



# The Lives of 13-year-olds

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**17<sup>th</sup> October 2018**



**An Roinn Leanaí  
agus Gnóthaí Óige**  
Department of Children  
and Youth Affairs



# Background to *Growing Up in Ireland*

- ❖ ***Growing Up in Ireland (GUI)*** began in **2006**
- ❖ Funded by the Department of Children and Youth Affairs with a contribution from The Atlantic Philanthropies
- ❖ Overseen and managed by the DCYA in conjunction with the CSO and an inter-departmental Project Team and Steering Group
- ❖ Implemented by a consortium of researchers led by ESRI and Trinity College
- ❖ It is a longitudinal study with two cohorts of children (and their families) who are interviewed at numerous points as the children grow and develop
- ❖ Today's report focuses on 13-year-olds, and how they have changed since 9 years of age

- 1. Why study 13-year-olds?**
- 2. Physical health**
- 3. Education and school performance**
- 4. Family situation and emotional well-being**
- 5. Risky behaviours**
- 6. Implications**

# *The Lives of 13-year-olds*

***Why study 13-year-olds?***

# Why study 13-year-olds

- ❖ First interview took place at 9 years - a stable stage in development
- ❖ By 13 years lots of changes taking place:
  - new relationships with parents/guardians
  - relationships with peers increasingly important
  - establishing their identity in early teenage years
  - transition to second-level – relationships with teachers very different
  - maturation and puberty
- ❖ Cohort first interviewed at 9 years of age in 2007/2008
- ❖ Interviews took place between August 2011 to February 2012
- ❖ 7,400 respondents



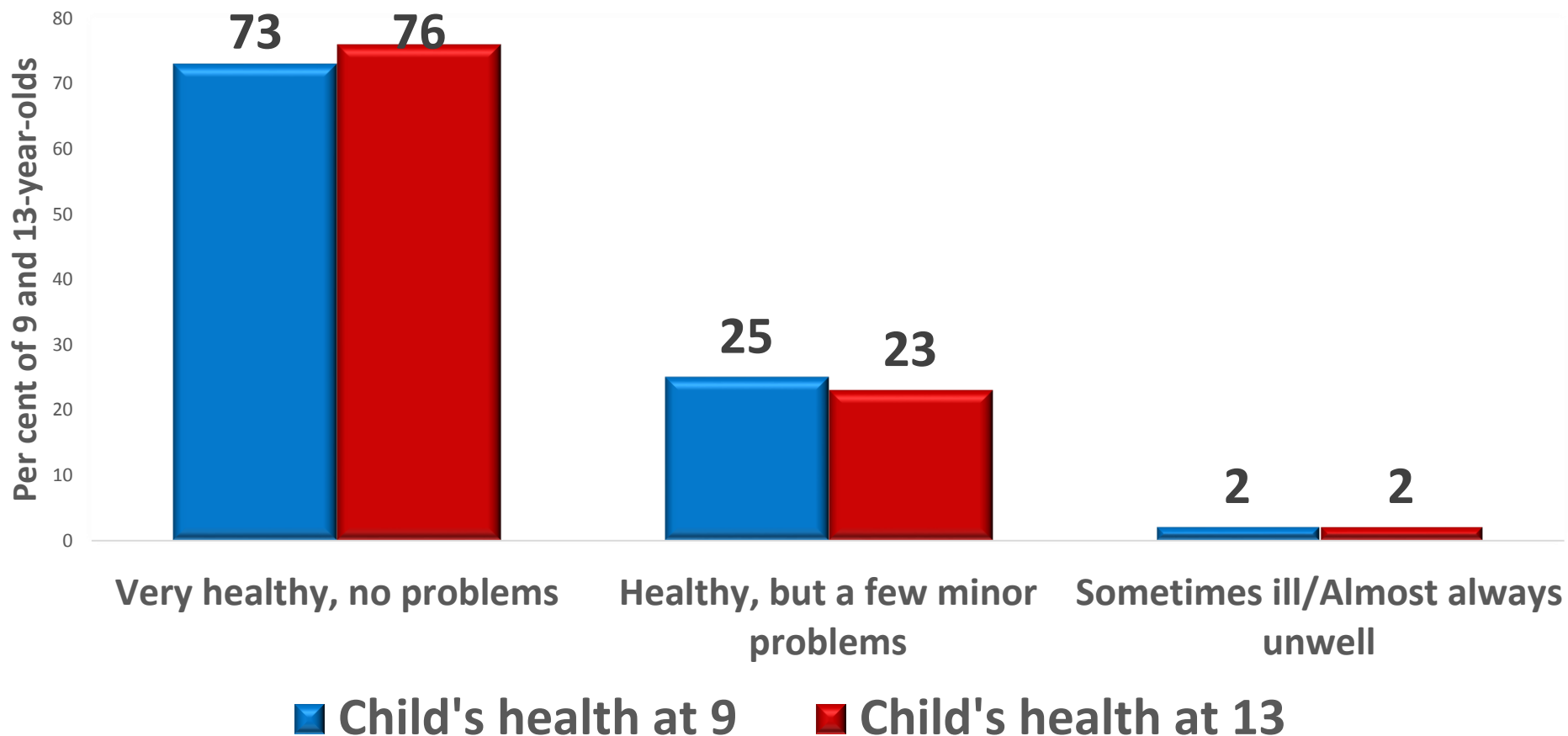
# *The Lives of 13-year-olds*

## ***Physical health***

# Physical health

- ❖ Generally good at 13 years, and relatively little change in overall health since 9 years of age

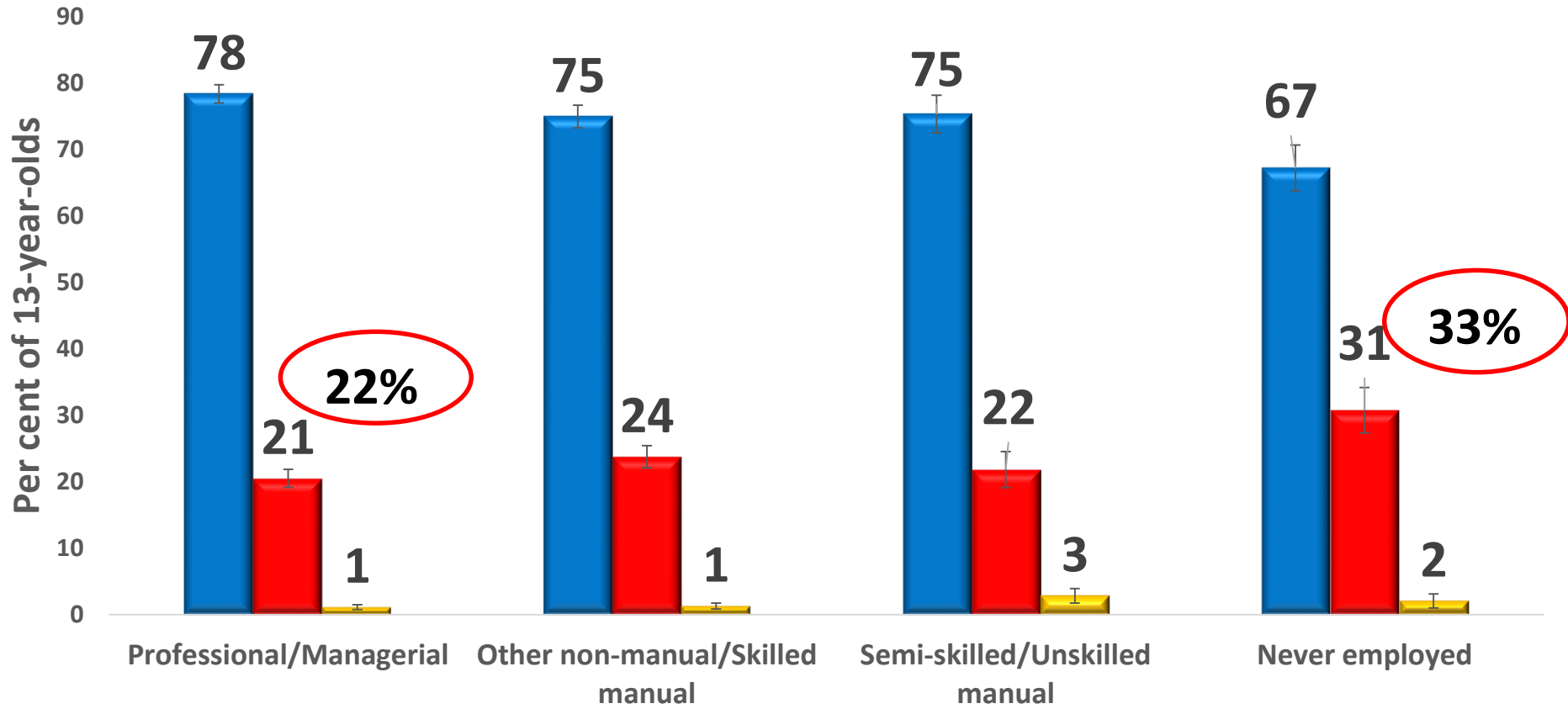
## Parent report of child's general health at ages 9 and 13



