the concluding section of each chapter provided a summary of the main findings, this chapter focuses on drawing out cross-cutting themes and the implications of the findings for policy, also highlighting where further research would be useful. The next section outlines the broad outcomes and aims of the national policy framework for children and young people. Then, the findings are synthesised to identify some of the main strengths and resources available to the Young Person and some of the main risks they face, as they affect these policy outcomes. The final part of the chapter outlines some fruitful areas for further research in order to increase the understanding required to provide sound evidence for policy related to young adults.

## 8.2 THE POLICY LANDSCAPE FOR YOUNG ADULTS

A principal aim of *Growing Up in Ireland* is to provide evidence to inform policy formation and design of services for families, children and young people. The discussion in this chapter links the findings to the broad policy framework. This illustrates how the information in this report can directly provide evidence for policy in key areas of the lives of young people in Ireland today.

*Better Outcomes, Brighter Futures: the National Policy Framework for Children and Young People, 2014-2020* (DCYA, 2014) sets out the Government's policy framework for children and young people. The policy framework has five national outcomes, each with four aims and objectives regarding children and young people, as shown in Figure 8.1, with links to the results in this report.



**Table 8.1: Main goals of policy stated in Better Outcomes, Brighter Futures concerning young people (DCYA, 2014)**

Outcomes and aims	GUI domain (and chapter/section numbers)
<b>1. Active and healthy – physical and mental well-being</b> <ul style="list-style-type: none"> <li>be physically healthy and make positive health choices</li> <li>have good mental health</li> <li>have a positive and respectful approach to relationships and sexual health</li> <li>are enjoying play, recreation, sports, arts, culture and nature</li> </ul>	Health (3.3-3.5, 3.7) Socio-emotional well-being and mental health (5.4, 5.5, 5.6) Sexual relationships (6.7) Activities (3.6, 7.3)
<b>2. Achieving full potential in all areas of learning and development</b> <ul style="list-style-type: none"> <li>are learning and developing from birth</li> <li>have social and emotional well-being</li> <li>are engaged in learning</li> <li>are achieving in education</li> </ul>	Education (4.2, 4.4-4.9) Cognitive development (4.4, 4.10) Socio-emotional well-being (5.6)
<b>3. Safe and protected from harm</b> <ul style="list-style-type: none"> <li>have a secure, stable and caring home environment</li> <li>are safe from abuse, neglect and exploitation</li> <li>are protected from bullying and discrimination</li> <li>are safe from crime and antisocial behaviour</li> </ul>	Family relationships (6.2, 6.3) Discrimination (7.5) Antisocial behaviour, risky behaviours (3.8, 3.9, 7.6)
<b>4. Economic security and opportunity</b> <ul style="list-style-type: none"> <li>are protected from poverty and social exclusion</li> <li>are living in child/youth-friendly, sustainable communities</li> <li>have opportunities for ongoing education and training</li> <li>have pathways to economic participation and independent living</li> </ul>	Economic circumstances (2.2-2.4) Senior-cycle programmes (4.5) Career guidance (4.7)
<b>5. Connected, respected and contributing to their world</b> <ul style="list-style-type: none"> <li>have a sense of their own identity, free from discrimination</li> <li>have positive networks of friends, family and community</li> <li>are civically engaged, and are socially and environmentally conscious</li> <li>are aware of their rights, and are responsible and respectful of the law</li> </ul>	Sexual identity (6.7) Life-satisfaction (5.2-5.3) Discrimination (7.5) Friendship (6.4-6.6) Positive engagement including activities, volunteering, trust (7.3, 7.4) Antisocial behaviour (7.6) Confidence in institutions (7.4)

Some of the aims are particularly relevant to this stage of the Young Person's life, including having opportunities for ongoing education and training, having pathways to economic participation, having a sense of their own identity, being free from discrimination, and being socially engaged. Most of the 17/18-year-olds were still in education at the time of the interview, but were actively engaged in examining their post-school options. Information on their sense of trust in other people, confidence in institutions, volunteering, their sense of being treated less favourably than others, and involvement in antisocial behaviour is also examined.

## 8.3 RESOURCES

This broad section explores some of the main resources available to young people as they were making the transition to adulthood. This includes positive aspects of the wider society and of the institutions with which the young people had contact, their networks and their physical, emotional and cognitive resources.

### 8.3.1 POSITIVE FAMILY RELATIONSHIPS

Positive relationships with family are an important factor in achieving several of the outcomes in *Better Outcomes, Brighter Futures*, including a *secure, stable and caring home environment (3.1)*, *safe from abuse, neglect and exploitation (3.2)* and – through the protective effects of parental monitoring and control – *safe from crime and antisocial behaviour (3.4)*.

The 17/18-year-olds were generally positive about their interactions with their parents, giving positive responses on their *intimacy* with, and *admiration*, for their parents and giving low ratings on the scales capturing the negative aspects of these relationships (such as *unreliability* and *fear of love withdrawal*). Parental monitoring and control have been associated with lower levels of delinquency (Criss et al., 2015), lower levels of harmful alcohol use (Pesola et al., 2015) and fewer depressive symptoms (Hamza and Willoughby, 2011). There was little evidence of a loosening of monitoring and control between 13 and 17/18 years of age, and young people's willingness to disclose information on their lives to their parents remained stable over time.

Parents, especially mothers, were also trusted as advisors on the Young Person's post-school pathway. The majority spoke about their future plans with their mothers (88%) and 57% rated their mothers as very important in their career decision-making. Advice and support from parents were rated as more important than formal school-based guidance, reflecting the way in which educational expectations were often formed early on in second-level education (see McCoy et al., 2014). However, familiarity with the educational system and its requirements was generally greater in more highly educated families, suggesting the value of schools providing information on career options to parents as well as young people. School-based guidance (see below) is likely to be particularly important in ensuring positive outcomes for young people who do not have access to the insider knowledge possessed by more highly educated parents.

### 8.3.2 POSITIVE RELATIONSHIPS WITH TEACHERS

Relationships with teachers are likely to be particularly important to the *Better Outcomes, Brighter Futures* goals of *achieving full potential in all areas of learning and development (2)* and (particularly through career guidance) to the aim of providing *pathways to economic participation and independent living (4.4)*.

Relationships with teachers remained important to 17/18-year-olds, as 83% of them were still in school. These relationships were very positive; most young people found their teachers friendly, felt they could talk to them if they had a problem, and received regular praise for the quality of their schoolwork. Positive relationships with teachers are very important to school engagement and academic achievement. Young people who had high levels of positive interaction (praise or positive feedback) with teachers at 13 years of age achieved higher Junior Certificate grades than those with low levels of positive interaction.

In looking to the future, young people from working-class or less-educated families were more reliant than their middle-class peers on school-based guidance. This suggests that school-based guidance has an important role to play in enhancing equity of educational outcomes across young people from different socio-economic backgrounds.

### 8.3.3 EDUCATIONAL ASPIRATIONS

Educational expectations are important in order to meet the *Better Outcomes, Brighter Futures* goal of *achieving full potential in all areas of learning and development (2)*. The findings indicate a high level of educational ambition among the young people and their families, with 80% expecting their child to go



on to higher education. While there was some variation by social background and parental education, those expecting their child to go on to higher education made up a majority in all social groups. There were sizeable differences by school social mix and family social class, however. Fewer young people in Delivering Equality of Opportunity in Schools (DEIS) schools or in never-employed families intended to go on to higher education, indicating the need for ongoing policy intervention to support equity of access to higher education.

#### 8.3.4 GENERALLY GOOD HEALTH

The results of the study had a number of encouraging findings relevant to the *Better Outcomes, Brighter Futures* goal, *active and healthy – physical and mental well-being* (1). Virtually all parents (97%) reported that their 17/18-year-old was 'very healthy' or 'healthy, but with a few minor problems', and 78% of young people themselves reported that their health was 'excellent' or 'very good'. Nearly three-quarters (73%) of young people were classified as non-overweight and the large majority had blood pressure in the normal range.

