



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



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RESEARCH NEEDS FOR WAVE 5: AGE 25

COHORT '98



REPORT 10

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National Longitudinal Study of Children

RESEARCH NEEDS FOR WAVE 5: AGE 25

Growing Up in Ireland Study Team (Emer Smyth, Aisling Murray, Eoin McNamara, Desmond O'Mahony, Adam Nolan, Brendan Duggan) in conjunction with the Department of Children, Equality, Disability, Integration and Youth (James Shaw)

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ACKNOWLEDGEMENTS

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GLOSSARY OF TERMS

ACASI	Audio Computer Assisted Self Interview
ALSPAC	Avon Longitudinal Study of Parents and Children
BCS70	British Cohort Study 1970
BMI	Body Mass Index
BOBF	Brighter Outcomes, Brighter Futures: The National Policy Framework for Children and Young People
CAO	Central Applications Office
CAPI	Computer-assisted Personal Interview
CASI	Computer-assisted Self-Completed Survey
CES-D 8	Center for Epidemiologic Studies – Depression Scale
CSO	Central Statistics Office
DASS	Depression Anxiety Stress Scales
DCEDIY	Department of Children, Equality, Disability, Integration and Youth
DCYA	Department of Children and Youth Affairs (predecessor to DCEDIY)
DH, DOH	Department of Health
DSP	Department of Social Protection
EHC	Event History Calendar
ESRI	Economic and Social Research Institute
FE	Further Education
FET	Further Education and Training
HE	Higher Education
HI	Healthy Ireland
HSE	Health Services Executive
ID	Intellectual Disability
LFS	Labour Force Survey
LGBTI+	Lesbian, Gay, Bisexual, Transgender, and Intersex
NEET	Not in Employment Education or Training
NEPS	National Educational Panel Study (Germany)
PAIRFAM	Panel Analysis of Intimate Relationships and Family Dynamics (Germany)
PCG	Primary Caregiver
PLC	Post Leaving Certificate Course
PUP	Pandemic Unemployment Payment
SDQ	Strengths and Difficulties Questionnaire



FOREWORD

Growing Up in Ireland is a unique national longitudinal study and the country's leading source of information about the lives of children and young people. Cohort '98 were recruited into the study with their parents at the age of nine and have been surveyed regularly since then. The participants are now approaching their mid-twenties so this next wave of data collection will provide us with important insights into their transition to adulthood and how they are faring in relation to key aspects of their lives such as education, work, physical and mental health, housing, relationships and well-being. Importantly, it will also shed light on how their experiences during childhood and adolescence have shaped their adult lives and opportunities.

This will be the first round of data collection carried out under a new and ambitious model of delivery for Growing Up in Ireland, which sees responsibility for data collection being led by the Central Statistics Office (CSO). Under this model, from 2023 my Department and the CSO will work together to deliver the Growing Up in Ireland project, taking on different but closely interrelated roles.

My Department will continue to be the study sponsor and will lead on the research aspects of the project. This involves identifying research needs in advance of data collection and maximising beneficial policy and research use of the data afterwards. The CSO will lead on data collection, the production of statistical outputs and the archiving of the study data files for research use. The new model will retain the skills and experience of the current Growing Up in Ireland study team within the Department and the CSO, embed the data at the centre of our national statistics infrastructure, and provide a stable and sustainable future for this flagship research project.

This report sets out the range of research needs identified as important for the next wave of Growing Up in Ireland, drawing on an in-depth review of cohort studies in other countries and extensive consultations with researchers, policy makers and young adults themselves. The pilot for this wave is being carried out by the CSO in 2022 so that fieldwork for the main wave of data collection can take place in 2023.

The report is the product of significant planning and collaboration between the Research and Evaluation Unit in my Department and the Growing Up in Ireland study team at the Economic and Social Research Institute (ESRI). It describes in detail the findings from the research and consultation process, the criteria used to assess these findings, and the priority topics and questions that emerged.

The report was a vital and scientifically robust resource that guided the preparation and finalisation of the questionnaires for the pilot survey. The resulting questionnaires address many of the priorities highlighted in this report, though in some cases difficult choices needed to be made to ensure that the most important issues were addressed and that the survey was a manageable experience for respondents and they were not unnecessarily overburdened.

In addition to what has been included in the questionnaires, for the first time in the history of Growing Up in Ireland, the CSO also plans to systematically assess and use the statistical potential of administrative data to supplement the survey findings. This will add rich insights to what we learn from survey responses, under the strict confidentiality requirements of the Statistics Act and in line with GDPR obligations. This is an important initiative that mirrors strategies used effectively by longitudinal studies internationally and is made possible by the involvement of the CSO.

This is an exciting new juncture for Growing Up in Ireland. A roadmap for the coming years has been agreed. I am confident that the new model of delivery will build on the success and experience of the study to date and will continue to provide rich insights into the experiences of participants, the trajectories of their lives, the factors that helped or hindered them along the way, and the impact of policy and wider social change on their pathways and outcomes.

Roderic O'Gorman, T.D.

Minister for Children, Equality, Disability, Integration and Youth



EXECUTIVE SUMMARY

ABOUT GROWING UP IN IRELAND

Growing Up in Ireland (GUI) is the national longitudinal study of children and youth. Beginning in 2006, it recruited two cohorts of children: aged 9 years and 9 months at first interview for Cohorts '98 and '08, respectively. After the first interview at age 9 years, these participants were followed up at age 13, 17/18 and 20 years. Additionally, they were asked to complete a special COVID survey online in December 2020 when they would have been around 22 years old. Prior to this COVID survey, at least one parent was interviewed along with the young person at the centre of the study; data collection took place primarily face-to-face in participants' homes.

OBJECTIVES OF THE STUDY

This research needs report is intended to inform the nature and content of the fifth wave of data collection at 25 years of age for Cohort '98. The report draws on a range of sources in developing proposals for the wave. These include:

- A focused review of the international literature and short review papers prepared by three labour-market experts at the ESRI
- A review of the content of comparable international cohort studies
- An overview of the relevant policy landscape
- A survey of the Growing Up in Ireland Scientific Advisory Group and relevant policy stakeholders to capture their perspectives on the priorities for the next wave of data collection
- Focus groups with adults in their mid-20s to explore what they saw as important in the next wave
- A consultation session with policymakers and academics to outline the findings emerging from the survey and focus groups and discuss the priorities regarding questions/measures

This report is mainly structured according to core areas of research interest: education/training; labour-market experiences and income; physical health; mental and socio-emotional well-being; relationships; civic engagement; concerns and aspirations. These are supplemented by additional chapters describing the background to the study, summarising work by other similar studies, data collection options, and describing the extensive consultation period undertaken in advance of this report.

MODE AND COVERAGE FOR DATA COLLECTION WITH 25-YEAR-OLDS

The report recommends using face-to-face interviews to ensure longitudinal consistency and maintain good response rates. Face-to-face interviews are also potentially more inclusive of young adults who may require more support in completing the survey. In the focus groups, young adults were especially positive about online methods but, given the nature of Growing Up in Ireland, it would be difficult to ensure engagement in an online survey for the length of time required to cover all of the life domains. It is recommended that, given the likely role of emigration, those who have emigrated since 20 are surveyed (perhaps through a shorter online questionnaire) and that those who have returned to live in Ireland be asked about their experience of living abroad.

It is proposed that the parent no longer be interviewed, but administrative data on key characteristics such as parental income and welfare payment receipt could be used.

In addition to the survey data, a short vocabulary-based test would yield useful insights into changes in cognitive skills. Height and weight measures, which have been important components of Growing

Up in Ireland data collection to date, would permit an understanding of potential changes in BMI with the move into employment and likely changes in other activities. Academics working in health strongly recommended the collection of a wider suite of biomarkers, a practice that is increasingly common in other cohort studies. The timeframe may be too tight to make this feasible at 25 years of age. However, it is recommended that serious consideration be given to biomarker collection for subsequent waves, with a consultation process initiated on what should be collected.

The report discusses the potential for administrative data linkage, highlighting the value of obtaining exact information on income, for example. However, caution is suggested around the potential gaps in administrative data coverage for this age group in relation to topics such as unemployment, irregular employment and emigration; further reflection on the value of administrative data would be crucial.

QUESTIONS AND MEASURES

The criteria used for assigning priorities to measures previously collected in Growing Up in Ireland, and for suggesting the addition of new measures, were (in approximate order of importance): coverage of one of the key domains of the study; policy relevance; being age/stage appropriate; capturing a (potentially) dynamic process; longitudinal consistency with previous waves; working well in previous studies (Growing Up in Ireland or others), e.g. having sufficient variance; comparability with other cohort studies; capturing diversity and being inclusive of including minority groups; being feasible to measure; being engaging to participants; and not being available from other data sources. All of these criteria were balanced against the need to avoid overburdening the respondent.

Questions are therefore labelled as ‘high’, ‘medium’ or ‘low’ priority:

- ‘High’ priority items are essential to include because they are of policy and/or research importance (typically both), are time-sensitive for age 25, unlikely to be available elsewhere, and do not impose a disproportionate burden on respondents.
- ‘Medium’ priority items are ones that would be valuable to collect but are not considered essential if space does not allow.
- ‘Low’ priority items would be interesting to include but could be excluded from this phase because they are not seen as crucial in policy or research terms, and/or could be collected at another stage.

While the timing of the interview can more accurately be gauged at the pilot stage, it is estimated that an interview based on the high priority items should take around 55 minutes.

Labour market engagement: A priority for this age-group, especially in the wake of the pandemic, is to capture labour market integration trajectories, including even short spells of unemployment, and to record features of precarious work that may be an issue for this cohort. It is suggested that the event history grid and employment questions from age 20 be retained, with new questions on unemployment experience, having a supervisory position, practices such as working from home, and having a second job. A new question has also been proposed on potential regret over the pathway taken. Questions at 20 on sources of income and financial strain have been retained and, given its policy relevance, a new question on membership of a pension scheme has been suggested.

Education and training: The questions on educational participation at age 20 have been reduced to focus only on enrolment in particular kinds of courses, and whether completed. The questions on perceptions of the course (e.g. satisfaction) have been retained from the 20-year wave. The small number of respondents who did not take part at 20 will be asked a subset of the educational questions (such as Leaving Certificate points). A new question is suggested on partner’s educational level (where applicable) and on potential



barriers to educational participation. However, the value of this additional information has been balanced against the priority of accurately recording educational qualifications and perceptions of course choice; these questions are therefore deemed of medium priority. There is considerable potential to ask questions on non-formal education (from the CSO Adult Education Survey) but, given space constraints, these are deemed of medium priority.

Health: Questions on perceived health and health service usage as well as physical activities and sexual health included in previous waves are retained for longitudinal consistency and policy relevance. The detailed diet questions are deemed of medium priority and replaced by a shorter set of items on consumption of particular foodstuffs that are considered to more closely capture aspects of a healthy diet. It is suggested that the main questions on smoking, alcohol and drugs be retained, but related questions on attempted reduction and reasons for taking substances are deemed of medium priority and the questions on where they drink/take drugs are dropped. New questions are suggested on sleep, dental care (previously asked at 17/18), attempts to lose weight, having an eating disorder, having had COVID-19, vaccination status and impact of the pandemic.

Mental and socioemotional health: Key questions on self-esteem, crime victimisation, life satisfaction, depression and anxiety, and self-harm have been retained for longitudinal consistency as well as policy relevance. Questions on identity as an adult have been dropped, as have personality traits. Risk-taking behaviour, satisfaction with life domains, energy/vitality and coping strategies are deemed of medium priority because they rate less highly in terms of the selection criteria than other aspects of socio-emotional health. Aggression has been deemed of medium priority due to relatively low levels at 20. In response to the consultation process, a new scale on changes in outlook has been included to capture shifts in response to the pandemic. A question on adverse life events from 17/18 years has been included to allow researchers to distinguish the impact of the pandemic from that of other life events.

Relationships: Questions on relationships with parents and friends have been retained as have questions on intimate relationships, given their importance as a source of support. It is suggested that additional information on relationships with siblings be captured, given that this was a gap at previous waves of the study. New questions have been included on parenthood for the group of 25-year-olds who already have the status. This will be crucial for longitudinal consistency with subsequent waves.

Housing and socio-demographics: Housing was strongly highlighted by the young adults interviewed and is currently a central focus for policy debate. Questions asked at 20 are retained, with suggested new questions on their perception of their current living arrangements (disagreements, privacy, space etc) as well as on receipt of the Housing Assistance Payment and distance from the parental home (if living independently). It is suggested that the question on citizenship be retained as this may have changed since 20, and that questions on ethnic and religious identity be asked (as this has never before been asked of the child/young person).

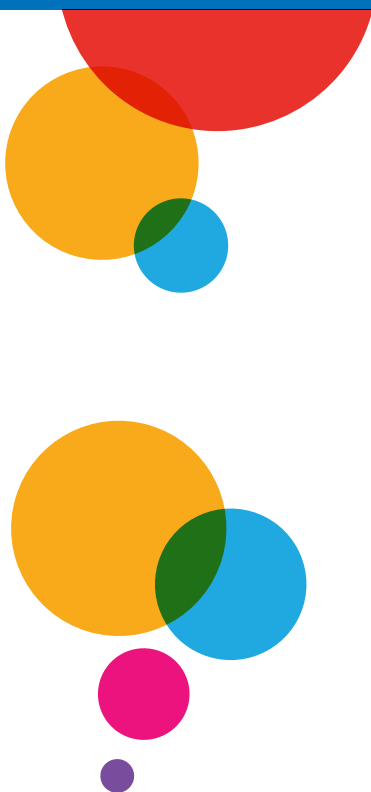
Civic engagement: It is recommended that the questions asked at 20 on leisure activities be retained, including on screen time, political activities, and experience of the criminal justice system. For reasons of space, volunteering and trust in state institutions are deemed of medium priority. Suggested questions were examined on social isolation/loneliness, an issue which is attracting increasing research attention internationally, especially in the wake of the pandemic, but these were rated as medium priority given space constraints (and the presence of other items on sharing personal feelings and peer relationships). The Everyday Discrimination Scale, previously asked at 17/18, has been reinstated as changes might be expected given the employment and housing situation at 25.

