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What we know from Growing Up in Ireland (GUI) (2008-2024): Key Well-being Factors for Children and Young People

Appendices

November 2025



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Disability and Equality

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What we know from Growing Up in Ireland (GUI) 2008-2024: Key Well-being Factors for Children and Young People

Appendices

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Appendix 1. Databases searched and number of studies found (total studies k = 886).

Databases	# studies
Business	
Business Source Complete	13
ABI/INFORM Global	129
Economics	
EconLit	32
Education	
British Education Index	21
ERIC	27
Food Science	
Food Science and Technology Abstracts	8
Health	
PubMed/MEDLINE	123
Embase	56
CINAHL	78
PsycINFO	99
Sports Medicine & Education Index	26
Cochrane Library	1
Global Health	50
Library & Information Science	
Library Information Science & Technology Abstracts	1
LISA: Library and Information Science Abstracts	7
Multi-disciplinary	
Web of Science Core Collection	223
Academic Search Complete	123
SCOPUS	221
ProQuest Dissertations & Theses	198
Sociology	
Sociological Abstracts	66
ASSIA	80
Social Services Abstracts	25
Violence & Abuse Abstracts	2
International Bibliography of the Social Sciences	73
Sports and Exercise Management	
SPORTDiscus	8

Appendix 2. Data extraction template

GENERAL INFORMATION

Study ID

Title

Title of paper / abstract / report that data are extracted from

Authors

Year of publication

Type of publication

1. Report
2. Thesis
3. Peer-reviewed journal article
4. Other
5. Book chapter

Notes

CHARACTERISTICS OF INCLUDED STUDIES

Methods

Aim of study

Research questions

Main outcome variable(s)

Main predictor(s)

Predictors of child outcomes according to Bronfenbrenner's systems

1. Individual characteristics (e.g., socio-demographic characteristics, preterm birth, health conditions, activities)
2. Family and parent related factors (e.g., single parenting, breastfeeding, siblings and parent factors)
3. Peer and school related factors (e.g., quality of education, school climate, bullying, quality of peer relationships)
4. Neighbourhood related factors (e.g., Air pollution, Local health services/facilities, Crime rate)
5. Societal and policy related factors (e.g., gender and social norms, COVID-19, prenatal health services, leave policies)

Hypotheses

Measures used (e.g., SDA, ASA, single item measure of ...)

Research methods

1. Quantitative
2. Qualitative
3. Mixed-Methods

Type of analyses

1. Cross-sectional
2. Longitudinal
3. Other

Statistical analyses (e.g., multiple regression)

Participants

Data used

1. Only GUI data
2. GUI + other data

Specify "other data" included

Which GUI cohort?

1. '98 child cohort
2. '08 infant cohort

Population description

Focus

1. Infants
2. Children
3. Adolescents
4. Parents
5. Teachers
6. Other

Ages participants (of children)

Specific subpopulation targeted? (e.g., children with a disability)

1. No
2. Yes
3. Both

Specify subpopulation targeted

Total number of participants

Policy context

Results

Results narrative

Results numbers

Results comments

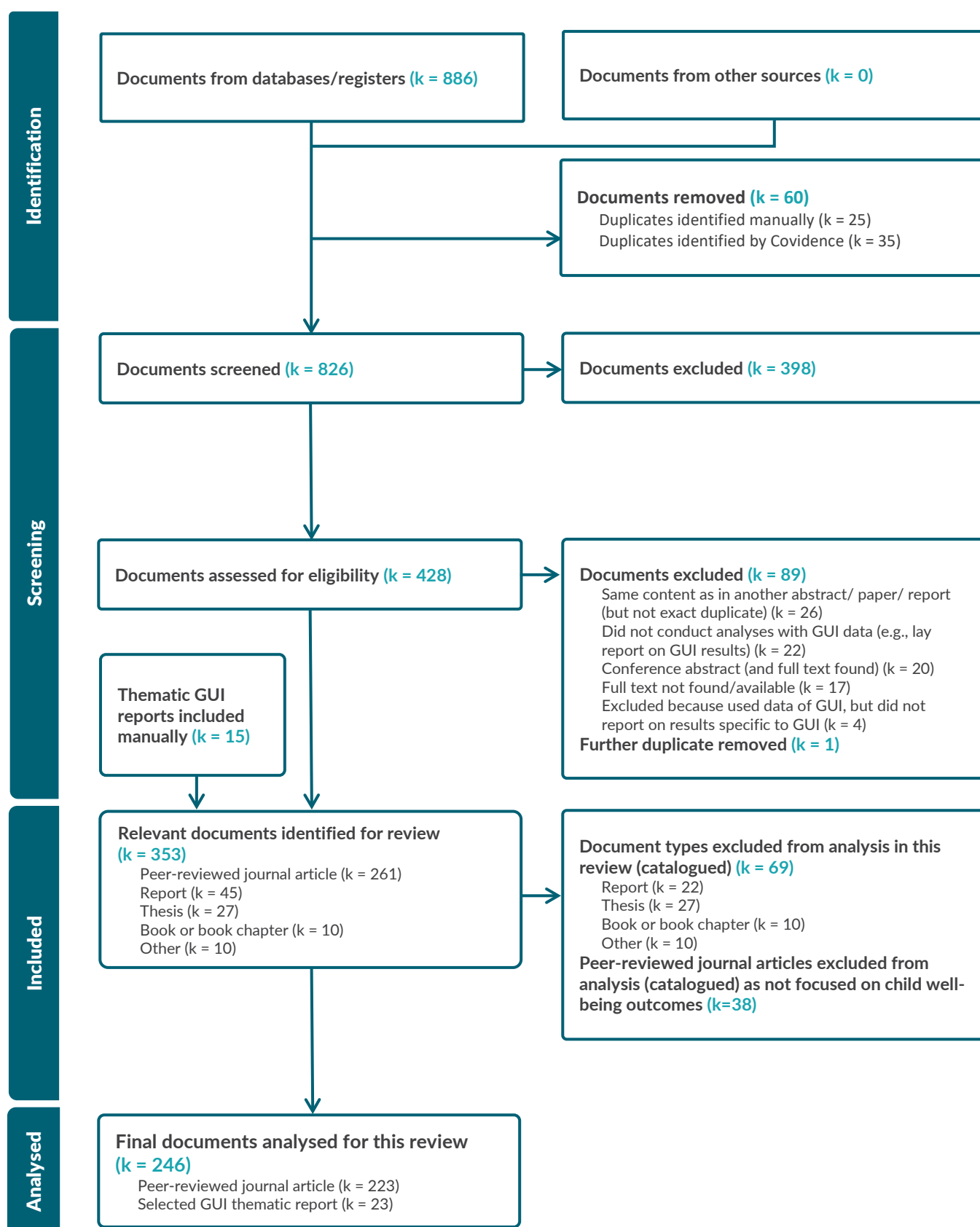
Appendix 3. Quality assessment tool

Criteria	Yes	No	Other (CD, NR, NA)
1. Was the research question or objective in this paper clearly stated? 2. Was the study population clearly specified and defined? 3. Was the participation rate of eligible persons at least 50%? 4. Were all the subjects selected or recruited from the same or similar populations (including the same time period)? Were inclusion and exclusion criteria for being in the study prespecified and applied uniformly to all participants? 5. Was a sample size justification, power description, or variance and effect estimates provided? 6. For the analyses in this paper, were the exposure(s) of interest measured prior to the outcome(s) being measured? 7. Was the timeframe sufficient so that one could reasonably expect to see an association between exposure and outcome if it existed? 8. For exposures that can vary in amount or level, did the study examine different levels of the exposure as related to the outcome (e.g., categories of exposure, or exposure measured as continuous variable)? 9. Were the exposure measures (independent variables) clearly defined, valid, reliable, and implemented consistently across all study participants? 10. Was the exposure(s) assessed more than once over time? 11. Were the outcome measures (dependent variables) clearly defined, valid, reliable, and implemented consistently across all study participants? 12. Were the outcome assessors blinded to the exposure status of participants? 13. Was loss to follow-up after baseline 20% or less? 14. Were key potential confounding variables measured and adjusted statistically for their impact on the relationship between exposure(s) and outcome(s)?			

Abbreviations: CD = cannot determine, NR = not reported, NA = not applicable

Assessment tool derived from the National Heart, Lung, and Blood Institute (2013): <https://www.nhlbi.nih.gov/health-topics/study-quality-assessment-tools>

Appendix 4. Detailed PRISMA flowchart



Appendix 5. Profile of all GUI studies (k=353) identified

Characteristic	# studies	% of total
Year of publication		
2010	1	0.45%
2011	6	2.70%
2012	25	11.26%
2013	17	7.66%
2014	35	15.77%
2015	19	8.56%
2016	22	9.91%
2017	21	9.46%
2018	29	13.06%
2019	28	12.61%
2020	27	12.16%
2021	31	13.96%
2022	39	17.57%
2023	33	14.86%
2024	20	9.01%
Type of publication		
Peer-reviewed journal article	261	73.94%
Report	45	12.75%
Thesis	27	7.65%
Book or book chapter	10	2.83%
Other	10	2.95%
Research method used		
Quantitative	339	96.03%
Qualitative	4	1.13%
Mixed-Methods	3	0.85%
Unclear at this point - or other reason	7	1.98%
GUI dataset(s) used		
'98 child cohort	202	57.22%
'08 infant cohort	118	33.43%
'98 child cohort AND '08 infant cohort	30	8.50%
Unclear at this point - or other reason	3	0.85%
Focus of the main outcome		
Child or child/parent	316	89.52%
Parent/family	31	8.78%
Teacher	2	0.57%
Other	1	0.28%
Unclear at this point - or other reason	3	0.85%

Appendix 6. List of all GUI studies (k=353) identified

Reference	Fully analysed?
Peer-reviewed journal articles (k=223)	
Al Khalaf, S. Y., O'Neill, S. M., O'Keeffe, L. M., Henriksen, T. B., Kenny, L. C., Cryan, J. F., & Khashan, A. S. (2015). The impact of obstetric mode of delivery on childhood behavior. <i>Social Psychiatry and Psychiatric Epidemiology</i> , 50(10), 1557–1567. https://doi.org/10.1007/s00127-015-1055-9	Yes
Baker, K. M., Healy, S., Rice, D. J., & Garcia, J. M. (2018). Adolescent Weight and Health Behaviors and Their Associations With Individual, Social, and Parental Factors. <i>Journal of Physical Activity & Health</i> , 15(12), 912–917. https://doi.org/https://dx.doi.org/10.1123/jpah.2017-0279	Yes
Banks, J., McCoy, S., & Frawley, D. (2018). One of the gang? Peer relations among students with special educational needs in Irish mainstream primary schools. <i>European Journal of Special Needs Education</i> , 33(3), 396–411. https://doi.org/10.1080/08856257.2017.1327397	Yes
Banks, J., Shevlin, M., & McCoy, S. (2012). Disproportionality in special education: identifying children with emotional behavioural difficulties in Irish primary schools. <i>European Journal of Special Needs Education</i> , 27(2), 219–235. https://doi.org/10.1080/08856257.2012.669111	Yes
Barron, E., Polek, E., & Mulligan Rabbit, J. (2018). Women work-hours constraint is associated with their own depression and their partners? low relationship satisfaction: Evidence from the Growing up in Ireland Infant Cohort Study. <i>Psychological Disorders and Research</i> , 1(1), 3–9. https://doi.org/10.31487/j.PDR.2018.10.001	No
Beadleston, L. N., O'Donnell, A. T., McMahon, J., McMahon, G., Kinsella, E. L., Kearns, M., Jay, S., & Muldoon, O. T. (2019). Working hard and playing hard: Multiple group membership, exercise and cognitive performance in boys and girls. <i>Social Psychology of Education: An International Journal</i> , 22(2), 501–515. https://doi.org/10.1007/s11218-019-09483-9	Yes
Beatty, C., & Egan, S. M. (2020). The Role of Screen Time and Screen Activity in the Nonverbal Reasoning of 5-Year-Olds: Cross-Sectional Findings from a Large Birth Cohort Study. <i>CyberPsychology, Behavior & Social Networking</i> , 23(6), 406–411. https://doi.org/10.1089/cyber.2019.0420	Yes
Bohnert, M., & Gracia, P. (2021). Emerging Digital Generations? Impacts of Child Digital Use on Mental and Socioemotional Well-Being across Two Cohorts in Ireland, 2007–2018. <i>Child Indicators Research</i> , 14(2), 629–659. https://doi.org/https://doi.org/10.1007/s12187-020-09767-z	Yes
Bohnert, M., & Gracia, P. (2023). Digital use and socioeconomic inequalities in adolescent well-being: Longitudinal evidence on socioemotional and educational outcomes. <i>Journal of Adolescence</i> , 95(6), 1179–1194. https://doi.org/10.1002/jad.12193	Yes
Bowe, A. K., Healy, C., Cannon, M., & Codd, M. B. (2021). Physical activity and emotional-behavioural difficulties in young people: a longitudinal population-based cohort study. <i>European Journal of Public Health</i> , 31(1), 167–173. https://doi.org/https://doi.org/10.1093/eurpub/ckaa182	Yes
Bowe, A. K., Lightbody, G., O'Boyle, D. S., Staines, A., & Murray, D. M. (2024). Predicting low cognitive ability at age 5 years using perinatal data and machine learning. <i>Pediatric Research</i> , 95(6), 1634–1643. https://doi.org/10.1038/s41390-023-02914-6	Yes
Bowe, A. K., Staines, A., & Murray, D. M. (2021). Below Average Cognitive Ability-An under Researched Risk Factor for Emotional-Behavioural Difficulties in Childhood. <i>International Journal of Environmental Research & Public Health [Electronic Resource]</i> , 18(24), 8. https://doi.org/https://dx.doi.org/10.3390/ijerph182412923	Yes

Reference	Fully analysed?
Peer-reviewed journal articles (k=223)	
Bradshaw, D., Creaven, A.-M., & Muldoon, O. T. (2021). Parental incarceration affects children's emotional and behavioral outcomes: A longitudinal cohort study of children aged 9 to 13 years. <i>International Journal of Behavioral Development</i> , 45(4), 310–316. https://journals.sagepub.com/doi/full/10.1177/0165025421995918 NS -	Yes
Bradshaw, D., Hannigan, A., Ann-Marie, C., & Muldoon, O. T. (2020). Longitudinal associations between parental incarceration and children's emotional and behavioural development: Results from a population cohort study. <i>Child Care, Health and Development</i> , 46(2), 195–202. https://doi.org/https://doi.org/10.1111/cch.12732	Yes
Brady, A. M., Hennessy, E., & Polek, E. (2015). Teenage parenthood and child externalising and internalising problems: Evidence from the 'Growing up in Ireland' study. <i>Irish Journal of Psychology</i> , 36(1–4), 39–52. https://doi.org/10.1080/03033910.2016.1188134	Yes
Brannigan, R., Cronin, F., McEvoy, O., Stanistreet, D., & Layte, R. (2023). Verification of the Goldilocks Hypothesis: the association between screen use, digital media and psychiatric symptoms in the Growing Up in Ireland study. <i>Social Psychiatry & Psychiatric Epidemiology</i> , 58(8), 1259–1264. https://doi.org/10.1007/s00127-022-02352-5	Yes
Brannigan, R., Gil-Hernandez, C. J., McEvoy, O., Cronin, F., Stanistreet, D., & Layte, R. (2022). Digital engagement and its association with adverse psychiatric symptoms: A longitudinal cohort study utilizing latent class analysis. <i>Computers in Human Behavior</i> , 133, 107290. NS -	Yes
Brannigan, R., Healy, C., Cannon, M., Leacy, F. P., & Clarke, M. C. (2020). Prenatal tobacco exposure and psychiatric outcomes in adolescence: is the effect mediated through birth weight? <i>Acta Psychiatrica Scandinavica</i> , 142(4), 284–293. https://doi.org/10.1111/acps.13210	Yes
Briody, J. (2021). Parental unemployment during the Great Recession and childhood adiposity. <i>Social Science & Medicine</i> , 275, 113798. https://doi.org/10.1016/j.socscimed.2021.113798	Yes
Burke, L.-A. (2020). Childhood Psychological Health During the Great Recession in Ireland. <i>The Economic and Social Review</i> , 51(4), 489–506. https://ucd.idm.oclc.org/login?url=https://www.proquest.com/scholarly-journals/childhood-psychological-health-during-great/docview/2479492247/se-2?accountid=14507 NS -	Yes
Butler, E., Clarke, M., Spirtos, M., Keefe, L. M. O., & Dooley, N. (2024). Pregnancy complications and childhood mental health: Is the association modified by sex or adverse social circumstances? Findings from the 'growing up in ireland' national infant cohort study. <i>Social Psychiatry and Psychiatric Epidemiology: The International Journal for Research in Social and Genetic Epidemiology and Mental Health Services</i> , 59(10), 1697–1707. https://doi.org/10.1007/s00127-024-02678-2	Yes
Byrne, D. (2016). Determinants and Effects of School Age Childcare on Children's Cognitive and Socio-Emotional Outcomes at Age 13. <i>The Economic and Social Review</i> , 47(4), 543–575. https://ucd.idm.oclc.org/login?url=https://www.proquest.com/scholarly-journals/determinants-effects-school-age-childcare-on/docview/1859756605/se-2?accountid=14507 NS -	Yes
Cadogan, S. L., Keane, E., & Kearney, P. M. (2014). The effects of individual, family and environmental factors on physical activity levels in children: a cross-sectional study. <i>BMC Pediatrics</i> , 14(1), 107. https://doi.org/10.1186/1471-2431-14-107	Yes

Reference	Fully analysed?
Peer-reviewed journal articles (k=223)	
Carroll, E., McCoy, S., & Mihut, G. (2022). Exploring cumulative disadvantage in early school leaving and planned post-school pathways among those identified with special educational needs in Irish primary schools. <i>British Educational Research Journal</i> , 48(6), 1065–1082. https://doi.org/10.1002/berj.3815	Yes
Carroll, E., Ye, K., & McCoy, S. (2022). Educationally maintained inequality? The role of risk factors and resilience at 9, 13 and 17 in disabled young people's post-school pathways at 20. <i>Irish Educational Studies</i> , 41(3), 573–594. https://www.tandfonline.com/doi/pdf/10.1080/03323315.2022.2093257 NS -	Yes
Casey, A., Layte, R., Lyons, S., & Silles, M. (2012). Home computer use and academic performance of nine-year-olds. <i>Oxford Review of Education</i> , 38(5), 617–634. https://doi.org/10.1080/03054985.2012.731207	Yes
Ceatha, N., Gates, G. J., & Crowley, D. (2023). LGBT+ Self-Identification Among Youth in Ireland Aged 17-18 Years: A Research Brief. <i>Population Research and Policy Review</i> , 42(4), 64. https://doi.org/https://doi.org/10.1007/s11113-023-09807-w	Yes
Cheevers, C., & O'Connell, M. (2013). Developing an Index of Well-Being for Nine-Year-Old Irish Children. <i>Child Indicators Research</i> , 6(2), 213–236. https://doi.org/https://doi.org/10.1007/s12187-012-9171-5	No
Conica, M., Nixon, E., & Quigley, J. (2023a). Domain-specific and cross-domain effects of the home literacy and numeracy environment at 3 years on children's academic competencies at 5 and 9 years. <i>Developmental Psychology</i> , 59(6 PG-1045–1058), 1045–1058. https://doi.org/10.1037/dev0001515	Yes
Conica, M., Nixon, E., & Quigley, J. (2023b). Interparental Relationship Satisfaction from Nine Months to Nine Years and Children's Socioemotional Competencies at Nine Years. <i>Journal of Child & Family Studies</i> , 32(7), 2175–2186. https://doi.org/10.1007/s10826-023-02601-4	Yes
Connelly, J. P., & O'Connell, M. (2022). Gender differences in vulnerability to maternal depression during early adolescence: Girls appear more susceptible than boys. <i>Psychology in the Schools</i> , 59(2), 297–315. https://doi.org/10.1002/pits.22609	Yes
Cotter, I., Healy, C., King, R., Cotter, D. R., & Cannon, M. (2023). Changes in body mass index and risk of adolescent psychopathology: A longitudinal cohort study. <i>Irish Journal of Psychological Medicine</i> , 40(2), 118–126. https://doi.org/10.1017/ipm.2020.28	Yes
Cotter, S., Healy, C., Cathain, D. N., Williams, P., Clarke, M., & Cannon, M. (2019). Psychopathology and early life stress in migrant youths: an analysis of the 'Growing up in Ireland' study. <i>Irish Journal of Psychological Medicine</i> , 36(3), 177–185. https://doi.org/10.1017/ipm.2018.53	Yes
Coughlan, B., Doherty, E., O'Neill, C., & McGuire, B. E. (2014). Minority Status, Social Welfare Status and their Association with Child Participation in Sporting, Cultural and Community Activities*. <i>The Economic and Social Review</i> , 45(1), 65–85. https://ucd.idm.oclc.org/login?url=https://www.proquest.com/scholarly-journals/minority-status-social-welfare-their-association/docview/1518676079/se-2?accountid=14507 NS -	Yes
Coughlan, S., Quigley, J., & Nixon, E. (2023). Preterm birth and expressive language development across the first 5 years of life: A nationally-representative longitudinal path analysis. <i>Early Childhood Research Quarterly</i> , 65, 417–427. NS -	Yes
Crowe, M., O'Sullivan, A., McGrath, C., Cassetti, O., Swords, L., & O'Sullivan, M. (2016). Early childhood dental problems: Classification tree analyses of 2 waves of an infant cohort study. <i>JDR Clinical and Translational Research</i> , 1(3), 275–284. https://doi.org/10.1177/2380084416651834	Yes

Reference	Fully analysed?
Peer-reviewed journal articles (k=223)	
Crowe, M., O'Sullivan, M., Cassetti, O., & O'Sullivan, A. (2017). Weight status and dental problems in early childhood: Classification tree analysis of a national cohort. <i>Dentistry Journal</i> , 5(3), 25. https://doi.org/10.3390/dj5030025	Yes
Crowe, M., O'Sullivan, M., Cassetti, O., & O'Sullivan, A. (2020). Estimation and consumption pattern of free sugar intake in 3-year-old Irish preschool children. <i>European Journal of Nutrition</i> , 59(5), 2065–2074. https://doi.org/10.1007/s00394-019-02056-8	Yes
Crowe, M., O'Sullivan, M., McNulty, B. A., Cassetti, O., & O'Sullivan, A. (2018). Data Mapping From Food Diaries to Augment the Amount and Frequency of Foods Measured Using Short Food Questionnaires. <i>Frontiers in Nutrition</i> , 5, 82. https://doi.org/https://dx.doi.org/10.3389/fnut.2018.00082	No
Cruise, S. M., Layte, R., Stevenson, M., & O'Reilly, D. (2018). Prevalence and factors associated with depression and depression-related healthcare access in mothers of 9-month-old infants in the Republic of Ireland. <i>Epidemiology & Psychiatric Science</i> , 27(5), 468–478. https://doi.org/https://dx.doi.org/10.1017/S2045796017000026	No
Cullinan, J., & Cawley, J. (2017). Parental misclassification of child overweight/obese status: The role of parental education and parental weight status. <i>Economics & Human Biology</i> , 24, 92–103. https://doi.org/10.1016/j.ehb.2016.11.001	No
Cullinan, J., & Gillespie, P. (2016). Does overweight and obesity impact on self-rated health? Evidence using instrumental variables ordered probit models. <i>Health Economics</i> , 25(10), 1341–1348. https://doi.org/10.1002/hec.3215	No
Culloty, A. M., O'Toole, C., & Gibbon, F. E. (2019). Longitudinal Study of Expressive Language and Speech of Twins at 3 and 5 Years: Outgrowing a Twinning Effect. <i>Journal of Speech, Language & Hearing Research</i> , 62(7), 2425–2437. https://doi.org/10.1044/2019_JSLHR-L-18-0333	Yes
D'Urso, G., Caravita, S. C., & Symonds, J. (2024). Bullying Victimization as an Adverse Experience for Psychosocial Adjustment among Irish Adolescents. <i>International Journal of Bullying Prevention</i> , 1–13. https://doi.org/10.1007/s42380-024-00250-9	Yes
D'Urso, G., & Symonds, J. (2022). Developmental Cascades of Internalizing and Externalizing Problems from Infancy to Middle Childhood: Longitudinal Associations with Bullying and Victimization. <i>Journal of School Violence</i> , 21(3), 294–311. https://doi.org/https://doi.org/10.1080/15388220.2022.2081856	Yes
D'Urso, G., Symonds, J., & Pace, U. (2021). Positive Youth Development and Being Bullied in Early Adolescence: A Sociocultural Analysis of National Cohort Data. <i>Journal of Early Adolescence</i> , 41(4), 577–606. https://doi.org/10.1177/0272431620931199	Yes
Dahlgren, J., Healy, S., MacDonald, M., Geldhof, J., Palmiere, K., & Haegele, J. A. (2021). Physical activity and screen time among youth with autism: A longitudinal analysis from 9 to 18 years. <i>Autism: The International Journal of Research & Practice</i> , 25(4), 1090–1099. https://doi.org/10.1177/1362361320981314	Yes
Darmody, M., & Smyth, E. (2016). Primary school principals' job satisfaction and occupational stress. <i>The International Journal of Educational Management</i> , 30(1), 115–128. https://doi.org/https://doi.org/10.1108/IJEM-12-2014-0162	No
Darmody, M., & Smyth, E. (2017). Out-of-School Social Activities among Immigrant-Origin Children Living in Ireland. <i>The Economic and Social Review</i> , 48(4), 419–439. https://ucd.idm.oclc.org/login?url=https://www.proquest.com/scholarly-journals/out-school-social-activities-among-immigrant/docview/2009505461/se-2?accountid=14507 NS -	Yes

Reference	Fully analysed?
Peer-reviewed journal articles (k=223)	
Darmody, M., & Smyth, E. (2018). Religion and primary school choice in Ireland: school institutional identities and student profile. <i>Irish Educational Studies</i> , 37(1), 1–17. https://doi.org/10.1080/03323315.2017.1421091	Yes
De Visser, H. S., Dufault, B., Brunton N, N., & McGavock, J. (2024). Early life adversity and obesity risk in adolescence: a 9-year population-based prospective cohort study. <i>Pediatric Research</i> , 96(1), 216–222. https://doi.org/10.1038/s41390-024-03040-7	Yes
Dempsey, C., Devine, R., Symonds, J., Sloan, S., & Hughes, C. (2024). Interacting adult-child relationships and school adjustment: Findings from growing up in Ireland. <i>Journal of Applied Developmental Psychology</i> , 92, 101653. https://doi.org/10.1016/j.appdev.2024.101653	Yes
Dempsey, S., Lyons, S., & McCoy, S. (2019). Later is better: mobile phone ownership and child academic development, evidence from a longitudinal study. <i>Economics of Innovation and New Technology</i> , 28(8), 798–815. https://doi.org/10.1080/10438599.2018.1559786	Yes
Dempsey, S., Lyons, S., & McCoy, S. (2020). Early mobile phone ownership: influencing the wellbeing of girls and boys in Ireland? <i>Journal of Children and Media</i> , 14(4), 492–509. https://www.tandfonline.com/doi/pdf/10.1080/17482798.2020.1725902 NS -	Yes
Denny, K. (2012). Breastfeeding predicts handedness. <i>Laterality: Asymmetries of Body, Brain and Cognition</i> , 17(3), 361–368. https://www.tandfonline.com/doi/pdf/10.1080/1357650X.2011.579131 NS -	Yes
Devitt, A., Condon, J., Dalton, G., O'Connell, J., & Dhuinn, M. N. (2018). An maith leat an Ghaeilge? An analysis of variation in primary pupil attitudes to Irish in the growing up in Ireland study. <i>International Journal of Bilingual Education and Bilingualism</i> , 21(1), 105–117. https://doi.org/10.1080/13670050.2016.1142498	Yes
Dhondt, N., Healy, C., Clarke, M., & Cannon, M. (2019). Childhood adversity and adolescent psychopathology: evidence for mediation in a national longitudinal cohort study. <i>The British Journal of Psychiatry</i> , 215(3), 559–564. https://doi.org/https://doi.org/10.1192/bjp.2019.108	Yes
Dhondt, N., Staines, L., Healy, C., & Cannon, M. (2023). Childhood adversity and recurrence of psychotic experiences during adolescence: the role of mediation in an analysis of a population-based longitudinal cohort study. <i>Psychological Medicine</i> , 53(9), 4046–4054. https://doi.org/10.1017/S003329172200071X	Yes
Doherty, E., Queally, M., Cullinan, J., & Gillespie, P. (2017). The Impact of Childhood Overweight and Obesity on Healthcare Utilisation. <i>Economics and Human Biology</i> , 27, 84–92. https://doi.org/10.1016/j.ehb.2017.05.002	Yes
Doherty, E., Walsh, B., & O'Neill, C. (2014). Decomposing socioeconomic inequality in child vaccination: results from Ireland. <i>Vaccine</i> , 32(27), 3438–3444. https://doi.org/10.1016/j.vaccine.2014.03.084	Yes
Dominguez-Castro, P., Kearney, J., & Layte, R. (2015). A study of early complementary feeding determinants in the Republic of Ireland based on a cross-sectional analysis of the Growing Up in Ireland infant cohort. <i>Public Health Nutrition</i> , 18(2), 292–302. https://doi.org/10.1017/S1368980014000329	No
Dominguez-Castro, P., Layte, R., & Kearney, J. (2014). Ethnic variation in breastfeeding and complimentary feeding in the Republic of Ireland. <i>Nutrients</i> , 6(5), 1832–1849. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4042572/pdf/nutrients-06-01832.pdf NS -	No
Donnchadha, S. Ó., Bramham, J., & Greene, C. (2023). Rethinking the association between overweight/obesity and ADHD in children: a longitudinal and psychosocial perspective. <i>Irish Journal of Psychological Medicine</i> , 40(2), 152–165. https://doi.org/10.1017/ipm.2019.61	Yes

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Peer-reviewed journal articles (k=223)	
Dooley, N., Healy, C., Brannigan, R., Cotter, D., Clarke, M., & Cannon, M. (2023). Explaining the Association Between Fetal Growth and Childhood ADHD Symptoms: Cross-cohort Replication. <i>Research on Child & Adolescent Psychopathology</i> , 51(2), 247–259. https://doi.org/10.1007/s10802-022-00971-9	Yes
Dooley, N., Healy, C., Cotter, D., Clarke, M., & Cannon, M. (2023). The persistent effects of foetal growth on child and adolescent mental health: longitudinal evidence from a large population-based cohort. <i>European Child & Adolescent Psychiatry</i> , 32(10), 2067–2076. https://doi.org/https://doi.org/10.1007/s00787-022-02045-z	Yes
Dooley, N., Kennelly, B., Arseneault, L., Zammit, S., Whelan, R., Mosley, O., Cotter, D., Clarke, M., Cotter, D. R., Kelleher, I., McGorry, P., Healy, C., & Cannon, M. (2023). Functional Outcomes Among Young People With Trajectories of Persistent Childhood Psychopathology. <i>JAMA Network Open</i> , 6(9), e2336520–e2336520. https://doi.org/10.1001/jamanetworkopen.2023.36520	Yes
Doran, P., Bradshaw, P., Morton, S., Tautolo, E. S., Williams, J., & Cunningham, C. (2020). Growing up healthy in families across the globe: cross-cultural harmonisation of childhood risk-factors using longitudinal studies from Ireland, Scotland and New Zealand. <i>Child Indicators Research</i> , 13(6), 1921–1935. https://doi.org/10.1007/s12187-020-09732-w	Yes
Doris, A., O'Neill, D., & Sweetman, O. (2013). Gender, single-sex schooling and maths achievement. <i>Economics of Education Review</i> , 35, 104–119. https://doi.org/10.1016/j.econedurev.2013.04.001	Yes
Dowd, K. P., Kirwan, R. P., Hannigan, A., Purtill, H., & O'Gorman, C. S. (2016). The association between maternal perceptions of own weight status and weight status of her child: results from a national cohort study. <i>Archives of Disease in Childhood</i> , 101(1 PG-28–32), 28–32. https://doi.org/10.1136/archdischild-2015-308721	No
Duggan, B., & Mohan, G. (2023). A Longitudinal Examination of Young People's Gambling Behaviours and Participation in Team Sports. <i>Journal of Gambling Studies (Online)</i> , 39(2), 541–557. https://doi.org/https://doi.org/10.1007/s10899-022-10175-x	Yes
Eves, R., Wolke, D., Spiegler, J., & Lemola, S. (2023). Association of Birth Weight Centiles and Gestational Age With Cognitive Performance at Age 5 Years. <i>JAMA Network Open</i> , 6(8), e2331815–e2331815. https://doi.org/10.1001/jamanetworkopen.2023.31815	Yes
Fitzgerald, M. P., Hennigan, K., O'Gorman, C. S., & McCarron, L. (2019). Obesity, diet and lifestyle in 9-year-old children with parentally reported chronic diseases: findings from the Growing Up in Ireland longitudinal child cohort study. <i>Irish Journal of Medical Science</i> , 188(1), 29–34. https://doi.org/https://dx.doi.org/10.1007/s11845-018-1814-1	Yes
Franz, K., & Kelly, M. E. (2021). The Behavioural Outcomes of Children with Autism Spectrum Disorder and Other Developmental Disabilities as Perceived by Parents during the COVID-19 Lockdown. <i>Disabilities</i> , 1(4), 347–360. https://doi.org/10.3390/disabilities1040024	No
Frawley, D., McCoy, S., Banks, J., & Thornton, M. (2014). Affective School Engagement and Self-Concept: How are Irish Boys and Girls Faring? <i>Child Indicators Research</i> , 7(4), 843–859. https://doi.org/https://doi.org/10.1007/s12187-014-9247-5	Yes
Gallagher, A. L., Galvin, R., Robinson, K., Murphy, C.-A., Conway, P. F., & Perry, A. (2020). The characteristics, life circumstances and self-concept of 13 year olds with and without disabilities in Ireland: A secondary analysis of the Growing Up in Ireland (GUI) study. <i>PLoS ONE</i> , 15(3), e0229599. https://doi.org/10.1371/journal.pone.0229599	Yes

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Peer-reviewed journal articles (k=223)	
Gallagher, S., & Hannigan, A. (2014). Depression and chronic health conditions in parents of children with and without developmental disabilities: The growing up in Ireland cohort study. <i>Research in Developmental Disabilities</i> , 35(2), 448–454. https://doi.org/https://doi.org/10.1016/j.ridd.2013.11.029	No
Gallagher, S., & Hannigan, A. (2015). Child problem behaviours are associated with obesity in parents caring for children with developmental disabilities. <i>Research in Developmental Disabilities</i> , 36, 358–365. https://doi.org/10.1016/j.ridd.2014.10.038	No
Gallagher, S., Pilch, M., & Hannigan, A. (2018). Prior depressive symptoms and persistent child problem behaviours predict future depression in parents of children with developmental disabilities: The growing up in Ireland cohort study. <i>Research in Developmental Disabilities</i> , 80, 170–179. https://doi.org/10.1016/j.ridd.2018.07.001	Yes
Garcia, J. M., Healy, S., & Rice, D. (2016). The Individual, Social, and Environmental Correlates of Physical Activity and Screen Time in Irish Children: Growing Up in Ireland Study. <i>Journal of Physical Activity & Health</i> , 13(12), 1285–1293. https://doi.org/https://dx.doi.org/10.1123/jpah.2015-0659	Yes
Gardner, R., Feely, A., Layte, R., Williams, J., & McGavock, J. (2019). Adverse childhood experiences are associated with an increased risk of obesity in early adolescence: a population-based prospective cohort study. <i>Pediatric Research</i> , 86(4), 522–528. https://doi.org/10.1038/s41390-019-0414-8	Yes
Gibbons, R. A., Sprong, S., & Chzhen, Y. (2023). Growing Up in the Great Recession: The Effects of Three Dimensions of Economic Well-being on Child Behavioral Difficulties from Ages 3 to 17. <i>Journal of Youth and Adolescence</i> , 52(5), 1024–1038. https://doi.org/https://doi.org/10.1007/s10964-022-01721-2	Yes
Gillespie, P., Walsh, S., Cullinan, J., & Devane, D. (2019). An Analysis of Antenatal Care Pathways to Mode of Birth in Ireland. <i>The Economic and Social Review</i> , 50(2), 391–427. https://ucd.idm.oclc.org/login?url=https://www.proquest.com/scholarly-journals/analysis-antenatal-care-pathways-mode-birth/docview/2250567986/se-2?accountid=14507 NS -	Yes
Girard, L.-C. (2021). Concomitant Trajectories of Internalising, Externalising, and Peer Problems Across Childhood: a Person-centered Approach. <i>Research on Child and Adolescent Psychopathology</i> , 49(12), 1551–1565. https://doi.org/https://doi.org/10.1007/s10802-021-00851-8	Yes
Girard, L.-C., Doyle, O., & Tremblay, R. E. (2017). Breastfeeding, Cognitive and Noncognitive Development in Early Childhood: A Population Study. <i>Pediatrics</i> , 139(4), 1–9. https://doi.org/10.1542/peds.2016-1848	Yes
Girard, L.-C., Doyle, O., & Tremblay, R. E. (2018). Breastfeeding and externalising problems: a quasi-experimental design with a national cohort. <i>European Child & Adolescent Psychiatry</i> , 27(7), 877–884. https://doi.org/https://doi.org/10.1007/s00787-017-1085-9	Yes
Grangel, A. B., McMahon, J., Dunne, N., & Gallagher, S. (2024). Predictors of depression in young carers: a population based longitudinal study. <i>International Journal of Adolescence and Youth</i> , 29(1), 16. https://doi.org/10.1080/02673843.2023.2292051	Yes
Gray, J., Geraghty, R., & Ralph, D. (2013). Young grandchildren and their grandparents: A secondary analysis of continuity and change across four birth cohorts. <i>Families, Relationships and Societies</i> , 2(2), 289–298. https://doi.org/10.1332/204674313X667768	Yes
Hadfield, K., & Nixon, E. (2012). Comparison of relationship dynamics within stepmother and stepfather families in Ireland. <i>The Irish Journal of Psychology</i> , 33(2–3), 100–106. https://doi.org/10.1080/03033910.2012.708900	Yes

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Peer-reviewed journal articles (k=223)	
Hadfield, K., & Nixon, E. (2013). Including those that exclude themselves: Comparisons of self-identifying and non-self-identifying stepfamilies. <i>Journal of Family Studies</i> , 19(2), 207–216. NS -	Yes
Hadfield, K., O'Brien, F., & Gerow, A. (2017). Is level of prematurity a risk/plasticity factor at three years of age? <i>Infant Behavior & Development</i> , 47, 27–39. https://doi.org/10.1016/j.infbeh.2017.03.003	Yes
Haeghele, J. A., Healy, S., & Zhu, X. H. (2018). Physical activity and obesity among nine-year-old children with and without chronic health problems, illness, or disabilities in Ireland. <i>Disability and Health Journal</i> , 11(1), 143–148. https://doi.org/10.1016/j.dhjo.2017.08.002	Yes
Hanafin, S. (2018). Sleep patterns and problems in infants and young children in Ireland. <i>Child: Care, Health & Development</i> , 44(3), 470–475. https://doi.org/10.1111/cch.12539	Yes
Hannan, C., & Halpin, B. (2014). The Influence of Family Structure on Child Outcomes: Evidence for Ireland. <i>The Economic and Social Review</i> , 45(1), 1–24. https://www.esr.ie/index.php/esr/article/view/106/74	Yes
Hayes, C., Kelly, D., Taut, C., Nixon, E., Zgaga, L., Williams, J., O'Dowd, T., & Reulbach, U. (2018). Health Care Utilisation by Bullying Victims: A Cross-Sectional Study of A 9-Year-Old Cohort in Ireland. <i>Healthcare</i> , 6(1), 19. https://doi.org/10.3390/healthcare6010019	Yes
Healy, C., Brannigan, R., Dooley, N., Staines, L., Keeley, H., Whelan, R., Clarke, M., Zammit, S., Kelleher, I., & Cannon, M. (2022). Person-Centered Trajectories of Psychopathology From Early Childhood to Late Adolescence. <i>JAMA Network Open</i> , 5(5), e229601–e229601. https://doi.org/10.1001/jamanetworkopen.2022.9601	Yes
Healy, C., Coughlan, H., Clarke, M., Kelleher, I., & Cannon, M. (2020). What mediates the longitudinal relationship between psychotic experiences and psychopathology? <i>Journal of Abnormal Psychology</i> , 129(5), 505–516. https://doi.org/10.1037/abn0000523	Yes
Healy, C., Coughlan, H., Williams, J., Clarke, M., Kelleher, I., & Cannon, M. (2019). Changes in self-concept and risk of psychotic experiences in adolescence: a longitudinal population-based cohort study. <i>Journal of Child Psychology & Psychiatry & Allied Disciplines</i> , 60(11), 1164–1173. https://doi.org/https://dx.doi.org/10.1111/jcpp.13022	Yes
Healy, C., Eaton, A., Cotter, I., Carter, E., Dhondt, N., & Cannon, M. (2022). Mediators of the longitudinal relationship between childhood adversity and late adolescent psychopathology. <i>Psychological Medicine</i> , 52(15), 3689–3697. https://doi.org/10.1017/S0033291721000477	Yes
Healy, S., & Garcia, J. M. (2019). Psychosocial Correlates of Physical Activity Participation and Screen-Time in Typically Developing Children and Children on the Autism Spectrum. <i>Journal of Developmental and Physical Disabilities</i> , 31(3), 313–328. https://doi.org/https://doi.org/10.1007/s10882-018-9642-9	Yes
Healy, S., Patterson, F., Williams, E., Lozano, A. J., Hanlon, A. L., & Obrusnikova, I. (2020). Rethinking daily movement behaviours of children with autism spectrum disorder: meeting the 24-hour movement guidelines. <i>European Journal of Adapted Physical Activity</i> , 13(2), 1–11. https://ucd.idm.oclc.org/login?url=https://search.ebscohost.com/login.aspx?direct=true&db=sph&AN=147094843&site=ehost-live&scope=site NS -	Yes
Hoyne, C., & Egan, S. M. (2022). ABCs and 123s: A large birth cohort study examining the role of the home learning environment in early cognitive development. <i>Journal of Experimental Child Psychology</i> , 221, 105424. https://doi.org/https://dx.doi.org/10.1016/j.jecp.2022.105424	Yes

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Hughes, A., Gallagher, S., & Hannigan, A. (2015). A Cluster Analysis of Reported Sleeping Patterns of 9-Month Old Infants and the Association with Maternal Health: Results from a Population Based Cohort Study. <i>Maternal & Child Health Journal</i> , 19(8), 1881–1889. https://doi.org/10.1007/s10995-015-1701-6	No
Hyland, M., Layte, R., Lyons, S., McCoy, S., & Siles, M. (2015). Are Classroom Internet Use and Academic Performance Higher after Government Broadband Subsidies to Primary Schools? <i>The Economic and Social Review</i> , 46(3), 399–428. https://ucd.idm.oclc.org/login?url=https://www.proquest.com/scholarly-journals/are-classroom-internet-use-academic-performance/docview/1723097092/se-2?accountid=14507 NS -	Yes
Jabakhanji, S. B., Boland, F., Ward, M., & Biesma, R. (2018). Body Mass Index Changes in Early Childhood. <i>Journal of Pediatrics</i> , 202, 106–114. https://doi.org/10.1016/j.jpeds.2018.06.049	Yes
Jabakhanji, S. B., Boland, F., Ward, M., & Biesma, R. (2022). Prevalence of early childhood obesity in Ireland: Differences over time, between sexes and across child growth criteria. <i>Pediatric Obesity</i> , 17(11), 1–12. https://doi.org/10.1111/ijpo.12953	Yes
Jabakhanji, S. B., Pavlova, M., Groot, W., Boland, F., & Biesma, R. (2017). Social class variation, the effect of the economic recession and childhood obesity at 3 years of age in Ireland. <i>European Journal of Public Health</i> , 27(2), 234–239. https://doi.org/10.1093/eurpub/ckw235	Yes
Katsantonis, I., & Symonds, J. E. (2023). Population heterogeneity in developmental trajectories of internalising and externalising mental health symptoms in childhood: differential effects of parenting styles. <i>Epidemiology & Psychiatric Science</i> , 32, e16. https://doi.org/https://dx.doi.org/10.1017/S2045796023000094	Yes
Keane, E., Cullinan, J., Perry, C. P., Kearney, P. M., Harrington, J. M., Perry, I. J., & Layte, R. (2016). Dietary quality in children and the role of the local food environment. <i>SSM - Population Health</i> , 2, 770–777. https://doi.org/10.1016/j.ssmph.2016.10.002	Yes
Keane, E., Layte, R., Harrington, J., Kearney, P. M., Perry, I. J., & Kazembe, L. (2012). Measured Parental Weight Status and Familial Socio-Economic Status Correlates with Childhood Overweight and Obesity at Age 9. <i>PLoS ONE</i> , 7(8), 1–9. https://doi.org/10.1371/journal.pone.0043503	Yes
Kelly, D., Kelly, A., O'Dowd, T., & Hayes, C. B. (2019). Antibiotic use in early childhood and risk of obesity: longitudinal analysis of a national cohort. <i>World Journal of Pediatrics</i> , 15(4), 390–397. https://doi.org/10.1007/s12519-018-00223-1	Yes
Kelly, D., O'Dowd, T., & Reulbach, U. (2012). Use of folic acid supplements and risk of cleft lip and palate in infants: a population-based cohort study. <i>British Journal of General Practice</i> , 62(600), e466–72. https://doi.org/https://dx.doi.org/10.3399/bjgp12X652328	Yes
Kent, G., & Pitsia, V. (2018). A comparison of the home learning environment of families at risk of socio-economic disadvantage to national norms in Ireland. <i>Irish Educational Studies</i> , 37(4), 505–521. https://doi.org/10.1080/03323315.2018.1471409	Yes
Kiernan, F. M. (2019). Income loss and the mental health of young mothers: evidence from the recession in Ireland. <i>The Journal of Mental Health Policy & Economics</i> , 22(4 PG-131–149), 131–149.	No
Kirby, A., & Murphy, A. (2022). Would universal general practitioner care impact Irish adolescents' utilisation? <i>Health Policy</i> , 126(7), 652–660. https://doi.org/10.1016/j.healthpol.2022.04.005	Yes

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Peer-reviewed journal articles (k=223)	
Knowles, C., Paradis, K. F., Breslin, G., Shannon, S., & Carlin, A. (2023). Physical activity in childhood and adolescence and future depressive symptoms: an 11-year prospective cohort study. <i>European Journal of Public Health</i> , 33(5), 878–883. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10567250/pdf/ckad122.pdf NS -	Yes
Kong, K. (2020). Academic Resilience of Pupils from Low Socioeconomic Backgrounds. <i>Journal of Behavioral Science</i> , 15(2), 70–89.	Yes
Ladewig, E. L., Hayes, C., Browne, J., Layte, R., & Reulbach, U. (2014). The influence of ethnicity on breastfeeding rates in Ireland: a cross-sectional study. <i>Journal of Epidemiology and Community Health</i> , 68, 356–362. https://doi.org/10.1136/jech-2013-202735	No
Lane, A., Harrison, M., & Murphy, N. (2014). Screen time increases risk of overweight and obesity in active and inactive 9-year-old Irish children: a cross sectional analysis. <i>Journal of Physical Activity and Health</i> , 11(5), 985–991. https://journals.humankinetics.com/abstract/journals/jpah/11/5/article-p985.xml NS -	Yes
Laurence, J., Russell, H., & Smyth, E. (2023b). What buffered the impact of the COVID-19 pandemic on depression? A longitudinal study of caregivers of school aged children in Ireland. <i>European Sociological Review</i> , 40(1), 14–40. https://doi.org/10.1093/esr/jcad017	No
Layte, R. (2022). Does Family Economic Strain Reduce Child Educational Achievement? A Longitudinal Assessment Using the Great Recession in Ireland. <i>European Sociological Review</i> , 38(3), 408–424. https://doi.org/10.1093/esr/jcab049	Yes
Layte, R., Bennett, A., McCrory, C., & Kearney, J. (2014). Social class variation in the predictors of rapid growth in infancy and obesity at age 3 years. <i>International Journal of Obesity</i> , 38(1), 82–90. https://doi.org/https://doi.org/10.1038/ijo.2013.160	Yes
Layte, R., Brannigan, R., & Stanistreet, D. (2023). Digital engagement and adolescent depression: A longitudinal mediation analysis adjusting for selection. <i>Computers in Human Behavior Reports</i> , 10, 100293. https://doi.org/10.1016/j.chbr.2023.100293	Yes
Layte, R., & McCrory, C. (2013). Paediatric chronic illness and educational failure: the role of emotional and behavioural problems. <i>Social Psychiatry & Psychiatric Epidemiology</i> , 48(8), 1307–1316. https://doi.org/10.1007/s00127-012-0609-3	Yes
Layte, R., & McCrory, C. (2018). Fiscal crises and personal troubles: the great recession in Ireland and family processes. <i>Social Psychiatry & Psychiatric Epidemiology</i> , 53(9), 987–1001. https://doi.org/10.1007/s00127-018-1551-9	Yes
Layte, R., & Nolan, A. (2015a). Eligibility for free GP care and the utilisation of GP services by children in Ireland. <i>International Journal of Health Economics and Management</i> , 15(1), 3–27. https://doi.org/https://doi.org/10.1007/s10754-014-9156-7	Yes
Layte, R., & Nolan, A. (2015b). Income-related inequity in the use of GP services by children: a comparison of Ireland and Scotland. <i>The European Journal of Health Economics : HEPAC</i> , 16(5), 489–506. https://doi.org/https://doi.org/10.1007/s10198-014-0587-3	Yes
Leech, K. A., McNally, S., Daly, M., & Corriveau, K. H. (2022). Unique effects of book-reading at 9-months on vocabulary development at 36-months: Insights from a nationally representative sample of Irish families. <i>Early Childhood Research Quarterly</i> , 58, 242–253. https://doi.org/10.1016/j.ecresq.2021.09.009	Yes
Lewis, G., Neary, M., Polek, E., Flouri, E., & Lewis, G. (2017). The association between paternal and adolescent depressive symptoms: evidence from two population-based cohorts. <i>The Lancet Psychiatry</i> , 4(12), 920–926. https://doi.org/https://dx.doi.org/10.1016/S2215-0366(17)30408-X	Yes