#### 8.3.5 SATISFACTION WITH LIFE AND EMOTIONAL WELL-BEING

Life-satisfaction and socio-emotional and behavioural well-being as measured in *Growing Up in Ireland* are relevant to several *Better Outcomes, Brighter Future* outcomes, including good *mental health* (1.2) and the broad outcome of being *connected, respected and contributing to their world* (5).

The 17/18-year-olds were, on average, quite satisfied with life. In terms of their priorities, they emphasised those that were related to family, friends and physical health. Overall, their socio-emotional well-being was good. Although age 17/18 is a time of stress for many young people as they approach their final second-level examinations and prepare for adult life, the overall mean scores, as reported by parents, on the Strengths and Difficulties *total difficulties* scale remained fairly stable from middle-childhood (age 9) to late adolescence. There was an improvement in the extent of *hyperactivity/inattention* and *conduct problems* over time, most likely reflecting the growing cognitive and emotional maturity of these young people.

Also important to mental-health are the coping strategies that young people adopt when faced with challenges and stress. The results showed that the average level of use of the more positive strategies of *problem-solving* and *support-seeking* was close to the mid-point of the scales and well below the mid-point for the more negative strategy of *avoidance*, suggesting a generally positive use of coping strategies. The gender patterns indicate room for improvement in young men's tendency to seek out support in times of stress.

#### 8.3.6 WIDER SOCIAL RELATIONSHIPS AND INVOLVEMENT

Wider social engagement contributes to the *Better Outcomes, Brighter Future* outcome of *connected, respected and contributing to their world* (5). Among 17/18-year-olds, social involvement and physical activity can also be linked, with 32% participating several times a week in sports with others. Over one-quarter (28%) of young people had participated in some form of volunteer work in the past year. Although these percentages are not high, they did come at a time when young people were likely to be facing strong demand in terms of preparing for the Leaving Certificate exam and making decisions about their post-school pathways.

Confidence in public institutions is also important to the policy aim of young people being *connected, respected and contributing to their world* (5). Levels of confidence in the education system and the healthcare system were relatively high, and were fairly high in relation to the Garda and the courts system. The generally positive view of the Gardaí and courts system will be important to developing young people's *awareness of their rights and respect for the law* (5.4).



In terms of the broader context, the time of the survey in 2016 was a period of economic recovery, with rising employment levels. This was likely to be reflected in the financial resources available to their families and their own perceptions of their career prospects, although such resources were differentially distributed across social groups, reinforcing the need for policy intervention in ensuring equity across young people from different socio-economic backgrounds.

## 8.4 SOME OF THE MAIN CHALLENGES FACING 17/18-YEAR-OLDS

### 8.4.1 PERSISTING INEQUALITIES

The findings presented in this report point to significant social differentiation in young people's experiences and outcomes as they make the transition to adulthood, meaning that resources and risks are differentially allocated across different groups of young people. The remainder of this section outlines the risks to current and future well-being such as the lower levels of physical activity, higher levels of obesity, greater disengagement from school and a higher incidence of antisocial behaviour found among those in the most disadvantaged groups in terms of household income, social class and parental education. The findings also reveal the gendered nature of young people's exposure to different risks.

### 8.4.2 EDUCATIONAL DISENGAGEMENT

A clear social gradient was found in young people's attitudes to school, the quality of interaction with teachers and performance in the Junior Certificate examination. Young people from lower-income, working-class and/or less educated households were more likely to have more negative attitudes to school and less positive interactions with their teachers. The achievement gap was quite sizeable; young people in the professional/managerial social class reported over one grade point per subject (out of a maximum of 10) more in the Junior Certificate exam than those from semi/unskilled manual families. These patterns are likely to contribute to later inequalities in achievement at Leaving Certificate level and in the progression to higher education. They highlight the importance of providing supports to young people from disadvantaged backgrounds to narrow this gap. The findings on the impact of the quality of relationships with teachers highlight the importance of school climate as a key strategy in enhancing educational equity.

Gender differences were also evident. More positive relationships with teachers were found among females. Young women were more likely to report being praised by their teachers and more likely to feel they could talk to their teachers if they had a problem. This suggests a need for attention to the level of engagement of young men with school and teachers in order to maximise gains with respect to the outcome of *achieving full potential in all areas of learning and development* (2).

### 8.4.3 RISKS TO HEALTH

While most young people were reported to be in good health, the percentage of young people described as *healthy but a few minor problems* had increased from 23% at age 13 to 35% at age 17/18, and poorer health was more prevalent among more disadvantaged groups. Further analysis could help identify whether these problems are minor and transitory or whether they are likely to have implications for the long-term health of the young adults.

One issue known to be relevant to long-term health is overweight and obesity. There was a significant increase in the level of obesity observed among young men – from 4% at age 13 to 6% at age 17/18. Although the rate of obesity had not increased since age 13 for young women, it remained significantly higher (at 8%) than the rate for young men. At age 17/18, 30% of young women were classified as either overweight or obese, compared to 25% of young men. These risks of overweight and obesity were also higher for those in disadvantaged circumstances, with overweight/obesity rates of 29% in the lowest income quintile compared to 22% in the highest income quintile.





A related factor was the low levels of physical activity. The levels of physical activity of the young adults did not meet the recommended levels for adults. Only 65% of young people reached the WHO-recommended physical activity levels for adults (30 minutes, five times a week, or 150 minutes of moderate to vigorous physical activity). This is discouraging because levels of physical activity typically drop further as young people leave school. The percentages meeting these levels were higher among males than females (76% vs. 53%) and among those in the highest income quintile than the lowest income quintile (71% vs. 57%). The *National Physical Activity Plan* and the *National Sports Policy* contain commitments to increase participation in sport and physical activity, including among children and young people. There is also a campaign to increase the visibility of women's sports in the media in order to increase participation in sports and attendance at sports events by women and girls. The 20x20 'If she can't see it, she can't be it' campaign is supported by the Federation of Irish Sport and a range of sporting bodies.<sup>51</sup> *Growing Up in Ireland* could provide an important evidence base concerning which groups of young people should be targeted in any interventions and the kinds of factors that lead to engagement in, or disengagement from, physical activity in adolescence and early adulthood.

The information on alcohol consumption is relevant to several of the *Better Outcomes, Brighter Futures* outcomes, including *Active and healthy – physical and mental well-being (1)* and *Safe and protected from harm (3)*. Using a screening tool developed to identify alcohol problems, 5% of the 17/18-year-olds had drinking behaviour that was classified as *high* or *very high* risk but another 31% were classified as having drinking behaviour that was *risky* or *hazardous*. The Healthy Ireland framework aims to decrease alcohol consumption among the general population while delaying the initiation of alcohol consumption among children and young people, and this was one of the objectives of the Public Health (Alcohol) Act of 2018. As with physical activity, *Growing Up in Ireland* data provide a useful way to identify the factors associated with the early initiation of alcohol use and with risky or hazardous levels of consumption among young people.

#### 8.4.4 RISKS TO EMOTIONAL AND MENTAL HEALTH

While ratings of life-satisfaction were relatively high among young people, several findings in the report suggested risk factors for socio-emotional and behavioural problems. This is mainly relevant to the mental health aspect of the outcome *Active and healthy – physical and mental well-being (1)*. The risk factors examined here included socio-economic disadvantage, gender and earlier problems in socio-emotional and behavioural well-being.

As noted above, the indicator of socio-emotional and behavioural well-being is based on parent reports using the Strengths and Difficulties Questionnaire (SDQ). Those in the top decile on a *total difficulties* scale are understood to be most at risk of socio-emotional and behavioural problems. Young women had a somewhat worse *total difficulties* score, largely driven by the emotional symptoms scale where their mean score was one full point higher than that for young men. The trend for girls to have worse scores on the emotional symptoms subscale was observed at both 9 and 13 years (Nixon, 2012; Williams et al. 2018). Young people from families in lower-income groups were more likely to be reported by parents to have a SDQ *total difficulties* score in the top decile: 15% among the lowest income quintile compared to 6% among those in the highest income quintile.