Concerns and aspirations: Although a higher proportion of items are lower than ‘high’ priority in this short chapter, the Study Team draws particular attention to the importance of capturing attitudes to climate change (in the context of other political concerns) and occupational aspirations (which may have changed as a result of the pandemic). Asking about the perceived impact of the pandemic and about optimism for the future are considered important in understanding changes in attitudes and behaviours across the domains of 25-year-olds’ lives. A question on how many children the respondent would like to have, if any, has been continued from age 20.



Chapter 1

INTRODUCTION AND METHODOLOGY



BACKGROUND TO THE REPORT

PREVIOUS WAVES OF GROWING UP IN IRELAND

Growing Up in Ireland is the national longitudinal study of children and youth. Starting in 2006, it recruited two cohorts of children: aged 9 years and 9 months at first interview for Cohorts '98 and '08 respectively. After the first interview at age 9 years, these participants were followed up at age 13, 17/18 and 20 years. Additionally, they were asked to complete a special COVID survey online in December 2020 when they would have been around 22 years old. Prior to this COVID survey, at least one parent was interviewed along with the young person at the centre of the study. Data collection took place primarily face-to-face in participants' homes.

RATIONALE FOR THIS REPORT

This research needs report is intended to inform the nature and content of the wave at 25 years of age for Cohort '98. This wave will be the first data collection after Growing Up in Ireland transfers operationally from the ESRI and Trinity College Dublin to the Department of Children, Equality, Disability, Integration and Youth (DCEDIY) and the Central Statistics Office (CSO). However, given the expertise of the current ESRI-based Study Team, DCEDIY asked them to collaborate on planning for the post-transfer wave of Growing Up in Ireland.

The report draws on a range of sources in developing proposals for the wave. These include:

- A focused review of the international literature
- Three short pieces on the youth labour market written by ESRI experts in the field (Helen Russell, Seamus McGuinness and Barra Roantree)
- A review of the content of 15 studies, including comparable international cohort and longitudinal studies as well as selected cross-sectional surveys
- An overview of the relevant policy landscape
- A survey of the Growing Up in Ireland Scientific Advisory Group and relevant policy stakeholders to capture their perspectives on the priorities for the next wave of data collection
- Focus groups with adults in their mid-20s to explore what they saw as important in the next wave
- A consultation session with policymakers and academics to outline the findings emerging from the survey and focus groups, and to discuss emerging issues to inform the prioritisation of questions/ measures

This chapter outlines the theoretical framework within which the study is located, discusses issues relating to mode, and outlines the criteria used to prioritise suggested questions or measures.



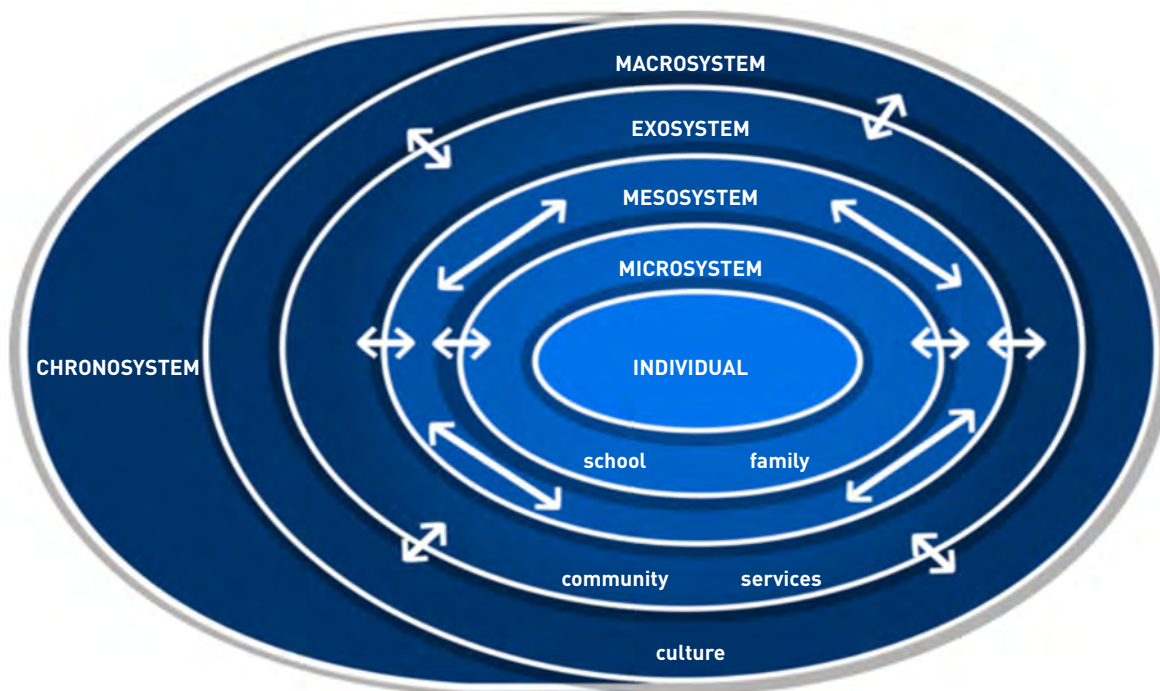
THE CONCEPTUAL FRAMEWORK

This section provides an overview of two guiding frameworks which have anchored the Growing Up in Ireland study thus far. These frameworks are discussed in detail in earlier study publications, which are referenced accordingly, so will be just briefly described here.

PERSONAL DEVELOPMENT

Bronfenbrenner's bio-ecological model (e.g. Bronfenbrenner & Morris, 2006) has been central to the Growing Up in Ireland study since its start. Figure 1 illustrates the core idea that an individual's development is influenced by different contexts or 'systems', some of which are proximal (such as their parents) and others (such as the macroeconomic situation) which are more distant from the individual. The influence on an individual may be direct (e.g. schooling from the child's teacher) or more indirect (e.g. an improving economic situation increases household income, and the child receives better food, clothing and toys from their parents).

Figure 1: Systems in Bronfenbrenner's bio-ecological model



However, these do not just act upon the individual. Individual characteristics and agency can in turn influence the nature of an individual's interactions with other 'systems': so, for example, someone with an agreeable temperament may elicit more positive reactions from relatives and peers than one who is perceived to be aggressive or 'difficult'. The model also includes 'time' as a system that influences development in a number of ways: ageing, period or cohort effects, and the timing (or mistiming) of key events (e.g. the death of a parent in childhood rather than middle age).

A detailed discussion of Bronfenbrenner's model and the wider conceptual foundation for the Growing Up in Ireland study is available as a dedicated report (Greene et al., 2010). A consideration of the model at individual waves is generally covered more briefly in the accompanying literature review and/or design report. The most recent iteration for Cohort '98 was the 20-year literature review (Murray et al., 2020). Table 1, which is adapted from that review, gives examples of variables in each of the various 'systems' illustrated in Figure 1. It has been updated to include additional 'age 25' examples.

Table 1: Early adult examples of each system in the Bronfenbrenner bio-ecological model

Model Level	Brief description	Factors
Individual	Characteristics of the individual	Gender; personality; physical health and development; psychological development; identity; self-concept; mental well-being; cognitive development; ethnicity
Microsystem	Immediate context for daily life	Family size, composition and structure; new college or work environments; relationship with spouse/partner; own children; peer relationships; relationship with own parents; changing sibling relationships
Mesosystem	Interactions between actors in the microsystem	Changes in interactions with parents and community as an 'adult'; parents in need of support/care from young adult; balancing competing responsibilities (e.g. childcare and elder care); relationship between parents
Exosystem	Wider community and institutions with direct influence	Access to healthcare; church and religion; social welfare support for the young adult; availability of and access to public services and housing; labour-market opportunities
Macrosystem	Broader context – national, cultural, global influences	COVID-19 pandemic; socio-historical setting of current study; economic climate; welfare, labour and health policies; environmental policies
Chronosystem	Time	Timing of changes in household structure; timing of adverse events (e.g. death of parent); economic 'shocks'; period effect of COVID-19 pandemic just as entering labour market

Reproduced and updated from Table 1.1 in *Growing Up and Developing as an Adult: A Review of the Literature on Selected Topics Pertaining to Cohort '98 at Age 20 Years*.

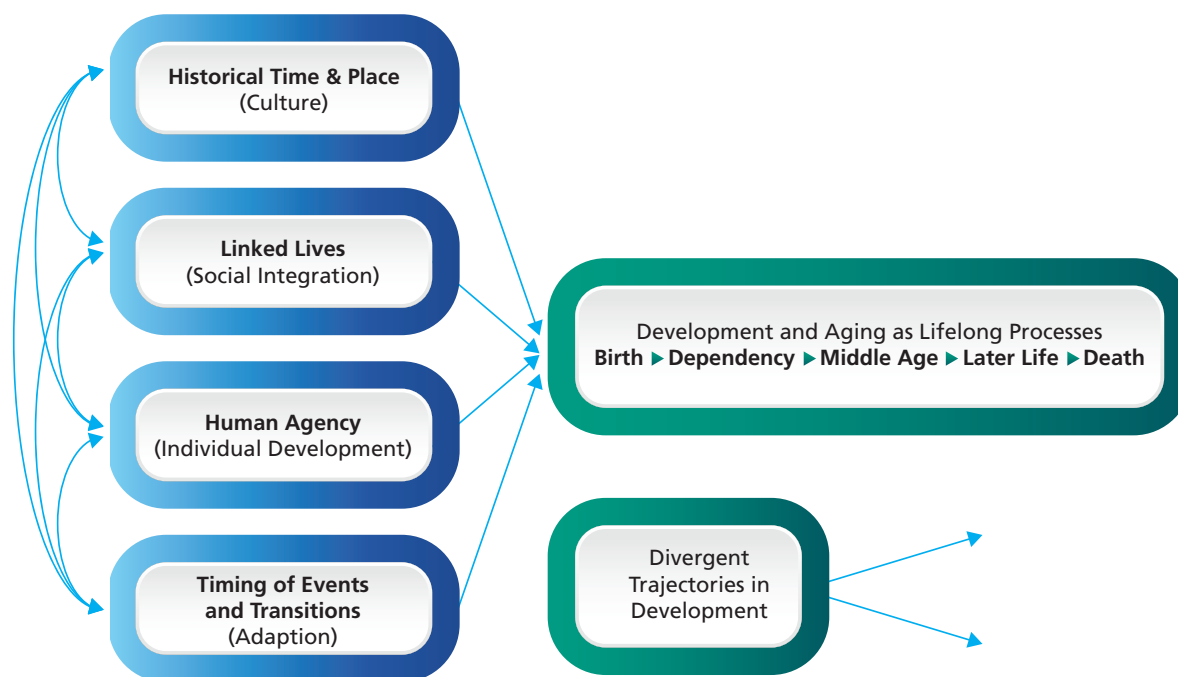
The principles of Bronfenbrenner’s model can usefully be applied to adult as well as child development, particularly regarding the importance of agency and the interconnectedness of context and systems. Although the actors in the various systems might change as the individual ages – for example, living with a spouse rather than your own parents and spending your waking hours at work rather than in school – such proximal relationships are still likely to be key to individual well-being and future growth.

LIFE-COURSE PERSPECTIVE

As with the ‘chronosystem’ of Bronfenbrenner’s model, there are a number of dimensions of time in the life-course perspective (e.g. Elder & Giele, 2009). As illustrated in Figure 2 (reproduced from the *Growing Up in Ireland 20-year literature review*), there are stages in the life course such as ‘middle age’, the timing of events and transitions, and historical time and place. This perspective supplements that of Bronfenbrenner at this life stage (age 25), given the additional importance of transitions and trajectories, and linked lives.



Figure 2: Representation of Elder and Giele's life-course perspective



Reproduced from Growing Up in Ireland 20-year literature review

It may also be useful to consider, under the heading of 'linked lives', the perhaps competing trajectories of other individuals in the microsystem of the 25-year-olds. For example, the likely trajectory of the 25-year-old at a given time-point may be altered by the deteriorating health of a parent in the 'later life' stage of their own life-course, if the young adult needs to return to the parental home to provide care; or they become a parent themselves, and now must align their career trajectory with providing suitable care to the age and stage of their child. If the impact of these 'linked lives' is to be considered, it will be necessary to collect at least some detail on other individuals in the core participant's close circle.

Both the bioecological and life-course perspectives emphasise the active role of the individual in determining trajectories, development and outcomes, as well as how a sense of agency develops in context. This indicates a need to capture more detail on participants' attitudes and aspirations, as well as the concrete details, so as to then weigh how much trajectories are influenced by active choice versus context, other actors, policy or timing.

APPLYING THE THEORY TO A SAMPLE TRAJECTORY

Figure 3 attempts to translate how these theoretical frameworks might be useful in researching the career trajectory for a sample participant in Growing Up in Ireland. In this schematic, our young adult participant 'Terry' is embarking on their first steps in the labour market.