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Peer-reviewed journal articles (k=223)	
Li, M. X., & Chzhen, Y. (2024). Parental investment or parenting stress? Examining the links between poverty and child development in Ireland. <i>European Societies</i> , 26(4), 911–951. https://doi.org/10.1080/14616696.2023.2275592	Yes
Maciver, L., & Girard, L.-C. (2023). The association between paternal depression and adolescent internalising problems: A test of parenting style as a mediating pathway. <i>Current Psychology</i> , 42(24), 21213–21226. https://doi.org/10.1007/s12144-022-03110-1	Yes
Madden, D. (2014). The relationship between low birth weight and socioeconomic status in Ireland. <i>Journal of Biosocial Science</i> , 46(2), 248–265. https://doi.org/10.1017/S0021932013000187	Yes
Madden, D. (2017). Childhood Obesity and Maternal Education in Ireland. <i>Economics and Human Biology</i> , 27, 114–125. https://doi.org/10.1016/j.ehb.2017.05.004	Yes
Madden, D. (2018). Bridging the gaps: inequalities in children's educational outcomes in Ireland. <i>Journal of Economic Inequality</i> , 16(1), 103–122. https://doi.org/https://doi.org/10.1007/s10888-017-9358-6	Yes
Madden, D. (2020). BMI Mobility and Obesity Transitions among Children in Ireland. <i>Economics and Human Biology</i> , 38, 100896. https://doi.org/10.1016/j.ehb.2020.100896	Yes
Madden, D. (2022a). The Dynamics of Multidimensional Poverty in a Cohort of Irish Children. <i>Child Indicators Research</i> , 15(5), 1631–1671. https://doi.org/https://doi.org/10.1007/s12187-022-09921-9	Yes
Madden, D. (2022b). The socio-economic gradient of cognitive test scores: evidence from two cohorts of Irish children. <i>Fiscal Studies</i> , 43(3), 265–290. https://doi.org/10.1111/1475-5890.12305	Yes
Madden, D. (2024). Mental health in Ireland during the Covid pandemic: Evidence from two longitudinal surveys. <i>PLoS ONE</i> , 19(3), 1–22. https://doi.org/10.1371/journal.pone.0279526	Yes
Maher, G. M., O'Keeffe, G. W., O'Keeffe, L. M., Matvienko-Sikar, K., Dalman, C., Kearney, P. M., McCarthy, F. P., & Khashan, A. S. (2020). The Association Between Preeclampsia and Childhood Development and Behavioural Outcomes. <i>Maternal and Child Health Journal</i> , 24(6), 727–738. https://doi.org/10.1007/s10995-020-02921-7	Yes
Mari, G., & Keizer, R. (2021). Parental job loss and early child development in the Great Recession. <i>Child Development</i> , 92(5), 1698–1716. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8518680/pdf/CDEV-92-1698.pdf NS -	Yes
Martin, R., Murphy, J., Molina-Soberanes, D., & Murtagh, E. M. (2022). The clustering of physical activity and screen time behaviours in early childhood and impact on future health-related behaviours: a longitudinal analysis of children aged 3 to 8 years. <i>BMC Public Health</i> , 22(1), 1–13. https://doi.org/10.1186/s12889-022-12944-0	Yes
Masukume, G., O'Neill, S. M., Baker, P. N., Kenny, L. C., Morton, S. M. B., & Khashan, A. S. (2018). The Impact of Caesarean Section on the Risk of Childhood Overweight and Obesity: New Evidence from a Contemporary Cohort Study. <i>Scientific Reports</i> , 8(1), 15113. https://doi.org/10.1038/s41598-018-33482-z	Yes

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Matvienko-Sikar, K., Murphy, G., & Murphy, M. (2018). The role of prenatal, obstetric, and post-partum factors in the parenting stress of mothers and fathers of 9-month old infants. <i>Journal of Psychosomatic Obstetrics & Gynecology</i> , 39(1), 47–55. https://doi.org/10.1080/0167482X.2017.1286641	No
McAuley, C., & Layte, R. (2012). Exploring the Relative Influence of Family Stressors and Socio-Economic Context on Children's Happiness and Well-Being. <i>Child Indicators Research</i> , 5(3), 523–545. https://doi.org/10.1007/s12187-012-9153-7	Yes
McAuley, C., McKeown, C., & Merriman, B. (2012). Spending time with family and friends: Children's views on relationships and shared activities. <i>Child Indicators Research</i> , 5, 449–467. https://doi.org/10.1007/s12187-012-9158-2	Yes
McAvinue, L. P. (2018). Oral language and socioeconomic status: the Irish context. <i>Irish Educational Studies</i> , 37(4), 475–503. https://doi.org/10.1080/03323315.2018.1521732	Yes
McAvinue, L. P. (2022). The social contexts of educational disadvantage: focus on the neighbourhood. <i>Irish Educational Studies</i> , 41(3), 487–512. https://doi.org/10.1080/03323315.2022.2093519	Yes
McConkey, R., Swift, A., & Titterington, J. (2021). Changes in children's speech and language difficulties from age five to nine: An Irish national, longitudinal study. <i>International Journal of Environmental Research and Public Health</i> , 18(16), 8483. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8392088/pdf/ijerph-18-08483.pdf NS -	Yes
McCoy, S., & Banks, J. (2012). Simply academic? Why children with special educational needs don't like school. <i>European Journal of Special Needs Education</i> , 27(1), 81–97. https://www.tandfonline.com/doi/pdf/10.1080/08856257.2011.640487 NS -	Yes
McCoy, S., Banks, J., & Shevlin, M. (2012). School matters: how context influences the identification of different types of special educational needs. <i>Irish Educational Studies</i> , 31(2), 119–138. https://doi.org/10.1080/03323315.2012.669568	Yes
McCoy, S., & Byrne, D. (2024). Shadow Education Uptake in Ireland: Inequalities and Wellbeing in a High-Stakes Context. <i>British Journal of Educational Studies</i> , 72(6), 693–719. https://doi.org/10.1080/00071005.2024.2331476	Yes
McCoy, S., Byrne, D., & Banks, J. (2012). Too Much of a Good Thing? Gender, 'Concerted Cultivation' and Unequal Achievement in Primary Education. <i>Child Indicators Research</i> , 5(1), 155–178. https://doi.org/10.1007/s12187-011-9118-2	Yes
McCoy, S., Byrne, D., & O. Connor, P. (2022). Gender Stereotyping in Parents' and Teachers' Perceptions of Boys' and Girls' Mathematics Performance in Ireland. <i>Oxford Review of Education</i> , 48(3), 341–363. https://doi.org/10.1080/03054985.2021.1987208	No
McCoy, S., Maître, B., Watson, D., & Banks, J. (2016). The role of parental expectations in understanding social and academic well-being among children with disabilities in Ireland. <i>European Journal of Special Needs Education</i> , 31(4), 535–552. https://doi.org/10.1080/08856257.2016.1199607	Yes
McCoy, S., Quail, A., & Smyth, E. (2014). The effects of school social mix: unpacking the differences. <i>Irish Educational Studies</i> , 33(3), 307–330. https://doi.org/10.1080/03323315.2014.955746	Yes
McCoy, S., Shevlin, M., & Rose, R. (2020). Secondary school transition for students with special educational needs in Ireland. <i>European Journal of Special Needs Education</i> , 35(2), 154–170. https://doi.org/10.1080/08856257.2019.1628338	Yes

Reference	Fully analysed?
Peer-reviewed journal articles (k=223)	
McCorry, C., & Layte, R. (2011). The effect of breastfeeding on children's educational test scores at nine years of age: Results of an Irish cohort study. <i>Social Science & Medicine</i> , 72(9), 1515–1521. https://doi.org/10.1016/j.socscimed.2011.03.002	Yes
McCorry, C., & Layte, R. (2012). Breastfeeding and risk of overweight and obesity at nine-years of age. <i>Social Science & Medicine</i> , 75(2), 323–330. https://doi.org/10.1016/j.socscimed.2012.02.048	Yes
McCorry, C., Layte, R., McCorry, C., & Layte, R. (2012). Prenatal exposure to maternal smoking and childhood behavioural problems: a quasi-experimental approach. <i>Journal of Abnormal Child Psychology</i> , 40(8), 1277–1288. https://doi.org/10.1007/s10802-012-9640-9	Yes
McCorry, C., Leahy, S., Ribeiro, A. I., Fraga, S., Barros, H., Avendano, M., Vineis, P., Layte, R., Alenius, H., Baglietto, L., Bartley, M., Bellone, M., Berger, E., Bochud, M., Candiani, G., Carmeli, C., Carra, L., Castagne, R., Chadeau-Hyam, M., ... Zins, M. (2019). Maternal educational inequalities in measured body mass index trajectories in three European countries. <i>Paediatric and Perinatal Epidemiology</i> , 33(3), 226–237. https://doi.org/10.1111/ppe.12552	Yes
McCorry, C., & McNally, S. (2013). The Effect of Pregnancy Intention on Maternal Prenatal Behaviours and Parent and Child Health: Results of an Irish Cohort Study. <i>Paediatric & Perinatal Epidemiology</i> , 27(2), 208–215. https://doi.org/10.1111/ppe.12027	Yes
McCorry, C., & Murray, A. (2013). The Effect of Breastfeeding on Neuro-Development in Infancy. <i>Maternal & Child Health Journal</i> , 17(9), 1680–1688. https://doi.org/10.1007/s10995-012-1182-9	Yes
McCorry, C., O'Leary, N., Fraga, S., Ribeiro, A. I., Barros, H., Kartiosuo, N., Raitakari, O., Kivimäki, M., Vineis, P., Layte, R., & Lifepath, C. (2017). Socioeconomic differences in children's growth trajectories from infancy to early adulthood: evidence from four European countries. <i>Journal of Epidemiology and Community Health</i> , 71(10), 981–989. https://doi.org/10.1136/jech-2016-208556	Yes
McDonnell, T. (2016). Non-cognitive development in infancy: the influence of maternal employment and the mediating role of childcare. <i>The Economic and Social Review</i> , 47(4), 499–541.	Yes
McDonnell, T., & Doyle, O. (2019). Maternal employment and childcare during infancy and childhood overweight. <i>Social Science & Medicine</i> , 243, 112639. https://doi.org/10.1016/j.socscimed.2019.112639	Yes
McEvoy, D., Brannigan, R., Walsh, C., Arensman, E., & Clarke, M. (2024). Identifying high-risk subgroups for self-harm in adolescents and young adults: A longitudinal latent class analysis of risk factors. <i>Journal of Affective Disorders</i> , 351, 40–48. https://doi.org/10.1016/j.jad.2024.01.230	Yes
McEvoy, O., Cronin, F., Brannigan, R., Stanistreet, D., & Layte, R. (2022). The role of family, school and neighbourhood in explaining inequalities in physical activity trajectories between age 9 and 18. <i>SSM-Population Health</i> , 19, 101216. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9482142/pdf/main.pdf NS -	Yes
McGinnity, F., McMullin, P., Murray, A., Russell, H., & Smyth, E. (2022). Understanding differences in children's reading ability by social origin and gender: The role of parental reading and pre- and primary school exposure in Ireland. <i>Research in Social Stratification and Mobility</i> , 81, 100729. https://doi.org/10.1016/j.rssm.2022.100729	Yes
McGovern, M. E. (2013). Still unequal at birth: birth weight, socio-economic status and outcomes at age 9. <i>The Economic and Social Review</i> , 44(1), 53–84. NS -	Yes

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Peer-reviewed journal articles (k=223)	
McMahon, G., Creaven, A., & Gallagher, S. (2020). Stressful life events and adolescent well-being: The role of parent and peer relationships. <i>Stress & Health</i> , 36(3), 299–310. https://doi.org/10.1002/smi.2923	Yes
McMullin, P., McGinnity, F., Murray, A., & Russell, H. (2020). What You Do Versus Who You Are: Home-Learning Activities, Social Origin and Cognitive Skills among Young Children in Ireland. <i>European Sociological Review</i> , 36(4), 610–625. https://doi.org/10.1093/esr/jcaa012	Yes
McNally, S., & Bourke, A. (2012). Periconceptional folic acid supplementation in a nationally representative sample of mothers. <i>Irish Medical Journal</i> , 105(7), 236–238. https://ovidsp.ovid.com/athens/ovidweb.cgi?T=JS&CSC=Y&NEWS=N&PAGE=fulltext&D=med9&AN=23008883 NS -	No
McNally, S., Darmody, M., & Quigley, J. (2019). The socio-emotional development of language-minority children entering primary school in Ireland. <i>Irish Educational Studies</i> , 38(4), 519–534. https://doi.org/10.1080/03323315.2019.1663550	Yes
McNally, S., Leech, K. A., Corriveau, K. H., & Daly, M. (2024). Indirect Effects of Early Shared Reading and Access to Books on Reading Vocabulary in Middle Childhood. <i>Scientific Studies of Reading</i> , 28(1), 42–58. https://doi.org/10.1080/10888438.2023.2220846	Yes
McNally, S., McCrory, C., Quigley, J., & Murray, A. (2019). Decomposing the social gradient in children's vocabulary skills at 3 years of age: A mediation analysis using data from a large representative cohort study. <i>Infant Behavior & Development</i> , 57, 13. https://doi.org/10.1016/j.infbeh.2019.04.008	Yes
McNally, S., & Quigley, J. (2014). An Irish cohort study of risk and protective factors for infant language development at 9 months. <i>Infant and Child Development</i> , 23(6 PG-634–649), 634–649.	Yes
McNally, S., Share, M., & Murray, A. (2014). Prevalence and Predictors of Grandparent Childcare in Ireland: Findings from a Nationally Representative Sample of Infants and their Families. <i>Child Care in Practice</i> , 20(2), 182–193. https://doi.org/10.1080/13575279.2013.859566	Yes
Mihut, G., McCoy, S., & Maître, B. (2022). A capability approach to understanding academic and socio-emotional outcomes of students with special educational needs in Ireland. <i>Oxford Review of Education</i> , 48(3), 271–288. https://doi.org/10.1080/03054985.2021.1973982	Yes
Mirkovic, B., Brady, B., & Silke, C. (2024). Associations Between non-parental Adult Support and Youths' Individual and Contextual Characteristics. <i>Child Care in Practice</i> , 30(2), 171–186. https://doi.org/10.1080/13575279.2020.1865875	Yes
Mohan, G. (2021a). The influence of caregiver's migration status on child's use of healthcare services: evidence from Ireland. <i>Sociology of Health & Illness</i> , 43(3), 557–574. https://onlinelibrary.wiley.com/doi/pdfdirect/10.1111/1467-9566.13239?download=true NS -	Yes
Mohan, G. (2021b). Young, Poor, and Sick: The Public Health Threat of Energy Poverty for Children in Ireland. <i>Energy Research and Social Science</i> , 71, 101822. https://doi.org/10.1016/j.erss.2020.101822	Yes
Mohan, G. (2022). Impact of household energy poverty on the mental health of parents of young children. <i>Journal of Public Health</i> , 44(1), 121–128. https://doi.org/10.1093/pubmed/fdaa260	No
Mohan, G. (2023). Characteristics and behaviours of young people who meet online contacts face-to-face. <i>International Journal of Adolescence and Youth</i> , 28(1), 2241524. https://doi.org/https://doi.org/10.1080/02673843.2023.2241524	Yes
Mohan, G., & Nolan, A. (2020). The impact of prescription drug co-payments for publicly insured families. <i>The European Journal of Health Economics</i> : HEPAC, 21(2), 261–274. https://doi.org/https://doi.org/10.1007/s10198-019-01125-3	Yes

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Morando, G., & Platt, L. (2022). The Impact of Centre-based Childcare on Non-cognitive Skills of Young Children. <i>Economica</i> , 89(356), 908–946. https://doi.org/10.1111/ecca.12440	Yes
Murphy, D., Leonard, S. J., Taylor, L. K., & Santos, F. H. (2022). Educational achievement and bullying: The mediating role of psychological difficulties. <i>British Journal of Educational Psychology</i> , 92(4), 1487–1501. https://doi.org/10.1111/bjep.12511	Yes
Murphy, S., Carter, L., Al Shizawi, T., Queally, M., Brennan, S., & O'Neill, S. (2023). Exploring the relationship between breastfeeding and the incidence of infant illnesses in Ireland: evidence from a nationally representative prospective cohort study. <i>BMC Public Health</i> , 23(1), 1–9. https://doi.org/10.1186/s12889-023-15045-8	Yes
Murray, A. (2012a). The relationship of parenting style to academic achievement in middle childhood. <i>The Irish Journal of Psychology</i> , 33(4), 137–152. https://doi.org/10.1080/03033910.2012.724645	Yes
Murray, A. (2012b). What can children's fears tell us about childhood. <i>The Irish Psychologist</i> , 38(12), 286–293. NS -	Yes
Murray, A. (2014). Biological risk versus socio-economic advantage: low birth-weight, multiple births and income variations among Irish infants born following fertility treatments. <i>Irish Journal of Medical Science</i> , 183(4), 667–670. https://doi.org/https://dx.doi.org/10.1007/s11845-014-1134-z	Yes
Murray, A., & Egan, S. M. (2014). Does reading to infants benefit their cognitive development at 9-months-old? An investigation using a large birth cohort survey. <i>Child Language Teaching & Therapy</i> , 30(3), 303–315. https://doi.org/10.1177/0265659013513813	Yes
Murtagh, E. M., Dempster, M., & Murphy, M. H. (2016). Determinants of uptake and maintenance of active commuting to school. <i>Health & Place</i> , 40, 9–14. https://doi.org/10.1016/j.healthplace.2016.04.009	Yes
Neville, R. D., Guo, Y., Boreham, C. A., & Lakes, K. D. (2021). Longitudinal Association Between Participation in Organized Sport and Psychosocial Development in Early Childhood. <i>Journal of Pediatrics</i> , 230, 152–160. https://doi.org/10.1016/j.jpeds.2020.10.077	Yes
Neville, R. D., McArthur, B. A., Eirich, R., Lakes, K. D., & Madigan, S. (2021). Bidirectional associations between screen time and children's externalizing and internalizing behaviors. <i>Journal of Child Psychology and Psychiatry</i> , 62(12), 1475–1484. https://doi.org/10.1111/jcpp.13425	Yes
Neville, R. D., Nelson, M. A., Madigan, S., Browne, D. T., & Lakes, K. D. (2021). Does physical activity moderate the association between screen time and psychosocial development in early childhood? Analysis of a longitudinal infant cohort study in Ireland. <i>European Journal of Pediatrics</i> , 180(7), 2199–2211. https://link.springer.com/content/pdf/10.1007/s00431-021-04008-z.pdf NS -	Yes
Nicholson, E., Doherty, E., Guerin, S., Schreiber, J., Barrett, M., & McAuliffe, E. (2022). Healthcare utilisation and unmet health needs in children with intellectual disability: a propensity score matching approach using longitudinal cohort data. <i>Journal of Intellectual Disability Research</i> , 66(5), 442–453. https://doi.org/10.1111/jir.12927	Yes
Nolan, A., & Layte, R. (2014). Socio-economic Inequalities in Child Health in Ireland. <i>The Economic and Social Review</i> , 45(1), 25–64. https://ucd.idm.oclc.org/login?url=https://www.proquest.com/scholarly-journals/socio-economic-inequalities-child-health-ireland/docview/1518676105/se-2?accountid=14507 NS -	Yes

Reference	Fully analysed?
Peer-reviewed journal articles (k=223)	
Nolan, A., & Layte, R. (2015). The 'healthy immigrant effect': breastfeeding behaviour in Ireland. <i>European Journal of Public Health</i> , 25(4), 626–631. https://doi.org/10.1093/eurpub/cku177	No
Nolan, A., & Layte, R. (2017b). The impact of transitions in insurance coverage on GP visiting among children in Ireland. <i>Social Science & Medicine</i> , 180, 94–100. https://doi.org/10.1016/j.socscimed.2017.03.026	Yes
O'Brien, F., Nixon, E., & Hadfield, K. (2023). Effects of Preterm Birth and Parent–Child Relationships on Socioemotional Difficulties, Verbal Ability, and Numerical Ability Among Older Children and Young Adolescents. <i>Developmental Psychology</i> , 59(4), 745–757. https://doi.org/10.1037/dev0001464	Yes
O'Connell, M. (2018). The power of cognitive ability in explaining educational test performance, relative to other ostensible contenders. <i>Intelligence</i> , 66, 122–127. https://doi.org/10.1016/j.intell.2017.11.011	Yes
O'Connell, M., & Marks, G. N. (2021). Are the effects of intelligence on student achievement and well-being largely functions of family income and social class? Evidence from a longitudinal study of Irish adolescents. <i>Intelligence</i> , 84, 101511. https://doi.org/10.1016/j.intell.2020.101511	Yes
O'Connell, M., & Marks, G. N. (2023). Why are students attending fee-charging second-level schools in Ireland more likely to progress to high-demand university degree courses? Evidence from the Growing Up in Ireland longitudinal survey. <i>Irish Educational Studies</i> , 43(4), 827–842. https://doi.org/10.1080/03323315.2023.2174571	Yes
O'Connor, C., & McNicholas, F. (2020). What Differentiates Children with ADHD Symptoms Who Do and Do Not Receive a Formal Diagnosis? Results from a Prospective Longitudinal Cohort Study. <i>Child Psychiatry and Human Development</i> , 51(1), 138–150. https://doi.org/https://doi.org/10.1007/s10578-019-00917-1	Yes
O'Connor, C., Reulbach, U., Blanaid, G., & McNicholas, F. (2018). A prospective longitudinal investigation of the (dis)continuity of mental health difficulties between mid- to late-childhood and the predictive role of familial factors. <i>European Child & Adolescent Psychiatry</i> , 27(3), 289–300. https://doi.org/https://doi.org/10.1007/s00787-017-1044-5	Yes
O'Keeffe, L. M., Kearney, P. M., McCarthy, F. P., Khashan, A. S., Greene, R. A., North, R. A., Poston, L., McCowan, L. M. E., Baker, P. N., Dekker, G. A., Walker, J. J., Taylor, R., & Kenny, L. C. (2015). Prevalence and predictors of alcohol use during pregnancy: Findings from international multicentre cohort studies. <i>BMJ Open</i> , 5(7), 1–11. https://doi.org/10.1136/bmjopen-2014-006323	No
O'Neill, A., Dowd, K., O'Gorman, C., Hannigan, A., Walsh, C., & Purtill, H. (2017). Activity Profiles and the Associations With Weight Status in Population Studies of Young Children: Are There Gender Differences? <i>Pediatric Exercise Science</i> , 29(1), 131–144. https://doi.org/10.1123/pes.2016-0082	Yes
O'Neill, D., & Sweetman, O. (2013). The consequences of measurement error when estimating the impact of obesity on income. <i>IZA Journal of Labor Economics</i> , 2(3), 1–20. https://doi.org/https://doi.org/10.1186/2193-8997-2-3	No
O'Brien, F., Nixon, E., & Hadfield, K. (2023). Effects of Preterm Birth and Parent–Child Relationships on Socioemotional Difficulties, Verbal Ability, and Numerical Ability Among Older Children and Young Adolescents. <i>Developmental Psychology</i> , 59(4), 745–757. https://doi.org/10.1037/dev0001464	Yes
O'Connell, M. (2018). The power of cognitive ability in explaining educational test performance, relative to other ostensible contenders. <i>Intelligence</i> , 66, 122–127. https://doi.org/10.1016/j.intell.2017.11.011	Yes

Reference	Fully analysed?
Peer-reviewed journal articles (k=223)	
O'Reilly, C., & Mohan, G. (2023). Parental influences on excessive Internet use among adolescents. <i>Internet Research</i> , 34(7), 86–110. https://doi.org/https://doi.org/10.1108/INTR-12-2021-0904	Yes
O'Reilly, C., & Quayle, M. (2021). Gender inequalities in time spent doing housework by children in Ireland: A nationally representative sample across two time points. <i>Infant & Child Development</i> , 30(5), 1–17. https://doi.org/10.1002/icd.2246	Yes
O Driscoll, D. J., Kiely, E., O'Keeffe, L. M., & Khashan, A. S. (2024a). Household energy poverty and trajectories of emotional and behavioural difficulties in children and adolescents: Findings from two prospective cohort studies. <i>Social Psychiatry and Psychiatric Epidemiology: The International Journal for Research in Social and Genetic Epidemiology and Mental Health Services</i> , 59(8), 1299–1309. https://doi.org/10.1007/s00127-024-02616-2	Yes
O Driscoll, D. J., Kiely, E., O'Keeffe, L. M., & Khashan, A. S. (2024b). Poverty trajectories and child and mother well-being outcomes in Ireland: findings from an Irish prospective cohort. <i>Journal of Epidemiology and Community Health</i> , 78(7), 8409–8416. https://doi.org/10.1136/jech-2023-221794	Yes
Orben, A., & Przybylski, A. K. (2019). Screens, teens, and psychological well-being: Evidence from three time-use-diary studies. <i>Psychological Science</i> , 30(5), 682–696. https://doi.org/10.1177/0956797619830329	Yes
Palmer, R., Layte, R., & Kearney, J. (2019). The maternal health behaviours of non-Irish nationals during pregnancy and the effect of time living in Ireland. <i>Public Health</i> , 170, 95–102. https://doi.org/10.1016/j.puhe.2019.02.023	No
Perry, C. P., Keane, E., Layte, R., Fitzgerald, A. P., Perry, I. J., & Harrington, J. M. (2015). The use of a dietary quality score as a predictor of childhood overweight and obesity. <i>BMC Public Health</i> , 15(1), 1–9. https://doi.org/10.1186/s12889-015-1907-y	Yes
Power, R. F., Power, B., & O'Gorman, C. S. (2018). A Comparison of Perceived and Measured Paternal Weight and BMI, and Relationship to Weight and BMI of his Children. <i>Irish Medical Journal</i> , 111(2), 686. https://ovidsp.ovid.com/athens/ovidweb.cgi?T=JS&CSC=Y&NEWS=N&PAGE=fulltext&D=med15&AN=29952435 NS -	Yes
Putra, I. G. N. E., Mclnerney, A. M., Robinson, E., & Deschênes, S. S. (2024). Neighbourhood characteristics and socioeconomic inequalities in child mental health: Cross-sectional and longitudinal findings from the Growing Up in Ireland study. <i>Health & Place</i> , 86, 103180. https://doi.org/10.1016/j.healthplace.2024.103180	Yes
Quail, A., & Smyth, E. (2014). Multigrade teaching and age composition of the class: The influence on academic and social outcomes among students. <i>Teaching & Teacher Education</i> , 43, 80–90. https://doi.org/10.1016/j.tate.2014.06.004	Yes
Queally, M., Doherty, E., Finucane, F. M., & O'Neill, C. (2017). Low Expectations: Do Teachers Underestimate the Ability of Overweight Children or the Children of Overweight Mothers? <i>Economics and Human Biology</i> , 27, 26–32. https://doi.org/10.1016/j.ehb.2017.04.006	No
Queally, M., Doherty, E., Matvienko-Sikar, K., Toomey, E., Cullinan, J., Harrington, J. M., & Kearney, P. M. (2018). Do mothers accurately identify their child's overweight/obesity status during early childhood? Evidence from a nationally representative cohort study. <i>International Journal of Behavioral Nutrition & Physical Activity</i> , 15(1), 56. https://doi.org/https://dx.doi.org/10.1186/s12966-018-0688-y	No
Quigley, C., Taut, C., Zigman, T., Gallagher, L., Campbell, H., & Zgaga, L. (2016). Association between home birth and breast feeding outcomes: a cross-sectional study in 28125 mother-infant pairs from Ireland and the UK. <i>BMJ Open</i> , 6(8), e010551. https://doi.org/10.1136/bmjopen-2015-010551	No

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Peer-reviewed journal articles (k=223)	
Quigley, C., Zgaga, L., Vartalscis, G., & Fahy, G. (2019). Refractive error and vision problems in children: association with increased sedentary behavior and reduced exercise in 9-year-old children in Ireland. <i>Journal of American Association for Pediatric Ophthalmology and Strabismus</i> , 23(3), 159-e1. https://doi.org/10.1016/j.jaapos.2018.12.011	Yes
Reinhard, E., Layte, R., McCrory, C., Panico, L., & Avendano, M. (2018). The Great Recession and the Health of Young Children: A Fixed-Effects Analysis in Ireland. <i>American Journal of Epidemiology</i> , 187(7), 1438–1448. https://doi.org/10.1093/aje/kwy001	Yes
Reulbach, U., Ladewig, E. L., Nixon, E., O'Moore, M., Williams, J., & O'Dowd, T. (2013). Weight, body image and bullying in 9-year-old children. <i>Journal of Paediatrics & Child Health</i> , 49(4), E288–E293. https://doi.org/10.1111/jpc.12159	Yes
Reynolds, D., Hennessy, E., & Polek, E. (2014). Is breastfeeding in infancy predictive of child mental well-being and protective against obesity at 9 years of age? <i>Child Care Health and Development</i> , 40(6), 882–890. https://doi.org/10.1111/cch.12126	Yes
Robinson, E., Daly, M., & Sutin, A. (2020). Association of parental identification of child overweight and mental health problems during childhood. <i>International Journal of Obesity</i> , 44(9), 1928–1935. https://doi.org/10.1038/s41366-020-0587-6	Yes
Roddy, Á. (2022). Income and conversion handicaps: estimating the impact of child chronic illness/disability on family income and the extra cost of child chronic illness/child disability in Ireland using a standard of living approach. <i>The European Journal of Health Economics : HEPAC</i> , 23(3), 467–483. https://doi.org/https://doi.org/10.1007/s10198-021-01371-4	No
Röder, A., Ward, M., & Frese, C.-A. (2018). From labour migrant to stay-at-home mother? Childcare and return to work among migrant mothers from the EU Accession Countries in Ireland. <i>Work, Employment and Society</i> , 32(5), 850–867. https://doi.org/10.1177/0950017017713953	No
Rokicki, S., & McGovern, M. E. (2020). Heterogeneity in Early Life Investments: A Longitudinal Analysis of Children's Time Use. <i>Review of Income and Wealth</i> , 66(3), 647–676. https://doi.org/10.1111/roiw.12440	Yes
Rubio-Cabañez, M. (2024). Stratifying cities: the effect of outdoor recreation areas on children's well-being. <i>European Sociological Review</i> , jcae028. https://doi.org/10.1093/esr/jcae028	Yes
Schneider, T. (2019). Partnership Dissolution after Childbirth in Ireland: On the Importance of Pregnancy Intentions. <i>The Economic and Social Review</i> , 50(3), 459–489. https://ucd.idm.oclc.org/login?url=https://www.proquest.com/scholarly-journals/partnership-dissolution-after-childbirth-ireland/docview/2305485715/se-2?accountid=14507 NS -	No
Sharpe, J., Bunting, B., & Heary, C. (2023). A latent class analysis of mental health symptoms in primary school children: Exploring associations with school attendance problems. <i>School Mental Health</i> , 15(4), 1128–1144. https://doi.org/10.1007/s12310-023-09610-0	Yes
Shiely, F., Ng, H. Y., Berkery, E. M., Murrin, C., Kelleher, C., & Hayes, K. (2017). The association between weight perception and BMI: report and measurement data from the growing up in Ireland Cohort Study of 9-year olds. <i>International Journal of Obesity</i> , 41(1), 46–53. https://doi.org/10.1038/ijo.2016.162	No
Smyth, E. (2016). Social Relationships and the Transition to Secondary Education. <i>The Economic and Social Review</i> , 47(4), 451–476. https://ucd.idm.oclc.org/login?url=https://www.proquest.com/scholarly-journals/social-relationships-transition-secondary/docview/1859757218/se-2?accountid=14507 NS -	Yes

Reference	Fully analysed?
Peer-reviewed journal articles (k=223)	
Smyth, E. (2020). Shaping educational expectations: the perspectives of 13-year-olds and their parents. <i>Educational Review</i> , 72(2), 173–195. https://doi.org/10.1080/00131911.2018.1492518	Yes
Smyth, E. (2023). Social differentiation in career decision-making processes and higher education intentions: the role of family background and school composition in the use of different sources of information. <i>Oxford Review of Education</i> , 49(5), 643–663. https://doi.org/10.1080/03054985.2022.2128321	Yes
Smyth, E., Darmody, M., & Devine, D. (2025). The impact of the Covid-19 pandemic on the wellbeing of migrant young people in Ireland. <i>Educational Review</i> , 77(1), 174–191. https://doi.org/10.1080/00131911.2024.2341037	Yes
Smyth, E., & Duta, A. (2022). Inequalities in children's skills on primary school entry in Ireland and Scotland: do home learning environment and early childhood childcare explain these differences? <i>Longitudinal And Life Course Studies</i> , 14(1), 48–72. https://doi.org/https://dx.doi.org/10.1332/175795921X16591139653249	Yes
Smyth, E., & Murray, A. (2022). The Effect of Pandemic-Related Economic Disruption on Young Adolescents in Ireland. <i>Children</i> , 9(7), 1037. https://doi.org/10.3390/children9071037	Yes
Smyth, E., & Privalko, I. (2024). School transition difficulty in Scotland and Ireland: a longitudinal perspective. <i>Educational Review</i> , 1–17. https://doi.org/10.1080/00131911.2024.2337889	Yes
Smyth, E., Whelan, C. T., McCoy, S., Quail, A., & Doyle, E. (2010). Understanding Parental Influence on Educational Outcomes Among 9 Year Olds in Ireland: The Mediating Role of Resources, Attitudes and Children's Own Perspectives. <i>Child Indicators Research</i> , 3(1), 85–104. https://doi.org/https://doi.org/10.1007/s12187-009-9051-9	Yes
Sohun, R., MacPhail, A., & MacDonncha, C. (2021). Physical activity parenting practices in Ireland: a qualitative analysis. <i>Sport Education and Society</i> , 26(3), 281–294. https://doi.org/10.1080/13573322.2020.1723520	Yes
Sprong, S., & Devitt, C. (2022). Onwards and upwards? The educational and occupational expectations of Irish teens of migrant descent. <i>British Journal of Sociology of Education</i> , 43(7), 1032–1051. https://doi.org/10.1080/01425692.2022.2092450	Yes
Sprong, S., Gibbons, R. A., & Chzhen, Y. (2022). Divergent trajectories: three dimensions of child poverty during the Great Recession in Ireland. <i>Longitudinal And Life Course Studies</i> , 14(1), 128–137. https://doi.org/https://dx.doi.org/10.1332/175795921X16551460545543	No
Sprong, S., & Skopek, J. (2022). Academic achievement gaps by migration background at school starting age in Ireland. <i>European Societies</i> , 24(5), 580–604. https://doi.org/10.1080/14616696.2022.2084558	Yes
Sprong, S., & Skopek, J. (2023a). Childcare utilisation by migration background: Evidence from a nationally representative Irish cohort study. <i>Research in Social Stratification and Mobility</i> , 84, 100773. https://doi.org/10.1016/j.rssm.2023.100773	Yes
Sprong, S., & Skopek, J. (2023b). The development of host language achievement gaps by migration background during primary school: A path model of educational inequalities. <i>British Educational Research Journal</i> , 49(6), 1273–1290. https://doi.org/10.1002/berj.3897	Yes

Reference	Fully analysed?
Peer-reviewed journal articles (k=223)	
Sunday, S., Clancy, L., & Hanafin, J. (2023). The associations of parental smoking, quitting and habitus with teenager e-cigarette, smoking, alcohol and other drug use in GUI Cohort '98. <i>Scientific Reports</i> , 13(1), 20105. https://doi.org/https://dx.doi.org/10.1038/s41598-023-47061-4	Yes
Sunday, S., & Kabir, Z. (2019). Impact of carers' smoking status on childhood obesity in the growing up in Ireland cohort study. <i>International Journal of Environmental Research and Public Health</i> , 16(15), 2759. https://doi.org/10.3390/ijerph16152759	Yes
Sutin, A. R., Stephan, Y., & Terracciano, A. (2020). Parent-Reported Personality and Weight Transitions across Adolescence. <i>Childhood Obesity</i> , 16(2), 117–121. https://doi.org/10.1089/chi.2019.0120	Yes
Swift, A., Iriarte, E. G., Curry, P., McConkey, R., Gilligan, R., & Antunes, M. (2021). How Disability and Other Socio-Economic Factors Matter to Children's Socio-Emotional Outcomes: Results from a Longitudinal Study Conducted in Ireland. <i>Child Indicators Research</i> , 14(1), 391–409. https://doi.org/10.1007/s12187-020-09768-y	Yes
Swift, A., McConkey, R., Curry, P., & Iriarte, E. G. (2021). Social-emotional difficulties in Irish children aged five and nine years: A national, longitudinal study. <i>Children</i> , 8(8), 656. https://doi.org/10.3390/children8080656	Yes
Taut, C., Kelly, A., & Zgaga, L. (2016). The Association Between Infant Temperament and Breastfeeding Duration: A Cross-Sectional Study. <i>Breastfeeding Medicine</i> , 11, 111–118. https://doi.org/10.1089/bfm.2015.0184	No
Thornton, M., Darmody, M., & McCoy, S. (2013). Persistent absenteeism among Irish primary school pupils. <i>Educational Review</i> , 65(4), 488–501. NS -	Yes
Turner, M. J., & Layte, R. (2013). Obesity levels in a national cohort of women 9 months after delivery. <i>American Journal of Obstetrics & Gynecology</i> , 209(2), 124-e1. https://doi.org/10.1016/j.ajog.2013.04.020	No
van Dijk, W., de Moor, M. H. M., Oosterman, M., Huizink, A. C., & Matvienko-Sikar, K. (2022). Longitudinal relations between parenting stress and child internalizing and externalizing behaviors: Testing within-person changes, bidirectionality and mediating mechanisms. <i>Frontiers in Behavioral Neuroscience</i> , 16, 942363. https://doi.org/https://dx.doi.org/10.3389/fnbeh.2022.942363	Yes
Villarroel, N., MacFarlane, A., Roura, M., Basogomba, A., Bradley, C., LeMaster, J. W., & Hannigan, A. (2022). The impact of economic recession on the health of migrant fathers over time: results from the Growing up in Ireland longitudinal study. <i>BMC Public Health</i> , 22(1), 1–10. https://doi.org/10.1186/s12889-022-12596-0	No
Walsh, B., & Cullinan, J. (2015). Decomposing Socioeconomic Inequalities in Childhood Obesity: Evidence from Ireland. <i>Economics and Human Biology</i> , 16, 60–72. https://doi.org/10.1016/j.ehb.2014.01.003	Yes
Watson, D., Whelan, C. T., Maitre, B., & Williams, J. (2016). Socio-Economic Variation in the Impact of the Irish Recession on the Experience of Economic Stress among Families. <i>The Economic and Social Review</i> , 47(4), 477–498. https://ucd.idm.oclc.org/login?url=https://www.proquest.com/scholarly-journals/socio-economic-variation-impact-irish-recession/docview/1859757070/se-2?accountid=14507 NS -	No
Whelan, C. T., Watson, D., Maitre, B., & Williams, J. (2015). Family economic vulnerability & the Great Recession: An analysis of the first two waves of the Growing Up in Ireland study. <i>Longitudinal And Life Course Studies</i> , 6(3), 230–244. https://doi.org/10.14301/llcs.v6i3.331	No

Reference	Fully analysed?
Peer-reviewed journal articles (k=223)	
Williams, J., Murray, A., & Whelan, C. T. (2014). Multi-Dimensional Deprivation Among 9-Year-Olds in Ireland: An Analysis of the Growing Up in Ireland Survey. <i>Child Indicators Research</i> , 7(2), 279–300. https://doi.org/https://doi.org/10.1007/s12187-013-9215-5	Yes
Yu, C. Y., & Woo, A. (2017). From Perception to Action: The Mediating Role of Parental Safety Concerns on Adolescents' Physical Activity. <i>Journal of Physical Activity & Health</i> , 14(8), 652–659. https://doi.org/https://dx.doi.org/10.1123/jpah.2016-0649	Yes

Reference	Fully analysed?
Reports (k=45)	
Banks, J., & McCoy, S. (2011). <i>A Study on the Prevalence of Special Educational Needs</i> (NCSE Research Report No. 9). Trim: National Council for Special Education.	No
Banks, J., Maître, B., McCoy, S., & Watson, D. (2016). <i>Parental Educational Expectations of Children with Disabilities</i> (ESRI Research Series No. 50). Dublin: Economic and Social Research Institute.	No
Corrigan, O. (2013a). <i>See How They Grow: Solo and Unmarried-Cohabitant Parenthood and Crisis Pregnancy in Ireland</i> (Report). Dublin: Crisis Pregnancy Programme.	No
Corrigan, O. (2014b). <i>Watch Them Grow: Unmarried-Cohabitant and Solo Parenthood in Ireland</i> (Report). Dublin: Crisis Pregnancy Programme.	No
Cosgrove, J., McKeown, C., Travers, J., Lysaght, Z., Ní Bhroin, Ó., & Archer, P. (2014). <i>Educational Experiences and Outcomes for Children with Special Educational Needs: Phase 2 (age 9–13) – A Secondary Analysis of Data from the Growing Up in Ireland Study</i> (NCSE Research Report No. 25). Trim: National Council for Special Education.	No
Darmody, M., & Daly, T. (2015). <i>Attitudes towards the Irish Language on the Island of Ireland</i> (Report). Dublin: Economic and Social Research Institute.	No
Darmody, M., McGinnity, F., & Russell, H. (2022). <i>Children of Migrants in Ireland: How Are They Faring?</i> (Report). Dublin: Economic and Social Research Institute.	Yes
Darmody, M., Smyth, E., & McCoy, S. (2012). <i>School Sector Variation among Primary Schools in Ireland</i> (Report). Dublin: Economic and Social Research Institute.	Yes
Darmody, M., Smyth, E., & Russell, H. (2020). <i>The Implications of the COVID-19 Pandemic for Policy in Relation to Children and Young People: A Research Review</i> (Report). Dublin: Economic and Social Research Institute.	No
Fahey, T., Keilthy, P., & Polek, E. (2012). <i>Family Relationships and Family Well-Being: A Study of the Families of Nine-Year-Olds in Ireland</i> (Report). Dublin: University College Dublin & Department of Children and Youth Affairs.	No
Hannan, C., Halpin, B., & Coleman, C. (2013). <i>Growing Up in a One-Parent Family</i> (Report). Limerick: University of Limerick, Department of Sociology.	No

Reference	Fully analysed?
Reports (k=45)	
Laurence, J., & Smyth, E. (2023b). <i>Civic and Political Engagement among Young Adults in Ireland</i> (Report). Dublin: Economic and Social Research Institute.	Yes
Laurence, J., Russell, H., & Smyth, E. (2023a). <i>Housing Adequacy and Child Outcomes in Early and Middle Childhood</i> (Report). Dublin: Economic and Social Research Institute.	Yes
Layte, R., & McCrory, C. (2011). <i>Growing Up in Ireland: Overweight and Obesity among 9-year-olds</i> (Report). Dublin: Department of Children and Youth Affairs.	Yes
Layte, R., & McCrory, C. (2014). <i>Growing Up in Ireland: Maternal Health Behaviours and Child Growth in Infancy</i> (Report). Dublin: Department of Children and Youth Affairs.	Yes
Maître, B., Russell, H., & Smyth, E. (2021). <i>The Dynamics of Child Poverty in Ireland: Evidence from the Growing Up in Ireland Survey</i> (Report). Dublin: Economic and Social Research Institute.	Yes
McAvoy, H., Kabir, Z., Reulbach, U., McDaid, O., Metcalfe, O., & Clancy, L. (2013). <i>A Tobacco-Free Future – An All-Island Report on Tobacco, Inequalities and Childhood</i> (Report). Dublin: Institute of Public Health in Ireland & TobaccoFree Research Institute Ireland.	No
McCoy, S., Quail, A., & Smyth, E. (2012). <i>Growing Up in Ireland: Influences on 9-year-olds' Learning – Home, School and Community</i> (Report). Dublin: Department of Children and Youth Affairs.	Yes
McCoy, S., Smyth, E., & Banks, J. (2012). <i>The Primary Classroom: Insights from the Growing Up in Ireland Study</i> (Report). Dublin: Economic and Social Research Institute.	No
McGinnity, F., Murray, A., & McNally, S. (2013). <i>Growing Up in Ireland: Mothers' Return to Work and Childcare Choices for Infants in Ireland</i> (Report). Dublin: Department of Children and Youth Affairs.	Yes
McGinnity, F., Quinn, E., Kingston, G., & O'Connell, P. (2011). <i>Annual Monitoring Report on Integration 2011 – Chapter 6: Immigrant Children in Irish Schools</i> (Report). Dublin: Economic and Social Research Institute.	No
McGinnity, F., Quinn, E., Kingston, G., & O'Connell, P. (2014). <i>Annual Monitoring Report on Integration 2013 – Chapter 6: The Second Generation: Children of Immigrants (at 3) and Their Families</i> (Report). Dublin: Economic and Social Research Institute.	No
McGinnity, F., Russell, H., & Murray, A. (2015). <i>Growing Up in Ireland: Non-parental Childcare and Child Cognitive Outcomes at Age 5</i> (Report). Dublin: Department of Children and Youth Affairs.	Yes
McGovern, M., & Rokicki, S. (2018). <i>The Great Recession, Household Income, and Children's Test Scores</i> (Report). Dublin: Economic and Social Research Institute.	No
Nixon, E. (2012). <i>Growing Up in Ireland: How Families Matter for Social and Emotional Outcomes of 9-year-old Children</i> (Report). Dublin: Department of Children and Youth Affairs.	Yes
Nixon, E. (2021). <i>Growing Up in Ireland: Social-Emotional and Behavioural Outcomes in Early Adolescence</i> (Report). Dublin: Economic and Social Research Institute.	Yes