Socio-emotional difficulties at a younger age were associated with later problems, supporting the case for early policy intervention. Almost half (45%) of the young people who had been in the top decile on the *total difficulties* scale at 13 years were in the top decile again at age 17/18 years. Looking back even further to 9 years old, over one-third (36%) of individuals who had been in the top decile were in the top decile at 17/18 years too. Thus, while some problems are transitory in nature, experiencing these problems at ages 9 and 13 did increase the risk of continuing to experience them in late adolescence.

A significant minority of young people experienced depressive symptoms at 17/18 years of age. One fifth of the 17/18-year-olds had scores above the threshold deemed 'likely to be depressed' (on the Short Moods and Feelings Questionnaire). This was more common among females than males (24% compared with

51 <https://20x20.ie/>

16%) and among those who had been in the 'depressed' range at 13 years of age (42% compared with 18% of those who were not 'depressed'). On another indicator of mental health, 9 per cent of 17/18-year-olds reached an 'at risk' threshold on possible psychotic symptoms (on a measure developed by Kelleher et al., 2009).

These findings point to the need for access to psychological and mental health support services for young adults. This need is all the more evident given the increase in the size of the 'depressed' group from one-tenth of 13-year-olds to one-fifth of 17/18-year-olds. As with socio-emotional difficulties, young women were more likely to report depressive symptoms than young men, a pattern in keeping with the fact that the gender gap in moderate to severe depressive symptoms is wider in Ireland than in many other European countries (Eurofound, 2019). Further research would be helpful in identifying the extent to which these patterns reflect school, peer or family-related factors. As with depression, further research could usefully shed light on the extent to which psychotic symptoms are associated with difficulties in other domains of young people's lives and whether these difficulties are persistent.

#### 8.4.5 SOME RISKS TO WIDER SOCIAL INTEGRATION

These risks mainly affect the outcome *connected, respected and contributing to their world (5)* and are likely to affect mental health as well. A number of indicators on the *Growing Up in Ireland* data are relevant to this outcome, including trust in other people, confidence in institutions and the experience of discrimination.

Trust in other people is an important indicator of the quality of connection to other people in general. Most young people gave a response just above the middle of the scale, indicating a slightly more trusting than neutral attitude (51% were between 5 and 7 on the 10-point scale). Low levels of trust (scores from 1 to 3) were slightly more common among those in the lowest income quintile.

Levels of confidence in some institutions were low among young people: only 29% expressed confidence in the Church and 13% expressed confidence in politicians. There was also a distinct socio-economic differential in terms of attitudes to the Gardaí, courts and politicians, with lower levels of confidence found among those from the more disadvantaged backgrounds. For instance, 37% of young people in the lowest income quintile had very little (*not very much or none at all*) confidence in the Gardaí, compared to 19% of young adults from the highest income quintile.

The sense of being treated less favourably than other people was quite high among young people. The experience of discrimination was measured in *Growing Up in Ireland* at age 17/18 using the Everyday Discrimination Scale (Williams et al., 1997). It includes five items such as *being treated with less courtesy or respect than others; people acting as if they think you are not smart; people acting as if they are afraid of you; receiving poorer service than others in restaurants and stores, and being threatened or harassed*. Taking all of the five types of behaviour together, 24% of 17/18-year-olds experienced at least one of them once a week or more often, and 78% experienced at least one of them a few times a year or more often.

When asked the reason for this treatment, by far the most common reason given by 17/18-year-olds was age (49%), followed by gender (32%) and aspects of physical appearance other than height or weight (28%). It is interesting that, other than age and gender, the most commonly cited reasons for unfair treatment do not correspond to the nine grounds under which discrimination is prohibited under Irish law. Physical appearance, height, weight, education/income and accent are not covered by Irish anti-discrimination legislation. The nine grounds in Irish equality legislation are gender, age, disability, race/ethnicity, family status, marital status, religion, being a Traveller, and sexual orientation. A tenth ground (being in receipt of a Housing Assistance Payment or Rent Supplement) applies specifically to home renting. Nevertheless, the experience of being treated less favourably than others is likely to reduce the young people's sense of being respected and valued.



#### 8.4.6 ANTISOCIAL BEHAVIOUR

Antisocial behaviour may be a transitory phase during adolescence but can be associated with increased chances of being involved in criminal behaviour on an ongoing basis. It also, of course, causes problems for others. In general, it is inconsistent with the aim of ensuring that young adults are *connected, respected and contributing to their world* (5).

Young people interviewed at 17/18 years old in *Growing Up in Ireland* were asked a series of questions about 17 different kinds of antisocial behaviour (ASB). These ranged in seriousness from not paying the correct fare on a bus to carrying a knife or weapon; using force or threats to get money or something else from someone; and hitting, kicking or punching someone to hurt or injure them. Half of the 17/18-year-olds had engaged in at least one of 17 kinds of antisocial behaviour in the previous year. However, by far the most common type of ASB was paying the incorrect bus or train fare (33%). Excluding this item (and two others not asked in the earlier wave), around a third of 17/18-year-olds reported having engaged in any antisocial behaviour, similar to the level reported at 13 years of age.

Antisocial behaviour was more common among young men than young women. There was also a tendency for patterns of antisocial behaviour to persist over time. Those who were in the top quintile of the scale at age 13 were nearly three times as likely to be in the top quintile at age 17/18 as those who had not had such high scores at age 13 (45% and 16%, respectively). From a policy perspective, therefore, intervention in early adolescence may help break the cycle of antisocial behaviour in early adulthood.

### 8.5 FURTHER RESEARCH

This report provides detailed insights into the main domains of young people's lives and the way in which their experiences differed by socio-economic background, gender and earlier experiences and outcomes. By definition, however, a descriptive report has limitations. First, it describes key aspects of variation in outcomes but does not identify which of the background variables are most important. For example, does parental education have a stronger relationship with educational achievement than household income? Furthermore, it describes differences in outcomes by family structure but does not unpack the extent to which these are solely due to lower educational and income levels among one-parent families, a topic which could be a useful basis for future research (building on the work of Hannan et al., 2013, on the first wave of Cohort '98 data). Second, the report documents significant associations between outcomes at 13 years of age and those four years later, without the space to identify the factors that underlie this association or the ones that help 'break the cycle' for those who no longer experience difficulties. The longitudinal nature of *Growing Up in Ireland* coupled with information on the multidimensional nature of inequality provides immense potential for an ambitious research agenda to provide policy-relevant research. The remainder of this section highlights some possibilities for future directions.

Three themes have formed the core concerns of *Growing Up in Ireland* since the beginning of the project: educational/cognitive development, health, and socio-emotional/behavioural development. In these domains, a number of different issues are worthy of further exploration:

- **Education and cognitive development:** Which early educational or cognitive factors are indicators of later successes and challenges in these domains? For instance, how important are early attitudes to school and school subjects, academic self-image, interactions with teachers, early performance on cognitive tests, and parental expectations? Which factors influence the persistence of school engagement or disengagement over time?
- **Health:** While most young people are in good health, the levels of obesity remain of concern because of their link to other health problems in adulthood. The longitudinal nature of the data allows for a sophisticated and nuanced analysis of the protective factors that enable young

people to avoid being overweight in the first place, as well as factors that may be important in remedying the problem once they have emerged. How important are diet, exercise, family and peer relationships and social engagement in terms of this outcome?

