

COHORT '08
JULY 2023

Growing Up in Ireland



Key Findings: Cohort '08 at 13 Years Old

Introduction

This Growing Up in Ireland report aims to provide a snapshot of the lives of 13-year-olds in the key areas of physical health, education, socio-emotional wellbeing (including free-time activities) and family circumstances.

It presents findings from the latest wave of the study in 2021/22 and describes outcomes by key socio-demographic indicators such as gender, household income, parental education and family structure. It provides important insights into differences in experiences at this age in contemporary Irish society as well as a sense of how life has been for these 13-year-olds since they were younger.

Growing Up in Ireland is the national longitudinal study of children designed to inform policy affecting children and their families. The study follows two cohorts of children, born roughly a decade apart. The families of Cohort '08 (the focus of this report) were first interviewed in 2008/2009, when the child was 9 months old. Since then, they were re-interviewed (face-to-face) when the child was 3 years, 5 years, and 9 years old (in 2017/18). In addition, the Primary Caregiver took part in a postal survey when the child was 7/8 years, and both child and Primary Caregiver took part in a special online COVID-19 survey in December 2020 (around age 12). The other Growing Up in Ireland cohort is Cohort '98

who were mostly born in 1998 and recruited into the study when they were 9 years old in 2007/8.

Prior to the pandemic, the next follow-up with Cohort '08 had been planned as an in-home interview for 2021 when they would be 13 years old. The arrival of COVID, and subsequent uncertainty about the return to in-person research, meant that fieldwork for age 13 data collection had to be delayed and reshaped into shorter telephone-based interviews with parents and Young People. These took place between July 2021 and June 2022, during which time there were fluctuations in the level of public health restrictions, with an almost-complete lifting of restrictions at the end of January 2022. In addition, virtually all 13-year-olds made the transition to secondary school during the pandemic.

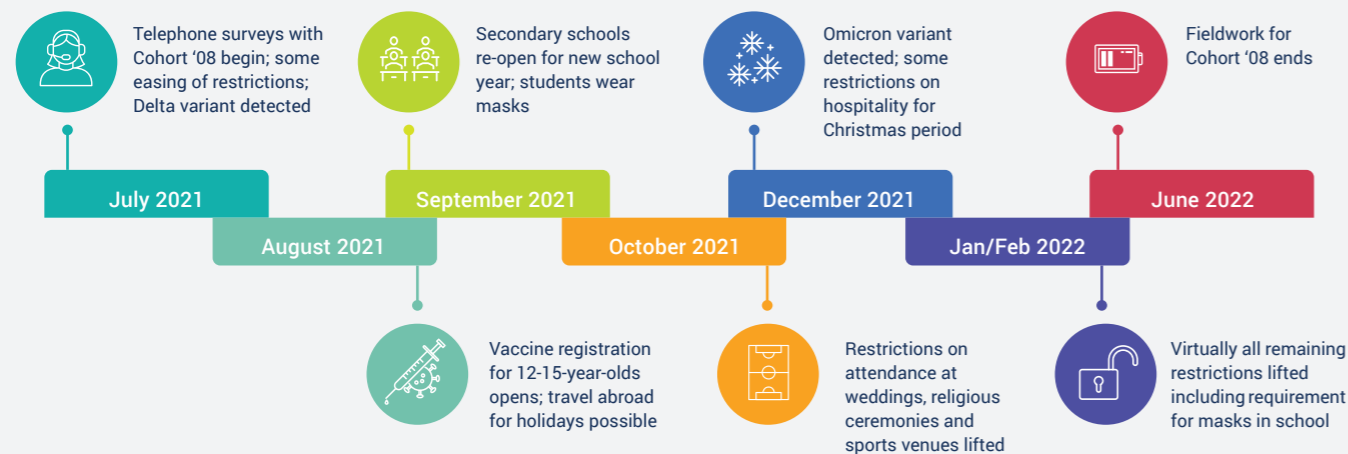
This extended Key Findings report draws mainly on information provided by the Cohort '08 13-year-old and their Primary Caregiver (typically the mother) as part of their respective telephone interviews. For ease of reading, the Primary Caregiver is referred to in the rest of this report as 'the mother', and the 'Secondary Caregiver' as 'the father' (as most were). The analyses presented here are based mainly on interviews with 6,655 Primary Caregivers (mostly mothers) and 6,375 Young People aged 13, which represents approximately 9% of all children of that age living in Ireland.



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Timeline: Cohort '08 Fieldwork during the Pandemic



Families of 13-Year-Olds

This section describes background characteristics relating to the families of the 13-year-olds.¹ Some of these characteristics (such as family structure, parental education and household income) will be used later in the report, exploring associations with many of the 13-year-olds' developmental

outcomes. The household information was collected from the Primary Caregiver, nominated by the family, and in the vast majority of cases this was the mother. For ease of reading, the Primary Caregiver is referred to in the rest of this report as 'the mother', and the 'Secondary Caregiver' as 'the father'.

Family Characteristics

As at previous waves of Growing Up in Ireland, the vast majority (96%) of individuals completing the Primary Caregiver interview were female and virtually all were the biological parent of

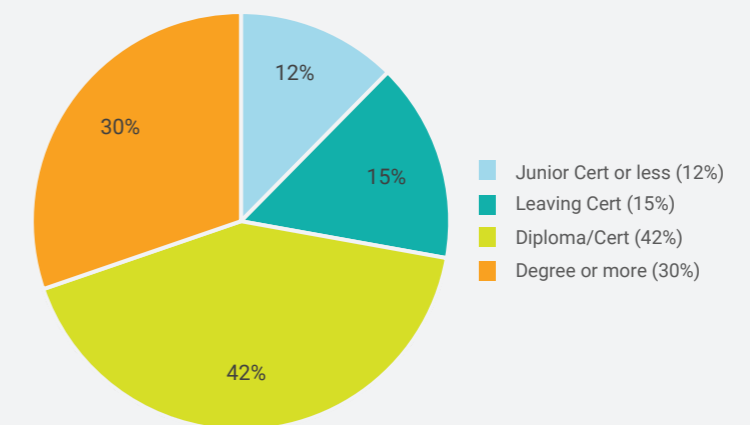
the 13-year-olds (i.e., they were the mother; the remaining 4% were virtually all the biological father). The mean age for the Primary Caregiver at time of interview was 44.

Maternal Education Status

Mothers were asked for their highest level of completed education; 12% had completed the Junior Certificate or less, 15% had completed the Leaving Certificate, 42% had completed third-level

education to something below degree-level, such as a certificate or diploma, while 30% had a degree or more (Figure 1).

Figure 1: Maternal education status when Young Person was aged 13



¹ The average age of the Young Person was 13, with just 5.5% aged 14 or over. They are referred to as the '13-year-olds' throughout the report for simplicity.



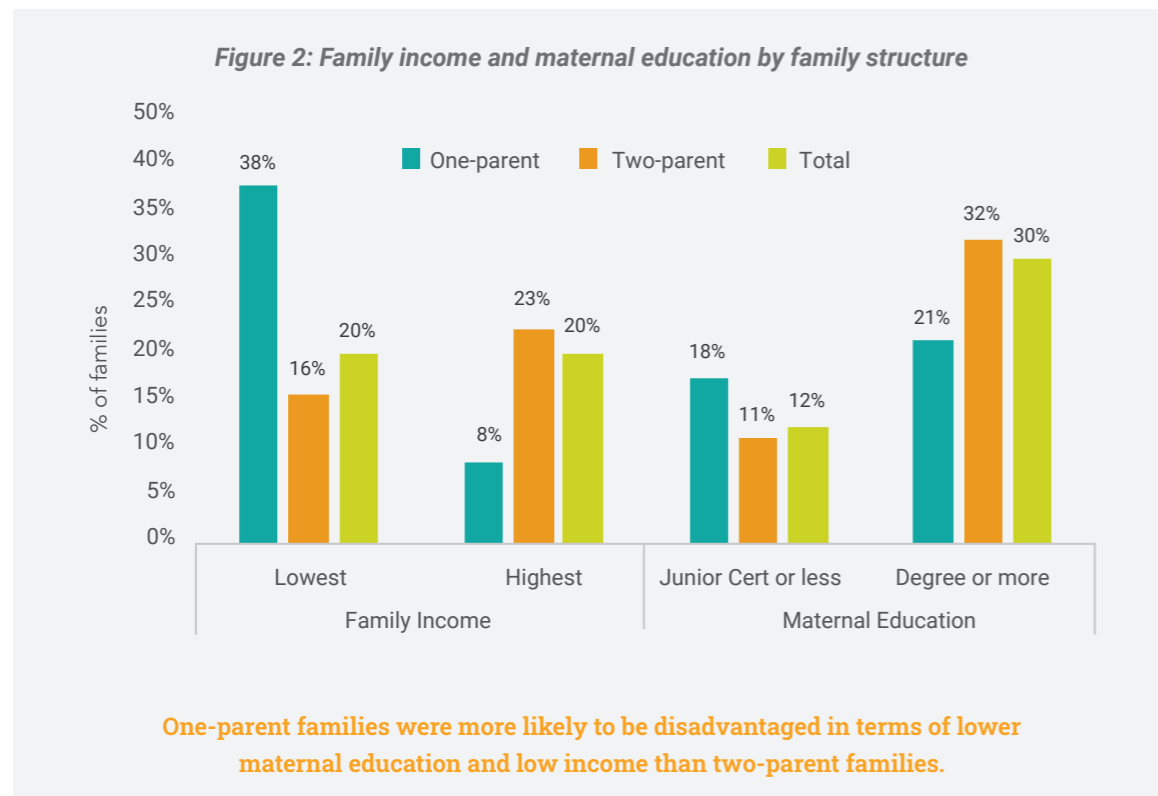
Family Structure

In terms of family structure, 82% of 13-year-olds lived in two-parent families, the remainder in one-parent families. At the previous wave of the study (when the Young Person was age 9), slightly more (85%) lived in two-parent families.

There were significant differences in maternal educational attainment between one- and two-parent families (Figure 2). Mothers in one-parent families were more likely than those in two-parent families to have finished education at Junior

Certificate level or less (18% versus 11%), and less likely to have completed a degree (21% versus 32%).

There were similar patterns by family income, with 38% of one-parent families in the lowest income group (quintile²) and just 8% in the highest income quintile. These findings highlight higher levels of disadvantage among one-parent families, compared to two-parent families.

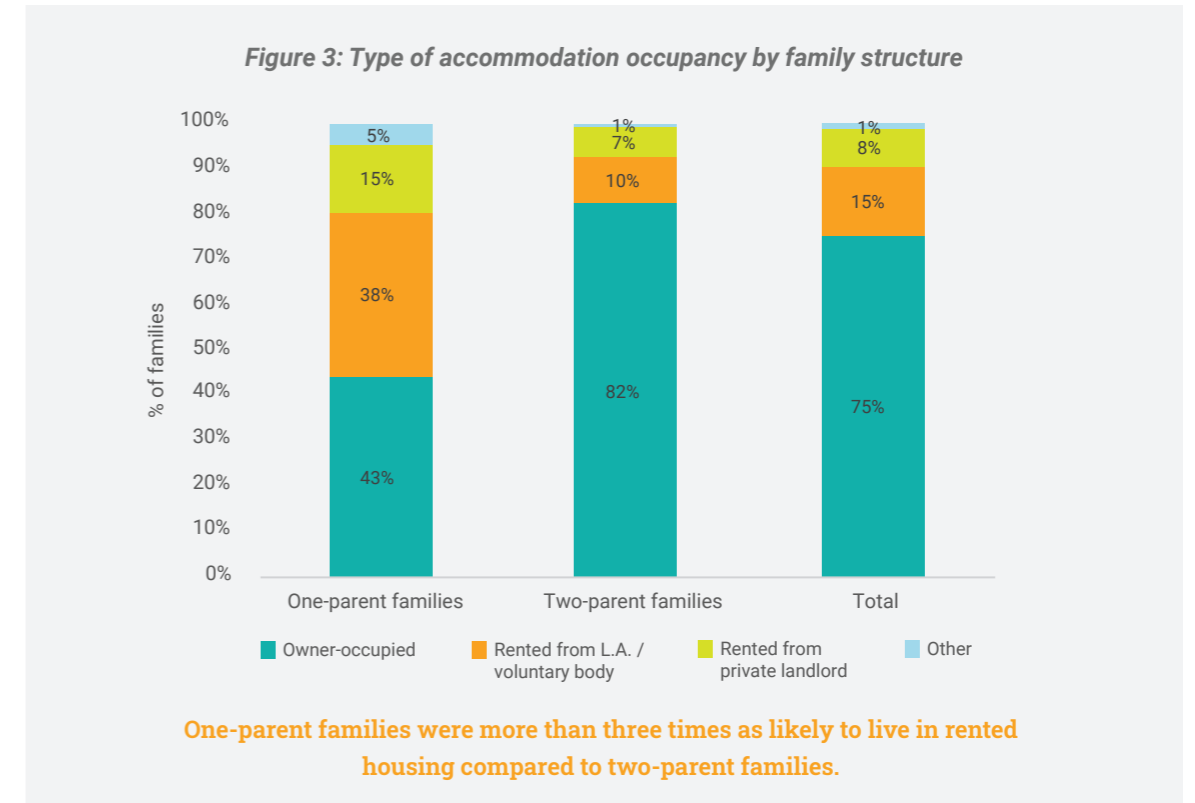


Housing

The majority of 13-year-olds (75%) lived in owner-occupied homes (Figure 3). Fifteen per cent lived in homes rented from a local authority or voluntary body, while a further 8% lived in homes that were privately rented (including subsidised private rental). Almost all (97%) families lived in a house;

much of the remainder lived in an apartment, flat or maisonette.

The findings show that one-parent families were much more likely to live in rented accommodation than two-parent families (53% versus 17%, Figure 3).



Families were also asked about the number and nature of any problems they experienced with their accommodation (for example, light, damp, or noise issues). Overall, 28% had some issue: 19% with one type of problem, and a further 9% with multiple issues. Looking at differences by tenure type, 21% of owner-occupiers said they had at least one issue, compared to 38% for those who rented from a private landlord, and 54% for those who rented from a local authority or voluntary body (Table 1). Differences in accommodation issues were also observed according to family structure and income (Table 1). One-parent families were more likely to report multiple issues

(13%, versus 8% for two-parent families), as were those from the lowest income families (16% versus 4% from the highest income families).

The most commonly cited accommodation issue was a lack of space: affecting 14% of all households but much more common in homes rented from a local authority/voluntary body (31%) or a private landlord (19%) – in contrast to 10% of owner-occupied homes. Other issues such as ‘leaks, damp or rot’ and ‘noise’ (affecting 9% and 7% of all homes, respectively) were all substantially more common in rented accommodation.

Table 1: Number of problems by tenure, family structure and family income

		NO PROBLEMS	ONE ISSUE	MULTIPLE ISSUES
Tenure Type	Owner-occupied	79%	16%	5%
	Rented from private landlord	62%	27%	11%
	Rented from L.A. / voluntary body	46%	30%	24%
Family Structure	Two-parent	74%	18%	8%
	One-parent	64%	23%	13%
Family Income	Highest	82%	14%	4%
	Lowest	62%	22%	16%
TOTAL		72%	19%	9%

Families living in rented accommodation were more likely to report problems such as a lack of space or damp, especially if rented from a local authority or voluntary body.