Reference	Fully analysed?
Reports (k=45)	
Nixon, E., Layte, R., & Thornton, M. (2019). <i>Growing Up in Ireland: The Effects of Economic Recession and Family Stress on the Adjustment of 3-year-olds in Ireland</i> (Report). Dublin: Department of Children and Youth Affairs.	Yes
Nixon, E., Swords, L., & Murray, A. (2013). <i>Growing Up in Ireland: Parenting and Infant Development</i> (Report). Dublin: Department of Children and Youth Affairs.	Yes
Nolan, A., & Layte, R. (2017). <i>Growing Up in Ireland: Understanding Use of General Practitioner Services among Children in Ireland</i> (Infant Cohort Report No. 7). Dublin: The Stationery Office.	No
Nolan, A., & Smyth, E. (2020a). <i>Talking about Sex and Sexual Behaviour of Young People in Ireland</i> (Report). Dublin: Economic and Social Research Institute.	Yes
Nolan, A., & Smyth, E. (2020b). <i>Clusters of Health Behaviors among Young Adults in Ireland</i> (Report). Dublin: Economic and Social Research Institute.	No
Nolan, A., & Smyth, E. (2021). <i>Risk and Protective Factors for Mental Health and Well-Being in Childhood and Adolescence</i> (Report). Dublin: Economic and Social Research Institute.	No
Russell, H., & Smyth, E. (2024). <i>Caregiving among Young Adults in Ireland</i> (Report). Dublin: Economic and Social Research Institute.	Yes
Russell, H., Kenny, O., & McGinnity, F. (2016). <i>Childcare, Early Education and Socio-Emotional Outcomes at Age 5: Evidence from the Growing Up in Ireland Study</i> (Report). Dublin: Economic and Social Research Institute.	No
Smyth, E. (2015). <i>Well-being and School Experiences among 9- and 13-Year-Olds: Insights from the Growing Up in Ireland Study</i> (Report). Dublin: Economic and Social Research Institute.	No
Smyth, E. (2016a). <i>Arts and Cultural Participation among Children and Young People: Insights from the Growing Up in Ireland Study</i> (Report). Dublin: Economic and Social Research Institute.	No
Smyth, E. (2017). <i>Growing Up in Ireland: Off to a Good Start? Primary School Experiences and the Transition to Second-Level Education</i> (Report). Dublin: Economic and Social Research Institute.	Yes
Smyth, E. (2018). <i>The Transition to Primary Education: Insights from the Growing Up in Ireland Study</i> (Report). Dublin: Economic and Social Research Institute.	No
Smyth, E. (2020b). <i>Arts and Cultural Participation among 17-year-olds</i> (Report). Dublin: Economic and Social Research Institute.	No
Smyth, E. (2022a). <i>The Changing Social Worlds of 9-year-olds</i> (Report). Dublin: Economic and Social Research Institute.	Yes
Smyth, E. (2024). <i>Growing Up in Ireland: The Changing Social Worlds of 13-year-olds</i> (Report). Dublin: Department of Children, Equality, Disability, Integration and Youth.	Yes
Smyth, E., & Darmody, M. (2021a). <i>Risk and Protective Factors in Adolescent Behaviour: The Role of Family, School and Neighbourhood Characteristics in (Mis)Behaviour among Young People</i> (Report). Dublin: Economic and Social Research Institute.	Yes
Smyth, E., & Nolan, A. (2022b). <i>Disrupted Transitions? Young Adults and the COVID-19 Pandemic</i> (Report). Dublin: Economic and Social Research Institute.	Yes
Smyth, E., & Russell, H. (2021b). <i>Fathers and Children from Infancy to Middle Childhood</i> (Report). Dublin: Economic and Social Research Institute.	Yes

Reference	Fully analysed?
Reports (k=45)	
Watson, D., Maître, B., Whelan, C. T., & Williams, J. (2014). <i>Growing Up in Ireland: Dynamics of Child Economic Vulnerability and Socio-Emotional Development</i> (Report). Dublin: Department of Children and Youth Affairs.	Yes

Reference	Fully analysed?
Theses (k=27)	
Berkery, E. (2016). <i>Missing Data Analysis with the Mahalanobis Distance</i> (Master's thesis, University of Limerick).	No
Bingham, J. (2014). <i>Attitudes to Irish, Based on Data from the Growing Up in Ireland Survey: Multinomial Regression</i> (Master's thesis, University of Dublin, Trinity College).	No
Bowles, C. (2018). <i>Predicting Expressive Vocabulary Change in Young Children Growing Up in Ireland</i> (Doctoral thesis, University College Cork).	No
Brooks, A.-M. (2014). <i>Family Structures and Children's Outcomes: A Secondary Analysis of the Growing Up in Ireland Dataset</i> (Master's thesis, University of Dublin, Trinity College).	No
Chubb, E. (2015). <i>Youth Social Capital and Educational Expectations: A Secondary Analysis of 13-year-olds in Ireland</i> (Master's thesis, University of Dublin, Trinity College).	No
Dhall, B. (2022). <i>Exploring the Work Values of Irish Youth: A Follow-Up Study of the Growing Up in Ireland Child Cohort</i> (Doctoral thesis, Dublin City University).	No
Doorly, M. M. (2017). <i>A Study of the Determinants of Alcohol Consumption During Pregnancy in Ireland Based on a Cross-Sectional Analysis of the Growing Up in Ireland Infant Cohort</i> (Master's thesis, University of Dublin, Trinity College).	No
Fallon, J. (2015). <i>Growing Up in Ireland: Factors Impacting Sleep Patterns of Preterm Infants</i> (Master's thesis, University of Dublin, Trinity College).	No
Fang, Y. (2019). <i>Multilevel Modelling of Reading Achievement in Children and Youth</i> (Doctoral thesis, National University of Ireland, Galway).	No
Godwin, C. (2014). <i>Diet Quality in Three-Year-Old Children Living in Ireland and the Determinants of Lower Diet Quality: An Analysis of the Growing Up in Ireland Longitudinal Study</i> (Master's thesis, University of Dublin, Trinity College).	No
Hackett, S. (2018). <i>Income Inequality and Other Determinants of Childhood Obesity: An Econometric Analysis Using the Growing Up in Ireland (GUI) Database</i> (Master's thesis, University of Dublin, Trinity College).	No
Healy, C. (2021). <i>An Investigation of the Psycho-Social Risk Factors and Associated Outcomes of Psychotic Experiences in Early Adolescence</i> (Doctoral thesis, Royal College of Surgeons in Ireland).	No
Hickey, C. (2016). <i>Building an Index of Well-Being for Children Living in Ireland: Conceptual, Measurement and Policy Considerations</i> (Doctoral thesis, University of Dublin, Trinity College).	No

Reference	Fully analysed?
Theses (k=27)	
Hilliard, E. (2021). <i>The Role of Physical Activity and Outdoor Play in the Socio-Emotional Development of Children in Ireland</i> (Doctoral thesis, University College Dublin).	No
Kelly, F. (2019). <i>Identifying Early Indicators of Emotional and Behavioural Difficulties in Irish Children and Testing the Feasibility of an Online Parenting Intervention for Improving Child Mental Health</i> (Doctoral thesis, University College Cork).	No
Kenny, O. (2014). <i>A Psychometric Measure of Social Capital among Irish Adolescents</i> (Master's thesis, University of Dublin, Trinity College).	No
Lafferty, Z. (2012). <i>Family Structure and Risk Factors: An Investigation into Emotional and Behavioural Outcomes for Nine-Year-Olds</i> (Master's thesis, University of Dublin, Trinity College).	No
McCormack, L. (2011). <i>Maternal Depression and Informal Social Support: Analysis of the "Growing Up in Ireland" Infant Cohort Data</i> (Master's thesis, University of Dublin, Trinity College).	No
Moloney, L. (2012). <i>Children and Their Leisure Time: How Household and Environmental Factors Can Impact This Time. A Quantitative Secondary Analysis of Data from the Growing Up in Ireland Longitudinal Study</i> (Master's thesis, University of Dublin, Trinity College).	No
Murphy, H. (2015). <i>Non-parental Childcare and Socio-emotional and Behavioural Outcomes of Three-Year-Old Children in Ireland</i> (Master's thesis, University of Dublin, Trinity College).	No
O'Donovan, É. (2022). <i>Childhood Adversity and Academic Attainment: Examining Risk, Promotive, and Protective Factors</i> (Doctoral thesis, University College Dublin).	No
O'Neill, D. C. (2011). <i>An Examination of Lifestyle and Socio-Demographic Risk Factors for Obesity in Nine-Year-Old Children in the Republic of Ireland: A Quantitative Secondary Analysis of Data from the Growing Up in Ireland Longitudinal Survey</i> (Master's thesis, University of Limerick).	No
O'Shea, F. (2022). <i>An Exploration of Irish Children's Lived Citizenship across Their Homes, Communities and Schools</i> (Doctoral thesis, University of Limerick).	No
Perkins, R. (2018). <i>A Study of Academic Resilience Among Children at Risk of Poverty in Ireland</i> (Doctoral thesis, Dublin City University).	No
Scarlett, S. (2013). <i>An Investigation of the Lives of 9-year-old Children Living with a Chronic Illness in Ireland</i> (Master's thesis, University of Dublin, Trinity College).	No
Slevin, R. (2015). <i>Predictors of Mathematical Performance Based on Data from the Growing Up in Ireland Survey: Linear (Mixed) Models in SAS</i> (Master's thesis, University of Dublin, Trinity College).	No
Ward, M. (2014). <i>Exploring the Predictors of Socio-economic Variation in Child Overweight and Obesity in Ireland: A Sociological Analysis</i> (Master's thesis, University of Limerick).	No

Reference	Fully analysed?
Book chapters (k=10)	
Bohnert, M., & Gracia, P. (2023). Digital inequalities and adolescent mental health: The role of socioeconomic background, gender, and national context. In E. Jackson & J. M. Smith (Eds.), <i>Youth in the Digital Era</i> (pp. 85–102). [Book chapter].	No
Byrne, D. (2019). Parental involvement in Ireland. In K. Smith, S. Parsons, & B. Englot (Eds.), <i>Research on Parental Engagement</i> (pp. 101–118). Routledge.	No
Cullinan, J., & Roddy, Á. (2014). A socioeconomic profile of childhood disability. In J. Cullinan & S. Lyons (Eds.), <i>The Economics of Disability: Insights from Irish Research</i> (pp. 74–92). Manchester University Press.	No
Geraghty, R., Gray, J., & Ralph, D. (2015). “One of the best members of the family”: Continuity and change in young children’s relationships with their grandparents. In L. Connolly (Ed.), <i>The “Irish” Family</i> (pp. 124–139). Routledge.	No
Hannan, C. (2018). The selective nature of lone parenthood: The case of Ireland. In N. Hill & J. Van Bavel (Eds.), <i>Families and Societies in the 21st Century</i> (pp. 269–290). Routledge.	No
Leavy, A., & Murphy, B. (2021). Children’s mathematical lives and the influence of gender: The importance of cultivating positive attitudes towards mathematics. In A. Torff (Ed.), <i>International Perspectives on Gender and Mathematics</i> (pp. 45–67). [Book chapter].	No
McGinnity, F., McMullin, P., Murray, A., & Russell, H. (2017). Social inequality in cognitive outcomes in Ireland: What is the role of the home learning environment and childcare? In J. Williams, E. Nixon, E. Smyth, & D. Watson (Eds.), <i>Cherishing All the Children Equally? Ireland 100 Years on from the Easter Rising</i> (pp. 141–158). Dublin: Oak Tree Press.	No
O’Dwyer, M., Hannan, C., & Neville, P. (2023). “Let them play”: Exploring class, the play divide, and the impact of COVID-19 in the Republic of Ireland. In T. Bruce & P. Elfer (Eds.), <i>Play in Pandemic Times</i> (pp. 210–226). [Book chapter].	No
Watson, D., Maître, B., Whelan, C. T., & Williams, J. (2017). Child poverty in a period of austerity. In J. Williams, E. Nixon, E. Smyth, & D. Watson (Eds.), <i>Cherishing All the Children Equally? Ireland 100 Years on from the Easter Rising</i> (pp. 37–55). Dublin: Oak Tree Press.	No
Williams, J., Nixon, E., Smyth, E., & Watson, D. (2016). <i>Cherishing All the Children Equally? Ireland 100 Years on from the Easter Rising</i> . Dublin: Oak Tree Press.	No

Reference	Fully analysed?
Other documents (k=10)	
Darmody, M., & Smyth, E. (2016). Profile of second-level students exempt from studying Irish. <i>Economic and Social Research Institute (ESRI) Research Series</i> . [Other publication].	No
Dobutowitsch, M. (2019). All screen and no play? A mixed-methods approach to screen time in middle childhood. <i>Trinity College Dublin Dissertation</i> . [Other publication].	No
Fahey, T., & Keilthy, P. (2013). Absent fathers, absent siblings: Two sides of lone parenthood for children. <i>Working Paper</i> . [Other publication].	No

Reference	Fully analysed?
Other documents (k=10)	
McGinnity, F., Darmody, M., & Murray, A. (2015). Academic achievement among immigrant children in Irish primary schools. <i>Economic and Social Research Institute (ESRI) Working Paper</i> . [Other publication].	No
Mihut, G., McCoy, S., & Maître, B. (2020). Academic and socio-emotional outcomes of young people with special educational needs and the role of parental educational expectations. <i>Irish Educational Studies</i> , 39(4), 431–448. [Other publication].	No
Murphy, C. (2022). The effect of school diversity on academic performance. <i>Unpublished manuscript</i> . [Other publication].	No
Orben, A., & Przybylski, A. K. (2019). Corrigendum: Screens, teens, and psychological well-being: Evidence from three time-use-diary studies. <i>Psychological Science</i> , 30(5), 822–823. [Other publication].	No
Pietropoli, I., & Gracia, P. (2022). The role of early learning environments in child cognitive and socioemotional skills development: A study on educational inequalities in Ireland. <i>Child Indicators Research</i> , 15(2), 391–414. [Other publication].	No
Smyth, E., & Darmody, M. (2016). Attitudes to Irish as a school subject among 13-year-olds. <i>Economic and Social Research Institute (ESRI) Research Bulletin</i> . [Other publication].	No
Van Dijk, W., de Moor, M. H. M., Oosterman, M., & Matvienko-Sikar, K. (2023). Corrigendum: Longitudinal relations between parenting stress and child internalizing and externalizing behaviors: Testing within-person changes, bidirectionality, and mediating mechanisms. <i>Developmental Psychology</i> , 59(4), 809–810. [Other publication].	No

Appendix 7. Catalogued peer-reviewed studies (not fully analysed, k=38) and their outcome of interest

Authors	Study aim(s)	Outcome of interest
Peer-reviewed studies focusing on parental outcomes and behaviours (not child outcomes)		
(Laurence et al., 2023b)	to explore what factors in people's lives buffered the impact of the pandemic on depression; in particular, the role of social resources, economic resources, religiosity, and quality of their local environment	parental depression
(Mohan, 2022)	to present a novel investigation of the consequences of energy poverty on the depression status of mothers and fathers of young children	parental depression
(Kiernan, 2019)	to examine the relationship of disposable income and maternal mental health	maternal depression
(Cruise et al., 2018)	to investigate the determinants of depression and depression-related healthcare access in the postpartum period	parental depression
(S. Gallagher & Hannigan, 2014)	to investigate whether depression in parents caring for children with developmental disabilities is partly driven by poor physical health	parental depression
(Villarroel et al., 2022)	to explore the impact of recession on self-rated health and depression of migrant fathers in Ireland over time, considering both ethnicity and country of birth	paternal health
(Matvienko-Sikar et al., 2018)	to examine the role of perinatal, obstetric and post-partum factors on maternal and paternal stress	maternal and paternal stress
(Hughes et al., 2015)	to identify, using cluster analysis, novel sleep phenotypes in a population based cohort of infants, and to explore the associations between infant sleep profiles and their mothers' health and well-being	maternal health and well-being
(S. Gallagher & Hannigan, 2015)	to examine whether parents caring for children with disabilities were more likely to be classified as obese compared to parents of children without disabilities and if parental obesity was associated with depressive symptoms or child behaviour characteristics	parental obesity
(Turner & Layte, 2013)	to examine the relationship between maternal obesity that is calculated 9 months after delivery and sociodemographic variables	maternal obesity
(Schneider, 2019)	to discuss theories of separation in relation to pregnancy intentions leading to a birth and analyses data from Growing Up in Ireland.	parental relationships
(Barron et al., 2018)	(1) to investigate the association of women's work-hours constraint with depression and relationship satisfaction of women and their partners; (2) to investigate to the effect of work-hours constraint on couple dynamics, as reflected by crossover effects in the three groups: underemployed, overemployed and adequately employed.	parental relationships

Authors	Study aim(s)	Outcome of interest
Peer-reviewed studies focusing on parental outcomes and behaviours (not child outcomes)		
(Cullinan & Gillespie, 2016)	to present the estimates of the causal impact of overweight and obesity on self-rated health (SRH) using instrumental variables (IV) econometric methods	parental self-rated health
(O'Keeffe et al., 2015)	to compare the prevalence and predictors of alcohol use in multiple cohorts	maternal prenatal health behaviours
(Palmer et al., 2019)	to examine the maternal health behaviours of non-Irish nationals during pregnancy and the effect of time in Ireland	maternal health behaviours during pregnancy
(McNally & Bourke, 2012)	to report recent trends in periconceptional folic acid use in Ireland	folic acid intake
(Ladewig et al., 2014)	to investigate the association among maternal citizenship, ethnicity, birthplace and breastfeeding	breastfeeding
(Taut et al., 2016)	to investigate associations between infant difficult temperament and breastfeeding duration in a nationally representative cohort of Irish 9-month-old infants	breastfeeding duration
(Quigley et al., 2016)	to examine the association between breastfeeding outcomes and place of birth (home vs hospital birth).	breastfeeding
(Nolan & Layte, 2015)	to examine the evidence for a 'healthy immigrant' effect with respect to breastfeeding behaviour	breastfeeding
(Dominguez-Castro et al., 2014)	to analyse differences in breastfeeding and complementary feeding behaviours between Irish and non-Irish mothers residing in the ROI, as well as the role of acculturation on these behaviour	breastfeeding and complementary feeding practices
(Dominguez-Castro et al., 2015)	to identify predictors of early complementary feeding in order to help health professionals target population groups in greater need of dietary intervention as well as to provide effective advice	parental complementary feeding practices
(Röder et al., 2018)	to develop a framework for explaining how migrant status interacts with choices made about return to work and childcare; and secondly, to examine whether this life-course transition reinforces existing disadvantages	mothers' return to work

Authors	Study aim(s)	Outcome of interest
Peer-reviewed studies focusing on family income (not specific child outcomes)		
(Sprong et al., 2022)	to analyse patterns in three common measures of economic well-being (financial strain; disposable income; material deprivation) across Irish households in the period leading up to, during and after the Great Recession, and subsequently, break down the characteristics for each group of trajectories.	financial well-being of the family
(Watson et al., 2016)	to examine the impact of pre-recession socio-economic characteristics on the economic stress levels of households with children.	the experience of economic stress in families
(Whelan et al., 2015)	to understand the impact on families in Ireland of the Great Recession	economic vulnerability and stress of families
(Roddy, 2022)	to investigate the impact of child chronic illness/disability on earnings, standard of living and the extra cost of disability together	household income, standard of living and the extra cost of disability

Authors	Study aim(s)	Outcome of interest
Peer-reviewed studies focusing on methods (perceptions vs actual measures, index development) (not per se child outcomes)		
(D. O'Neill & Sweetman, 2013)	to examine the consequences of using self-reported measures of BMI when estimating the effect of BMI on income for women using both Irish and US data.	More a methods paper, comparing self-reported and recorded BMI of caregivers (no use of child data)
(Queally et al., 2018)	1) to investigate maternal perceptions of their child weight, focusing on whether or not mothers accurately identify if their child is overweight or obese at three years old and five years old; 2) to identify the factors influencing maternal misperceptions regarding their child's weight at three years old and five years old, 3) to ascertain if a failure to recognize overweight/obesity at three years old is associated with the likelihood of doing so at five years old	More a methods paper, studying maternal perceptions of child weight
(Cullinan & Cawley, 2017)	to examine the extent of parental misclassification of child weight status, and its correlates, focusing on the role of parental education and the parent's own obesity status.	More a methods paper, studying parental perceptions of child weight status
(Dowd et al., 2016)	to examine the relationship between maternal self-reported and measured height and weight, maternal perceived weight status and measured body mass index (BMI), and maternal perceived child weight status and measured child BMI	More a methods paper, comparing maternal perception of own and child weight status and actual weight status

Authors	Study aim(s)	Outcome of interest
Peer-reviewed studies focusing on methods (perceptions vs actual measures, index development) (not per se child outcomes)		
(Shiely et al., 2017)	to determine if a child's weight perception or a mother's perception of a child's weight status is a viable alternative to measured height and weight in determining BMI classification. Secondary outcomes are to determine the influence of a mother's BMI on her ability to categorise the child's BMI and a child's ability to recognise his/her own BMI	More a methods paper, comparing perceived and actual BMI
(Queally et al., 2017)	to examine whether a teacher's assessment of their pupil's academic ability is influenced by the weight status of the child and/or the child's mother.	Teachers' perceptions of children's reading and math abilities, not children's actual achievements
(McCoy et al., 2022)	to examine mothers' and teachers' perceptions of boys' and girls' mathematics performance	More a methods paper comparing perceptions of mothers and teachers
(Crowe et al., 2018)	to describe a novel method linking matched datasets to improve the quality of dietary data collected.	More a methods paper with a focus on dietary intake
(Cheevers & O'Connell, 2013)	the development of an index of child well-being using data from the first wave of the Child Cohort in the Growing up in Ireland study	More a methods paper – developing an index
Other		
(Darmody & Smyth, 2016)	to explore the factors associated with occupational stress and job satisfaction among Irish primary school principals.	Primary school's principals' job satisfaction
(Franz & Kelly, 2021)	to investigate parents' perceptions of their children's behavioural outcomes during the COVID-19 lockdown, parents' satisfaction with services during this time, and willingness to engage in telehealth.	GUI data only used as a comparison

Appendix 8. Detailed characteristics and results per study, categorised based on domains, subdomains, and study type (journal articles vs reports)

1. Physical health and development

1.1 Commuting

Peer-reviewed journal articles							
Authors	Well-being indicator	Risk / Protect factors	Cohort(s)	Age(s)	N =	Design	Result
(Murtagh et al., 2016)	Uptake and maintenance of active school travel at 9 and 13 years	Individual, family, school and neighbourhood factors	98	9 years, 13 years,	8568	Longitudinal	- At ages 9 and 13, 25% and 20% used active school travel (AST); by age 13, 66% maintained passive commuting, 14% switched from active to passive, 11% maintained AST, and 9% took it up. - Urban residence at 9 and reduced school distance between 9 and 13 predicted AST uptake/maintenance; increased distance reduced AST. - Weak associations found for child's sex, light exercise, lone parent household, school size, and parental safety perceptions.

1.2 Dental Health

Peer-reviewed journal articles							
Authors	Well-being indicator	Risk / Protect factors	Cohort(s)	Age(s)	N =	Design	Result
(Crowe et al., 2016)	Dental problems at 9 months and 3 years	Children's general health, temperament, emotional and behavioural difficulties; Parent general health, stress and depression, relationship, and sociodemographic variables	08	9 months, 3 years	11134 at age 9 months, 9793 at age 3 years	Cross-sectional	- Dental problems were reported in 2.7% of infants at 9 months and 5.0% at 3 years. - At 9 months, dental problems were positively associated with difficult infant temperament and higher primary caregiver (PCG) depression, and negatively associated with dull temperament and soother use. - At 3 years, dental problems were more likely in children rated as "not very healthy", with more hospital admissions, with PCGs of "other white background" ethnicity, or with lower educational attainment.

Peer-reviewed journal articles							
Authors	Well-being indicator	Risk / Protect factors	Cohort(s)	Age(s)	N =	Design	Result
(Crowe et al., 2017)	Dental problems at 3 years	Sociodemographic variables, dietary intake, health-related behaviour, BMI	08	3 years	9793	Cross-sectional	- The prevalence of dental problems was 5.0%. - PCG ethnicity was the most significant predictor of dental problems at 3 years of age followed by longstanding illness or disability in the child, mother's BMI and household income. Child BMI class was also a predictor in the model. The highest prevalence of dental problems was among children who had overweight/obesity with a longstanding illness and an overweight mother. Frequency of intake of some foods, use of a soother and child hospital use were also showed some association with dental problems.

1.3 Diet

Peer-reviewed journal articles							
Authors	Well-being indicator	Risk / Protect factors	Cohort(s)	Age(s)	N =	Design	Result
(Crowe et al., 2020)	Sugar intake at 3 years	/	08	3 years	9793	Cross-sectional	- Mean daily intake of total sugars and free sugars at age 3 was 75.8g and 40.0g, contributing 26.9% and 14.1% of daily energy, respectively. - 75% of children exceeded WHO's free sugar recommendation (10% of energy); only 4% met the lower 5% target.
(Briody, 2021)	Diet	Parental unemployment	08	9 months, 3 years, 5 years	10011	Longitudinal	- Parental unemployment reduced the likelihood of healthy food consumption in children.
(Keane et al., 2016)	Dietary quality at 9 years	Food environment	98	9 years	8439	Cross-sectional	- After controlling for socio-economic characteristics of the household, no link was found between distance to the nearest supermarket or convenience store and dietary quality. - Lower maternal education was consistently associated with a lower diet quality in both girls and boys.
(Fitzgerald et al., 2019)	Diet at 9 years	Chronic disease	98	9 years	8568	Cross-sectional	- Children with chronic illness had a poorer diet: they were less likely to consume raw vegetables or salad, potatoes, pasta or rice or drink water and more likely to consume hot chips or French fries. However, they have consumed fewer biscuits, doughnuts, cake, pie or chocolate compared to

Peer-reviewed journal articles							
Authors	Well-being indicator	Risk / Protect factors	Cohort(s)	Age(s)	N =	Design	Result
							children without a chronic illness. - They were more often on special diets (7.8% vs 2.2%) and more likely to skip breakfast than peers without chronic illness.
(Baker et al., 2018)	Eating behaviours at 13 years	Body mass index, sex, parental and adolescent factors	98	13 years	7525	Cross-sectional	- Adolescents with overweight were more likely to restrict food for weight loss than adolescents with a normal weight.
Thematic reports							
Authors	Well-being indicator	Risk / Protect factors	Cohort(s)	Age(s)	N =	Design	Result
(Layte & McCrory, 2011)	Dietary quality	Sex, social class, local food environment	98	9 years	Unclear	Cross-sectional	- Levels of dietary quality vary significantly across child sex and between social-class groups. - Children from lower socio-economic households generally live farther from food shops, especially larger supermarkets offering fresh produce. - Greater distance to food outlets is associated with lower dietary quality, but this effect is observed only for girls, even after controlling for parental income, education, and social class.
(Darmody et al., 2020a)	Dietary quality	Social inequalities, Covid-19 pandemic	98; 08	Unclear	Unclear	Unclear	- Available evidence in Ireland and internationally suggests that inequalities (e.g., those from more disadvantaged backgrounds having a poorer-quality diet) have grown in the wake of the pandemic.
(Smyth & Nolan, 2022)	Diet	Covid-19 pandemic	98	20/22 years	2277	Cross-sectional	- Alcohol consumption declined for a large group but eating junk foods/sweets increased for many. - Job loss during the Covid-19 pandemic was linked with more alcohol and junk food consumption. - These diet changes resulted in increased differences by social background compared to the pre-pandemic period, though reduced drinking slightly narrowed pre-pandemic differences.

1.4 Handedness

Peer-reviewed journal articles							
Authors	Well-being indicator	Risk / Protect factors	Cohort(s)	Age(s)	N =	Design	Result
(Denny, 2012)	Handedness	Breastfeeding	98	9 years,	8426	Cross-sectional	- Breastfeeding for ≥ 6 weeks was associated with a $>3\%$ higher likelihood of being right-handed, even after controlling for birth weight and gestational age. - Breastfeeding for <6 weeks showed no association with handedness. - Male children were less likely to be right-handed.

1.5 Health status

Peer-reviewed journal articles							
Authors	Well-being indicator	Risk / Protect factors	Cohort(s)	Age(s)	N =	Design	Result
(Kelly et al., 2012)	Oral clefts in infants	Periconceptional use of folic acid	08	9 months	10891	Cross-sectional	- No folic acid intake in the first trimester was linked to increased risk of cleft lip/palate. - No increased risk with folic acid intake before pregnancy.
(McCrory & McNally, 2013)	Infant health outcomes	Pregnancy intention	08	9 months	10567	Cross-sectional	- 40.7% of mothers reported unintended pregnancy (UIP). - Higher risk of UIP among mothers with lower SES, unmarried status, and non-Irish ethnic backgrounds. - UIP was linked to higher risk of birthing complications.
(S. Murphy et al., 2023)	Infant health at 9 months	Breastfeeding	08	9 months	9879	Cross-sectional	- Exclusive breastfeeding for 90 days reduced hospital admission, nights spent in hospital, respiratory illness, and feeding and sleeping problems. - However, these infants were also more likely to fail to gain weight and were at a slightly higher risk of developing nappy rash.
(Reinhard et al., 2018)	Asthma, atopy symptoms, any health problems.	Recession impact	08	9 months, 3 years, 5 years	8468	Longitudinal	- Reduced working hours and difficulty affording basics were linked to poorer child health. - A reduction in welfare benefits was associated with an increased risk of reporting asthma and atopy symptoms.

Peer-reviewed journal articles							
Authors	Well-being indicator	Risk / Protect factors	Cohort(s)	Age(s)	N =	Design	Result
(Mohan, 2021b)	Respiratory illness, wheezing, health status in childhood and adolescence	Household energy poverty, child and parent characteristics	98; 08	9 months, 3 years, 5 years, 9 years, 13 years, 17/18 years	10841 for infant cohort, 8245 for child cohort	Longitudinal	- In the Infant Cohort, energy poverty was linked to more respiratory illness/wheezing and poorer health ratings. No such associations were observed in the Child Cohort. - Female children had fewer respiratory issues, but health ratings varied by cohort and were negatively affected by maternal chronic illness.
(McGovern, 2013)	Health at age 9 years	Sociodemographic characteristics, behaviours	98; 08	9 months, 9 years	10582 (9 mo), 7282 (9y)	Cross-sectional	- A higher birthweight was associated with a better parent-reported child health at age 9 years.
(Nolan & Layte, 2014)	General health status at 9 months and 9 years	Socio-economic status	98; 08	9 months, 9 years	± 9000 (9 mo), ± 6000 (9y)	Cross-sectional	- Household equivalised income predicted child health at age 9 years, but not in infancy. - Mother's education predicted infant health, but not child health at 9 years.
(Fitzgerald et al., 2019)	Health status at 9 years	Chronic disease	98	9 years	8568	Cross-sectional	- 11.1% of children had a chronic illness (mostly respiratory, esp. asthma); 43.4% were affected in daily life. - Chronic illness associated with lower health ratings; caregiver and child perceptions did not always match.
(Williams et al., 2014)	Multidimensional deprivation (including health)	Sociodemographic variables	98	9 years	6945	Cross-sectional	- One-parent families, low SES, young (<35 years) or low-educated parents were linked to multiple, cumulative forms of deprivation.
(O'Connor & McNicholas, 2020)	General health and healthcare use at 9 and 13 years	ADHD diagnosis	98	9 years, 13 years	8568 (582 Undiagnosed ADHD, 71 Diagnosed ADHD, 7915 Non-ADHD controls)	Longitudinal	- Children with diagnosed ADHD had poorer parent-reported health at age 9, but not at age 13.

Peer-reviewed journal articles							
Authors	Well-being indicator	Risk / Protect factors	Cohort(s)	Age(s)	N =	Design	Result
(Mohan & Nolan, 2020)	Health	Medical card Holder, Introduction (and increase) of drug co-payments	98; 08	9 months, 3 years, 5 years, 9 years, 13 years, 17/18 years	11134 (9 mo), 9793 (3 y), 9001 (5 y), 8568 (9 y), 7525 (13 y), 6216 (17/18 y)	Longitudinal	- Children from medical card families had poorer health than those not covered by public insurance.
(Dooley, Kennelly, et al., 2023)	Physical health age 17/18 and 20 years	Mental health trajectories at age 9-13 years	98	9 years, 13 years, 17/18 years, 20 years	5141	Longitudinal	- Childhood psychopathology (ages 9–13) predicted worse physical health at ages 17/18 and 20 in both males and females, but stronger associations for females.

Thematic reports							
Authors	Well-being indicator	Risk / Protect factors	Cohort(s)	Age(s)	N =	Design	Result
(McGinnity et al., 2013)	Infant health	Mothers' employment, sociodemographic characteristics, childcare	08	9 months	Unclear	Cross-sectional	- Use of centre-based childcare was linked to a small but statistically significant increase in risk of poorer overall health compared to parental care, even after adjusting for birth health and family income. Infants in centre-based care had a higher risk of respiratory, ear, and gastrointestinal infections. - No significant health differences were found between infants in home-based care (e.g. relative or childminder) and those in parental care.
(Laurence et al., 2023a)	Physical health; accidents/injuries	Housing conditions	08	9 months, 3 years, 5 years, 9 years	Unclear	Cross-sectional	- One in ten children lived in housing deemed unsuitable, mostly due to limited space. - Socio-economic factors (parental education, income, employment) strongly influenced housing tenure and conditions.

Thematic reports							
Authors	Well-being indicator	Risk / Protect factors	Cohort(s)	Age(s)	N =	Design	Result
							- Poor housing conditions (e.g. damp, inadequate heating) were linked to more respiratory issues (e.g. wheezing), lower parent-rated health, and more accidents/injuries requiring medical attention at age nine. - Childhood accidents were also more common in disorderly neighbourhoods.
(Darmody et al., 2020a)	Physical health	Covid-19 measures	98; 08	Unclear	Unclear	Unclear	- Available evidence in Ireland and internationally suggests that inequalities (e.g., those from more disadvantaged backgrounds have poorer health) have grown in the wake of the pandemic.
(Russell & Smyth, 2024)	Self-reported health	Care responsibilities	98	17 years, 20 years	Unclear	Longitudinal	- At age 17, 25% of young people regularly provide care, mainly for younger siblings (15%) or grandparents/older relatives (12%). By age 20, caregiving drops to 20%. Across both ages, 36% provide care at some stage, but only 9% do so consistently at both ages. - There is little evidence of a strong link between caregiving and physical health, though more intensive caregiving is associated with higher obesity rates and poorer self-reported health.

1.6 Long-term conditions, illness, and disability

Peer-reviewed journal articles							
Authors	Well-being indicator	Risk / Protect factors	Cohort(s)	Age(s)	N =	Design	Result
(O'Driscoll et al., 2024b)	Longstanding illness	Household poverty	08	9 months, 3 years, 5 years, 9 years	11134	Longitudinal	- Four trajectories were identified: never in poverty (43.1%), material/subjective>monetary poverty (16.1%), monetary>material poverty (25.6%) and persistent poverty (15.2%). - Children in persistent poverty compared with those in never in poverty experienced higher odds of having a longstanding illness. This association was weaker for children attending DEIS schools compared to those in non-DEIS schools.

Peer-reviewed journal articles							
Authors	Well-being indicator	Risk / Protect factors	Cohort(s)	Age(s)	N =	Design	Result
(Nolan & Layte, 2014)	Chronic illness incidence	Socio-economic status	98; 08	9 months, 9 years	± 9000 (9 mo), ± 6000 (9y)	Cross-sectional	- In the infant cohort, lower maternal education was associated with reduced likelihood of doctor-diagnosed chronic illness in infants. - In the child cohort, household income and maternal education were not associated with parent-reported chronic illness at 9 years.
(McCoy, Banks, et al., 2012)	Identification of special educational needs	Social background characteristics, teacher characteristics and school social mix	98	9 years	8578 (not clearly reported)	Cross-sectional	- Physical disabilities were more common among children in rural DEIS schools.
Thematic reports							
Authors	Well-being indicator	Risk / Protect factors	Cohort(s)	Age(s)	N =	Design	Result
(Maître et al., 2021)	Chronic illness/disability	Economic vulnerability	98; 08	9 months, 3 years, 5 years, 9 years, 13 years, 17/18 years	6039 (98 cohort), 7507 (08 cohort)	Longitudinal	- Exposure to economic vulnerability (EV) occurred in 44% of families with young children and 38% of families with older children; for 5% in both groups, EV was persistent. For many, EV was a one-time or transient experience (22% in both cohorts). - Childhood exposure to EV was linked to poorer health outcomes at age 9 (2008 cohort) and age 17 (1998 cohort), including higher rates of chronic illness/disability.
(Smyth, 2022)	Chronic illness/disability	Cohort/ time	98; 08	9 years (both cohorts)	Unclear	Cross-sectional	- The proportion of mothers reporting a long-standing illness or disability in their child rose from 11% in Cohort '98 to 24% in Cohort '08, with an increase from 5% to 13% in reports of the condition hampering the child. - Changes in survey wording and classification make it difficult to determine the nature of the increase or the role of heightened awareness.

1.7 Physical activity, sedentary behaviour

Peer-reviewed journal articles							
Authors	Well-being indicator	Risk / Protect factors	Cohort(s)	Age(s)	N =	Design	Result
(Neville, Guo, et al., 2021)	Physical activity	Developmental delays	08	9 months, 3 years, 5 years	11134	Longitudinal	- Children with developmental delays (low ASQ) engaged in less physical activity than typically developing peers.
(Briody, 2021)	Physical activity	Parental unemployment	08	9 months, 3 years, 5 years	10011	Longitudinal	- The probability of a child engaging in physical activity with an implied cost is lower if either parent becomes unemployed.
(Martin et al., 2022)	Clustering of screen time and physical activity	Sociodemographic characteristics	08	3 years, 5 years, 7/8 years	9771 (3y), 8695 (5y), 5057 (7/8y)	Longitudinal	- Six clusters of screen time and physical activity were identified in 3-year-old children with the majority falling into a High Active & Mixed Screen Time (23.2%). - Children in the "High Active & Mixed Screen Time" cluster at age 3 were more likely to engage in physical activities at ages 5 and 7-8 compared to the "Low Active & Screen Time Exceed" cluster. - Moderate activity clusters showed higher participation in physical activities at later ages, though children in "Moderate Active & Screen Time Exceed" were more likely to play on a computer or tablet. - Boys and girls differed in activities they engaged in at age 5 and 7/8 years. - Children with a male primary caregiver were less likely to highly engage in games with moderate activity. Primary caregiver employment status influenced children's activity levels at age 5.
(Sohun et al., 2021)	Physical activity parenting practices, child physical activity	Family and parent, neighbourhood, and societal and policy related factors	98	9 years	116 families	Cross-sectional	- Physical activity parenting (PAP) practices of encouragement, involvement, and facilitation promoted children's engagement in structured sport activities. - Co-participation supported unstructured PA. - Children from middle and higher socio-economic class families participated in a greater repertoire of structured PA and benefited from a greater diversity of PAP practices. - Family context (social class, structure, size), community resources and organisational factors mediated the presence of PAP practices.

Peer-reviewed journal articles							
Authors	Well-being indicator	Risk / Protect factors	Cohort(s)	Age(s)	N =	Design	Result
(Cadogan et al., 2014)	Physical activity levels	Individual, family and environmental factors	98	9 years	8568	Cross-sectional	- Being a boy, having an active favourite hobby, and membership of sports or fitness team were associated with being in the high physical activity group. - Exceeding two hours total screen time per day and having overweight or obesity were associated with decreased odds of being in the high physical activity group. - Children who used active mode of travel both to and from school were more likely to be in the high PA group. - Children living in a neighbourhood with after school activities were more likely to be in the moderate PA group. - Family level factors were not associated with high PA.
(Garcia et al., 2016)	Physical activity, screen-time	Individual, social, and environmental factors	98	9 years	1509	Cross-sectional	- Boys had greater hours of daily MVPA than girls. - Activity with friends, having more close friends, higher sociability, and greater involvement in activities were all positively associated with increased MVPA in both boys and girls. - In boys, perceived as popular in school and having playgrounds nearby were also positively associated with MVPA, while in girls lower screen time, greater school emphasis on physical education, and increased availability of sports facilities were also positively associated with increased MVPA.
(Darmody & Smyth, 2017)	Sports and cultural participation	Migration status	98	9 years	7524 (9y), 7418 (13y)	Cross-sectional	- At age 9 years, immigrant-origin children are less likely to take part in organised sports activities than their Irish peers. - The gap between immigrant and Irish children's sports and other leisure participation reduces from 9 to 13 years, especially for boys, although involvement at 9 years has a notable influence on participation at 13 and involvement among Asian young people remains lower than among other groups. - There is particularly low participation in structured team sports among immigrant-origin girls at age 9. - Sports participation at age 9 is higher among better educated families and where the child has siblings, but lower for lone parent families, those with special educational needs, those living in urban settings, those in urban DEIS schools (esp. Urban Band 1) and in single-sex girls' schools. - Even taking family background, income and school characteristics into account, there is a gap in sports participation between immigrant-origin

Peer-reviewed journal articles							
Authors	Well-being indicator	Risk / Protect factors	Cohort(s)	Age(s)	N =	Design	Result
							and Irish children, which is lower among African, Eastern European and, in particular, Asian families.
(S. Healy et al., 2020)	Physical activity	Autism	98	9 years	72 (36 TD, 36 AUTISM)	Cross-sectional	- Fewer children with AUTISM met the recommendations for PA, compared to TD children.
(S. Healy & Garcia, 2019)	Physical activity	Autism	98	9 years	110 (55 AUTISM, 55 typically developing)	Cross-sectional	- Males and typically developing (TD) children were more likely to engage in greater amounts of light PA and MVPA, in 60 min of PA on more days per week, and to play sports on a greater number of days per week than females or children with AUTISM. - Being a victim of bullying reduced PA, particularly in children with AUTISM.
(Haegele et al., 2018)	Physical activity participation	Chronic health problems, illness, or disabilities	98	9 years	6165	Cross-sectional	- 24.8% of children met the recommended guidelines of 60 minutes of physical activity daily, girls less likely than boys. - CHID status did not affect meeting recommended PA guidelines.
(Fitzgerald et al., 2019)	Exercise	Chronic disease	98	9 years	8568	Cross-sectional	- Children with chronic illnesses were more likely not to engage in light or hard exercise.
(Quigley et al., 2019)	Sedentary behaviour, physical activity and sport	Refractive error and vision problems	98	9 years	8568	Cross-sectional	- The presence of refractive error or a vision problem was reported for 1,000 (11.68%) children. - A positive association with vision problems and sedentary behaviour and an inverse association with exercise were found. - Male sex, higher child BMI, higher maternal BMI, and urban-type neighbourhood were associated with increased sedentary behaviour, while a higher maternal education and child membership of a sports club were associated with decreased sedentary behaviour. - Male sex, place of birth in Ireland, and good local recreational facilities were associated with increased physical activity levels, while a higher child BMI, presence of medical illness, and urban-type neighbourhood were associated with decreased levels.
(Baker et al., 2018)	Adolescents' PA levels	Body mass index, sex, parental and adolescent factors	98	13 years	7525	Cross-sectional	- Adolescents with overweight (OW) were more likely to exercise for weight loss and less likely to perform MVPA than adolescents with a normal weight. - A higher adolescent BMI was associated with decreased MVPA in boys and girls.

Peer-reviewed journal articles							
Authors	Well-being indicator	Risk / Protect factors	Cohort(s)	Age(s)	N =	Design	Result
(Yu & Woo, 2017)	Physical activity at age 13 years	Parental safety concern, child, social and neighbourhood characteristics	98	13 years	5212	Cross-sectional	- 50% of the adolescents engaged in at least 6 days of exercise every 14 days, at a rate of at least 20 minutes per day. - Being a boy, having physically active parents, walking or biking to school, having more close friends, more friends to play with, strong family support, and easy access to play spaces increases the likelihood of having higher levels of PA. - Adolescents were more physically active when parents perceived higher levels of safety, and this perception mediated some of the associations between adolescent, family and neighbourhood characteristics and PA levels.
(O. McEvoy et al., 2022)	Physical activity	Family, school and neighbourhood level factors	98	9 years, 13 years, 17/18 years	5871	Longitudinal	- PA declines significantly between ages 9 and 18, especially in those with less educated mothers. - A clear social gradient exists in PA at all ages, with the gap between the highest and lowest maternal education groups widest at age 13. - Lower maternal education is associated with lower participation in organised sports and structured activities and more time spent in unstructured activities. - PA positively linked to enrichment activities (girls), active commuting, higher maternal PA and education, and better sports facilities. - Income and school factors influenced PA inequalities.
(Dahlgren et al., 2021)	Change in physical activity levels over time	Autism	98	9 years, 13 years, 17/18 years	176	Longitudinal	- PA declined more for adolescents with AUTISM, who engaged less in MVPA at age 17/18 compared to ND peers.
(Knowles et al., 2023)	Physical activity	Gender, weight status, and socio-economic deprivation	98	9 years, 13 years, 17/18 years, 20 years	8567	Longitudinal	- Girls, children with overweight, and those from socioeconomically disadvantaged backgrounds at age 9 were less likely to have a positive PA trajectory.

Thematic reports							
Authors	Well-being indicator	Risk / Protect factors	Cohort(s)	Age(s)	N =	Design	Result
(Smyth & Russell, 2021)	Physical activity	Nature of the father-child relationship	08	9 months, 3 years, 5 years, 9 years	4090	Longitudinal	- Higher parental stress was associated with less frequent physical activity among nine-year-olds, even after accounting for the quality of the father-child relationship.
(Layte & McCrory, 2011)	Physical activity	Sex, social class	98	9 years	Unclear	Cross-sectional	- Levels of physical activity vary significantly across child sex and between social-class groups.
(Smyth, 2022)	Physical activity and sports participation	Cohort/ time	98; 08	9 years (both cohorts)	Unclear	Cross-sectional	- Sports participation and engagement in both hard and light exercise declined over time. Gaps in participation by parental education, social class, and income widened, with children from advantaged families more frequently involved. - Regular participation in sports is highly gendered (lower participation in females), with this gender gap remaining stable over time.
(Smyth, 2024)	Physical activity	Cohort/ time	98; 08	13 years (both cohorts)	Unclear	Cross-sectional	- There has been an increase in weekly involvement in organised sports and very low levels of engagement in hard and light exercise are less evident than a decade previously.
(Darmody et al., 2020a)	Physical health	Covid-19 measures	98; 08	Unclear	Unclear	Unclear	- Available evidence in Ireland and internationally suggests that inequalities (e.g., those from more disadvantaged backgrounds have lower levels of physical activity) have grown in the wake of the pandemic.

1.8 Sleep

Peer-reviewed journal articles							
Authors	Well-being indicator	Risk / Protect factors	Cohort(s)	Age(s)	N =	Design	Result
(Hanafin, 2018)	Sleep patterns and problems in infants and	/ (age)	08	9 months, 3 years, 5 years	11112 (9mo), 9790 (3y),	Cross-sectional	- Most infants and children aged 3 and 5 go to sleep between 7:00–9:00 p.m. and wake between 6:00–8:00 a.m. - Over 80% of 9-month-olds wake during the night occasionally; 13.8% do so every night.

Peer-reviewed journal articles							
Authors	Well-being indicator	Risk / Protect factors	Cohort(s)	Age(s)	N =	Design	Result
	young children in Ireland				8996 (5y)		- Daytime naps are common in infants (almost all), less common at age 3 (65.4%), and rare at age 5 (5.0%). - Sleep patterns are reported as problematic by 30% of mothers at 9 months, 21% at age 3, and 12% at age 5.
(S. Healy et al., 2020)	Sleep	Autism	98	9 years	72 (36 TD, 36 AUTISM)	Cross-sectional	- Sleep guideline adherence was similar between children with AUTISM (77.8%) and TD children (83.3%).

1.9 Smoking, alcohol, and drugs

Peer-reviewed journal articles							
Authors	Well-being indicator	Risk / Protect factors	Cohort(s)	Age(s)	N =	Design	Result
(Williams et al., 2014)	Multidimensional deprivation (including risk behaviours)	Sociodemographic variables	98	9 years	6945	Cross-sectional	- One-parent families, low SES, young (<35 years) or low-educated parents were linked to multiple, cumulative forms of deprivation (including risk behaviours).
(Sunday et al., 2023)	Substance use (e-cigarette, smoking, alcohol, other drugs)	parental smoking behaviour	98	9 years, 13 years, 17/18 years	6093	Longitudinal	- Alcohol was the most used substance among 17/18-year-olds. 1/3 reported ever e-cigarette use while half had ever smoked and one in five were current smokers. More than 1/3 reported ever use of other drugs. - Parental smoking when the child was age 9 or 13 years was associated with an increased risk of all teenage substance use reported at age 17/18 years (ever e-cigarette use, ever alcohol use, current alcohol use, ever use of other drugs, ever-smoking, current smoking). Primary caregiver smoking behaviour was more influential than secondary, and age 13 exposure more than age 9. - Primary caregiver smoking cessation but not secondary caregiver smoking cessation was associated with a lower risk for teenager current smoking, ever e-cigarette use, and other drug use. - Teenagers whose peers smoked consistently had a higher risk for substance use.

Peer-reviewed journal articles							
Authors	Well-being indicator	Risk / Protect factors	Cohort(s)	Age(s)	N =	Design	Result
							- Being in a wealthier family was significantly associated with increased likelihood of teenage e-cigarette use, ever smoking, ever alcohol use, and current alcohol use, but decreased likelihood of current smoking at age 17/18. - Higher secondary caregiver education levels were significantly linked to lower odds of ever smoking and current smoking. Lower educational levels were associated with lower odds of teenage e-cigarette use, alcohol consumption, and other drug use across all exposure categories. - Teenagers whose caregivers smoked were more likely to use e-cigarettes or other drugs but those in rural areas were significantly less likely than those in urban areas.
(Dooley, Kennelly, et al., 2023)	Substance use	Mental health trajectories at age 9-13 years	98	9 years, 13 years, 17/18 years, 20 years	5141	Longitudinal	- Childhood psychopathology from age 9 to 13 years was associated with higher odds for heavy substance use at age 17/18 and 20 years.
(D'Urso et al., 2024)	Smoking habits	Victimization	98	13 years, 17/18 years, 20 years	7525	Longitudinal	- Smoking problems at age 20 were predicted by smoking problems at age 17.