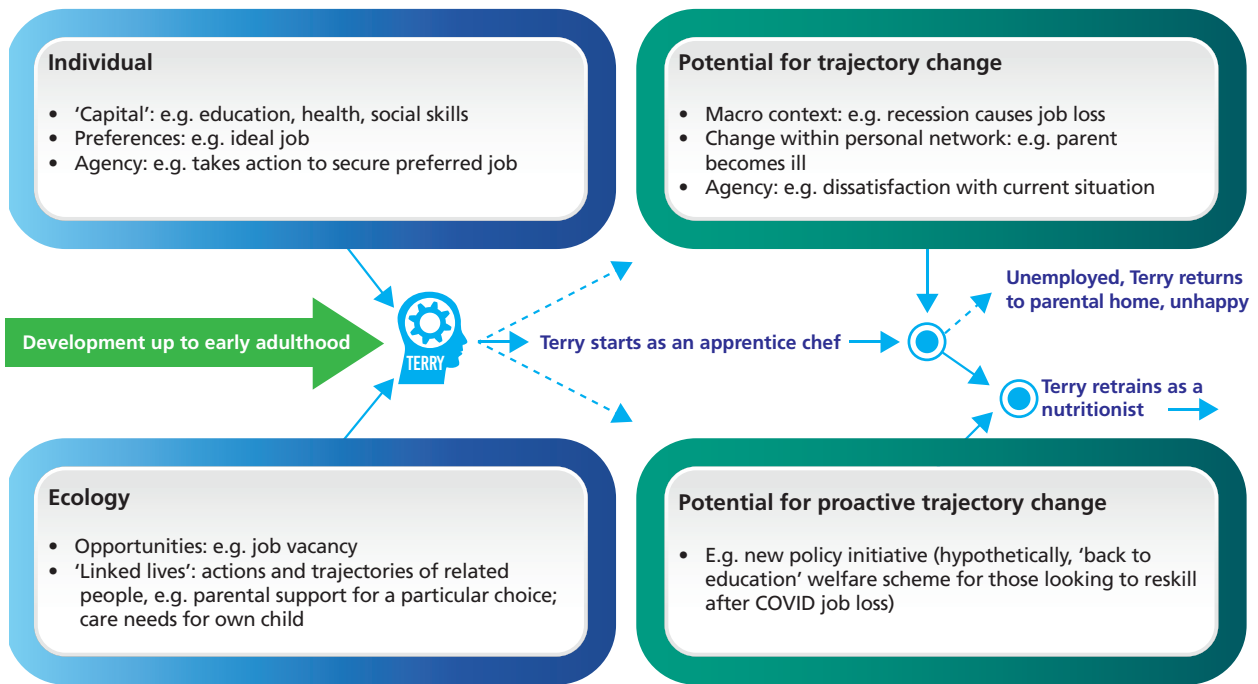
This leaping-off point builds on over two decades of development in health, education, relationships and socio-emotional health. The current context considers individual characteristics, including the accumulated 'capital' of skills and outcomes (such as an educational qualification) as well as Terry's preferences for a certain type of job, and their capacity to act on these preferences (agency). The wider ecology includes factors such as current labour-market opportunities and the influence of important people in their immediate network: in this example, Terry is supported financially and emotionally by their parents in seeking to become a chef. Another example could be balancing the working hours of a job with the need to provide care to young children.

In terms of the actual career trajectory, there could be alterations and transition points along the way. In this example, the first trajectory change is ‘imposed’ when Terry loses their position as an apprentice chef because of an economic recession (or the COVID-19 pandemic). Other sample triggers for change could be the ill health of a parent (‘linked lives’) where Terry returns home to be a carer; an internal trigger could be their dissatisfaction with being a chef and wishing to do something else.

In our schematic, Terry is able to switch again from an unemployment trajectory due to a policy initiative that supports people who lost their job to retrain. However, the existence of this opportunity is not sufficient in itself: Terry must exercise agency and be proactive about re-entering education. Our snapshot example ends with Terry having retrained as a nutritionist and continuing on an employment trajectory, albeit in a different occupation to the one they started in.

A key takeaway from this simplified imagining of even a short portion of a career trajectory is the need to collect information on a wide range of influencing factors. Growing Up in Ireland is fortunate to have collected contemporary data on development from middle childhood to early adulthood. However, this example shows the breadth of other information that would be needed to get a fuller understanding of the individual and context, such as personal preferences, the influence of other key people in the life of the participant, and timing of transitions as well as the wider economic and policy context.

Figure 3: Simplified schematic for an individual early-adulthood career trajectory, with context and transition points



Solid lines indicate chosen pathway; broken lines indicate other potential trajectories



SURVEY MODE

Apart from the special COVID-19 survey in December 2020, which was conducted online by necessity, all previous data collection from this cohort has been in a face-to-face interview (CAPI). This in-person mode has a number of advantages; those listed below are based on the experiences of previous waves of Growing Up in Ireland as well as issues highlighted by research methodologists internationally:

- Longitudinal consistency in mode makes the analysis of change over time in repeated items more robust.¹
- Many of the scale items in the survey instrumentation are less onerous to understand and answer when the text can be read by the participant as well as being read out by the interviewer. Otherwise, a participant might have to simultaneously hold five or six possible answer options in working memory while also evaluating the content of the scale item. In past Growing Up in Ireland interviews, this has been accomplished by a booklet of 'prompt cards', which leaves less information for the respondent to hold in memory and less time wasted when the interviewer has to repeat items or remind the respondent what the answer categories are. In debriefings, interviewers have also reported that these prompt cards are useful where the participant might have difficulty understanding just the spoken word (e.g. English as a second language).
- The participant makes a firm commitment to complete the survey at a specified time and date, and is likely to be motivated to keep the commitment given that it has been arranged with an interviewer who is coming to their home.
- Having the interviewer present makes it easier for a participant to ask for clarification on questions and on any other documentation such as information sheets or consent forms. It is also easier to help participants who might have difficulty completing the survey (e.g. because of literacy issues or a disability) when the interviewer is there in person.
- A face-to-face interview makes it possible to collect types of data that, realistically, can only be done in person, such as physical measurements (height, weight, blood pressure, etc); cognitive tests; biological samples (e.g. hair, saliva). If some information is to be completed on paper booklets (e.g. time-use diary or employment history, or the cognitive test), the face-to-face interview allows a personalised explanation of what is required and is likely to improve completion rates if the interviewer also collects or takes away the paper booklet.
- Having the interviewer verify the identity of the participant in a face-to-face interview mitigates the (admittedly small) risk that someone other than the actual participant completes the survey.
- Participants who have taken part in past focus groups have noted that they often enjoy the interaction with the interviewer, and the conversational nature of the face-to-face interview makes it less boring.
- When the interviewer can see the participant's reactions to questions, it helps them more easily gauge whether a respondent is, for example, made uncomfortable by the question or doesn't seem to understand what is being asked. In contrast, a silence following a question on a voice-only call is more difficult to interpret. The Study Team also think, albeit this is difficult to quantify, that the face-to-face interaction helps to build the longer-term relationship between the participant and the study via their rapport with the interviewer and thus is likely to enhance retention within the study.
- The face-to-face format does still leave an option for some more sensitive components to be self-completed by the participant. The advantages of this happening as part of the in-person appointment rather than online are that (a) the interviewer can ensure that it is completed, (b) it is contemporary to the information collected in the main CAPI survey and (c) the participant can ask for clarification on questions if needed.

¹ Dillman (2009), for example, discusses the differences between visual and aural communication and the consequent impact on question wording and response categories.

There are, however, some limitations of the face-to-face interview:

- Depending on the progress of the pandemic, it may not be possible – from a public health perspective – to conduct in-home interviews, or the public may be less willing to have visitors come into their home (even though it is not against public health advice).
- There is a significant administrative and cost burden associated with regional interviewers personally travelling to individual homes.
- The young adults of Cohort '98 may be less enthusiastic about visitors to their homes if they are in shared accommodation that presents privacy challenges or do not want the inconvenience of having to tidy up, etc in advance of a home visitor. One work-around for this might be to allow an option of meeting face-to-face in public spaces.
- An online interview can be more convenient for busy participants; it is possible that more 25-year-olds would agree to participate if there was at least an option to respond online. However, an online approach would have significant implications for the potential length of the instrument.

OTHER COHORT STUDIES

An overview of mode (pre-pandemic) in other studies indicates that face-to-face interviewing either solely or in combination with another mode is the most commonly used approach (Table 2). A telephone interview was less common and typically used only in conjunction with another mode. Only the UK's Avon Longitudinal Study of Parents and Children (ALSPAC) used postal (or online) questionnaires (from the studies reviewed), which likely reflected their very frequent contact (annually) with respondents. It is worth noting that a 'mixed-mode' approach can take two main forms: (a) the same survey instrument is rolled out in different formats (e.g. postal and online) to maximise the number of respondents who take part overall, and (b) different instruments are administered in different modes, such as in Growing Up in Ireland at age 20, where the main questionnaire was administered face-to-face by an interviewer (CAPI) but the sensitive module was self-completed by the respondent (CASI), albeit as part of the same home visit.

An interesting takeaway from Table 2 is the frequency with which more than one mode was deployed. This is something that could be considered for Growing Up in Ireland, with an initial wave of face-to-face interviews, and, where that seems exhausted or a participant has declined a home visit, an alternative offering of online participation. Growing Up in Ireland did conduct a postal survey of Cohort '08 primary caregivers when the children were 7/8 years old; the response rate was noticeably lower than for the face-to-face waves. A purely postal mode for 25-year-olds could be more difficult given their likely mobility in home address.



Table 2: Modes in other cohort studies and in a selection of cross-sectional surveys

Survey	Questionnaire(s)	Mode of collection	Self-complete section
<i>Growing Up in Ireland (baseline for comparison)</i>	<i>Main and self-complete questionnaire per respondent</i>	<i>Face-to-face (CAPI & CASI for self-complete)</i>	Yes
ALSPAC (Avon Long. Study of Parents and Children)	Single questionnaire per respondent	Online or postal	All self-complete
Next Steps	Main and self-complete questionnaire	Web, telephone, or face-to-face (CAPI & CASI for self-complete section)	Yes
Southampton Women's Study	Single questionnaire, measurements, and bio samples	Collected by research nurse	No
BCS70 (British Cohort Study 1970)	Single questionnaire	Face-to-face in all but one wave; postal at age 25 only	All self-complete at age 25 Self-complete sections at subsequent waves
Understanding Society (UK Household Longitudinal Study)	Main and self-complete questionnaire for respondents >16	Face-to-face (CAPI & CASI for self-complete) or phone (CATI)	Yes
PAIRFAM	Main and self-complete questionnaire	Postal and face-to-face (CAPI & CASI for self-complete section)	Yes
LFS (cross-sectional with subset for longitudinal follow-up)	Single questionnaire	Face-to-face (CAPI)	No
Healthy Ireland (cross-sectional)	Main and self-complete questionnaire	Face-to-face (CAPI) & paper questionnaire for self-complete section	Yes
NEPS (National Educational Panel Study)	Single questionnaire	Face-to-face (CAPI)	No
Fragile Families Study	Single questionnaire	Face-to-face and phone	No
US Adult and Adolescent Health Survey	Main and self-complete questionnaire	Face-to-face (CAPI & ACASI for self-complete section)	Yes
US National Longitudinal Study of Youth	Main and self-complete questionnaire	Face-to-face or phone (CAPI & ACASI for self-complete section)	Yes
Longitudinal Study of Australian Youth	Single questionnaire per respondent	Online or telephone (CATI)	All self-complete if online
Ten to Men	Single questionnaire per respondent	Face-to-face (CAPI) for age 10-14; online for others	All self-complete if online

GROWING UP IN IRELAND AT AGE 20

There was some learning about the challenges of surveying young adult participants from the age 20 wave of Growing Up in Ireland Cohort '98. These are summarised as follows:

- Locating and/or making contact with the young adult was more difficult if they had moved out of the parental home.
- Young adults had very busy lives, combining education, work and social or sporting commitments. They were often bi-located between the parental home and 'term-time accommodation'. It could, therefore, be more difficult than previously experienced to schedule an appointment that would take up an hour or more of their time. In some cases, a different interviewer (from the one who interviewed their parent) visited them at their 'term-time' address to conduct the interview.
- A text to a mobile phone was one of the best ways to make contact with the young adult, in interviewers' experience. Feedback from the recent age-25 focus groups was that a voice call 'out of the blue' was considered poor etiquette. Feedback from earlier focus groups was that young adults receive such a volume of emails that an unannounced one would likely be missed or ignored. Hence it seems that a 'heads up' text message to 25-year-olds would be needed to prime them to respond to a subsequent voice call or email.
- Focus groups with age-20 pilot participants suggested that a certain amount of mixed-mode completion in a home visit is desirable to offset tedium: i.e. the interviewer asks some questions, the participant self-completes some questions, does a short cognitive test, and physical measurements are taken.

GROWING UP IN IRELAND COVID-19 SURVEY OF COHORT '98 AT AGE 22

The Growing Up in Ireland Study Team, in conjunction with the CSO, conducted an online survey of participants specifically in relation to their COVID-19 experiences. An online survey was the only feasible mode at the time, due to restrictions in place and the short window of time available for fieldwork. While the survey was very successful, it is worth noting the following:

- A substantial piece of work was required in advance to compile phone numbers and email addresses for participants. These may need to be further reviewed for the next wave.
- The response rate was lower than would be expected in a normal phase of fieldwork (33% vs 65% at Wave 4); however, there were two key differences (apart from mode) that would probably pull response rates in different directions. On the negative side, the fieldwork window was much shorter than usual: only 2-3 weeks instead of the normal 5-6 months. On the positive side, the survey itself was also much shorter than a regular wave – just 10 minutes instead of 90 minutes – and was promoted as being brief. Furthermore, the unusual circumstances of the pandemic and lockdown at the time meant that most participants' lives were probably considerably less busy than usual unless they worked in certain essential sectors. In other words, it is difficult to speculate how representative the response rates for the COVID-19 online survey would translate into a regular wave if the latter were to be entirely online also.
- Over three-quarters of 22-year-old respondents completed the COVID-19 survey on their phones. Consideration of how long questions/items, such as scales, would appear on a mobile format is therefore necessary if an online survey were to go ahead, even if as just a back-up to face-to-face mode.



Fieldwork has recently started for Cohort '08 at 13 using a mixed mode of telephone (main interview) and online (sensitive self-complete). This decision was made because of ongoing restrictions resulting from the public health situation rather than a deliberate choice to change mode. While these participant demographics are quite different from 25-year-olds, it is a 'full wave' rather than a deliberately brief survey and might usefully inform remote data collection at age 25.

RECOMMENDATION

Based on the advantages outlined at the start of this section, and in particular for longitudinal consistency, the Study Team recommends data collection face-to-face, with more sensitive questions self-completed as part of the home interview. This was the format used at previous waves. The young adults interviewed during the consultation process expressed a preference for online survey completion. However, a key consideration is the expected higher response rates from personal visits for a relatively long interview (given the requirement to cover multiple life domains) compared to other modes, especially at this key transition point for the cohort in terms of residential and employment mobility. Insights can be gleaned from experience in other longitudinal studies internationally. As indicated in Table 2, most of these studies have relied on face-to-face, mainly using online methods only in combination with face-to-face or phone interviews. A detailed investigation of response rates by CAPI versus a web-first, mixed-mode approach as part of the Understanding Society survey showed that only a third of the contacted households fully responded by web alone – around half of the final completed sample (Bianchi et al., 2016). Understanding Society additionally used conditional and unconditional incentives, and noted the mixed-mode sample was more expensive per household. It is likely, therefore, that an online survey for Growing Up in Ireland would require follow-ups by telephone or in person to achieve a similar response rate to CAPI-alone. Furthermore, using an online survey alone is likely to limit the questions that are included, potentially affecting longitudinal consistency, and would almost certainly exclude other key components of the Growing Up in Ireland study such as a cognitive test and physical measurements of height, weight, waist circumference or blood pressure.