- **Mental well-being** is associated with several aspects of young people's experience, including family relationships, family economic circumstances, difficulties in school, unemployment, the experience of bullying and relationships with peers. *Growing Up in Ireland* data provide a unique opportunity to look at how these dimensions of young people's experience evolve and interact over time. As well as tracing some of the important risk factors for socio-emotional and behavioural problems, the *Growing Up in Ireland* data could be examined to look more closely at the protective factors. For instance, how is the socio-emotional and behavioural well-being of young people affected, directly or indirectly, by improvements in family economic circumstances, beginning involvement in volunteering, sports or physical activity, and other forms of social participation? How much difference is made by the coping strategies young people adopt? How do early experiences at 9 and 13 affect later well-being?
- **Factors promoting resilience:** Further analysis could fruitfully identify the school, neighbourhood, family and individual factors that might be associated with young people achieving positive outcomes despite encountering multiple risks and challenges.

This is the first time in our analysis of the lives of Cohort '98 participants that the relationship of the young people to wider society, expressed in their own words, was analysed. This included their trust in others, confidence in institutions and sense of being treated fairly. In moving beyond the circle of family, neighbourhood and school, these relationships become more important. They are likely to have implications for the health, social integration, family circumstances and work life of the young people as they move into adulthood. These issues are worthy of further in-depth exploration in future projects. Among the specific issues that could be examined are the following:

- To what extent are feelings of being treated unfairly related to the life-course stage as opposed to other characteristics of young people, such as gender, ethnicity, religion and disability status? What accounts for the differences in the sense of being treated unfairly by social class or maternal education background? What are the consequences of a sense of unfair treatment for young people's motivation to undertake challenging education, training, work or other activities? How are trust in others, confidence in institutions and sense of fairness linked? Is the association driven by socio-economic status or membership of a group protected from discrimination under Irish equality legislation?
- **Responsible social engagement:** The self-reports of risk-taking (including smoking, early drinking, drug use) and antisocial behaviour could be studied to examine in more detail the potentially protective effects of current and past parental monitoring and disclosure, involvement in sport or other physical activities, and engagement with after-school activities. The longitudinal data give a unique opportunity to study what helps young people move towards responsible social engagement (low levels of antisocial behaviour, participation in volunteering, further education and training and/or employment).

The *Growing Up in Ireland* data provide a unique opportunity to look at the experiences of young people in early adulthood across the different domains of their lives, relating these experiences to their individual, family and school characteristics from the age of 9 onwards. This report has given a descriptive overview of some of the main findings emerging from the study. There is immense scope to look at a range of other issues affecting young people's lives and, even more importantly, to exploit the longitudinal nature of the study to help identify policy levers to support positive outcomes among children and young people.



## REFERENCES

- Amato, P. R. (2005). The impact of family formation change on the cognitive, social, and emotional well-being of the next generation. *The Future of Children*, 15(2), 75-96.
- Amirkhan, J. H. (1990). A factor analytically derived measure of coping: The Coping Strategy Indicator. *Journal of Personality and Social Psychology*, 59(5), 1066.
- Angold, A., Costello, E.J., Messer, S.C., Pickles, A., Winder, F. & Silver, D. (1995). Development of a short questionnaire for use in epidemiological studies of depression in children and adolescents. *International Journal of Methods in Psychiatric Research*, 5, 237-249.
- Angold, A., Erkanli, A., Silberg, J., Eaves, L. & Costello, J. (2002). Depression scale scores in 8 – 17-year-olds: effects of age and gender. *Journal of Child Psychology and Psychiatry*, 43(8), 1052-1063.
- Armitage, R. (2002). *Tackling anti-social behaviour: what really works*. Nacro Briefing Note.
- Armsden, G. C., & Greenberg, M. T. (1987). The inventory of parent and peer attachment: Individual differences and their relationship to psychological well-being in adolescence. *Journal of Youth and Adolescence*, 16(5), 427-454.
- Arnett, J.J. (1997). Young people's conceptions of the transition to adulthood. *Youth & Society*, 29(1):3-23.
- Arnett, J.J. (2000). Emerging adulthood: A theory of development from the late teens through the twenties. *American Psychologist*, 55(5):469-480.
- Arnett, J.J. (2007). Emerging adulthood: What is it, and what is it good for? *Child Development Perspectives*, 1(2):68-73.
- Arnett, J.J. (2013). The Evidence for Generation We and Against Generation Me, *Emerging Adulthood*, 1(1):5-10.
- Arnett, J.J. (2014). Presidential Address: The emergence of emerging adulthood: A personal history. *Emerging Adulthood*, 2(3), 155-162.
- Babor, TF, Higgins-Biddle, JC., Saunders, JB. & Monteiro, MG. (2001). *The Alcohol Use Disorders Identification Test, Guidelines for Use in Primary Care*. Geneva: World Health Organization, Department of Mental Health and Substance Dependence.
- Badura, P., Geckova, A. M., Sigmundova, D., van Dijk, J. P., & Reijneveld, S. A. (2015). 'When children play, they feel better': organized activity participation and health in adolescents. *BMC Public Health*, 15(1), 1090.
- Balliet, D., & Van Lange, P. A. (2013). Trust, conflict, and cooperation: a meta-analysis. *Psychological Bulletin*, 139(5), 1090.
- Barrett, A., Bergin, A., FitzGerald, J., Lambert, D., McCoy, D., Morgenroth, E., Siedschlag, I. and Studnicka, Z. (2015). *Scoping the Possible Economic Implications of Brexit on Ireland*, Research Series # 48, Dublin: Economic and Social Research Institute.
- Bolger, N. & Kellaghan, T. (1990). Method of measurement and gender differences in scholastic achievement. *Journal of Educational Measurement*, 27(2), 165-174.

Bowes, L., Joinson, C., Wolke, D., & Lewis, G. (2015). Peer victimisation during adolescence and its impact on depression in early adulthood: prospective cohort study in the United Kingdom. *British Journal of Sports Medicine*, 50(3), 176-183.

Branje, S. (2018). Development of parent–adolescent relationships: Conflict interactions as a mechanism of change. *Child Development Perspectives*, 12(3), 171-176.

Bronfenbrenner, U. (1989) 'Ecological Systems Theory', pp. 187–248 in R. Vasta (ed.), *Annals of Child Development*, Greenwich, CT: JAI.

Bynner, J. (2005). Rethinking the youth phase of the life-course: The case for emerging adulthood? *Journal of Youth Studies*, 8(4): 367-384.

Byrne, D., & Smyth, E. (2010). *No way back? The dynamics of early school leaving*. Dublin: The Liffey Press.

Carver, K., Joyner, K. & Udry, R.J. (2003). National estimates of adolescent romantic relationships. In P. Florsheim (Ed.), *Adolescent Romantic Relations and Sexual Behavior: Theory, Research, and Practical Implications* (pp. 23-56). Mahwah, NJ, US: Lawrence Erlbaum Associates Publishers.

Central Statistics Office (2015). *QNHS Volunteering and Wellbeing*. Statistical Release. Cork: CSO.

Central Statistics Office (CSO, 2019). *Survey on Income and Living Conditions (SILC) 2018*. Dublin: Central Statistics Office. <https://www.cso.ie/en/releasesandpublications/ep/p-silc/surveyonincomeandlivingconditionssilc2018/>

Chung, A., Backholer, K., Wong, E., Palermo, C., Keating, C., and Peeters, A. (2016). Trends in child and adolescent obesity prevalence in economically advanced countries according to socioeconomic position: a systematic review. *Obesity Reviews*, 17(3), 276–295.

Clark, R., Coleman, A.P. and Novak, J.D. (2004). Brief report: initial psychometric properties of the everyday discrimination scale in black adolescents. *Journal of Adolescence* 27(3): 363-368.

Clerkin, A. (2013). Growth of the 'Transition Year' programme nationally and in schools serving disadvantaged students, 1992–2011. *Irish Educational Studies*, 32(2), 197-215.

Collins, W. A. (2003). More than myth: The developmental significance of romantic relationships during adolescence. *Journal of Research on Adolescence*, 13(1), 1-24.

Comreg (2018). *Ireland Communicates 2017: Consumer Survey*. Dublin: Comreg.