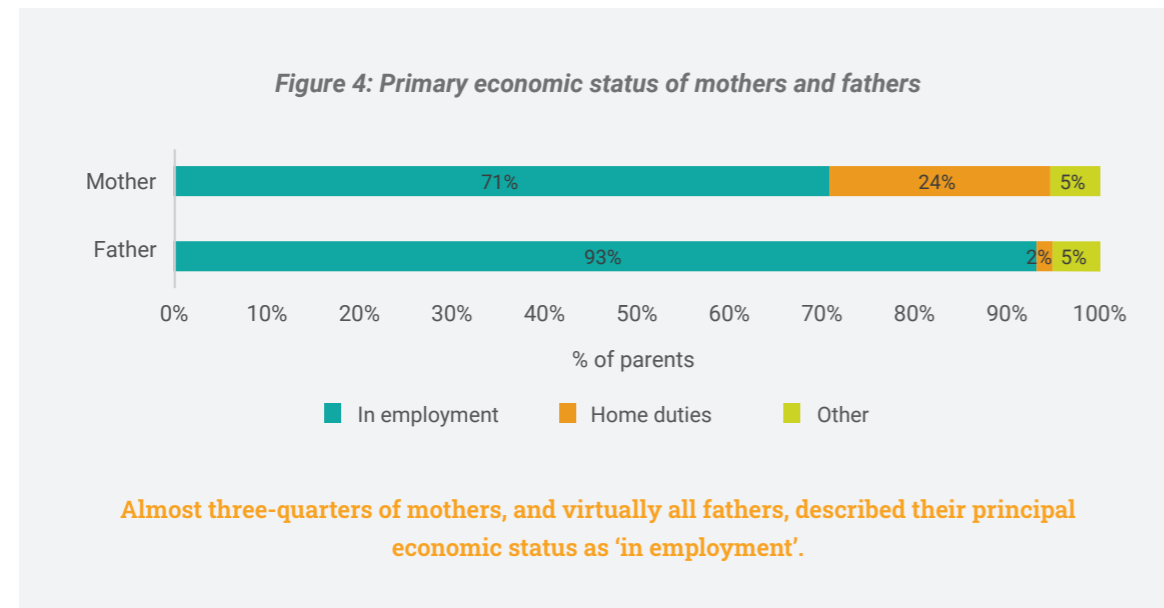
² Income refers to the total disposable income of the household. The income quintile groups divide the 13-year-olds into five equally sized groups (from lowest to highest), based on family income (adjusted for household size and composition, i.e. ‘equivalised’).



Work and Family

In terms of parents' principal economic status (Figure 4), the majority of both mothers and fathers described themselves as *in employment* (71% and 93%, respectively). Of those who worked, 63% of mothers and 96% of fathers worked 30 or more hours per week. Almost one-in-four mothers, but just 2% of fathers, described their principal economic status as *home duties*. The *other* category in this graph includes those who were unemployed or who had a long-term sickness or disability (amongst other statuses); this accounted for 5% of mothers and 5% of fathers.

There were differences in principal economic status according to family structure and family income (not illustrated). Less than half (43%) of mothers from the lowest income families were *in employment* compared with 90% of those from the highest income families. For fathers, 75% from the lowest income families were *in employment* compared with 99% from the highest income families. Mothers from one-parent families were more likely to be in the *other* category compared to those in two-parent families (9% versus 5%).



Parents were asked about remote working; one-third of those who were in employment worked from home (33% of mothers and 32% of fathers) at the time of the survey³. Over half of these people only did so as a result of COVID-19 measures (20% of mothers and 18% of fathers). The remainder (around 13% of all employed mothers and fathers) said they worked from home anyway, not just because of COVID-19 measures.

Parents in employment each answered items about

their perceptions of work-life balance. Looking specifically at two-parent families, fathers⁴ were more likely than mothers to 'agree' or 'strongly agree' they *missed out on family activities because of work responsibilities* (39% vs 33%), but less likely to feel their *family time was less enjoyable due to work commitments* (28% vs 32%; Figure 5). Almost one-quarter of working mothers agreed they had to *turn down work opportunities because of family responsibilities* (compared to 16% of working fathers), and more of them said *time spent working*

was less enjoyable because of family responsibilities (25% versus 16%).

Comparing mothers in one- and two-parent families (there are not enough fathers in one-parent families for meaningful comparison), notable differences can be observed in terms of the impact of family responsibilities. Mothers in one-parent families were more likely than mothers in two-parent families to agree or strongly agree that they had to *turn down work opportunities due to family responsibilities* (35% versus 23%, not illustrated) or that *time spent working was less enjoyable or more pressured due to family responsibilities* (28% versus 24%).

Comparing parental perceptions of work-life balance at age 13 to when their child was aged 9⁵ (pre-pandemic) suggests an overall decline in the number of parents who felt that they *missed out on family activities because of work responsibilities*. Among mothers, 42% had agreed with this statement at age 9 – down to 33% by age 13; while for fathers it declined from 55% to 39% (not illustrated). The ratings for the other items were broadly similar across waves, except that fathers were also less likely to agree that *family time was less enjoyable due to work commitments* at age 13 (28%) than they had at age 9 (37%) – corresponding values for mothers on this item were 32% (age 13) and 36% (age 9).



³Note: Interviews were conducted between July 2021 and June 2022, during which time there were fluctuations in the level of public health restrictions, with an almost-complete lifting of restrictions at the end of January 2022

⁴Note that fathers were all in two-parent families by default whereas mothers could be in either one-parent or two-parent families unless otherwise specified

⁵Age 9 values taken from *The Lives of 9-Year-Olds of Cohort '08* (2021)

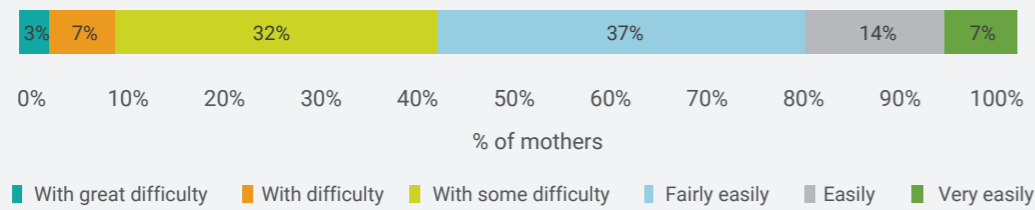


Financial Strain

Financial strain is an important indicator of potential financial difficulties for families. To measure financial strain, mothers were asked about the extent to which they had difficulty (or ease) 'making ends meet'. Over

half of mothers (58%) reported that they found it relatively easy to make ends meet (Figure 6). However, 32% had *some difficulty*, 7% had *difficulty*, and a further 3% said they had *great difficulty* making ends meet.

Figure 6: Difficulty making ends meet as reported by the mother

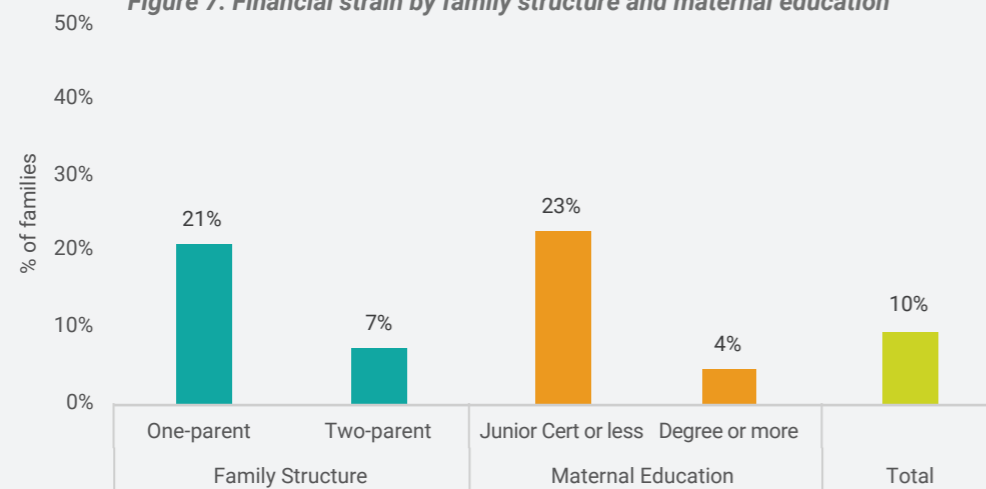


At the time of the survey, almost 60% of families were making ends meet with ease, but 32% were having 'some difficulty' and 10% had financial strain ('difficulty'/'great difficulty').

Combining the last two categories, *difficulty* or *great difficulty* making ends meet, 10% of all families could be described as experiencing financial strain. Financial strain was substantially higher for one-parent families

(21% compared to 7% of two-parent families) and for those families where the mother had a Junior Certificate or less level of education (23% versus 4% for those families where they had a degree; Figure 7).

Figure 7: Financial strain by family structure and maternal education



Families headed by a lone parent or where the mother had a low level of educational attainment were much more likely to be experiencing financial strain.

Mothers were asked about changes in their families' financial situation since they were last interviewed (usually, but not necessarily, when the Young Person was 9 years old). Almost half (43%) said they were

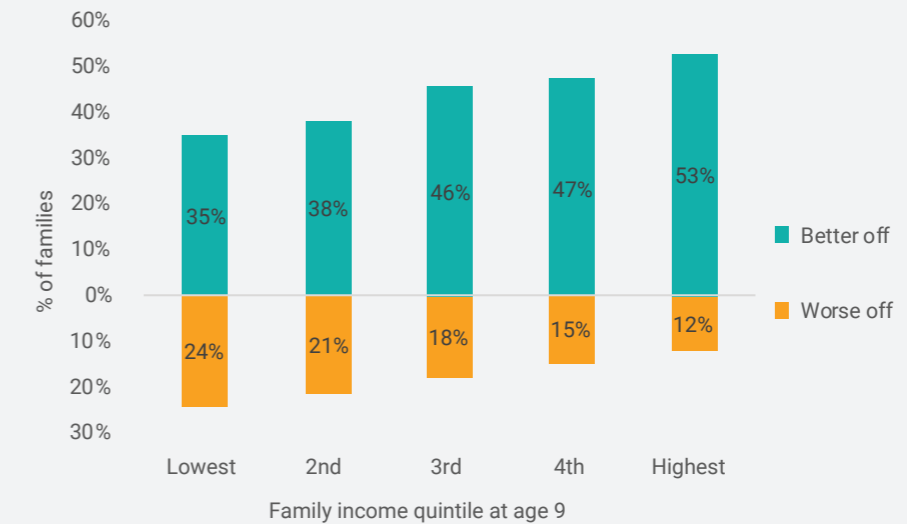
better off now, 39% said their financial situation was the same and 18% said they were *worse off now*. Looking back to the income quintile of the families at the previous interview, those families who were

better off pre-pandemic were more likely to say their financial situation had improved in the intervening years. As shown in Figure 8, over half of families who were in the highest income quintile when the Young Person was age 9 said their financial situation had improved since then; and just 12% said it had got worse. In contrast, around one-third of families in the lowest income quintile at age 9 said they were now better off than they had been, with almost a

quarter describing themselves as worse off.

Families who were headed by a lone parent at both age 9 and 13 were more likely to report a worsening of financial circumstances (23%) than those who were a two-parent family at both waves (15%, not illustrated). Two-parent families were, conversely, more likely to report being better off now than in the previous wave (45% versus 36% of one-parent families).

Figure 8: Changes in financial situation between age 9 and 13 according to family income at the earlier wave



Families who had been the least well-off when the children were age 9 were the most likely to say their financial situation had since worsened, and the least likely to say it had improved.

Child-reported Deprivation

For the first time with this Cohort '08, the 13-year-olds themselves were asked about their experiences of missing out on five key material items (clothes, books, own bed, electronic devices, and a suitable place to study or do homework) and five key experiences (inviting friends over, celebrating their birthday or special events, going on school trips, having a meal out with family, and going on a family holiday at least once a year). These items were developed by the Study Team in the ESRI specifically for the Growing Up in Ireland study, based on relevant national and international research.⁶

Overall, 13% of Young People reported experiencing some form of deprivation; 9% reported missing out on one thing and 4% said they had missed out on more than one. The most frequently missed-out things were not being able 'to go on a family holiday at least once a year' (7%) and not being able to 'go for a meal out with family at least once a month' (4%). Missing out on multiple things was more likely among Young People in one-parent families (6%) and families with lower maternal-education (6%).

⁶ Further details on the development of this measure can be found in the pilot report for Cohort '08 at 13 https://www.growingup.gov.ie/pubs/Pilot-Report_Cohort08at13.pdf

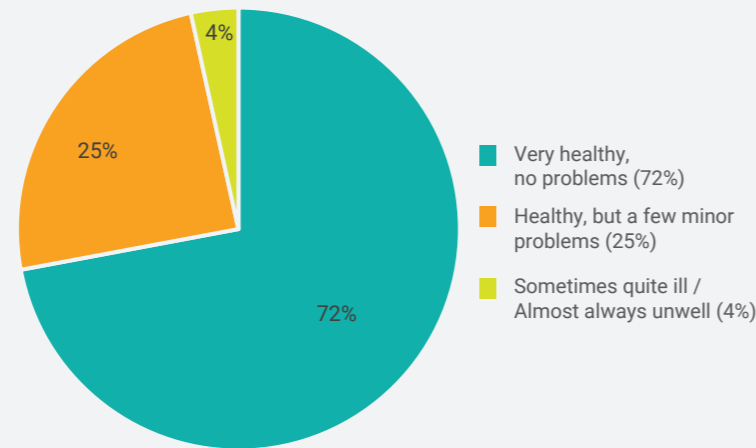


Physical Health

General Health

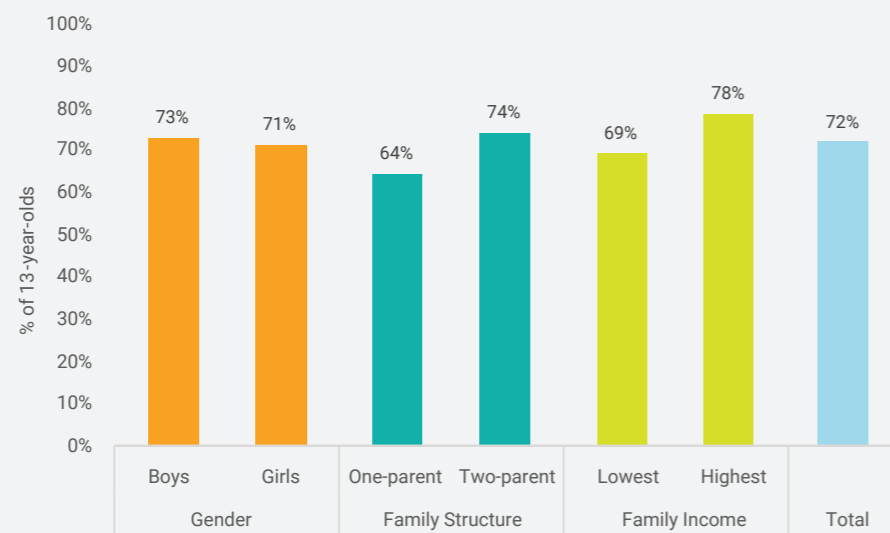
As was the case in previous waves, a majority of mothers described their child as very healthy, no problems (72%, Figure 9). A further 25% of 13-year-olds were reported to be healthy, but a few minor problems, while 4% were sometimes quite ill or almost always unwell.

Figure 9: Mother's report of the 13-year-old's general health status



Almost three-quarters of 13-year-olds were described as being 'very healthy, no problems'.

Figure 10: Percentage of 13-year-olds rated by parents as 'very healthy, no problems' by gender (no significant difference), family income, and family structure



Although the majority of 13-year-olds were 'very healthy', this was somewhat more likely for Young People in families with two parents or higher income level.