Maintaining participation is particularly valuable in the context of a longitudinal survey, and even more so in the context of international observations that response rates are declining over time (e.g. Beullens et al., 2018). Beullens et al. suggested that reasons for this general decline include the increase in online surveys and survey/information requests more generally, social changes such as work/life balance, and more concern about privacy issues. They note that declining rates in participation in the European Social Survey between wave one and wave seven tended to be due to an increase in refusal rates rather than higher non-contact rates (i.e. attrition was due to participants saying 'no' rather than that fieldwork teams found it more difficult to get in touch to ask them at all).

However, given the current uncertainty around the pandemic beyond this year and the possibility that some 25-year-olds will only participate if there is an online option, it would be prudent to make preparations for an online survey in parallel. In addition, if an emigrant module is implemented, the online mode is the most feasible option for those participants.

A telephone option could be kept in reserve as a last resort to capture at least some details of non-responders (to either face-to-face or online modes). Basic information such as economic and family status, and current location, would help to adjust the completed data for non-responders. It could also help to keep former participants connected to the study with a view to re-engaging them at later waves.

CRITERIA FOR SELECTION OF QUESTIONS AND SCALES

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

This section outlines the criteria used in deciding which measures to include in the recommended list of items and the relative prioritisation assigned to each of them. Further details are provided in Chapters 5 to 12 on the rationale for recommending specific measures. The criteria described below can be loosely divided into two headings: 'topic' factors that motivate a topic or measure for inclusion in the study because of the concept or dimension it relates to, and 'structural' considerations that may confirm the suitability of a specific item, lower its overall priority rating or lead to consideration of an alternative item. On occasion, a criterion may fall into both categories: 'age/stage appropriate' applies to both the topic under consideration (e.g. work experience) and the specific item (e.g. the Strengths and Difficulties measure of socio-emotional well-being has not been used past the age of 17/18 because the item wording is 'too young'). Here the focus is on the main principles underlying these choices, which are discussed below in approximate order of importance:

1. The measure captures one of the key domains of the lives of 25-year-olds

Since its inception, Growing Up in Ireland has focused on three core domains – health, socio-emotional well-being and education/cognitive development – with a fourth domain on civic and economic engagement added as Cohort '98 respondents moved into early adulthood. The proposed measures therefore relate to one or more of these core domains. This is primarily a 'topic' factor.

2. The topic is policy-relevant

The Growing Up in Ireland study was initiated to provide an evidence base for policy development in relation to children, young people and families and, as indicated above, has been widely used by policymakers. It is crucial, therefore, that the 25-year wave captures the important policy issues affecting this age group; in particular, their housing situation, the extent of mismatch between their qualifications and employment (given the prevalence of such a mismatch in Ireland) and the impact of the pandemic, for example. This is primarily a 'topic' factor.

3. The measure is age- or stage-appropriate

The proposed measures at the 25-year wave need to reflect the kinds of experiences being faced by this group of young adults as well as allowing for the diversity of pathways among individuals. At 20 years of age, the majority were still in full-time education/training, but by age 25 we would expect almost all to have made the transition to employment. This makes it crucial to capture detailed information on employment pathways, experiences and job quality as well as other aspects of the transition to adulthood, including accommodation situation. Questions about earlier developmental stages, such as feelings about becoming an adult, are less appropriate at this stage/age. This principle applies to both 'topical' and 'structural' considerations.

4. The measure captures a (potentially) dynamic process

Growing Up in Ireland provides useful insights into cross-sectional patterns on certain topics, often for the first time in Ireland, but its main value lies in its insights into the dynamics of change over the life-



course. Measures that capture potential change are given priority over ones where little change would be anticipated between 20 and 25 years of age. For example, ordinarily, modest change in occupational aspirations might be expected between ages 20 and 25 (having been collected at every wave since age 9), but the onset of the COVID pandemic could have altered the career plans of young adults quite dramatically. This is primarily a 'topic' factor.

5. There is longitudinal consistency with previous waves

Other Irish studies collect information on physical and mental health (for example, Healthy Ireland, the My World survey). The value of Growing Up in Ireland is that it provides insights into changes in these measures, and the factors associated with such changes, over time. Consistency between waves is therefore crucial so that variation over time does not reflect changes in wording. Therefore, even where other (potentially better) measures of some variables are available, longitudinal consistency is prioritised. This is, of course, balanced against the need for questions and response categories to be appropriate to the age/stage. Table 4 outlines the consistency in key topics across waves from 9 years of age. This is both a 'topical' and 'structural' consideration: topical in that greater research value may be gleaned from topics introduced at previous waves if they are continued longitudinally, but structural consistency in how a topic is measured so that researchers can be more confident that any observed change is due to real change of time and not an artefact of a difference in wording.

6. The measure has worked well in previous research

'Working well' is a broad notion but has a number of key components: first, that there is (likely) sufficient variation in response (though there are cases where it is important to know that something is near-universal, e.g. social media usage at 20, as well as instances where we explicitly want to capture small groups; see point 8); second, that such measures when used previously did not have a significant number of unexplained missing values (suggesting that the question wording was unclear); third, that previous research has shown that this measure is likely to be significantly related to key outcomes across the study domains. This is primarily a structural consideration.

7. There is comparability with other international cohort studies

Since its inception, Growing Up in Ireland has explicitly drawn on good practice from other cohort studies and, in turn, other such studies have drawn on measures used in Growing Up in Ireland. This practice links to principle 6, which emphasises the importance of using 'tried and tested' measures, at least where possible. Furthermore, there is growing interest internationally in carrying out post-hoc data harmonisation with a view to analysing the extent to which child and adolescent development is shaped by specific institutional structures between countries. The use of common measures across surveys makes such an exercise more viable. This is both a topical and structural consideration: topics of importance may have already been identified by other studies, and/or being able to compare similar measures (such as breastfeeding) across countries may offer insight on the impact of policy. Structurally, the aforementioned comparison is facilitated by similar measures and knowing 'what works'.

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

Interviewing young adults allows them to tell the story of their lives, making it important that they see themselves reflected in the questions put to them. For this reason, there are some instances where it is crucial to include questions even though the numbers in some response categories may be small. In particular, not asking about sexual orientation or gender identity because of potentially small cell sizes runs the risk of marginalising the lived experiences of some young adults.² The importance of the study being inclusive was emphasised strongly by policymakers and researchers at the consultation session (see Chapter 4). It has also increased in relevance given the expanded remit of the funding department (formerly the Department of Children and Youth Affairs; now the Department of Children, Equality, Disability, Integration and Youth). This is primarily a topical consideration.

² The National LGBTIQI Strategy 2019-2022 has an objective to: "Ensure that disaggregated data on the LGBTI+ population and their needs is collected in national surveys where relevant, and consider the inclusion of a question on sexual orientation/gender identity in the 2026 census".

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

The Growing Up in Ireland sample is nationally representative rather than a clinical sample and is not best suited to collecting specialised data on small groups of participants, such as detail on rare diseases. However, the practical constraints on prevalence need to be balanced against the competing mandates of inclusivity (see point 8) and the lack of good alternative data sources (see point 11). This point is related to point 6 on 'working well'. It is primarily a structural consideration.

10. The topic or question is engaging to participants

Sometimes it is necessary to leave room for items that are of interest to participants even though they might be a lower policy priority. Topics that young adults want to talk about, that help to 'warm up' an interview, or provide some light relief amidst heavier topics may add value in the longer term because the overall experience is more positive for the participant. This matters in terms of engaging individuals in the future, given the longitudinal nature of the study, as well as avoiding poor reports of the interview between participants while the current wave continues. For example, earlier responders might put off other members of the cohort from taking part if they post negative reports on social media about the experience being 'dry', emotionally draining or seemingly irrelevant. Sometimes the more subjective items can also be the results that later capture public interest and/or provide unexpected insight. Examples of such engagement topics might be pastimes, pets or questions about aspirations and attitudes, and ideally one that also reflects a policy or research priority. This is primarily a topic-driven factor but with some structural consideration in terms of participant engagement. At the other end of the spectrum, a question or topic that could be in some way offputting to participants (e.g. potentially offensive, difficult to complete or understand) may be excluded to preserve the goodwill of the participants, although in most such instances the first option would be to explore an alternative measure of the same concept.

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

Previously, this has meant measurement by an interviewer within the home but, depending on the choice of mode, it could also mean as part of an online survey. The criterion could refer to survey length, acceptability to participants, and ease of administration. It would, for example, not be feasible to ask general survey interviewers to take a blood sample but they might be able to collect a saliva or hair sample. In another example, participants might not wish to provide intimate details about their sex lives face-to-face, but they might give some details on a self-complete basis. In practical terms, sometimes a balance must be struck between using a measure that will indicate that there is an increased risk of a problem rather than a diagnostic tool. For example, it would not be feasible, within the structure of Growing Up in Ireland, to incorporate a clinical interview to diagnose a psychological disorder such as depression or psychosis, or implement an entire IQ test battery, but relevant data can be collected through screening tools (e.g. the CES-D 8 depression scale) or measuring related concepts (e.g. vocabulary). Another avenue, in relation to illness at least, is to ask the participant if they have ever been diagnosed with a condition. This is primarily a structural consideration but may lead to certain topics being excluded because it is not feasible to collect data on them in the context of the survey.

12. The topic is not covered in other data collection

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

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

Being a multi-domain study has always posed challenges in terms of the relative balance of breadth and depth in the questionnaire and the risk of overburdening the respondent in trying to cover the main domains in sufficient detail.



LENGTH OF THE INTERVIEW

The pilot survey at 25 years of age will be crucial in assessing the exact timing of the interview. However, approximate figures from the wave at 20 years of age are helpful, given that many of these items have been retained for the next wave. It should be noted that these are very approximate figures as any interruptions to the interview or differences in the order of main interview, self-complete questionnaire and taking physical measurements will affect the estimates. The survey at 20 years of age (main and sensitive) included a total of 336 questions. There are 236 questions ranked as high priority for age 25, of which 11 on education apply only to the small group who did not participate in the wave at 20 and another 11 of which apply only to the small group who have become parents. Some other questions are filtered on being employed or unemployed. Very roughly, we might then expect the total time to be around 55 minutes (based on a proportion of the age-20 timings).

Many international cohort studies do not routinely present interview timings. However, BCS70 indicated that, at age 30, the main questionnaire took 75 minutes while the sensitive questionnaire took 17 minutes; Next Steps indicated 52 minutes in total while PAIRFAM indicated 86 minutes.

Table 3: Approximate timings of questionnaire sections at 20 years of age

Section	Mean minutes
<i>YA Main</i>	
Household grid; housing situation; activities, identity and becoming an adult	16.2
Attitudes and politics	4.4
Locality	1.2
Health	3.5
Diet and exercise	3.5
Secondary school	9.9
Event history grid; further/higher education and training; employment characteristics	10.9
Attitudes to work and perceived skills	3.4
Income and expenditure	1.4
Total	58.4
<i>YA Sensitive</i>	
Friendships and ideal partner; smoking, alcohol and drugs	5.9
Gender identity and intimate relationships	0.8
Sexual experiences	1.3
Children	0.03
Victim of crime and bullying	0.1
Feelings about yourself, self-esteem	0.2
Family relationships	1.4
How you feel about things (depressive symptoms etc.)	1.4
Self-harm	0.01
Coping and support	1.1
Criminal justice system	1.2
Internet and technology use	2.5
Reflections on childhood (2 items)	(estimate problematic)
Total	17.8

OUTLINE OF THE REST OF THIS REPORT

Chapter 2 provides an overview of the policy context as a basis for determining the policy relevance of specific measures. Chapter 3 draws on the experiences of other cohort studies internationally to analyse their context and data collection mode. Chapter 4 outlines the consultation process undertaken for the study, in particular providing detailed information on the issues highlighted by the young adults interviewed. Chapters 5 to 12 look at the main topics for the study in turn, covering: labour market engagement and income; education and training; physical health; mental health/socio-emotional well-being; relationships; housing, living arrangements and socio-demographics; cultural and civic engagement; and concerns and aspirations. Each of these chapters concludes with a summary of the related variables/questions proposed and a note on the priority ranking of each. Chapter 13 discusses some issues relating to data collection; in particular, which respondents are included and what sources of information are collected or linked.

A table with the proposed questions and rating according to the criteria is included at the end of each topic chapter. In addition, a full table including questions from all of the domains is included at the end of the report.

The table below summarises which topics from age 20 are recommended for continuation to age 25, with a note on their current priority rating. Note that a continuing topic does not necessarily mean the same question(s) has been used across waves. In a very small number of areas, a topic may have ‘skipped’ the age 20 wave (discrimination and dieting are two examples, having been included at 17/18 years but not 20, but suggested for resumption at age 25).