Thematic reports							
Authors	Well-being indicator	Risk / Protect factors	Cohort(s)	Age(s)	N =	Design	Result
(Nixon, 2021)	Smoking, alcohol consumption, drug use	Sociodemographic variables, parent and peer relationships, onset of puberty,	98	9 years, 13 years	7423	Longitudinal	- At age 13, 9% of young people had ever smoked, 2% were current smokers, and 0.6% smoked daily; boys and girls were equally likely to smoke.

Thematic reports							
Authors	Well-being indicator	Risk / Protect factors	Cohort(s)	Age(s)	N =	Design	Result
		bullying victimisation and perpetration,					- Experimentation with substances was uncommon: 1.4% had tried cannabis (boys more likely), 2.9% had sniffed substances like glue (girls more likely), and 0.4% had tried harder drugs (no gender difference). - Alcohol use was more common: 15.5% had ever had a full drink, 7% had done so in the last year (boys more likely), and 0.6% drank monthly. Half of those who drank had been drunk, with no gender difference in frequency of drunkenness. - Early maturing girls were more likely to smoke and drink. Early maturing boys were more likely to have drunk alcohol but not more likely to smoke. - Having older friends was associated with higher levels of smoking, drinking and drug use (among boys and girls). - Being a perpetrator of bullying tends to be associated with behaviours such as drug and alcohol use and smoking. - For girls, mothers' autonomy granting was linked to lower odds of smoking. For boys, low closeness or responsiveness from fathers and increased father-child conflict were linked to higher smoking and drinking. - Low maternal responsiveness (girls and boys) and father conflict (boys) were linked to alcohol and drug use. Declining parental responsiveness and increased conflict were also associated with drug use. - Girls whose mothers had lower secondary education were more likely to drink and smoke but this was not true for boys. Family income showed no consistent link with substance use. - Being in a stable single-parent household was associated with higher drug experimentation for both genders and higher smoking for boys. Changes in family structure were not related to drinking or girls' smoking.
(Maître et al., 2021)	Smoking, alcohol consumption	Economic vulnerability	98; 08	9 months, 3 years, 5 years, 9 years, 13	6039 (98 cohort), 7507 (08 cohort)	Longitudinal	- Exposure to economic vulnerability (EV) occurred in 44% of families with young children and 38% of families with older children; for 5% in both groups, EV was persistent. For many, EV was a one-time or transient experience (22% in both cohorts).

Thematic reports							
Authors	Well-being indicator	Risk / Protect factors	Cohort(s)	Age(s)	N =	Design	Result
				years, 17/18 years			- Childhood exposure to EV was linked to poorer health outcomes at age 9 (2008 cohort) and age 17 (1998 cohort), including adverse health behaviours (e.g. smoking, drinking in the older cohort).
(Smyth & Nolan, 2022)	Alcohol consumption	Covid-19 pandemic	98	20/22 years	2277	Cross-sectional	- Alcohol consumption declined for a large group during the pandemic but eating junk foods/sweets increased for many. - Job loss during the Covid-19 pandemic was linked with more alcohol and junk food consumption. - These diet changes resulted in increased differences by social background compared to the pre-pandemic period, though reduced drinking slightly narrowed pre-pandemic differences.

1.10 Use of health services, vaccination

Peer-reviewed journal articles							
Authors	Well-being indicator	Risk / Protect factors	Cohort(s)	Age(s)	N =	Design	Result
(Gillespie et al., 2019)	Mode of birth	Antenatal care	08	9 months	9083	Cross-sectional	- 85.31% of the estimation sample had standard care, 12.58% private consultant-led care, and 2.07% midwifery-led care. - 59.96% of women with standard care had a natural birth, compared to 47.64% of women with private consultant-led care and 72.87% of women with midwifery-led care. 11.78% of women with standard care had an elective caesarean section, compared to 21.64% of women with private consultant-led care and 3.19% of women with midwifery-led care. - Also after controlling for a range of factors, the probability of a natural birth is higher for mothers who had midwifery-led care compared to standard and private consultant-led care and lower for mothers who had private consultant-led care relative to standard and midwifery-led care. - In contrast, the probability of elective caesarean section is higher for mothers with private consultant-led care compared to those with standard care or midwifery-led care.

Peer-reviewed journal articles							
Authors	Well-being indicator	Risk / Protect factors	Cohort(s)	Age(s)	N =	Design	Result
							- The probability of natural birth was lower for older women, individuals with overweight/obesity, nulliparous pregnancies, multiple births, antenatal complications, and higher for women of non-Irish white ethnicity. - The probability of assisted natural birth was lower for those with GP Visit Cards, non-Irish White ethnicity, and obesity, and higher for women with nulliparous pregnancies, multiple births, and antenatal complications. - The probability of elective caesarean section was lower for urban residents, women with Irish white ethnicity, and with nulliparous pregnancies, and higher in older women, women with overweight/obesity, multiple births, antenatal complications, private health insurance. - The probability of emergency caesarean section was lower for urban residents, but higher in older women, women with overweight/obesity, for nulliparous and multiple birth pregnancies and for a range of antenatal complications.
(Doherty et al., 2014)	Childhood vaccination at 6 months	Socio-economic factors	08	9 months	9851	Cross-sectional	- Household structure (relative to belonging to a single parent household with two or more children), having private health insurance, having a mother who is of Asian or African ethnicity or having a mother who is unemployed or on disability is associated with a greater likelihood of an infant receiving their 6-month vaccination - Having a self-employed mother, a mother who smokes or currently breastfeeds significantly increases the probability that the infant did not receive their vaccination. - Results from the decomposition analysis of contribution for non-vaccination among infants suggest that the majority of the inequality in infant vaccination is explained by variables at the household level. Socioeconomic status, household structure and equivalised income contribute a large percentage to infant vaccination inequalities. Possession of a medical card (which entitles the mother to free public health care) reduces the inequality, while health insurance exacerbates it compared to household with no medical coverage. Factors such as mother's age, education, English literacy levels and

Peer-reviewed journal articles							
Authors	Well-being indicator	Risk / Protect factors	Cohort(s)	Age(s)	N =	Design	Result
							birth factors explain only a small percentage of the inequalities. On the other hand, mothers who have a non-Irish ethnic background reduce the observed inequalities, while having a mother who is employed (relative to a homemaker) or a mother who smokes increases inequalities.
(Layte & Nolan, 2015b)	Utilisation of GP services	Income	98; 08	9 months, 9 years	9719 (9mo), 7585 (9 y)	Cross-sectional	- The distribution of GP care is significantly pro-poor in Ireland, even after adjustment for health need. However, focusing just on children who pay the full price of GP care in Ireland, there is some evidence for a significant pro-rich distribution of GP visits.
(Layte & Nolan, 2015a)	GP visiting rates	Eligibility for free GP care	98; 08	9 months, 9 years	9538 (9mo), 6985 (9y)	Cross-sectional	- Even when controlling for child health, and parental and family characteristics, eligibility for free GP care is a significant determinant of GP utilisation among Irish children: Low-using and high-using 9-month-old infants with no cover have fewer GP visits than corresponding infants with a full medical card. Low-using 9-year-old children with a no cover also have fewer GP visits per annum than corresponding children with a full medical card, but for high users, no difference was observed. - Household income is insignificant in both age groups.
(Hannan & Halpin, 2014)	Healthcare use at 9 years	Family structure	98	9 years	±7000	Cross-sectional	- Children with a never married lone parent were spending 2.35 days more in hospital as an in-patient compared to children with married parents. Taking account of selection bias accounted for this differential.
(Hayes et al., 2018)	Health Care Utilisation	Victimisation by bullying	98	9 years	8183	Cross-sectional	- Victimised children were more likely to visit general practitioners (GP) in all analyses, and some results also indicate that they were more likely to visit mental health professionals (MHP) and spend more nights in the hospital. Victimised children were not more likely to visit emergency departments (ED). - In all analyses, victimised boys were less likely to attend GPs than girls. - Other factors associated with increased healthcare use irrespective of bullying status were presence of chronic illness (higher GP and ED visits), learning disability (higher GP and ED visits), full entitlement to free medical care (higher GP visits), and children of lone parent

Peer-reviewed journal articles							
Authors	Well-being indicator	Risk / Protect factors	Cohort(s)	Age(s)	N =	Design	Result
							families with a sibling (higher MHP visits). Children of parents with lower educational attainment were less likely to visit GPs and MHPs.
(Nolan & Layte, 2017b)	GP utilisation	Transitions in insurance coverage from 9 months to 3 years and from 9 years to 13 years	98; 08	9 months, 3 years, 9 years, 13 years	8313 (infant cohort), 6029 (child cohort)	Longitudinal	- For both the Infant and Child Cohort, gaining a full medical or GP visit card between 2 waves is associated with extra GP visits per annum (+25% and +63% per annum, respectively). - Losing a full medical or GP visit card between two waves was associated with fewer GP visits per annum for the Child Cohort (-69%), but not for the Infant Cohort.
(Doherty et al., 2017)	Use of general practitioner and hospital inpatient stays	Child BMI	98	9 years, 13 years	6566 (9y), 5924 (13y)	Longitudinal	- The results show little or no significant effect of child BMI status on healthcare utilisation for either GP or inpatient stays for children when they are 9 years. - At 13 years, a higher BMI status is associated with increased GP use and number of inpatient stays. - For GP visits, children who have overweight or obesity at both time points have a significantly higher likelihood of using GP services at age 13 years. - For inpatient stays, children who have overweight or obesity at 9 years but who have no overweight by the time they are 13 years, are significantly more likely to have had an inpatient stay. The effects on inpatient stays are largest for children who have overweight or obesity at both waves.
(Nicholson et al., 2022)	Healthcare utilisation and unmet need	Intellectual disability	98	9 years, 13 years	124 children with ID at 9y and 13y, 8444 controls (9y), 7578 controls (13y)	Longitudinal	- There were no consistent results regarding differences in healthcare use between children with and without intellectual disability at age 9 and 13 years. - At age 9, the group with ID were more likely to report an unmet need (when asked about needing healthcare), and this effect was also evident at age 13. - The most common reasons for unmet need reported by parents of children with ID at age 9 were that necessary care was not available or accessible (60%) and/or that the child was on a waiting list (50%). For the group without ID at age 9, the most common reasons were also that the necessary care was not available or accessible (39%) and/or that the child was still on a waiting list (48%).

Peer-reviewed journal articles							
Authors	Well-being indicator	Risk / Protect factors	Cohort(s)	Age(s)	N =	Design	Result
							- At age 13 for the group with ID, the most common reasons were that the child still on a waiting list (71%) or that the necessary care was not available or accessible (28%). For the group without ID, the most common reasons included that the parents wanted to wait and see if the child improved (57%) or that they could not afford to pay (32%).
(O'Connor & McNicholas, 2020)	Healthcare use	ADHD diagnosis	98	9 years, 13 years	8568 (582 Undiagnosed ADHD, 71 Diagnosed ADHD, 7915 Non-ADHD controls)	Longitudinal	- Only at age 13, children diagnosed with ADHD were significantly more likely to have spent > 2 nights in hospital compared to Undiagnosed children. - At both age 9 and 13 years, children diagnosed with ADHD were more likely than undiagnosed counterparts to have visited professionals such as a psychologist, psychiatrist or counsellor.
(Dooley, Kennelly, et al., 2023)	Health services use at 17/18 and 20 years	Mental health trajectories at age 9-13 years	98	9 years, 13 years, 17/18 years, 20 years	5141	Longitudinal	- Childhood psychopathology from age 9 to 13 years was associated with higher odds for frequent health service use at age 17/18 and 20 years. - Sex-stratified analyses showed broadly similar results for male and female participants. However, female participants showed stronger associations between childhood psychopathology and frequent health service use.
(Kirby & Murphy, 2022)	GP utilisation at 16/17 years	GP cover	98	16/17 years	4308	Cross-sectional	- When need, predisposing and enabling factors are controlled for, public GP cover increases adolescents' annual GP consultations by 1.20 annually (38% based on average 3.14 consultations). - When the sample is restricted to individuals without chronic conditions, a 42% increase in annual number of GP consultations is found (based on average 2.77 consultations).
(Mohan & Nolan, 2020)	Healthcare utilisation	Migrant status of primary caregiver	98; 08	9 months, 3 years, 5 years, 9 years, 13 years,	8175	Longitudinal	- Very young children (from the Infant Cohort) of non-EU: Other born caregivers had slightly lower GP visitation than those to Irish-born caregivers, controlling for other factors. More substantially, young children of EU (non-UK) born primary caregivers were estimated to have lower visitation to ED than those to Irish-born caregivers, and they also had fewer nights spent in hospital. - Among the older children (Child Cohort), lower GP visits for children of non-EU: Other caregivers were observed relative to their Irish

Peer-reviewed journal articles							
Authors	Well-being indicator	Risk / Protect factors	Cohort(s)	Age(s)	N =	Design	Result
				17/18 years			counterparts, as well as fewer visits to ED, and fewer nights in hospital. Children of UK-born primary caregivers also had an estimated relatively lower use of ED, than those of native compatriots.
(Mohan & Nolan, 2020)	Healthcare utilisation	Introduction (and increase) of drug co-payments	98; 08	9 months, 3 years, 5 years, 9 years, 13 years, 17/18 years	11134 (9 mo), 9793 (3 y), 9001 (5 y), 8568 (9 y), 7525 (13 y), 6216 (17/18 y)	Longitudinal	- Children from medical card families had higher levels of health-care utilisation than those not covered by public insurance. - For the younger Infant Cohort, difference-in-difference estimates indicated that the introduction (and increase) in co-payments was associated with a decrease in GP visits and hospital nights. - In contrast, for the older cohort of children (the Child Cohort), co-payments were associated with an increase in GP visiting.

Thematic reports							
Authors	Well-being indicator	Risk / Protect factors	Cohort(s)	Age(s)	N =	Design	Result
(Nolan & Layte, 2017a)	GP utilisation	GP care, health insurance, sociodemographic factors, maternal health	08	9 months, 3 years	Unclear	Longitudinal	- Between 2008 and 2011, there was a shift from private health insurance to increased public health cover (medical/GP visit cards) for children aged 9 months and 3 years. - At both 9 months and 3 years of age, children with a full medical or GP visit card had significantly more GP visits than those with no cover (i.e., without a full medical card, GP visit card or private health insurance), even after adjusting for health needs and other characteristics. - Children with private insurance without GP cover also had more GP visits than those with no cover, despite both paying full out-of-pocket costs. - Gaining public cover (medical/GP card) between 9 months and 3 years was linked to a 25% increase in GP visits, but losing cover did not significantly reduce GP visits.

Thematic reports							
Authors	Well-being indicator	Risk / Protect factors	Cohort(s)	Age(s)	N =	Design	Result
							- Among children without public cover, those from higher-income households had more GP visits, suggesting access barriers for lower-income families. - Poor maternal health was associated with greater GP use for children; maternal education and other socio-economic factors were not significant predictors.

1.11 Weight

Peer-reviewed journal articles							
Authors	Well-being indicator	Risk / Protect factors	Cohort(s)	Age(s)	N =	Design	Result
(Madden, 2014)	Low birth weight	Sociodemographic characteristics	08	9 months	10196	Cross-sectional	- The most important risk factors with respect to overall low birth weight were prenatal smoking and drinking, poorer maternal overall health, age (both very young and older), working, and lower household income. - Income inequality appears to be less important for the case of preterm births, while father's education and local environmental conditions appear to be more relevant for intrauterine growth retardation.
(Murray, 2014)	Low birthweight	Fertility-treatment, multiple birth	08	9 months	10747	Cross-sectional	- 4.2% were born following some form of fertility treatment, the most popular treatments were clomiphene citrate, IVF, ICSI, frozen embryo transfer and donor eggs. - Infants born following fertility treatment were much more likely to be in higher income families. - Non-singleton status is a strong predictor of low birthweight. - A low birth weight is more common in pregnancies following fertility treatments, even after controlling for income, maternal age and non-singleton status. When dividing the fertility treatment variable into IVF and non-IVF types, this result only remains significant for non-IVF types.

Peer-reviewed journal articles							
Authors	Well-being indicator	Risk / Protect factors	Cohort(s)	Age(s)	N =	Design	Result
(McGovern, 2013)	Birth weight	Sociodemographic characteristics, behaviours	98; 08	9 months, 9 years	10582 (9 mo), 7282 (9y)	Cross-sectional	- In the infant cohort, child's sex, maternal smoking behaviour, absence of a mother's family, maternal health, maternal employment, weight gain during pregnancy, the timing of the birth, and the absence of pregnancy complications are associated with birth weight.
(Brannigan et al., 2020)	Birth weight	Maternal smoking	98	9 years, 13 years, 17 years	6875	Longitudinal	- All levels of smoking during pregnancy (1-5 / 6-10 / 11+ cigarettes a day) were associated with reduced birth weight, also after adjustment for socioeconomic factors.
(Jabakhanji et al., 2017)	Overweight/obesity	Social class and recession	08	9 months, 3 years	10733	Cross-sectional	- Adjusting for confounders, there was no evidence of a difference in obesity of 3-year-old children across social classes. - There was evidence that children whose families reported a perceived very significant recession effect were more likely to have obesity at 3 years of age compared with children whose families had experienced a significant effect. - Female children, children with a higher birthweight, a higher gestational age, having a mother of Asian but not Chinese background, having a mother who smoked during pregnancy, having a mother with overweight or obesity, having obesity at age 9 months or having a rapid weight gain from birth to 9 months of age were all more likely to have obesity at 3 years of age. - Children living in an urban region at the age of 9 months were less likely to have obesity at 3 years of age
(Layte et al., 2014)	Rapid weight gain	Early child nutrition, maternal antenatal lifestyle behaviours and child diet and lifestyle	08	9 months, 3 years	9057	Longitudinal	- Breastfeeding and age at the introduction of solids were associated with the largest average reduction (41%) in the odds ratio (OR) of rapid growth in the first 9 months of life for each class relative to the professional class. - In the period from 9 months to 3 years of age, the class differential in rapid growth was reduced most by measures of the child's diet and lifestyle. However, the impact of the groups of predictors varied by social class. For early life growth, among the non-manual classes the proportionate reductions are largest when adjusted for early infant nutrition, whereas maternal prenatal smoking is more important for the manual social classes.

Peer-reviewed journal articles							
Authors	Well-being indicator	Risk / Protect factors	Cohort(s)	Age(s)	N =	Design	Result
(Jabakhanji et al., 2018)	BMI	Child and parent characteristics	08	9 months, 3 years, 5 years	10377	Longitudinal	- BMI decreased from 9 months to 5 years. - Girls had a lower BMI than boys at 9 months but experienced a smaller decline over time. - Non-Irish white and Asian (excluding Chinese) children had lower BMI at 9 months and a smaller decline over time. African-background children had similar BMI to Irish white children at 9 months but a smaller decline over time. - Children from lower-income households had higher BMI at all ages. Lower parental education was linked to a smaller decline in BMI. Urban children had lower BMI than rural children, with no change over time. Children without siblings had lower BMI at 9 months but a smaller decline over time. - Preterm children had lower BMI at 9 months but reduced the gap by age 5. Late-term children had a higher BMI and maintained that trajectory. Large-for-gestational-age (LGA) children had a higher BMI but slower weight gain than average-for-gestational-age (AGA) children. Breastfed infants had lower BMI at 9 months but caught up by age 5. Rapid infant weight gain led to a higher BMI at 9 months and a steeper decline over time, though BMI remained higher. - Children with whose caregivers have overweight or obesity had a smaller decline in BMI over time. Informal childcare was associated with slightly higher BMI. Less sleep was linked to lower BMI at 9 months but a smaller decline over time.
(Jabakhanji et al., 2022)	Overweight/obesity	Sex, child growth criteria	08	9 months, 3 years, 5 years	10 810 (9mo), 9422 (3y), 8781 (5y)	Cross-sectional	- Large discrepancies were found between prevalence estimates of overweight and obesity depending on which growth criterion was used. Estimates of both overweight and obesity were highest when the WHO-R classification was applied, followed by the IOTF-R estimates and lowest using the WHO-S. Across criteria, 11%-40% of children had overweight or obesity at 9 months, 14%-46% at 3 years and 8%-32% at 5 years of age. - Depending on which criterion was used, sex tendencies of obesity were reversed at 3 and 5 years of age, as were overweight tendencies at 5 years.

Peer-reviewed journal articles							
Authors	Well-being indicator	Risk / Protect factors	Cohort(s)	Age(s)	N =	Design	Result
(Neville, Guo, et al., 2021)	BMI	Developmental delays	08	9 months, 3 years, 5 years	11134	Longitudinal	- There was a non-significant difference in body mass index between the low-ASQ group and their typically developing peers combined in the mid- and high-ASQ groups.
(Kelly et al., 2019)	BMI	Antibiotic use	08	3 years, 5 years	8186	Longitudinal	- Having Black or Black Irish ethnicity, higher birthweight, lower maternal education, and maternal BMI of ≥ 25 were associated with a higher risk of obesity. - Using ≥ 4 courses of antibiotics during the 12-month period from 2 to 3 years was associated with having obesity and increased BMI SD score during early childhood, adjusting for other known predictors. In contrast, taking ≥ 4 courses of antibiotics during the 12-month period from 4 to 5 years was not significantly associated with being obese during early childhood. - Cumulative exposure ≥ 4 courses of antibiotics exposures from age 2 to 3 and age 4 to 5 showed the strongest association with increased risk of obesity at age 5, having adjusted for other known confounders. - Maternal BMI modified the relationship between antibiotics use and child outcomes: ≥ 4 courses of antibiotics between 2 and 3 years were associated with an increased BMI SD scores at age 5 among children of mothers with a normal weight, but not in children of mothers with overweight.
(Briody, 2021)	Weight	Parental unemployment	08	9 months, 3 years, 5 years	10011	Longitudinal	- Either parent being unemployed or becoming unemployed over time is associated with an increase in the probability that a child is classified as having overweight or obesity. - Analyses with weight-for-age indicate similar results across several alternative growth charts and definitions of adiposity (the WHO standard, British Growth Reference, and Centers for Disease Control).
(Masukume et al., 2018)	Obesity	Caesarean section birth	08	9 months, 3 years, 5 years	11049 at baseline	Longitudinal	- At age 3 years, there was an association between elective caesarean section (CS) and emergency CS and the risk of having obesity compared to the reference group of children delivered by normal vaginal delivery. Emergency CS but not elective CS was also associated with an increased risk of having overweight. - At age five, the association between elective CS and obesity was of borderline significant, while the association between emergency CS

Peer-reviewed journal articles							
Authors	Well-being indicator	Risk / Protect factors	Cohort(s)	Age(s)	N =	Design	Result
							and the risk of obesity at 5 years remained significant. - Those born by emergency CS had an increased risk of remaining in the obesity category from the age of three to five years, becoming non-obese, or making any other BMI category transition.
(Sunday & Kabir, 2019)	Overweight/obesity	Carers' smoking status	08	9 months, 3 years, 5 years	8460	Cross-sectional	Exposure to primary carers' smoking and both carers' smoking was significantly associated with increased odds of childhood overweight/obesity at age 3 and 5 years.
(McDonnell & Doyle, 2019)	Overweight/obesity	Maternal employment, childcare	08	9 months, 3 years, 5 years	8393 (3y), 8039 (5y)	Longitudinal	- The combination of part-time employment and informal or formal childcare reduces the probability of being overweight at age 3 years. - Full-time maternal employment at 9 months combined with either formal or informal childcare increases the likelihood of being overweight at 3 years, but only for children of highly educated mothers. Similar results are observed for part-time employment coupled with informal or parental care. The results for mothers with lower levels of education are either not significant or favourable. - While the majority of the effects dissipate by age 5 years, there is some evidence that full-time maternal employment coupled with informal care increases the risk of being overweight at both ages 3 and 5 years for children of higher-educated mothers.
(O Driscoll et al., 2024b)	Overweight	Household poverty	08	9 months, 3 years, 5 years, 9 years	11134	Longitudinal	- 4 trajectories were identified: never in poverty (43.1%), material/subjective>monetary poverty (16.1%), monetary>material poverty (25.6%) and persistent poverty (15.2%). - In adjusted analysis, children in persistent poverty compared with those in never in poverty experienced higher odds of being overweight at 9 years. Moreover, children identified as being in persistent poverty and attending a DEIS school had attenuation of the odds of being overweight.
(Nolan & Layte, 2014)	Height, weight	Socio-economic status	98; 08	9 months, 9 years	± 9000 (9 mo), ± 6000 (9y)	Cross-sectional	- After adjustment for other factors that influence length/height, income becomes insignificant in determining length at age nine months, but remains significant in explaining variations in child height at age nine years.

Peer-reviewed journal articles							
Authors	Well-being indicator	Risk / Protect factors	Cohort(s)	Age(s)	N =	Design	Result
							- The 9-year-old children of lower educated mothers have a significantly higher BMI than the children of mothers with a postgraduate qualification, and the effect is broadly linear.
(Fitzgerald et al., 2019)	Obesity	Chronic disease	98	9 years	8568	Cross-sectional	- Children with a chronic illness were more likely to be overweight or obese (32.9% compared to 25.0% of those without a chronic illness.
(Perry et al., 2015)	Overweight/obesity	Diet quality	98	9 years	8136	Cross-sectional	- The prevalence of normal weight, overweight and obesity was 75, 19 and 6 % respectively. - In analyses adjusted for sex, parent's education, physical activity and T.V. viewing, a poor diet quality (5th compared to the 1st DQS quintile) was associated with an increased risk for obesity, however, this result disappeared when further adjusting for parent's BMI. - Being female, lower parent education, lower physical activity, high vs low TV viewing, higher parent BMI were associated with increased odds of obesity. A higher parent BMI and being female were associated with higher odds for overweight.
(Haegele et al., 2018)	Overweight/obesity	Chronic health problems, illness, or disabilities	98	9 years	6165	Cross-sectional	- 25% of children had overweight or obesity at age 9 years. - Children with a chronic health problem, illness, or disability, girls and children whose primary caregiver has overweight/obesity were more likely to have overweight/obesity at 9 years.
(Keane et al., 2012)	Obesity	Parent weight status, familial socio-economic factors	98	9 years	8136	Cross-sectional	- 25% of children had either overweight (19.3%) or obesity (6.6%). - In the fully adjusted model, female gender, one parent family type, lower maternal education, lower household class and a heavier parent weight status significantly increased the odds of childhood obesity at 9 years. The odd of childhood obesity increased by nearly 3-fold when the single parent/both parents were obese compared to the single parent/both parents being overweight.
(Power et al., 2018)	Obesity	Paternal weight	98	9 years	5791	Cross-sectional	- Fathers with obesity were more likely to have a son with obesity (9.4% compared to 5.3% for the full cohort) and a daughter with obesity (12.4% compared to 7.7%).
(Lane et al., 2014)	Overweight/obesity	Screen time, physical activity	98	9 years	8568	Cross-sectional	- High screen time (> 3 hours/day), bedroom TV and mobile phone ownership increased risk of overweight/obesity in high and low active children. Low physical activity levels and having parents with

Peer-reviewed journal articles							
Authors	Well-being indicator	Risk / Protect factors	Cohort(s)	Age(s)	N =	Design	Result
							overweight/obesity also increased the risk of overweight/obesity. - There was evidence of a dose response relationship between screen time and overweight/obesity, and the effect of screen time and mobile ownership was a little more pronounced in boys than girls. - Regardless of activity status, girls and the least affluent were more likely to have overweight/obesity than boys and their more well-off counterparts. - In combined analyses, overweight/obesity was lowest in children with low screen time and high physical activity levels, compared to other combinations of these behaviours.
(McCrory & Layte, 2012)	Overweight and obesity	Breastfeeding	98	9 years	7798	Cross-sectional	- When taking into account gestational age, nationality, prenatal smoking, maternal level of education, household social class, household income, frequency of hard exercise, screen time, the study child's dietary quality, and parental weight status, the results indicated that being breastfed for between 13 and 25 weeks was associated with a 38% reduction in the risk of obesity at 9 years of age, while being breastfed for 26 weeks or more was associated with a 51 % reduction in the risk of obesity at 9 years of age.
(Walsh & Cullinan, 2015)	Obesity	Socioeconomic factors, parent, child factors	98	9 years	6926	Cross-sectional	- Results from the decomposition analysis suggest that the majority of the inequality in childhood obesity is explained by parental level variables (socioeconomic status, parental education, maternal BMI, parental health behaviours). - Child factors such as TV watching, having a TV in the bedroom, and fizzy drink consumption have some but a relatively low impact on the observed inequalities.
(Reynolds et al., 2014)	Obesity	Breastfeeding	98	9 years	8357	Cross-sectional	- After controlling for a wide range of potential confounding variables, being breastfed for 10 weeks or less was not a significant predictor of whether a child was obese at 9 years, being breastfed for between 11 and 25 weeks was associated with a 36% reduction in the risk of obesity at 9 years, while being breastfed for 26 weeks or longer was associated with a 48% reduction in the risk of obesity at 9 years.

Peer-reviewed journal articles							
Authors	Well-being indicator	Risk / Protect factors	Cohort(s)	Age(s)	N =	Design	Result
(Quigley et al., 2019)	BMI	Refractive error and vision problems	98	9 years	8568	Cross-sectional	- The presence of refractive error or a vision problem was reported for 1,000 (11.68%) children. The majority of children had normal weight, but 1,497 (17.5%) were overweight, and 446 (5.2%) were obese. Vision problems were not associated with BMI on adjustment for covariates.
(S. Healy & Garcia, 2019)	Weight status	Autism	98	9 years	110 (55 AUTISM, 55 TD, matched by gender)	Cross-sectional	- There were no differences in weight status between typically developing children and children with autism spectrum disorder.
(Hannan & Halpin, 2014)	BMI	Family structure	98	9 years	±7000	Cross-sectional	- Children living with a never married lone mother were more likely to have a high BMI compared to their married counterparts but this difference became insignificant after propensity score matching.
(Madden, 2017)	Obesity	Maternal education	98	9 years, 13 years	7165	Longitudinal	- Overall childhood obesity stabilised between the age 9 and 13 years, however the socioeconomic gradient becomes steeper at age 13 years for girls and in particular when depth, severity and persistence of obesity are accounted for. - Girls whose mothers have not completed secondary education are shown to be at a particular disadvantage
(I. Cotter et al., 2023)	Weight status	Sociodemographic characteristics	98	9 years, 13 years	7341 (unclear)	Longitudinal	- Children with underweight were more likely to be female, from a household of the lowest income quintile and to come from parents with the highest level of parental education. - Children with overweight were more likely to be female, from a household of the lowest income quintile, to come from parents with the lowest level of parental education and to engage in less physical activity
(Donnchadha et al., 2023)	BMI category	Attention-deficit/hyperactivity disorder	98	9 years, 13 years	7746 (9y), 6923 (13y)	Longitudinal	- At age 9 and 13 years, boys were more likely than girls to have ADHD, while girls were more likely to have overweight or obesity. - ADHD status was not associated with BMI category at 9 or at 13 years of age when controlling for other parent and child factors. - Female sex, low levels of exercise at age 9, parents with overweight/obesity at age 9 and prenatal smoking during pregnancy

Peer-reviewed journal articles							
Authors	Well-being indicator	Risk / Protect factors	Cohort(s)	Age(s)	N =	Design	Result
							consistently increased the likelihood of childhood overweight/obesity at age 13.
(Gardner et al., 2019)	Weight gain, overweight or obesity	Adverse childhood experiences	98	9 years, 13 years	6942	Longitudinal	- Compared to healthy weight youth, youth with overweight or obesity were more likely to live in a household with a single parent and a lower equalised income, have a parent with overweight or obesity, less frequently performed hard activity in the 14 days prior to being surveyed, and were more likely to consume sugar sweetened beverages. - After adjusting for confounding, exposure to any adverse childhood experience by the age of 9 years was associated with prevalent overweight/obesity at age 13 and incident overweight/obesity, but not change in BMI z-score. In contrast, exposure to an ACE-specific exposure was not associated with prevalent overweight/obesity or incident overweight/obesity, but it was associated with weight gain (BMI Z score change). - A significant interaction between income and adverse childhood experiences was observed for both incident overweight/obesity and weight gain.
(A. O'Neill et al., 2017)	Weight change	Physical Activity (PA) and Sedentary Behaviour (SB) activity profiles	98	9 years, 13 years	8570	Longitudinal	- Four cohesive activity profiles were identified for boys, while no coherent profiles could be found using the physical activity and sedentary behaviour variables for girls at age 9 years. - The likelihood of being overweight or obese for boys in least active profile was significantly higher than those in most active profile at age 9 and age 13, when controlling for socio-demographics and parental weight. - An association was found between cluster membership and weight change in boys belonging to the normal BMI category at age 9. Boys in the least active profile were twice as likely to change from normal weight at 9 years to overweight or obese at 13 years than those in the most active profile.
(McCrory et al., 2017)	Height	Socioeconomic characteristics	98; 08	9 months, 3 years, 5 years, 9 years,	49492 (all data combined)	Longitudinal	- Boys in the lowest educational category in GUI measured 0.21 cm smaller at 9 months of age compared with the tertiary educated, increasing to 1.64 cm by 13 years of age. - Girls in GUI from lower maternal educational backgrounds measured 0.51 cm smaller at 9 months of age increasing to 1.58 cm

Peer-reviewed journal articles							
Authors	Well-being indicator	Risk / Protect factors	Cohort(s)	Age(s)	N =	Design	Result
				13 years			by 13 years of age. - There was a significant negative linear age*education interaction among boys in GUI indicating growing educational inequalities in height as children aged.
(McCrory et al., 2019)	BMI	Maternal education level	98; 08	9 months, 3 years, 5 years, 9 years, 13 years	41399	Longitudinal	- There were no differences in BMI at 9 months of age between children of different educational groups, but the pattern was well-established by 3 years of age. Boys and girls from primary-educated backgrounds had higher BMIs at 5, 9, and 13 years of age than their counterparts from tertiary (educated backgrounds). - Moreover, there was a widening of the educational differential in the prevalence of overweight among boys between 3 and 13 years of age, although prevalence of obesity remained relatively constant over the same span of years. - Girls from primary backgrounds in GUI were characterised by growing inequalities in overweight and obesity.
(Baker et al., 2018)	BMI	parental and adolescent factors	98	13 years	7525	Cross-sectional	- Parent BMI was associated with adolescent BMI for adolescents with a normal weight and overweight, with the strongest association seen with females with overweight.
(De Visser et al., 2024)	BMI	Exposure to adverse childhood experiences	98	9 years, 13 years, 17/18 years	4561	Longitudinal	- BMI was higher at ages 9 and 13 years and household income lower, in those exposed to any adverse experience or an ACE, compared to those unexposed. - Exposure to any adverse experience at age 9 years was associated with lower self-concept and greater behavioural difficulties at age 13, which were both associated with an increase in BMI at 18 years. Neither exposure to an ACE or exposure to any adverse experience was directly associated with BMI at 18 years of age. - A higher parental BMI and lower household income when the adolescent was 18 years old were also both associated with a higher child BMI at 18 years, while frequency of hard exercise was associated with a lower BMI at age 18 years.
(Madden, 2020)	(normalised) BMI	Time, sex, maternal education	98	9 years, 13 years,	5757	Longitudinal	- In general, mobility is observed, with intra-generational rank-rank BMI coefficients of around 0.63 compared to coefficients of around 0.77 for the mothers of the children over the same time period.

Peer-reviewed journal articles							
Authors	Well-being indicator	Risk / Protect factors	Cohort(s)	Age(s)	N =	Design	Result
				17/18 years			- Across the distribution as a whole there is relatively little variation by gender and maternal education. - This relative lack of mobility is more observed in later rather than earlier adolescence
(Madden, 2022a)	Health poverty (BMI)	Time, maternal education	98	9 years, 13 years, 17/18 years	5117	Longitudinal	- Health poverty, as defined by obesity shows little change between age 9 and 13 years but then increases to nearly 7% in at age 17/18 years. - Obesity levels where the mother has lower secondary education are four to five times higher than where the mother has third level education. - There were also significant effects of maternal level of education in relation to the number of deprivations (health poverty, education poverty, resource poverty) children experienced at different ages, and in their ability to transition between waves (in terms of number of poverty markers).
(Sutin et al., 2020)	Obesity	Personality	98	13 years, 17/18 years	4962	Longitudinal	- Among children who were not in the obesity category at age 13, higher Conscientiousness was associated with lower risk of moving into the obesity category by age 17, and, among children with obesity at age 13, Conscientiousness was associated with greater likelihood of moving to the non-obesity category by age 17. These associations were independent of sociodemographic characteristics, parent body mass index, and were similar across gender. - The other five-factor model personality traits were unrelated to weight outcomes.

Thematic reports							
Authors	Well-being indicator	Risk / Protect factors	Cohort(s)	Age(s)	N =	Design	Result
(Layte & McCrory, 2014)	Birthweight, rapid infant growth	Maternal smoking and drinking during pregnancy, breastfeeding, weaning age	08	9 months	11134	Cross-sectional	- Child sex, number of previous children, maternal citizenship and maternal height were predictors of birthweight, controlling for other factors.

Thematic reports							
Authors	Well-being indicator	Risk / Protect factors	Cohort(s)	Age(s)	N =	Design	Result
							- Smoking during pregnancy was the strongest predictor of low birthweight, with evidence of a dose-response relationship (higher number of cigarettes – lower birthweight). - Less breastfeeding and earlier introduction of solid foods were important determinants of rapid growth from birth to nine months.
(Layte & McCrory, 2011)	Physical activity	Sex, social class	98	9 years	Unclear	Cross-sectional	- At age 9, 75% of children had a healthy BMI, while 19% were overweight and 7% obese. - Girls were more likely than boys to be overweight or obese (30% vs. 22%). - Overweight/obesity rates were higher in children from lower social classes. - For boys, low activity and high screen time predicted overweight/obesity; for girls, only low activity was linked. - While diet quality differed across groups, it was not a strong predictor of overweight or obesity.
(Maître et al., 2021)	Obesity	Economic vulnerability	98; 08	9 months, 3 years, 5 years, 9 years, 13 years, 17/18 years	6039 (98 cohort), 7507 (08 cohort)	Longitudinal	- Exposure to economic vulnerability (EV) occurred in 44% of families with young children and 38% of families with older children; for 5% in both groups, EV was persistent. For many, EV was a one-time or transient experience (22% in both cohorts). - Childhood exposure to EV was linked to poorer health outcomes at age 9 (2008 cohort) and age 17 (1998 cohort), including higher rates of obesity.
(Russell & Smyth, 2024)	Obesity	Care responsibilities	98	17 years, 20 years	Unclear	Longitudinal	- At age 17, 25% of young people regularly provide care, mainly for younger siblings (15%) or grandparents/older relatives (12%). By age 20, caregiving drops to 20%. - Across both ages, 36% provide care at some stage, but only 9% do so consistently at both ages. - There is little evidence of a strong link between caregiving and physical health, though more intensive caregiving is associated with higher obesity rates and poorer self-reported health.

2. Education and cognitive development

2.1 Academic self-image

Peer-reviewed journal articles							
Authors	Well-being indicator	Risk / Protect factors	Cohort(s)	Age(s)	N =	Design	Result
(Frawley et al., 2014)	Self-concept (academic and school status)	sex, SES, special educational needs	98	9 years	8578 (unclear)	Cross-sectional	- 9-year-old children from professional and managerial backgrounds, whose mothers perceive them as 'above average' and 'average' at math or reading, with a high number of children's books at home (as a measure of cultural capital) are significantly less likely to report low levels in the intellectual and school status scale. - In contrast, children identified as having multiple special educational needs, children with Emotional Behavioural Difficulties, children considered by teachers to have a learning disability are more likely to report low levels in the intellectual and school status scale.
(Quail & Smyth, 2014)	Academic self-concept	Age composition of the class (single-grade vs multigrade)	98	9 years	8578 (unclear)	Cross-sectional	- Girls in classes with older or younger children had more negative views of their academic performance than those in single-grade classes. No such effects were evident for boys.
(Smyth, 2016)	Academic self-image	Parents, peers and teachers factors	98	9 years, 13 years	7525	Longitudinal	- There was a slight decline in academic self-image among the study cohort over the transition to secondary education but there were large group differences: girls, young people from a lone parent family, migrant family, with special educational needs, peer difficulties at age 9 years, fewer frequency of talking with a parent, more alienation from friends at 13 years old, worse liking of the teacher, and more negative teacher-student interactions at age 13 had a much greater decline in academic self-image than their counterparts. - Rarely receiving help from parents with homework, higher reading and math scores, a higher closeness between child and parent at age 9, parent more frequently attending a school concert, play or other event at 13, having more close friends at age 9 years, and a higher academic self-image at age 9 were predictive of an improved self-concept.
(D. Murphy et al., 2022)	Academic self-image	Bullying, psychological difficulties	98	9 years, 13 years, 15 years	8214	Longitudinal	- Children who reported being bullied reported doing worse in terms of schoolwork.

Peer-reviewed journal articles							
Authors	Well-being indicator	Risk / Protect factors	Cohort(s)	Age(s)	N =	Design	Result
(C. Dempsey et al., 2024)	Academic self-concept	Child-adult relationship quality	08	3 years, 5 years, 9 years	7507	Longitudinal	- Maternal closeness at age 3 years was positively related to academic self-concept at age 9 years. - Teacher closeness at age 5 years was positively related to academic self-concept, while teacher conflict at age 5 years was negatively associated with academic self-concept.
Thematic reports							
Authors	Well-being indicator	Risk / Protect factors	Cohort(s)	Age(s)	N =	Design	Result
(Smyth, 2017)	Academic self-concept	parent, peer and teacher relationships, sociodemographic variables	98	9 years, 13 years	Unclear	Longitudinal	- On average, 13-year-olds reported lower academic self-confidence after transitioning to the junior cycle compared to primary school. - Girls and young people from less advantaged backgrounds (lower parental education/employment) faced more transition difficulties and a greater decline in self-confidence. - Immigrant-origin youth reported slightly more transition difficulties but maintained relatively stable self-confidence. - Youth with special educational needs (SEN) experienced the most pronounced difficulties and the largest drop in academic self-image from age 9 to 13. - Positive peer relationships and larger friendship networks, parental involvement in school (e.g. attending meetings/events), and everyday parent-child communication were protective during the transition. - Positive interactions with teachers, including frequent praise, supported smoother transitions; frequent reprimands were linked to a sharper drop in academic self-confidence.

2.2 Aspirations, school choice, post-school educational attainment

Peer-reviewed journal articles							
Authors	Well-being indicator	Risk / Protect factors	Cohort(s)	Age(s)	N =	Design	Result
(Darmody & Smyth, 2018)	Choice of primary school	Socio-cultural and religious factors	98	9 years	"over 8000" (Unclear)	Cross-sectional	- Children whose mothers define themselves as having no religious denomination are significantly more likely to attend multi-denominational or minority faith schools than they are to attend Catholic schools. Children whose mothers are in a minority faith group are much more likely to attend minority faith schools but are also significantly over-represented in multi-denominational schools. - Children living in urban areas and children whose mothers have a postgraduate qualification are significantly more likely to attend minority faith or multi-denominational schools than a Catholic school, all other factors being equal. - Children from lone parent families and immigrant children are less likely to attend minority faith or multi-denominational than those from two-parent families.
(Smyth, 2020)	Educational expectations	Social class, parental education, household income, family structure, primary and secondary school experiences	98	9 years, 13 years	6674 (13y), 6727 (parent)	Longitudinal	- Parents have high levels of expectations for their child to go on to higher education but one-third of young people are found to hold lower expectations than their parents. - Mothers with higher levels of education, those from professional/managerial and higher-income families, those of children attending fee-paying schools have higher expectations for their child. - Lower expectations are reported by lone parents (mothers) and slightly higher expectations by migrant parents, however young people's expectations are not affected by these characteristics. - Girls have slightly higher expectations than boys at age 13 years, all else being equal. - Young people with special educational needs have lower expectations than their peers, however parental expectations for young people with SEN are much lower than those of the young people themselves. - Young people with higher levels of primary school achievement (in reading and maths) are more likely to expect to go on to HE. Over and above achievement, lack of engagement with maths and Irish at primary level emerges as a driver of lower expectations at a later stage.

						- Children with greater academic self-confidence at nine have higher expectations while those who were seen as having more problematic behaviour have lower expectations. - Parental expectations when the child was nine are highly associated with the young person's expectations four years later, even accounting for social background and prior achievement. - parents whose children attended more socio-economically disadvantaged (DEIS) schools held lower expectations for their children. - Parental expectations at 9 and 13 are strongly related. - Praise and positive feedback from teachers at age 13 years enhance young people's expectations while frequent reprimands tend to dampen them. Negative child-teacher interactions are also associated with lower parental expectations. - Young people who have experienced greater transition difficulties from primary to secondary school have lower expectations than their peers. - Subject engagement at secondary level plays a role, with lower expectations among those who find English difficult and higher expectations among those who find Irish and maths not difficult and who find maths interesting. Mothers also have lower expectations if their child experiences difficulties with maths, while they have higher expectations if there are no difficulties. - High expectations are also held among those mothers whose children are in higher-stream classes and very low expectations held for those in lower-stream classes.
(Carroll, McCoy, et al., 2022)	Early school leaving; planning to attend higher education post-school; and planning to attend further education and training (FET) post-school	Special educational needs in primary school; relationship with parents and teachers, self-concept, academic achievement, household income	98	9 years, 13 years, 17 years	6039 for school leaving, 5013 for higher education, 5012 for FET	Longitudinal - Students identified with SEN at age 9 were more likely to be early school leavers, less likely to plan to attend higher education, and more likely to plan to attend FET than students without SEN at age 9, however after accounting for proximal processes, other personal characteristics and context characteristics, these associations did not remain significant. - High levels of conflict between young adults and their primary caregiver were linked to increased early school leaving, increased likelihood of planning to attend FET, and decreased likelihood of planning to attend higher education. - Young adults who had negative interactions with their teachers often or very often at age 13 years were more likely to leave school early as their peers. Students who had positive interactions with teachers were twice as likely to plan to attend higher education compared to their peers who had negative interactions with their teachers often or very often.

						- Students who received additional help at age 13 were more likely to plan to pursue FET and less likely to plan to pursue higher education than their peers who did not receive help. - Girls were more likely than boys to plan to attend FET. - Young people with higher self-concept at age 9 years were more likely to plan to attend higher education. - Students with higher reading scores at age 9 years were less likely to become early school leavers and plan to attend FET and more likely to plan to attend higher education. - Students with fewer household economic resources were more likely to become early school leavers and plan to pursue FET, and less likely to plan to pursue higher education as their peers from households with greater resources,
(Smyth, 2023)	Intentions to go on to higher education	Information sources and activities, sociodemographic variables	98	9 years, 13 years, 17/18 years	4873	Longitudinal - Young people from more advantaged backgrounds are much more reliant on their parents as a source of information and advice, and are more likely to pay for private guidance services. In contrast, young people from less advantaged backgrounds, children from migrant families, children from lone-parent families and those attending schools with a concentration of working-class students are more reliant on school-based sources of information (e.g., tutors and year heads). - Being in the final year of school is related to a greater emphasis on formal and school- based sources of advice with no significant variation in the perceived importance of family-based sources. - Higher education intentions are more prevalent among those with higher levels of parental education and parents from professional/managerial and non-manual groups and less prevalent among those from lone-parent families but do not vary by migrant status. - Those who engage in more information search activities are more likely to intend to go on to higher education. Those more reliant on informal advice (from parents and friends) are more likely to intend to go on to higher education while those who are more reliant on non-specialist teachers are less likely to do so. - Young people attending fee-paying schools are most likely to intend to go on to higher education while those in working-class schools are least likely to do so. - The importance of formal guidance is positively related to intentions when grades are taken into account.