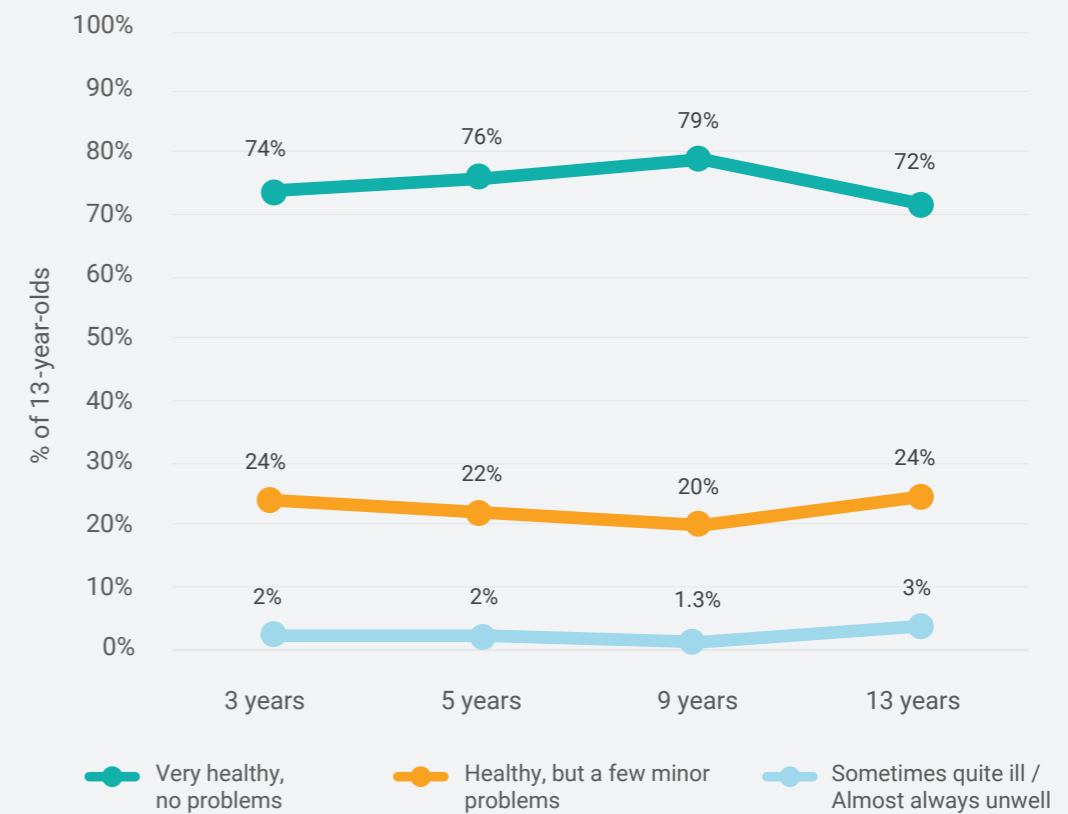
Figure 10 shows evidence of some socio-demographic patterns in the proportion of 13-year-olds described as very healthy, albeit the most common description for all groups. Those from the highest-income families (78%) were more likely to be very healthy than Young People from the lowest income families (69%); as were those living with two parents rather than one parent (74% vs 64%). No significant differences were observed by gender.

Overall levels of the Young Person's general health status have remained relatively stable throughout childhood (Figure 11). From ages 3 to 13 years, the proportion of children considered very healthy peaked at 79% in the age 9 survey but dropped again to 72% (the lowest so far) in the current wave. The proportion described as sometimes quite ill / almost always unwell, declined from 2% at ages 3 and 5 to 1.3% at age 9, and then rose again to 3% at age 13.

Further analysis could examine changes at the level of the individual child.

Among Cohort '98 at age 13 (circa 2011), 76% had been described as very healthy, no problems. A further 23% of the older cohort had a few minor problems, with the remaining 2% said to be sometimes quite ill / almost always unwell.

Figure 11: Group trends in Young Person's general health status from age 3 to age 13



At the level of the overall population, rates of being 'very healthy' / 'a few minor problems' / 'sometimes or always quite ill' have remained relatively stable between age 3 and age 13. There may, however, be change at the individual level.

* Longitudinal data taken from The Lives of 9-Year-Olds of Cohort '08 report



Long-Lasting Conditions and Difficulties

In a new question for this wave, mothers were asked if their 13-year-old experienced any difficulties (such as problems with breathing or a mental health issue) as a result of a chronic (i.e., long-lasting) condition. A list of eight long-lasting difficulties with an additional response option for 'any other condition', was used. Around one-third

(35%) said their child was affected to some extent by at least one type of difficulty (Figure 12), the most prevalent being a 'difficulty with learning, remembering or concentrating' (14%). Note that an individual could indicate more than one type of functional difficulty, potentially arising from the same condition.

Figure 12: Prevalence of functional difficulties associated with chronic conditions among 13-year-olds

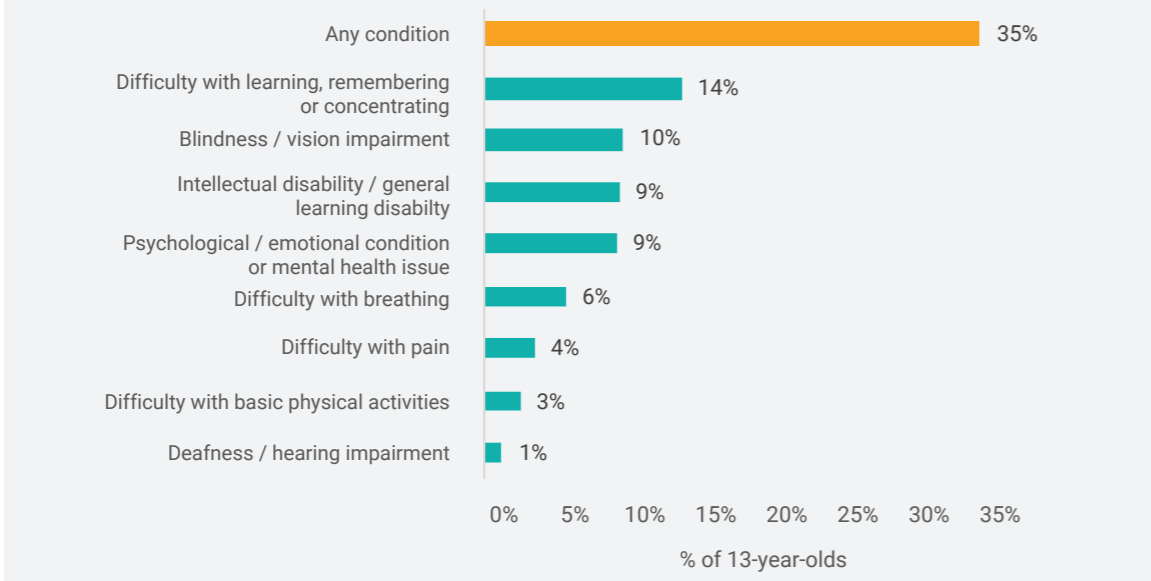
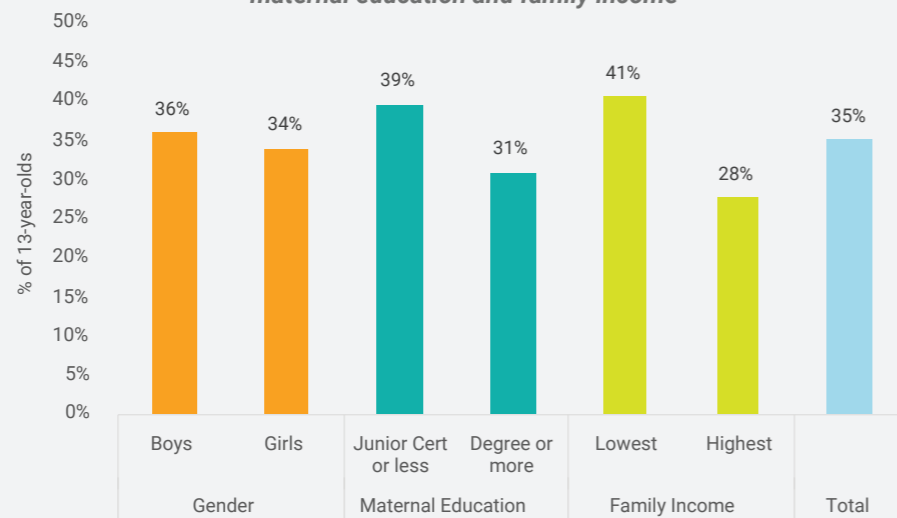


Figure 13 shows that 13-year-olds from the lowest-income families (41%) were significantly more likely to have a long-lasting difficulty or condition⁷ than those from the highest-income families (28%). A similar contrast was observed between Young People in the lowest versus highest maternal education categories (39% and 31%, respectively). No significant differences were seen in overall rates of chronic conditions/difficulties between boys and girls (36% and 34%).

Figure 13: Percentage of 13-year-olds with any chronic condition by gender, maternal education and family income



Young People living in families with low levels of maternal education and/or low income were more likely to have a long-lasting difficulty or condition.

⁷ These new questions were modelled on new Census questions for 2021, focussing on the function affected (such as vision, movement, learning) rather than the diagnosis.

Healthcare Utilisation

Health Insurance and Medical Cards

More than one-third of mothers (36%) said their child was covered by a full medical card, while a further 4% were covered by a GP visit card (not illustrated). Just under half of all 13-year-olds (44%) were covered by private health insurance. Those in two-parent families were much more likely to have private health insurance than those in one-parent

families (49% versus 17%). Similar differences were observed according to family income quintile; those Young People in the highest-income families were much more likely to have private health insurance than those in the lowest income families (77% versus 13%).

GP Visits

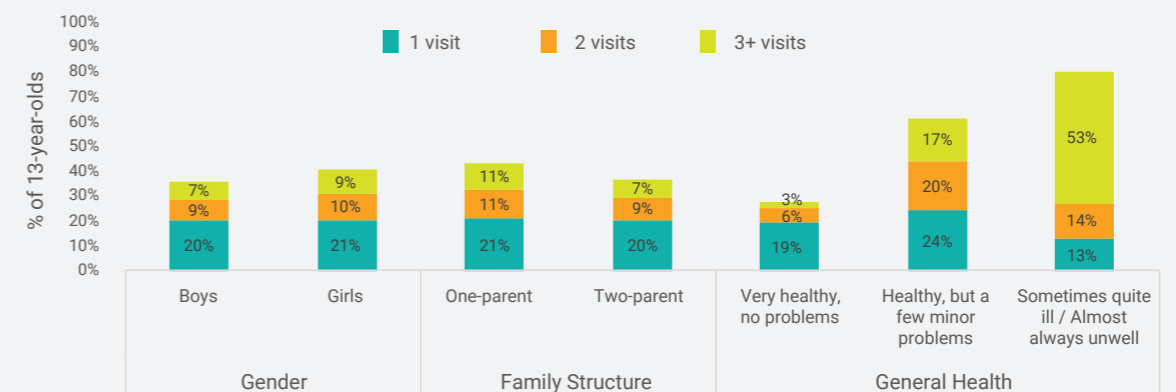
More than one-third of 13-year-olds (38%) had visited a general practitioner (GP) at least once in the last year; 20% had made one visit, 10% had made two and 8% had made three or more GP visits. A social gradient was observed (Figure 14) such that Young People from one-parent families were more likely to visit the GP more than once in the last year (23%, compared to 16% for those from two-parent families). There was a modest difference between boys and girls.

of those considered 'very healthy' visited a GP at least twice, compared to 37% of those with a 'few minor problems', and 67% of those who were 'sometimes quite ill' or 'almost always unwell'.

There were significant differences according to the Young Person's health status (also Figure 14); only 9%

significant differences were also observed according to medical card cover (not illustrated). A quarter (25%) of 13-year-olds with GP visit or full medical cards attended a GP at least twice, compared to 13% of 13-year-olds who did not have a medical card. However, it is possible that level of need was a factor in the decision to grant a medical card in certain cases.

Figure 14: Number of GP visits made by 13-year-old in the previous 12 months by gender, family structure and general health status



While over a third of 13-year-olds had at least one GP visit in the last year, those from one-parent families were more likely to have made multiple visits than those from two-parent families.

Hospital Visits

Overnight stays

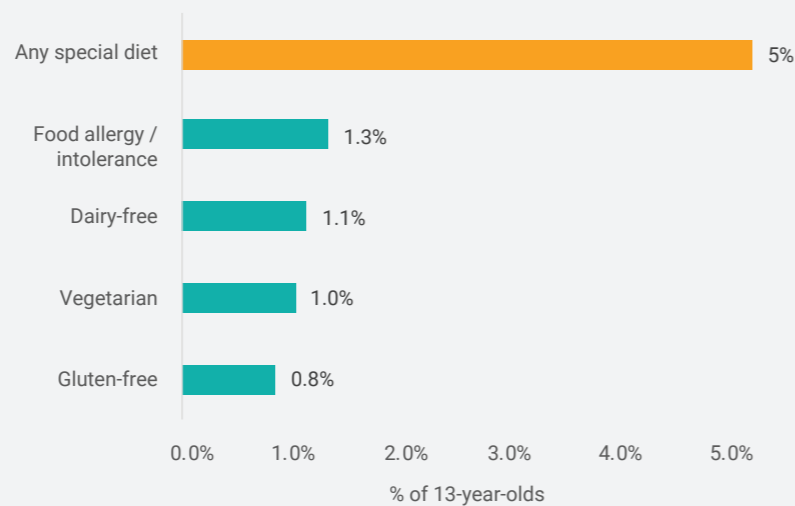
Mothers were asked how many nights their child had spent in hospital in the last year. In total, 5% of all 13-year-olds had spent at least one night in hospital: 3% had spent 1-2 nights in hospital, while a further 2% had spent 3 or more nights in hospital in the last year.

Emergency Room visits

Almost 17% of 13-year-olds had visited an emergency department at least once in the last year: 12% had made one visit, 3% had made two visits and 2% had made three or more visits.



Figure 15: Mother-reported prevalence of special diets amongst 13-year-olds



Only 5% of 13-year-olds were described as being on some form of special diet, the most common being the result of a food allergy or intolerance (1.3%).

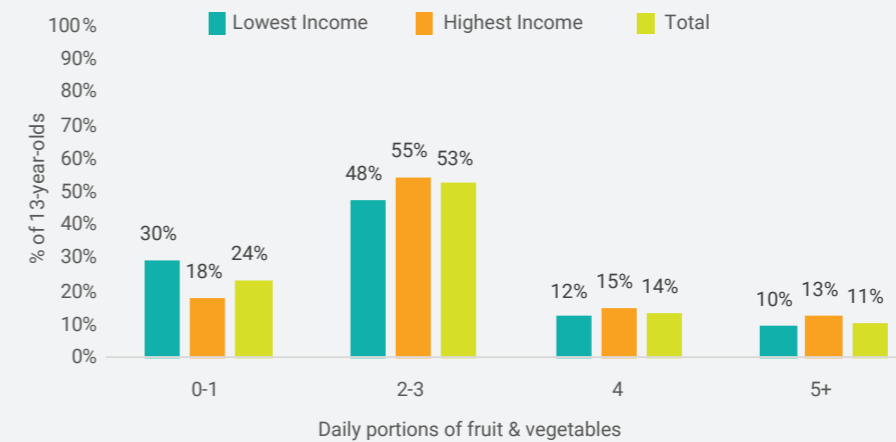
Diet

Mothers were asked about their child's diet, including special diets and their fruit and vegetable consumption. Young People self-reported their frequency of snacking.

Special Diets

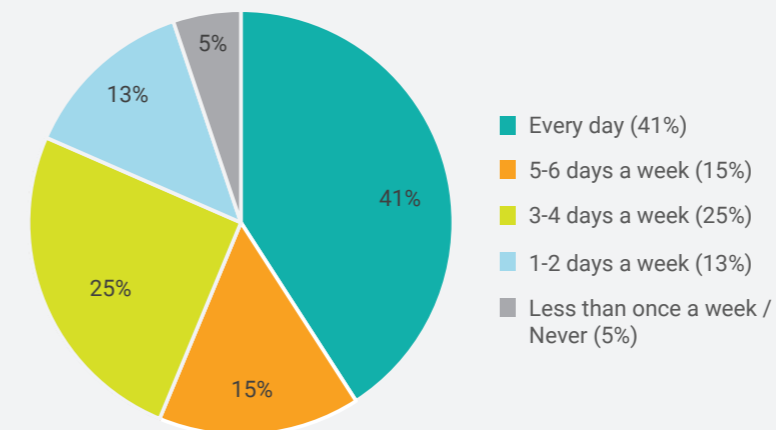
A small proportion (5%) of 13-year-olds were described by their mothers as "following a special diet". Participants who indicated 'yes' were asked to specify what kind of diet that was. As shown in Figure 15, the most common special diet was due to a food allergy or intolerance (1.3%), followed by dairy-free, vegetarian and gluten-free (all approximately 1%). An individual could have been on more than one kind of special diet.

Figure 16: Mother-reported number of portions of fruit and vegetable consumed daily by the 13-year-old according to family income



Only 11% of 13-year-olds ate the recommended five or more portions of fruit and vegetables on a typical day, with nearly a quarter eating just one or none.

Figure 17: Frequency of consuming snacks according to 13-year-olds



Over 40% of 13-year-olds had a snack every day, and over 80% ate snacks at least 3 days per week.



Fruit and Vegetables

It is recommended that young people consume at least five portions of fruit and vegetables per day.⁸ Just 11% of 13-year-olds achieved this target on a typical day, according to their mothers (Figure 16), and usually two or three portions of fruit or vegetables were eaten (53% of Young People). Almost one-in-four were reported to eat just one or no portion on a typical day, and this was more common among 13-year-olds in families with the lowest income (30% vs 18% for the highest income).