Table 4: Longitudinal continuity from previous waves to age 25

PHYSICAL HEALTH & WELL-BEING	Source	9yrs	13yrs	17/18yrs	20yrs	25yrs (priority rating)
STUDY CHILD / YOUNG ADULT'S HEALTH						
General health status	Parent	x	x	x		-
	YA			x	x	High
Current chronic illness	Parent	x	x	x		-
	YA	x		x	x	High
Respiratory problems	Parent		x	x		-
Accidents in previous years	Parent	x	x			-
	YA				x	Medium
Young Adult exposure to tobacco in the home	Parent	x	x	x	x	-
Young Adult conditions/ disabilities	Parent	x	x	x		-
	YA				x	High
Diagnoses	Parent	x	x	x		-
	YA			x	x	High
Medication	Parent	x	x	x		-
	YA			x		Not continued
School supports for physical health / well-being	Parent		x	x		-
	YA			x		Not applicable
Other supports	Parent		x	x		-
Adequacy of supports	Parent		x			-



PHYSICAL HEALTH & WELL-BEING	Source	9yrs	13yrs	17/18yrs	20yrs	25yrs (priority rating)
STUDY CHILD / YOUNG ADULT'S HEALTH						
Knowledge of sexual health	YA				x	Not continued
Pregnancy	YA				x	High
Energy and vitality	YA				x	Medium
HEALTHCARE UTILISATION						
Nights (of Young Adult) in hospital in last year	Parent	x	x			-
	YA			x	x	High
Medical insurance	Parent	x	x	x	x	-
	YA				x	High
Contact with health professional	Parent	x	x			-
	YA			x	x	High
Reason for non-receipt of medical treatment	Parent	x	x	x		-
	YA				x	High - GP Medium -specialist
Reason for non-receipt of dental treatment	Parent	x	x			-
Medical card holder	Parent	x	x	x	x	-
	YA				x	High
Rating of dental health	YA				x	High
Frequency of dental visits	Parent	x	x			-
	YA			x	x	High
Teeth pulled or filled	Parent	x	x	x		-
Orthodontic treatment	YA			x		Medium
Treatment for sight problems	Parent	x				-
Treatment for hearing problems	Parent	x				-
Mobility support	Parent	x				-
Handedness	Parent	x				-
YOUNG ADULT'S DIET AND EXERCISE						
Eating breakfast before school	Parent	x	x			-
	YA		x	x		-
Brief food frequency questionnaire	Parent	x				-
	YA		x	x	x	Medium
Special diet	Parent	x				-
	YA				x	Medium (vegetarian diet)
Perception of Young Adult's weight	Parent	x	x			-
	YA		x	x	x	High
Young Adult's dieting behaviour	YA		x	x		High

PHYSICAL HEALTH & WELL-BEING	Source	9yrs	13yrs	17/18yrs	20yrs	25yrs (priority rating)
STUDY CHILD / YOUNG ADULT'S HEALTH						
Young Adult's frequency of exercise	Parent	x				-
	YA	x	x	x	x	High
Reasons for/not exercising	YA				x	Medium
Mode of transport to school/college	Parent	x	x			-
	YA				x	Medium
Sleep	YA			x	x	High (expanded)
Skin type	YA			x		Not continued
HEALTH-COMPROMISING BEHAVIOURS						
Smoking frequency	YA		x	x	x	High
Smoking behaviours/e cigarettes	YA		x	x	x	High
Young Adult E-cigarette usage	YA			x	x	High
Alcohol consumption	YA		x	x	x	High
Where and with whom alcohol is consumed	YA				x	Where - Low
						With whom - Medium
Problematic alcohol consumption	YA		x	x	x	High
Attempts to reduce alcohol intake	YA				x	Medium
Use of illicit drugs	YA		x	x	x	High
Use of cannabis	YA		x	x	x	High
Where and with whom drugs are consumed	YA				x	Low

Young Adult's Socio-Emotional Well-Being, Behaviours and Relationships

STUDY CHILD / YOUNG ADULT'S SOCIO-EMOTIONAL WELL-BEING AND BEHAVIOUR	Source	9yrs	13yrs	17/18yrs	20yrs	25yrs (priority rating)
Emotional and behavioural health: Scale: Strengths and Difficulties Questionnaire	Parent	x	x	x		-
Personality scale: Ten-item Personality Inventory	Parent		x	x	x	-
	YA			x	x	Low
Contact with criminal justice system	YA		x	x	x	High
Depression/depressive symptoms	YA		x	x	x	High
Self-harm	YA			x	x	High
Anxiety	YA			x		High
Self-esteem/self-concept	YA	x	x	x	x	High
Eating disorder	YA			x	X	High



STUDY CHILD / YOUNG ADULT'S SOCIO-EMOTIONAL WELL-BEING AND BEHAVIOUR	Source	9yrs	13yrs	17/18yrs	20yrs	25yrs (priority rating)
Maturation	YA		x	x		Not continued
Presence of psychotic symptoms	YA		x	x		Not continued
Diagnosis of psychological/psychiatric disorder specifically	YA				x	Medium
Basic Needs Satisfaction scale	YA				x	Low
Risk aversion	YA				x	Medium
Stress	YA				x	High
STUDY CHILD / YOUNG ADULT'S PEER RELATIONSHIPS						
Number of close friends	YA	x	x	x	x	High
Age of friends	YA		x	x		Not continued
Inventory of Peer Attachment	YA		x	x		Not continued
Bullying	Parent	x	x			-
	YA	x	x	x	x	High
FAMILY CONTEXT / PARENTING / PARENT-CHILD RELATIONSHIPS						
Network of relationship inventory: Mother	YA			x	x	High
Network of relationship inventory: Father	YA			x	x	High
Parental monitoring: Scale: Sub-scale from Stattin & Kerr Monitoring & Supervision Scale	Parent		x	x		-
Youth disclosure: Scale: Sub-scale from Stattin & Kerr Monitoring & Supervision Scale	Parent		x	x		-
Parental control: Scale: Sub-scale from Stattin and Kerr Monitoring and Supervision Scale	YA		x	x		Not continued
Parental knowledge of child smoking, alcohol or drug use	Parent		x	x		-
Adverse life events	Parent	x	x			-
	YA			x	x	High
Concerns about Young Adult	Parent			x	x	-
Family collegiality	Parent				x	-
Relationship with Young Adult	Parent	x	x		x	-
Reflections on childhood	YA				x	Not continued
STUDY CHILD / YOUNG ADULT'S ACTIVITIES						
Activities for fun/hobbies	Parent	x				-
	YA	x	x	x	x	High
Chores	YA	x	x			Not continued
Mobile phone ownership	SC	x	x			Not continued
Computer in the home	SC	x	x			Not continued

STUDY CHILD / YOUNG ADULT'S SOCIO-EMOTIONAL WELL-BEING AND BEHAVIOUR	Source	9yrs	13yrs	17/18yrs	20yrs	25yrs (priority rating)
Access to the internet	SC	x	x			Not continued
Pocket money/allowance	YA		x	x	x	*Questions on parental financial support - high
Participation in sports	Parent	x				-
	YA		x	x	x	Medium (under volunteering)
Social media	YA			x	x	High

Young Adult's Cognitive Development, School Experience and Performance

YOUNG ADULT'S COGNITIVE DEVELOPMENT, SCHOOL EXPERIENCE AND PERFORMANCE	Source	9yrs	13yrs	17/18yrs	20yrs	25yrs (priority rating)
ATTITUDES TO AND PERFORMANCE IN SECOND-LEVEL EDUCATION						
Current class in school	Parent		x			-
	YA		x	x		Not continued
Junior Certificate results	YA			x		Not continued
Transition year	YA			x		Not continued
Leaving Certificate subjects	YA			x	x	High (for those not surveyed at 20)
Leaving Certificate results	YA			x	x	High
Early school leaving	YA			x	x	High
Parental involvement in education	Parent	x	x	x		-
Perception of ability	YA			x	x	Not continued
Extra tuition	YA		x	x	x	Not continued
Parental expectation of how far Young Adult will go in education	Parent	x	x	x		-
Number of books in the household	Parent	x	x			-
Attitudes towards school	YA	x	x	x	x	Not continued
Relationship and Sexuality Education	YA		x	x		Not continued
BEYOND SECONDARY SCHOOL						
Current course	YA			x	x	High
Funding for education	YA			x	x	High
Perceptions of further education	YA				x	High
Perceptions of employment	YA				x	High



YOUNG ADULT'S COGNITIVE DEVELOPMENT, SCHOOL EXPERIENCE AND PERFORMANCE	Source	9yrs	13yrs	17/18yrs	20yrs	25yrs (priority rating)
Perception of skills and competencies	YA				x	Not continued
COGNITIVE TESTS						
Drumcondra Reading Test	SC	x				Not continued
Drumcondra Mathematics Test	SC	x				Not continued
Drumcondra Verbal Reasoning Test	SC		x			Not continued
Drumcondra Numerical Reasoning Test	SC		x			Not continued
BAS Matrices	SC		x			Not continued
Animal/Fruit Naming Task	YA			x	x	TBC
Vocabulary Test	YA			x		High – content TBC
Financial Numeracy questions	YA			x		TBC

Economic and Civic Participation / Emerging Adulthood

ECONOMIC & CIVIC PARTICIPATION / EMERGING ADULTHOOD	Source	9yrs	13yrs	17/18yrs	20yrs	25yrs (priority rating)
Young Adult's employment history	YA			x	x	High
Occupational aspirations	YA	x	x	x	x	High
Adult identity	YA			x	x	Low
Sense of discrimination	YA			x		High
Importance of areas of lives – family; partners; health; religion	YA			x		Not continued
Belief in value of work/being employed	YA			x		Not continued
Volunteering	YA			x	x	Medium
Support for gender equality	YA			x		Not continued
Concerns about social issues	YA				x	High
Trust in other people	YA			x	x	High
Trust in State and other institutions	YA			x	x	Medium
Political interest and activism	YA				x	High
Voting preference	YA				x	Medium
Factors that help one succeed	YA				x	Low
Political cynicism	YA				x	Medium
Opposition to authority	YA			x		Not continued
Internal locus of control	YA			x		Not continued

Background, Family and Contextual Characteristics

BACKGROUND CHARACTERISTICS	Source	9yrs	13yrs	17/18yrs	20yrs	25yrs (priority rating)
HOUSEHOLD COMPOSITION						
Demographic information in respect of each household member	Parent	x	x	x	x	-
	YA				x	High
New entrants to the household	Parent		x	x	x	-
Departures from the household	Parent		x	x	x	-
No. of people living in the household	Parent	x	x	x	x	-
	YA				x	High
MENTAL WELL-BEING						
Depression	Parent	x	x	x	x	-
	YA				x	High
Work-life balance	Parent	x	x	x		-
Parent's own personality perception	Parent				x	-
Support systems	YA				x	High
PHYSICAL HEALTH						
General health status	Parent	x	x	x	x	-
Current chronic illness	Parent	x	x	x	x	-
Pregnancy status	Parent	x	x	x		-
HEALTH-COMPROMISING BEHAVIOURS						
Smoking behaviours	Parent	x	x	x	x	-
Alcohol consumption	Parent	x	x	x	x	-
Drug use	Parent		x	x	x	-
MARITAL / PARTNER RELATIONSHIP						
Marital status	Parent	x	x	x	x	-
Marital history	Parent	x	x	x	x	-
Current relationship status	Parent	x	x	x	x	-
	YA				x	High
Marital conflict	Parent	x	x	x	x	-
Parental relationship: Dyadic Adjustment Scale	Parent	x	x	x	x	-
Details on non-resident parent	Parent	x	x	x		-
SOCIO-DEMOGRAPHIC INFORMATION AND HOUSEHOLD INCOME						
Parental employment / occupational status	Parent	x	x	x	x	-
Household income	Parent	x	x	x	x	-
	YA				x	High
Household deprivation	Parent	x	x	x	x	-
Intergenerational deprivation/ social mobility	Parent	x		x		-

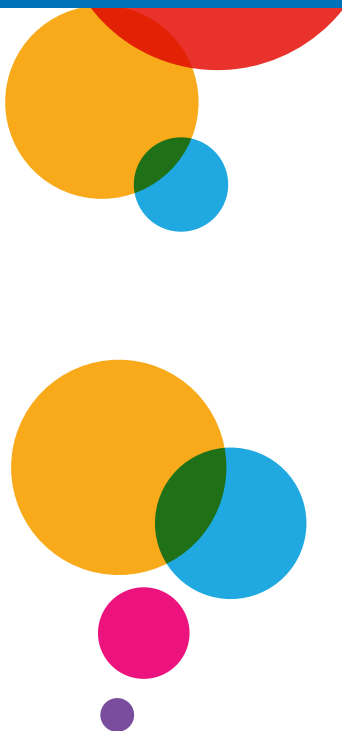


BACKGROUND CHARACTERISTICS	Source	9yrs	13yrs	17/18yrs	20yrs	25yrs (priority rating)
Welfare dependency	Parent	x	x	x	x	-
	YA				x	High
Housing status	Parent	x	x	x	x	-
	YA				x	High
Reasons for remaining in parental home	YA				x	High
Accommodation type	Parent	x	x	x	x	-
	YA				x	High
Access to garden/common space	Parent	x	x			-
Receipt of mortgage supplement	Parent	x	x			-
Car ownership	Parent	x	x	x		-
Parental educational attainment	Parent	x	x	x	x	-
Main language spoken in the home	Parent	x	x	x	x	-
	YA				x	Medium
Parental literacy and numeracy	Parent	x	x			-
Religious denomination	Parent	x	x	x		-
Nationality and citizenship	Parent	x	x	x		-
	YA				x	High
Ethnicity	Parent	x	x	x		-
	YA					High
Difficulty making ends meet and loans	Parent	x	x	x	x	-
	YA				x	High
Funding for living expenses	YA				x	High
Money transfers between Young Adult and parents	Parent			x	x	-
QUALITY AND PERCEPTIONS OF NEIGHBOURHOOD						
Length of time resident in local area	Parent	x	x	x	x	-
	YA			x	x	High
Physical condition of the neighbourhood	Parent	x	x	x	x	-
	YA			x	x	Medium
Safety of the neighbourhood	Parent	x	x	x	x	-
	YA			x	x	High
Concern about criminal activity	Parent			x		-
Intention to continue living in Ireland	Parent	x	x	x		-
	YA			x	x	Not continued



Chapter 2

OVERVIEW OF THE SOCIAL, ECONOMIC AND
POLICY CONTEXT RELEVANT TO THE LIVES
OF 25-YEAR-OLDS



INTRODUCTION

This chapter introduces the public policy context for 25-year-olds living in Ireland. In policy terms, young adulthood is often considered to range between the ages of 18 and 24, as in the *Better Outcomes, Brighter Futures* policy framework (DCYA, 2014); thus age 25 can mark the transition from young adulthood to later adulthood (Simpson, 2018). Some researchers have argued that adolescence spans the age range from 10 to 24 (Sawyer et al., 2018). By contrast, the European Union defines young people as those aged between 15 and 29 (European Commission, 2019). The definitional differences reflect different policy approaches to the transition from young adulthood to later adulthood and, in reality, it is unlikely that there is one absolute cut-off point.³ This indicates that issues and policies affecting young people (irrespective of the definition of that term) are likely to be still relevant to many 25-year-olds.