# Physical health

❖ ‘Social gradients’ in parents’ assessments of health status

**Parent report of 13-year-old’s health by family social class**

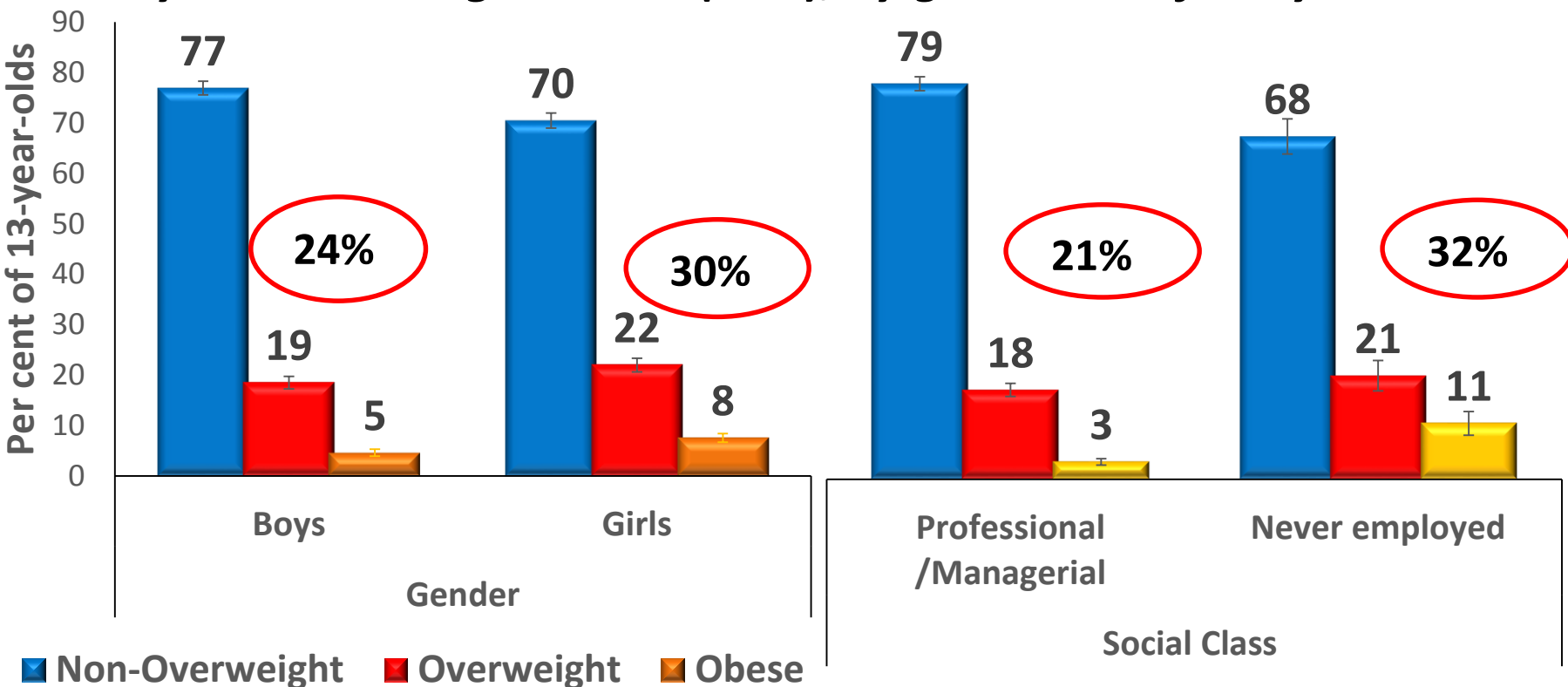




# Physical health

- ❖ BMI remains a serious health issue – 20% overweight and 6% obese
- ❖ Strongly differentiated by gender and social advantage/disadvantage

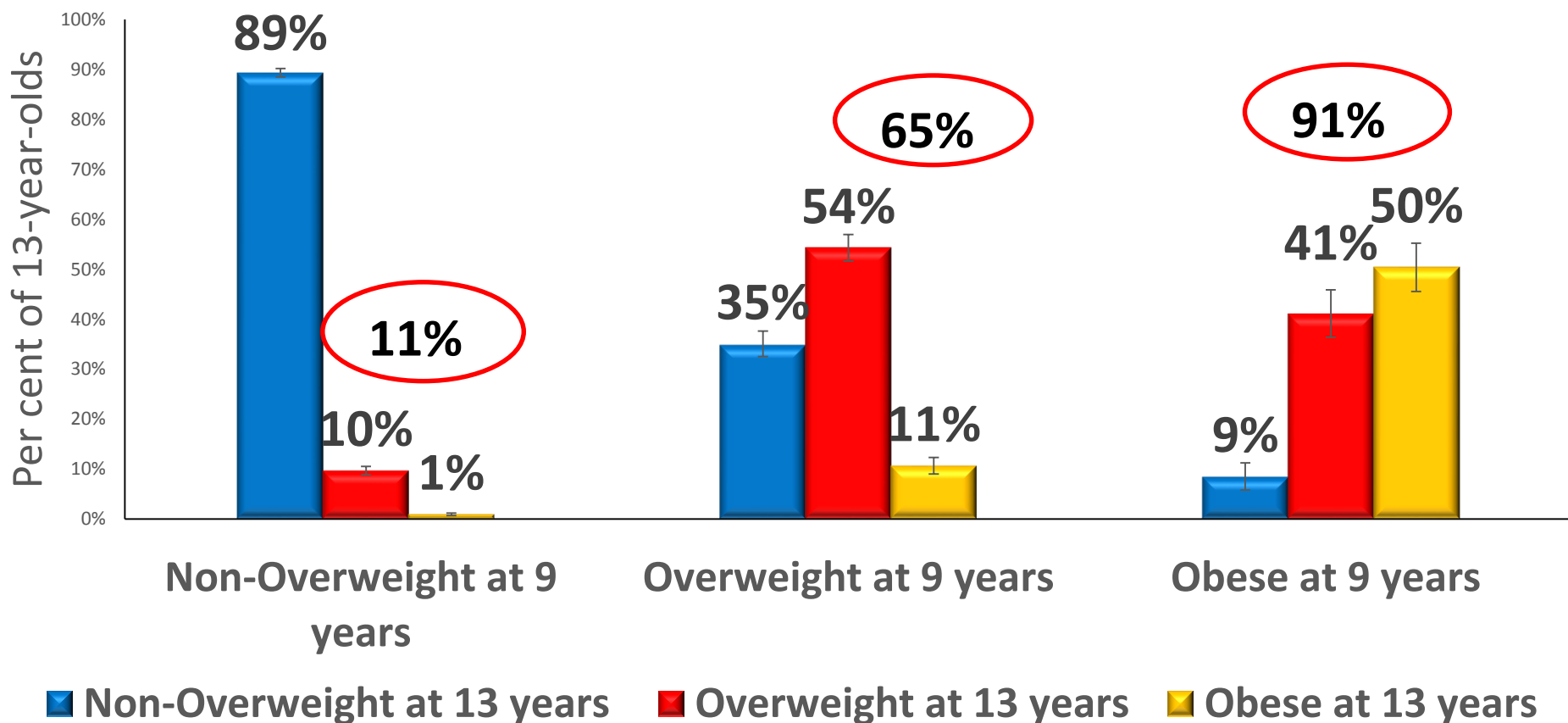
**13-year-old's weight status (BMI), by gender and family social class**