Snacking

The 13-year-olds were asked about their snacking behaviour: whether they had a snack between meals, how many snacks, and whether those snacks included sugary food and drinks. Almost all 13-year-olds reported that they snacked at least weekly (95%), while 41% said they snacked daily (Figure 17). On average, they snacked twice per day, and one of those snacks was a sugary food or drink. No substantial differences in snacking behaviour were observed by family characteristics or gender.

⁸ World Health Organization, Health diet - see <https://www.who.int/news-room/fact-sheets/detail/healthy-diet>



Physical Activity

Physical activity is associated with many components of wellbeing for adolescents, including weight management, fitness, muscle strength, bone health

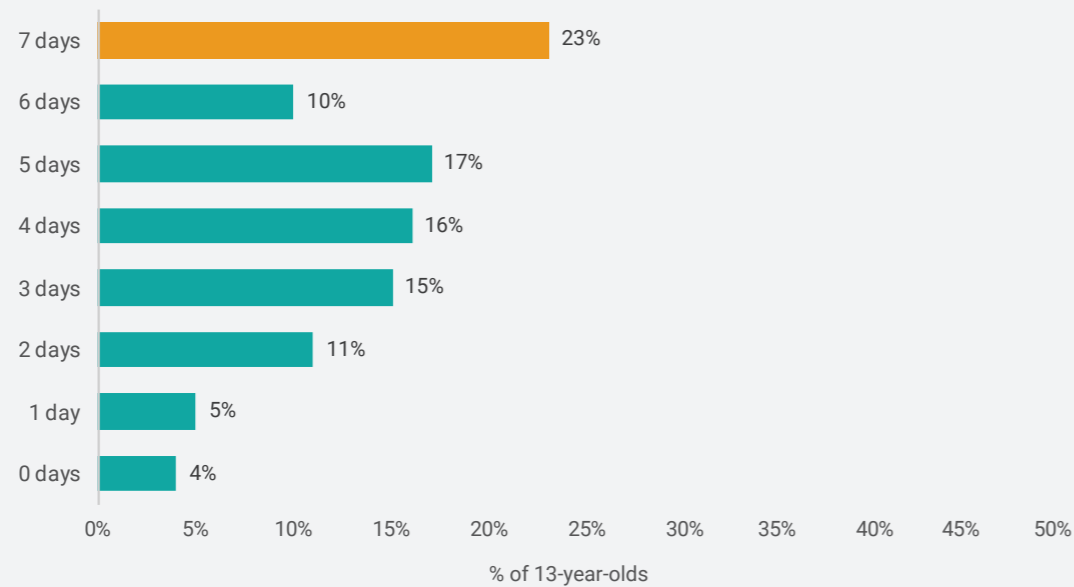
and mental health. Information on the 13-year-old's physical activity was self-reported, while mothers reported on their own physical activity levels.

Meeting Recommended Guidelines

The World Health Organization recommends that children and adolescents should complete 60 minutes of moderate-to-vigorous (mostly aerobic) physical activity every day. Just under a quarter (23%) of 13-year-olds met this threshold – meaning

that three-quarters were doing less than the recommended amount of physical activity (Figure 18). However, 10% of 13-year-olds completed 60 minutes of physical activity on six days, and a further 17% did 60 minutes of activity five days per week.

Figure 18: Number of days on which 13-year-olds complete at least 60 minutes of moderate-to-vigorous physical activity

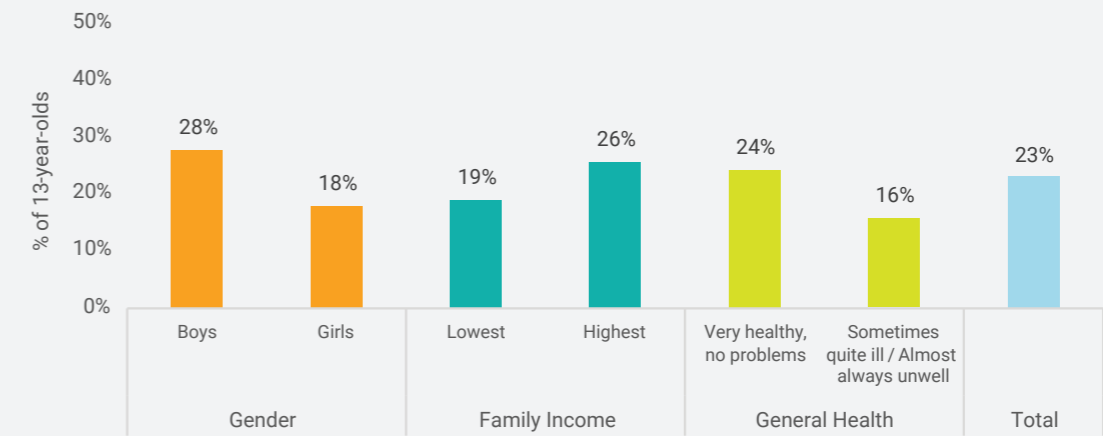


As expected on the basis of previous waves, more boys (28%) met the threshold compared to girls (18%; Figure 19). Those from high-income families were more likely to meet the threshold (26% versus 19% for those from the lowest-income families) as were those with good general health (24% for 'very healthy' 13-year-olds, 16% for 'sometimes quite ill / almost always unwell' 13-year-olds).

At age 9, 25% of Study Children completed 60 minutes of activity per day, and although gender differences were observed (boys were more likely to reach this threshold than girls), no differences were observed according to family income or parental education.

⁹ HSE (and WHO) guidelines on physical activity for children and young people – available at <https://www.hse.ie/eng/about/who/healthwellbeing/our-priority-programmes/health/physical-activity-guidelines/>
¹⁰ See Key Findings: Cohort '08 At 9 Years Old. Health and Physical Development – available at <https://www.growingup.ie/pubs/Growing-Up-in-Ireland-Health-and-Physical-Development.pdf>

Figure 19: Percentage of 13-year-olds meeting the WHO guideline of 60 minutes of physical activity per day, by gender, family income and health status



Most 13-year-olds were not meeting the recommended guidelines for physical activity – but boys were more likely to do so than girls.

Active Commute to School

The daily commute to school can be an opportunity for 13-year-olds to incorporate physical activity into their daily routine. The extent to which this is feasible depends on how far they live from school, and this distance may have increased since the

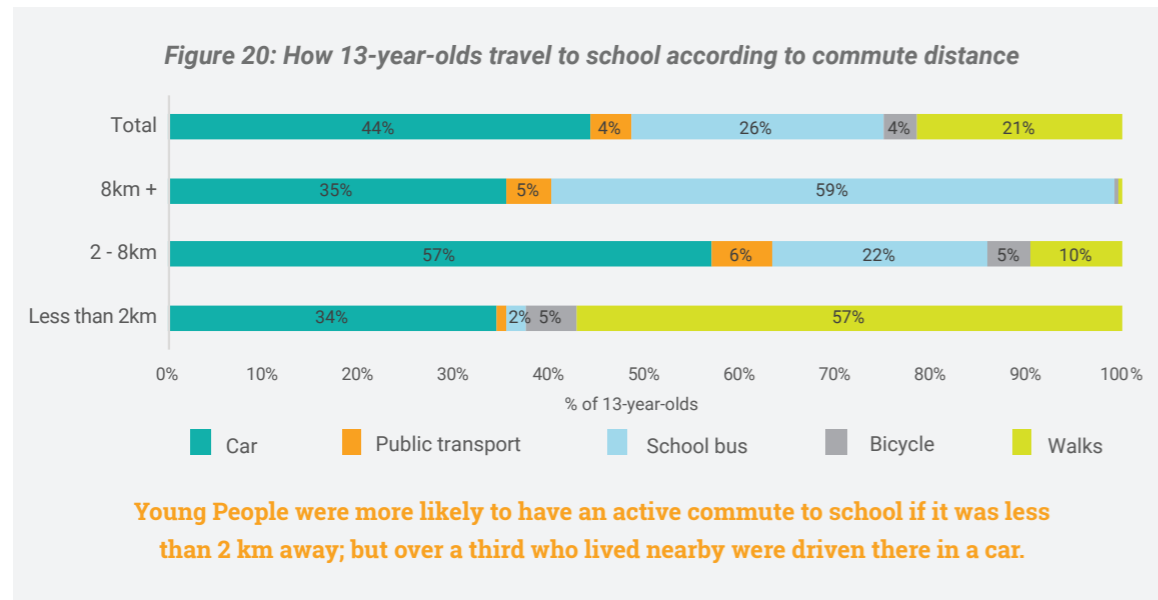
move to secondary school. Just under one-third of 13-year-olds lived less than 2 km from their school (30%), 42% between 2 and 8 km away, and 27% more than 8 km away.





Overall, the most common form of transport to school was by *car* (44%), followed by *school bus* (26%) and *walking* (21%; Figure 20). Just 4% each *cycled* or used *public transport*. Significant differences were observed according to commute distance. For those that commuted less than 2 km,

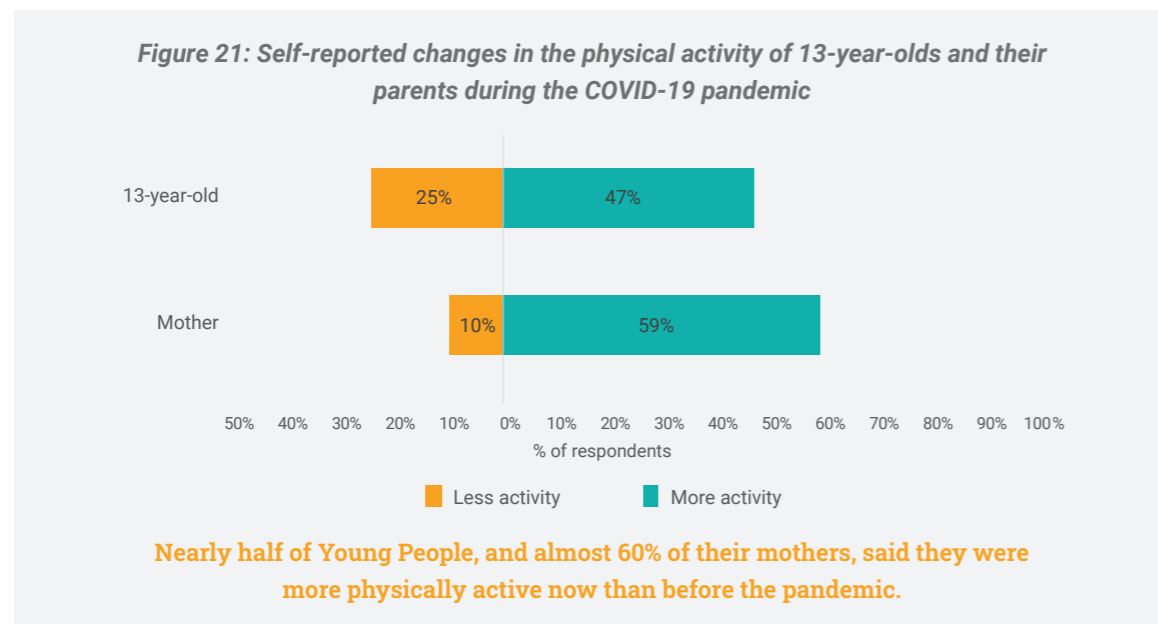
walking was the most common mode of transport (57%), followed by private car (34%) and cycling (5%). However, for those who commuted more than 8 km, the school bus was the most common mode of transport (59%), followed by private car (35%) and public transport (5%).



Self-reported Changes in Physical Activity during the COVID-19 Pandemic

Both Young People and their mothers reported on any change in physical activity since the onset of the COVID-19 pandemic and associated restrictions. Figure 21 shows both 13-year-olds and their mothers tended to do more activity - 59% of mothers reported an

increase, compared to 47% of Young People. However, one-quarter of 13-year-olds did less activity (25%), compared to just 10% of mothers. Looking in more detail at the 13-year-olds, 48% of girls reported doing more compared to 45% of boys (not illustrated).



Education

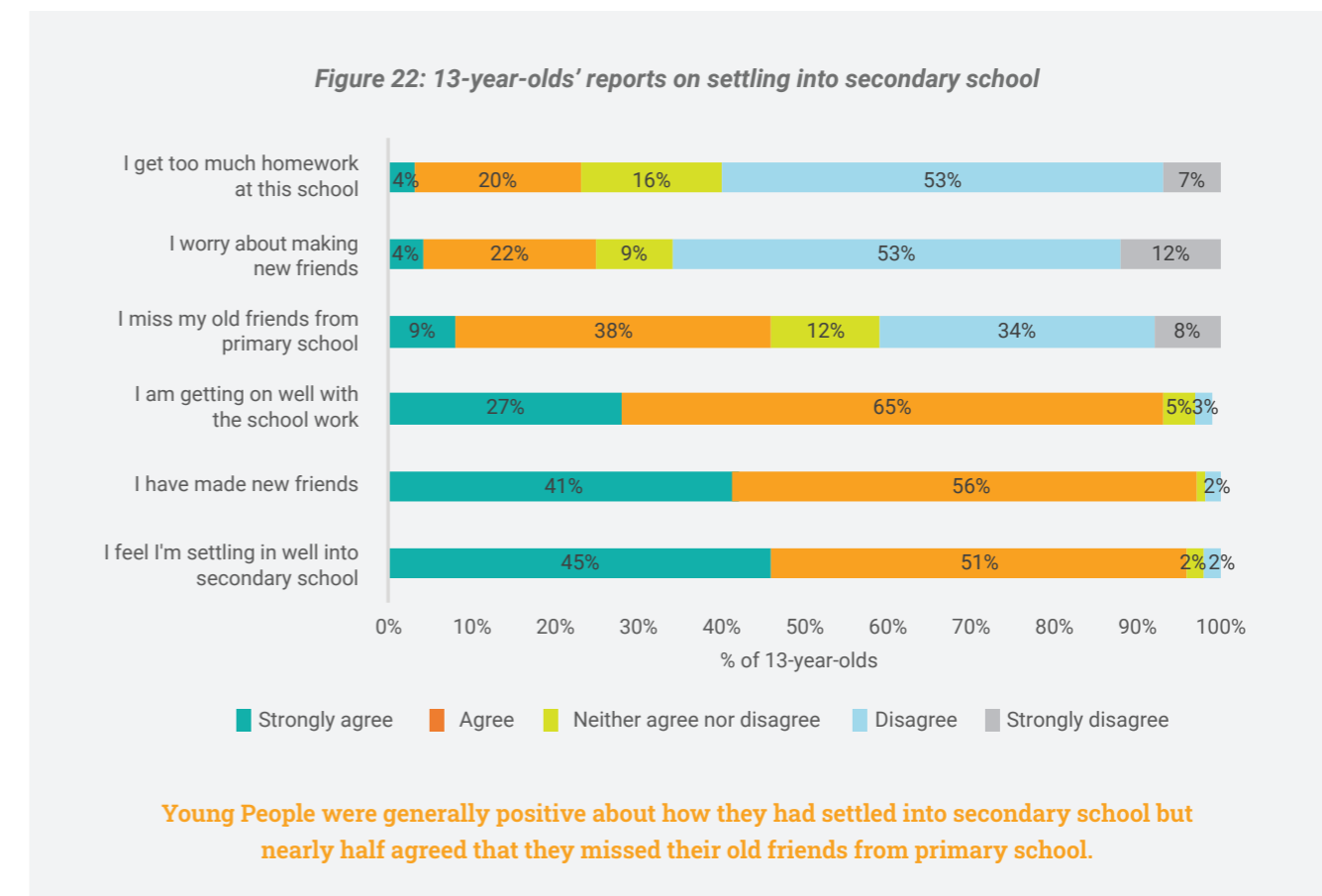
Almost all 13-year-olds in Cohort '08 had made the transition to secondary school by the time they completed the survey: 32% were still in first year while 67% had already progressed onto second year.

Those in second year would have made the transition in September 2020, at the height of the pandemic, having finished face-to-face learning in primary school prematurely the previous March.

Settling into Secondary School

The 13-year-olds were asked about their experience of transitioning and settling into secondary school. Most reported positive experiences (Figure 22); almost all agreed that they had 'made new friends' (97%), were 'getting on well with schoolwork' (92%) and were 'settling in well' (96%). However, more than one-quarter of 13-year-olds *agreed* or *strongly agreed* that they were 'worried about making new friends', and 47% *agreed* that they 'missed their old friends from primary school'. Almost one-quarter also thought that they 'received too much homework' in secondary school.