The chapter first outlines the current policy landscape relevant to 25-year-olds living in Ireland, by referencing the youth policy frameworks at national and EU level. It then gives an overview of relevant policy strategies and frameworks as they relate to the four domains of data collection in Growing Up in Ireland, and outlines how evidence from the next wave might link to some of the aims in those strategies. Finally, the chapter summarises policy priorities relevant to the lives of 25-year-olds on which the next wave of data collection could provide evidence.

POLICY LANDSCAPE

NATIONAL POLICY FRAMEWORK FOR CHILDREN AND YOUNG PEOPLE

Better Outcomes, Brighter Futures: The National Policy Framework for Children and Young People, 2014-2020 (BOBF) (DCYA, 2014) is the national policy framework for children and young people and covers young adults aged 18-24. At age 25, BOBF no longer directly covers members of Cohort '98, but, since they will have just made the transition from young adulthood to adulthood, many of the objectives of BOBF will still be relevant to their lives, including the impact of previous experiences. BOBF is framed around five key outcomes, a number of transformational goals, and a series of aims associated with each outcome.

Outcome 1 – *Active and healthy* includes aims around good physical and mental health; making positive health choices; a positive and respectful approach to relationships and sexual health; and enjoying sports, arts, culture and nature. These aims are also addressed in non-age-specific national strategies such as *Healthy Ireland* and the *National Physical Activity Plan*, which will be discussed later. Growing Up in Ireland will continue to be an important source of evidence on health inequalities and access to sports and cultural activities; for example, evidence of differences by social background, gender or urban/rural location could be used to help target resources to groups at risk of poorer health outcomes or exclusion (Growing Up in Ireland Study Team, 2016a; 2019a).

Outcome 2 – *Achieving full potential in learning and development* includes aims of engagement and achievement in learning, as well as social and emotional well-being. For example, the framework commits to providing opportunities for early school-leavers to engage with further education and training, such as through Education and Training Boards and SOLAS. This speaks to aims in the *National Further Education and Training Strategy*, outlined below, to enable transitions both into and out of Further Education and Training (FET). With its life-course approach, Growing Up in Ireland is suited to identifying the nature of transitions and challenges arising, including among subgroups of policy interest, such as early school-leavers who face a disadvantage competing in the labour market (Growing Up in Ireland Study Team, 2016b; 2019c).

Outcome 3 – *Safe and protected from harm* includes aims that young people be protected from bullying and discrimination, and from crime and anti-social behaviour. Potential data collection on the experience of discrimination and being a perpetrator or victim of bullying can build on the longitudinal picture. At age

³ https://ec.europa.eu/youth/sites/default/files/youth_swd_169_part_1_2_en_autre_document_travail_service_part1_v4.pdf



25, this could be asked in the context of participants' labour-market experiences. Data on discrimination and experiencing crime or anti-social behaviour could also yield insights into neighbourhood relationships and context, which would be useful from an equality and community development perspective.

Outcome 4 – *Economic security and opportunity* includes aims that young people be protected from poverty and social exclusion, have opportunities for ongoing education and training, and have pathways to economic participation and independent living. This is particularly salient as 25-year-olds will be facing the twin challenges of establishing themselves in their careers following the potentially scarring effect of experiencing unemployment or temporary lay-off during the COVID-19 pandemic (see: CSO, 2020d; Growing Up in Ireland Study Team, 2021), and trying to secure affordable accommodation. Questions on labour market experiences and housing, in the domain of civic and economic engagement, will provide an evidence base on pathways to economic participation for 25-year-olds and the transition for many from family to independent living. The BOBF aims under Outcome 4 (Economic security and opportunity) also speak to aims in the *Roadmap for Social Inclusion 2020-2025* (Government of Ireland, 2020a), discussed below, to reduce poverty and build inclusive communities.

Outcome 5 – *Connected, respected and contributing to their world* relates to the domain of civic and economic engagement. Relevant aims under this outcome include having a sense of their own identity, free from discrimination; having positive networks of friends and family; being civically engaged, and being aware of their rights and responsibilities. The next wave of data collection can build on the 20-year wave to provide evidence on issues that are important to 25-year-olds, a sense of their political priorities, and whether they have ever experienced discrimination (Growing Up in Ireland Study Team, 2019b; 2019c).

BOBF also contains two constituent strategies:

- the National Youth Strategy 2015-2020
- the National Strategy on Children and Young People' Participation in Decision-making 2015-2020

The *National Youth Strategy* (DCYA, 2015a) adopts as central principles that young people are valued and recognised as integral to society; are key drivers of their own development, and that parents, families, other significant adults and communities are recognised as playing a critical role in the development and progression of young people. The *National Strategy on Children and Young People's Participation in Decision-making 2015-2020* (DCYA, 2015b) focuses on young adults' civic engagement and sense of participation in decision-making. The overall goal of the strategy is to ensure that young people have a voice in decisions that affect their individual and collective lives. Growing Up in Ireland data on 25-year-olds could provide evidence that would speak to each of these strategies. Data on 25-year-olds' participation in decision-making, experience of discrimination and their sense of agency could speak to the ambitions of both strategies and their successors, particularly among disadvantaged or politically under-represented groups, or in relation to variations by gender or urban/rural location. Data on key relationships could also indicate the role of family members and friends in supporting young adults' development.

EUROPEAN UNION YOUTH STRATEGY 2019-2027

The *EU Youth Strategy* (European Commission, 2019) sets out a vision for young people living in the EU to enable them to take control of their lives and engage with and support others, by way of the 11 European Youth goals:

1. Connecting EU with Youth
2. Equality of All Genders
3. Inclusive Societies
4. Information & Constructive Dialogue

5. Mental Health & Well-being
6. Moving Rural Youth Forward
7. Quality Employment for All
8. Quality Learning
9. Space and Participation for All
10. Sustainable Green Europe
11. Youth Organisations & European Programmes

Information on outcomes by gender, socio-economic group and by rural or urban location will be collected throughout the survey, as these are among the background variables that are collected as part of Growing Up in Ireland (Williams et al., 2019). The survey will therefore provide a bank of data on variations in a broad range of outcomes for 25-year-olds by these background variables.

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

Goals 1 (Connecting EU with Youth) and 11 (Youth Organisations and European Programmes) are oriented more specifically to the European Union. Data on 25-year-olds' sense of identity, and on education, could provide evidence on how connected 25-year-olds feel to other EU countries and on whether they studied abroad. Goal 11 aims to ensure equal access for all young people to youth organisations and European youth programmes, building a society based on European values and identity. Data on 25-year-olds' experience of education and employment outcomes could provide evidence on whether they benefited from programmes such as the Erasmus+ programme of studying abroad or the EU Youth Guarantee (see section on Civic and Economic Engagement). Likewise, data on 25-year-olds' concerns could indicate to what extent they identify with European values of inclusion, tolerance, justice, solidarity, democracy and non-discrimination.⁴

POLICY STRATEGIES ACROSS THE FOUR GROWING UP IN IRELAND DOMAINS

PHYSICAL HEALTH AND DEVELOPMENT

a. Healthy Ireland

Healthy Ireland 2013-2025 is the national strategy for improved health and well-being, with the vision of "a Healthy Ireland, where everyone can enjoy physical and mental health and well-being to their full potential, where well-being is valued and supported at every level of society and is everyone's responsibility" (DoH, 2013a: 5). The strategy includes goals to increase the proportion of people who are healthy at all stages of life; to reduce health inequalities,⁵ and to protect the public from threats to public health and well-being. Indicators exist to measure progress towards those goals, in the areas of health status, health outcomes and social determinants (Government of Ireland, 2019a). Health status indicators include Body Mass Index, physical activity levels, and harmful use of alcohol. Health outcomes indicators include self-perceived health, positive mental health, and feeling safe. Social determinants include long-term unemployment, educational attainment, and income level – and tackling these determinants is an integral part of promoting better health outcomes (*ibid.*, 2019a). Questions on physical health and development in Growing Up in Ireland could provide evidence that speaks to several of these

⁴ https://europa.eu/european-union/about-eu/eu-in-brief_en#:~:text=The%20EU%20in%20brief%201%20Goals%20and%20values...%205%20The%20EU%20in%20the%20world.%20

⁵ Health inequalities refer to a difference in health status or in the distribution of health determinants between different population groups. <https://assets.gov.ie/7562/e5a5ac26eb22405aaf6538656564690a.pdf>



indicators, such as documenting the proportion of 25-year-olds who are in good health, are meeting the recommended levels of physical activity for adults, and are engaging in risky alcohol consumption. Furthermore, questions across the physical health and development domain can help to identify health inequalities and shed light on the role of social determinants on these outcomes.

Healthy Ireland (HI) is designed to bring about real, measurable change; it is based on an understanding of the determinants of health, whereby health and well-being are affected by all aspects of a person's life; economic status, education, housing, and the physical environment in which people live and work (DoH, 2013a: 6). Health and well-being are also affected by policy decisions taken by government, the individual choices people make about how they live, and the participation of people in their communities (DoH, 2013a: 14). Like *Growing Up in Ireland*, HI adopts a life-course approach, recognising that individuals' outcomes depend on the interaction of multiple protective and risk factors throughout people's lives (DoH, 2013a: 14). As a longitudinal study studying multiple domains of young people's lives, *Growing Up in Ireland* is well placed to provide evidence on health outcomes and inequalities at different stages in the life course, such as at the transition from young adulthood to later adulthood (*Growing Up in Ireland Study Team, 2016c*).

b. Healthy Ireland constituent strategies

Several constituent strategies of *Healthy Ireland* are also relevant to the planned wave of data collection with 25-year-olds. These include:

- National Sexual Health Strategy 2015-2020
- A Healthy Weight for Ireland
- Healthy Food for Life
- Tobacco Free Ireland
- National Physical Activity Plan

The *National Sexual Health Strategy 2015-2020* (DH, 2015a) sets out a vision to improve sexual health by ensuring that everyone living in Ireland has access to high-quality sexual health information, education and services. It adopts a life-course approach to sexual health which acknowledges the importance of developing healthy sexuality throughout childhood and adolescence, and builds on that foundation for positive sexual health and well-being into adulthood and older age. The strategy includes goals of ensuring comprehensive sexual health education/information and access to appropriate prevention and promotion services; equitable, accessible and high-quality sexual health services, and the generation of robust sexual health information to underpin policy, practice, service planning and strategic monitoring. *Growing Up in Ireland* data could help support these high-level goals; for instance, by documenting whether 25-year-olds are able to access sexual health services when needed, and have access to condoms for contraception or protection from sexually transmitted infections.

Healthy Food for Life (DH, 2013b) states that a healthy dietary pattern includes a higher level of vegetables, fruit and whole grains; is moderate in low-fat milk, cheese and yogurt; higher in fish, peas, beans and lentils; lower in processed meats; includes very small amounts of unsaturated reduced fat spreads and oils, and as little as possible sugar-sweetened food and food with added sugars. It emphasises the need to limit High Fat, Salt and Sugar (HFSS) food and drinks to a maximum of once or twice a week, as opposed to once a day. The planned *Growing Up in Ireland* wave of data collection could provide evidence on dietary habits among 25-year-olds generally, and by socio-demographic background variables, building on previously collected data to provide a longitudinal picture.

A Healthy Weight for Ireland (DH, 2016a) aims to reduce the gap in obesity levels between the highest and lowest socio-economic groups by 10%. Progress towards this aim will be measured by the *Healthy Ireland*

and Childhood Obesity Surveillance Ireland surveys, but longitudinal Growing Up in Ireland data on weight status are potentially informative for this policy aim, to shed light on the factors which predict movements in or out of overweight or obesity over time for children and young people.

The *Tobacco Free Ireland* report of the Tobacco Policy Review Group reports that “smoking is the greatest contributor to health inequalities between the richest and poorest sections of society. It is also a significant factor in gender-based mortality differences” (Tobacco Policy Review Group, 2013: 25). While the overall *Healthy Ireland* strategy has a goal of reducing health inequalities, inequalities in risky health behaviours, including tobacco consumption, will be of particular policy interest given the compounding effect on health inequalities arising from higher levels of cigarette smoking among disadvantaged groups.

The aim to reduce levels of cigarette smoking also aligns with *Smile agus Sláinte: National Oral Health Policy* (DH, 2019a) to promote better oral health across the life course and to reduce oral health inequalities, such as through health promotion in accordance with obesity, tobacco use and alcohol consumption strategies. Dental health has been found to be associated with general health (Nguyen et al., 2018; Zimmer et al., 2010). Data on oral health in the next wave could shed light on dental health in this age group, the factors associated with dental health longitudinally, and the experience of access to dental health services.

c. Health behaviours and promotion

Reducing Harm, Supporting Recovery: a health-led response to drug and alcohol use in Ireland 2017-2025 (DH, 2017) commits to a health-led policy approach towards drug and alcohol use, with the goal of reducing harm and promoting rehabilitation and recovery. The policy document highlights that supports should be targeted at young people living with family members who have substance use problems (DH, 2017: 12), and at improving access to services for people with complex needs. These include long-term substance users, people with co-morbid mental health and substance-use problems, members of minority ethnic communities and LGBTI+ people (*ibid.*: 44). Growing Up in Ireland data could identify patterns of substance use by gender and among subgroups, while previously collected data on Growing Up in Ireland participants and their families could help to identify potential risk factors, such as drug use among parents of participants or experience of adverse childhood events.

Promoting positive health behaviours at all stages in life is an important public policy objective. The *National Physical Activity Plan* and the *National Sports Policy 2018-2027* seek, respectively, to increase levels of physical activity and levels of participation in sport. Specifically, the *National Physical Activity Plan* (DH, 2016b) aims for adults (aged 18-64) to be active for at least 30 minutes a day of moderate activity on five days a week (or 150 minutes a week – equivalent to the World Health Organization minimum physical activity guidelines for adults⁶). The *National Sports Policy* (Government of Ireland, 2018a) aims for one in two adults to play sport regularly and to eliminate the gender sports participation gap. It also seeks to increase regular social involvement in sport, such as through volunteering or attendance, to 55% of adults (Government of Ireland, 2018a: 20). Growing Up in Ireland data will be able to document the percentage of 25-year-olds meeting the minimum physical activity guidelines (and potential associations with physical and mental health outcomes), as well as levels of participation in sport and sports-based volunteering, by gender and the factors that might be associated with these levels of participation.