Corder, K., Winpenny, E., Love, R., Brown, H. E., White, M., & Van Sluijs, E. (2019). Change in physical activity from adolescence to early adulthood: a systematic review and meta-analysis of longitudinal cohort studies. *Br J Sports Med*, 53(8), 496-503.

Cornish, R., Boyd, A., Van Staa, T., Salisbury, C. and Macleod, J. (2013). Socio-economic position and childhood multimorbidity: a study using linkage between the Avon Longitudinal study of parents and children and the general practice research database. *International Journal for Equity in Health*, 12(1), 66.

Corrigan, E., Foley, D, McQuinn, K., O'Toole, C. and Slaymaker, R. (2019). Exploring Affordability in the Irish Housing Market. *The Economic and Social Review*, 50(1), 119-157.





Craig, L., & Mullan, K. (2013). Parental leisure time: A gender comparison in five countries. *Social Politics*, 20(3), 329-357.

Craigie, A.M., Lake, A.A., Kelly, S.A., Adamson, A.J. and Mathers, J.C. (2011). Tracking of obesity-related behaviours from childhood to adulthood: A systematic review. *Maturitas*, 70(3), 266-284.

Crawford, C. & Cribb, J. (2012). *Gap year takers: uptake, trends and long term outcomes*, Research Report DFE-RR252. London: Institute for Fiscal Studies through the Centre for Analysis of Youth Transitions.

Criss, M. M., Lee, T. K., Morris, A. S., Cui, L., Bosler, C. D., Shreffler, K. M., & Silk, J. S. (2015). Link between monitoring behavior and adolescent adjustment: An analysis of direct and indirect effects. *Journal of Child and Family Studies*, 24(3), 668-678.

Day, D.M., & Wanklyn, S.G. (2012). *Identification and Operationalization of the Major Risk Factors for Antisocial and Delinquent Behaviour among Children and Youth*. Ottawa, ON: Public Safety Canada.

Department for Digital, Culture Media and Sport (UK) (2019) Community Life Factsheet: Volunteering (2018-19). Retrieved from: [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/820596/Community\\_Life\\_Survey\\_\\_2018-19\\_Formal\\_Volunteering\\_fact\\_sheet.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/820596/Community_Life_Survey__2018-19_Formal_Volunteering_fact_sheet.pdf)

Department of Children and Youth Affairs (2011). *National Strategy for Research and Data on Children's Lives 2011–2016*. Dublin: Department of Children and Youth Affairs. Retrieved from: [https://www.dcy.gov.ie/documents/publications/NSRD\\_main-report.pdf](https://www.dcy.gov.ie/documents/publications/NSRD_main-report.pdf)

Department of Children and Youth Affairs (2014). *Better Outcomes, Brighter Futures. The National Policy Framework for Children & Young People 2014-2020*. Government Publications: Dublin.

Department of Children and Youth Affairs (2015). *National Strategy on Children and Young People's Participating in Decision-Making, 2015– 2020*. Government Publications: Dublin.

Department of Children and Youth Affairs (2018a). *First 5: A Whole-of-Government Strategy for Babies, Young Children and their Families 2019-2028*. Government Publications: Dublin.

Department of Children and Youth Affairs (2018b) *LGBTI+ National Youth Strategy 2018-2020 — LGBTI+ young people: visible, valued and included*. Dublin: Department of Children and Youth Affairs.

Department of Education and Skills (2017). *Retention Rates of Pupils in Second-Level Schools – the 2010 entry cohort*. Dublin: Department of Education and Skills.

Department of Health and Children (2010). *Changing cardiovascular health: National Cardiovascular Health Policy 2010–2019*. Dublin Government Publication.

Department of Health (2016). *Healthy Ireland Survey 2016*. Dublin Government Publications.

Department of Health (2016b). *Get Ireland Active: The National Physical Activity Plan for Ireland*. Retrieved from: <https://assets.gov.ie/7563/23f51643fd1d4ad7abf529e58c8d8041.pdf>

Department of Health (2017). *Healthy Ireland Survey 2017*. Dublin: Government Publications.

Department of Transport, Tourism and Sport (2018). *National Sports Policy 2018–2027*. Dublin: Department of Transport, Tourism and Sport.



Dishion, T. J., & Tipsord, J. M. (2011). Peer contagion in child and adolescent social and emotional development. *Annual Review of Psychology*, 62, 189-214.

Donnellan, M. B., Trzesniewski, K. H., & Robins, R. W. (2009). An emerging epidemic of narcissism or much ado about nothing? *Journal of Research in Personality*, 43, 498-501.

Dooley, B.A. & Fitzgerald, A. (2012). *My World Survey: National Study of Youth Mental Health in Ireland*. Dublin: Headstrong and UCD School of Psychology.

Dooley, B.A., O'Connor, C. and Fitzgerald, A. (2019). *My World Survey 2: The National Study of Youth Mental Health in Ireland*. Dublin: Jigsaw, the National Centre for Youth Mental Health and University College Dublin School of Psychology.

Dykas, M. J., Ziv, Y., & Cassidy, J. (2008). Attachment and peer relations in adolescence. *Attachment & Human Development*, 10(2), 123-141.

Eivers, E. & Delaney, M. (2018). *PIRLS and ePIRLS 2016: Test Content and Irish Pupils' Performance*. Dublin: Educational Research Centre.

Ekelund, U., Luan, J. A., Sherar, L. B., Esliger, D. W., Griew, P., Cooper, A., & International Children's Accelerometry Database (ICAD) Collaborators (2012). Moderate to vigorous physical activity and sedentary time and cardiometabolic risk factors in children and adolescents. *Jama*, 307(7), 704-712.

Elder, G.H. and Giele, J.Z. Life course studies: An evolving field, pp.1-12 in Elder, G.H. and Giele, J.Z. (Eds.) (2009), *The Craft of Life Course Research*, New York: The Guilford Press.

Eurofound (2019). *Inequalities in the Access of Young People to Information and Support Services*. Dublin: Eurofound.

Eurostat (2014). *Quality of Life in Europe*. Luxembourg: Eurostat.

Eurostat (2015). *Being young in Europe today*. Luxembourg: Publications Office of the European Union.

Expert Panel on Integrated Guidelines for Cardiovascular Health and Risk Reduction in Children and Adolescents, & National Heart, Lung, and Blood Institute. (2011). Expert panel on integrated guidelines for cardiovascular health and risk reduction in children and adolescents: summary report. *Pediatrics* 128(S5), 213-56.

Fisher, H.L., Caspi, A., Poulton, R., Meier, M.H., Houts, R., Harrington, H., Arseneault, L. & Moffitt, T.E. (2013). Specificity of childhood psychotic symptoms for predicting schizophrenia by 38 years of age: A birth cohort study. *Psychological Medicine*, 43, 2077-2086.

Forrest, C. B., Bevans, K. B., Riley, A. W., Crespo, R., & Louis, T. A. (2011). School outcomes of children with special health care needs. *Pediatrics*, 128(2), 303-312.

Frick PJ, & Viding E. (2009). Antisocial behavior from a developmental psychopathology perspective. *Development and Psychopathology*, 21(4), 1111-1131.

Gavin, A., Keane, E., Callaghan, M., Kelly, C., Molcho, M., & Nic Gabhainn, S. (2015). *The Irish Health Behaviour in School-Aged Children (HBSC) Study*. Galway: Department of Health and National University of Ireland, Galway.



Giannakopoulos, G., Dimitrakaki, C., Papadopoulou, K., Tzavara, C., Kolaitis, G., Ravens-Sieberer, U., & Tountas, Y. (2013). Reliability and validity of the strengths and difficulties questionnaire in Greek adolescents and their parents. *Health, 5*(11).

Glasscock, D.J., Andersen, J.H., Labriola, M., Rasmussen, K. & Hansen, C.D. (2013). Can negative life events and coping style explain socioeconomic difference in perceived stress among adolescents? A cross-sectional study based on the West Jutland cohort study. *BMC Public Health, 13*(1), 532.