Some gender differences were observed in settling into secondary school, with girls more worried than boys about making new friends (32% vs 19%, not illustrated). The ease of settling into secondary school also varied by household income, with 48 per cent of those in the highest income quintile *strongly agreeing* that they had 'settled in well' compared with 35 per cent of those in the lowest income quintile (not illustrated). There were few differences by school year group in the perceived ease of settling in or in the proportion missing their old friends.

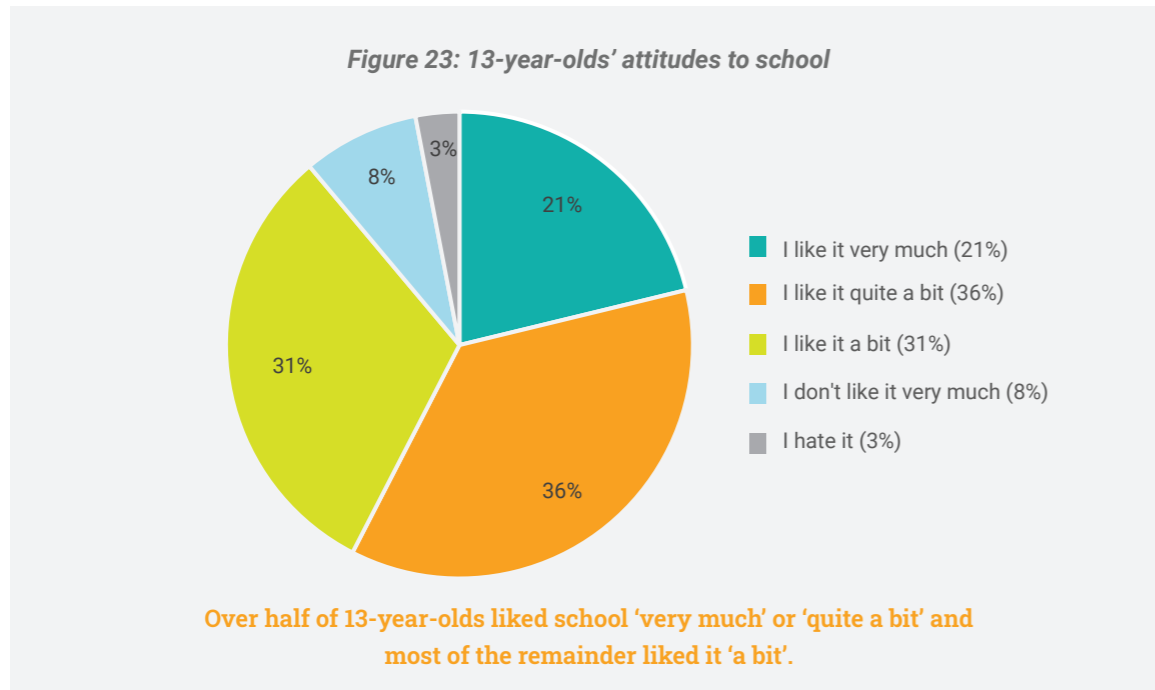




Attitudes to School

Figure 23 shows that over half of 13-year-olds were quite positive about school, with 21% *liking it very much* and 36% *liking it quite a bit*. Only 3%

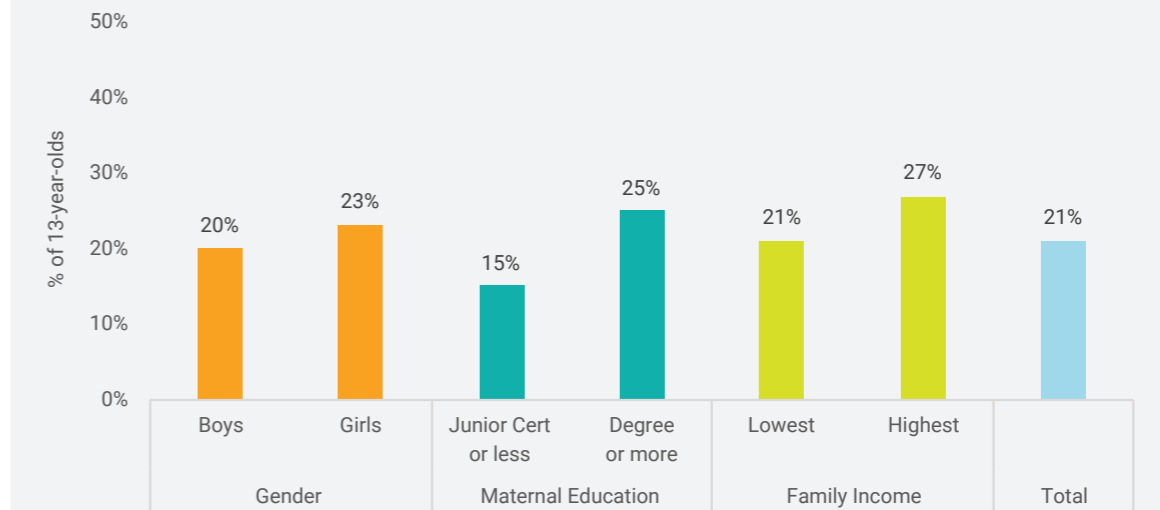
said they *hated* school while 8% *did not like it very much*. The remaining 31% *liked it a bit*.



The most positive feelings towards school – that is, the 21% of Young People who said they *liked school very much* – varied by parental education and income. As shown in Figure 24, only 15% of 13-year-olds whose mother was in the lowest educational

group felt very positively towards school compared to 25% of those whose mother had a degree. Young People in the highest income quintile were also more likely to report liking school *very much* (27%) than those in the lowest quintile (21%).

Figure 24: 13-year-olds who liked school 'very much' by gender, maternal education and family income



Young People from households with low income and/or where the mother had a lower level of education were less likely to say they liked school 'very much'.

There was a more modest difference between girls and boys: 23% and 20% respectively liked it *very much*. This contrasts with findings for 13-year-olds in Cohort '98 ten years earlier, when girls had been markedly more likely (35%) than boys (23%) to describe themselves as liking school *very much* (not illustrated).

Looking back to school attitudes for this cohort at age 9, 33% *always* liked school, 62% *sometimes* liked it and 5% *never* liked it. Gender differences were more pronounced at age 9 too; 41% of girls had *always* liked school, compared to 25% of boys.



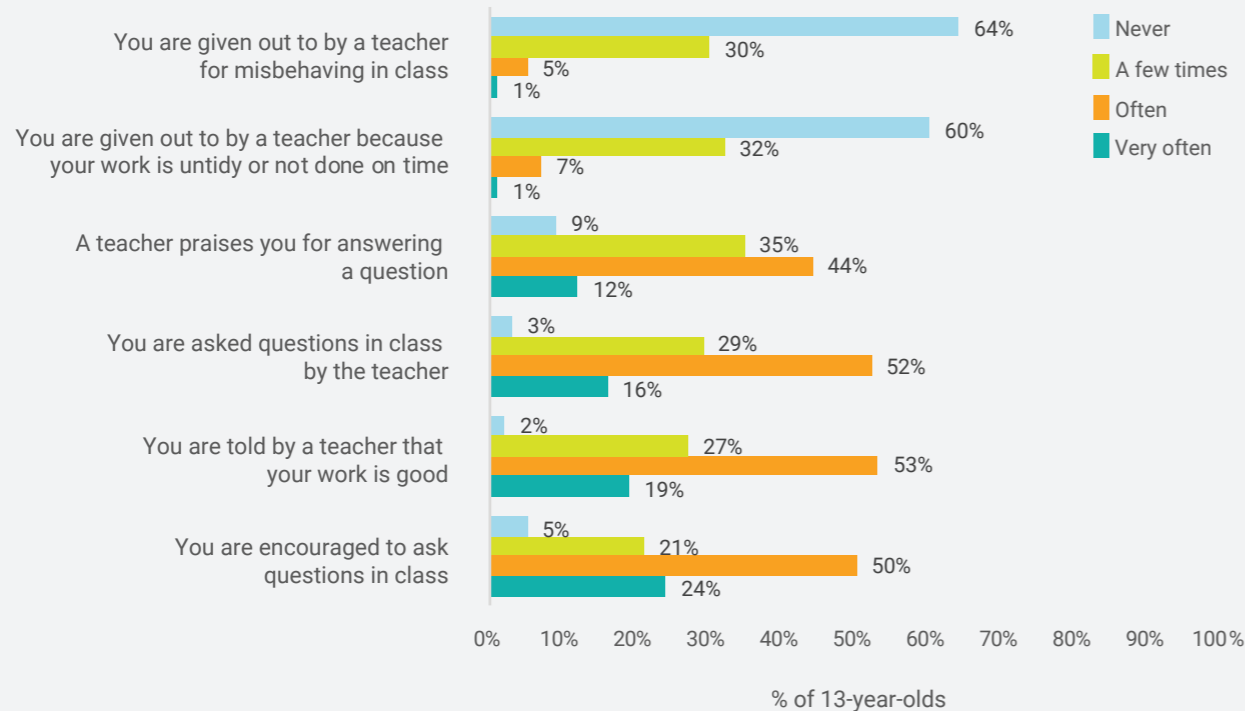
Interactions with Teachers

Young People were asked about their interactions with teachers in secondary school (Figure 25). Many reported positive interactions with their teachers: a majority said they were *often* or *very often* 'encouraged to ask questions' (74%), 'told their work was good' (72%), and 'praised for their answers' (56%). While many children were *never* 'given out to for either untidy/late work' (60%), 8% said this happened *often/very often*. Over one-third were 'given out to for misbehaving in class' at least a *few times*.

Some gender differences (not illustrated) were observed in reports of interactions with teachers. Girls were somewhat more likely to report positive

interactions and considerably less likely to report negative ones. For example, more girls than boys said they were *very often* 'told that their work was good' (22% versus 16%) and were more likely to *never* be 'given out to for work that was untidy/late' (68% versus 52% of boys), or for misbehaving (73% versus 55%). Differences were also evident by household income (not illustrated), with those from the highest income quintile more likely to report 'being praised' *very often* (23% compared with 16% of the lowest income quintile), 'encouraged to ask questions' (26% versus 18%) and being 'asked questions in class' (19% versus 12%).

Figure 25: 13-year-olds' reports of positive and negative interactions with teachers



Young People were generally positive about their interactions with teachers in the classroom, with nearly three-quarters often or very often receiving praise for their work.

Special Educational Needs and Support

Mothers were asked about what supports, if any, their child received either in or through school, or outside of school. Overall, 19% of 13-year-olds received some support in or through school: the most availed of were *resource teaching or learning support* (15% of all 13-year-olds), *special needs assistants* (6%) and *assistive technology* (5%; see Table 2). In response to a separate question, 4% of mothers reported their child 'had a reduced timetable or shorter school day because of a condition or disability'. Supports outside of school were less commonly used: 4% of 13-year-olds availed of *extra or private tuition*, and 4% availed of *psychological or behavioural supports* outside of school.

15% of 13-year-olds received resource teaching or learning support in school.

Mothers of children who received support (either in/through or outside school - 24% overall) were asked to rate the quality of that support (Figure 26). Almost a quarter (24%) of these mothers felt the supports received were *not adequate* (representing 6% of all children in the sample). The remainder rated the support as *excellent* (17%; 4% overall), *good* (27%; 6% overall) or *adequate* (32%; 8% overall).

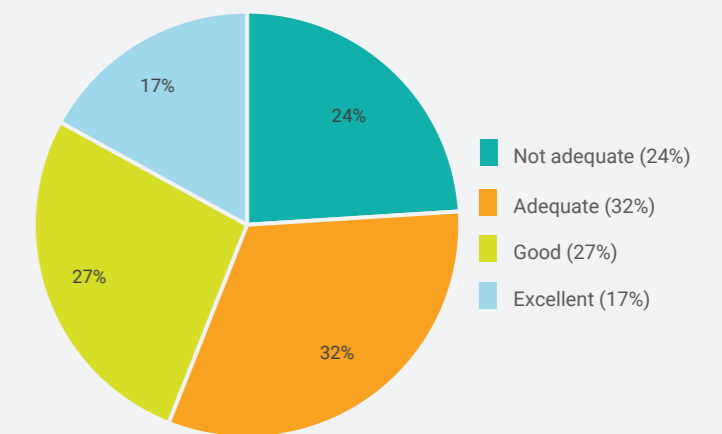
Of those mothers whose 13-year-old did not receive support (76% of all children), a small percentage of them (5% or 4% overall) thought that their child needed some. This potentially equates to approximately 10% of Young People with unmet needs: either they weren't receiving any support even though their mother thought they needed it (4%) or the support they did get was described as inadequate (6%, see preceding paragraph).

Table 2: Most commonly availed of supports both in/through school and outside of school as a proportion of all 13-year-olds

SUPPORTS RECEIVED BY 13-YEAR-OLD	
SUPPORT IN or THROUGH SCHOOL*	
Any support in or through school	19%
Resource Teaching/ Learning Support	15%
Special Needs Assistant	6%
Assistive technology	5%
Psychological/behavioural support	4%
Other therapeutic support (e.g. speech & language/occ. therapy)	2%
Any other support	2.5%
SUPPORT OUTSIDE of SCHOOL*	
Any support outside of school	11%
Extra/private tuition	4%
Psychological/behavioural support	4%
Other therapeutic support (e.g. speech & language/occ. therapy)	2.4%
Other support	2.8%
TOTAL SUPPORT IN, THROUGH or OUTSIDE SCHOOL	24%

*A Young Person could be availing of multiple supports

Figure 26: Mother's rating of supports for child's needs (among those whose child received support only)



While a majority of mothers whose child received additional educational support felt it was at least adequate, nearly a quarter said it was 'not adequate'.





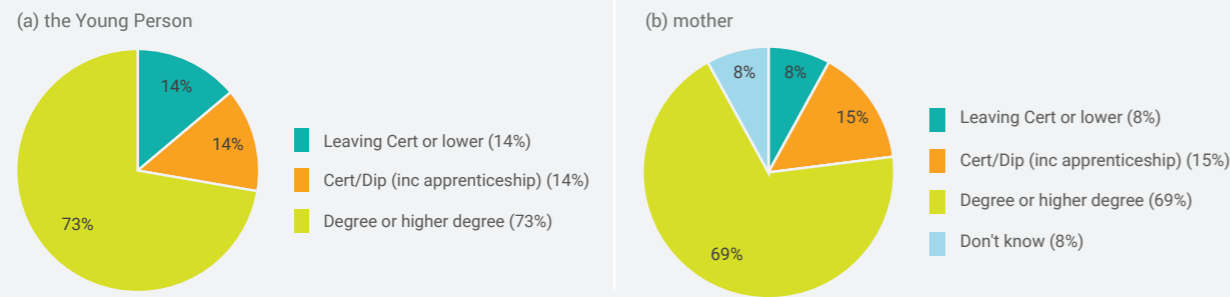
Expectations for Future Educational Attainment

Both mothers and 13-year-olds were asked how far they expected the Young Person to go in their education. The categories available to mothers were somewhat more detailed but both options have been condensed to 'Leaving Certificate or lower', 'Certificate/Diploma or apprenticeship' and 'Degree or higher' to facilitate comparison with each other.

Figure 27 contrasts the expectations from the 13-year-old and their mother. At the group level,

expectations for degree or higher and certificate/diploma are very similar between parents and their children with a clear majority of both expecting at least a degree (69% of mothers, 73% of 13-year-olds). Just over 14% of Young People (already in secondary school) expected to finish their education at or before the Leaving Certificate. The equivalent among mothers was just 8%; however, an additional 8% explicitly chose the "don't know" option from the list.