# Physical health

❖ - and it *generally* persists 9 to 13 years of age

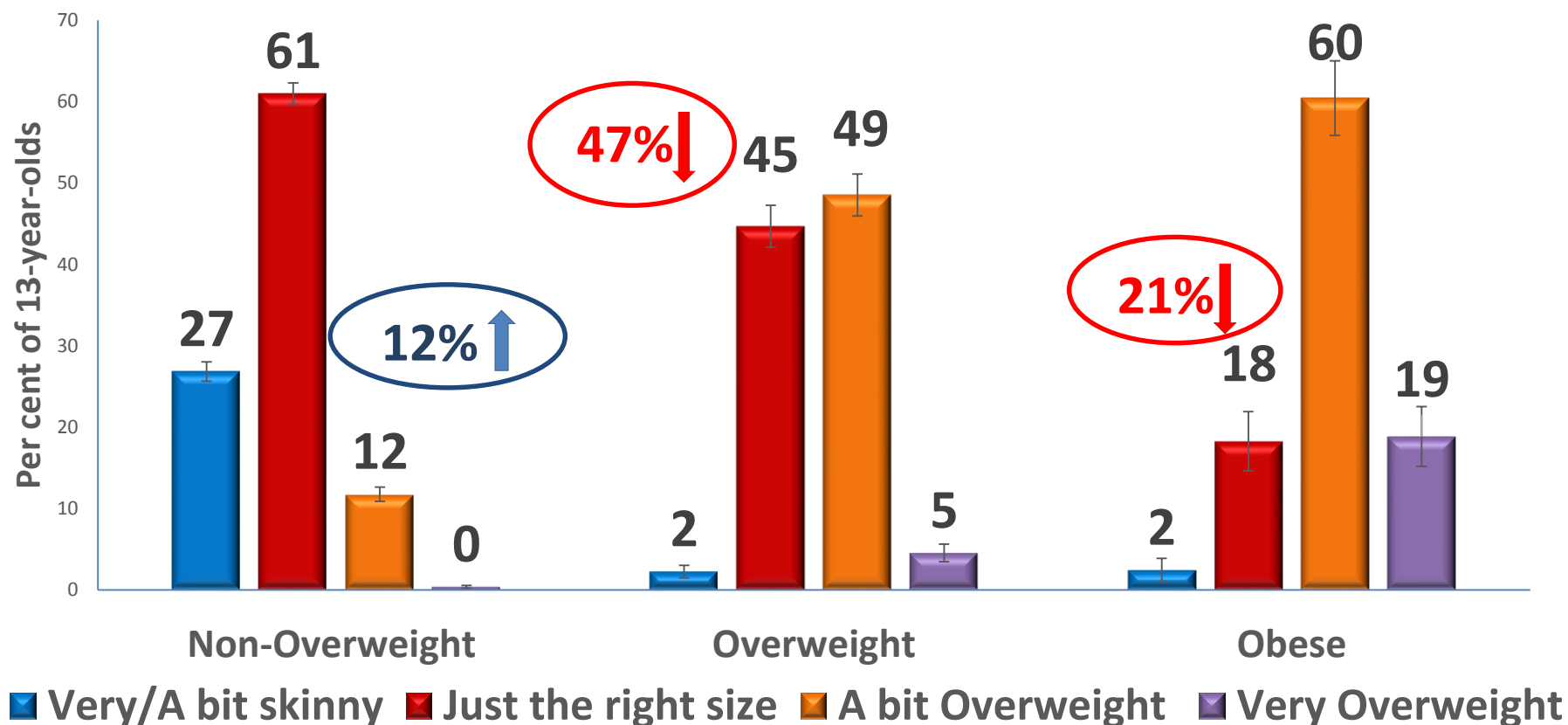
## Changes in weights status, 9 to 13 years



# Physical health

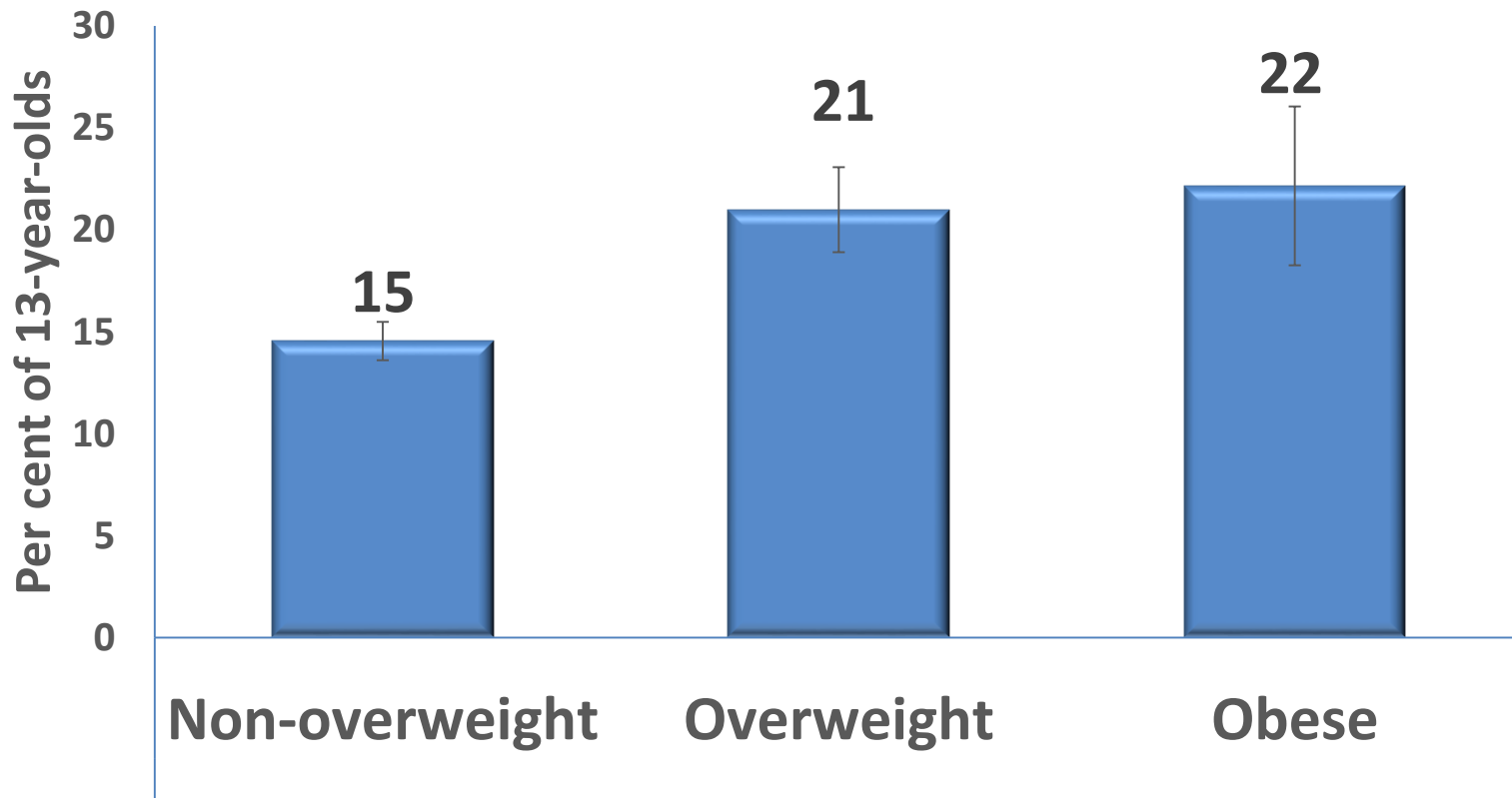
- ❖ Substantial degree of misperception of weight status among 13-year-olds