(Sprong & Devitt, 2022)	Educational and occupational expectations, choice of high level subjects	Ethnic background	98	9 years, 13 years, 17/18 years	4932	Longitudinal	- There were no significant differences in educational or occupational expectations at age 17 years and their likelihood of choosing higher level English and math between the Irish white and the other ethnic groups when accounting for prior academic ability and parental social background. - Parental level of education was predictive of educational expectations and occupational expectations among young people. Parental occupational class was predictive of educational expectations only, and prior academic ability of occupational expectations only. - Having high educational expectations at age 13, parental level of education, estimated junior cert points, and parental occupational class increased the likelihood of taking a higher-level subject (English and/or Math), accounting for their academic performance and social background.
(Carroll, Ye, et al., 2022)	Post-school educational pathways	Disability	98	9 years, 13 years, 17/18 years, 20 years	4729	Longitudinal	- Young people with a SEN or disability are less likely to be in a University Level 8 degree and more likely to attend an IT, FET, not to finish their programme or not to attend any post-school education or training than young people without an SEN or disability, all else being equal. - Those who attended DEIS schools or experienced economic vulnerability are less likely to be in a University Level 8 degree and more likely to be in each of the other settings. Those who are identified as having academic issues at 9 or whose parents did not expect them to complete a degree are also more likely to be in each of the other settings, though no more likely to have stopped attending a programme without finishing it.
Thematic reports							
Authors	Well-being indicator	Risk / Protect factors	Cohort(s)	Age(s)	N =	Design	Result
(Russell & Smyth, 2024)	Academic aspirations	Care responsibilities	98	17 years, 20 years	Unclear	Longitudinal	- At age 17, 25% of young people regularly provide care, mainly for younger siblings (15%) or grandparents/older relatives (12%). By age 20, caregiving drops to 20%. Across both ages, 36% provide care at some stage, but only 9% do so consistently at both ages. - Young people involved in caregiving are less likely to progress to higher education, largely due to lower grades. - Those who do attend higher education are often limited in their choice of institution, prioritising the ability to live at home. - By age 20, they are less likely to have moved out of the parental home, even after accounting for their lower rates of higher education participation.

2.3 Attitudes to school, school engagement, absenteeism

Peer-reviewed journal articles							
Authors	Well-being indicator	Risk / Protect factors	Cohort(s)	Age(s)	N =	Design	Result
(McCoy & Banks, 2012)	School engagement	Special educational needs, parental and child factors	98	9 years	8578	Cross-sectional	- 7% of 9-year-old reporting that they 'never like school'. - Boys and children from economically inactive families are more likely to never like school. - Those always liking math, reading and completing homework are less likely to never like school, those never liking these subjects and never completing homework are more likely to never like school. - Children who always like their teacher are much less likely to indicate that they never like school, all else being equal. Child reported popularity measure is also significantly related to liking school. - Children with learning and multiple disabilities are more likely to never like school than their peers without SEN, however when taking into account their levels of academic engagement and the nature of their social and peer relations, these differences disappeared.
(McCoy, Byrne, et al., 2012)	School engagement	Out-of-school activities	98	9 years	8578	Cross-sectional	- Boys, children from unemployed households, and children with special educational needs are more likely to report that they never like school. - Children participating in structured cultural out-of-school activities are less likely to report that they never like school, even when controlling for social background. However, there is no effect of club membership (or non-membership) on disliking school. - In terms of unstructured out-of-school activities, while there is no effect of time spent on television viewing, computer usage or activities with friends on disliking school, children who spend more than one hour per day on video games are more likely to report that they dislike school. For the most part, these patterns hold for both males and females, but some differences were reported.
(Sharpe et al., 2023)	School absenteeism, liking school	Mental health difficulties, child, family and school factors	98	9 years	8568	Cross-sectional	- Children in the high-risk mental health symptomology groups had higher levels of absenteeism compared to the low-risk class, and were more likely to dislike school.

Peer-reviewed journal articles							
Authors	Well-being indicator	Risk / Protect factors	Cohort(s)	Age(s)	N =	Design	Result
(Thornton et al., 2013)	School absenteeism	School, family, child factors	98	9 years	8568	Cross-sectional	- Going to a boys school (vs girls school), with inadequate number of teachers (vs adequate), having an unemployed parent, having a mother with a native language other than English/Irish, having an ethnic Irish mother, having a parent that does not attend parent-teacher meetings, higher maternal depression score, child witnessing conflict at home, child having a chronic illness, higher Emotional symptoms (SDQ), Child never/sometimes liking school were all associated with increased odds for school absenteeism. - Maternal higher educational level and having 10-30 books in the home (vs <10) were associated with lower odds for school absenteeism.
(Smyth & Privalko, 2024)	School transition difficulties	Country	98	9 years, 13 years	7378	Longitudinal	- Young people coming from households with lower levels of income and level of education experience greater difficulties. - Girls experience more adjustment problems, which may be related to more negative attitudes to Maths at primary level than boys. - Having more negative attitudes to maths at age 9 years was associated with more adjustment problems while higher vocabulary scores at age 9 years were associated with less adjustment problems. - Lower perceived difficulty of maths at age 13 years, and higher involvement in sports and cultural activities at age 13 years were associated with fewer transition difficulties. Fewer friends, having been bullied, being in the second year, higher perceived difficulty with math at age 13 years were associated with increased transition difficulty.
(McCoy et al., 2020)	Transition experience from primary to secondary school	Special educational needs, child, parent and school factors	98	9 years, 13 years	6247	Longitudinal	- Young people with SEN are more likely to experience a negative transition to secondary school, especially those with general learning difficulties and intellectual disabilities, also when controlling for other factors. - Other young people at risk of poor transitions include females and young people with low academic ability (poor reading and numeric ability scores), people from economically vulnerable families, from one parent families and those whose parents are cohabiting, and those experiencing high levels of maternal conflict.
(Smyth, 2016)	Ease of settling into secondary education, academic	Parents, peers and teachers factors	98	9 years, 13 years	7525	Longitudinal	- Young people at risk to experience transition difficulties include females, young people from working-class or non-employed households, those whose mothers have lower secondary education, young people from lone parent families and from migrant families, young people with

Peer-reviewed journal articles							
Authors	Well-being indicator	Risk / Protect factors	Cohort(s)	Age(s)	N =	Design	Result
	adjustment to secondary education						special educational needs, children with peer difficulties at the age of nine, children with more conflictual relationships with their parents, and children with no friends or only one friend at the age of nine - Fewer transition difficulties were observed among young people with a higher level of reading and especially maths achievement at age 9 years, those whose parents had attended parent-teacher meetings at primary level (age 9 years), those who rarely or never received assistance from their parents with homework, where parents talked with their child less often, those who had experienced a more positive relationship with their parents at the age of nine, those who had experienced positive interaction (in the form of praise or positive feedback) with their secondary teachers, and those with large friendship at age of nine and trust in friends had a smoother transition to secondary education
(D. Murphy et al., 2022)	Attitudes towards school	Bullying, psychological difficulties	98	9 years, 13 years, 15 years	8214	Longitudinal	- Children who reported being bullied had poorer attitudes towards school.

Thematic reports							
Authors	Well-being indicator	Risk / Protect factors	Cohort(s)	Age(s)	N =	Design	Result
(Smyth, 2022)	Attitudes to school	Cohort/ time, sex	98; 08	9 years (both cohorts)	Unclear	Cross-sectional	- Most nine-year-olds in both cohorts reported always or sometimes liking school, with an increase over time in those who always liked it. - Girls were more positive about school than boys. - Children from more disadvantaged families were more likely to report always liking school, though this gap narrowed over time.
(Smyth, 2017)	Attitudes to school	parent, peer and teacher relationships, sociodemographic variables,	98	9 years, 13 years	Unclear	Longitudinal	- Most 13-year-olds felt positively about school, but girls were more likely than boys to say they liked school “very much” (35% vs. 23%). - More negative attitudes and poorer attendance were observed among young people from less educated families, lone-parent households, and those with special educational needs.

Thematic reports							
Authors	Well-being indicator	Risk / Protect factors	Cohort(s)	Age(s)	N =	Design	Result
		previous school experiences					- Early school experiences mattered: children who disliked school or had low literacy/numeracy scores at age 9 were more likely to be disengaged at age 13. - Maths difficulties and negative attitudes to Maths at age 9 strongly predicted later disengagement from the subject. - At second level, negative relationships with teachers (e.g. frequent reprimands, little praise) and finding subjects boring or difficult (especially Maths and Irish) were linked to more negative school attitudes. - Second-year students were more disengaged than first-years. - School characteristics (e.g. social/gender mix, language medium) had less impact than the quality of school experiences. - Transitioning from an Urban Band 1 DEIS primary school to a DEIS second-level school was linked to greater difficulties and more negative attitudes.
(Smyth, 2024)	Attitudes to school	Cohort/ time, sex	98; 08	13 years (both cohorts)	Unclear	Cross-sectional	- There is a decline in the proportion of girls who say they like school very much. Preliminary analysis suggests this is at least partly related to increased emotional difficulties among girls in the 08 cohort.
(Darmody et al., 2020b)	Disengagement from school	Social inequalities, Covid-19 pandemic	98; 08	Unclear	Unclear	Unclear	- Available evidence in Ireland and internationally suggests that inequalities (e.g., those from more disadvantaged backgrounds having greater disengagement from school) have grown in the wake of the pandemic.
(Maître et al., 2021)	Obesity	Economic vulnerability	98; 08	9 months, 3 years, 5 years, 9 years, 13 years, 17/18 years	6039 (98 cohort), 7507 (08 cohort)	Longitudinal	- Exposure to economic vulnerability (EV) occurred in 44% of families with young children and 38% of families with older children; for 5% in both groups, EV was persistent. For many, EV was a one-time or transient experience (22% in both cohorts). - Childhood exposure to EV was linked to poorer health outcomes at age 9 (2008 cohort) and age 17 (1998 cohort), including lower school engagement.

Thematic reports							
Authors	Well-being indicator	Risk / Protect factors	Cohort(s)	Age(s)	N =	Design	Result
(Smyth & Nolan, 2022)	Remote learning experiences	Covid-19 pandemic	98	20/22 years	2277	Cross-sectional	- Most young people had the necessary electronic devices and were enrolled in institutions offering live online classes. - Only half had consistent access to adequate broadband and fewer had a quiet place to study (46%) or regular feedback (30%). - Over half (57%) found studying remotely difficult. - Women and final-year students reported poorer remote learning experiences, while better learning conditions (e.g. study space, regular institutional contact) were linked to finding it easier to study.

2.4 Attitudes to school subjects

Peer-reviewed journal articles							
Authors	Well-being indicator	Risk / Protect factors	Cohort(s)	Age(s)	N =	Design	Result
(Devitt et al., 2018)	Disengagement with Irish	Social, cultural, cognitive and organisational factors	98	9 years	8568	Cross-sectional	- Children with less exposure to spoken Irish in school or at home (e.g., attending English language schools, not attending schools in Irish-speaking communities, no Irish spoken at home) and children with a general disengagement with school are more likely to show excess disengagement with the Irish language. - Literacy activity (limited reading for pleasure at home, no reading with parents), special education needs, receiving resource hours, high screen time use, multi-class teaching, attending a rural school, and school patronage are also found to be related to excess disengagement with the Irish language. - Excess disengagement with Irish is not found to be related to socio-economic or ethnic factors, factors related to teacher profile, training, self-efficacy or style or school ethos.
(D. Murphy et al., 2022)	Attitudes towards maths and reading	Bullying, psychological difficulties	98	9 years, 13 years, 15 years	8214	Longitudinal	- In relation to their attitudes towards numeracy and literacy, 46.6% reported always liking mathematics and 59.7% reporting that they always liked literacy at age 9. No differences were noted between those who reported they were bullied or not in relation to attitudes towards literacy. -

Peer-reviewed journal articles							
Authors	Well-being indicator	Risk / Protect factors	Cohort(s)	Age(s)	N =	Design	Result
							- Those who had been bullied were significantly more likely to have poorer attitudes towards mathematics.
Thematic reports							
Authors	Well-being indicator	Risk / Protect factors	Cohort(s)	Age(s)	N =	Design	Result
(Smyth, 2022)	Attitudes towards school subjects and reading for pleasure	Cohort/ time	98; 08	9 years (both cohorts)	Unclear	Cross-sectional	- Attitudes to reading improved somewhat over time, largely due to shifts in family background, with little change by gender or social class. - Attitudes to Maths remained stable overall, but the gender gap widened (in favour of boys), as did differences by parental education. - At age 9, most children read for pleasure a few times a week; daily reading was more common among girls and children from more advantaged families. - Over time, frequent reading declined, except among children with graduate parents, leading to increased disparities by social background.
(Smyth, 2017)	Attitudes towards math	Previous school experiences, child-teacher relations	98	9 years, 13 years	Unclear	Longitudinal	- Maths difficulties and negative attitudes to Maths at age 9 predicted later disengagement from the subject. - More negative attitudes to school and school subjects were found among those who received more reprimands and less positive feedback from their second-level teachers.
(Smyth, 2024)	Attitudes towards school subjects	Cohort/ time	98; 08	13 years (both cohorts)	Unclear	Cross-sectional	- There was an improved interest in English, Maths and, especially, Science among 13-year olds in the 08 cohort.

2.5 Childcare uptake

Peer-reviewed journal articles							
Authors	Well-being indicator	Risk / Protect factors	Cohort(s)	Age(s)	N =	Design	Result
(McNally et al., 2014)	Grandparent childcare provision	Infant, family, and community factors	08	9 months	11071	Cross-sectional	- 38.6% of infants experienced non-parental childcare: 12.4% were looked after by grandparents, 15.7% by other home-based carers and 10.5% in childcare centres such as creches. Grandparents were the cheapest source of childcare but also provided fewer hours and fewer days of care than other categories of carer. - Primary caregivers using grandparent care were more likely to cite quality of care as the main reason (74.0%) than those using other home carers (66.9%) or centre-based care (60.5%). - Less adaptable children were more likely to be in grandparent childcare than other forms of childcare, while infants with one or more siblings were less likely to be in grandparent childcare. - Families with lower incomes, primary caregivers younger than 30 years old, caregivers with lower secondary, Leaving Certificate, or non-degree education, caregivers with having family nearby were more likely to use grandparent childcare.
(Sprong & Skopek, 2023a)	Childcare choices	Migrant status, sociodemographic factors, need and accessibility factors	08	9 months, 3 years	7516	Longitudinal	- At age three, sole parental care was the prevalent primary care type for all migrant groups. - Compared to children from Irish-born households, children of migrant descent were more likely to be in formal care relative to informal care. However, children from non-English speaking immigrant households were less likely to be in both informal and formal care than parental care. Children from English speaking immigrant households were also slightly less likely to be in informal care than parental care, though there was no difference in the risk of formal care over parental care. - There were socio-demographic differences between groups of different migrant status, and socio-demographic factors and need and accessibility factors also predicted childcare use: parents with a higher education, living in an urban area had a higher probability of using formal care (vs parental care or informal care). Single parents, parent working part-time before birth, and with enough help were more likely to use informal (vs formal care). If the child had a mother that was active in the labour market prior to giving birth, the relative risk for informal and formal care relative to parental care was higher. Families with 3+ children had a lower probability to use informal or formal childcare vs parental childcare.

Thematic reports							
Authors	Well-being indicator	Risk / Protect factors	Cohort(s)	Age(s)	N =	Design	Result
(McGinnity et al., 2013)	Childcare uptake	Mothers' employment, sociodemographic characteristics	08	9 months	Unclear	Cross-sectional	- 39% of infants were in regular non-parental childcare at nine months, with most starting around six months and using care less than 30 hours/week. - Use of non-parental care was linked to maternal employment and family income, with higher-income and smaller families more likely to use care. - Relative care (mostly grandparents) was the most common form (42%), followed by non-relative care (31%) and centre-based care (27%). - Care quality differed by setting: centre-based care had more books and higher carer qualifications but less one-to-one interaction. - Relatives were especially important for low-income and younger mothers, and cost emerged as a key driver of childcare choices, even when family availability was considered.
(McGinnity et al., 2015)	Childcare uptake, Free Preschool Year	Sociodemographic characteristics	08	9 months, 3 years, 5 years	Unclear	Longitudinal	- Non-parental childcare use increased from 39% at 9 months to 50% at 3 years. - Care type shifted with age: relative care was most common at 9 months, while centre-based care became most common at 3 years. - Most children in non-parental care (63%) spent less than 30 hours/week in care, with 37% attending 30+ hours. - By age 5, 96% had participated in the Free Preschool Year (FPSY), compared to 27% in centre-based care at age 3. Over 20% of parents said they couldn't have afforded preschool without the FPSY.
(Darmody et al., 2022)	Childcare uptake	Migrant-origin status	08	3 years, 5 years, 9 years	Unclear	Longitudinal	- One-third of children had at least one parent born outside Ireland; 19% had both parents (or a lone parent) born abroad, and 11% had no native English-speaking parent. - Children of migrant-origin were less likely to attend centre-based childcare at age 3, though this varied by maternal country of birth. - Children with both parents born abroad started school earlier and were more likely to attend a DEIS school than those with one or both Irish-born parents.

2.6 Home learning environment

Peer-reviewed journal articles							
Authors	Well-being indicator	Risk / Protect factors	Cohort(s)	Age(s)	N =	Design	Result
(Kent & Pitsia, 2018)	Home learning environment	Social disadvantage	08	3 years	9793	Cross-sectional	- Younger parents and lone parents reported getting more involved in home learning environment activities than older parents and parents in dual-parent families. - Parents' level of education and parental employment were not related to the frequency parents and their children were involved in HLE activities.
(McNally et al., 2024)	Early shared reading and access to books	Child and parent characteristics	08	3 years, 5 years, 7/8 years, 9 years	7751	Longitudinal	- Shared reading frequency and the number of books in the home was higher in children with a higher education level of the primary caregiver, higher household income, English as the first language, among children with higher BAS Naming Vocabulary scores and in households where members engaged more frequently in cognitively stimulating activities such as learning numbers, songs, games with the child.

2.7 Neurodevelopment, expressive language

Peer-reviewed journal articles							
Authors	Well-being indicator	Risk / Protect factors	Cohort(s)	Age(s)	N =	Design	Result
(McCrory & Murray, 2013)	Neuro-development	Breastfeeding	08	9 months	11131	Cross-sectional	- Relative to those who were never breastfed, those who were ever breastfed had significantly higher odds of passing the fine motor, gross motor, problem solving, and personal-social modules of the ASQ at 9 months of age. - There was little evidence of a dose-response effect.
(Maher et al., 2020)	Developmental outcomes at age 9 months	Preeclampsia	08	9 months, 3 years, 5 years, 7/8 years	10692	Longitudinal	- Preeclampsia was not significantly associated with failing the ASQ domain at age 9 months.
(Murray & Egan, 2014)	Problem-solving and	Reading to infants	08	9 months	7845	Cross-sectional	- Reading to infants had an independent positive effect on scores for both the problem-solving and communication subscales of the Ages and Stages Questionnaire (ASQ), while the positive effect of showing

Peer-reviewed journal articles							
Authors	Well-being indicator	Risk / Protect factors	Cohort(s)	Age(s)	N =	Design	Result
	communication outcomes						pictures was independent only for communication scores. The effects of both of these activities were, however, less substantial than the positive effect observed for the more informal activity of frequently talking to the infant while doing other things; and this was observed for both communication and problem-solving. The analyses were robust to adjustment for several other factors including maternal education, gestational age, non-parental care, breastfeeding, attachment and presence of siblings. - Infants who were born prematurely - particularly very early at 32 weeks or less - had much lower scores than those born on time (37-41 weeks). Higher maternal attachment was associated with an increase in scores but having siblings was associated with a decrease.
(McNally & Quigley, 2014)	Language outcomes	Infant and environmental characteristics	08	9 months	11134 (unclear)	Cross-sectional	- All else being equal, infants in the second income quintile were more likely than infants in the highest income quintile to pass the communication measure, and infants of the oldest mothers were significantly less likely than mothers in their early 30s to pass. - Being a boy, in poor health at birth, having a low birthweight and having a fussy-difficult temperament were associated with failing to reach the 10-month target milestones. Being an only child and experiencing relative childcare by 9 months of age were also associated with positive outcomes. Mothers with the lowest level of education were more than twice as likely as mothers with the highest level of education to report passing the communication subscale at 9 months. - Infants of mothers who were in the oldest age category and infants of mothers who reported speaking less to the child while doing other things were less likely to pass the communication subscale. Infants whose mothers had reported concerns about the child's development were also less likely to pass the communication subscale once all other variables were controlled for.
(Al Khalaf et al., 2015)	Infant behaviour and motor development	Mode of delivery	08	9 months, 3 years	11096	Longitudinal	- At age 9 months, no differences in communication score and fine motor function score were observed between different modes of delivery after adjustment for other factors. - Elective caesarean section (CS) increased the odds of delay in

Peer-reviewed journal articles							
Authors	Well-being indicator	Risk / Protect factors	Cohort(s)	Age(s)	N =	Design	Result
							personal social development, and this effect was stronger in male infants born by elective CS. - Female infants born by emergency CS were at higher odds of developing a delay in problem solving skills than male infants. A significantly increased odds of abnormal gross motor function was found in both elective CS and emergency CS. Female infants born by IVD had a higher odds of delay in gross motor development, compared with boys.
(Hadfield et al., 2017)	Social, cognitive, and motor skills	Prematurity, caregiving	08	9 months, 3 years	11134	Longitudinal	- Maternal and paternal emotional distress were associated with better socioemotional functioning, as was maternal quality of attachment. - Being very preterm and late preterm were both associated with poorer cognitive skills. Greater maternal and paternal emotional distress was associated with worse cognitive outcomes. - Being very preterm and paternal emotional distress were associated with significantly poorer motor skills outcomes.
(Leech et al., 2022)	Expressive vocabulary	Book reading practice, sociodemographic characteristics	08	9 months, 3 years	9171	Longitudinal	- Children who were read to at 9-months had stronger expressive vocabulary skills at 36-months, even after accounting for socio-demographic and home literacy environment covariates measured at both 9- and 36-months.
(McNally, McCrory, et al., 2019)	Expressive language	Maternal education	08	9 months, 3 years	8062	Longitudinal	- Children from a lower secondary educational background score lower on the BAS compared with children of the tertiary educated, although the magnitude of the association is attenuated when taking into account differences in household income, parental practice, and material resources.
(Hoyne & Egan, 2022)	Nonverbal reasoning skills, expressive vocabulary	Home learning activities, parent-child relationship, socio-demographic factors	08	3 years	9793	Cross-sectional	- The findings indicate that activities such as reading, games, and painting/drawing are positively associated with nonverbal reasoning scores, as well as with vocabulary scores at age 3 years, even after controlling for other factors in the model. Teaching the alphabet, songs or numbers did not make significant contributions to the model. - Income and level of closeness between parent and child were also associated with both nonverbal reasoning and expressive vocabulary

Peer-reviewed journal articles							
Authors	Well-being indicator	Risk / Protect factors	Cohort(s)	Age(s)	N =	Design	Result
							scores, while maternal education and hostility were associated with nonverbal reasoning scores only.
(S. Coughlan et al., 2023)	Expressive language development	Preterm birth; Cognitive, motor, and social-personal abilities	08	9 months, 3 years, 5 years	8712	Longitudinal	- The preterm group had significantly lower language scores than their term-born counterparts at 9 months and 3 years of age, but not at 5 years of age. - The cognitive, motor, and social-personal abilities of the preterm group were significantly lower than those of the term-born group at 9 months and 3 years of age. - Preterm birth was indirectly (but not directly) associated with expressive language at 3 years of age via cognitive and social-personal abilities (but not motor abilities, mother-child relationship quality, or father-child relationship quality) at 9 months. - There was no direct or indirect effect of preterm birth on expressive language at 5 years of age. 5-year language ability was significantly positively predicted by 3-year language, cognitive, and social-personal abilities while it was not significantly predicted by 3-year motor abilities, or 3-year mother-child or father-child relationship quality.
(Girard et al., 2017)	Cognitive and noncognitive development	Breastfeeding	08	9 months, 3 years, 5 years	7478	Longitudinal	- Before propensity score matching, breastfeeding was associated with better development on almost every outcome. After matching and adjustment for multiple testing, only the association with children's hyperactivity at age 3 years remained significant for children who were breastfed for at least 6 months. When looking at partial breastfeeding models, this difference also disappeared. - No differences were observed post matching on any outcome at age 5 years.
(Mari & Keizer, 2021)	Verbal abilities	Parental job loss	08	9 months, 3 years, 5 years	6303	Longitudinal	- When adjusting for child, parent and household factors (e.g., parental income and negative parenting), paternal job loss is not associated with verbal abilities or internalising and externalising problems at age 3 and 5 years. At age 5, maternal job loss is significantly associated with externalising problems.
(Culloty et al., 2019)	Expressive language and speech	Twin status	08	3 years, 5 years	185 twins and 1309 closely	Longitudinal	- Twins attained mean standardised scores within the average normative range for the BAS-II at both 3 and 5 years.

Peer-reviewed journal articles							
Authors	Well-being indicator	Risk / Protect factors	Cohort(s)	Age(s)	N =	Design	Result
					spaced singletons		- Singletons attained a slightly higher mean score than twins at 3 years old. No significant twin-singleton difference was found at 5 years. - Gestation and birth weight completely mediated twin-singleton differences in expressive vocabulary at 3 years.
(Sprong & Skopek, 2022)	Child's verbal and non-verbal skills at age five	migrant status, family social background	08	3 years, 5 years (migrant status reported at age 9 months)	9001	Longitudinal	- Achievement gaps between children with Irish-born and the groups of children with foreign-born parents generally did not occur for non-verbal skills. - Most groups of children with a migration background had lower verbal scores than their peers with native parents, although there were considerable differences by the birth region of the parents. Some of these differences disappeared when taking into account that these children have another first language than English, which was the strongest negative predictor of verbal skills. - The household income and parents' educational credentials were associated with both verbal and non-verbal skills but typically only accounted for small parts of the differences by parental region of birth. - Other resources and investments (Educational activities and having 30 books or more in the house) as well as perceived social support of networks mattered but they only mildly reduced existing disparities in achievement by migration background. - Perceived social support, maternal mental health, and preschool hours were not associated with verbal nor non-verbal skills.
(McAvinue, 2018)	Oral language competence	Socio-economic status (household income, social class, education)	08	3 years, 5 years	8804 (3y), 7916 (5y)	Cross-sectional	- At both 3 and 5 years old, there was a linear association between Vocabulary and each of the SES measures [i.e. Income, Occupational Status, Education], as well as their combination. The magnitude of the association was somewhat smaller than that observed in the 3-year-old sample - Those children who had already commenced school at time of assessment having a higher standardised vocabulary score than those who had not yet commenced school.

Peer-reviewed journal articles							
Authors	Well-being indicator	Risk / Protect factors	Cohort(s)	Age(s)	N =	Design	Result
(McMullin et al., 2020)	Cognitive development	Socio-economic status, home-learning activities	08	3 years, 5 years	8201	Longitudinal	- Higher social class, maternal education and income are associated with higher vocabulary scores at age 3 years. When all three measures of social origin (class, education, and income) are included in the model, the magnitude of the association of each with cognitive outcomes is reduced, with class most affected. - Some evidence of an interaction effect between income and a high level of HLA, suggesting that how income relates to vocabulary scores at 3 years differs between groups depending on their HLA score. - Children whose mothers have a modest level of education, those whose parents are in the never worked/missing category, and those with the lowest-income levels make less progress in vocabulary formation from 3 to 5 years. Those in the lowest home-learning activities quintile at age 3 show lower vocabulary development between age 3 and 5.
(Li & Chzhen, 2023)	Cognitive and behavioural development	Household poverty	08	9 months, 3 years, 5 years, 9 years	7507	Longitudinal	- Children with at least one spell in poverty (out of four GUI waves) have worse cognitive and behavioural outcomes. - Overall, poverty is strongly related to child outcomes over time via the direct effects of current poverty on child outcomes and path dependency in both poverty and child outcomes over time. There are also indirect effects via the two child outcomes reinforcing each other as children grow older (with the effects of behaviour problems dominating those of cognitive ability), even as the parental investment and maternal stress pathways become less pronounced.

Thematic reports							
Authors	Well-being indicator	Risk / Protect factors	Cohort(s)	Age(s)	N =	Design	Result
(Nixon et al., 2013)	Infant development	Parental sensitivity, infant characteristics	08	9 months	11134	Cross-sectional	- Earlier gestational age (prematurity) was one of the strongest predictors of lower infant developmental scores. - Low birthweight and a difficult temperament were also linked to poorer developmental outcomes, though effects were relatively small.

Thematic reports							
Authors	Well-being indicator	Risk / Protect factors	Cohort(s)	Age(s)	N =	Design	Result
							- Greater parental sensitivity from both mothers and fathers was associated with higher developmental scores, but the associations were modest.
(McGinnity et al., 2015)	Cognitive outcomes	Childcare uptake	08	9 months, 3 years, 5 years	Unclear	Longitudinal	- Non-relative care (e.g. childminders) at age 3 was linked to modest gains in vocabulary over time, but no care type was associated with differences in non-verbal reasoning scores. - Longer hours (30+ per week) in non-parental care at age 3 were linked to slightly lower vocabulary scores, but not to differences in non-verbal reasoning. - Stronger predictors of cognitive outcomes included birthweight, socio-emotional development, family income, maternal education and age, consistent parenting, home learning environment, and engagement with grandparents. - Starting school by age 5 was linked to higher cognitive scores, though test familiarity may play a role. - Children from non-English speaking backgrounds had lower English vocabulary but slightly higher non-verbal reasoning scores. - Centre-based care at age 3 had a small positive effect on vocabulary for children from non-English speaking homes, and a small negative effect for children from English-speaking homes. - Childcare type did not impact cognitive outcomes for children from higher or lower educated households, once other factors were controlled. - Some marginally positive effects were seen for children in the Free Preschool Year (FPSY) when they attended centres with graduate leaders, especially in community settings, but overall effects were small and only weakly significant.

2.8 Relationship with teachers

Peer-reviewed journal articles							
Authors	Well-being indicator	Risk / Protect factors	Cohort(s)	Age(s)	N =	Design	Result
(Sharpe et al., 2023)	Teacher relationship	Mental health difficulties	98	9 years	8568	Cross-sectional	- Children in the high-risk groups for Behavioural Difficulties and Emotional and Behavioural Difficulties were more likely to report disliking their teacher than children a low-risk for these difficulties. Children in the high-risk group for Emotional Difficulties did not report a poorer teacher relation.

2.9 Shadow education

Peer-reviewed journal articles							
Authors	Well-being indicator	Risk / Protect factors	Cohort(s)	Age(s)	N =	Design	Result
(McCoy & Byrne, 2024)	Shadow education	Sociodemographic characteristics	98	9 years, 13 years, 17/18 years	5375	Longitudinal	- Nearly 60% of final year students indicated that they were engaged in shadow education (SE); - Females, students with special educational needs, final year students, students planning to attend higher education, students who consistently liked school (ages 9-13 years), and young people reported higher parental control are more likely to use SE. - Those who participated in cultural and sporting activities sporadically or not at all between the ages of 9 and 13, youth with parents with lower levels of education, living in very low-income households, from lower social class families, and those attending DEIS schools are significantly less likely to use SE

2.10 Verbal reasoning and numeracy, academic performance

Peer-reviewed journal articles							
Authors	Well-being indicator	Risk / Protect factors	Cohort(s)	Age(s)	N =	Design	Result
(Bowe et al., 2024)	Cognitive ability	Maternal, infant, and socioeconomic characteristic	08	9 months, 5 years	8856 in total; 2656 for testing dataset (30% of data)	Longitudinal	- The ten most important features used in the best performing model for predicting low cognitive ability at age 5 were (in order of importance): primary caregiver alcohol intake (measured when infant was 9-months old), family social class, primary caregiver education, number of bedrooms in the home, household equivalised income, gestational age, community connectedness, English parental native language, birth weight category, maternal age
(Smyth & Duta, 2022)	Cognitive skills	Parental education, household income, childcare type, home learning environment	08	9 months, 3 years, 5 years	7440	Longitudinal	- Reading to three-year-olds was the strongest predictor children's cognitive skills at the beginning of primary school among the HLE indicators. For the teacher-assessed outcomes, this was the case even when vocabulary test scores at age 3 were taken into account. - Other HLE indicators also had a positive role on children's cognitive skills, for example, alphabet, counting at age 3; playing computer games and library visits at age 5. - In terms of timing of the HLE, both age 3 and age 5 activities played an independent positive role in Ireland. - Family background had a stronger direct effect on cognitive skills compared to the indirect effect mediated by HLE. - Being in centre-based care at an early stage (9 months) was associated with enhanced reading skills in Ireland after accounting for childcare and vocabulary at 3 years old. Childcare provided by relatives or a childminder at 9 months and/or age 3 was also positively associated with vocabulary skills and teacher-rated language skills.
(Beatty & Egan, 2020)	Nonverbal reasoning ability	Screen time and activities	08	5 years	9001	Cross-sectional	- There was no significant difference in nonverbal reasoning scores between children who had no daily screen use and those who had any screen use. - Children who engaged in three or more hours of screen time per day had lower nonverbal reasoning scores compared to children with 1-<2 hours of screen time).

Peer-reviewed journal articles							
Authors	Well-being indicator	Risk / Protect factors	Cohort(s)	Age(s)	N =	Design	Result
							- Family factors did not moderate the impact of the various screen activities on nonverbal reasoning scores
(Eves et al., 2023)	IQ	Birth weight percentiles	08	5 years	7290	Longitudinal	- Higher birth weight percentiles and gestational age were independently associated with higher IQ, although only up until a certain point (69th BWP and 32 weeks of gestation). - Income, primary language, maternal education, and parity were also associated with IQ.
(McGovern, 2013)	Educational achievement	Sociodemographic characteristics, behaviours	98; 08	9 months, 9 years	10582 (08 cohort), 7282 (98 cohort)	Cross-sectional	- A higher birthweight was associated with higher math and reading scores at age 9 years.
(Conica et al., 2023a)	Academic performance	Home literacy (HLE) and home numeracy (HNE) environments	08	3 years, 5 years, 9 years	7110	Longitudinal	- The informal Home Literacy Environment (e.g., shared reading and the number of books in the home) and Home numeracy Environment at 3 years old demonstrated both domain-specific and cross-domain positive effects on children's language and numeracy outcomes at 5 and 9 years old. Some associations with child outcomes at 9 years old were only indirect through literacy skills, pragmatic language and/or numeracy skills at 5 years - The formal home literacy and numeracy environment were not associated with child outcomes.
(C. Dempsey et al., 2024)	Academic achievement	Child-adult relationship quality	08	3 years, 5 years, 9 years	7507	Longitudinal	- Maternal closeness at age 3 years was positively related to reading ability at age 9 years, while maternal conflict was negatively associated with reading ability. - Paternal closeness at age 3 years was positively related to reading ability at age 9. - Teacher closeness at age 5 was positively related to reading ability at age 9 years, while teacher conflict was negatively related to reading ability at age 9 years. - The protective effects of maternal closeness on child reading ability were strongest in the context of low teacher-child closeness.

Peer-reviewed journal articles							
Authors	Well-being indicator	Risk / Protect factors	Cohort(s)	Age(s)	N =	Design	Result
(McGinnity et al., 2022)	Reading ability	Social origin, sex, parental reading, ECCE participation, length of primary school exposure	08	3 years, 5 years, 9 years	6922	Longitudinal	- Both children's gender and their family's social class influence their cognitive development between age 3 and age 9, though the effects are additive, with little variation in the gender gap across social class groups. - Parental reading, ECCE participation and length of primary school exposure were found to facilitate language development and partly explain differences in reading scores at age 9, although strong direct effects of social class remained, even accounting for vocabulary score at age 3. The benefits from parental reading, ECCE and exposure to school are broadly similar for boys and girls, though there is some evidence that boys benefit more than girls from longer exposure to school.
(McNally et al., 2024)	Reading vocabulary	Early shared reading and access to books	08	3 years, 5 years, 7/8 years, 9 years	7751	Longitudinal	- Early shared reading and availability of books predicted higher reading scores at age 9, controlling for covariates at age 3. - Sixty-four percent of the association between early shared reading and reading attainment in middle childhood was explained by several paths incorporating language and literacy variables at age 5 and reading for pleasure at age 7. - The association between books at age 3 and vocabulary at age 9 was fully accounted for through an increase in the number of books at age 5 and greater likelihood of reading for pleasure at age 7.
(McConkey et al., 2021)	Speech and language difficulties	Hearing difficulties, social & emotional difficulties	08	5 years, 9 years	7700	Longitudinal	- Children with developmental impairments (especially those with two or more impairments), children with past or current hearing problems, and children with above threshold scores on social and emotional difficulties as rated by teachers were more likely to have speech and language problems at age 9 years. - Children who were reported to have been bullied and children with parents with higher stress scores were also slightly more likely to have speech and language problems at age 9 years
(Sprong & Skopek, 2023b)	Language achievement during school	Migrant status, language achievement before school	08	5 years, 9 years (migrant status reported)	7577	Longitudinal	- At age 5, English language achievement was significantly lower than the Irish average for children of all migrant groups, except for those with a parent from Western Europe, the UK and other Anglo-Saxon regions, who had scores similar to children with Irish parents. The greatest disadvantage was found for children of

Peer-reviewed journal articles							
Authors	Well-being indicator	Risk / Protect factors	Cohort(s)	Age(s)	N =	Design	Result
				at age 9 months)			Polish origin, but differences were also substantial for children with parents from other parts of Eastern Europe and the rest of the world. - At age 9 years, there were also some disparities in English language achievement by migration background, although they were typically smaller than they were before school. A large part of these disparities was attributable to the indirect effect of having a migration background through English language achievement before school. - Children with a migration background were doing better during school compared with peers who had similar levels of English language achievement to them before school, and this catch-up effect was most pronounced for groups that faced larger initial disadvantages. - Parental education and the household income seems to play a role in the initial disadvantages observed based on migration background.
(Williams et al., 2014)	Multidimensional deprivation (including education)	Sociodemographic variables	98	9 years	6945	Cross-sectional	- Children from one parent families, lower social class, a younger parent (<35), and a parent with a low level of education are more likely to experience multiple factors of deprivation (material well-being, housing and environment, education, health, risk behaviours, quality of school life, emotional well-being). Furthermore, these variables combined in a cumulative manner
(McCoy et al., 2014)	Academic achievement	Child, family and school factors	98	9 years	8356 (reading), 8449 (maths)	Cross-sectional	- Children in the most deprived urban schools achieve the lowest reading scores. For maths, there is only a difference evident for Urban Band 1 schools, with the differences between Urban Band 2, rural DEIS and non-disadvantaged schools becoming non-significant. - Higher social class, income, and especially maternal education are independently associated with higher reading and maths performance, with a slightly weaker effect on maths than on reading scores. - More books at home associated with higher reading scores, being from an immigrant family and having a learning disability with lower scores.

Peer-reviewed journal articles							
Authors	Well-being indicator	Risk / Protect factors	Cohort(s)	Age(s)	N =	Design	Result
							- Children attending schools with medium and high levels of literacy problems have lower reading and maths scores. - Those attending schools with higher attendance levels achieve higher reading and maths scores. - Reading and maths scores are higher among pupils in classes without any English language learners. - Girls in single-sex schools and those in city-based schools obtain higher reading scores than other pupils. - Children who 'never' look forward to going to school and 'never' like their teacher achieve lower reading and maths scores than others. - Those with discipline problems (as reported by the teacher) and who do not complete their homework have lower reading scores.
(McCrory & Layte, 2011)	Academic achievement	Breastfeeding	98	9 years	8226	Cross-sectional	- Children who were breastfed scored higher on reading and mathematics compared to those who were never breastfed, also when adjusted for a range of child, maternal, socio-economic and socio-environmental characteristics, although attenuated. - Any amount of breastfeeding was associated with significantly higher test scores than no exposure, but evidence of a dose-response relationship was weak (meaning longer breastfeeding duration does not result in higher scores).
(Casey et al., 2012)	Reading and mathematics skills	Home computer use	98	9 years	8465	Cross-sectional	- Not having a computer is associated with lower reading test results compared to owning a computer and not using it. - Having a computer in the household and using it 'a little' or 'a lot' is associated with higher reading and maths test results. - Reading and mathematics test performance are positively associated with parental educational level, household social class and household income as well as with the amount of time that the child spends reading. - Children who are allowed to surf the internet without the supervision of a parent or another adult score higher in maths tests. - Children who surf the internet for fun or for school projects, or who send and receive emails score higher than the children who

Peer-reviewed journal articles							
Authors	Well-being indicator	Risk / Protect factors	Cohort(s)	Age(s)	N =	Design	Result
							do not perform these tasks on both the reading and maths tests, although surfing for fun is only marginally significant in the maths model. - A negative and statistically significant association between reading and maths scores and using instant messaging or watching movies/downloading music on the computer was also found.
(McCoy, Byrne, et al., 2012)	Reading and mathematics test performance	Out-of-school activities	98	9 years	8578	Cross-sectional	- Boys achieve higher average reading scores than girls, when controlling for social composition and out-of-school activities. - Clear differences are evident in reading scores across social class and family income groups. - Children who take part in cultural activities outside school also achieve higher reading score. Some club membership is more beneficial for reading than none, while multiple membership is most beneficial. - Children who spend extensive amounts of time with friends have significantly lower reading scores than children who spend smaller amounts of time with friends. - Children who are highly disengaged from school, indicating that they never like school, have significantly lower reading scores than children who like school. For the most part, these patterns hold for both males and female. - The findings in relation to mathematics are broadly similar to those for reading, but there is greater social differentiation in mathematics attainment than in reading attainment.
(Quail & Smyth, 2014)	Academic and social outcome	Age composition of the class (single-grade vs multigrade)	98	9 years	8578 (unclear)	Cross-sectional	- Sociodemographic differences were observed in academic outcomes. - All else being equal (child/family/school factors), the composition of the multigrade class was not associated with reading and math test scores. However, in sex-differentiated analyses, girls in classes with older children scored significantly worse in reading and maths tests than those in single-grade classes, no such effects were evident for boys.

Peer-reviewed journal articles							
Authors	Well-being indicator	Risk / Protect factors	Cohort(s)	Age(s)	N =	Design	Result
(Doris et al., 2013)	Mathematical achievement	Single-sex education	98	9 years	3456 boys, 3220 girls	Cross-sectional	- Boys perform better in maths than girls, irrespective of school type, although the gap is most pronounced for boys attending single-sex schools. There is no corresponding effect of girls' single-sex education; as a result, single-sex schooling increases the gender gap. - Parental education, family income, maternal age, local unemployment rate and child limited by language are significant predictors of math achievement (being in the top quartile) in boys and girls. Birthweight has a significant positive effect on the maths achievement of boys at age nine, but has no effect for girls.
(Hyland et al., 2015)	Educational performance	Public subsidies, classroom use of the internet	98	9 years	5651 (reading), 5708 (maths)	Cross-sectional	- Being in a classroom where the internet is used is associated with higher reading and especially higher maths test scores. - Children with a more highly educated primary or secondary carer and those from a household with a higher social class or higher income, as well as children in that engage in certain out-of-school activities (e.g., cultural activities) have higher reading and maths scores. Children with an intellectual disability have lower reading and maths scores. - Lower reading scores are also observed in children attending urban schools classified as disadvantaged, while maths scores are positively associated with teacher experience and being male, but negatively with having a chronic illness or disability.
(Layte & McCrory, 2013)	Academic achievement	Chronic illness	98	9 years	7947	Cross-sectional	- Children with a chronic illness (mental, behavioural, other) scored lower on reading and maths tests than their healthy peers, however, this association was completely mediated by emotional and behavioural problems controlling for school absence and bullying by peers.
(Madden, 2018)	Educational achievement	Maternal education	98	9 years	7536	Cross-sectional	- A higher equivalised household income, a higher number of children's books in the home and higher maternal age were associated with better educational achievement (both maths and reading scores) among 9-year-olds.
(Murray, 2012a)	Academic achievement	Maternal parenting style	98	9 years	6934	Cross-sectional	- Some differences were observed in reading and maths scores based on parenting style, however these results did not all remain

Peer-reviewed journal articles							
Authors	Well-being indicator	Risk / Protect factors	Cohort(s)	Age(s)	N =	Design	Result
							significant when adjusting for other variables. - Being male, not having an Irish-born mother, a higher maternal level of education, household social class, equivalised household income, having a dual parent household, having fewer school problems, always/almost always completing housework and a higher self-concept were all positively associated with higher math scores. All these variables, except for child sex, country of origin, and dual parent household, were also significantly positively associated with higher reading scores. - Results suggest that both parental engagement (homework checking) and increased self-concept have mediating roles in the relationship between authoritative parenting and academic achievement.
(Smyth et al., 2010)	Reading test score and mathematics test score	Social class, parental education, informal educational and cultural resources	98	9 years	8578 (unclear)	Cross-sectional	- Both social class and parental education are found to have significant effects on reading and mathematics test scores among nine-year-olds. These effects are partly mediated by home-based educational resources and activities (e.g., having a computer at home, taking part in after-school cultural activities, frequently reading for fun at home, number of children's books at home), parents' educational expectations for their child, and parents' formal involvement in the school. More importantly, children's own engagement with, and attitudes to, school significantly influence their academic performance. Girls had poorer reading and math test scores.
(Hannan & Halpin, 2014)	Educational development	Family structure	98	9 years	±7000	Cross-sectional	- Children from never married one-parent families score lower on the maths test and reading test when compared to children in married two-parent families, and this remained significant, although smaller in effect, after propensity score matching.
(Byrne, 2016)	Cognitive outcomes at age 13 years	After-school care arrangements at age 9 years	98	9 years, 13 years	6471	Longitudinal	- Cognitive outcomes at thirteen years are best explained by child, family, school and parental characteristics rather than direct effects of the type of out-of-school care arrangement held at age nine: - In terms of individual characteristics, sex, birthweight, diagnosis of a special educational need, and attitudes toward Mathematics emerged as significant explanatory factors in explaining variation in scores on the numeric ability aptitude test.

Peer-reviewed journal articles							
Authors	Well-being indicator	Risk / Protect factors	Cohort(s)	Age(s)	N =	Design	Result
							- There is a clear influence on the numeric ability aptitude test scores at age 13 of the socio-economic circumstances of families when children are age 9. Lower scores were associated with fewer books in the home, lower income families and living in rental accommodation, all else being equal. Children living in professional and managerial families, as well as those living in a family with limited contact with extended family, are faring considerably better on this measure than other groups of young people at age thirteen. Higher average scores were evident among those whose primary caregiver had obtained Higher Education (undergraduate or postgraduate), while lower average scores were evident among older primary caregivers, all else being equal. - In terms of school characteristics, those attending a DEIS school were significantly more likely to have lower scores on average, while those attending schools with low levels of literacy problems among the student intake were significantly more likely to have higher scores on average. No association with verbal reasoning.
(McCoy et al., 2016)	Academic outcomes	Parents' educational expectations	98	9 years, 13 years	7423	Longitudinal	- Taking account family socio-economic and emotional characteristics, those with emotional/behavioural and, particularly, general learning/intellectual disabilities are significantly more likely to perform poorly academically. Young people with specific learning disabilities are also significantly more likely than those without disabilities to be in the lowest quintile at 13 years, although they do not differ to those without disabilities in terms of changes in their academic skills. Children with physical, visual or speech disabilities had similar results to children with no disabilities. - Mother's educational level is by far the strongest predictor of academic performance at 13 years - with those whose mothers with the lowest levels of education, being substantially more likely to perform at the lowest level academically. - Girls as more likely to score poorly in maths (lowest quintile), even after taking account of their academic performance at 9 years of age.