Figure 27: Educational expectations for 13-year-old of (a) the Young Person and (b) mother

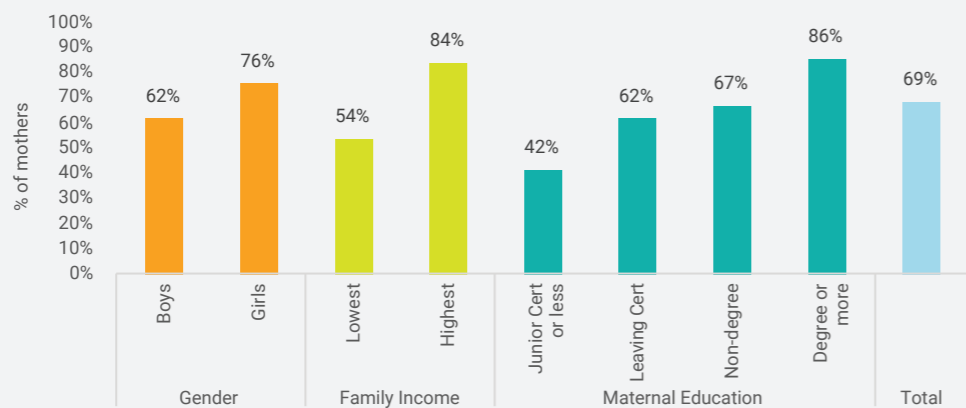


A majority of both 13-year-olds and their mothers expected the Young Person to achieve at least a degree in their education.

Maternal expectations varied by the child's gender and family characteristics (Figure 28). Mothers were more likely to expect their daughters to achieve degree level (76%) than their sons (62%). Most

mothers in the highest income quintile expected their child to achieve a degree (84%), compared to just over half of those in the lowest quintile (54%).

Figure 28: Maternal expectations for their 13-year-old to achieve degree level or higher by child gender, family income and maternal education



Expectations for the 13-year-old to achieve a degree were higher for mothers of girls, those in the highest income households and where the mother had a degree herself.

Compared to mothers of Cohort '98 when they were 13, mothers of Cohort '08 were somewhat more likely to answer "don't know" in terms of expectations (8% compared to 2% for the earlier cohort) and less likely to expect a degree or higher (69% vs 77% for the earlier cohort). The gender gap in terms of expectations for degree or higher was also smaller among the older cohort at 13: 75% for boys versus 79% for

girls compared to 62% for boys versus 76% for girls among mothers of Cohort '08.

Contrasting the responses of Young People themselves between the two cohorts, it appears that aspirations have increased: only half of 13-year-olds in 2011 expected a degree compared to just under three-quarters of the current generation.

Access to Internet and Connected Devices in the Home

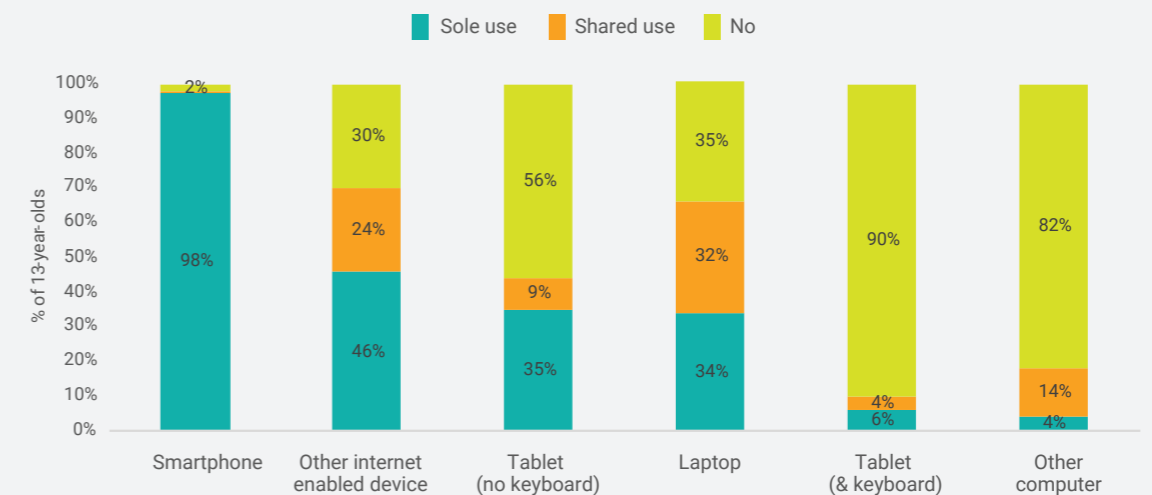
During the school closures associated with the pandemic, having an adequate internet connection and the availability of devices suitable for educational activities within the home affected the quality of the home learning experience.¹¹

Overall, 99% of mothers responding to the survey at this wave said their home had internet access of some form. The most common internet connection type was broadband with WiFi (96%) while a small minority of those who reported having internet

access relied on other connection types such as mobile, plug-in or dongle.

The 13-year-olds were asked about the types of devices used to access the internet. Figure 29 shows a breakdown for sole use, shared access and no access to internet-enabled devices. Almost all had sole use of a smartphone (98%), while other devices such as a games console (46%), tablet without keyboard (35%) and laptop (34%) were the devices with the highest frequency for sole use.

Figure 29: Prevalence of access (on a sole or shared use basis) to internet-enabled devices among 13-year-olds



Nearly all 13-year-olds had their own smartphone but were more likely to have either no access or just shared access to devices such as a laptop or a tablet with keyboard.

¹¹ For further details see Growing Up in Ireland: Key Findings Special Covid-19 Survey (March 2021) https://www.growingup.ie/pubs/Covid-KF_Web-ready.pdf



Overall, 27% of 13-year-olds (not illustrated) were without access to a device suitable for home-learning (either a laptop, other computer or tablet including keyboard). Just under a third (32%) of 13-year-olds from the lowest income families had no home access to a suitable device, compared to 23% of those from the highest income families. There were

no differences between boys (28%) and girls (26%) in lack of home access to learning devices.

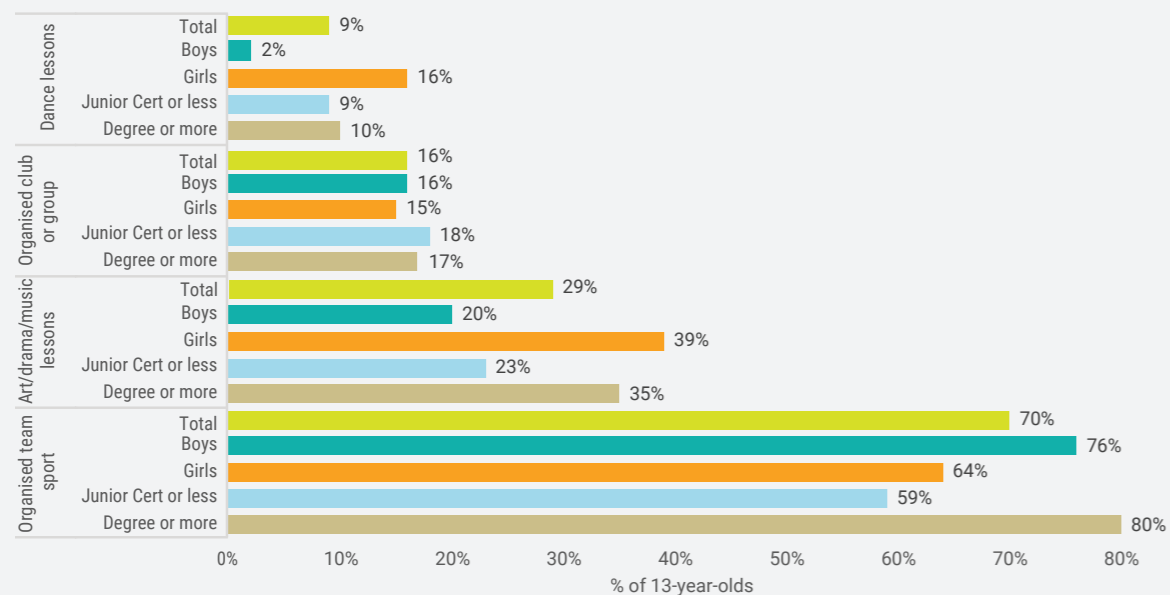
No substantial differences by background characteristics were apparent for access to smartphones, while girls were much more likely to be without access to *other devices (such as games consoles)* (53%) compared to boys (8%) (not illustrated).

Structured Activities

The 13-year-olds provided information on their participation in structured activities.¹² These tend to be organised, supervised activities that may have to be paid for. Figure 30 displays the percentages of 13-year-olds engaging at least weekly in 'organised team sports', 'dance lessons', 'art/drama/music lessons' and 'organised clubs/community groups'. Overall, 78% of 13-year-olds engaged in some form of structured activity at least once per week. Of these, team sports were the most popular, with 70% of Young People participating. Participation was more common among boys (76% compared with 64% for girls), with a more sizeable gap between the lowest and highest maternal education groups (59% and 80% respectively).

There were larger gender gaps in participation in 'dance' and 'art/drama' lessons with both being considerably more popular among girls; this was particularly notable for dance with just 2% of boys participating (compared to 16% of girls). Participation in art/drama lessons was more common among Young People whose mothers had degree level rather than lower secondary education (35% versus 23%). Involvement in 'other organised clubs or community groups' averaged 16%, with little difference by gender or maternal education group. Participation in organised team sports varied significantly by household income (not illustrated), with 80 per cent of those from the highest income quintile taking part at least once a week compared with 58 per cent of the lowest income quintile. No such differences by income were evident for dance or art/drama.

Figure 30: Organised activities - at least weekly by maternal education and gender



The most common type of structured activity for 13-year-olds was participation in an organised team sport (70%) but it was noticeably more frequent among boys and Young People from families with higher maternal education.

¹² The item on playing sports specified participation 'other than in PE class', but otherwise Young People were not asked to exclude structured activities within or associated with school from their responses.

Socio-Emotional Well-being and Pastimes

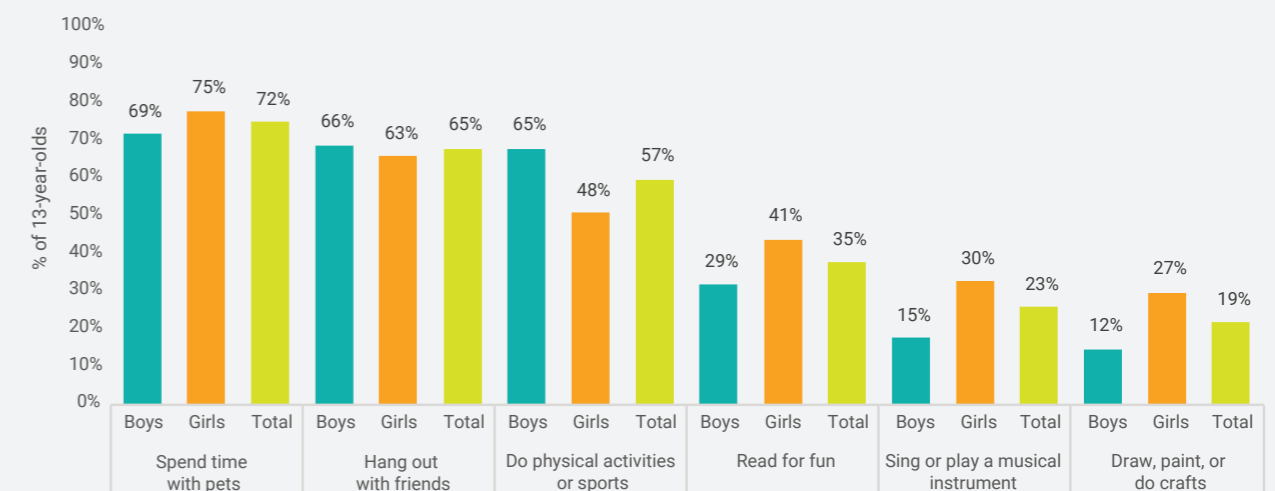
Unstructured Activities

The 13-year-olds answered a series of questions on how often they took part in a short list of unstructured activities in their free time. These were activities that were done for fun or to relax. Figure 31 summarises which activities Young People participated in at least three times per week, by gender. The most common activities for both boys and girls were 'spending time with pets' (72% overall) and 'hanging out with friends' (65% overall).

There were some gender differences in most of the remaining activities, with boys engaging in 'physical activities or sports' more frequently than girls (65% versus 48%). Similarly, boys were less likely than girls to report 'reading for fun' (29% vs 41%), 'singing or playing instruments' (15% versus 30%), or engaging in craft hobbies (12% versus 27%).



Figure 31: Frequency of engaging in unstructured activities three or more times a week by gender





Screen Time

The 13-year-olds indicated how much time they spent on the screen time activities of 'watching TV/movies', 'playing video games' or engaging in 'other online activities', including social media. They answered separately for a typical weekday and weekend day. Young People could also report multiple screen-time activities.

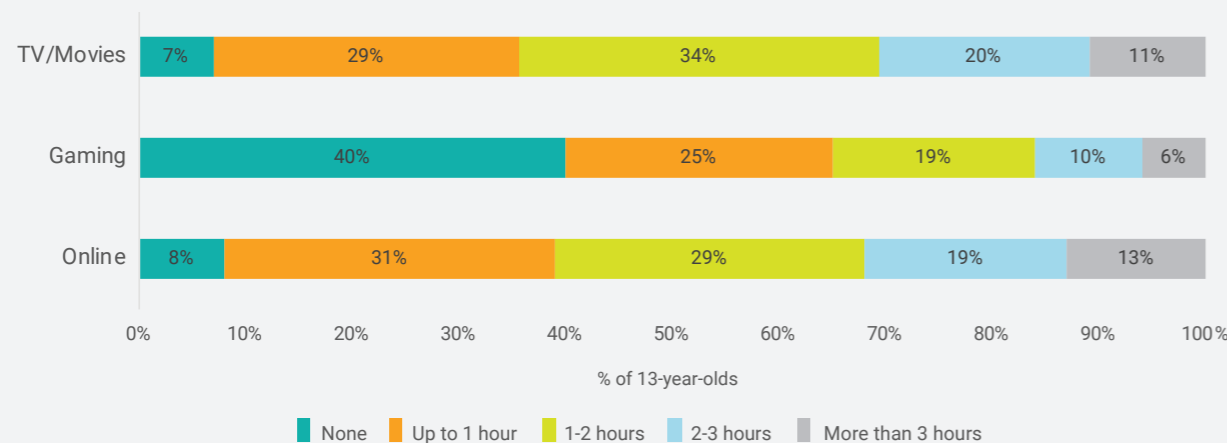
Typical weekday screen time

Figure 32 shows that most 13-year-olds spent at least some time online and watching TV/movies, with similar patterns for each activity: around one-third spent up to an hour and a similar proportion

spent 1-2 hours. Just over one-in-ten reported spending more than three hours on other online activities or watching TV/movies on a typical weekday. Gaming was less common among 13-year-olds, with 40% spending no time gaming on an average weekday and just 6% doing so for more than 3 hours.

Watching TV/movies on weekdays did not vary markedly by gender but boys were more likely to spend three or more hours gaming (9% versus 3%) while girls were more likely to spend three or more hours in other online activities (15% versus 10%) – not illustrated.

Figure 32: Typical weekday screen time for 13-year-olds



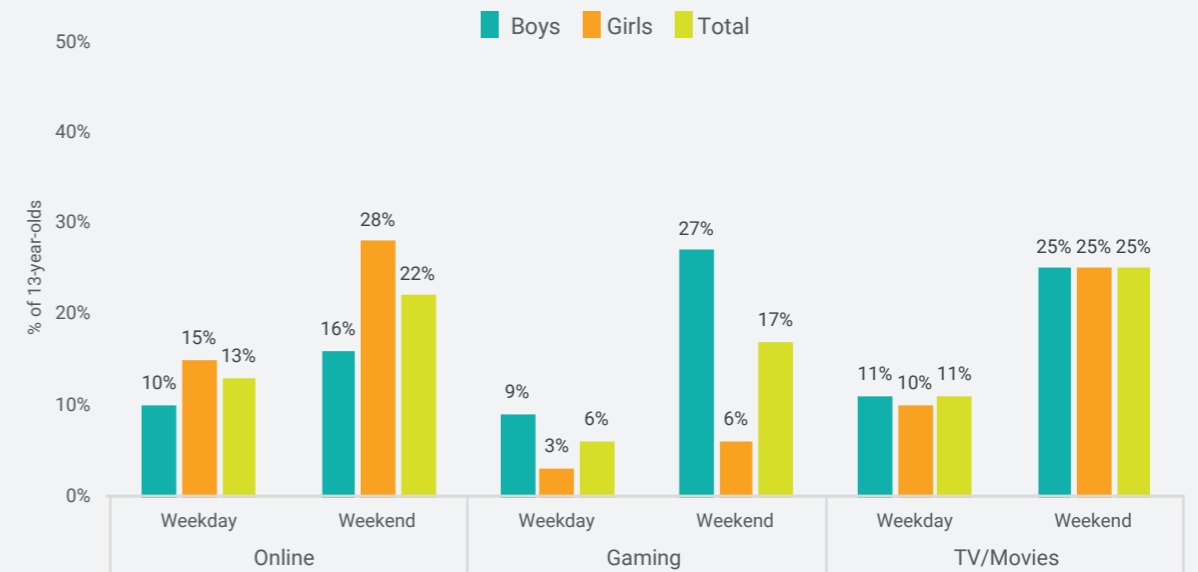
Almost one-third of Young People typically spent more than two hours watching TV/movies on a weekday. A similar percentage spent more than two hours on 'other online activities'.