## Perception of weight according to gender at 13 years of age



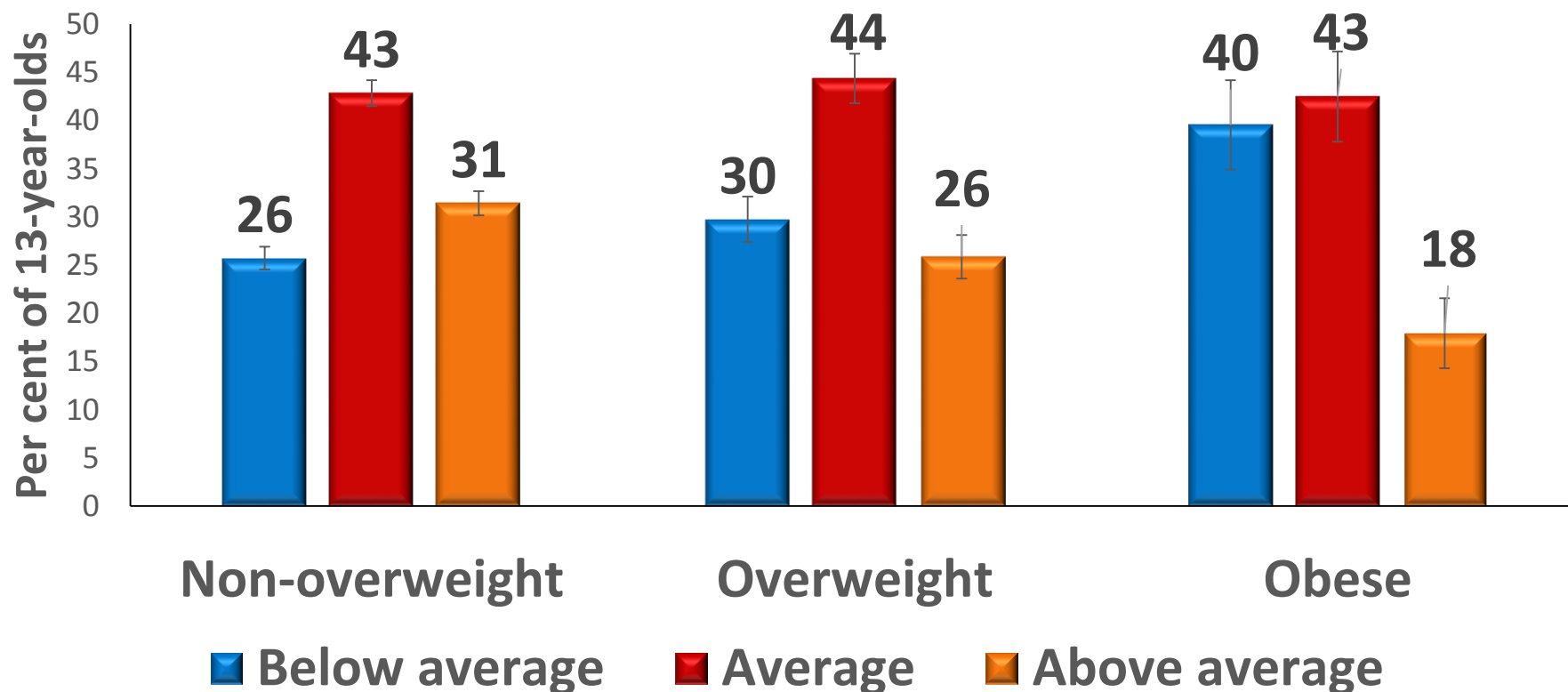
❖ Some associations with immediate physical health ...

***Weight status (BMI) at 13 years and occurrence of wheezing or whistling on the chest in the last year***



❖ Some associations with self-perception ....

## *13-year-old's physical self-concept (Piers Harris subscale) by BMI*



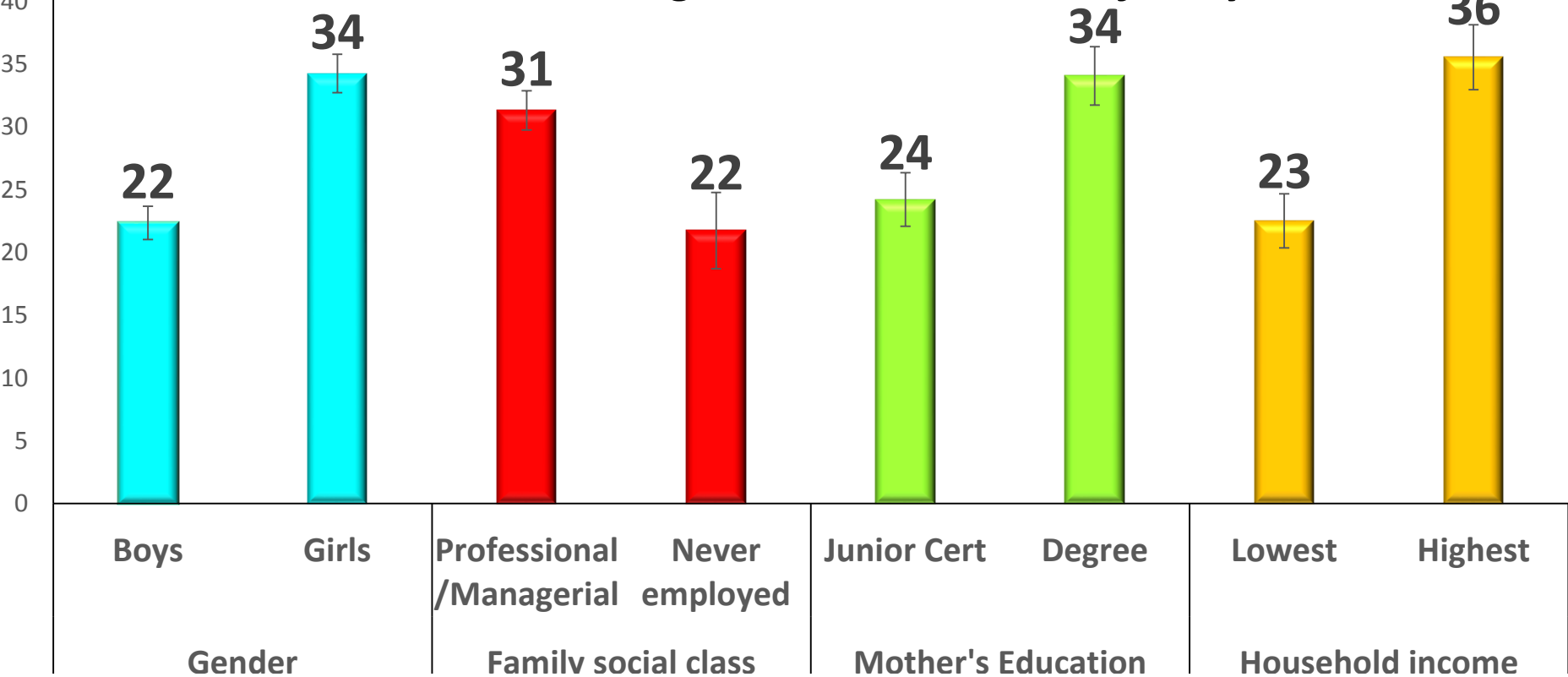
## ***Education and cognitive development***

- ***transition to second level an important milestone***
- ***possibly leaving old primary school friends and ways behind them***
- ***new school; new subjects; new teaching styles; and ways of interacting with teachers – all critical to school outcomes for the child***