Gold, D. R., Wang, X., Wypij, D., Speizer, F. E., Ware, J. H., & Dockery, D. W. (1996). Effects of cigarette smoking on lung function in adolescent boys and girls. *New England Journal of Medicine, 335*(13), 931-937.

Goodman, R. (1997). The Strengths and Difficulties Questionnaire: a research note. *Journal of Child Psychology and Psychiatry, 38*(5), 581-586.

Grotti, R., Maître, B., Watson, D., Whelan, C.T. and Russell, H. (2017). *Technical Paper on the Measurement of Deprivation and Income Poverty Transitions in Ireland*. Dublin: Economic and Social Research Institute and Department of Employment Affairs and Social Protection.

Growing Up in Ireland Study Team (2009). *Growing Up in Ireland Child Cohort – Key Findings, 9-Year-Olds: No. 1: Being 9 Years Old*. Dublin: ESRI/TCD/DCYA.

Growing Up in Ireland Study Team (2012). *Key Findings: 13-year olds, Physical activity and obesity among 13-year-olds* (Report No. 2). Dublin: ESRI/TCD/DCYA.

Haas, S.A. (2007). The long-term effects of poor childhood health: An assessment and application of retrospective reports. *Demography, 44*(1), 113–135.

Haas, A. P., Eliason, M., Mays, V. M., Mathy, R. M., Cochran, S. D., D’Augelli, A. R., ... & Russell, S. T. (2010). Suicide and suicide risk in lesbian, gay, bisexual, and transgender populations: Review and recommendations. *Journal of Homosexuality, 58*(1), 10-51.

Hallal, P.C., Andersen, L.B., Bull, F.C., Guthold, R., Haskell, W. & Ekelund, E. (2012). Global physical activity levels: surveillance progress, pitfalls, and prospects. *Lancet, 380* (9838) 247-257.

Hamza, C. A., & Willoughby, T. (2011). Perceived parental monitoring, adolescent disclosure, and adolescent depressive symptoms: A longitudinal examination. *Journal of Youth and Adolescence, 40*(7), 902-915.

Hannan, C., Halpin, B., & Coleman, C. (2013). *Growing up in a one-parent family*. Dublin: Family Support Agency.

Haynie, D. L., & Osgood, D. W. (2005). Reconsidering peers and delinquency: How do peers matter? *Social Forces, 84*(2), 1109-1130.

Hayward, R. and Sharp, C. (2005). *Young people, crime and antisocial behaviour: findings from the 2003 Crime and Justice Survey*. London: Home Office.

Higgins, K., McLaughlin, A., Perra, O., McCartan, C., McCann, M., Percy, A., & Jordan, J-A. (2018). The Belfast Youth Development Study (BYDS): a prospective cohort study of the initiation, persistence and desistance of substance use from adolescence to adulthood in Northern Ireland. *PLoS one, 13*(5).

Hood MY, Moore LL, Sundarajan-Ramamurti A, Singer M, Cupples LA & Ellison RC (2000). Parental eating attitudes and the development of obesity in children. The Framingham Children's Study. *International Journal of Obesity and Related Metabolic Disorders*, 24(10), 1319-1325.

Hughes, D., Mann, A., Barnes, S., Baldauf, B. & McKeown, R. (2016). *Careers Education: International Literature Review*. Warwick: Warwick Institute for Employment Research.

Keane, E., Perry, I. J., Kearney, P. M., Browne, G. M., & Harrington, J. (2012). The Cork Children's Lifestyle Study (CCLaS): a cross-sectional survey of the prevalence and determinants of childhood overweight and obesity.

Kelleher, I., Harley, M., Murtagh, A. and Cannon, M. (2009). Are screening instruments valid for psychotic-like experiences? A validation study of screening questions for psychotic-like experiences using in-depth clinical interview. *Schizophrenia Bulletin*, 37(2), 362-369.

Kennedy, P. (2013) *Treated Differently? Evidence of racism and discrimination from a local perspective*. Limerick: Doras Luimní.

Kenny, R., Dooley, B., & Fitzgerald, A. (2016). Developing mental health mobile apps: exploring adolescents' perspectives. *Health Informatics Journal*, 22(2), 265-275.

Kenny, M. & McNeela, E. (2007). *Assimilation Policies and Outcomes: Traveller's Experience*. Dublin: Pavee Point Travellers Centre.

Kerr, M., & Stattin, H. (2000). What parents know, how they know it, and several forms of adolescent adjustment: further support for a reinterpretation of monitoring. *Developmental Psychology*, 36(3), 366.

Krieger, N., Smith, K., Naishadham, D., Hartman, C. and Barbeau, E.M. (2005). Experiences of discrimination: validity and reliability of a self-report measure for population health research on racism and health. *Social Science & Medicine*, 61 (7): 1576-1596.

Laursen, B., & Collins, W. A. (1994). Interpersonal conflict during adolescence. *Psychological Bulletin*, 115(2), 197-209.

Laursen, B., & Collins, W. A. (2009). Parent-child relationships during adolescence. In R. M. Lerner, & L. Steinberg (Vol. Eds.) (third ed.). *Handbook of Adolescent Psychology: 2. Contextual influences on adolescent development* (pp. 3-42). Hoboken, NJ: Wiley.

Lawless, M. (2018) *Intermediate goods inputs and the UK content of Irish good exports*. Dublin: Economic and Social Research Institute, Department of Business, Enterprise and Innovation, Ireland.

Lawson, M.A. & Lawson, H. A. (2013). New conceptual frameworks for student engagement research, policy, and practice. *Review of Educational Research*, 83 (3), 432-479.

Layte, R., McGee, H., Quail, A., Rundle, K., Cousins, G., Donnelly, C., Mulcahy, F. & Conroy, R. (2006). *The Irish Study of Sexual Health and Relationships*. Dublin: The Crisis Pregnancy Agency and the Department of Health and Children.

Lee, I.M., Shiroma, E.J., Lobelo, F., Puska, P., Blair, S.N. and Katzmarzyk, P.T. (2012). Effect of physical inactivity on major non-communicable diseases worldwide: an analysis of burden of disease and life expectancy. *Lancet*, 380(9838), 21-27.



- Lewis, T. T., Yang, F. M., Jacobs, E. A., & Fitchett, G. (2012). Racial/ethnic differences in responses to the everyday discrimination scale: a differential item functioning analysis. *American Journal of Epidemiology*, 175(5), 391-401.
- Lobstein, T. & Jackson-Leach, R. (2011). Estimated burden of paediatric obesity and co morbidities in Europe. Part 2. Numbers of children with indicators of obesity related disease. *International Journal of Pediatric Obesity*, 1(1), 33-41.
- Lonergan, A. (2017). The meaning of voices in understanding and treating psychosis: Moving towards intervention informed by collaborative formulation. *Europe's Journal of Psychology*, 13(2), 352-365.
- McAra, L. and McVie, S. (2007) *Criminal Justice Transitions*,. *Edinburgh Study of Youth Transitions and Crime* (Research Digest No. 14), Edinburgh: Centre for Law and Society.
- McCoy, S., Smyth, E., Watson, D., & Darmody, M. (2014). *Leaving School in Ireland: A Longitudinal Study of Post-School Transitions*. Dublin: ESRI.
- McGinnity, F., Grotti, R., Kenny, O. and Russell, H. (2017). *Who experiences discrimination in Ireland? Evidence from the QNHS Equality Modules*. Dublin: Economic and Social Research Institute and Irish Human Rights and Equality Commission.
- Meltzer, H., Gatward, R., Goodman, R. & Ford, F. (2000). *Mental health of children and adolescents in Great Britain*. London: The Stationery Office.
- Miller, G., Coffield, E., Leroy, Z. and Wallin, R. (2016). Prevalence and costs of five chronic conditions in children. *Journal of School Nursing*, 32(5), 357-364.
- Moffitt, T. E., & Caspi, A. (2001). Childhood predictors differentiate life-course persistent and adolescence-limited antisocial pathways among males and females. *Development and Psychopathology*, 13(2), 355-375.
- Moffitt, T. E. (2017). Adolescence-limited and life-course-persistent antisocial behavior: A developmental taxonomy. In *Biosocial Theories of Crime* (pp. 69-96). Routledge.
- Morikawi, A. & Kamio, Y. (2014). Normative data and psychometric properties of the Strengths and Difficulties Questionnaire among Japanese school-aged children. *Child and Adolescent Psychiatry and Mental Health*, 8(1),1.
- Murray, A., McNamara, E., Murphy, D., O'Reilly, C., Neary, M. & James, O. (2020). *The Growing Up in Ireland Child Cohort come of age: Review of the literature pertaining to the 17/18-year wave*. Dublin: Economic and Social Research Institute.
- National Disability Authority (2011). *Public Attitudes to Disability in Ireland*. Dublin: National Disability Authority.
- National Health Service (2017). *Health Survey for England 2016 – Adult overweight and obesity*. Retrieved from: <https://files.digital.nhs.uk/publication/m/6/hse2016-adult-obe.pdf>
- NCD Risk Factor Collaboration (NCD-RisC) (2017). Worldwide trends in body-mass index, underweight, overweight, and obesity from 1975 to 2016: a pooled analysis of 2416 population-based measurement studies in 128.9 million children, adolescents, and adults. *Lancet*, 16(390), 2627-2642.
- Newton, K. (2001). Trust, Social Capital, Civil Society, and Democracy. *International Political Science Review*, 22(2): 201-214.