Screen time activities taking up three or more hours per day (weekday or weekend)

As might be expected, high levels of time spent on screen entertainment (in excess of three hours per day on one activity) were more common at weekends (Figure 33). Gender differences were larger at weekends, with boys much more likely to

spend several hours on gaming (27% versus 6%), and girls more likely to favour time on 'other online activities' (including social media usage, messaging, streaming, etc.; 28% versus 16%). There were no gender differences in high levels of watching TV/movies at weekends.

Figure 33: Screen time of more than three hours per weekday and weekend day among 13-year-olds by gender



Extended periods of screen time (3 hours plus) were more common at the weekend. Girls were more likely to spend a long time online and boys tended to prefer gaming.

Looking back to the previous wave for this cohort at age 9, excessive TV viewing was less prevalent on both weekdays and weekends. Just 4% of 9-year-olds spent more than three hours watching TV/

movies on weekdays, rising to 20% at weekends. The corresponding figures for other screen activity (gaming, online activity, etc.) were 3% and 13%, respectively.



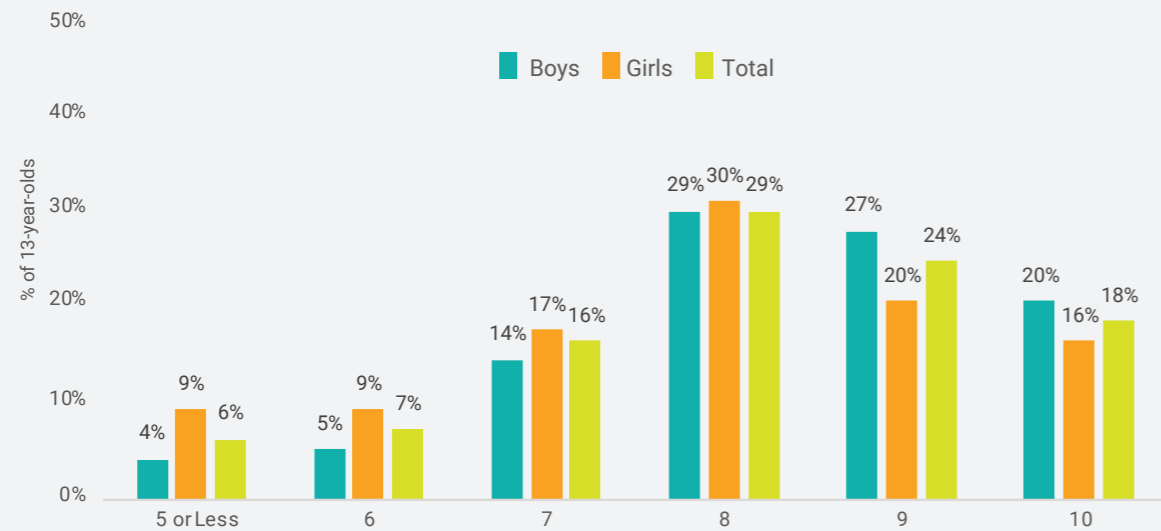


Life Satisfaction

The 13-year-olds were asked, 'On a scale of 0 to 10, where 0 is 'not satisfied at all' and 10 is 'completely satisfied', how satisfied are you with your life these days?'. The median rating was eight out of ten, with 71% scoring eight or higher, indicating generally high levels of life satisfaction. Only 6% of 13-year-olds scored five or lower. Girls were more likely than boys to report lower levels of life satisfaction (9% of girls scored five

or lower, compared to 4% of boys) (Figure 34). Thirteen-year-olds from the lowest income families were more likely to respond with a score of five or lower (8% versus 3% from highest income families); however, they were also more likely to respond with a score of 10, or 'completely satisfied', compared with those from the highest income families (24% versus 17%) – not illustrated.

Figure 34: Life satisfaction (on a scale of 0-10) for 13-year-olds according to gender



Young People were generally satisfied with life, with over two-thirds rating it as 8 or more out of 10. Girls were more likely to give a low rating than boys, however.

Socio-Emotional and Behavioural Strengths and Difficulties

The Strengths and Difficulties Questionnaire (SDQ) is a widely used measure to assess socio-emotional and behavioural well-being. The questionnaire covers four areas of difficulties or subscales on this measure: emotionality, peer problems, hyperactivity/inattention, and conduct problems (summed to give a 'total difficulties' score) as well as a prosocial behaviour subscale. The scale was completed by the mother, consistent with previous waves of Growing Up in Ireland.

Mothers generally described their 13-year-olds as having relatively few difficulties (with a mean score

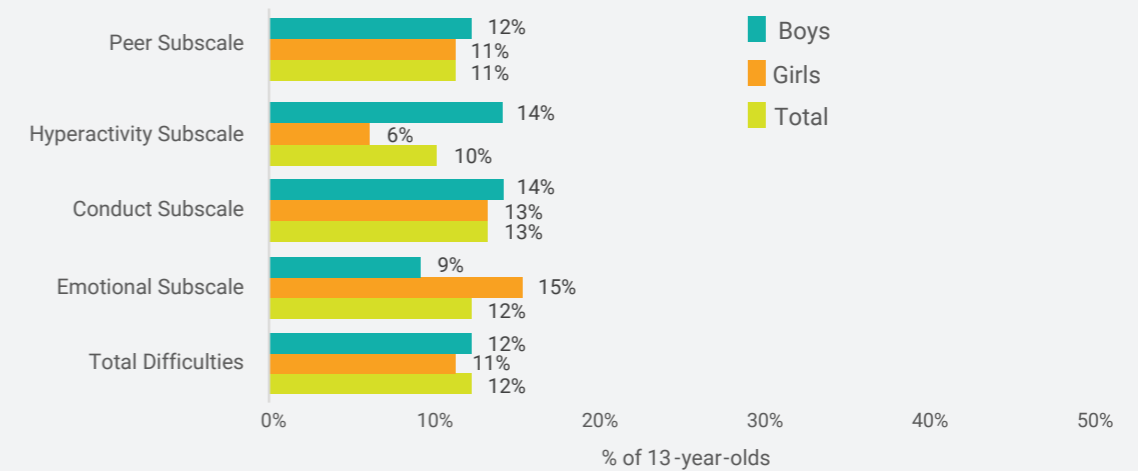
of just eight out of a possible 40 for 'total difficulties', where higher scores are worse) and being prosocial (mean score of nine out of a possible 10, where higher scores are better).

To compare groups of Young People on this SDQ measure, Figure 35 focuses on those 13-year-olds scoring in the top decile (i.e. the 10% getting the 'worst' scores) on the 'total difficulties' score and each of the individual difficulty subscales. There were no significant gender differences in the 'worst scores' decile for total difficulties (12% of boys versus 11% of girls), but boys were more than twice as likely to be in

the worst decile on the hyperactivity/inattention subscale (14% versus 6%). Girls, conversely, were more likely than boys to score in the worst decile for emotional symptoms (15% versus 9%). This suggests that while there were only

modest gender differences in the overall 'total difficulties' score, the patterns of behaviour leading to being in the worst decile were rather different for boys and girls.

Figure 35: Percentage of 13-year-olds in the top decile of SDQ 'total difficulties' score and individual difficulty subscales by gender

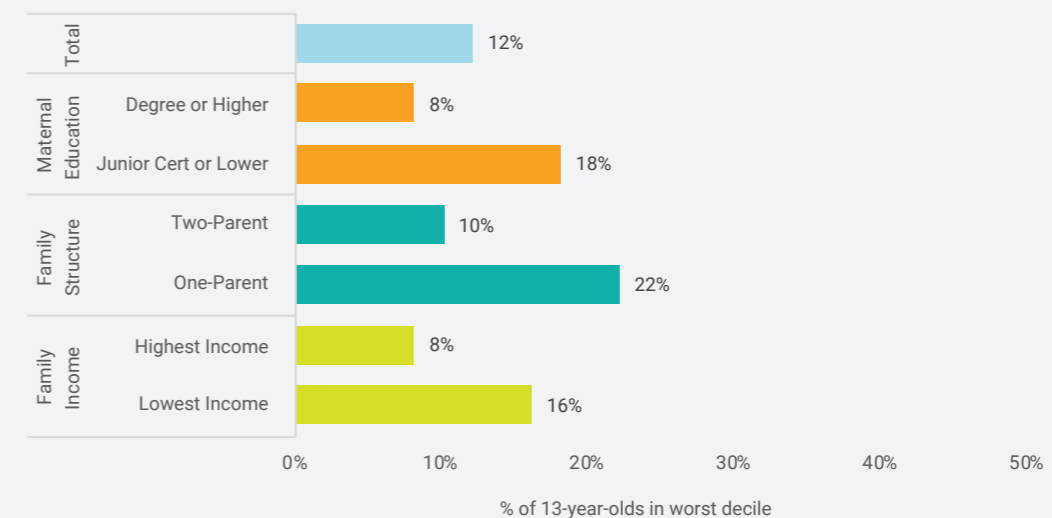


Mothers were more likely to report issues with emotional symptoms among girls and problems with hyperactivity/inattention among boys.

Differences were also observed according to family income, with those in the lowest income quintile more likely to score in the worst decile for 'total difficulties' (16% versus 8% in the highest income quintile, Figure 36). Similarly, 13-year-olds from one-parent families were over twice as likely to

score in the worst decile of the total difficulties scale compared with those from two-parent families (22% versus 10%) as were those whose parents' educational attainment was Junior Certificate or lower when compared to those with a degree or higher (18% versus 8%).

Figure 36: Percentage of 13-year-olds in the top decile of SDQ 'total difficulties' score by maternal education, family structure, and family income



Similar socio-demographic trends had also been observed at age 9: significant differences in SDQ total difficulties were recorded according to gender, family income and family type. At that younger age, 13% of boys were in the top decile for total difficulties, compared to 8% of girls (more marked than the current wave). Fifteen per cent of 9-year-

olds in the lowest income quintile had been in the top SDQ decile, compared to 6% of those in the highest income quintile. The difference according to family type was more pronounced with 18% of children from one-parent families then in the highest SDQ decile, compared to 9% of children from two-parent families.

Mental Health

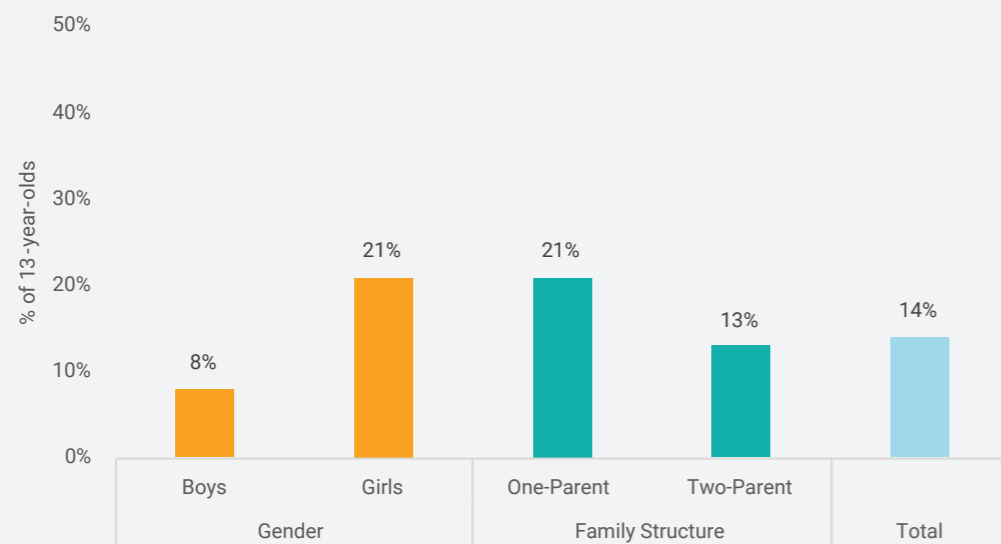
The 13-year-olds self-reported their mental well-being, as part of their telephone interview, using a short measure called the MHI-5 (Mental Health Inventory).¹³ The MHI-5 contains five questions on positive and negative mental health with lower scores indicating poorer mental health.

In the current wave, the median score on the MHI-5 was 80 out of a possible score of 100. A cut-off point of 60 or below¹⁴ was used to indicate low mood for this analysis. Using this cut-off point, over one-in-ten (14%) 13-year-olds were in the 'low mood' group. This is a lower overall percentage than recorded in

the COVID-19 survey collected in December 2020 (22%); however further analysis is required before concluding that this reflects a general improvement in well-being over time due to mode differences between the two surveys (online self-complete versus telephone interview).

Figure 37 shows that there were many more girls than boys in the low mood group (21% compared to 8%). There were also differences according to family structure, with 21% of 13-year-olds from one-parent families classed as having low mood, compared to 13% of those from two-parent families.

Figure 37: Percentage of 13-year-olds in the 'low mood' category of the MHI-5 by gender and family structure



Girls, and Young People in one-parent families, were more likely to be in the 'low mood' category.

¹³ Berwick, D. M., Murphy, J. M., Goldman, P. A., Ware Jr, J. E., Barsky, A. J., & Weinstein, M. C. (1991). Performance of a five-item mental health screening test. *Medical Care*, 29(2), 169-176
¹⁴ This cut-off point was previously used in the special COVID-19 survey and is based on work by Kelly et al (2008) and Leeuwen et al (2012).



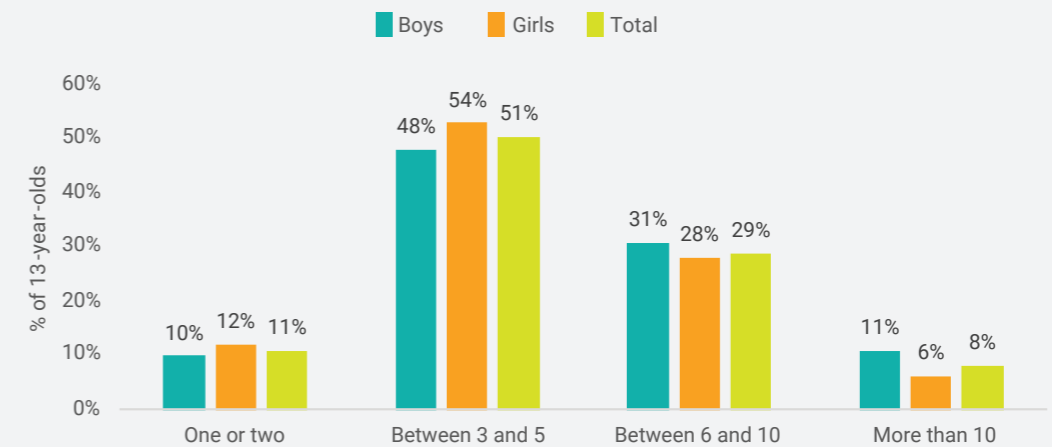
Relationships with Family and Friends

Friendship Network

Just over half of 13-year-olds (51%) reported that they typically had *between three and five* friends to 'hang around' with. Eleven per cent had *one or two* friends and fewer than 1% said they had *no friends*.

Figure 38 shows that boys were more likely to report a very large friendship group ('more than 10') but gender differences were otherwise unremarkable.

Figure 38: Total number of friends 'to hang around with' by gender, as reported by 13-year-olds



Note: Percentage answering 'no friends' not illustrated due to low cell sizes.

Almost all 13-year-olds had at least one friend and typically between three and five. Boys were more likely than girls to report a large friendship group (more than 10).

Young People in the study also provided some general information about the characteristics of their friends. The majority (96%) said their friends were about the same age as themselves and almost all (97%) said their parents had met at least some of their friends. A majority of 13-year-olds (86%)

described *always* having fun with their friends, while 86% believed their friends would *always* help them out if needed. There were no significant gender differences between boys and girls in responses to these questions.