# Education and cognitive development

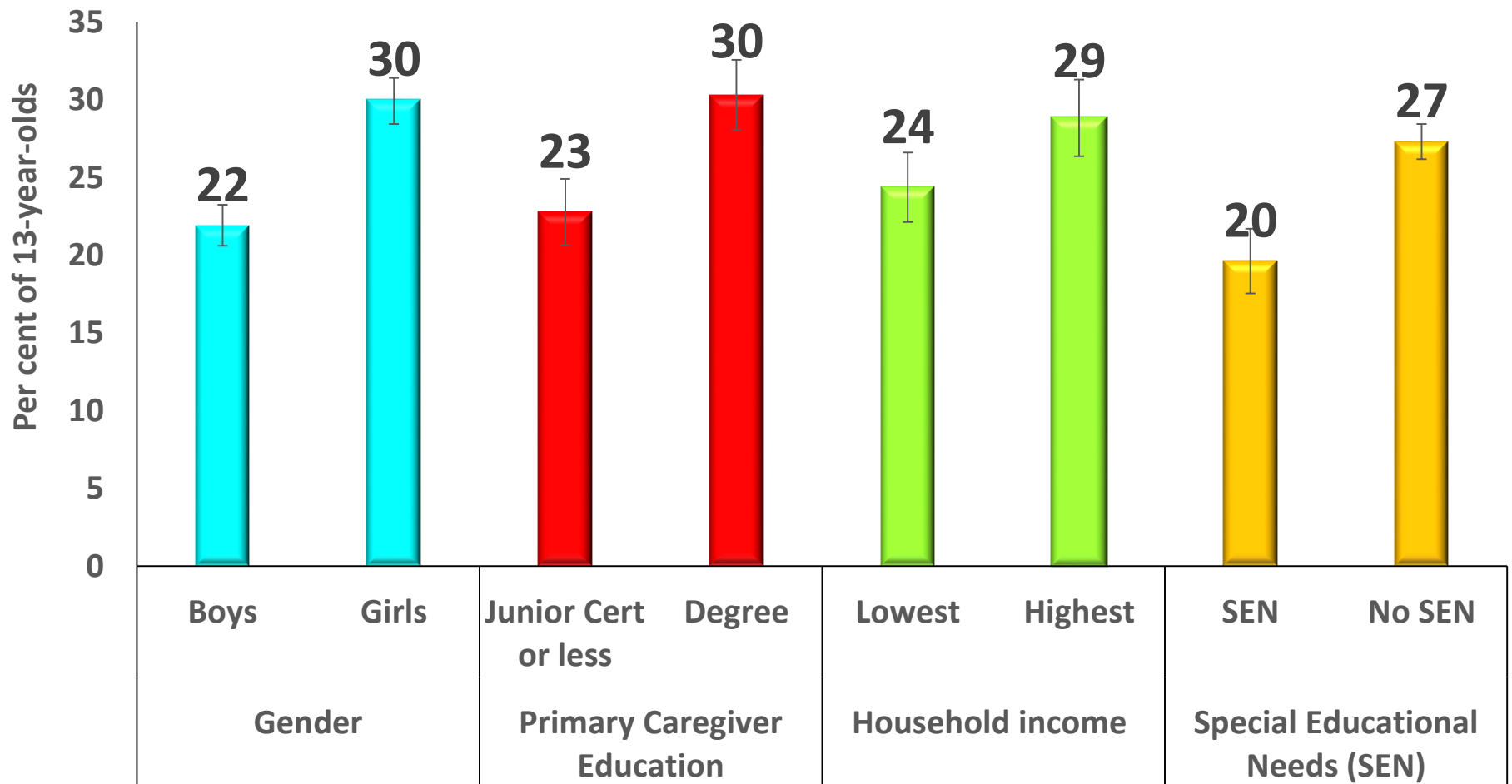
- ❖ Generally, 13-year-olds have a positive attitude to school and teachers – 29% like it *very much* and 33% like it *quite a bit* – but some variations

**Percentage of 13-year-olds who liked school 'very much' by gender, household social class, Main Caregiver's education and family income**