SOCIO-EMOTIONAL WELL-BEING AND KEY RELATIONSHIPS

a. Mental health policy

A Vision for Change (Government of Ireland, 2006) is the national mental health policy document. It has the high-level vision that “each citizen should have access to local, specialised and comprehensive mental health service provision that is of the highest standard” (*ibid.*: iv). The policy notes that concepts of mental health include subjective well-being, a sense of autonomy, and the ability to realise one’s potential, with individuals’ mental health being influenced by their network and interactions (*ibid.*: 16). Growing Up in Ireland data on healthcare utilisation could identify to what extent 25-year-olds have access to community and specialist mental health services when required. In addition, the study could provide data on subjective

⁶ <https://www.who.int/news-room/fact-sheets/detail/physical-activity>



well-being, coping strategies, stress, depressive symptoms and sources of support – providing data on the prevalence of problems at this age as well as longitudinal insights into participants’ experiences of these issues from the age of nine. Likewise, the study offers the potential to link mental health outcomes to data on the nature of participants’ key relationships as well as other relevant variables and experiences (see, for example, Nixon, 2021).

Sharing the Vision: A Mental Health Policy for Everyone (DH, 2020), the successor strategy to *A Vision for Change*, seeks to carry forward relevant elements of the original policy. Key priorities to emerge in the new policy include the prioritisation of mental health as a major societal issue; the importance of primary prevention; a requirement to focus on social inclusion and recovery, and expansion of mental health services to address the spectrum of conditions and needs (*ibid*: 13). By gender, there can be differences between how women and men experience mental health; women are more likely to experience depression, eating disorders and self-harm, and men less likely to seek support for mental health issues (Women’s Health Taskforce, 2020; YouGov, 2016). Growing Up in Ireland data on access to mental health services by socio-demographic background variables could help to identify whether there is inclusive access, as well as the nature of experiences by gender, social class and other relevant variables. Capturing this information could also help to identify which groups would benefit from targeted supports for the purpose of prevention, both cross-sectionally and longitudinally.

b. Prevention and inclusion

In terms of prevention, *Connecting for Life: Ireland’s National Strategy to Reduce Suicide 2015-2024* (DH, 2015b) recognises that suicide is a complex problem and is associated with mental health problems, alcohol consumption and economic factors such as poverty, deprivation and homelessness. Research also shows that suicide in Ireland is more common among young men than young women (HSE, 2018). As well as supporting people in crisis, the strategy aims to build resilience among young people and reduce alcohol use. Growing Up in Ireland data on risky health behaviours could build on previous waves to show the trend in engagement in risky health behaviours over time, while data on coping strategies could help to identify the ways that 25-year-olds seek to manage stress. Providing support for improved mental health outcomes is likely to continue to be an important policy objective in light of recent evidence of an increase in mental health difficulties during the COVID-19 pandemic, particularly among younger adults (Growing Up in Ireland Study Team, 2021; CSO).

The *LGBTI+ National Inclusion Strategy 2019-2021* (DJE, 2019a: 5) sets forth its vision of “a safe, fair and inclusive Ireland where people are supported to flourish and to live inclusive, healthy and fulfilling lives, whatever their sexual orientation, gender identity or expression, or sex characteristics”. Growing Up in Ireland data could provide evidence on whether LGBTI+ 25-year-olds are able to participate on an equal level in Ireland’s economy and society, free from discrimination, as well as provide evidence on levels of subjective well-being.

The *National Disability Inclusion Strategy 2017-2021* (DJE, 2019b) emphasises that people with disabilities should have equal rights and opportunities to participate in social and cultural life, can work if they want to do so, have choice and control over how they live their lives, and can reach their full potential.

EDUCATION AND COGNITIVE DEVELOPMENT

a. Lifelong learning

Most 25-year-olds are likely to be in the labour market and to have completed their full-time education, but it can be expected that many will still engage with education or training in some form. Lifelong learning has been the governing principle of education policy since *Learning for Life 2000* (Government of Ireland, 2000), Ireland’s first white paper on adult education. *Ireland’s National Skills Strategy 2025* (DES, 2016) sets out a vision for a high-quality and dynamic education and training base, with knowledge transfer between employers and education and training providers, to ensure the effective development and use of skills to support economic and social prosperity. Growing Up in Ireland data could shed light on whether 25-year-

olds feel that their education equipped them with relevant skills for employment and whether they have opportunities to use these skills in their employment and to engage in lifelong learning (Growing Up in Ireland Study Team, 2019c).

Some 25-year-olds will still be in full-time education or be returning to education. The *National Strategy for Higher Education to 2030* advances a vision that higher education systems will “give students a sense of Irish place and identity and will equip them with the skills to play a strong part on the world stage” (Government of Ireland, 2011: 3). The strategy also contains the objective that “students will experience an education that is excellent, relevant and responsive to their personal development and growth as fully engaged citizens within society” (*ibid.*: 4). Data from Growing Up in Ireland could provide insight into experiences of education, and potential linkages could be explored between participation in higher education and civic engagement outcomes, including sense of identity.

b. Further education and training (FET) and transitions to the labour market

Similarly, for those in further education and training, *Future FET, Transforming Learning: The National Further Education and Training (FET) Strategy 2020-2024* (Government of Ireland, 2020b) outlines the policy priorities for FET: inclusion, skills and pathways (including within FET, from FET to higher education, and facilitating lifelong pathways). Growing Up in Ireland data could help to identify the ease or difficulty associated with these transitions, such as between FET and employment.

At age 25, educational outcomes and experiences can be expected to be increasingly linked to the labour market (see following section on civic and economic participation). The role of FET in retraining young adults following job loss, as well as an expanded apprenticeship programme (DFHERIS, 2021), will be important stimuli for economic and social recovery. Growing Up in Ireland data at age 25 could highlight associations between educational experiences/pathways and post-education employment outcomes – and any ongoing impact of the pandemic. The *Action Plan for Apprenticeship 2021-2025* (*ibid.*, 2021) aims to increase new registrations for apprenticeships to 10,000 yearly by 2025 and is centred on five objectives: that (a) apprenticeships provide a high-quality and innovative approach to meet current and emerging skills needs; (b) are recognised and valued by employers across all sectors of the economy; (c) more closely reflect the profile of the general population; (d) are a valued option providing sought-after qualifications across the tertiary and training sector, and (e) that there be a single apprenticeship system underpinned by a strong governance framework with strong stakeholder input. Growing Up in Ireland data on 25-year-olds could provide evidence on the profile of apprentices, as well as their educational pathways and career development, building on data from earlier waves.

CIVIC AND ECONOMIC PARTICIPATION

Civic and economic participation is the fourth domain of Growing Up in Ireland, added at the 17/18-year wave. It is likely to be a more central focus of the next wave of data collection on 25-year-olds, as many of the participants can be expected to be participating full-time in the labour market. Many members of Cohort '98 will be hoping for an upturn in fortunes in the labour market following COVID-19, with job losses in the initial stages of the pandemic most concentrated among younger workers, in Ireland and internationally (Growing Up in Ireland Study Team, 2021; Eurofound, 2021b). Policies designed to smooth incomes during the period of job loss and to increase levels of employment and economic growth can therefore be expected to play a critical role in preventing deprivation and generating employment opportunities for affected individuals.

a. Economic and employment growth

The *National Development Plan 2018-2027* (Government of Ireland, 2018b) sets out the plan for Ireland's economic development through to 2027 and the associated investment to drive this. Strategic objectives include enhanced regional accessibility, sustainable transport options and access to childcare and education services. Growing Up in Ireland data on 25-year-olds could identify modes of transport used



according to rural or urban location, as well as access to childcare and education, such as among 25-year-olds who are parents. The objectives for regional accessibility and sustainable transport options overlap with the objectives of the *Local Link Rural Transport Programme Strategic Plan 2018-2022* (Transport for Ireland, 2018). A key action of this plan is to provide for the transport needs of young people in rural areas accessing higher education and further education and training opportunities. In considering potential barriers to employment opportunities, Growing Up in Ireland could shine a light on the role of transportation options, by rural or urban location.

The COVID survey of Cohort '98 at age 22 found that almost half of participants had lost their job or been temporarily laid off between March and December 2020 (Growing Up in Ireland Study Team, 2021). Research on unemployment arising during the financial sector crisis found that young people who experienced unemployment experienced long-term scarring effects in terms of lower levels of employment and earnings even years later (De Fraja et al., 2019; McQuaid, 2014; cf. Barslund and Gros, 2017). The wave of data collection on 25-year-olds will be important in understanding young people's experiences of unemployment and potential barriers to re-employment, and the extent to which they will have been able to recover from COVID-related job losses.

The COVID-19 Pandemic Unemployment Payment (PUP) was introduced to protect the income of people who lost their job due to the pandemic. It differed from the general unemployment insurance (Jobseeker's Benefit; JSB) and unemployment assistance (Jobseeker's Allowance; JA) in that (a) it initially offered an increased rate of payment (€350 per week compared to a maximum of €203 per week on JSB/JSA); (b) was introduced as a flat-rate payment⁷ (compared to lower rates for younger jobseekers on JSA, or for those with a disrupted employment history in the case of JSB), and (c) was made available to those who had lost their jobs including those whose Principal Economic Status (PES) was education/training (whereas the JSA/JSB are made available only to those whose PES is 'economically active'). The higher rate of payment available on the PUP gave rise to concerns that high replacement rates (>70%) would undermine work incentives (DEASP and Central Bank of Ireland, 2020). Tiered payments linked to previous income were introduced in October 2020 to address this concern. Going forward, any discontinuation of the PUP would be challenging for recipients and their families, insofar as all rates bar the PUP minimum rate are higher than the JSA/JSB maximum rate, and so would lead to a fall in income for most claimants, and potential financial strain. Participants at age 25 could also be claiming other social welfare payments, such as the One-Parent Family Payment for parents bringing up their child/children without the support of a partner. They may also have participated in the Social Inclusion and Community Activation Programme (SICAP) targeted at disadvantaged groups with the aim of promoting social inclusion and access to lifelong learning and employment supports. The next wave of Growing Up in Ireland could add to the longitudinal picture already available on welfare dependence and trends in financial strain among participants and their families.

Pathways to Work 2016-2020 (Government of Ireland, 2016a) is the primary policy strategy for increasing levels of participation among people of working age. It was published following significant institutional reforms to unemployment policy, including the creation of Intreo as a one-stop-shop for job-search assistance and benefit administration; the creation of SOLAS to replace FÁS, the former national provider of training programmes to the unemployed, and the introduction of new welfare-to-work schemes such as JobPath and Tús. *Pathways to Work* (*ibid.*, 2016a) centres on three strands: enhanced engagement with unemployed people of working age, an increased employment focus of activation programmes, and making work pay more than social welfare. The strategy also seeks to "extend and intensify the pro-active engagement approach for people with a disability" (*ibid.*, 2016a: 22).

The *National Disability Inclusion Strategy 2017-2021* (DJE, 2019b) also includes reference to transitions and employment. Similarly, the *Roadmap for Social Inclusion 2020-2025* (Government of Ireland, 2020a) seeks to extend employment opportunities to all who can work, and in particular to enhance employment

⁷ Tiered payments linked to prior income were introduced on 16 October 2020, ranging from €203 to €350 per week. More information is available at: <https://www.gov.ie/en/service/be74d3-covid-19-pandemic-unemployment-payment/>

supports for people with disabilities. Growing Up in Ireland data could document unemployed people's experience of activation supports generally and the nature of the supports received, as well as identify the experience of priority population groups such as people with a disability.

The headline aim of the *Roadmap for Social Inclusion* (*ibid.*, 2020) is to reduce the rate of consistent poverty⁸ to 2% or lower by 2025. Research commissioned by the Social Inclusion Division of the Department of Social Protection (Maître et al., 2020) found that cumulative targeted transfers are associated with lower rates of deprivation, with vulnerable groups benefitting the most from transfers and the greatest effect seen where the respondent relies on more than one set of transfers. This indicates the importance of targeted measures as a redistributive tool to reduce poverty and inequality. The *Roadmap for Social Inclusion* (*ibid.*, 2020) also commits to more universal measures such as properly enforced employment conditions and increases in the national minimum wage, which provide a backstop against poverty for those in employment. The next wave of Growing Up in Ireland data could provide evidence on the quality and nature of work for 25-year-olds, as well as evidence on levels of income, financial strain and deprivation.

b. Targeted measures

The 'Youth Guarantee'⁹ is an EU commitment whereby all young people under the age of 30 should receive an offer of employment, continued education, apprenticeship or traineeship within four months of becoming unemployed or leaving education. For young people who are unemployed, Pathways to Work (*ibid.*, 2016: 25) details youth-targeted commitments such as increasing the share of places on workplace-based programmes for young people and ensuring that meetings occur at least monthly between caseworkers and clients. Data on 25-year-olds in Growing Up in Ireland who have ever been unemployed for four months or longer could show whether they had received an offer within that timeframe, as promised under the Youth Guarantee.¹⁰

Our Rural Future, Rural Development Policy 2021-2025 (DRCD, 2021a) adopts a holistic approach to creating opportunities for people living in rural Ireland. The plan commits to invest in remote working infrastructure to enable people to live and work in rural communities, and commits to invest in rural towns and villages so they can fulfil their role as hubs of economic and social activity. As acknowledged in *Our Rural Future* (*ibid.*, 2021a: 56), there is a need to understand the experiences of young people in rural areas, which can build on Growing Up in Ireland and other relevant datasets. For example, Growing Up in Ireland data on 25-year-olds could identify their experiences of working in rural areas, including the adequacy of broadband connection, access to services and employment opportunities. On a social level, the survey could also seek to understand whether 25-year-olds living in rural Ireland feel they have opportunities to engage in diverse leisure activities, which the policy document recognises as an issue of concern (*ibid.*, 2021a: 26).