Nixon, E. (2012). *Growing Up in Ireland: How families matter for social and emotional outcomes of 9-year-old children*, Report No.4. Dublin: Government Publications.

O’Koon, J. (1997). Attachment to parents and peers in late adolescence and their relationship with self-image. *Adolescence*, 32(126), 471.

O’Neill, B. & Dinh, T. (2015). *Net Children Go Mobile: Full findings from Ireland*. Dublin: Technological University Dublin.

Newman, T., & Blackburn, S. (2002). *Transitions in the Lives of Children and Young People: Resilience Factors*. Edinburgh: Scottish Executive Education Department.

Park, S. H. (2011). Smoking and adolescent health. *Korean Journal of Pediatrics*, 54 (10): 401-404.

Parkes, A., Sweeting, H., & Wight, D. (2014). *Growing Up in Scotland: Family and School Influences on Children’s Social and Emotional Well-being*. Edinburgh, UK: Scottish Government.

Perrone, D., Sullivan, C. J., Pratt, T. C., & Margaryan, S. (2004). Parental efficacy, self-control, and delinquency: A test of a general theory of crime on a nationally representative sample of youth. *International Journal of Offender Therapy and Comparative Criminology*, 48(3), 298-312.

Pesola, F., Shelton, K. H., Heron, J., Munafò, M., Hickman, M., & van den Bree, M. B. (2015). The developmental relationship between depressive symptoms in adolescence and harmful drinking in emerging adulthood: The role of peers and parents. *Journal of Youth and Adolescence*, 44(9), 1752-1766.

Piers, E.V., Harris, D.B. & Herzberg, D.S. (2002). *Piers-Harris Children’s Self-Concept Scale, Second Edition*. Los Angeles, Ca: Western Psychological Services.

Piotrowska, P. J., Stride, C. B., Croft, S. E., & Rowe, R. (2015). Socioeconomic status and antisocial behaviour among children and adolescents: A systematic review and meta-analysis. *Clinical Psychology Review*, 35(1), 47-55.

Proctor, C.L., Linley, P.A. & Maltby, J. (2009). Youth life satisfaction: a review of the literature. *J Happiness Stud*, 10, 583-630.

Raboteg-Šari, Z., Brajša-Žganec, A. & Šaki, M. (2009). Life satisfaction in adolescents: The effects of perceived family economic status, self-esteem and quality of family and peer relationships. *Drus Istraz*, 18(1), 547-564.

Reardon, S.F., Kalogrides, D., Fahle, E.M., Podolsky, A. & Zarate, R.C. (2018). The relationship between test item format and gender achievement gaps on Math and ELA tests in fourth and eighth grades. *Educational Researcher*, 47(5), 284-294.

Reulbach, U., O’Dowd, T., McCrory, C. and Layte R. (2010). Chronic illness and emotional and behavioural strengths and difficulties in Irish children. *Journal of Epidemiology and Community Health*, 64(1), A4.

Riener, G. & Wagner, V. (2018). Gender differences in willingness to compete and answer multiple-choice questions. *Economics Letters*, 164(1), 86-89.

Roberts, B. W., Edmonds, G., & Grijalva, E. (2010). It Is Developmental Me, Not Generation Me: Developmental Changes Are More Important Than Generational Changes in Narcissism—Commentary on Trzesniewski &



Donnellan (2010). *Perspectives on Psychological Science : A Journal of the Association for Psychological Science*, 5(1), 97–102.

Russell, H., Maître, B. and Donnelly, N. (2011). *Financial Exclusion and Over-indebtedness in Irish Households*. Dublin: Economic and Social Research Institute and Department of Community, Equality and Gaeltacht Affairs.

Sawyer, S. M., Azzopardi, P., Wickremarathne, D., & Patton, G. C. (2018). The age of adolescence. *The Lancet Child and Adolescent Health*, 2(3), 223–228. Schoon, I. (2010). Planning for the future: Changing education expectations in three British cohorts. *Historical Social Research/Historische Sozialforschung*, 35(2), 99–119.

Singh, G.K., Kogan, M.D., Van Dyck, P.C., Siahpush, M. (2008). Racial/ethnic, socioeconomic, and behavioural determinants of childhood and adolescent obesity in the United States: analysing, independent and joint associations. *Ann Epidemiol*, 18(9), 682–95.

Smart, D., (2004). *Patterns of antisocial behaviour from early to late adolescence* (Report No. 290). Canberra: Australian Institute of Criminology.

Smyth, E., Banks, J., & Calvert, E. (2011). *From Leaving Certificate to Leaving School*. Dublin: ESRI/NCCA.

Smyth, E., & Calvert, E. (2011). *Choices and Challenges*. Dublin: ESRI/NCCA.

Smyth, E. (2018). Working at a different level? Curriculum differentiation in Irish lower secondary education. *Oxford Review of Education*, 44(1), 37–55.

Smyth, E., McCoy, S., & Kingston, G. (2015). *Learning from the Evaluation of DEIS*. Dublin: Economic and Social Research Institute.

Starc, G. and Strel, J. (2010). Tracking excess weight and obesity from childhood to young adulthood: a 12-year prospective cohort study in Slovenia. *Public Health Nutrition*, 14(1) 49–55.

Stucky, B. D., Gottfredson, N. C., Panter, A. T., Daye, C. E., Allen, W. R., & Wightman, L. F. (2011). An item factor analysis and item response theory-based revision of the Everyday Discrimination Scale. *Cultural Diversity and Ethnic Minority Psychology*, 17(2), 175.

Sullivan, A., Moulton, V. & Fitzsimons, E. (2017). *The Intergenerational Transmission of Vocabulary*. London: Centre for Longitudinal Studies.

Svedin, C., & Priebe, G. (2008). The Strengths and Difficulties Questionnaire as a screening instrument in a community sample of high school seniors in Sweden. *Nordic Journal of Psychiatry*, 62(3), 225–232.

Thönnissen, C., Gschwendtner, C., Wilhelm, B., Fiedrich, S., Wendt, E. V., & Walper, S. (2014). *Scales manual of the German family panel: Waves 1–10*. Munich: German Research Foundation.

Thornton, M., & Williams, J. (2016). Anti-social behaviour at age 13. In J, Williams, E, Nixon, Smyth, E., & D, Watson, *Cherishing All the Children Equally? Ireland 100 Years on from the Easter Rising*. Cork: Oak Tree Press.