Peer-reviewed journal articles							
Authors	Well-being indicator	Risk / Protect factors	Cohort(s)	Age(s)	N =	Design	Result
							- Where parents expect their child to achieve secondary or sub-degree qualifications, rather than a degree they are more likely to perform poorly. - Young people who perform very poorly at age 9 are much more likely than the top performers to perform very poorly at age 13. - High levels of parent-child conflict predict poorer academic development from 9 to 13 years old.
(O'Brien et al., 2023)	Verbal, and numerical outcomes	Parent-child relationships, prematurity	98	9 years, 13 years	8491 (unclear)	Longitudinal	- Being born very preterm was associated with lower verbal and numerical ability. - Increased maternal closeness was associated with a higher verbal ability, while maternal conflict and paternal conflict were associated with lower levels of verbal ability. Maternal conflict and paternal conflict were both associated with poorer numerical ability. - Children who were born very preterm were differentially affected by parental relationship compared with full-term children in some models; increased maternal closeness had a more negative effect on verbal ability whereas increased paternal conflict had a more positive effect.
(Kong, 2020)	Academic achievement	SES, sociodemographic characteristics, parent-child relationship	98	9 years, 13 years	6415	Longitudinal	- In the low-SES group, significant predictors of academic achievement at age 13 are geographical location: Being in the rural area significantly predicted academic achievement, educational aspiration, attentional and hyperactivity problems, and close relationship between the primary caregiver and the child. - Stratifying the low-SES group by child sex, the results show that high educational aspiration is a very strong predictor in boys, but this factor does not apply to girls. Conduct problems was a risk factor only for boys' just as peer problems appeared to only threaten girls' achievement. In contrast, boys who experienced peer problems appeared to get a boost in their academic achievement. Parent-child closeness predicted achievement only in girls. Being in the rural area appeared to benefit boys in far greater magnitude than girls. In contrast, an increase in neighbourhood problems posed a risk to girls' achievement. - In the high-SES group, significant predictors of academic

Peer-reviewed journal articles							
Authors	Well-being indicator	Risk / Protect factors	Cohort(s)	Age(s)	N =	Design	Result
							achievement at age 13 are being in the rural area, neighbourhood risk, class climate, parental expectation, maternal education, educational aspiration, attentional and hyperactivity problems, and academic self-concept.
(S. Dempsey et al., 2019)	Reading and maths performance	Mobile phone ownership	98	9 years, 13 years	6407 (English), 6446 (math)	Longitudinal	- Children who own a phone at the age of nine are more likely to have a lower Drumcondra Reading Score and Maths Score at age 9 years, and a lower Drumcondra Verbal Score and Numerical Ability Score at age 13 years than children who do not own a phone at the age of nine.
(O'Connell, 2018)	Academic achievement	Cognitive ability, individual and school factors	98	9 years, 13 years	7525 (7147 in regression analyses)	Longitudinal	- Reading and mathematics test scores were higher in children with a higher DRT Reasoning score and BAS non-verbal Reasoning score, higher birthweight, living in wealthier households, and high attendance at parent-teacher meetings in the child's school. Gender, parental education, and home language also made a contribution to reading test scores, while a general factor of personality was significant for mathematics. Overall, the cognitive ability measures accounted for almost all of the explained variance, and other factors, while sometimes statistically significant, were of relatively minor importance.
(Beadleston et al., 2019)	Cognitive performance (verbal reasoning and numerical ability)	Group membership	98	13 years	7525	Cross-sectional	- Boys had higher (numerical, verbal, and total) cognitive test scores than girls - More group memberships were associated with better test scores, although there was no gain evident in test scores beyond three group memberships - Exercise was a significant covariate in all analyses. For boys, the link between group memberships and improved cognitive performance worked only via increased engagement in hard exercise. This was not, however, the case for girls: their group memberships linked to improved cognitive performance both indirectly, via exercise, and directly.
(D. Murphy et al., 2022)	Numeracy/ Literacy achievement	Bullying, psychological difficulties	98	9 years, 13 years, 15 years	8214	Longitudinal	- Mother's education, income quantile, liking math at age 9, and both literacy and math scores at age 9 were all positively linked to later math achievement, whereas psychological difficulties at age

Peer-reviewed journal articles							
Authors	Well-being indicator	Risk / Protect factors	Cohort(s)	Age(s)	N =	Design	Result
							9 and liking reading at age 9, were negatively related to later mathematics achievement. - Final literacy achievement scores were positively predicted by mother's education, income quantile, both literacy and mathematics scores at age 9, liking reading at age 9 and self-report of doing well in school at age 9, while scores were negatively related to earlier psychological difficulties. - Girls had higher literacy scores than boys. - Greater psychological difficulties at age 9 were related to lower math and literacy scores. - Controlling for several important demographic variables as well as earlier psychological difficulties and performance in these academic domains, the effect of bullying at age 9 years on later numeracy and literacy achievement was mediated by psychological difficulties over time. - There was still a direct negative effect of bullying at age 9 years on mathematics junior cert scores. The direct effect from bullying to later Literacy scores was non-significant.
(Madden, 2022b)	Cognitive test scores	Socio-economic factors	98; 08	9 months, 3 years, 5 years, 9 years, 13 years, 17/18 years	5668 (08 cohort), 5326 (98 cohort)	Longitudinal	- The gradient is observed from the age of 3 with tentative evidence that it widens as children get older. We have evidence on a wide range of tests and there is some evidence that the gradient is slightly stronger for tests involving crystallised as opposed to fluid intelligence. - Some evidence that mobility across the distribution of test scores is less among poorer children.
(McAvinue, 2022)	Academic achievement	Socio-economic status of the neighbourhood	98	9 years, 17/18 years	8527 (9y), 4381 (17/18y)	Cross-sectional	- The SES of each social context made an independent contribution to Reading/English and Maths performance in both the 9 and 17/18-year-old samples. Family context had the most important influence, followed by that of the school and, finally, the neighbourhood.

Peer-reviewed journal articles							
Authors	Well-being indicator	Risk / Protect factors	Cohort(s)	Age(s)	N =	Design	Result
(Mihut et al., 2022)	Academic outcomes	Individual characteristics, home and school environmental factors	98	9 years, 17/18 years	5131	Longitudinal	- Having a special educational need (SEN) at 9-year-old was associated with lower junior certificate average scores at age 17 years, with the exception of young people with a physical SEN (in the fully adjusted models). - Being female, having lower reading scores at 9 years, having a lower self-concept at 9 years, higher economic vulnerability, higher conflict with primary caregiver at 9 years, having a primary caregiver with a chronic illness or depression, lower parental educational expectations, and DEIS school status were all also significantly associated with lower junior certificate average scores.
(O'Connell & Marks, 2021)	Cognitive measures	Socioeconomic background, cognitive ability, sex	98	9 years, 13 years, 17/18 years	5252	Longitudinal	- On academic and cognitive attainments, cognitive ability at age 13 had substantially more explanatory power than the SES measures together. - Girls exhibited higher scores on national examination and boys had higher numeracy scores.
(Layte, 2022)	Educational achievement	Family's experience of economic strain	98	9 years, 13 years, 17/18 years	4955	Longitudinal	- A family's experience of economic strain can significantly reduce child attainment in state exams at age 15. - The variables associated with 'family stress model' explain more of the effect for economic strain than change in the variables associated with 'family investments model'.
(Bohnert & Gracia, 2023)	Academic performance	Digital engagement	98	9 years, 13 years, 17/18 years	7685	Longitudinal	- Low to moderate levels of screen time are associated with higher math scores. - Engagement with learning-oriented digital activities and gaming are positively associated with math performance and English performance. - Low-SES adolescents are globally more harmed than high-SES adolescents by their digital engagement, and high-SES adolescents benefit more from moderate levels of digital use and from engaging in learning-oriented digital activities.
(O'Connell & Marks, 2023)	Leaving Certificate performance	Household income, school type, cognitive ability, sex	98	9 years, 13 years, 17/18	3105	Longitudinal	- Students who attended fee-charging schools were about 9% ahead in Leaving Certificate performance. - When adjusting for other factors, School type was a significant if modest predictor of outcome in LCP.

Peer-reviewed journal articles							
Authors	Well-being indicator	Risk / Protect factors	Cohort(s)	Age(s)	N =	Design	Result
				years, 20 years			- Children whose scores were higher prior to attending second-level school were far more likely to achieve significantly more points in the Leaving certificate proxy (LCP). Logged Household Income was also associated significantly with LCP, whereby children from more affluent higher-income families were more likely to do well in their LCP, but the effect is quite weak. Girls significantly outperformed boys in LCP scores although boys outperformed girls in the latent academic ability (LAA) measure.
(Dooley, Kennelly, et al., 2023)	poor functional outcomes at age 17 and 20 (including adverse educational/ economic outcomes)	Mental health trajectories at age 9-13	98	9 years, 13 years, 17/18 years, 20 years	5141	Longitudinal	- Childhood psychopathology groups (internalising/ externalising/ high psychopathology) from age 9 to 13 years were more likely to have poor educational/economic outcomes. - Sex-stratified analyses showed similar results for male and female participants.

Thematic reports							
Authors	Well-being indicator	Risk / Protect factors	Cohort(s)	Age(s)	N =	Design	Result
(Darmody et al., 2022)	English language development	Migrant-origin status	08	3 years, 5 years, 9 years	Unclear	Longitudinal	- One-third of children had at least one parent born outside Ireland; 19% had both parents (or a lone parent) born abroad, and 11% had no native English-speaking parent. - Children of mothers from English-speaking countries had similar English vocabulary scores to Irish-origin children; children of Eastern European mothers had significantly lower scores. - English language proficiency improved significantly among migrant-origin children between ages 3 and 9, though children with two non-native English-speaking parents still had lower average reading scores at age 9.
(Smyth & Russell, 2021)	Academic outcomes	Nature of the father-child relationship	08	9 months, 3 years,	4090	Longitudinal	- Children who got on very well with their fathers had lower reading test scores at 9 years, but this pattern was observed only among fathers with lower levels of education.

Thematic reports							
Authors	Well-being indicator	Risk / Protect factors	Cohort(s)	Age(s)	N =	Design	Result
				5 years, 9 years			- Higher levels of parental stress were linked to poorer academic outcomes
(McCoy, Quail, et al., 2012)	Vocabulary and non-verbal reasoning	Activities	98	9 years	Unclear	Cross-sectional	- Children who engage in cultural activities and social networking perform better in reading and mathematics, even after accounting for background factors. - Participation in sports or computer games is also associated with higher reading and maths scores. - The lowest test scores are found among children whose time is mainly spent on TV/sports and among those with “busy lives” (i.e. engaging in a broad mix of ICT, reading, cultural activities, sports, and video games).
(Darmody et al., 2020a)	Academic performance	Social inequalities, Covid-19 pandemic	98; 08	Unclear	Unclear	Unclear	- Available evidence in Ireland and internationally suggests that inequalities (e.g., those from more disadvantaged backgrounds having lower academic performance) have grown in the wake of the pandemic.
(Maître et al., 2021)	Cognitive and educational attainment	Economic vulnerability	98; 08	9 months, 3 years, 5 years, 9 years, 13 years, 17/18 years	6039 (98 cohort), 7507 (08 cohort)	Longitudinal	- Exposure to economic vulnerability (EV) occurred in 44% of families with young children and 38% of families with older children; for 5% in both groups, EV was persistent. For many, EV was a one-time or transient experience (22% in both cohorts). - Childhood exposure to EV was linked to poorer health outcomes at age 9 (2008 cohort) and age 17 (1998 cohort), including including cognitive and educational attainment.
(Russell & Smyth, 2024)	Academic outcomes	Care responsibilities	98	17 years, 20 years	Unclear	Longitudinal	- At age 17, 25% of young people regularly provide care, mainly for younger siblings (15%) or grandparents/older relatives (12%). By age 20, caregiving drops to 20%. Across both ages, 36% provide care at some stage, but only 9% do so consistently at both ages. - Young people involved in care at 17 years of age tend to receive lower Leaving Certificate grades than their counterparts, even taking account of prior achievement, particularly if they are caring for multiple family members.

3. Socioemotional development and well-being

3.1 Antisocial behaviours/contact with the criminal justice system

Peer-reviewed journal articles							
Authors	Well-being indicator	Risk / Protect factors	Cohort(s)	Age(s)	N =	Design	Result
(Rubio-Cabañez, 2024)	Antisocial behaviour	Presence of outdoor recreation areas	08	3 years, 5 years, 9 years	21958 for OLS analysis/ 22072 for TWFE analysis	Longitudinal	- The presence of outdoor recreation areas reduces children's mental difficulties. Looking at the SDQ subscales, outdoor recreation areas reduce conduct, hyperactivity, peers, and antisocial problems. The largest effects are found for hyperactivity and antisocial problems.
Thematic reports							
Authors	Well-being indicator	Risk / Protect factors	Cohort(s)	Age(s)	N =	Design	Result
(Nixon, 2021)	Antisocial behaviour	Sociodemographic variables, parent and peer relationships, onset of puberty, bullying victimisation and perpetration,	98	9 years, 13 years	7423	Longitudinal	- Most 13-year-olds (91%) reported little to no antisocial behaviour (ASB). - ASB was more common among boys; 3.5% engaged in 4+ ASB behaviours. Puberty and Gender Differences: - Late-maturing boys showed more internalising issues but lower ASB. - ASB was linked to more friends, older friends, peer alienation, and past bullying perpetration. - Parent-child conflict and low closeness were key predictors of poor outcomes, particularly for girls' internalising problems and boys' ASB. Girls were more affected by mother-daughter dynamics; boys by father-son dynamics.
(Smyth & Darmody, 2021)	School-based misbehaviour, antisocial behaviour	Individual, family, peer, school and neighbourhood factors	98	9 years, 13 years, 17/18 years	Unclear	Longitudinal	- Boys had more externalising and antisocial behaviours; girls were more prosocial but internalised more. - Young people with SEN, from lower-education or financially strained families, or from lone-parent households showed more behaviour difficulties. - Positive parenting relationships and parental monitoring protected against antisocial and externalising behaviours.

							- The school attended influenced misbehaviour, truancy, and emotional difficulties, even after accounting for student background. - DEIS school students had more behaviour issues—but also higher prosocial behaviour—than peers in other schools. - Students in fee-paying schools had more truancy and antisocial behaviour. - Positive teacher relationships were protective; frequent reprimands predicted poorer later behaviour. - Streaming and disengagement (e.g. “hating school”) were linked to worse outcomes. - Large friend networks protected against emotional problems but increased risk of “acting out”. Older friends and poor-quality peer relationships predicted worse behaviour. - Neighbourhood disadvantage mattered less than school environment, but disorderly areas and urban living were linked to more difficulties. - Local facilities, safe places, and structured sports were protective. - Having one trusted adult was consistently linked to better behaviour outcomes.
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3.2 Bullying, perpetration

Peer-reviewed journal articles							
Authors	Well-being indicator	Risk / Protect factors	Cohort(s)	Age(s)	N =	Design	Result
(D’Urso & Symonds, 2022)	Bullying and victimization	Internalising and externalising problems	08	9 months, 3 years, 5 years, 7/8 years, 9 years	11134	Longitudinal	- For boys, bullying others was predicted by higher externalising problems at age 9 years and lower verbal cognitive abilities. Reports of victimization were positively predicted by externalising problems and internalising problems at age 9 years. - For girls, bullying others was only negatively associated with lower cognitive ability. Being victimised was positively associated with externalising problems and internalising problems at age 9 years.
(Reulbach et al., 2013)	Bullying (victimisation and perpetration)	BMI, body image	98	9 years	4568 (unclear)	Cross-sectional	- 39.7% of girls and 40.1% of boys had been victimised in the past year, with no significant difference between sexes.

Peer-reviewed journal articles							
Authors	Well-being indicator	Risk / Protect factors	Cohort(s)	Age(s)	N =	Design	Result
							- Children who were BMI classified as having overweight or obesity were more likely to be victimised when compared with children with a lower BMI. - Children who described themselves as bit or very overweight were more likely to be victimised when compared with children who declared their body size as not overweight. - BMI-classified thinness was not significantly associated with victimisation, whereas a self-description or body image of being skinny or very skinny was significantly associated with being victimised. - Children who described themselves as 'very skinny', 'skinny', 'a bit overweight' or 'very overweight' were more likely to report having picked on another child, compared to children who described their body size as 'just the right size'. This was evident in both boys and girls.
(Williams et al., 2014)	Multidimensional deprivation (including quality of school life which incorporates being bullied, and risk behaviours which incorporates bullying perpetration)	Sociodemographic variables	98	9 years	6945	Cross-sectional	- Children from one parent families, lower social class, younger parent (<35), and a parent with a low level of education are more likely to experience multiple factors of deprivation (material well-being, housing and environment, education, health, risk behaviours, quality of school life, emotional well-being). Furthermore, these variables combined in a cumulative manner.
(Sharpe et al., 2023)	Bullying	Mental health difficulties, child, family and school factors	98	9 years	8568	Cross-sectional	- Children in the high-risk mental health symptomology groups (Emotional / Behavioural / Emotional + Behavioural difficulties) were more likely to report being bullied compared to children in the low-risk group.
(McAuley et al., 2012)	Children's perspectives on their daily lives - bullying	/ (qualitative study)	98	9 years	120	Cross-sectional	- Bullying by peers had been experienced by many of the children and almost all were conscious of the danger of becoming bullied.

Peer-reviewed journal articles							
Authors	Well-being indicator	Risk / Protect factors	Cohort(s)	Age(s)	N =	Design	Result
(Baker et al., 2018)	Being bullied	Body mass index, sex, parental and adolescent factors	98	13 years	7525	Cross-sectional	- Male adolescents with overweight were bullied in school a greater number of times than males with a normal weight and females with a normal weight or overweight.
(D'Urso et al., 2021)	Being bullied	Sociocultural factors	98	9 years, 13 years, 17/18 years	7165	Longitudinal	- Approximately 9% of participants reported having been bullied in the past 3 months. - There were no gender differences in being bullied, however, more participants who reported being bullied attended socially disadvantaged schools, they had higher levels of family poverty, neighbourhood disorder, family trauma, and transitions. Those being bullied had lower levels of friendship closeness and rapport with parents in early adolescence, and reports of feeling confident, well balanced, prepared for adult life, and thinking independently in late adolescence. - Being bullied in early adolescence (13 years) was most strongly predicted by having fewer close friends at age 13 years. This was followed in strength by lower levels of rapport with parents, family poverty and neighbourhood disorder at age 9 years.

3.3 Coping strategies

Peer-reviewed journal articles							
Authors	Well-being indicator	Risk / Protect factors	Cohort(s)	Age(s)	N =	Design	Result
(Mihut et al., 2022)	Coping styles	Individual characteristics, home and school environmental factors	98	9 years, 17/18 years	5131	Longitudinal	- Students with an emotional SEN were less likely to employ problem solving, and students with a general learning SEN were more likely to seek support than students without SEN. - The effect of self-concept was persistent across all coping style outcomes (higher self-concept). - Young men were less likely to seek support and less likely to employ avoidance coping styles than young women.

Peer-reviewed journal articles							
Authors	Well-being indicator	Risk / Protect factors	Cohort(s)	Age(s)	N =	Design	Result
							- Young people from households with economic vulnerability were less likely to employ positive coping styles, yet no association was noted on the avoidance outcome. - Young people who experienced conflicts with their primary caregivers were less likely to employ problem solving and more likely to employ avoidance. Higher levels of closeness with primary caregiver was associated with higher likelihood of seeking support and lower likelihood of employing avoidance. - Young people whose primary caregiver expected them to complete higher education registered both higher levels of employing problem solving as well as avoidance. - Students who received additional help for school were less likely to employ seeking support as a coping strategy.
(Mirkovic et al., 2024)	Coping strategies	Support seeking when facing problems	98	17/18 years	6216; 5533 in sub analyses	Cross-sectional	- Youth with additional non-parental adult support are more likely to use active coping strategies: - Youth that seeks support from a parent and another adult showed higher results for using problem solving and seeking support and lower results for avoidance than youth that seeks support from parents only.

3.4 Gambling, self-harm

Peer-reviewed journal articles							
Authors	Well-being indicator	Risk / Protect factors	Cohort(s)	Age(s)	N =	Design	Result
(D. McEvoy et al., 2024)	Self-harm	Child and parent behaviours	98	13 years, 17/18 years, 20 years	7525 (13y), 6216 (17y), 5157 (20y)	Longitudinal	- At age 13, children with 'peer problems' (higher probabilities of bullying, being unpopular and internalising problems) and a 'school and substance use problems' (higher probabilities of substance use, truancy or excessive absence from school and violence) had over a two-fold risk of self-harm at age 17 in comparison to the low risk factor group, children with 'family conflict and externalising problems' (externalising problems, higher probability of conflict with their parents) also had a slightly higher risk of self-harm. - At age 17, children with diagnosed depression were at the highest

Peer-reviewed journal articles							
Authors	Well-being indicator	Risk / Protect factors	Cohort(s)	Age(s)	N =	Design	Result
							risk of self-harm at age 20. Children with undiagnosed depression were also at higher risk for self-harm.
(Duggan & Mohan, 2023)	Gambling	Team sport, sex	98	17/18 years, 20 years	4571	Longitudinal	- Online gambling increased from 2.6 to 9.3% between 17 and 20 years in the cohort, with the increase driven by males. - Playing team sports was positively associated with regularly gambling, as well as online gambling behaviour, independent of socio-demographic and other risk factors for males but not for females. - There was also some support for a dose-response like effect for males, where a longer period of participation in team sports (at both age 17 years and 20 years, instead of at 20 years only) is associated with a higher likelihood of engaging in gambling behaviour compared to shorter periods. - Being in employment, compared to in education, is associated with a higher odds of engagement with frequently gambling, while living at a non-parental address is estimated to have a lower odds of gambling compared to living with parents. More regular alcohol consumption and cannabis use is associated with regularly gambling.

3.5 Hobbies, activities, interests

Peer-reviewed journal articles							
Authors	Well-being indicator	Risk / Protect factors	Cohort(s)	Age(s)	N =	Design	Result
(Martin et al., 2022)	Activities	Sociodemographic characteristics	08	3 years, 5 years, 7/8 years	9771 (3y), 8695 (5y), 5057 (7/8y)	Longitudinal	- Six clusters of screen time and physical activity were identified in 3-year-old children with the majority falling into a High Active & Mixed Screen Time (23.2%). - Children in the "High Active & Mixed Screen Time" cluster at age 3 were significantly more likely to engage in physical activities at ages 5 and 7-8 compared to the "Low Active & Screen Time Exceed" cluster. - Moderate activity clusters also showed higher participation in physical activities at later ages, though children in "Moderate Active & Screen Time Exceed" were more likely to play on a computer or tablet. - At 5 years, boys were more likely than girls to attend a sports club,

Peer-reviewed journal articles							
Authors	Well-being indicator	Risk / Protect factors	Cohort(s)	Age(s)	N =	Design	Result
							engage in climbing activities, play with a ball, and play on a computer or tablet, but less likely than girls to play chase or ride a bike, ride a tricycle or scooter and engage in skating activities. - At age 7/8 years, boys were more likely to play games with a lot of running, play on a computer or tablet device, but less likely to engage in games with some activity, ride a bicycle, tricycle or scooter and enjoy dance, music and movement. - Differences in types of activities were also observed based on the clusters. - Children with a male primary caregiver were less likely to highly engage in games with moderate activity. Primary caregiver employment status influenced children's activity levels at age 5.
(Sohun et al., 2021)	Child physical activity	Family and parent, neighbourhood, and societal and policy related factors	98	9 years	116 families	Cross-sectional	- Physical activity parenting (PAP) practices of encouragement, involvement, and facilitation were positively associated with children's engagement in structured sport activities. - Co-participation was positively associated with children's participation in unstructured PA. - Children from middle and higher socio-economic class families participated in a greater repertoire of structured PA and benefited from a greater diversity of PAP practices. - Family context (social class, structure, size), community resources and organisational factors mediated the presence of PAP practices.
(Darmody & Smyth, 2017)	Sports and cultural participation	Migration status	98	9 years	7524 (9y), 7418 (13y)	Cross-sectional	- At age 9 years, immigrant-origin children are less likely to take part in organised sports activities or structured cultural activities (such as music or dance classes) than their Irish peers. The participation gap is greater for those from non-English-speaking backgrounds and those whose families are from Eastern Europe, Africa or Asia. - The gap between immigrant and Irish children's sports and other leisure participation reduces from 9 to 13 years, especially for boys, although involvement at 9 years has a notable influence on participation at 13 and involvement among Asian young people remains lower than among other groups. - There is particularly low participation in structured team sports among immigrant-origin girls at age 9. Involvement in cultural activities (dance, arts) is lower in immigrant and native boys.

Peer-reviewed journal articles							
Authors	Well-being indicator	Risk / Protect factors	Cohort(s)	Age(s)	N =	Design	Result
							- Sports participation at age 9 is higher among better educated families and where the child has siblings, but lower for lone parent families, those with special educational needs, those living in urban settings, those in urban DEIS schools (esp. Urban Band 1) and in single-sex girls' schools. - Even taking family background, income and school characteristics into account, there is a gap in sports participation between immigrant-origin and Irish children, which is lower among African, Eastern European and, in particular, Asian families.
(B. Coughlan et al., 2014)	Sporting, cultural and community activities	Minority status, social welfare status	98	9 years	Unclear	Cross-sectional	- Factors that confer a reduced probability of participation in any activity: being non-Catholic, living in Ireland < 5 years, being non-English speaking at home, unemployment of caregiver, receiving social welfare, never been married, chronic illness, DVD in bedroom, computer in bedroom. - Factors that confer an increased probability of participation in any activity: having a higher secondary degree, non-degree, having a primary degree, parent volunteer. - Being male increases probability of participating in a sports club but reduces the probability of being in a cultural or community club. - Lower parental degrees associated with lower probability of being in a community club.
(O'Reilly & Quayle, 2021)	Duration and type of domestic chores	Sex, age	98	9 years, 13 years	5066	Cross-sectional	- Girls and young women are reporting more housework time than boys and young men at age 9 years and 13 years. - Girls were more likely to do typically female tasks, while boys were more likely to do typically male tasks. - Participants report conducting more housework at age 9 versus 13.
(Rokicki & McGovern, 2020)	Time use	Socioeconomic characteristics	98	9 years, 13 years	3923 (9y), 3257 (13y)	Longitudinal	- Children from disadvantaged households spend significantly less time reading, doing homework, and engaging in physical exercise and sport than their counterparts, and more time engaging in unstructured play. Though most gaps are relatively small at age 9, they widen considerably by age 13. This pattern is similar for girls and boys. - Parental education appears to be a more important factor in family investment decisions about children's time use than household income. Higher maternal education is, for example, a protective factor against

Peer-reviewed journal articles							
Authors	Well-being indicator	Risk / Protect factors	Cohort(s)	Age(s)	N =	Design	Result
							sports drop-out in girls, and a decrease in reading for pleasure in boys and girls from 9 years to 13 years. - From 9 to 13 years, sleep time is mainly substituted with school and leisure time.

Thematic reports							
Authors	Well-being indicator	Risk / Protect factors	Cohort(s)	Age(s)	N =	Design	Result
(McCoy, Quail, et al., 2012)	ICT and video games activities	Sociodemographic characteristics	98	9 years	Unclear	Cross-sectional	- Girls are more often social networkers (high and diverse use of ICT, being the only group to use it for social networking; they spend a lot of time with their friends, and also spend time reading and taking part in cultural activities) or involved in cultural pursuits, while boys are more likely to play sports or video games. - Children from more advantaged families engage more in cultural activities and social networking; immigrant-origin children are more likely to be social networkers or have 'busy lives' (diversity of their activities, spending some time on ICT, reading, cultural activities, sports and video games), but less involved in cultural activities. - Children with learning disabilities are more likely to belong to the TV/sports (playing sports, being with their friends and watching television; they have a very low level of computer usage) or busy lives groups; physical disability or chronic illness does not significantly affect activity types. - Urban children are more often social networkers or have busy lives, while rural children show different patterns. - Neighbourhood context matters: cultural engagement is linked to greener, more orderly areas, while social networking is more common in areas perceived as safe. - Children in gaelscoileanna are more culturally engaged; school internet access is linked to greater ICT and social networking use outside school.

Thematic reports							
Authors	Well-being indicator	Risk / Protect factors	Cohort(s)	Age(s)	N =	Design	Result
(Smyth, 2022)	Play and sports participation	Cohort/ time	98; 08	9 years (both cohorts)	Unclear	Cross-sectional	- Time spent on general play by 9-year-olds remained stable across cohorts and was more common among girls, children from more educated families, and those experiencing financial strain. - Sports participation and regular physical activity (both hard and light exercise) declined over time, with increasing socioeconomic disparities—children from advantaged families participated more frequently. - Sports participation remained highly gendered, with consistent gaps between boys and girls across cohorts.
(Smyth, 2024)	Activities	Cohort/ time	98; 08	13 years (both cohorts)	Unclear	Cross-sectional	- Weekly involvement in organised sports has increased in 13-year-olds over time (cohort '08 vs '98), and very low levels of physical activity are now less common than a decade ago. - Participation in cultural activities (e.g. drama, dance) has remained stable or increased, but involvement in organised groups (e.g. Scouts, youth clubs) has declined—partly due to pandemic-related restrictions. - The proportion of 13-year-olds not regularly involved in any structured activities fell from 25% to 21%. - There is tentative evidence of a decline in reading for pleasure, especially among boys.
(Smyth & Nolan, 2022)	Activities	Covid-19 pandemic	98	20/22 years	2277	Cross-sectional	- 81% of young adults reported reduced face-to-face contact with friends during the pandemic. - Significant minorities experienced declines in sports and cultural participation, and time spent outdoors. - Reduced involvement in sports and cultural activities was more common among those whose education or job was disrupted.

3.6 Key relationships

Peer-reviewed journal articles							
Authors	Well-being indicator	Risk / Protect factors	Cohort(s)	Age(s)	N =	Design	Result
(McNally, Darmody, et al., 2019)	Parent-child relationship	Language-minority/majority status	08	9 months, 3 years, 5 years	8712 all, 7845 for hierarchical regression analyses	Longitudinal	- Primary caregivers of language-minority children reported higher levels of parental stress, greater levels of parent-child conflict and lower levels of attachment. Parental reports of positive aspects of the parent-child relationship did not differ between the groups.
(S. Coughlan et al., 2023)	Child-parent relationship	Preterm birth	08	9 months, 3 years, 5 years	8712	Longitudinal	- There was a significantly more positive father-child relationship at 3 years of age among the preterm as compared to the term-born group. No corresponding effect was observed with the 3-year mother-child relationship. - Preterm birth negatively affected mother-child and father-child relationship quality at 3 years via fussy-difficult temperament and mother's/father's stress at 9 months.
(Girard, 2021)	Concomitant internalising, externalising, and peer problems	Sociodemographic factors, maternal behaviours	08	9 months, 3 years, 5 years, 7/8 years, 9 years	7507	Longitudinal	- Difficulties in one problem domain indicated the presence of difficulty in another problem domain for all children in elevated groups. - Risk factors associated with group-membership were complex, with only three common factors across elevated groups: prenatal exposure to smoking, lower maternal education, and increased maternal stress. - Other risk factors for group-membership in certain psychopathology groups included low birth weight, male sex, young maternal age, maternal depression, single parents, lower social class, medical card status (as a proxy of low income) and lower quality of attachment.
(Darmody & Smyth, 2017)	Feelings of popularity with their peers	Migration status	98	9 years	7150	Cross-sectional	- 13-year-olds from immigrant families are significantly more negative about their popularity than their Irish peers. Half of this difference is explained by having had fewer friends and feeling less popular at the age of nine. - Taking part in structured sports activities at nine results in improved popularity four years later for both immigrant-origin and Irish children. In contrast, cultural participation does not influence popularity. - Differences in popularity between immigrant-origin and Irish young people are no longer significant when sports participation is taken into

Peer-reviewed journal articles							
Authors	Well-being indicator	Risk / Protect factors	Cohort(s)	Age(s)	N =	Design	Result
							account; however, Asian young people continue to be more negative than other groups about their popularity.
(Hadfield & Nixon, 2012)	Family processes	Type of stepfamily	98	9 years	384 families: 89 stepmother and 295 stepfather families	Cross-sectional	- Biological mothers in stepfather families rated themselves closer to their child than biological fathers in stepmother families. - Mothers rated themselves closer to the study child than stepmothers and experienced less conflict with the study child. There were no differences between stepfathers and biological fathers who were secondary caregivers in either closeness or conflict in the parent-child relationship.
(Hadfield & Nixon, 2013)	Relationship quality	Self-identification of stepfamily	98	9 years	8568	Cross-sectional	- There were no differences in either closeness or conflict scores between biological parents and their child in self-identifying and non-self-identifying families or between self-identifying and non-self-identifying stepparents in analyses adjusted for sociodemographic factors.
(Gray et al., 2013)	Grandchild-grandparent relationships	/ (qualitative study)	98	9 years	117	Longitudinal	- As the Irish socioeconomic structure changed, parents acquired greater independence and instances of grandchild-grandparent co-residence became infrequent. However, increased female labour force participation, the absence of affordable childcare and in some cases parents' preference for grandparental childcare, have created a new pattern of interdependence (temporary co-residence due to parent difficulty, separate homes but nearby, and grandparents as carers) - and new opportunities for tension, as well as mutual support - between adult children and their parents. - For many grandchildren, grandparent continue to be highly valued.
(Banks et al., 2018)	Peer relations (quantity and quality)	Having special educational needs	98	9 years	8578	Cross-sectional	- Having emotional-behavioural difficulties or multiple disabilities is associated with having fewer friends and poorer peer relations at school even after taking into account the child's social background and self-concept, out-of-school activities and school-level factors. - Girls, children from low-income families, children who spend more than three hours a day watching TV and newcomer students are more likely have one or no friends in school, while larger class sizes and teaching experience are associated with having more friends in school. - Boys and children in one-parent households more likely to have poor peer relations at school, all else being equal.

Peer-reviewed journal articles							
Authors	Well-being indicator	Risk / Protect factors	Cohort(s)	Age(s)	N =	Design	Result
							- A lower self-concept is associated with negative peer relations and having fewer friends.
(McAuley et al., 2012)	Children's perspectives on their daily lives	/ (qualitative study)	98	9 years	120	Cross-sectional	- The children were found to have a wide circle of family connections and were particularly close to their mothers although also close to their fathers. Grandparents played a significant role in their lives and their relationships with siblings were often positive but did fluctuate. Reasons for closeness centred around trust. - Lack of availability due to work was a key contributor to children feeling less close to a family member. - Involvement in unstructured leisure activities such as free play was particularly associated with time with friends and choice. Friendship was characterised by sharing and trust.
(Fitzgerald et al., 2019)	Close friends, activities with friends	Chronic disease	98	9 years	8568	Cross-sectional	- Children with a chronic illness were more likely not to do something with a friend during the week, and not have any close friends compared to children without a chronic illness.
(McMahon et al., 2020)	Parent and peer relationships	Stressful life events	98	13 years	7525	Cross-sectional	- Girls reported slightly better relationship quality with their peers than boys, whereas boys reported slightly better parental relationship quality than girls. - Stressful life events were negatively associated with both mother and peer relationship quality, such that more stressful life events are associated with a decrease in the quality of these relationships.
(Bradshaw et al., 2021)	Parent-child relationship quality	Parental incarceration	98	9 years, 13 years	8568	Longitudinal	- Parental caregivers (PCGs) caring for children affected by parental incarceration (PI) reported lower levels of PCG/child relationship quality than those in the non-PI group when the child was 9 years and 13 years of age. - Experience of PI was associated with increased levels of PCG depression, which in turn was associated with poorer PCG-child relationship.
(Dhondt et al., 2019)	Parent-child relationship	Childhood adversity at age 9	98	9 years, 13 years	7505	Longitudinal	- Childhood adversity was positively associated with age 9 parent-child conflict but not with positive parent-child relationship.

Peer-reviewed journal articles							
Authors	Well-being indicator	Risk / Protect factors	Cohort(s)	Age(s)	N =	Design	Result
(Dhondt et al., 2023)	Parent-child relationship, peer relationships	Childhood adversity, psychotic experiences	98	9 years, 13 years, 17/18 years	6039	Longitudinal	- Childhood adversity was associated with having one or no friends and increased conflict with parents. - Compared to not having PEs at all, recurring PEs were associated with more conflict with parents
(C. Healy, Eaton, et al., 2022)	Parent and peer relationships	Childhood adversity	98	9 years, 13 years, 17/18 years	6039	Longitudinal	- Childhood adversity was associated with increased early adolescent parent-child conflict at 13-years-old. CA was associated with lower positive parent-child relations, self-concept and physical activity.
(Mirkovic et al., 2024)	Parent-child relationships	Support seeking when facing problems	98	17/18 years	6216; 5533 in sub-analyses	Cross-sectional	- 90.1% of young people said they have an adult that they can usually turn to for help and advice. 81.4% usually talk with their mother, 62.5% talk with their father and 46.2% talk to another adult. - Youth seeking support from both parent and another adult showed higher results on disclosure as part of the parent-child relation than those seeking support only from a parent.
(Dooley, Kennelly, et al., 2023)	Social isolation at age 17 and 20	Mental health trajectories at age 9-13	98	9 years, 13 years, 17/18 years, 20 years	5141	Longitudinal	- Children with any persistent childhood psychopathology from age 9 to 13 years were more likely to have few friends at age 17/18 year and/or 20 years. - Childhood internalising psychopathology was strongly associated with having few friends at age 20 years.
(Mohan, 2023)	Meeting online contacts	Prior recreational activities, risk taking activities, friend numbers, exposure to personal ICT devices, sex	98	9 years, 17/18 years, 20 years	4295	Longitudinal	- 34.9% of 20-year-olds have met someone from online in real life in the previous year. - Girls from a higher social class household had a lower likelihood of meeting someone from online. This difference was not evident in boys. - Females and young people with higher emotional stability were less likely to meet someone from online, while those scoring higher on the trait of openness, with excessive internet use, > 3 hours online in a weekday, being non-heterosexual, using dating apps, and being sexually active at 17 years were more likely to meet someone from online.

Peer-reviewed journal articles							
Authors	Well-being indicator	Risk / Protect factors	Cohort(s)	Age(s)	N =	Design	Result
							- Males who owned a phone at 9 years and males scoring high on risk-taking behaviour at 20 years were more likely of meeting someone from online.
(D'Urso et al., 2024)	Peer relationships	Child characteristics	98	13 years, 17/18 years, 20 years	7525	Longitudinal	- Peer problems at age 13 was associated with fewer close friendships at age 17. - Being female was associated with fewer close friendships at age 17 and age 20 years.
(Grangel et al., 2024)	Parent and peer relationships	Caring responsibilities	98	17/18 years, 20/21 years	3312	Longitudinal	- Young carers of parents who were depressed reported lower peer attachments, as well as lower quality relationships with their parents.

Thematic reports							
Authors	Well-being indicator	Risk / Protect factors	Cohort(s)	Age(s)	N =	Design	Result
(Nixon et al., 2019)	Parenting	Economic recession, marital dissatisfaction, parental depression	08	9 months, 3 years	9793	Longitudinal	- Mothers' and fathers' depressive symptoms and marital dissatisfaction are linked to more hostile and less warm parenting. - Depressive symptoms have the strongest effect on increasing parental hostility. - Mothers under economic strain are not more hostile but show slightly higher warmth. - For fathers, economic variables do not relate to hostility, but fathers unable to afford luxuries show slightly higher warmth.
(Smyth & Russell, 2021)	Father-child relationship	Sociodemographic characteristics,	08	9 months, 3 years, 5 years, 9 years	4090	Longitudinal	- In infancy (9 months), fathers reported shared involvement in many tasks, but mothers were more engaged in personal care activities. Paternal involvement was higher when fathers were not employed or when mothers worked full-time. Lower-educated fathers were more involved in care, partly due to work patterns. - In early to middle childhood (ages 5–9), higher-educated fathers, migrant fathers, and those using family-friendly work arrangements

Thematic reports							
Authors	Well-being indicator	Risk / Protect factors	Cohort(s)	Age(s)	N =	Design	Result
							were more involved in play/outings. Involvement declined with more children, traditional gender role views, and long working hours. Fathers engaged more with sons than daughters. - Fathers reported high attachment and closeness to their child, but these declined with age. Father-child conflict was higher in urban areas and among fathers with illness, disability, or traditional role views. Illness/disability in the child or parents also raised conflict levels. - 78% of 9-year-old children said they got on “very well” with their fathers. Closer and less conflictual father-child relationships were linked to higher paternal involvement. Children with more traditional fathers or non-resident fathers reported slightly less positive relationships, but contact frequency and inter-parental relations mattered for non-resident fathers.
(McCoy, Quail, et al., 2012)	Social networking activities	Sociodemographic characteristics	98	9 years	Unclear	Cross-sectional	- Girls are more often social networkers (high and diverse use of ICT, being the only group to use it for social networking; they spend a lot of time with their friends, and also spend time reading and taking part in cultural activities). - Children from more advantaged families engage more in social networking; immigrant-origin children and urban children are also more likely to be social networkers. - Social networking is more common in areas perceived as safe. - School internet access is linked to greater ICT and social networking use outside school.
(Nixon, 2012)	Parent-child relationships	Parental depression	98	9 years	Unclear	Cross-sectional	- Maternal depression is linked to higher conflict and lower closeness between mother and child at age 9 years. - Paternal depression (in co-resident fathers) is linked to more conflict but not to closeness.
(Smyth, 2022)	Parent and peer relationships	Cohort/ time, sociodemographic characteristics	98; 08	9 years (both cohorts)	Unclear	Cross-sectional	- Mothers and fathers in both cohorts described their relationships with their 9-year-olds as close and low in conflict, with closeness increasing over time but mother-child conflict also rising.

Thematic reports							
Authors	Well-being indicator	Risk / Protect factors	Cohort(s)	Age(s)	N =	Design	Result
							- Boys and families under financial strain reported lower closeness and higher conflict, though the impact of financial strain weakened somewhat over time. - Children's own reports show most feel "very close" to their parents, but this was less common in Cohort '08 than Cohort '98; girls felt closer to both parents than boys. - Shared mealtimes (dinner) declined between cohorts, especially among advantaged families. - Most 9-year-olds had 2–3 close friends, with larger networks becoming more common over time. - Children from migrant backgrounds, with disabilities, in financial strain, or in rented homes had fewer friends. - Frequency of seeing friends outside school declined slightly between cohorts, linked to changes in family background.
(Smyth, 2017)	Peer relationships	Transition to secondary school	98	9 years, 13 years	Unclear	Longitudinal	- At least a fifth of young people were reported to be anxious about making new friends when transitioning to secondary school and were missing their friends from primary school.
(Smyth, 2024)	Parent and peer relationships	Cohort/ time	98; 08	13 years (both cohorts)	Unclear	Cross-sectional	- Mothers and fathers reported lower levels of conflict with their 13-year-old children in the '08 cohort compared to the '98 cohort. - Young people in the '08 cohort viewed their mothers as more responsive. - Parents of the '08 cohort were less likely to use punitive discipline (e.g., grounding) and more likely to explain misbehaviour. - Mothers reported more peer problems among young people in Cohort '08 than in the '98 cohort. - Young people reported having smaller friendship groups than in the '98 cohort. - It is unclear whether these changes reflect longer-term trends or effects of the pandemic.
(Maître et al., 2021)	Quality of relationships	Economic vulnerability	98; 08	9 months, 3 years, 5 years,	6039 (98 cohort), 7507 (08 cohort)	Longitudinal	- Exposure to economic vulnerability (EV) occurred in 44% of families with young children and 38% of families with older children; for 5% in both groups, EV was persistent. For many, EV was a one-time or transient experience (22% in both cohorts).

Thematic reports							
Authors	Well-being indicator	Risk / Protect factors	Cohort(s)	Age(s)	N =	Design	Result
				9 years, 13 years, 17/18 years			- Childhood exposure to EV was linked to poorer outcomes at age 9 (2008 cohort) and age 17 (1998 cohort), including a lower quality of relationships.
(Russell & Smyth, 2024)	Relationships	Care responsibilities	98	17 years, 20 years	Unclear	Longitudinal	- At age 17, 25% of young people regularly provide care, mainly for younger siblings (15%) or grandparents/older relatives (12%). By age 20, caregiving drops to 20%. Across both ages, 36% provide care at some stage, but only 9% do so consistently at both ages. - Caring for siblings or parents was linked to more positive relationships with family members overall. However, young adults who cared for younger siblings were more likely to report frequent conflict with their mothers.
(Smyth & Nolan, 2022)	Activities with friends	Covid-19 pandemic	98	20/22 years	2277	Cross-sectional	- 81% of young adults reported reduced face-to-face contact with friends during the pandemic.

3.7 Mental health/anxiety/depressive symptoms/behavioural difficulties

Peer-reviewed journal articles							
Authors	Well-being indicator	Risk / Protect factors	Cohort(s)	Age(s)	N =	Design	Result
(Al Khalaf et al., 2015)	Behavioural difficulties	Mode of delivery	08	9 months, 3 years	11096	Longitudinal	- At age 3 years, there was no significantly increased risk of an abnormal total SDQ score across all modes of delivery.
(McDonnell, 2016)	Behavioural difficulties	Maternal employment	08	9 months, 3 years	8858	Longitudinal	- For highly educated mothers, full-time work at 9 months is linked to fewer behavioural problems in children. - For less educated mothers, full-time work at 9 months is linked to more behavioural issues, while part-time is linked to fewer problems, compared to staying at home. Childcare type and attachment quality partially explain these effects.

Peer-reviewed journal articles							
Authors	Well-being indicator	Risk / Protect factors	Cohort(s)	Age(s)	N =	Design	Result
							- Unpaid grandparental care at 9 months is associated with more behavioural problems.
(Hadfield et al., 2017)	Socioemotional functioning	Prematurity, caregiving	08	9 months, 3 years	11134	Longitudinal	- Maternal quality of attachment, and maternal and paternal emotional distress at 9 months were associated with better socioemotional functioning at 3 years.
(Girard et al., 2017)	Noncognitive development	Breastfeeding	08	9 months, 3 years, 5 years	7478	Longitudinal	- All else being equal, children scored lower on hyperactivity at age 3 years when they were exclusively or almost exclusively breastfed for at least 6 months.
(McNally, Darmody, et al., 2019)	Socio-emotional outcomes	Language-minority/majority status	08	9 months, 3 years, 5 years	8712 all, 7845 for hierarchical regression analyses	Longitudinal	- When accounting for other factors, language-minority children were more likely to have a lower Total Difficulties score (meaning better socio-emotional outcomes) than their language-majority peers. - Being a boy, having lower attachment ratings at nine months, having a parent-child relationship that is rated by the parent as less positive and having high levels of conflict, higher levels of maternal stress, experience of childcare at age three, lower family income and levels of maternal education, having poorer English vocabulary skills at age five were all significantly associated with higher Total Difficulties scores on the SDQ at five years in the fully adjusted model.
(Morando & Platt, 2022)	Non-cognitive skills	Use of centre-based childcare	08	9 months, 3 years, 5 years	2900	Longitudinal	- Centre-based childcare at 3 years is associated negatively with externalising skills at 5y, and any effects at 9 months work through continued exposure up to and including 3 years. - There is a high persistence in socio-emotional skills between 3 and 5 years.
(Mari & Keizer, 2021)	Internalising and externalising problems	Parental job loss	08	9 months, 3 years, 5 years	6303	Longitudinal	- At age 5, maternal job loss is associated with higher externalising problems in children. - Parental job loss exacerbates problem behaviour at ages 3 and 5, via the channels of parental income and maternal negative parenting.

Peer-reviewed journal articles							
Authors	Well-being indicator	Risk / Protect factors	Cohort(s)	Age(s)	N =	Design	Result
(Neville, Guo, et al., 2021)	Psycho-social outcomes	Developmental delays, participation in organised sport	08	9 months, 3 years, 5 years	11134 (imputed)	Longitudinal	- Children in the low-ASQ group were reported as exhibiting more behavioural difficulties at ages 3 and 5 years and fewer prosocial behaviours at ages 3 and 5 years than their typically developing peers. - There were meaningful differences in the changes in prosocial behaviours between boys and girls without regard for developmental status. - Girls with developmental delays exhibited a significant decrease in behavioural difficulties over time. - When compared with the significant decrease in behavioural difficulties for boys with weekly participation in sport, the relative effect of participating in sport on changes in behavioural difficulties for boys with developmental delays was statistically significant with a larger effect magnitude. - Higher primary caregivers' levels of stress and hostility toward their child is associated with an increase in behavioural difficulties. - Weekly participation in organised sport is associated with a relative reduction in behavioural difficulties for boys with developmental delays whose primary caregiver self-reported high levels of stress or low levels of hostility.
(Doran et al., 2020)	Socio-emotional behaviour	Maternal relationship status, maternal education, smoking in pregnancy, maternal self-reported health and maternal long-standing illness	08	9 months, 5 years	11134 (9mo), 9001 (5y)	Longitudinal	- Not living with partner, low maternal education (lower secondary or less), fair/poor maternal health, maternal long-standing disability, and smoking during pregnancy were identified as risk factors for psychopathology scores in children, with a cumulative risk effect observed (more risk factors = more problematic psychopathology scores).
(Neville, Nelson, et al., 2021)	Psycho-social development	Screen time, sex, physical activity	08	3 years, 5 years	9786 (imputed)	Longitudinal	- For boys, the association between increased screen time and the onset of behavioural difficulties coincided directly

Peer-reviewed journal articles							
Authors	Well-being indicator	Risk / Protect factors	Cohort(s)	Age(s)	N =	Design	Result
							with a reduction in their frequency of engagement in physical activity.
(O Driscoll et al., 2024b)	Psychopathology	household poverty	08	9 months, 3 years, 5 years, 9 years	11134	Longitudinal	- In adjusted analysis, children in persistent poverty compared with those in never in poverty experienced a higher risk of having psychopathology reported by mothers and teachers. Attending a DEIS school (extra resourced school (DEIS) in an area of deprivation) attenuated this risk, compared with children who attend a non-DEIS school. - Female children identified as living in a persistent poverty trajectory had higher odds of psychopathology scores compared with boys.
(Neville, McArthur, et al., 2021)	Externalising and internalising behaviours	Screen time	08	3 years, 5 years, 7 years, 9 years	10172	Longitudinal	- Children's internalising behaviour only began to stabilize until between the ages of 5 and 9, with very high levels of stabilization during later childhood. - Children's longitudinal trajectories for externalising behaviours were relatively stable across adjacent time points, with greater stabilization in later development periods. - Greater screen time at ages 3 and 5 was associated with increased internalising behaviours at ages 5 and 7, respectively. More screen time at age 7 was associated with fewer internalising behaviours at age 9.
(Maher et al., 2020)	Behavioural outcomes	Preeclampsia	08	9 months, 3 years, 5 years, 7/8 years	10692	Longitudinal	- Preeclampsia was not significantly associated with abnormal SDQ score in any of the domains at age 3 years and age 7-8 years - At age 5 years, adjusted results from parent-reported data suggested that preeclampsia was associated with an increased likelihood of having an abnormal SDQ score in the Emotional or Hyperactivity domain, but only in females. - From age 3 to 5 years, mean SDQ scores decreased with a slower rate of decrease in the exposed group compared to the unexposed group. Scores increased from ages 5 to 7/8 years in both groups, again at a slower rate in the exposed group.