Parents' Reports of Conflict with their 13-Year-Olds

Both mothers and fathers completed the conflict subscale of the Pianta parent-child relationship measure.¹⁵ Higher scores indicate greater levels of conflict with the 13-year-old. As shown in Table 3, parents generally reported low levels of conflict with their young adolescent children (a mean score of 14

and 13 out of a possible 40 for mothers and fathers, respectively). Furthermore, just over a quarter of parents gave the lowest (i.e. best possible) score indicating little or no conflict and very small numbers gave the maximum (i.e. worst possible) score.

Table 3: Parents' scores on a self-reported measure of conflict in the parent-child relationship

Parent	Possible Scale Range	Mean	Proportion at "best possible score"
Mother	8 – 40	14.1	27%
Father	8 – 40	13.2	27%

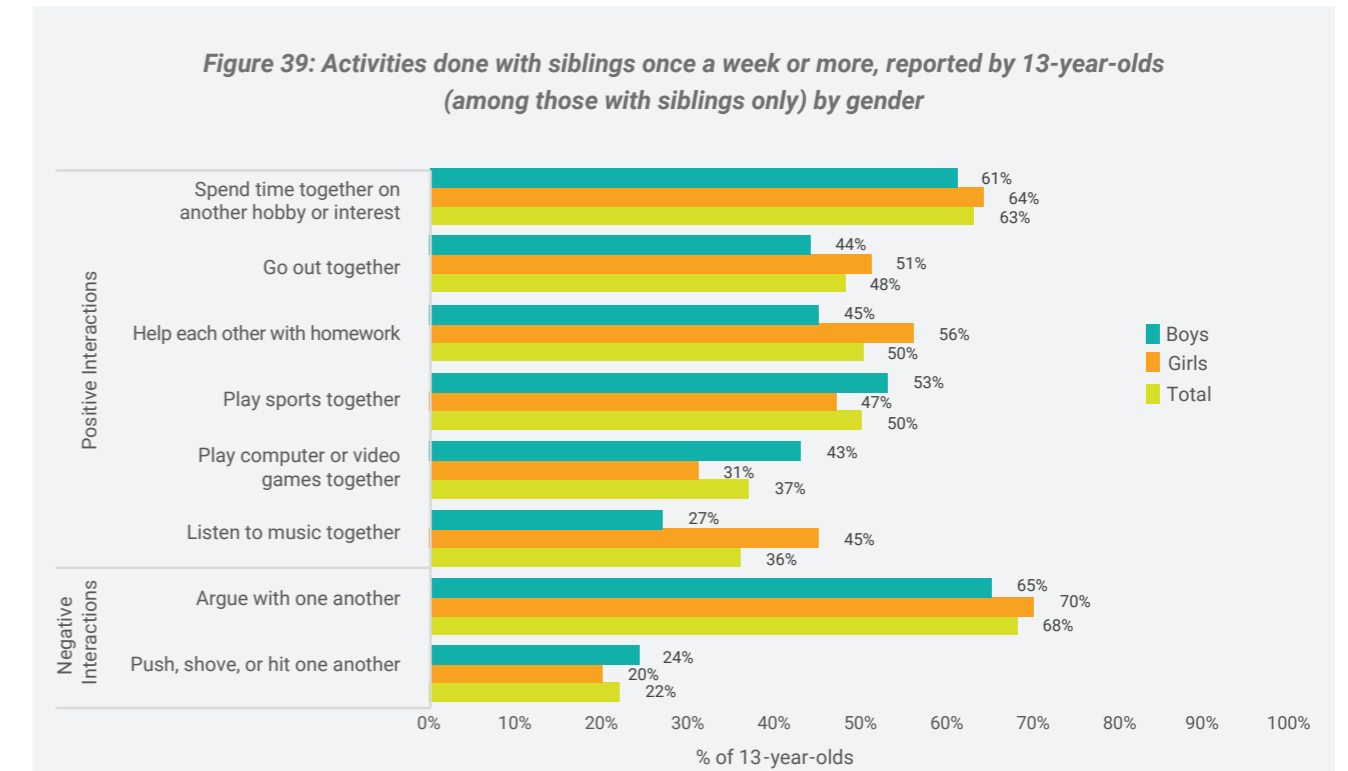
Siblings

Most 13-year-olds (89%) had at least one sibling living at home. In this wave of Growing Up in Ireland, more detailed information on the Young Person's relationship with their siblings was collected for the first time (where relevant). They were presented with a list of activities with siblings – a mixture of positive and negative interactions – and indicated whether they engaged in these activities *never, less than once a week, once a week, two to five times a week, or nearly every day*. The activities applied to 'siblings' collectively rather than one person in particular.

Figure 39 shows the percentage of 13-year-olds doing activities with siblings once a week or more. The most reported positive activity with a sibling was 'spending time together on a hobby or interest' (63%). This was followed by 'playing sports together' (50%), 'helping each other with homework' (50%), and 'going out together' (48%).

There was some evidence of gender differences in positive activities with siblings (also Figure 39): girls were more likely to 'listen to music' (45% versus 27% of boys), 'help or be helped with homework' (56% versus 45%), or 'go out' (51% versus 44%), while boys were more likely to 'play computer games' with their siblings (43% versus 31% of girls).

In terms of negative interactions, 68% of 13-year-olds said they 'argued' with a sibling at least once a week, while 22% reported 'pushing, shoving, or hitting' a sibling. There was no strong gender difference in the prevalence of negative interactions with siblings.



While arguing (at least weekly) with siblings was very common, many 13-year-olds also reported frequent positive interactions such as spending time together on a hobby or helping each other with homework.



¹⁵ Pianta, R. C. (1992). Child-parent relationship scale. Unpublished Measure, University of Virginia, 11, 39–41.



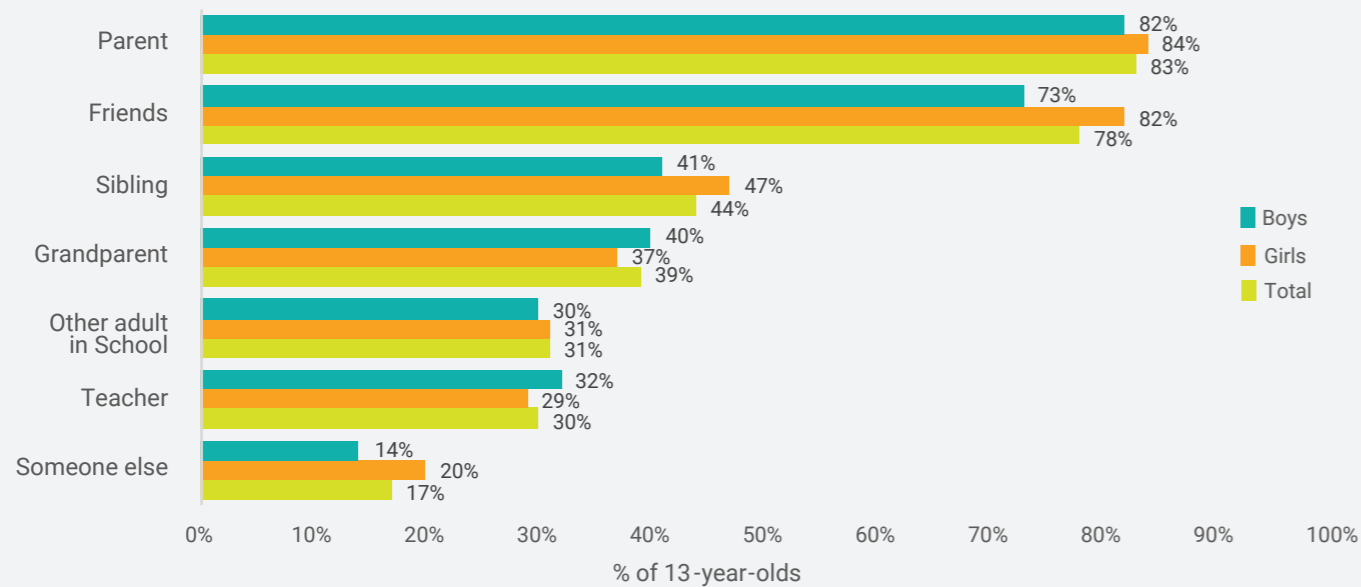
Sources of Support

The 13-year-olds were asked whom, from a list of potential people, they would talk to if they had a problem or needed support. The most common response was a *parent*, at 83%, followed by a *friend* at 78% (Figure 40). Just under half (44%) said they would talk to a *sibling*, while 39% said they would talk to a *grandparent*.

Teachers were a source of support for 30% of Young People, and 31% said they would speak with *some other adult at school*. Fewer than 1% said they would not talk with anybody.

Girls were more likely to say they would talk to *friends* (82% vs 73%) or a *sibling* (47% vs 41%) about their problems compared with boys.

Figure 40: Sources of support self-reported by 13-year-olds



Parents were the most common source of support for both boys and girls, followed by friends.



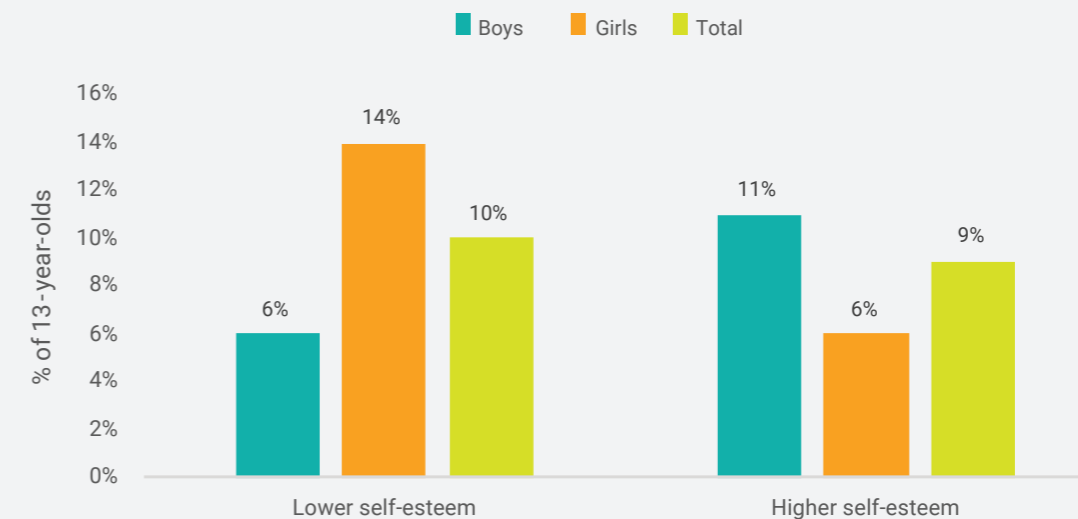
Self-Esteem

Self-esteem was measured using the six-item version of the Rosenberg Self-Esteem Scale. Scores on this measure range from 0 to 18, with lower scores indicating lower levels of self-esteem. Overall, the mean score was 13, indicating generally positive self-esteem.

To compare groups of Young People, those who scored in the lowest decile (i.e. bottom 10%) were

categorised as 'lower self-esteem' and those who were in the highest decile (i.e. top 10%) as 'higher self-esteem'. Figure 41 shows that girls were more than twice as likely as boys to be in the lowest group (14% versus 6% of boys) and, conversely, boys were more likely to be in the 'higher self-esteem' group (11% versus 6% of girls). There were no significant differences in self-esteem scores by parental educational level or household income.

Figure 41: Gender differences in likelihood of being in the 'lower' or 'higher' deciles on a measure of self-esteem



Girls were less likely than boys to be in the group with the highest self-esteem, and more likely to have low self-esteem.



Highlights

	Despite the unprecedented disruption to their early adolescence, the majority of 13-year-olds were healthy, had settled well into secondary school, felt supported by friends and family, and participated in a range of pastimes.
	However, some Young People were struggling in one or more areas. Girls were much more likely than boys to have low mood, lower self-esteem and parent-observed symptoms of emotional distress. Almost one-third of 13-year-olds lived with a condition that caused them some difficulty: the most common issue was a difficulty with learning, remembering or concentrating.
	There was evidence of less than healthy lifestyles among 13-year-olds: many did not achieve recommended guidelines for physical activity and/or consumption of fruit and vegetables; a sizeable minority had long periods of screen-time, especially at weekends; and over a third were driven to school even though they lived nearby.
	One-parent families were more likely to face socio-economic challenges such as being in the lowest income quintile, being in rented housing, having difficulty making ends meet and not having degree-level education.
	Young People living in households with characteristics of socio-economic disadvantage (such as low income, low parental education or lone parenthood) were worse off on several indicators such as lower participation in organised team sports, less access to computers suitable for home learning, lower educational aspirations by mothers, and being more likely to have a chronic health condition.
	Almost a quarter of households had an accommodation problem such as not enough space, leaks/damp/rot and noise. Families living in rented housing, and one-parent households, were more likely to report a problem.
	This wave of the study collected new information on the role of siblings in the lives of Young People. While arguing was frequent, many 13-year-olds had regular positive interactions with siblings such as enjoying pastimes together or helping with homework. Half of 13-year-olds also said they could go to a sibling for help or support with a problem.
	There were marked gender differences in how 13-year-olds spent their free time. While both genders had high levels of participation in organised team sports, boys were more likely to engage in unstructured physical activity while girls were more likely to participate in music, crafts and reading for fun. For screen-based activities, boys did much more gaming whereas girls spent more time online – although both had similar levels of TV watching.

Notes on Methodology

ABOUT THE STUDY

Growing Up in Ireland is the national longitudinal study of children designed to inform policy affecting children, young people and their families. Up to and including this wave, the study was carried out by a consortium of researchers led by the Economic and Social Research Institute (ESRI) and Trinity College Dublin (TCD). It is funded by the Department of Children, Equality, Disability, Integration and Youth, which has been conducting the study directly with the Central Statistics

Office since January 2023. The study follows two cohorts of children, born roughly a decade apart. The families of Cohort '08 (the Infant Cohort) were first interviewed in 2008/09, when the child was 9 months old. They were re-interviewed when the child was 3 years, 5 years, 7/8 years (postal survey) and 9 years old. The Primary Caregiver (referred to as 'the mother' in this report) and Young Person also completed a special COVID-19 survey online in December 2020 when most of the cohort were aged 12 years.

ABOUT THIS AGE 13 WAVE

Although originally planned as a face-to-face interview, the pandemic necessitated a switch to a shorter and remotely administered survey. The main questionnaires for parents (mothers and fathers) and the 13-year-old were conducted over the telephone by an interviewer. Participants who completed a telephone interview were subsequently invited to self-complete an additional online survey covering more sensitive topics but this report focuses on the telephone interviews only. Interviews took place between July 2021 and June 2022. The table below shows the number of invitations issued and response rate for each of the telephone surveys featured in this report.

In this set of Key Findings, the analysis is based on all valid responses (that is, including the 13-year-old's responses even if their mother did not respond and vice-versa). As in earlier in-home interviews, response rates tended to be lower for those from less advantaged backgrounds (lower income, lower parental education and social class). The data were weighted prior to analysis to ensure that the results represent the populations in terms of these characteristics.

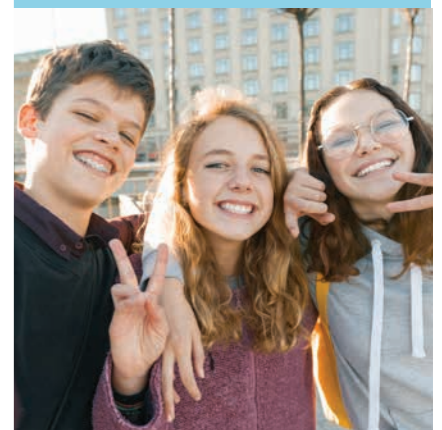
Completed interview numbers for telephone survey with Cohort '08 at 13

Questionnaire	Number of completed surveys	% response rate per invitation
Mother	6,655	68%
13-Year-Old	6,375	66%
Father	4,805	49%

The figures in this report are provisional and subject to change.

ACKNOWLEDGMENTS

The Study Team is particularly grateful to the thousands of families and young people from every part of the country who participated in this survey. We thank colleagues in the Central Statistics Office who programmed and hosted the online part of the survey on their platform and acknowledge the efforts of all the individuals who worked remotely to contribute to the development of the surveys and to collect and analyse these data.



WWW.GROWINGUP.IE
E-MAIL: GROWINGUP@EQUALITY.GOV.IE