# Education and cognitive development

**Percentage of 13-year-olds who reported being praised by their teachers for their schoolwork 'very often'**

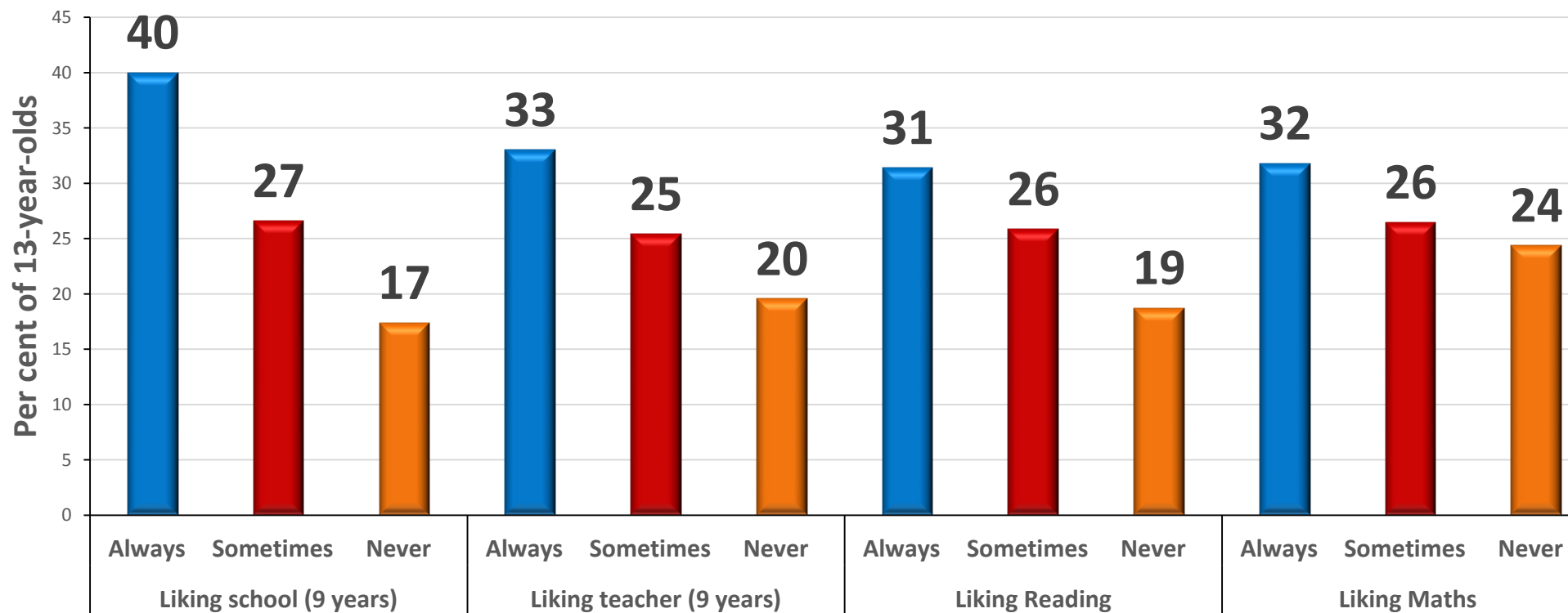




# Education and cognitive development

❖ *Early school experience has a lasting effect...*

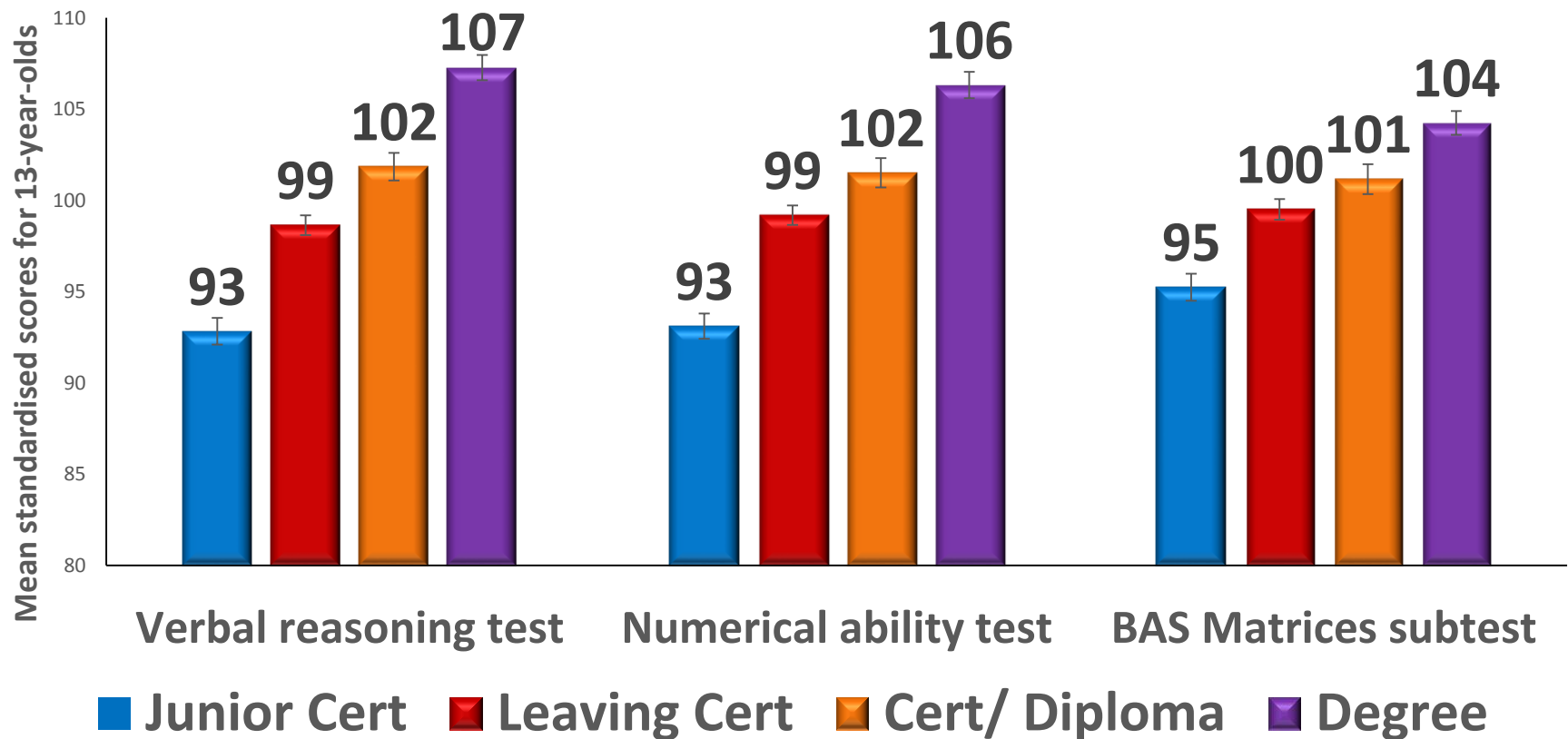
**Percentage of 13-year-olds who liked school 'very much' by attitudes to school, teacher, reading and maths at age 9**



# Education and cognitive development

- ❖ Educational background in the home strongly related to cognitive outcomes – Drumcondra Reasoning Test (DRT) and British Ability Scale (BAS)

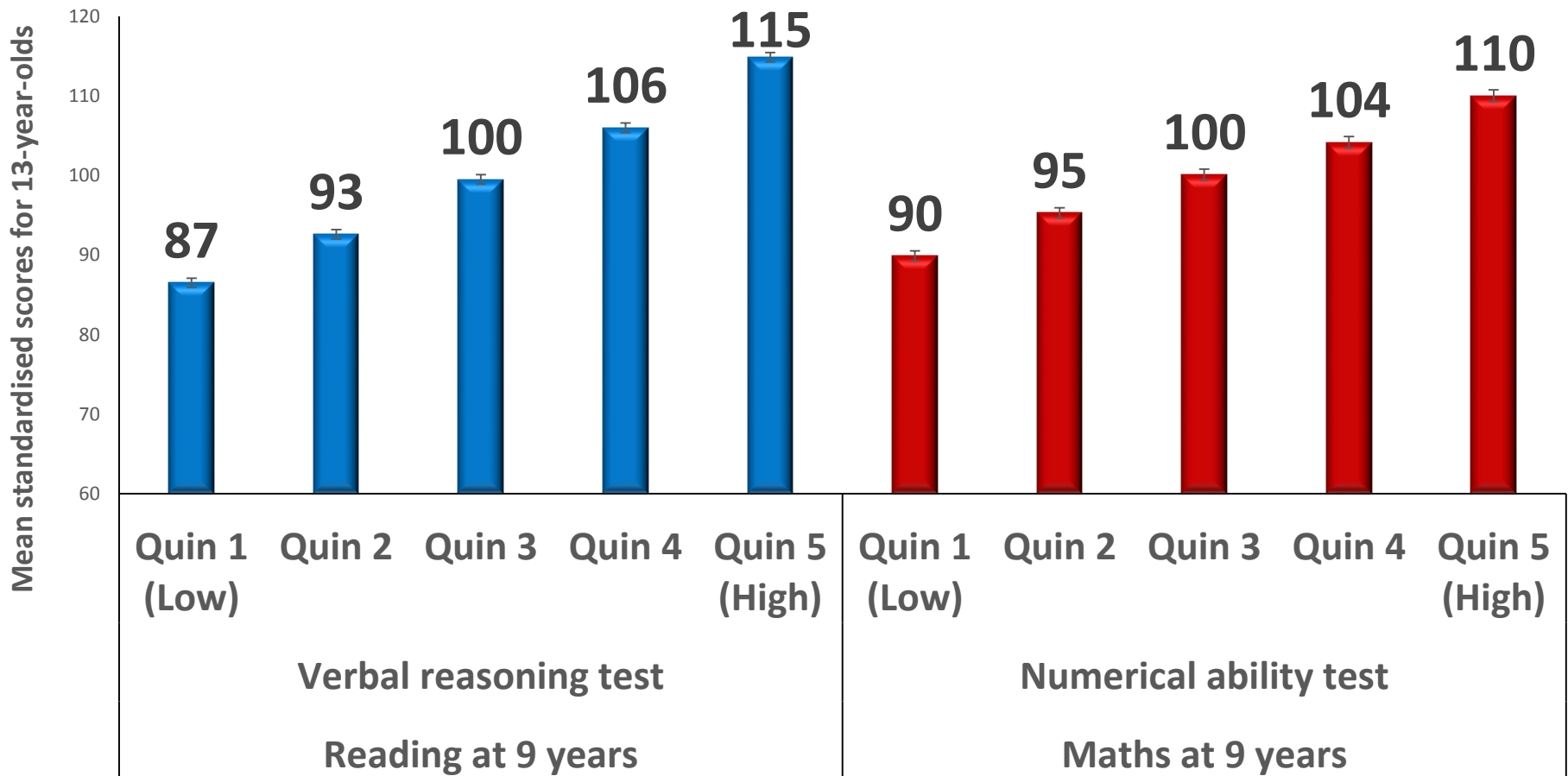
## Variations in cognitive scores at 13 years by Main Caregiver's education



# Education and cognitive development

- ❖ Performance at 9 years highly predictive of test scores at 13

## Test scores at age 13 by test performance at 9 years



## ***Family situation & socio-emotional well-being***

- **Huge changes in family size and structure in last few decades**
- **Fall in marriages rates; divorce since 1996; 35% births today non-marital compared to 5% in early 1980's**
- **Increasingly multicultural society**

# Family situation & socio-emotional well-being

- ❖ Overall, two-parent families largely the norm at 13 and 9 years of age
  - 19.3% 13-year-olds in one-parent families
  - 80.7% 13-year-olds in two-parent families
  - 17.8% 9-year-olds in one-parent families
  - 82.2% 9-year-olds in two-parent families
- ❖ But 8% experience a change from one-to-two- or two-to-one parent family between 9 and 13 – strength of the longitudinal approach

<i>Family type at 9 years</i>	<i>Family type at 13 years</i>		<b>Total</b>
	<b>One-parent</b>	<b>Two-parent</b>	
<b>One-parent</b>	<b>14.6%</b>	<b>3.2%</b>	<b>17.8%</b>
<b>Two-parent</b>	<b>4.7%</b>	<b>77.5%</b>	<b>82.2%</b>
<b>Total</b>	<b>19.3%</b>	<b>80.7%</b>	<b>100.0%</b>