Peer-reviewed journal articles							
Authors	Well-being indicator	Risk / Protect factors	Cohort(s)	Age(s)	N =	Design	Result
(Dooley, Healy, Brannigan, et al., 2023)	ADHD symptoms	Foetal growth, familial factors	08	9 months, 9 years	7724	Longitudinal	- Foetal growth was associated with childhood ADHD symptoms. Although, it was only marginally significant after controlling for socioeconomic and demographic factors, family psychiatric history, pregnancy complications, and maternal substance-use. - The most reliable independent predictors of ADHD symptoms were male sex, parental depression/anxiety, and younger maternal age.
(Conica et al., 2023b)	Children's socioemotional difficulties	Interparental couple satisfaction	08	9 months, 9 years	2074	Longitudinal	- Male children showed significantly greater levels of overall total socioemotional difficulties than female children at nine years of age. - Among parents who reported low relationship satisfaction at nine months, only mothers' declines in relationship satisfaction until nine years were significantly negatively linked with total socioemotional difficulties in female but not in male children.
(Li & Chzhen, 2024)	Behavioural development	Household poverty	08	9 months, 3 years, 5 years, 9 years	7507	Longitudinal	- Children with at least one spell in poverty (out of four interviews) have worse behavioural outcomes. - Family stress processes help explain the links between poverty and behaviour outcomes in early childhood.
(van Dijk et al., 2022)	Internalising and externalising behaviour	Parenting stress	08	9 months, 3 years, 5 years, 9 years	7208	Longitudinal	- Parenting stress at age 5 predicted child internalising behaviours at age 9. - Child externalising behaviours at age 3 predicted parenting stress at age 5 and transactional associations between parenting stress and externalising behaviours from age 5 and 9 were found.
(D'Urso & Symonds, 2022)	Bullying and victimization	Internalising and externalising problems	08	9 months, 3 years, 5 years, 7/8 years, 9 years	11134	Longitudinal	- Boys' higher internalising problems (at age 9 years?) were predicted by higher parental stress at ages 3, 5, and 9 years, lower socioeconomic status at ages 3, 5 and 7/8 years, and lower cognitive ability (naming vocabulary) at age 3 years. Across all waves of available data (ages 5, 7/8, 9 years), internalising problems were positively connected to earlier externalising problems and internalising problems.

Peer-reviewed journal articles							
Authors	Well-being indicator	Risk / Protect factors	Cohort(s)	Age(s)	N =	Design	Result
							- Boys' higher externalising problems were predicted by higher parental stress at age 3 and 5 years, lower socioeconomic status at age 3 and 5 years, lower cognitive ability at 3 years, higher earlier externalising problems across all waves, and higher internalising problems at age 7/8 years. - Girls' higher internalising problems were predicted by lower socioeconomic status across all waves, lower cognitive ability at ages 3, 5, and 7/8 years, and higher earlier internalising problems across waves. Higher externalising problems across previous waves also predicted subsequent lower internalising problems. - Girls' externalising problems were predicted by higher parental stress at age 3 years, lower socioeconomic status across waves, higher earlier externalising problems, and lower internalising problems across waves.
(Girard, 2021)	Concomitant internalising, externalising, and peer problems	Sociodemographic factors, maternal behaviours	08	9 months, 3 years, 5 years, 7/8 years, 9 years	7507	Longitudinal	- Difficulties in one problem domain indicated the presence of difficulty in another problem domain for all children in elevated groups. Risk factors associated with group-membership were complex, with only three common factors across elevated groups: prenatal exposure to smoking, maternal education, and maternal stress. Specific risk factors for group-membership included low birth weight, sex, maternal age, maternal depression, family composition, social class, medical card status and quality of attachment.
(Bowe, Staines, et al., 2021)	Emotional-behavioural difficulties	Non-verbal cognitive ability	08	3 years, 5 years, 9 years	7134	Longitudinal	- Children with below average cognitive ability were more likely to experience emotional-behavioural difficulties between the ages of three to nine years, particularly at age 5 and 9 years.
(Katsantonis & Symonds, 2023)	Mental health symptoms	Parenting style	08	3 years, 5 years, 9 years	7507	Longitudinal	- Hostile parenting was a risk factor for membership in the high-risk and mild-risk mental health classes, while consistent parenting style was a protective factor against membership in the mild-risk class. - Female sex, lone parenthood, low general child health, longstanding illness/condition/disability, ongoing parental physical/mental health problems, and higher parental stress

Peer-reviewed journal articles							
Authors	Well-being indicator	Risk / Protect factors	Cohort(s)	Age(s)	N =	Design	Result
							were associated with higher odds for membership in the high-risk class, while income in the highest (5th) quintile was associated with lower odds for membership in the high-risk group. - Lone parenthood, low general child health, low general parental health, and higher parental stress were associated with higher odds for membership in the mid-risk class, while employment (school/education) was associated with lower odds for membership in the high-risk group.
(Rubio-Cabañez, 2024)	Mental problems	Presence of outdoor recreation areas	08	3 years, 5 years, 9 years	21958 for OLS analysis/ 22072 for TWFE analysis	Longitudinal	- The presence of outdoor recreation areas reduces children's mental difficulties. Looking at the SDQ subscales, outdoor recreation areas reduce conduct, hyperactivity, peers, and antisocial problems. The largest effects are found for hyperactivity and antisocial problems. - The positive effect of outdoor recreation areas on total mental problems decreases with increasing SES until it becomes insignificant for the children with the highest SES. Looking at the SDQ subscales, scores are only significantly different between children of varying SES for hyperactivity problems.
(Butler et al., 2024)	Mental health/ psychiatric symptoms	Number of pregnancy complications	08	5 years, 9 years	8483	Longitudinal	- After controlling for covariates, pregnancy complications are associated with worse mental health at 5 and 9-years, with worse outcomes for each additional complication added. - Females were less likely to exhibit clinically significant mental health difficulties than males.
(Swift, McConkey, et al., 2021)	Social-emotional difficulties	Developmental impairments, sociodemographic variables, parent-child relationship, teacher-child relationship, parental stress, parental depression	08	5 years, 9 years	7040, 6277 for logistic regressions	Longitudinal	- Children with one or more developmental impairments were up to more likely than those without developmental impairments to score above the threshold at either 5 or 9 years, and especially to score above the threshold at both ages. - Lower caregiver education increases the likelihood of children scoring above the behavioural difficulty threshold at age 5 and 9 years, and especially both. Lone parenting predicted scoring above the threshold at age 5 or 9, while

Peer-reviewed journal articles							
Authors	Well-being indicator	Risk / Protect factors	Cohort(s)	Age(s)	N =	Design	Result
							low income predicted scoring above the threshold at both time points but not each timepoint separately. - Higher parental stress and depression scores, higher parent-child conflict were associated with scoring above the threshold at age 9. Higher teacher-child conflict predicting above-threshold scores at 5 years, 9 years or both waves. - According to parent-report, males were no more likely than females to be above the threshold at either 5 or 9 years but they were more likely to be above the threshold at both ages. According to teacher-report, boys were more likely as girls to score above the threshold at either age.
(Putra et al., 2024)	Mental health	SES (based on caregiver education, occupation, and household Income), neighbourhood characteristics	08	5 years, 9 years	8373 for cross-sectional analysis at age 3, 6349 for longitudinal analysis	Longitudinal	- Generally, lower family SES was associated with worse child mental health (i.e., higher total difficulties score), and SES-based inequalities in longitudinal changes in total difficulties scores across four years were also apparent. - Neighbourhood safety, cohesion, interaction, and disorder were associated with child mental health at age 5 and age 9 years, and partially explained socioeconomic inequalities in child mental health. - Specific concerns over 'people being drunk or taking drugs in public' and 'this is a safe neighbourhood' had the strongest connections with child mental health. - Built environments may explain partially socioeconomic inequalities in mental health in urban children only.
(Williams et al., 2014)	Multi-dimensional deprivation (including emotional well-being)	Sociodemographic variables	98	9 years	6945	Cross-sectional	- Children from one parent families, lower social class, younger parent (<35), and a parent with a low level of education are more likely to experience multiple factors of deprivation (material well-being, housing and environment, education, health, risk behaviours, quality of school life, emotional well-being). Furthermore, these variables combined in a cumulative manner.
(Reynolds et al., 2014)	Psychopathology	Breastfeeding	98	9 years	8357	Cross-sectional	- After controlling for a wide range of potential confounding variables, being breastfed in infancy (as a dichotomous variable) was associated with a reduction in the risk of an abnormal psychopathology score at 9 years. When looking at

Peer-reviewed journal articles							
Authors	Well-being indicator	Risk / Protect factors	Cohort(s)	Age(s)	N =	Design	Result
							different durations of breastfeeding, only a duration of 10 weeks or less was significantly associated with lower odds for an abnormal SDQ compared to never. A longer duration of breastfeeding not.
(Banks et al., 2012)	Emotional behavioural difficulty	Sex, social class, family income, level of education, immigrant status, school DEIS status, Piers-Harris score	98	9 years	8578	Cross-sectional	- In total 3.6% of Irish 9-year-old children are identified with emotional behavioural difficulties (EBD) by their teacher. - Boys, children from the lowest income quintile, economically inactive (largely unemployed) households, one-parent households, and children attending the socio-economically most disadvantaged schools (DEIS Urban Band 1 schools) are more likely to be identified with EBD by their teacher, all else being equal.
(Bohnert & Gracia, 2021)	Socioemotional problems, socioemotional well-being	Digital use (quantity of screen time, digital activities, mobile phone ownership, adult supervision)	98; 08	9 years	13203 (6628 from 98 cohort, 6575 from 08 cohort)	Cross-sectional	- Spending more than 3 daily hours on TV/digital activities was associated with significant declines in child socioemotional well-being, while such effects were stronger in 2017/18 than in 2007/08 - Media engagement (but not other forms of digital engagement) was associated with moderate declines in socioemotional well-being, both in 2007/08 and in 2017/18; - Child gender and socio-economic background did not moderate the effects of digital use on children's socioemotional well-being, neither in 2007/08 nor in 2017/18.
(Banks et al., 2012)	Identification of special educational needs	Social background characteristics, teacher characteristics and school social mix	98	9 years	8578 (unclear)	Cross-sectional	- Children with a lower maternal level of education, being from a one parent family, and attending the most disadvantaged schools (Urban Band 1 DEIS schools) were more likely to be identified with an emotional behavioural difficulty.
(McCrory et al., 2012)	Behavioural problems	Maternal prenatal smoking	98	9 years	7493-7505 (parent-report), 7246-7249 (teacher-report)	Cross-sectional	- Children of mothers who smoked during pregnancy were more likely to have internalising and externalising difficulties at 9 years of age compared with children who were not exposed. - There was evidence of a dose-response relationship, with more frequent prenatal smoking associated with a greater

Peer-reviewed journal articles							
Authors	Well-being indicator	Risk / Protect factors	Cohort(s)	Age(s)	N =	Design	Result
							likelihood of abnormally high psychopathology scores, especially for externalising difficulties.
(Murray, 2012b)	Children's fears	Sociodemographic and individual characteristics	98	9 years	8401	Cross-sectional	- The most frequently mentioned fear was of insects/rodents (including spiders), followed by the dark/strange noises/scary places, dogs, scary movies/TV/books, heights/falling/rollercoasters, reptiles/sharks/fish, and fears relating to crime and violence. A range of other fears were reported by a minority of children. 7.2% children reported not being scared of anything. - There were differences in fears between boys and girls, based on a rural vs urban area, and mother's level of education.
(Brady et al., 2015)	Child well-being	Maternal age at birth	98	9 years	8568 overall, children of teenage mothers: k=235 (2.7% of total sample)	Cross-sectional	- Maternal age at birth, maternal well-being, familial economic status, family dynamics, and nights spend in the hospital were associated with child outcomes. - Familial economic status has the strongest association with child outcomes of any variable relating to the familial context.
(O'Connor et al., 2018)	Child psychopathology	Parent/family factors (parent education, health, depression, parent-child relationship, parenting style)	98	9 years, 13 years	7488, subanalysis: k=543 - but final model of regression analyses only included k=249	Longitudinal	- Average SDQ scores improved between the ages of 9 years and 13 years. - Of children classified Abnormal aged 9 years, 41.1% remained so classified at 13, 21.4% were reclassified Borderline, and 37.6% Normal. - Demographic, child and parent risk factors for persistence of pathology (so lower odds for remission) were maleness, one-carer households, poor physical health, low cognitive ability, and caregiver depression at age 9 years.
(S. Gallagher et al., 2018)	Child behavioural problems	Developmental disabilities	98	9 years, 13 years	5766 typically developing children, 393 non-typically developing	Longitudinal	- Children with developmental disorders were more likely to reach the threshold suggestive of problem behaviour compared to typically developing children at age 9 years and 13 years - A mean reduction in SDQ total scores from 9 years to 13 years was observed in all groups.

Peer-reviewed journal articles							
Authors	Well-being indicator	Risk / Protect factors	Cohort(s)	Age(s)	N =	Design	Result
							- Improvements in behaviour over time were reported particularly for children with a specific learning disability, in contrast, little improvement was evident in children with ADHD who had problem behaviour at age 9 years. New cases of problem behaviour were also more likely to be reported at age 13 years for children with ADHD and Autism/Asperger's than in other disorder subgroups.
(Bradshaw et al., 2020)	Internalising and externalising difficulties	Parental incarceration	98	9 years, 13 years	50	Longitudinal	- Children who had experienced parental incarceration had higher levels of emotional difficulties reported by their primary caregiver at age 13 years, but not at age 9 years.
(Bradshaw et al., 2021)	Prosocial behaviour, emotional and behavioural difficulties	Parental incarceration	98	9 years, 13 years	8568	Longitudinal	- Parental caregivers (PCGs) caring for children affected by PI reported higher emotional and behavioural difficulties than those in the non-PI group at age 9 years and 13 years. There was no significant difference in prosocial behaviour between groups. - When controlling for other factors, only indirect effects between PI experience and socioemotional outcomes at age 13 years were observed: The experience of PI was associated with increased levels of PCG depression, which was in turn associated with poorer PCG-child relationship, which in turn was associated with higher total emotional and behavioural difficulties and lower prosocial behaviour at age 13 years.
(C. Healy et al., 2019)	Psychotic experiences	Self-concept	98	9 years, 13 years	7423	Longitudinal	- Psychotic experiences (PE) were reported by 13% of participants at age 13. - The higher the self-concept at age 9 years, the lower the likelihood of PE at 9 years and PE at 13 years. - Improvements in self-concept reduced the likelihood of adolescent PEs and decline in self-concept increased the likelihood of adolescent PEs, which was noted across the majority of the self-concept subscales.
(Layte & McCrory, 2018)	Psychological adjustment	Experience of recession	98	9 years, 13 years	6272	Longitudinal	- Family experience of recession was significantly associated with negative change in all of the components of the family stress model, particularly parental mental health. A model

Peer-reviewed journal articles							
Authors	Well-being indicator	Risk / Protect factors	Cohort(s)	Age(s)	N =	Design	Result
							with a direct effect of recession on child psychological adjustment provided a better fit to the data.
(Lewis et al., 2017)	Adolescent depressive symptoms	Parent depressive symptoms	98	9 years, 13 years	6070 in GUI, 7768 in MCS	Longitudinal	- Higher paternal and maternal depressive symptoms are associated with higher adolescent depressive symptoms.
(Girard et al., 2018)	Externalising problems	Breastfeeding	98	9 years, 13 years	6013	Longitudinal	- Children who were breastfed between 6 and 12 months had lower hyperactivity at age 9 years, but not at age 13. - No effects of breastfeeding on conduct problems were found at any age, regardless of duration, using either maternal or teacher report.
(Robinson et al., 2020)	Mental health	Parental identification of child overweight	98	9 years, 13 years	7503 (GUI)	Longitudinal	- Children whose parents identified them as being overweight at age 9 experienced worse mental health (total difficulties score) at age 9 and age 13. Looking at the subscales, they had increased emotional symptoms, hyperactivity/Inattention, conduct problems, and peer relationship problems at age 9 and 13 years. - Parental identification of child overweight was predictive of increases in mental health problems from age 9 to 13. Looking at the subscales of the SDQ, there was an increase in emotional symptoms and peer relationship problems from 9 to 13 years.
(O'Connor & McNicholas, 2020)	Socio-emotional variables	ADHD diagnosis	98	9 years, 13 years	8568 (582 Undiagnosed ADHD, 71 Diagnosed ADHD, 7915 Non-ADHD controls)	Longitudinal	- The Diagnosed ADHD group scored higher on parent-rated hyperactivity/inattention than the Undiagnosed group at age 9 years and 13 years. The groups did not differ on teacher-rated hyperactivity/inattention. - Children in the Diagnosed group were more likely to have multiple consultations with mental health professionals at 9 years and 13 years, compared with the Undiagnosed ADHD group and the Non-ADHD sample. - By age 13, those who had held a diagnosis at 9 years showed more emotional and peer relationship problems, worse prosocial behaviour, and poorer self-concept.

Peer-reviewed journal articles							
Authors	Well-being indicator	Risk / Protect factors	Cohort(s)	Age(s)	N =	Design	Result
(Swift, Iriarte, et al., 2021)	Socio-emotional outcomes	Migrant status, disability	98	9 years, 13 years	7290	Longitudinal	- Having an impairment alone, and in particular an impairment and activity limitation significantly increases the likelihood of experiencing poorer socio-emotional outcomes that persist between the ages of 9 and 13 years. - Children with a low level of parental education and those with an increase in parent-child conflict were more likely to have socio-emotional outcomes that changed between waves or to have persistently poor outcomes between ages 9 and 13 years. - Lower household income was associated with a child having abnormal socio-emotional difficulties at either age 9 or 13 years.
(S. Cotter et al., 2019)	Psychopathology	Migrant status	98	9 years, 13 years	8568	Longitudinal	- Based on total scores, internalising scores and externalising scores, there were no significant differences in the prevalence of childhood psychopathology between migrant and non-migrant youths. Analysis of the SDQ subscales revealed that a greater proportion of migrant children (age 9) had hyperactivity problems in childhood but a greater proportion of non-migrant youths had emotional problems at age 13. - Reporting three or more stressors at age 9 was associated with an increased odds of psychopathology in childhood and adolescence. Of those who reported three or more stressors, there was no significant difference between the migrants and non-migrant youths in the prevalence of psychopathology in childhood.
(O'Brien et al., 2023)	Socioemotional outcomes	Parent-child relationships, prematurity	98	9 years, 13 years	8491	Longitudinal	- Being born very preterm was associated with more socioemotional difficulties. - Increased maternal and paternal closeness were associated with fewer socioemotional difficulties, while maternal and paternal conflict were both associated with increased socioemotional difficulties. - Compared with those born full-term, children who were born very preterm were more negatively affected by

Peer-reviewed journal articles							
Authors	Well-being indicator	Risk / Protect factors	Cohort(s)	Age(s)	N =	Design	Result
							maternal conflict or paternal closeness for socioemotional difficulties.
(Byrne, 2016)	Cognitive and socio-emotional outcomes at age 13	After-school care arrangements at age 9	98	9 years, 13 years	6471	Longitudinal	- Participation in the type of after-school clubs (largely paid care in a group setting) is supporting children with specific educational needs and those with limited family support, as well as being strongly associated with maternal employment and high household income. - Socio-emotional outcomes at thirteen years are best explained by child, family, school and parental characteristics rather than direct effects of the type of out-of-school care arrangement held at age nine. - Males, and those who were diagnosed with a special educational need by the age of nine were more likely to have socio-emotional difficulties. - A greater level of difficulty at age 13 was associated with living in an urban area, higher levels of child-parent conflict, and higher PCG depression scores. - A lower level of difficulty at age 13 was associated with higher birth weight, having a parent with a high level of education (undergraduate or postgraduate degree), and having older parents. - Higher levels of difficulty at age 9 were associated with a greater level of difficulty at age 13, all else being equal.
(Dhondt et al., 2019)	Psychopathology (internalising and externalising problems) at age 13	Childhood adversity at age 9	98	9 years, 13 years	7505	Longitudinal	- Childhood adversity at age 9 was associated with internalising problems at age 13, persistent externalising problems, and persistent internalising problems. - Poor self-concept, low hobby participation, and parent-child conflict were associated with all psychopathology outcomes. - Parent-child conflict mediated the relationship between childhood adversity and age 13 externalising problems. - Both self-concept and parent-child conflict mediated the relationship between childhood adversity and persistent externalising problems and persistent internalising problems,

Peer-reviewed journal articles							
Authors	Well-being indicator	Risk / Protect factors	Cohort(s)	Age(s)	N =	Design	Result
							with parent-child conflict accounting for a higher percentage of these relationships.
(Connelly & O'Connell, 2022)	Adolescent depression	Maternal depression, gender/sex, conflict with caregivers, household income, and bullying	98	9 years, 13 years	7237	Longitudinal	- Youth depression scores at age 13 were significantly higher for girls versus boys. - Girls' depression by age 13 was significantly predicted by PCG depression score at age 9, highest education level PCG, household income at age 13, SCG depression score at age 9, child bullied at age 9, conflict with SCG at age 13, conflict with PCG at age 9, bullied in previous 3 months at age 13. - Boys' depression by age 13 was significantly predicted by past chronic illness, highest education level, household income at age 9, conflict with PCG and SCG, child bullied at age 9, talking to mother about problems, and bullied in the previous 3 months at age 13.
(I. Cotter et al., 2023)	Psychopathology	Change in BMI	98	9 years, 13 years	7341 (unclear)	Longitudinal	- Being overweight at age 9 was associated with persistent psychopathology from 9 to 13 years, while being overweight at age 13 was significantly associated with both age 13 psychopathology and persistent psychopathology. - A change from healthy BMI to overweight was associated with increased risk of psychopathology, also when adjusting for childhood psychopathology. - A change from underweight to healthy or from overweight to healthy were both associated with a reduced risk of developing psychopathology, also when adjusting for childhood psychopathology
(Orben & Przybylski, 2019)	Psychological well-being	Digital engagement	98	13 years	4573	Cross-sectional	- There was a significant correlation between retrospective self-report digital engagement and adolescent well-being. - There were also negative associations for some of the time-use-diary measures, notably time spent using digital screens on a weekend and on a weekday.
(D. Murphy et al., 2022)	Psychological difficulties	Bullying	98	9 years, 13 years,	8214	Longitudinal	- Bullying at age 9 predicted greater psychological difficulties at age 13.

Peer-reviewed journal articles							
Authors	Well-being indicator	Risk / Protect factors	Cohort(s)	Age(s)	N =	Design	Result
				15 years			
(O Driscoll et al., 2024a)	Emotional and behavioural difficulties	Household energy poverty	98; 08	9 months, 3 years, 5 years, 9 years, 13 years, 17/18 years	10170 in infant cohort, 8560 in the Child Cohort	Longitudinal	- In the Infant Cohort, household energy poverty (EP) at 9 m or 3 y of age was associated with higher total difficulties, internalising, and externalising scores at 3 years and 5 years but not at 7 years or 9 years of age. - In the Child Cohort, EP at 9 years of age was associated with a higher total difficulties, internalising, and externalising scores at 9 years and weakening associations at 13 years and 17/18 years of age.
(C. Healy, Brannigan, et al., 2022)	Psychopathology	Sex (& age)	98; 08	3 years, 5 years, 9 years, 13 years, 17/18 years	7507 (08 cohort: 9 mo – 9y); 6039 (98 cohort: 9y – 17/18y)	Longitudinal	- Transition between psychopathology profiles was common in both cohorts. - Transition to the high psychopathology profile was most often preceded by externalising problems. - Approximately 3% to 4% of the sample had persistent psychopathology (child cohort, 203 participants [2.7%]; adolescent cohort, 216 participants [3.6%]). - All psychopathology profiles were more common in boys in early life but, by late adolescence, girls were more likely to have internalising problems. There was a greater proportion of boys in the externalising problems at all ages (in childhood and adolescence) relative to the no psychopathology profile. - In a cross-cohort comparison at age 9, there were differences in the sex distributions of the profiles between the samples.
(Gibbons et al., 2023)	Behavioural difficulties	Economic hardship	98; 08	3 years, 5 years, 9 years, 13 years, 17/18 years	5748 from 98, 7208 from 08	Longitudinal	- Associations with internalising and externalising behaviours differed based on sex and age/cohort: - In cohort GUI98, subjective financial strain is predictive of externalised behavioural difficulties for boys and girls, even after adjusting for material deprivation and income. In this cohort, material deprivation was also associated with greater externalised behavioural difficulties for boys. - In cohort GUI08, an increase in material deprivation was associated with an increase in boys' internalised behavioural

Peer-reviewed journal articles							
Authors	Well-being indicator	Risk / Protect factors	Cohort(s)	Age(s)	N =	Design	Result
							difficulties, even after adjusting for income and financial strain.
(Brannigan et al., 2020)	Psychiatric symptoms (internalising and externalising symptoms)	Maternal prenatal smoking, birth weight	98	9 years, 13 years, 17 years	6875 subjects in the fully adjusted model, inclusive of socioeconomic factors.	Longitudinal	- Smoking 6 + cigarettes daily during pregnancy was associated with an increased risk of offspring persistent externalising and internalising symptoms, also when adjusting for socioeconomic factors and familial psychiatric history. - Higher birth weight was associated with a reduced likelihood of both persistent internalising and externalising symptoms, however, when adjusting for smoking, the association with externalising symptoms became insignificant. - Birth weight mediated the association between maternal smoking (all levels) during pregnancy and persistent internalising and externalising psychiatric symptoms in the exposed offspring after adjustment for confounders
(Bowe, Healy, et al., 2021)	Emotional-behavioural difficulties	Physical activity levels	98	9 years, 13 years, 17 years	4618	Longitudinal	- Those categorised as Inactive or Reducer in terms of physical activity from childhood to adolescence were twice as likely to have emotional-behavioural difficulties at age 17 years compared with those who were Active. - Among those with emotional-behavioural difficulties at baseline, those categorised as Inactive were more than twice as likely to report ongoing difficulties at age 17 years compared with those who were Active.
(Burke, 2020)	Psychological health	Economic, parental and lifestyle factors	98	9 years, 13 years, 17 years	Unclear	Longitudinal	- Boys have worse psychological health at age 9 years, but they display improvements in their psychological health state score over time (from 9 to 17 years). In girls, there is a slight improvement by age 13 but a deterioration again by the age of 17. - Children living in a household where parents have expressed difficulty in making ends meet, children whose mother exhibits depression symptoms or chronic health issues, children with chronic health issues themselves, children who feel underweight or overweight (compared to feeling about right) have an increased likelihood of being in the Abnormal SDQ range (increased psychopathology). - Parental working hours of above 30 hours per week reduce

Peer-reviewed journal articles							
Authors	Well-being indicator	Risk / Protect factors	Cohort(s)	Age(s)	N =	Design	Result
							the likelihood of being in the Abnormal SDQ range, but only in females.
(C. Healy, Eaton, et al., 2022)	Psychopathology	Childhood adversity	98	9 years, 13 years, 17/18 years	6039	Longitudinal	- Parent-child conflict, Peer alienation and higher computer usage in early adolescence were significantly associated with an increase in internalising and externalising problems in late adolescence. Lower parent-child positive relationship, self-concept, peer trust and physical activity were associated with an increase in internalising and externalising problems in late adolescence - CA was associated with an increased risk of internalising and externalising problems at age-17. Parent-child conflict, self-concept and physical activity mediated the relationship between CA and late adolescent externalising problems and internalising problems.
(Dhondt et al., 2023)	Psychotic experience	Childhood adversity	98	9 years, 13 years, 17/18 years	6039	Longitudinal	- Childhood adversity at age 9 years was associated with an increased risk of having recurring psychotic experiences (PEs), and with increased internalising and externalising difficulties. - Compared to not having PEs at all, recurring PEs were associated with internalising and externalising difficulties. - Self-concept and internalising difficulties partially mediated the relationship between childhood adversity and recurring psychotic experiences.
(Maciver & Girard, 2023)	Internalising problems	Paternal depression	98	9 years, 13 years, 17/18 years	4048	Longitudinal	- Paternal depression was directly associated with adolescent internalising problems, independent of its association with parenting style.
(O'Connell & Marks, 2021)	Life difficulties	Socioeconomic background, cognitive ability, sex	98	9 years, 13 years, 17/18 years	5252	Longitudinal	- On measures of adolescent difficulties, cognitive ability was important, but gender and to a lesser extent, household income and parental education had some effects.

Peer-reviewed journal articles							
Authors	Well-being indicator	Risk / Protect factors	Cohort(s)	Age(s)	N =	Design	Result
(Bohnert & Gracia, 2023)	Socioemotional well-being	Digital engagement	98	9 years, 13 years, 17/18 years	7685	Longitudinal	- Heavy levels of digital screen time (3+ hours daily) is associated with higher total socioemotional difficulties, externalising difficulties, and prosocial functioning, compared to non-users. - Engagement with learning-oriented digital activities is positively associated with prosocial functioning, gaming with lower socioemotional difficulties. - Yet, low-SES adolescents are globally more harmed than high-SES adolescents by their digital engagement, and high-SES adolescents benefit more from moderate levels of digital use and from engaging in learning-oriented digital activities.
(Dooley, Healy, Cotter, et al., 2023)	Psychopathology	Foetal growth	98	9 years, 13 years, 17/18 years	7476 (9y), 6631 (13y), 5285 (17y)	Longitudinal	- Foetal growth (birth weight) had significant associations with all psychopathology scales, even after controlling for sex, socioeconomic factors and parental mental health. - In males, foetal growth had the strongest associations with attention/hyperactivity and peer problems compared to females, whereas females showed more widespread associations with all four subscales.
(C. Healy et al., 2020)	Psychopathology, psychotic experiences	Psychopathology, psychotic experiences, psychosocial factors	98	13 years, 17/18 years	6206	Longitudinal	- There were significant differences between those with and without PEs in age, gender, nationality, cultural background, living in an urban area and a family history of mental disorder childhood adversity and early adolescent psychopathology. - Internalising problems were significantly associated with being female, living in an urban area, lower socio-economic status, and a family history of mental disorder, childhood adversity and early adolescence PEs and externalising problems. - Externalising problems were significantly associated with being male, coming from an urban area, having a family history of mental disorder and lower socio-economic status childhood adversity and internalising problems. - Higher positive-parent child relationship score were associated with significantly reduced risk of PEs and internalising problems. Higher peer alienation scores were associated with late adolescent PEs and internalising

Peer-reviewed journal articles							
Authors	Well-being indicator	Risk / Protect factors	Cohort(s)	Age(s)	N =	Design	Result
							problems. Higher peer trust was associated with a decreased risk of internalising problems. - Early adolescents with internalising or externalising problems had a two-fold increased odds of late adolescent PEs - Parent-child conflict accounted for 23-34% of the associations between internalising and externalising problems and subsequent PEs. - Early adolescents with PEs had an increased odds of late adolescent internalising and externalising problems. Self-concept alone accounted for 52% of the relationship between PEs and subsequent internalising problems.
(Brannigan et al., 2022)	Psychiatric symptoms (internalising, externalising)	Digital media usage (time online, behaviour engagement: online activities)	98	13 years, 17 years	5229	Longitudinal	- The associations between digital media use and specific psychiatric symptoms were different based on sex. - High online use, especially at age 17, is generally linked to more mental health symptoms. - Females show more emotional and internalising symptoms with high use. - Males show more behavioural symptoms, even with low use. - Moderate, entertainment-only use (no school-based online engagement) at age 13 is also linked to increased symptoms for both sexes.
(Brannigan et al., 2023)	Mental well-being (internalising and externalising symptoms)	digital media engagement (time spent online,	98	17 years	6216	Cross-sectional	Females reported significantly higher Internalising symptoms, while males reported significantly higher externalising symptoms. - Associations between online time both during weekdays and weekends, and for both internalising and externalising symptoms indicate a curvilinear relationship. This was also true for time watching TV/film in the weekend. - More time spent on video games in the weekend was associated with symptoms at the higher end of the scale, and multiscreening showed both linear and quadratic associations with both internalising and externalising symptoms.

Peer-reviewed journal articles							
Authors	Well-being indicator	Risk / Protect factors	Cohort(s)	Age(s)	N =	Design	Result
(Mirkovic et al., 2024)	Socio-emotional difficulties	Support seeking when facing problems	98	17/18 years	6216; 5533 in sub-analyses	Cross-sectional	- Youth who seek support from parents and another adult have higher levels of both socio-emotional difficulties and prosocial behaviour than youth who seek support from a parent only.
(Dooley, Kennelly, et al., 2023)	Mental health at age 17 and 20	Mental health trajectories at age 9-13	98	9 years, 13 years, 17/18 years, 20 years	5141	Longitudinal	- Childhood psychopathology groups (internalising/externalising/high psychopathology) had increased odds of poor mental health.
(Knowles et al., 2023)	Depressive symptoms	Physical activity	98	9 years, 13 years, 17/18 years, 20 years	8567	Longitudinal	- The most physically active class (High-Decreasers) were significantly less likely to report depressive symptoms at age 20 than other classes. This infers only those most active throughout childhood and adolescence had a reduced risk of depressive symptoms at age 20, despite a steady decline in activity over time.
(D'Urso et al., 2024)	Emotional and behavioural problems, peer relationships	Victimization	98	13 years, 17/18 years, 20 years	7525	Longitudinal	- Victimization is associated with behavioural problems at age 17, and emotional problems at both ages 17 and 20. - Peer problems at age 13 were negatively correlated with close friendships at age 17. - Emotional problems at age 13 and being female were associated with emotional problems at age 17. Emotional problems at age 17 years were associated with emotional difficulties at age 20. - Behavioural problems at age 13 were related to behavioural problems at age 17. - Being female, cognitive ability at age 13, and behavioural problems at age 17 were negatively related to reactive aggression at age 20.
(Layte et al., 2023)	Depressive symptoms	Digital engagement	98	13 years, 17/18	3828	Longitudinal	- Female participants report significantly higher levels of depressive symptoms and are more likely to be categorised as depressed at age 20.

Peer-reviewed journal articles							
Authors	Well-being indicator	Risk / Protect factors	Cohort(s)	Age(s)	N =	Design	Result
				years, 20 years			- There was an increase in depressive symptoms for high digital engagement, over moderate engagement for females. - Adjustment for self-esteem at 17/8 and sleep duration and quality reduce the strength of the association. Online harassment and body weight satisfaction only induce a very small reduction.
(Grangel et al., 2024)	Depression	Caring responsibilities	98	17/18 years, 20/21 years	3312	Longitudinal	- There were significant differences between groups on their main caregiver's gender, and ethnicity. - Compared to non-carers, carers of parents were more likely to be depressed at age 17/18 years, but not at age 20/21 years. - Having an older parent reduced the risk of depression, while being female conferred an increased risk. - Maternal and paternal appreciation, increased attachment, communication, and trust were protective factors against depression at 20/21 years, while depression at age 17/18 years was a strong risk factor for depression at age 20/21 years.
(Madden, 2024)	Mental health	Covid-19 pandemic	98	20/21 years, 22/23 years	1953	Longitudinal	- Mental health worsened for young adults in the 1998 cohort since the last pre-COVID survey (in 2018), with the proportion exceeding the depression threshold nearly doubled. - Females showed a significantly higher base rate of depression than males, with a majority meeting the threshold post-COVID. Males also experienced a decline in mental health, but to a lesser extent than females. - No clear socio-economic gradient (maternal education, income) was observed in poor mental health among young adults, either before or after COVID.

Thematic reports							
Authors	Well-being indicator	Risk / Protect factors	Cohort(s)	Age(s)	N =	Design	Result
(Nixon et al., 2019)	Behavioural and emotional adjustment	Economic recession, parental stress	08	9 months, 3 years	9793	Longitudinal	- Mothers' depressive symptoms are linked to higher emotional (internalising) and behavioural (externalising) difficulties in children. - Mothers' marital dissatisfaction is associated with higher internalising difficulties in children. - After accounting for mothers' symptoms, satisfaction, and parenting, fathers' depressive symptoms, marital satisfaction, and warmth are not significant predictors of child outcomes. - Fathers' hostility is linked to children's externalising, but not internalising, difficulties. - Mothers' hostility and lower warmth are associated with greater difficulties for children.
(Laurence et al., 2023a)	Socio-emotional difficulties, pro-social behaviour	Housing conditions	08	9 months, 3 years, 5 years, 9 years	Unclear	Cross-sectional	- One in ten children lived in housing deemed unsuitable, mostly due to limited space. - Poor housing conditions—especially overcrowding and inadequate heating—are linked to more socio-emotional difficulties in children. Neighbourhood disorder also contributes to these issues and lowers pro-social behaviour. Even controlling for housing quality, living in social housing adds further risk. - Moving house has mixed effects: for low-income families, it is linked to more socio-emotional difficulties; for high-income families, moves generally have a positive impact.
(Layte & McCrory, 2011)	Emotional and behavioural problems	Weight perception	98	9 years	Unclear	Cross-sectional	- Children who perceive themselves as underweight or overweight have higher levels of emotional and behavioural problems, even when controlling for other factors. - Lowered self-esteem largely mediates the relationship between perceived weight status and emotional/behavioural difficulties.
(Nixon, 2012)	Social, emotional or behavioural problems	Sex, temperament, chronic illness, parenting style, parental	98	9 years	Unclear	Cross-sectional	- Most nine-year-olds are developing well; 15–20% show significant social, emotional, or behavioural difficulties (based on mother and teacher reports).

Thematic reports							
Authors	Well-being indicator	Risk / Protect factors	Cohort(s)	Age(s)	N =	Design	Result
		depression, marital problems, sociodemographic characteristics					- Girls are more likely to have emotional problems; boys are more likely to have behavioural problems and overall difficulties. - Chronic illness or learning/developmental difficulties (reported by mothers) are linked to higher problems. - High emotionality and low sociability temperaments are associated with worse outcomes. - Authoritarian and neglectful parenting styles, and high conflict in mother-child or father-child relationships are linked to more child difficulties. - Low mother-child closeness affects girls' outcomes; father-child closeness is not linked to outcomes. - Maternal depression is linked to worse child outcomes; this link weakens when mother-child relationship quality is accounted for. - Mothers' marital dissatisfaction is linked to more child difficulties; this link also weakens when accounting for mother-child relationship quality. - Single-parent households and low-income families are linked to more difficulties, though differences are small and outcomes vary widely. When accounting for parenting and child characteristics, the impact of family structure and income diminishes.
(Nixon, 2021)	Social-emotional and behavioural outcomes	Sociodemographic variables, parent and peer relationships, onset of puberty, bullying victimisation and perpetration,	98	9 years, 13 years	7423	Longitudinal	Overall Well-being at Age 13: - Most 13-year-olds were doing well: 88% had typical SDQ scores, and 91% reported little to no antisocial behaviour (ASB). - Girls were more likely than boys to show signs of depression. - ASB was more common among boys; 3.5% engaged in 4+ ASB behaviours. - SDQ scores were stable between ages 9 and 13 for most (80% low-risk at both waves); 13% changed risk status.

Thematic reports							
Authors	Well-being indicator	Risk / Protect factors	Cohort(s)	Age(s)	N =	Design	Result
							Puberty and Gender Differences: - Early-maturing girls had higher internalising and externalising problems, more ASB, and were more likely to have smoked or drunk alcohol. - Late-maturing boys showed more internalising issues but lower ASB. - The effects of pubertal timing were often explained by peer and family relationships. Peer Influences: - Poor peer relationships and bullying (as victim or perpetrator) strongly predicted internalising difficulties. - ASB was linked to more friends, older friends, peer alienation, and past bullying perpetration. Family Relationships: - Parent-child conflict and low closeness were key predictors of poor outcomes, particularly for girls' internalising problems and boys' ASB. - Girls were more affected by mother-daughter dynamics; boys by father-son dynamics. - Autonomy granted by parents was protective for both genders. Household Structure: - Household changes were more disruptive for girls than boys, especially moves from single-parent to two-parent households, which were linked to worse emotional and behavioural outcomes. Predictors of Stability and Change (Ages 9–13): - Protective factors for low-risk stability included: high income, maternal education, more friends, and low parent-child conflict. - Risk factors for persistent or increased difficulties included: bullying others, older friends (for boys), and any change in household structure.

Thematic reports							
Authors	Well-being indicator	Risk / Protect factors	Cohort(s)	Age(s)	N =	Design	Result
(Watson et al., 2014)	Socio-emotional well-being	Recession, cohort, socio-demographic factors	98; 08	9 months, 3 years, 9 years, 13 years	7423 (98 cohort), 9793 (08 cohort)	Longitudinal	- Economic vulnerability is linked to higher socio-emotional difficulties. - Higher SDQ scores also linked to: caregiver under 30 at child's birth, lone parenthood, cohabitation, relationship breakdown, and low caregiver education. - 13-year-olds and boys had higher SDQ scores than 3-year-olds and girls. - No difference in the impact of economic vulnerability between the '08 and '98 cohorts. - Protective factors: older caregiver, higher caregiver education, married parents, two-parent households, and no caregiver emotional distress. These protective factors operated similarly in both vulnerable and non-vulnerable families, except for a positive parental relationship which was protective only in non-vulnerable families. - Multiple disadvantages increase SDQ risk; multiple advantages can offset economic vulnerability.
(Maître et al., 2021)	Socio-emotional development	Economic vulnerability	98; 08	9 months, 3 years, 5 years, 9 years, 13 years, 17/18 years	6039 (98 cohort), 7507 (08 cohort)	Longitudinal	- Exposure to economic vulnerability (EV) occurred in 44% of families with young children and 38% of families with older children; for 5% in both groups, EV was persistent. For many, EV was a one-time or transient experience (22% in both cohorts). - Childhood exposure to EV was linked to poorer health outcomes at age 9 (2008 cohort) and age 17 (1998 cohort), including worse socio-emotional outcomes.
(Smyth & Darmody, 2021)	Externalising behaviour, internalising behaviour, school-based misbehaviour, antisocial behaviour	Individual, family, peer, school and neighbourhood factors	98	9 years, 13 years, 17/18 years	Unclear	Longitudinal	General Trends: - Most 17-year-olds showed low levels of behavioural difficulties. - Externalising behaviour declined from age 9 to 17, prosocial behaviour was stable, and internalising behaviour increased for girls between 13 and 17.

Thematic reports							
Authors	Well-being indicator	Risk / Protect factors	Cohort(s)	Age(s)	N =	Design	Result
							- Behaviour varied across home, school, and community, shaped by different risk and protective factors. Individual and Family Factors: - Boys had more externalising and antisocial behaviours; girls were more prosocial but internalised more. - Young people with SEN, from lower-education or financially strained families, or from lone-parent households showed more behaviour difficulties. - Positive parenting relationships and parental monitoring protected against antisocial and externalising behaviours. School Factors: - The school attended influenced misbehaviour, truancy, and emotional difficulties, even after accounting for student background. - DEIS school students had more behaviour issues—but also higher prosocial behaviour—than peers in other schools. - Students in fee-paying schools had more truancy and antisocial behaviour. - Positive teacher relationships were protective; frequent reprimands predicted poorer later behaviour. - Streaming and disengagement (e.g. “hating school”) were linked to worse outcomes. Peer and Neighbourhood Factors: - Large friend networks protected against emotional problems but increased risk of “acting out”. - Older friends and poor-quality peer relationships predicted worse behaviour. - Neighbourhood disadvantage mattered less than school environment, but disorderly areas and urban living were linked to more difficulties. - Local facilities, safe places, and structured sports were protective.

Thematic reports							
Authors	Well-being indicator	Risk / Protect factors	Cohort(s)	Age(s)	N =	Design	Result
							- Having one trusted adult was consistently linked to better behaviour outcomes.
(Laurence & Smyth, 2023)	Depressive symptoms	Living area, volunteering, political activity	98	9 years, 13 years, 17/18 years, 20 years	4729	Longitudinal	- Political activity is linked to more depressive symptoms, particularly for those in areas with weaker social infrastructure and for individualised forms of engagement (e.g., signing a petition). - Living in areas with stronger social infrastructure (e.g., more local amenities, social networks) is associated with lower depression.
(Darmody et al., 2020a)	Socio-emotional difficulties	Social inequalities, Covid-19 pandemic	98; 08	Unclear	Unclear	Unclear	- Available evidence in Ireland and internationally suggests that inequalities (e.g., those from more disadvantaged backgrounds having more socio-emotional difficulties) have grown in the wake of the pandemic. - Negative effects on well-being and mental health were more pronounced among disadvantaged groups and younger adults. - Women were more likely to report depression, anxiety, or sadness during Covid-19 restrictions. - While evidence for children is more limited, findings suggest increased inequality among them as well.
(Russell & Smyth, 2024)	Depression	Care responsibilities, parental depression	98	17 years, 20 years	Unclear	Longitudinal	- At age 17, 25% of young people regularly provide care, mainly for younger siblings (15%) or grandparents/older relatives (12%). By age 20, caregiving drops to 20%. Across both ages, 36% provide care at some stage, but only 9% do so consistently at both ages. - Little evidence was found of a systematic link between caregiving and young adults' mental well-being. - Parental illness, particularly maternal depression, was associated with higher depression rates among young adults. This association held regardless of whether the young adult was directly involved in caregiving.

Thematic reports							
Authors	Well-being indicator	Risk / Protect factors	Cohort(s)	Age(s)	N =	Design	Result
(Smyth & Nolan, 2022)	Depressive symptoms	Covid-19 pandemic and related disruptions	98	20/22 years	2277	Cross-sectional	- The proportion of young adults classified as depressed (CES-D ≥ 7) rose sharply between ages 20 and 22: from 22% to 41% for men, and from 31% to 55% for women. - Pandemic-related disruptions—job loss, study difficulties, and reduced face-to-face social contact—contributed to this increase. - For men, job loss had a stronger impact; participation in team sports and confiding in a partner were protective. - For women, reduced in-person contact with friends was a key risk factor; supportive peer and family relationships were protective.

3.8 Screen time

Peer-reviewed journal articles							
Authors	Well-being indicator	Risk / Protect factors	Cohort(s)	Age(s)	N =	Design	Result
(Neville, Guo, et al., 2021)	Screen time	Developmental delays, participation in organised sport	08	9 months, 3 years, 5 years	11134	Longitudinal	- Screen time in hours did not differ significantly between the low-ASQ group and mid- and high-ASQ groups.
(Martin et al., 2022)	Clustering of screen time and physical activity	Sociodemographic characteristics	08	3 years, 5 years, 7/8 years	9771 (3y), 8695 (5y), 5057 (7/8y)	Longitudinal	- Boys were more likely to play on a computer or tablet device than girls at both age 5 and 7/8 years.
(Neville, McArthur, et al., 2021)	Screen time	Internalising and externalising behaviours	08	3 years, 5 years, 7 years, 9 years	10172	Longitudinal	- Longitudinal trajectories for screen time were stable between the ages of 3 and 5, unstable between 5 and 7, and stabilised again between the ages of 7 and 9. - Greater externalising and internalising behaviours at age 3 were directionally associated with increased screen time at age 5.