Tombaugh, T. N., Kozak, J., & Rees, L. (1999). Normative data stratified by age and education for two measures of verbal fluency: FAS and animal naming. *Archives of Clinical Neuropsychology*, 14(2), 167–177.



Trainor, S., Delfabbro, P., Anderson, S., & Winefield, A. (2010). Leisure activities and adolescent psychological well-being. *Journal of Adolescence*, 33(1), 173-186.

Trzesniewski, K. H., & Donnellan, M. B. (2010). Rethinking "Generation Me": A study of cohort effects from 1976-2006. *Perspectives in Psychological Science*, 5(1), 58-75.

Turner, S., & Lapan, R. T. (2002). Career self efficacy and perceptions of parent support in adolescent career development. *The Career Development Quarterly*, 51(1), 44-55.

Twenge, J. M. (2013). The Evidence for Generation Me and Against Generation We. *Emerging Adulthood*, 1(1) 11-16. <https://doi.org/10.1177/2167696812466548>

Twenge, J.M. (2014). *Generation Me – Revised And Updated: Why Today's Young Americans Are More Confident, Assertive, Entitled–And More Miserable Than Ever Before*. New York: Simon and Schuster.

Twenge, J.M., Campbell, W.K. and Carter, N.T. (2014). Declines in Trust in Others and Confidence in Institutions Among American Adults and Late Adolescents, 1972-2012. *Psychological Science* 25(10):1914-1923.

UNICEF Office of Research (2017). *Building the Future: Children and the sustainable development goals in rich countries*, Innocenti Report Card 14. Florence: UNICEF Office of Innocenti Research Centre.

Vela, J.C., Lerma, E. & Ikononopoulos, J. (2017). Evaluation of the life satisfaction and subjective happiness scales with Mexican American high school and college students. *Hispanic Journal of Behavioral Sciences*, 39(1), 34-45.

Viejo Almanzor, C. M., Sánchez Jiménez, V., & Ortega Ruiz, R. (2013). The importance of adolescent dating relationships. *Psicothema*, 25 (1), 40-48.

Vitaro, F., Brendgen, M., & Tremblay, R. E. (2002). Reactively and proactively aggressive children: Antecedent and subsequent characteristics. *Journal of Child Psychology and Psychiatry*, 43(4), 495-505.

Vuolo, M. & Staff, J. (2013). Parent and child cigarette use: a longitudinal, multigenerational study. *Pediatrics*, 132(3), e568-e577.

Wabitsch, M., Hauner, H., Hertrampf, M., Muche, R., Hay, B., Mayer, H., Kratzer, W., Debatin, K. and Heinze, E. (2004). Type II diabetes mellitus and impaired glucose regulation in Caucasian children and adolescents with obesity living in Germany. *International Journal of Obesity and Related Metabolic Disorders*, 28(2), 307-313.

Wang, Y., Min, J., Khuri, J., & Li, M. (2017). A Systematic Examination of the Association between Parental and Child Obesity across Countries. *Advances in Nutrition*, 8(3), 436–448.

Watson, D and Maître, B (2012). Technical Paper on Poverty Indicators, Appendix C, *Report of the Review of the National Poverty Target*, Social Inclusion Technical Paper No. 2. Dublin: Department of Social Protection.

Watson, D. and Maître, B. (2014). *Understanding Emotional, Psychological and Mental Health (EPMH) Disability in Ireland: Factors Facilitating Social Inclusion*. Dublin: Economic and Social Research Institute and National Disability Authority.





- Watson, D., Maître, B., Whelan, C.T. and Russell, H. (2016). *Poverty and Quality of Life of Social Risk Groups and Social Classes: An Analysis of the Central Statistics Office (CSO) Survey on Income and Living Conditions for Ireland, 2004 to 2013*. ESRI Research Series. Dublin: Economic and Social Research Institute.
- Whelan, C.T. and Maître, B. (2013). Material Deprivation, Economic Stress, and Reference Groups in Europe: An Analysis of EU-SILC 2009. *European Sociological Review*, 29(6): 1162–1174,
- Williams, C. L., Hayman, L. L., Daniels, S. R., Robinson, T. N., Steinberger, J., Paridon, S., & Bazzarre, T. (2002). Cardiovascular health in childhood: A statement for health professionals from the Committee on Atherosclerosis, Hypertension, and Obesity in the Young (AHOY) of the Council on Cardiovascular Disease in the Young, American Heart Association. *Circulation*, 106(1), 143-160.
- Williams, D. R., Yu, Y., Jackson, J. S., & Anderson, N. B. (1997). Racial differences in physical and mental health: Socio-economic status, stress and discrimination. *Journal of Health Psychology*, 2(3), 335-351.
- Williams, J., Greene, S., Doyle, E., Harris, E., Layte, R., McCoy, S., McCrory, C, Murray, A., Nixon, E., O'Dowd, T., O'Moore, M., Quail, A., Smyth, E., Swords, L., & Thornton, M. (2009). *Growing Up in Ireland: The Lives of 9-Year-Olds* (Report No. 1). Dublin: The Stationary Office.
- Williams, J., Thornton, M., Morgan, M., Quail, A., Smyth, E., Murphy, D., & O'Mahony, D. (2018). *Growing Up in Ireland: The Lives of 13- Year-Olds* (Report No. 6). Dublin: The Stationary Office.
- Winpenny, E.M., Penney, T.L., Corder, K., White, M. and van Sluijs, E. (2017). Change in diet in the period from adolescence to early adulthood: a systematic scoping review of longitudinal studies. *International Journal of Behavioral Nutrition and Physical Activity*, 14(1), 60.
- Woods, C.B., Powell, C., Saunders, J.A., O'Brien, W., Murphy, M.H., Duff, C., Farmer, O., Johnston, A., Connolly, S. and Belton, S. (2018). *The Children's Sport Participation and Physical Activity Study 2018 (CSPPA 2018)*. Limerick: Department of Physical Education and Sport Sciences.
- World Health Organization (2010). *Global Recommendations on Physical Activity for Health*. Geneva: WHO.
- World Health Organization (2017). *Depression and Other Common Mental Disorders: Global Health Estimates*. Geneva: WHO.
- Wright, C. M., Emmett, P. M., Ness, A. R., Reilly, J. J., & Sherriff, A. (2010). Tracking of obesity and body fatness through mid-childhood. *Archives of Disease in Childhood*, 95(8), 612-617.

## LIST OF ACRONYMS

ASB:	Antisocial behaviour
AUDIT:	Alcohol Use Disorders Identification Test
BMI:	Body Mass Index
BP:	Blood Pressure
CJS:	Criminal Justice System
CSPE:	Civic, Social and Political Education
DCYA:	Department of Children and Youth Affairs
DEIS:	Delivering Equality of Opportunity in Schools
DES:	Department of Education and Skills
DISC-C:	Diagnostic Interview Schedule for Children
EU:	European Union
GDP:	Gross Domestic Product
GNP:	Gross National Product
GPA:	Grade point average
HBSC:	Health Behaviour of School-Aged Children
IPPA:	Inventory of Parent and Peer Attachment
JST:	Jobseeker's Transitional Payment
LCA:	Leaving Certificate Applied
LCE:	Leaving Certificate Established
LCVP:	Leaving Certificate Vocational Programme
MVPA:	Moderate to vigorous physical activity
NCD-RisC:	NCD Risk Factor Collaboration
NDA:	The National Disability Authority
NHLBI:	National Heart, Lung, and Blood Institute
NHS:	National Health Survey
NPI:	Narcissistic Personality Inventory
OFP:	One-parent family
PAIRFAM:	Panel Analysis of Intimate Relationships and Family Dynamics
SD:	Standard deviation
SDQ:	Strengths and Difficulties Questionnaire
SILC:	Survey of Income and Living Conditions
TILDA:	The Irish Longitudinal Study on Ageing
TY:	Transition year
UK:	United Kingdom
UNICEF:	United Nations Children's Fund
USA:	United States of America
WHO:	World Health Organization



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