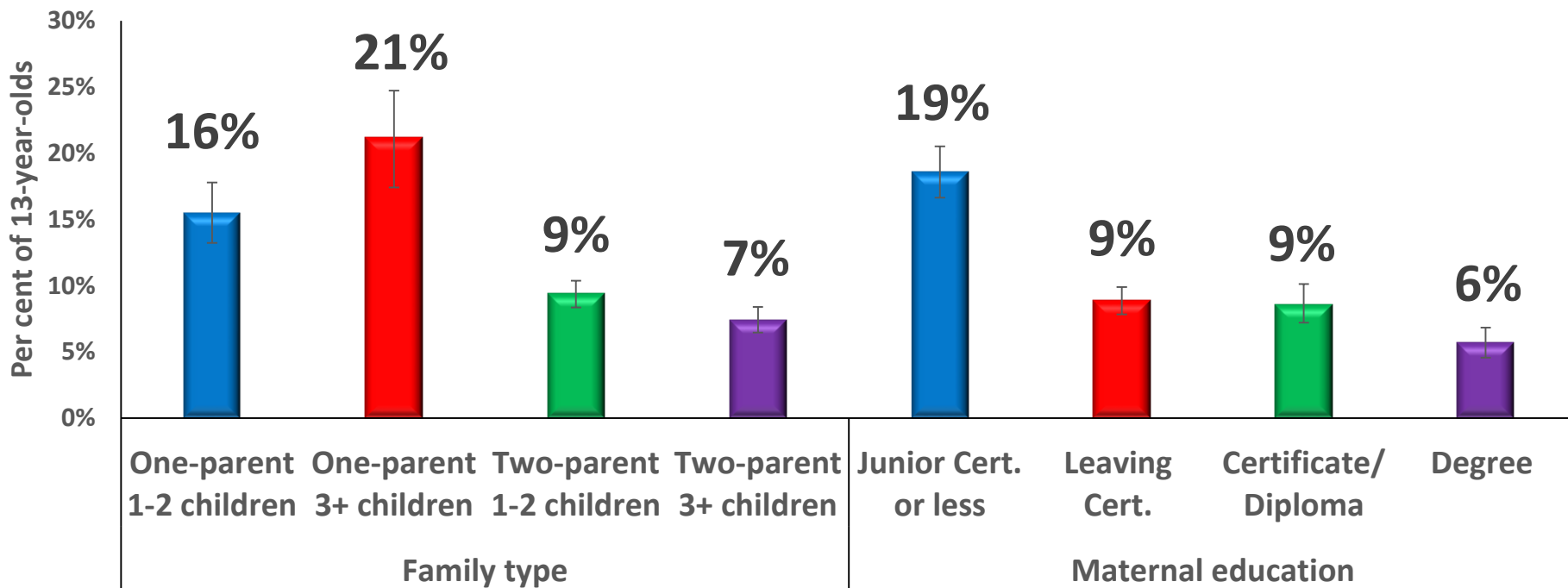
## ***Socio-emotional well-being***

- ❖ Strengths and Difficulties Questionnaire (SDQ) – Total Difficulties Score
- ❖ SDQ questions completed by Primary Caregiver
- ❖ Top 10% taken as the ‘potentially At risk’ group
- ❖ Generally socio-emotional and behavioural well-being among 13-year-olds positive and in line with corresponding measures in, e.g. UK.
- ❖ Children in some groups at higher risk of potential problems than others.

# Family situation & socio-emotional well-being

- ❖ No gender differences at 13 years – though there were at 9 years of age
- ❖ Strong social gradients - greater risk among more disadvantaged

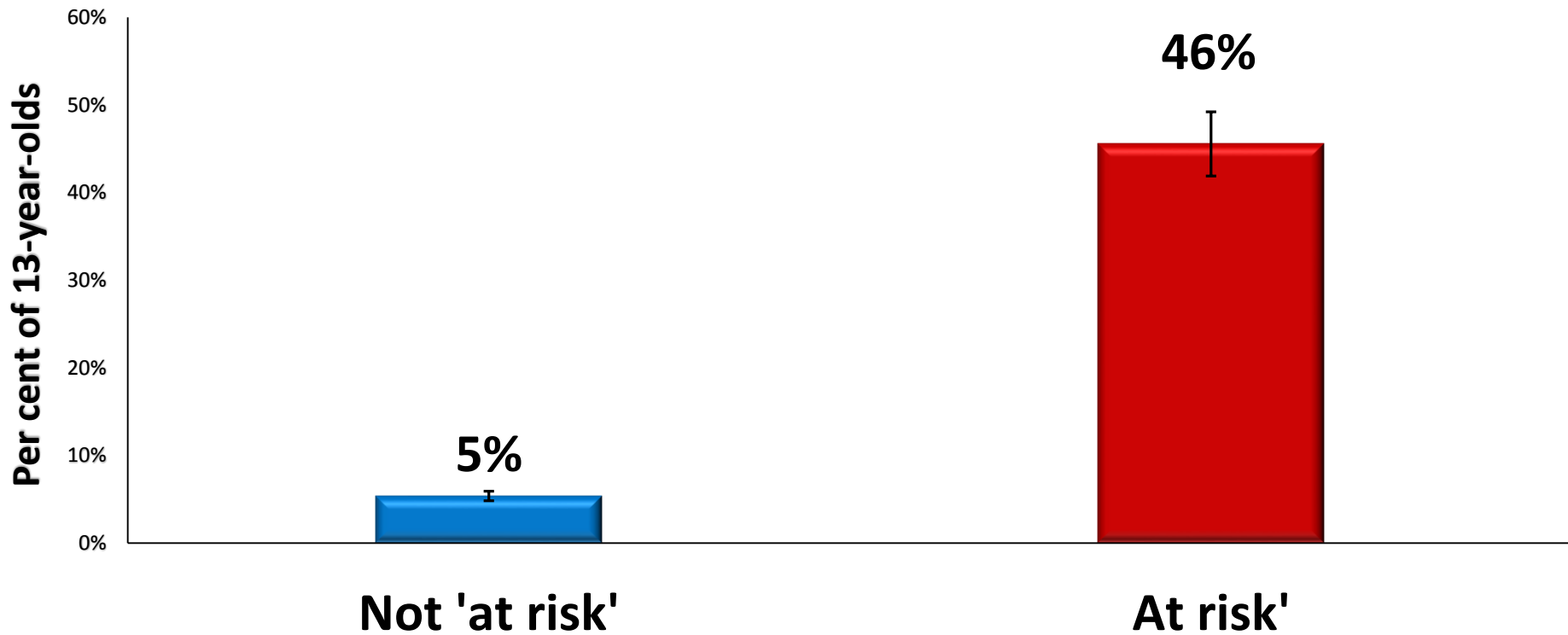
**Percentage 13-year-olds in 'at risk' group by family type and mother's ed.**



- ❖ Even accounting for income, social class and parental education, 13-year-olds in one-parent family more likely to be in 'at risk' group than 13-year-olds in two-parent family