Peer-reviewed journal articles							
Authors	Well-being indicator	Risk / Protect factors	Cohort(s)	Age(s)	N =	Design	Result
							- The association between internalising behaviours at age 5 and screen time at age 7 differed significantly between the sexes, with the magnitude of the association larger for boys.
(Garcia et al., 2016)	Screen time	Individual, social, and environmental factors	98	9 years	1509	Cross-sectional	- Boys had greater hours per day of game playing than girls, there were no differences in either hours spent watching television or using the computer. - In both boys and girls, increased screen time was associated with increased BMI, lower parental education, lower levels of MVPA, and having less access to play space. - In boys, social factors such as low involvement in activities, being a victim of bullying, being perceived as less social, and being identified as popular by peers was also associated with increased screen time, as well as less perceived environmental safety. - In girls, a lack of playgrounds nearby was also associated with increased hours of screen time.
(S. Healy et al., 2020)	Screen time	Autism	98	9 years	72 (36 TD, 36 AUTISM)	Cross-sectional	- Based on parents' completion of time-use diaries, fewer children with autism, compared to TD children, met the recommendations for screen-time.
(S. Healy & Garcia, 2019)	Screen time	Autism	98	9 years	110 (55 AUTISM, 55 normally developing)	Cross-sectional	- No differences existed in hours of daily screen-time between the children with autism and typically developing children. - A greater number of close friends and a lower parent rating of their child's level of prosocial behaviour were associated with greater hours of screen time.
(Dahlgren et al., 2021)	Screen time	Autism	98	9 years, 13 years, 17/18 years	176	Longitudinal	- Only video games-related screen time differed significantly between children with autism and neurotypically developing children when they were 9 years old: more children with autism played a higher number of hours per day.
(Bohnert & Gracia, 2021)	Digital use at age 9 years	Cohort/time	98; 08	9 years	13203 (6628 from 98 cohort,	Cross-sectional	- In 2017/18 children were more active in digital devices (28% vs 13%) and social media, while in 2007/2008 children spent more time watching TV (73% vs 48%) and adopted less diversified forms of media engagement.

Peer-reviewed journal articles							
Authors	Well-being indicator	Risk / Protect factors	Cohort(s)	Age(s)	N =	Design	Result
					6575 from 08 cohort)		- There was an increase in mobile phone ownership at age 9 from 61% in the 1998 cohort to 78% in the 2008 cohort. - Children's media and digital engagement differed by the child gender and socio-economic background.
(Fitzgerald et al., 2019)	Screen use	Chronic disease	98	9 years	8568	Cross-sectional	- Children with a chronic illness statistically spent more time watching television and playing video games and were more likely to have a TV and a DVD/video player in their bedroom. There was no statistically significant difference in time spent using personal computers between children with and without chronic illnesses.
(Baker et al., 2018)	Adolescents' screen time	Body mass index, sex, parental and adolescent factors	98	13 years	7525	Cross-sectional	- Participating in greater amounts of moderate to vigorous physical activity was associated with decreased TV watching.
(Orben & Przybylski, 2019)	Digital engagement	Digital engagement	98	13 years	4573	Cross-sectional	- There was a significant correlation between retrospective self-report digital engagement and adolescent well-being. There were also negative associations for some of the time-use-diary measures, notably time spent using digital screens on a weekend and on a weekday.
(O'Reilly & Mohan, 2023)	Excessive Internet use	parenting factors (Parental supervision of Internet use, Parent-child time together and apart, Parental discipline, Parent-child relationship, Parenting style, Parental knowledge)	98	13 years, 17/8 years	5084	Longitudinal	- Females, and especially those females who spent time home alone on an average weekday report more excessive Internet use (EIU) symptoms than males. - Females who play cards, games, or sports with their PCG weekly have a lower number of EIU symptoms compared with those having lower frequency of these activities. - The use of strongly power assertive discipline by parents and higher parent-child conflict are associated with more EIU symptoms among females and males, while a higher level of psychological autonomy at age 13 is associated with a reduced number of EIU symptoms at 17. - In males, household income, higher primary caregiver education, and having a primary caregiver age above 50 years are associated with a greater number of EIU symptoms.

Thematic reports							
Authors	Well-being indicator	Risk / Protect factors	Cohort(s)	Age(s)	N =	Design	Result
(McCoy, Quail, et al., 2012)	ICT and video games activities	Sociodemographic characteristics	98	9 years	Unclear	Cross-sectional	- Girls are more often social networkers (high and diverse use of ICT, being the only group to use it for social networking; they spend a lot of time with their friends, and also spend time reading and taking part in cultural activities) or involved in cultural pursuits, while boys are more likely to play sports or video games. - Children from more advantaged families engage more in cultural activities and social networking; immigrant-origin children are more likely to be social networkers or have 'busy lives' (diversity of their activities, spending some time on ICT, reading, cultural activities, sports and video games), but less involved in cultural activities. - Children with learning disabilities are more likely to belong to the TV/sports (playing sports, being with their friends and watching television; they have a very low level of computer usage) or busy lives groups; physical disability or chronic illness does not significantly affect activity types. - Urban children are more often social networkers or have busy lives, while rural children show different patterns. - Neighbourhood context matters: cultural engagement is linked to greener, more orderly areas, while social networking is more common in areas perceived as safe. - Children in gaelscoileanna are more culturally engaged; school internet access is linked to greater ICT and social networking use outside school.
(Smyth, 2022)	Screen time	Cohort/ time	98; 08	9 years (both cohorts)	Unclear	Cross-sectional	- Comparisons of screentime over time were complicated by changes in survey wording, but time-use diary data suggest overall screentime remained stable between the two cohorts at age 9 years. - A significant shift occurred from television viewing to other digital devices, with a marked rise in mobile phone ownership among 9-year-olds. - Girls and disadvantaged children were early adopters of mobile phones in Cohort '98, though social background gaps in ownership narrowed over time.

Thematic reports							
Authors	Well-being indicator	Risk / Protect factors	Cohort(s)	Age(s)	N =	Design	Result
							- Time-use data may underestimate screentime due to not capturing secondary use (e.g., phone use while commuting), which international studies suggest is the main driver of screentime increases.
(Smyth, 2024)	Screen time	Cohort/ time	98; 08	13 years (both cohorts)	Unclear	Cross-sectional	- A shift has occurred between cohort '98 and '08 from traditional media (TV, video games) to other types of screen time, which is generally linked to lower participation in sport and cultural activities.
(Smyth & Nolan, 2022)	Screen time	Covid-19 pandemic	98	20/22 years	2277	Cross-sectional	- Informal screentime increased for around two-thirds of young adults during the pandemic.

3.9 Self-esteem, happiness, self-concept

Peer-reviewed journal articles							
Authors	Well-being indicator	Risk / Protect factors	Cohort(s)	Age(s)	N =	Design	Result
(C. Dempsey et al., 2024)	Academic self-concept	Child-adult relationship quality	08	3 years, 5 years, 9 years	7507	Longitudinal	- Maternal closeness at age 3 years and teacher closeness at age 5 years were positively related academic self-concept at age 9 years, while teacher conflict at age 3 years was negatively related with academic self-concept.
(S. Healy & Garcia, 2019)	Self-concept	Autism	98	9 years	110 (55 AUTISM, 55 typically developing)	Cross-sectional	- Children with autism had significantly lower perceptions of popularity, greater feelings of anxiety, more problems with peers, and lower ratings of prosocial behaviour compared to typically developing children.
(Brady et al., 2015)	Child well-being	Maternal age at birth	98	9 years	8568 overall; 235 children of teen mothers	Cross-sectional	- Maternal age at birth was associated with child outcomes. - Familial economic status is the strongest family predicting factor of child well-being.

Peer-reviewed journal articles							
Authors	Well-being indicator	Risk / Protect factors	Cohort(s)	Age(s)	N =	Design	Result
(Hannan & Halpin, 2014)	Psychological well-being	Family structure	98	9 years	± 7000	Cross-sectional	- Never married lone-parenting was associated with negative child self-concept, however after propensity score matching, these differences disappeared.
(McAuley & Layte, 2012)	Happiness	Family stressors and socioeconomic circumstances	98	9 years	7501	Cross-sectional	- Family stressors (e.g., parent/child conflict, child emotional and behavioural problems, child social isolation) were found to explain more than twice the variance in the children's happiness than explained by the measures of socioeconomic status (e.g., social class). Nonetheless, most of the variance remains unexplained.
(Frawley et al., 2014)	Self-concept	Sex, SES, special educational needs	98	9 years	8578 (unclear)	Cross-sectional	- Lower scores on behavioural adjustment are more likely among boys, children from semi-/unskilled backgrounds, those with SEN (especially multiple), learning disabilities, EBD, and those in rural DEIS schools. Protective factors include having a managerial/professional background, being rated average or above in maths or reading by mothers, and having 10–30 books at home. - Boys, children from lower social classes, with multiple SEN, learning disabilities, or EBD are at higher risk of low self-concept in terms of intellectual/school status. Protective factors include higher social class, positive maternal ratings in maths and reading, and having 21–30 books at home. - Girls, children from lower social classes, with learning disabilities, or in co-ed/boys' schools are more likely to report higher anxiety. Protective factors include managerial background and being rated average or above in maths by mothers.
(Quail & Smyth, 2014)	Academic and social outcome	Age composition of the class (single-grade vs multigrade)	98	9 years	8578 (unclear)	Cross-sectional	- Boys had poorer behavioural outcomes when they were taught in classes with younger peers. - Girls had worse behavioural adjustment when they were taught in classes with older peers. Girls in classes with older or younger children had more negative views of their academic performance and were significantly more negative about their perceived popularity than those in single-grade classes.
(Smyth & Murray, 2022)	Emotional well-being	Impact of economic disruption	08	9 years, 12 years	2947	Longitudinal	- Females, young people in lone-parent families, living in urban areas, in households where the income had fell a lot or a little, and young people with higher total SDQ total difficulties at 9 years had a significantly poorer well-being at 12 years.

Peer-reviewed journal articles							
Authors	Well-being indicator	Risk / Protect factors	Cohort(s)	Age(s)	N =	Design	Result
							- Receiving PUP, having a quiet place to study, and a computer for remote learning were associated with higher well-being scores, while having changed school over the pandemic, being worried about the virus (always or sometimes vs never) and always or sometimes seeing that parents are worried (vs never) were associated with lower well-being scores. - Arguing more with parents, one parent working remotely, more sports activities, more junk foods/sweets were associated with lower well-being scores, while seeing family more and more face-to-face contact with friends were associated with higher well-being scores.
(Smyth et al., 2025)	Well-being	Migrant status	08	9 years, 12 years	2883	Longitudinal	- Migrant-origin youth have poorer well-being at age 12 years (COVID-19 pandemic), however this difference disappears when accounting for differences in family support for remote learning, in experiences of poor-quality interaction with peers and in levels of family strain. Family background characteristics do not seem to have an impact. - Girls have much lower well-being scores than boys. - A higher maternal level of education, having moved to secondary school after the lockdown, being apart from people bothering the adolescent, having been bullied at age 9 years, having a parent that always or sometimes worries, and higher maternal depression score at age 9 years were all associated with lower well-being scores at age 12 years. - Having access to a computer for study and having had a quiet place to study at home were associated with higher well-being scores, with stronger protective effect for migrant-origin young people. - Only in youth from Irish-origin, higher total socioemotional difficulties at age 9 years and seeing less friends compared to before the covid pandemic were associated with lower well-being scores at age 12 years, while having someone at home to help with homework was associated with a higher well-being.

Peer-reviewed journal articles							
Authors	Well-being indicator	Risk / Protect factors	Cohort(s)	Age(s)	N =	Design	Result
(O'Connor & McNicholas, 2020)	Self-concept	ADHD diagnosis	98	9 years, 13 years	8568 (582 Undiagnosed ADHD, 71 Diagnosed ADHD, 7915 Non-ADHD controls)	Longitudinal	- At age 9 years, there were no differences in self-concept between children diagnosed with ADHD, undiagnosed with ADHD and non-ADHD control. - At age 13 years, those who did not have a ADHD diagnosis at age 9 years (compared to those with a diagnosis) had more favourable self-concept in the domains of Behavioural Adjustment, Popularity, and Freedom from Anxiety. The groups did not differ on Physical Appearance & Attributes, Intellectual & School Status or Happiness & Satisfaction.
(McCoy et al., 2016)	Changes in self-concept	Parents' educational expectations	98	9 years, 13 years	7423	Longitudinal	- Adolescents with any type of disability report significantly lower self-concept scores than those without disabilities, and they are less likely to have a positive self-concept. - These differences remain significant after controlling for gender, family background, academic ability, and parent-related factors. However, after accounting for self-concept at age 9, differences for those with specific learning and physical disabilities are no longer statistically significant. - Lower maternal educational expectations (expecting the child to complete less than a degree) are associated with lower adolescent self-concept, even after accounting for earlier self-concept. - Among young people with disabilities, lower parental expectations contribute to lower self-concept at age 13, particularly for those with general learning/intellectual and emotional/behavioural disabilities.
(Bradshaw et al., 2020)	Self-concept	Parental incarceration	98	9 years, 13 years	50	Longitudinal	- Children who had experienced parental incarceration had lower levels of freedom from anxiety compared with matched controls at 9 years of age, and lower levels of happiness at age 13.
(Dhondt et al., 2019)	Self-concept	Childhood adversity at age 9	98	9 years, 13 years	7505	Longitudinal	- Childhood adversity was positively associated with age 9 poor self-concept.
(S. Dempsey et al., 2020)	Self-concept	Mobile phone ownership	98	9 years, 13 years	6302	Longitudinal	- Controlling for child and family factors, mobile phone ownership at age 9 in females was associated with a lower total self-concept score, a lower score on the Behavioural Adjustment subscale, Intellectual and School Status subscale, Physical Appearance

Peer-reviewed journal articles							
Authors	Well-being indicator	Risk / Protect factors	Cohort(s)	Age(s)	N =	Design	Result
							subscale. - In males, mobile phone ownership at age 9 was associated with a higher score on the popularity scale at age 13 years.
(A. L. Gallagher et al., 2020)	Self-concept	Disability	98	13 years	7515	Cross-sectional	- Having a diagnosis of a developmental disability was associated with a lower overall self-concept score. In relation to self-concept subscales, there was an association between having a disability and low behavioural adjustment scores, low intellectual/ school status scores, and low popularity scores, and having a diagnosis reduced the odds of low happiness scores. - Differences emerged when looking at the different types of disabilities separately, for example, adolescents with a specific learning disability or a learning disability were more likely to score lower on intellectual/school status, and those with an emotional/behavioural disorder or learning disorder were more likely to have a lower concept related to behavioural adjustment. Children with a diagnosis of physical disability or autism spectrum disorder or parent-reported speech and language difficulty were more likely to have low scores in popularity.
(McMahon et al., 2020)	Psychological well-being	Stressful life events, parent and peer relationships	98	13 years	7525	Cross-sectional	- Boys reported higher levels of well-being than girls. - Stressful life events, and worse parent and peer relationships are negatively associated with psychological well-being among 13-year-old adolescents. - For girls, greater numbers of stressful life events were associated with poorer quality relationships with both their parents and peers, and in turn, these were linked to lower levels of psychological well-being. For boys, this effect was only evident for parental relationship quality, but not peers.
(Mihut et al., 2022)	Life satisfaction	Individual characteristics, home and school environmental factors	98	9 years, 17/18 years	5131	Longitudinal	- All else being equal, young people with an emotional SEN had lower levels of life satisfaction. - After controlling for SEN type, young women had lower levels of life satisfaction than young men. - Self-concept and depression status of primary caregiver were also predictive of life satisfaction.

Peer-reviewed journal articles							
Authors	Well-being indicator	Risk / Protect factors	Cohort(s)	Age(s)	N =	Design	Result
(D'Urso et al., 2021)	Self-confidence	Sociocultural factors	98	9 years, 13 years, 17/18 years	7165	Longitudinal	- In late adolescence (17/18 years), perceiving oneself with higher levels of competence, confidence, and character was most strongly predicted by having better rapport with parents, followed by a negative association with family trauma and transitions. The other predictor of note was teacher praise (+), close friendships (+), and being bullied (-).
(Dhondt et al., 2023)	Self-concept	Childhood adversity	98	9 years, 13 years, 17/18 years	6039	Longitudinal	- Childhood adversity and recurring psychotic experiences (compared to none) were associated with lower scores on the self-concept scale.
(C. Healy, Eaton, et al., 2022)	Self-concept	Childhood adversity	98	9 years, 13 years, 17/18 years	6039	Longitudinal	- Childhood adversity was associated with a lower self-concept in early adolescence.
(O'Connell & Marks, 2021)	Satisfaction in life	Socioeconomic background, cognitive ability, sex	98	9 years, 13 years, 17/18 years	5252	Longitudinal	- Socioeconomic measures did not or barely increase the variance in life satisfaction explained by cognitive ability and gender.
(Dooley, Kennelly, et al., 2023)	Poor subjective well-being at age 17 and 20	Mental health trajectories at age 9-13	98	9 years, 13 years, 17/18 years, 20 years	5141	Longitudinal	- Children with persistent childhood psychopathology from age 9 to 13 years were twice as likely to have poor subjective well-being at age 17 and 20 years.
(Ceatha et al., 2023)	LGBT+ self-identification	Sex	98	17/18 years	6155	Cross-sectional	- Ten percent of youth in Ireland, at 17-18 years, identify as lesbian, gay, bisexual, transgender, questioning, asexual or describe their gender as other. - Young women are significantly more likely to identify as lesbian,

Peer-reviewed journal articles							
Authors	Well-being indicator	Risk / Protect factors	Cohort(s)	Age(s)	N =	Design	Result
							gay, bisexual, questioning, or asexual, than young men (10.5% vs 7.7% respectively). - In relation to gender identity, just over 1% identify as gender minority youth, with 0.7% identifying as transgender and 0.5% describing their gender as other. Over half of gender minority youth identify their sexual orientation as lesbian, gay, bisexual, or asexual (LGB+).

Thematic reports							
Authors	Well-being indicator	Risk / Protect factors	Cohort(s)	Age(s)	N =	Design	Result
(Smyth & Russell, 2021)	Self-image, happiness/life satisfaction, behavioural adjustment	Nature of the father-child relationship	08	9 months, 3 years, 5 years, 9 years	4090	Longitudinal	- Children who got on very well with their fathers reported less anxiety, greater happiness and better behaviour on average. - Father-child conflict was associated with poorer self-image among boys but had no significant relationship with girls' self-image.
(Darmody et al., 2022)	Self-concept	Migrant-origin status, participation in activities	08	3 years, 5 years, 9 years	Unclear	Longitudinal	- One-third of children had at least one parent born outside Ireland; 19% had both parents (or a lone parent) born abroad, and 11% had no native English-speaking parent. - No differences in self-concept scores at age 9 were found overall between second-generation migrant and Irish-origin children, but some groups (e.g., Eastern Europeans, Western Europeans, US/Canada/Australia) had slightly lower self-concept, explained partly by lower activity participation and fewer socioeconomic resources. - Team sports participation was positively associated with higher self-concept, regardless of national or cultural background.
(Layte & McCrory, 2011)	Self-concept	Weight perception	98	9 years	Unclear	Cross-sectional	- Children who perceive themselves as underweight or overweight report significantly lower self-concept for physical appearance and popularity (Piers-Harris scale).

Thematic reports							
Authors	Well-being indicator	Risk / Protect factors	Cohort(s)	Age(s)	N =	Design	Result
(Smyth, 2017)	Self-concept	Parent, peer and teacher relationships, sociodemographic variables	98	9 years, 13 years	Unclear	Longitudinal	- On average, 13-year-olds reported lower academic self-confidence after transitioning to the junior cycle compared to primary school. - Girls and young people from less advantaged backgrounds (lower parental education/employment) faced more transition difficulties and a greater decline in self-confidence. - Immigrant-origin youth reported slightly more transition difficulties but maintained relatively stable self-confidence. - Youth with special educational needs (SEN) experienced the most pronounced difficulties and the largest drop in academic self-image from age 9 to 13. - Positive peer relationships and larger friendship networks, parental involvement in school (e.g. attending meetings/events), and everyday parent-child communication were protective during the transition. - Positive interactions with teachers, including frequent praise, supported smoother transitions; frequent reprimands were linked to a sharper drop in academic self-confidence.
(Maître et al., 2021)	Self-concept	Economic vulnerability	98; 08	9 months, 3 years, 5 years, 9 years, 13 years, 17/18 years	6039 (98 cohort), 7507 (08 cohort)	Longitudinal	- Exposure to economic vulnerability (EV) occurred in 44% of families with young children and 38% of families with older children; for 5% in both groups, EV was persistent. For many, EV was a one-time or transient experience (22% in both cohorts). - Childhood exposure to EV was linked to poorer health outcomes at age 9 (2008 cohort) and age 17 (1998 cohort), including a lower life satisfaction and self-concept.
(Laurence & Smyth, 2023)	Life satisfaction	Sociodemographic factors, living area, educational factors, engagement in cultural and sports activities,	98	9 years, 13 years, 17/18 years, 20 years	4729	Longitudinal	- Volunteering is associated with higher life satisfaction and a stronger adult identity, even after accounting for earlier levels of both. - Political interest is linked to greater social trust but not to overall well-being. Political activity is not associated with life satisfaction but is linked to more depressive symptoms, particularly for those

Thematic reports							
Authors	Well-being indicator	Risk / Protect factors	Cohort(s)	Age(s)	N =	Design	Result
		volunteering, political interest					in areas with weaker social infrastructure and for individualised forms of engagement (e.g., signing a petition). - Living in areas with stronger social infrastructure (e.g., more local amenities, social networks) is associated with better life outcomes: greater life satisfaction, lower depression, higher social trust, more confidence in institutions, and stronger adult identity. - Volunteering appears to buffer the negative effects of weak social infrastructure on well-being, identity, and trust.

3.10 Stressful events

Peer-reviewed journal articles							
Authors	Well-being indicator	Risk / Protect factors	Cohort(s)	Age(s)	N =	Design	Result
(S. Cotter et al., 2019)	Stressful life events	Migrant status	98	9 years, 13 years	8568	Longitudinal	- A significantly greater proportion of migrant youths reported experiencing 3 or more stressors relative to non-migrant youths. However, once direct migrancy-related stressors (moving house and country) were removed from the cumulative stressor score this difference was not retained. - When investigating specific early life stressors, a greater proportion of non-migrant youths reported death of a close family member and drug use or alcoholism in the immediate family, also after adjustment.
(Bradshaw et al., 2020)	Exposure to parental incarceration, and drugs	Sociodemographic factors	98	9 years, 13 years	50	Longitudinal	- Children who had experienced PI were also more likely to have experienced drug taking or alcoholism in the immediate family. - Sociodemographic differences exist between families with and without parental incarceration.
(McMahon et al., 2020)	Stressful life events	Sex	98	13 years	7525	Cross-sectional	- On average, adolescents experienced a low number of stressful events in the past 3 years. - Girls reported greater numbers of stressful life events.

Peer-reviewed journal articles							
Authors	Well-being indicator	Risk / Protect factors	Cohort(s)	Age(s)	N =	Design	Result
(C. Healy, Eaton, et al., 2022)	Childhood adversity	Sociodemographic factors	98	9 years, 13 years, 17/18 years	6039	Longitudinal	- Those who experienced childhood adversity (CA) were more likely to be born outside of Ireland and come from a lower socio-economic background than their peers.

Civic and economic engagement

4.1 Aspirations

Peer-reviewed journal articles							
Authors	Well-being indicator	Risk / Protect factors	Cohort(s)	Age(s)	N =	Design	Result
(Carroll, McCoy, et al., 2022)	Post-school plans at age 17 years	Special educational needs at age 9 years, Self-concept at age 9 years, Reading abilities at age 9 years, Receiving additional help for school at age 13 years, Parent-child and teacher-child interactions at age 13 years, Economic, neighbourhood, school vulnerability at age 9 and 13 years	98	9 years, 13 years, 17 years	5013	Longitudinal	- Students with special educational needs at age 9 were less likely to plan to attend higher education and more likely to plan to attend FET than students without SEN at age 9, however this difference became non-significant when taking into account other personal and contextual factors. - Having high levels of conflict with primary caregivers and negative interactions with the teachers at age 13 years were linked to a decreased likelihood of planning to attend higher education at age 17 years. - Young people receiving additional help for studies at age 13 years were more likely to plan to pursue FET and less likely to plan to pursue higher education than their peers who did not receive help. - Young people with higher self-concept and higher reading scores at age 9 years were more likely to plan to attend higher education. - Girls and boys were equally likely plan to attend higher education, but girls are more likely than boys to plan to attend FET - Students with higher levels of vulnerability (economic, neighbourhood, DEIS school) at age 9 and/or 13 years were more likely to plan to pursue FET, and less likely to plan to pursue higher education as their peers from households with greater resources,
(Carroll, Ye, et al., 2022)	Post-school educational pathways	Special educational needs, disability, academic abilities, parental educational expectation, sociodemographic variables	98	9 years, 13 years, 17/18 years, 20 years	4729	Longitudinal	- Young people with special educational needs or a disability are less likely to be in a University Level 8 degree and more likely to attend an IT, FET, not to finish their programme or not to attend any post-school education or training than young people without an SEN or disability, all else being equal. - Those who attended DEIS schools, experienced economic vulnerability, experienced academic issues at age 9 years or whose parents did not expect them to complete a degree are less likely to be in a University Level 8 degree and more likely to be in each of the other settings.

Peer-reviewed journal articles							
Authors	Well-being indicator	Risk / Protect factors	Cohort(s)	Age(s)	N =	Design	Result
(Smyth, 2023)	Intentions to go on to higher education	Information sources and activities, sociodemographic variables	98	9 years, 13 years, 17/18 years	4873	Longitudinal	- Higher education intentions are slightly lower among young people from less advantaged backgrounds, however some of these differences disappear when taking into account previous academic achievements.
(Sprong & Devitt, 2022)	Educational and occupational expectations	Ethnic background and other sociodemographic variables	98	9 years, 13 years, 17/18 years	4932	Longitudinal	- There were no significant differences in educational or occupational expectations at age 17 years between the Irish white and the other ethnic groups, and this did not change after accounting for prior academic ability and parental social background. - Parental level of education was predictive of educational expectations and occupational expectations among young people. - Parental occupational class was predictive of educational expectations but not occupational expectations - Prior academic ability was predictive of occupational expectations only.
Thematic reports							
Authors	Well-being indicator	Risk / Protect factors	Cohort(s)	Age(s)	N =	Design	Result
(Russell & Smyth, 2024)	Higher education participation	Care responsibilities	98	17 years, 20 years	Unclear	Longitudinal	- At age 17, 25% of young people regularly provide care, mainly for younger siblings (15%) or grandparents/older relatives (12%). By age 20, caregiving drops to 20%. Across both ages, 36% provide care at some stage, but only 9% do so consistently at both ages. - Young people involved in caregiving are less likely to progress to higher education, largely due to lower grades. - Those who do attend higher education are often limited in their choice of institution, prioritising the ability to live at home. - By age 20, they are less likely to have moved out of the parental home, even after accounting for their lower rates of higher education participation.

SEN =special educational needs, FET = further education and training

4.2 Employment

Thematic reports							
Authors	Well-being indicator	Risk / Protect factors	Cohort(s)	Age(s)	N =	Design	Result
(Smyth & Nolan, 2022)	Employment loss and remote work	Covid-19 pandemic	98	20/22 years	2277	Cross-sectional	- 84% of young adults who were employed pre-pandemic experienced employment disruption, including losing a full-time job (36%) or term-time job (21%). - Only 16% started or increased remote work from home. - Compared to the parents of Cohort '08, young adults were more likely to lose their jobs and less likely to work remotely. - Higher Leaving Certificate grades and professional/managerial roles at age 20 offered some protection against job loss. - Receiving the Pandemic Unemployment Payment (PUP) helped to alleviate financial strain after employment loss.

4.3 Political engagement

Thematic reports							
Authors	Well-being indicator	Risk / Protect factors	Cohort(s)	Age(s)	N =	Design	Result
(Laurence & Smyth, 2023)	Political engagement	Sociodemographic factors, living area, educational factors, engagement in cultural and sports activities	98	9 years, 13 years, 17/18 years, 20 years	4729	Longitudinal	- Urban youth are more likely than rural youth to engage in both high-intensity (21% vs. 13%) and low-intensity (62% vs. 53%) political activities, even after adjusting for other factors. - No major urban-rural differences were found in political interest or voter registration. - Young women are more engaged in political activities and more likely to be registered to vote, though they report lower political interest than young men. - A strong social gradient exists: youth with graduate mothers show higher political engagement, interest, and voter registration. - Youth in rented accommodation are less politically engaged. - In contrast to individual-level SES, area-level disadvantage (e.g. low social structure, neighbourhood disorder) is linked to greater political activity.

Thematic reports							
Authors	Well-being indicator	Risk / Protect factors	Cohort(s)	Age(s)	N =	Design	Result
							- Migrant-origin youth show lower political engagement across most domains. - Higher academic achievement, higher education participation, and having taken Transition Year are associated with greater political engagement. - Participation in cultural activities is linked to greater political interest and activity, while sports participation is associated with lower political engagement.

4.4 Volunteering

Thematic reports							
Authors	Well-being indicator	Risk / Protect factors	Cohort(s)	Age(s)	N =	Design	Result
(Laurence & Smyth, 2023)	Political engagement	Sociodemographic factors, living area, educational factors, engagement in cultural and sports activities	98	9 years, 13 years, 17/18 years, 20 years	4729	Longitudinal	- Volunteering is more common among rural youth than urban youth at both 17 (31% vs. 27%) and 20 years (36% vs. 31%), mainly due to higher rural rates of sports-related volunteering (13% vs. 9%). - Rural-urban differences in non-sports volunteering were minimal. - Higher volunteering rates are seen among youth whose mothers have higher education, while those in rented accommodation volunteer less. - Young women are less likely to volunteer in sports but slightly more likely to engage in other forms of volunteering. - Youth with more positive school experiences, who took Transition Year, achieved higher Leaving Cert grades, and went on to higher education, are more likely to volunteer. - Local facilities (e.g., sports clubs, youth centres) and public transport access boost sports volunteering in both urban and rural areas, but help non-sports volunteering only in urban contexts. - Participation in extracurricular and cultural activities in adolescence (e.g., scouts, drama, music) is linked to greater non-sports volunteering later. - Early involvement in sports is linked to later sports volunteering.

Thematic reports							
Authors	Well-being indicator	Risk / Protect factors	Cohort(s)	Age(s)	N =	Design	Result
							- Lower volunteering rates among youth with disabilities or of migrant origin are partly explained by reduced access to extracurricular activities during childhood.

Appendix 9. Study quality of the 220 quantitative peer-reviewed journal articles

Authors	Yes Count	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12	Q13	Q14
(I. Cotter et al., 2023; C. Healy et al., 2019; Lewis et al., 2017; Li & Chzhen, 2024; McDonnell, 2016; McDonnell & Doyle, 2019)	12	Y	Y	Y	Y	O	Y	Y	Y	Y	Y	Y	O	Y	Y
(Neville, Guo, et al., 2021)	11	Y	Y	Y	Y	O	Y	Y	Y	Y	O	Y	O	Y	Y
(Doherty et al., 2017; Duggan & Mohan, 2023)	11	Y	Y	Y	Y	O	Y	Y	Y	Y	Y	N	O	Y	Y
(Byrne, 2016)	11	Y	Y	Y	Y	O	Y	Y	N	Y	Y	Y	O	Y	Y
(Bowe, Healy, et al., 2021; Neville, Nelson, et al., 2021; van Dijk et al., 2022)	11	Y	Y	Y	Y	O	Y	Y	Y	N	Y	Y	O	Y	Y
(Conica et al., 2023b)	11	Y	Y	Y	Y	O	Y	O	Y	Y	Y	Y	O	Y	Y
(Al Khalaf et al., 2015; Layte, 2022; Masukume et al., 2018; McCoy et al., 2016; McNally, McCrory, et al., 2019; Smyth, 2020; Sprong & Skopek, 2023b)	11	Y	Y	Y	Y	O	Y	Y	Y	Y	N	Y	O	Y	Y
(Smyth & Duta, 2022)	11	Y	Y	Y	N	O	Y	Y	Y	Y	Y	Y	O	Y	Y
(Leech et al., 2022; Morando & Platt, 2022)	11	Y	Y	Y	Y	O	Y	Y	O	Y	Y	Y	O	Y	Y
(Dooley, Kennelly, et al., 2023; Grangel et al., 2024; McCoy & Byrne, 2024)	11	Y	Y	Y	Y	O	Y	Y	Y	Y	Y	Y	O	N	Y
(Connelly & O'Connell, 2022)	11	Y	Y	Y	Y	O	Y	Y	Y	Y	Y	Y	O	O	Y
(Kelly et al., 2019)	10	Y	Y	Y	Y	O	Y	N	Y	N	Y	Y	O	Y	Y
(Conica et al., 2023b; Dooley, Healy, Brannigan, et al., 2023; Gardner et al., 2019; Hadfield et al., 2017; Jabakhanji et al., 2017, 2018; Kong, 2020; Layte et al., 2014; McMullin et al., 2020; A. O'Neill et al., 2017; Sprong & Skopek, 2022)	10	Y	Y	Y	Y	O	Y	Y	Y	N	N	Y	O	Y	Y
(Mari & Keizer, 2021)	10	Y	Y	Y	Y	O	Y	N	Y	Y	N	Y	O	Y	Y
(Burke, 2020)	10	Y	Y	Y	Y	O	O	Y	Y	Y	Y	Y	O	N	Y
(Robinson et al., 2020)	10	Y	Y	Y	Y	O	Y	Y	N	Y	N	Y	O	Y	Y
(Swift, Iriarte, et al., 2021)	10	Y	Y	Y	Y	O	N	N	Y	Y	Y	Y	O	Y	Y
(Sprong & Devitt, 2022)	10	Y	Y	Y	Y	O	N	Y	Y	Y	Y	Y	O	N	Y
(McNally, Darmody, et al., 2019)	10	Y	Y	Y	Y	O	Y	Y	O	Y	N	Y	O	Y	Y
(Bowe, Staines, et al., 2021; Bradshaw et al., 2020)	10	Y	Y	Y	Y	O	Y	Y	O	Y	O	Y	O	Y	Y
(O'Connor & McNicholas, 2020)	10	Y	Y	Y	Y	Y	Y	Y	O	Y	Y	N	O	Y	N

Authors	Yes Count	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12	Q13	Q14
(S. Dempsey et al., 2019, 2020; Donnchadha et al., 2023; C. Healy et al., 2020)	10	Y	Y	Y	Y	O	Y	Y	O	Y	Y	Y	O	N	Y
(Brannigan et al., 2022)	10	Y	Y	Y	Y	O	Y	Y	Y	N	Y	Y	O	Y	N
(Gibbons et al., 2023; Knowles et al., 2023; McGinnity et al., 2022; McNally et al., 2024; O Driscoll et al., 2024b; Putra et al., 2024)	10	Y	Y	Y	Y	O	Y	Y	Y	N	Y	Y	O	N	Y
(Sprong & Skopek, 2023a)	10	Y	Y	Y	Y	Y	N	N	Y	Y	N	Y	O	Y	Y
(D'Urso & Symonds, 2022; D. McEvoy et al., 2024)	10	Y	Y	Y	Y	O	Y	Y	Y	Y	Y	N	O	N	Y
(O'Connor et al., 2018)	10	Y	Y	Y	Y	O	Y	Y	Y	Y	N	Y	O	O	Y
(Carroll, McCoy, et al., 2022; Carroll, Ye, et al., 2022; Murtagh et al., 2016; O'Connell & Marks, 2021, 2023; Smyth et al., 2025; Sutin et al., 2020)	10	Y	Y	Y	Y	O	Y	Y	Y	Y	N	Y	O	N	Y
(Smyth, 2016; Smyth & Privalko, 2024)	10	Y	Y	Y	Y	O	Y	Y	Y	Y	N	N	O	Y	Y
(Layte & McCrory, 2018)	10	Y	Y	Y	Y	O	N	Y	Y	Y	N	Y	O	Y	Y
(Bradshaw et al., 2021)	9	Y	Y	Y	Y	O	Y	Y	O	Y	O	Y	O	N	Y
(Girard et al., 2018)	9	Y	Y	Y	Y	O	N	Y	Y	N	N	Y	O	Y	Y
(Butler et al., 2024; Dooley, Healy, Cotter, et al., 2023; Girard et al., 2017; Katsantonis & Symonds, 2023; Layte et al., 2023; Mihut et al., 2022)	9	Y	Y	Y	Y	O	Y	Y	Y	N	N	Y	O	N	Y
(O'Brien et al., 2023; Swift, McConkey, et al., 2021)	9	Y	Y	Y	Y	O	O	O	Y	N	Y	Y	O	Y	Y
(S. Gallagher et al., 2018)	9	Y	Y	Y	Y	O	O	O	Y	Y	Y	Y	O	Y	O
(Rubio-Cabañez, 2024)	9	Y	N	Y	Y	O	Y	Y	O	N	Y	Y	O	Y	Y
(Crowe et al., 2016)	9	Y	Y	Y	Y	O	N	N	Y	Y	Y	Y	O	O	Y
(McCoy et al., 2020)	9	Y	N	Y	Y	O	Y	Y	Y	N	N	Y	O	Y	Y
(Eves et al., 2023)	9	Y	Y	Y	Y	O	Y	Y	Y	N	O	Y	O	O	Y
(Briody, 2021)	9	Y	Y	Y	Y	O	N	N	O	Y	Y	Y	O	Y	Y
(O'Connell, 2018)	9	Y	Y	Y	Y	O	N	N	Y	Y	N	Y	O	Y	Y
(Dahlgren et al., 2021)	9	Y	Y	Y	Y	O	Y	Y	N	Y	O	N	O	Y	Y
(C. Dempsey et al., 2024; Doran et al., 2020)	9	Y	Y	Y	Y	O	Y	Y	Y	N	N	Y	O	Y	N
(S. Coughlan et al., 2023; Girard, 2021)	9	Y	Y	Y	Y	O	Y	Y	O	N	N	Y	O	Y	Y
(Maciver & Girard, 2023; O Driscoll et al., 2024a)	9	Y	Y	Y	Y	O	Y	Y	O	Y	N	Y	O	N	Y
(O. McEvoy et al., 2022; Neville, McArthur, et al., 2021)	9	Y	Y	Y	Y	O	Y	Y	Y	N	Y	N	O	N	Y

Authors	Yes Count	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12	Q13	Q14
(Bowe et al., 2024)	9	Y	Y	Y	Y	O	Y	Y	Y	N	N	Y	O	Y	O
(Martin et al., 2022)	8	Y	Y	Y	Y	O	Y	Y	O	Y	Y	N	O	N	N
(D'Urso et al., 2021; Mohan, 2023; O'Reilly & Mohan, 2023)	8	Y	Y	Y	Y	O	Y	Y	Y	N	N	N	O	N	Y
(De Visser et al., 2024; Dhondt et al., 2019, 2023; A. L. Gallagher et al., 2020; C. Healy, Eaton, et al., 2022; Maher et al., 2020; D. Murphy et al., 2022)	8	Y	Y	Y	Y	O	Y	Y	O	N	N	Y	O	N	Y
(Culloty et al., 2019)	8	Y	Y	Y	Y	O	Y	Y	O	N	N	Y	O	Y	N
(Sunday et al., 2023)	8	Y	Y	Y	Y	O	Y	Y	O	N	Y	N	O	N	Y
(Darmody & Smyth, 2017)	8	Y	Y	Y	Y	O	O	O	Y	Y	N	N	O	Y	Y
(McConkey et al., 2021)	8	Y	Y	Y	Y	O	O	O	Y	N	Y	Y	O	Y	O
(Madden, 2024)	8	Y	Y	Y	Y	O	O	Y	O	O	N	Y	O	N	O
(McCrory et al., 2012; McCrory & Layte, 2011, 2012; McCrory & Murray, 2013)	8	Y	Y	Y	Y	O	N	Y	Y	N	N	Y	O	O	Y
(Nolan & Layte, 2017b; Reinhard et al., 2018)	8	Y	Y	Y	Y	O	N	N	O	Y	Y	N	O	Y	Y
(Bohnert & Gracia, 2023)	8	Y	Y	Y	Y	O	N	N	Y	N	N	Y	O	Y	Y
(McAvinue, 2022)	8	Y	Y	Y	Y	O	N	N	O	Y	Y	Y	O	N	Y
(Doherty et al., 2014; A. L. Gallagher et al., 2020; Keane et al., 2012; McAuley & Layte, 2012; McCoy, Banks, et al., 2012; McMahon et al., 2020)	8	Y	Y	Y	Y	O	N	N	Y	Y	N	Y	O	O	Y
(McCrory et al., 2017, 2019)	8	Y	Y	Y	Y	O	N	N	Y	Y	N	Y	O	Y	N
(Smyth, 2023)	8	Y	Y	Y	Y	O	N	N	Y	Y	O	Y	O	N	Y
(McAvinue, 2018)	8	Y	Y	Y	Y	O	N	N	Y	Y	O	Y	O	Y	N
(Rokicki & McGovern, 2020)	8	Y	Y	Y	Y	O	N	N	Y	Y	Y	N	O	Y	N
(Madden, 2017)	8	Y	Y	Y	Y	O	N	O	Y	Y	N	Y	O	Y	O
(Brannigan et al., 2020)	8	Y	Y	Y	Y	O	N	Y	Y	N	N	Y	O	N	Y
(Madden, 2020, 2022a)	8	Y	Y	Y	Y	O	N	O	Y	Y	Y	Y	O	N	O
(Sunday & Kabir, 2019)	8	Y	Y	Y	Y	O	N	N	O	N	Y	Y	O	Y	Y
(S. Cotter et al., 2019)	8	Y	Y	Y	Y	O	N	N	O	Y	N	Y	O	Y	Y
(Mohan, 2021b)	7	Y	Y	Y	Y	O	N	N	O	Y	Y	N	O	N	Y
(O'Reilly & Quayle, 2021)	7	Y	Y	Y	Y	O	N	N	O	Y	O	N	O	Y	Y
(Doris et al., 2013; S. Healy et al., 2020; Layte & McCrory, 2013)	7	Y	Y	Y	Y	O	N	N	O	Y	N	Y	O	O	Y

Authors	Yes Count	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12	Q13	Q14
(Banks et al., 2012)	7	Y	Y	Y	Y	N	N	N	Y	Y	N	N	O	O	Y
(Beatty & Egan, 2020; Bohnert & Gracia, 2021; Brannigan et al., 2023; Casey et al., 2012; Denny, 2012; Hoyne & Egan, 2022; McCoy et al., 2014; Murray, 2012a; Murray & Egan, 2014; Nolan & Layte, 2014; Perry et al., 2015; Reynolds et al., 2014; Smyth et al., 2010; Walsh & Cullinan, 2015)	7	Y	Y	Y	Y	O	N	N	Y	N	N	Y	O	O	Y
(Gillespie et al., 2019; Hannan & Halpin, 2014; Layte & Nolan, 2015a; McCoy & Banks, 2012; McNally et al., 2014; Williams et al., 2014; Yu & Woo, 2017)	7	Y	Y	Y	Y	O	N	N	Y	Y	N	N	O	O	Y
(Madden, 2022b)	7	Y	Y	Y	Y	O	N	N	Y	N	Y	Y	O	N	N
(D'Urso et al., 2024)	7	Y	Y	Y	Y	O	Y	Y	O	N	N	N	O	N	Y
(Madden, 2018)	7	Y	Y	Y	Y	O	N	N	Y	Y	N	Y	O	O	O
(Mohan, 2021a)	7	Y	Y	Y	Y	O	O	O	Y	Y	O	N	O	N	Y
(Smyth & Murray, 2022)	7	Y	Y	N	Y	O	N	N	Y	Y	N	Y	O	N	Y
(McGovern, 2013)	7	Y	Y	Y	Y	O	N	Y	Y	N	N	N	O	O	Y
(Kelly et al., 2012)	7	Y	N	Y	Y	Y	N	Y	N	N	N	Y	O	O	Y
(Darmody & Smyth, 2018; Frawley et al., 2014; Quail & Smyth, 2014)	7	Y	N	Y	Y	O	N	N	Y	Y	N	Y	O	O	Y
(Nicholson et al., 2022)	7	Y	Y	Y	Y	O	N	N	O	Y	N	N	O	Y	Y
(Power et al., 2018)	6	Y	Y	N	Y	O	N	N	Y	Y	N	Y	O	O	N
(Mirkovic et al., 2024)	6	Y	Y	Y	Y	O	N	N	O	Y	N	Y	O	N	N
(Brady et al., 2015; McNally et al., 2014)	6	Y	Y	Y	Y	O	N	N	O	N	N	Y	O	O	Y
(Keane et al., 2016; Reulbach et al., 2013; Sharpe et al., 2023)	6	Y	N	Y	Y	O	N	N	Y	Y	N	N	O	O	Y
(Cadogan et al., 2014; Haegele et al., 2018; S. Healy & Garcia, 2019; Kirby & Murphy, 2022)	6	Y	Y	Y	Y	O	N	N	O	Y	N	N	O	O	Y
(Hyland et al., 2015)	6	Y	N	Y	Y	O	N	N	O	Y	N	Y	O	O	Y
(Devitt et al., 2018; Hadfield & Nixon, 2012; Murray, 2012b)	6	Y	Y	Y	Y	O	N	N	O	Y	N	Y	O	O	N
(Ceatha et al., 2023)	6	Y	Y	Y	Y	O	N	N	O	Y	N	Y	O	O	O
(C. Healy, Brannigan, et al., 2022)	6	Y	Y	Y	Y	O	O	O	O	Y	O	Y	O	N	O
(Murray, 2014)	6	Y	Y	Y	Y	O	N	Y	O	Y	N	N	O	O	N
(Beadleston et al., 2019; Orben & Przybylski, 2019)	6	Y	Y	Y	Y	O	N	N	Y	N	N	Y	O	O	N

Authors	Yes Count	Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10	Q11	Q12	Q13	Q14
(Banks et al., 2018; Garcia et al., 2016; Lane et al., 2014; Layte & Nolan, 2015b; Madden, 2014; McCoy, Byrne, et al., 2012)	6	Y	Y	Y	Y	O	N	N	Y	N	N	N	O	O	Y
(Mohan & Nolan, 2020)	6	Y	Y	Y	Y	O	N	N	O	Y	O	N	O	N	Y
(Hayes et al., 2018; McCrory & McNally, 2013; S. Murphy et al., 2023; Quigley et al., 2019; Thornton et al., 2013)	5	Y	Y	Y	Y	O	N	N	O	N	N	N	O	O	Y
(Crowe et al., 2017)	5	Y	Y	Y	Y	O	N	N	O	N	N	Y	O	O	N
(Kent & Pitsia, 2018)	5	Y	Y	Y	N	O	N	N	Y	Y	N	N	O	O	O
(Baker et al., 2018)	5	Y	Y	Y	Y	O	N	N	Y	N	N	N	O	O	O
(Fitzgerald et al., 2019)	5	Y	Y	Y	Y	O	N	N	O	Y	N	N	O	O	O
(Jabakhanji et al., 2022)	5	Y	Y	Y	Y	O	O	O	O	O	O	Y	O	O	O
(B. Coughlan et al., 2014)	5	Y	N	Y	Y	O	N	N	N	O	N	Y	O	O	Y
(Hadfield & Nixon, 2013)	4	Y	Y	Y	Y	O	N	N	O	N	N	N	O	O	N
(Hanafin, 2018)	4	Y	Y	Y	Y	O	O	O	O	O	O	N	O	O	O
(Crowe et al., 2020)	3	Y	Y	Y	N	O	N	N	O	O	O	O	O	O	N

Abbreviations: Y=Yes, K=No, O=Other (cannot determine, not reported, not applicable);

Quality questions:

Q1. Was the research question or objective in this paper clearly stated?,

Q2. Was the study population clearly specified and defined?,

Q3. Was the participation rate of eligible persons at least 50%?,

Q4. Were all the subjects selected or recruited from the same or similar populations (including the same time period)? Were inclusion and exclusion criteria for being in the study prespecified and applied uniformly to all participants?,

Q5. Was a sample size justification, power description, or variance and effect estimates provided?,

Q6. For the analyses in this paper, were the exposure(s) of interest measured prior to the outcome(s) being measured?,

Q7. Was the timeframe sufficient so that one could reasonably expect to see an association between exposure and outcome if it existed?,

Q8. For exposures that can vary in amount or level, did the study examine different levels of the exposure as related to the outcome (e.g., categories of exposure, or exposure measured as continuous variable)?,

Q9. Were the exposure measures (independent variables) clearly defined, valid, reliable, and implemented consistently across all study participants?,

Q10. Was the exposure(s) assessed more than once over time?,

Q11. Were the outcome measures (dependent variables) clearly defined, valid, reliable, and implemented consistently across all study participants?,

Q12. Were the outcome assessors blinded to the exposure status of participants?,

Q13. Was loss to follow-up after baseline 20% or less?,

Q14. Were key potential confounding variables measured and adjusted statistically for their impact on the relationship between exposure(s) and outcome(s)?

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