- ❖ Longitudinally, increased risk at 13 years if 'At risk' at 9 years

## Percentage of 13-year-olds in 'at risk' group by whether 'At risk' at 9 yrs

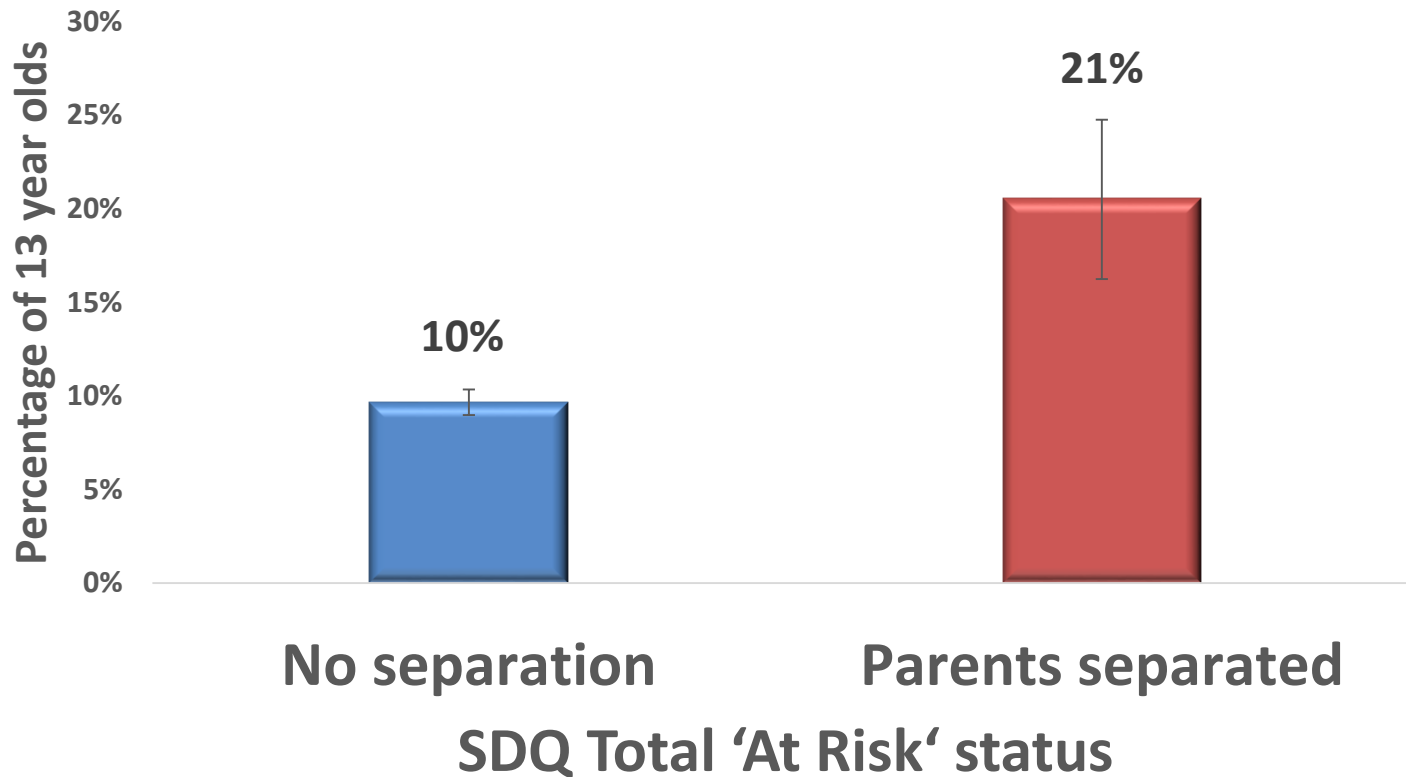


Whether 'at risk' of socio-emotional and behavioural problems at 9



- ❖ Increased risk if parental separation 9 to 13 years

***Percentage of 13-year-olds in 'at risk' group  
by whether parents separated between 9 and 13***



## ***Risky behaviours***

- ***Some of the behaviours put 13-year-old in immediate risk***
- ***Some research indicates that initiation age of risky behaviours is a consistent indicator of later offending***
- ***Important to understand who is engaged in them, longitudinally whether temporary experimentation or more long-term problem***

# *Risky behaviours*

## **Smoking**

- ❖ 9% 13-year-olds said they 'ever' smoked a cigarette
- ❖ Just over 2% said they currently smoked
- ❖ No significant difference between boys and girls
- ❖ Levels higher among those from most disadvantaged backgrounds

## **Drinking alcohol**

- ❖ 16% said they 'ever' had an alcoholic drink – more than a few sips
- ❖ Higher levels among boys than girls (17% vs 14%)
- ❖ Levels higher among those from most disadvantaged backgrounds

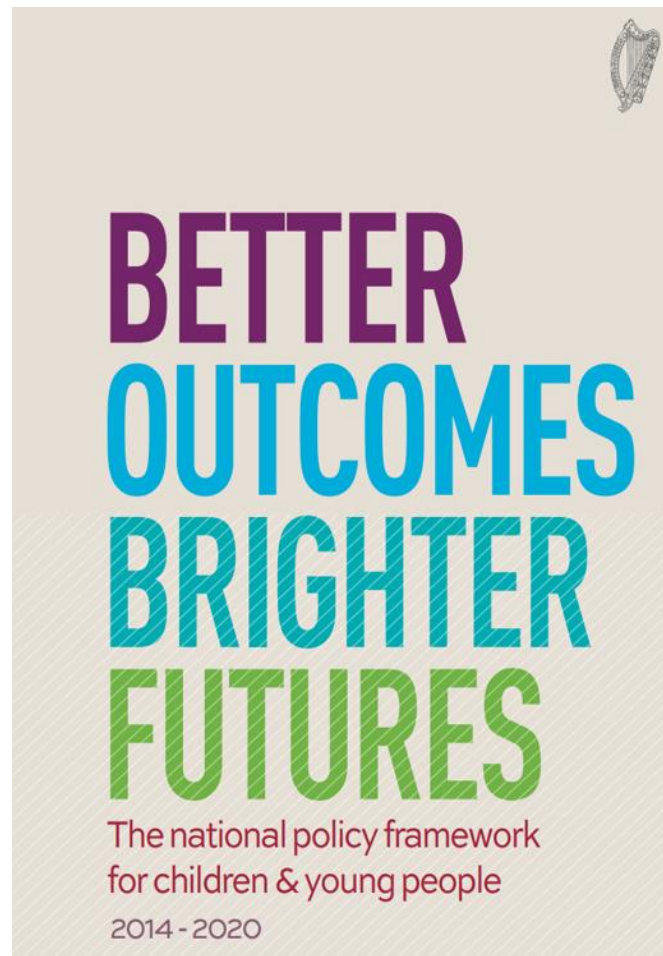
## **Illicit drugs**

- ❖ 1% said they 'ever' used cannabis
- ❖ 3% said they had sniffed glue
- ❖ Substantially less than 1% said they had ever used other illicit drugs

## ***Implications***

- ***Substantively results and trends very interesting in own right***
- ***Input to evidence-informed policy and service delivery***

- ❖ Findings of today's report and the micro-data input to all 5 outcomes in government's national policy framework for children – **Better Outcomes, Brighter Futures (BOBF)**:



## **Outcome 1. Active and healthy – physical and mental well-being**

- *general health*
- *BMI / weight status*
- *health care utilisation*
- *physical activity and sports participation*
- *maturation and pubertal development*
- *screen time and computer use*

## **Outcome 2. Full potential in learning and development**

- *transition to second level*
- *parental engagement with child's education*
- *pupil engagement with school – lasting effects of early experiences*
- *educational expectations of child and parent*
- *perceived difficulties of and interest in subjects for children*
- *cognitive outcomes and school performance*

## **Outcome 3. Safe and protected from harm**

- *family and home environment – family form, structures, profile*
- *parent-child relationships*
- *peer relationships*
- *bullying*
- *risky and anti-social behaviours*
- *internet use and safety*

## **Outcome 4. Economic security and opportunity**

- *financial stress and economic well-being*
- *parental employment and work-life balance*

## **Outcome 5. Connected, respected and contributing to their world**

- *self-concept*
- *friendship networks*

- ❖ ALL ***Growing Up in Ireland*** micro-data available in anonymised form for research purposes
- ❖ Irish Social Science Data Archive (ISSDA) – fully documented  
  
<http://www.ucd.ie/issda/data/growingupinirelandgui/>
- ❖ Superb national resource – Ireland very lucky to have it
- ❖ Data workshops run by Study Team – held regularly in the ESRI – watch the website for dates and registration

<https://www.growingup.ie/>



## ❖ Thank-you for attending today's launch

- Minister for being here today and for her support
- Departmental Officials from the DCYA
- Central Statistics Office
- The Atlantic Philanthropies
- Members of Steering Group and Project Team
- International experts
- Scientific Advisory Group
- The Research Ethics Committee
- All our colleagues working on the study

❖ **Biggest thanks to all children, young people, their families, school Principals, teachers and other school staff who make *Growing Up in Ireland* possible.**