The *National Strategy for Women and Girls 2017-2020: Creating a better society for all* (DJE, 2017) aims to advance socio-economic equality by gender, to advance women and girl's physical and mental health, and to combat gender-based violence. The next wave of data collection will build on the work of previous waves reporting differences by gender where they arise across the four domains (Growing Up in Ireland Study Team, 2019a; 2019b; 2019c). With the theme of economic participation being a greater focus of the upcoming wave, it will also be able to document where socio-economic differences exist.

c. Other civic/economic issues

Access to housing is an important element of social inclusion and is likely to be a bigger focus in the next wave of data collection as 25-year-olds will be expected to be living increasingly independently and creating their own households. The availability of housing and housing affordability are important policy

8 Consistent poverty is the overlap of two component indicators: at-risk-of-poverty — which measures individuals whose income is below 60% of national median income — and basic deprivation — which captures individuals lacking 2 or more of 11 basic necessities. A person is in consistent poverty if they are both income-poor and deprived.

9 <https://ec.europa.eu/social/main.jsp?catId=1079&langId=en>

10 A 2019 European Commission review of the implementation of the Youth Guarantee in Ireland found that "according to the YG monitoring framework, Ireland performs very well in terms of delivering sustainable outcomes" (EC, 2020: 5). https://engscribo.europarl.europa.eu/ireland/resource/static/files/Events/Youth_Deirdre_Clune_26_Nov_16/presentation-youth-guarantee.pdf



issues which have received much media and scholarly attention in recent years; it has been associated with an increase in renting in place of home ownership, particularly among younger adults, as well as homelessness and a shortage of social and affordable housing (Kitchin et al., 2014; Healy and Goldrick-Kelly, 2018; Byrne and Norris, 2016; Byrne, 2020). When this cohort were asked to rate issues of concern at age 20, access to housing was the issue about which the highest proportion of young people expressed very high levels of concern (Growing Up in Ireland Study Team, 2019c). *Housing for All – a New Housing Plan for Ireland* (Government of Ireland, 2021a) is the government’s housing policy to 2030. Its core objective is that every citizen in the State has access to a good-quality home to purchase or rent at an affordable price, that is built to a high standard and in the right place, and offers a high quality of life.

Housing for All has four pathways to achieving its goal: supporting home ownership and increasing affordability; eradicating homelessness; increasing new housing supply, and addressing vacancy and efficient use of existing stock.

Growing Up in Ireland data could identify the proportion of 25-year-olds who are renting, and their experiences of rental accommodation such as cost, quality and perceived housing security. It could also document the social dynamics of living in shared accommodation, or of continuing to live in the family home into the mid-20s. As regards shared accommodation, previous research on young adults has shown that shared living is viewed as a valued living arrangement but also a source of tension, particularly for single people living with couples (Clark, Tuffin, Frewin, & Bowker, 2017).

Another important issue that affects the whole of society is climate change. The *Climate Action Plan 2019 to Tackle Climate Breakdown* (Government of Ireland, 2019b) sets targets to ameliorate the effects of climate change in areas such as transport, a just transition, waste and the circular economy, and local action. The next wave of data collection could collect data on 25-year-olds’ attitudes to climate change and experience of climate action at levels such as governmental, individual and local community. It could also help to identify behaviours in emerging areas such as the use of e-scooters and bike rental services, as well as use of shared vehicle platforms such as GoCar, although specific questions will not be decided until later in the design stage. Research has identified the ‘sharing economy’ business model, despite the different forms it can take and competing interests at play, as offering the potential for greater sustainability (Curtis and Mont, 2020; Frenken and Schor, 2017; Gurau and Ranchhod, 2019).

Volunteering is a valuable aspect of civic engagement. It was particularly evident during the COVID-19 pandemic; for example, community initiatives to deliver essential goods to the homes of medically vulnerable people. The *Roadmap for Social Inclusion 2020-2025* (Government of Ireland, 2020a) recognised volunteering as a means to increase social participation and committed to finalise and publish a National Volunteering Strategy. The since-published *National Volunteering Strategy 2021-2025* (DRCD, 2021b) underlines the contribution of volunteering to our society and seeks to develop and enhance the role of the volunteer and encourage volunteering as a means of developing vibrant communities. The strategy includes strategic objectives to increase participation and diversity in volunteering and to support the volunteering environment so that it contributes to vibrant and sustainable communities. Growing Up in Ireland data on 25-year-olds could highlight the socio-demographic profile of volunteers and build on the longitudinal picture available from the 20-year wave.

SUMMARY

The preceding discussion has set out the broad policy landscape and context for 25-year-olds living in Ireland. The upcoming wave of data collection will seek to provide evidence that helps to inform policies and services for 25-year-olds. Consistent with the aims of policies such as *Healthy Ireland*, *Vision for Change* and *BOBF*, an important policy issue for the next wave of data collection will be to document how 25-year-olds are faring in terms of their physical and mental health and development, and to identify where differences exist to support better targeting of policy; previous data collected on Cohort '98 showed higher levels of depressive symptoms among young women, and inequalities by gender and social background regarding levels of physical activity and weight status (Growing Up in Ireland Study Team, 2019a; 2019c). It will be important to understand the overall prevalence of 25-year-olds experiencing elevated levels of depressive symptoms, meeting the WHO-recommended physical activity guidelines for adults and who have a healthy body mass index, and in particular to identify the development of population subgroups who were previously identified as being at greater risk of negative outcomes. This could notably provide evidence on risk and protective factors, especially concerning those who transition from being at-risk to not-at-risk in areas such as overweight and socio-emotional difficulties.

With 25-year-olds expected to be living more independently from their families compared to when they were 20, outcomes in the domain of civic and economic engagement will be an important marker of their development. Of particular policy focus will be employment outcomes; many 25-year-olds in 2023 will, hopefully, have regained any employment lost as a result of the COVID-19 pandemic and continued in their career development. As outlined earlier, previous research has identified a long-term scarring effect associated with youth unemployment. Supporting young people's access to employment is a national and EU policy priority; thus it will be important to chart 25-year-olds' labour market experiences, including their interactions with the public employment service, and to identify any barriers to employment. Twenty-five-year-olds' perception of the relevance of employment supports received, in terms of skills development and labour-market focus, as well as their timeliness, will provide evidence useful to this priority. As for all outcomes, it will be important to identify where there are differences in access to employment across the population; these relate to the wider policy objective, at national and EU level, of social inclusion.

Reducing income poverty and deprivation are perhaps the most important dimensions of social inclusion. It will be important to document levels of income, welfare dependence and financial strain among 25-year-olds, including the role of welfare transfers and other dimensions of social inclusion such as universal access to quality services. Promoting social inclusion and equal access to services is an important policy issue. The next wave will be able to build on the longitudinal dataset by providing evidence of differences, including by gender and socio-economic characteristics and, where possible, among minorities such as LGBTI+ young people, those with disabilities, and members of minority ethnic groups. This could help to identify experiences of discrimination and their bases, also building on evidence collected at earlier waves.

As well as identifying outcomes by social and demographic background variables, it will be important to identify where differences and challenges exist by urban or rural location. It is an objective of *Our Rural Future* to ensure regional accessibility and access to employment and education opportunities for people living in rural Ireland. Growing Up in Ireland is recognised as a valuable data source to understand the experiences of young rural adults (Smyth et al., 2019). The *EU Youth Policy* also prioritises the improvement of outcomes for rural young people.



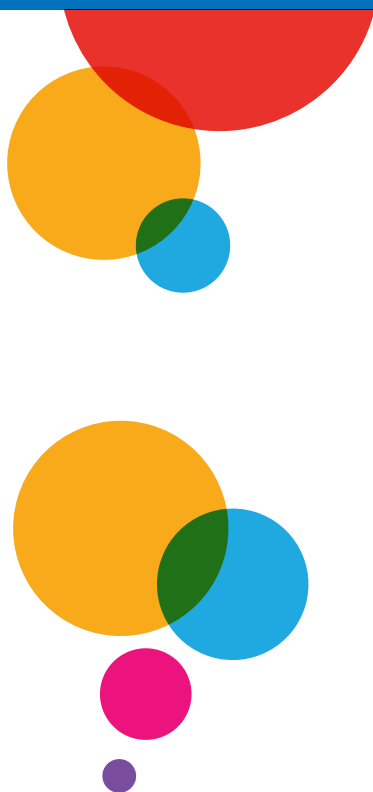
Data on access to necessary services, such as healthcare and housing, will be valuable information for policymakers to document the extent to which 25-year-olds receive supports when needed. Data on access to mental health services will be especially important in the context of the elevated levels of depressive symptoms experienced by Cohort '98 at age 22 (Growing Up in Ireland Study Team, 2021).

It will also be important to identify how 25-year-olds are faring in terms of moving out from the family home and leading independent lives. This includes understanding whether they are earning a living wage and are able to make ends meet independently, such as being able to afford key services like housing and healthcare, as they make the transition from young adulthood to adulthood. It also includes collecting evidence on a sense of agency among young people, including a sense of participation in decision-making, consistent with national and EU policy aims.



Chapter 3

LESSONS FROM GROWING UP IN IRELAND
AND OTHER COHORT STUDIES



INTRODUCTION

This chapter outlines a review of other longitudinal and cross-sectional surveys of a similar nature to the upcoming wave of Growing Up in Ireland. Surveys included are those that share methodologies or research objectives with Growing Up in Ireland, such as: involving young adults; ideally longitudinal in design; multidisciplinary in scope; collecting information on socio-demographic variables, physical and emotional well-being and development, family and peer relationships, and/or educational and work-related outcomes. The primary aims of this review of similar studies were to:

- Identify common trends in similar surveys
- Identify potential new topics for inclusion in data collection with 25-year-olds (wave 5)
- Enable later comparison between surveys
- Examine modes of data collection and involvement of other parties such as parents or partners

In total, 15 surveys identified as having similar design and/or scope to the forthcoming wave of Growing Up in Ireland at age 25 are included in this review; they are listed in Table 5.

Each of these surveys was examined for topics across nine themes from previous Growing Up in Ireland waves: work, physical health, mental and emotional health, relationships, education, material well-being, risk, leisure time, and attitudes. Where possible, new topics (not included in previous waves of Growing Up in Ireland) were placed into one of the nine themes. All topics were organised into one of three classifications:

- *Established topics* are topics explored in previous waves of Growing Up in Ireland that are prevalent in six or more of the other surveys.
- *Less commonly covered topics* are topics explored in previous waves of Growing Up in Ireland that are prevalent in fewer than six of the other surveys.
- *Potential new topics* are topics appearing in other surveys that were not included in previous waves of Growing Up in Ireland. These topics should be considered for inclusion, in the context of feedback from the policy and scientific stakeholders, and the focus groups.

Findings will now be explored across each of the nine themes. Following this exploration, there is a consideration of different modes of data collection, possibilities for data linkage and the merits of including a parent interview.



Table 5: List of surveys examined, including location and scope

Survey	Country	Scope	Closest Age Survey (year)
<i>Growing Up in Ireland</i> (baseline)	Ireland	Two cohorts, born in 1998 and 2008	2018-19
Next Steps	England	Cohort born 1989-90	2015-16
Southampton Women's Survey	England	Cohort of women aged 20-34 at recruitment	1998-02
British Cohort Study 1970 (BCS70)	England, Scotland, Wales	Cohort born in 1970	1996
Understanding Society (UK Household Longitudinal Study)	England, Scotland, Wales, NI	Household study	2019-21
Panel Analysis of Intimate Relationships and Family Dynamics (PAIRFAM)	Germany	Three cohorts, born 1971-73, 1981-83 and 1991-93	2016-17
Quarterly National Household Survey (QNHS)	Ireland	Household survey	2014
Census	Ireland	National census	2016
Healthy Ireland (HI)	Ireland	People aged 15+	2018
National Education Panel Study (NEPS)	Germany	Six cohorts, at various stages in the education system	2011
Fragile Families Study (FFS)	USA	Cohort born 1998-2000	2016
US Adult and Adolescent Health Survey (AAHS)	USA	Young Adults 18-26, 24-32	2001-02, 2008-09
US National Longitudinal Study of Youth (NLSY)	USA	People born 1980-84	2004-08
Longitudinal Surveys of Australian Youth (LSAY)	Australia	Six cohorts, followed annually from age 15-25	2005; 2008; 2013; 2016
Ten to Men	Australia	Sample of males aged 10-55	2013-16; 2020

THEMES

WORK

When asking about work, most surveys enquired about employment history and the nature of the respondent's job. These topics were found in 12 and 11 surveys, respectively. When enquiring about employment details, surveys frequently asked if the respondent had a full, part-time or zero-hour contract, and how many hours they worked per week, and asked them to provide a brief description of what their employer did ("What does your firm/organisation/employer mainly make or do?"). When collecting information on employment history, most surveys asked about episodes of employment, asking respondents to recall the year and month they started and ended each episode of employment. Items examining self-employment and unemployment were included in nine of the surveys, while seven surveys included questions on relevant skills and leadership roles in the workplace. Five surveys contained items on workplace training. The inclusion of employment history, training and rates of pay in many of the surveys is unsurprising, given the significant role played by previous human capital accumulation (including work experience, skills, and salary) in determining later wages (Altonji and Shakotko, 1987; Imai and Keane, 2004; Dustmann and Meghir, 2005).

Only one less commonly covered topic was identified; three surveys (PAIRFAM, NEPS, the US National Longitudinal Study of Youth) enquired about perceived barriers to employment (e.g. "If you were searching for a job, how easy would it be for you to find a suitable position?", "Which of the reasons on this card best describes why you stopped working?").

The review also identified several potential new avenues for research related to work. These include items on the respondent's partner's employment status (Next Steps, British Cohort Study 1970, Ten to Men), questions about commuting to and from work (Irish Census, PAIRFAM, Ten to Men), as well as items on the job application process (NEPS, PAIRFAM, Longitudinal Surveys of Australian Youth), retirement planning (Understanding Society), and how frequently the respondent worked after 7pm (PAIRFAM). Finally, Longitudinal Surveys of Australian Youth included questions on 'Gig Work', which was defined as "a type of job where workers do not have set hours, and you get paid per task or assignment. Examples of gig work include Uber, Freelancer, delivering goods or doing online tasks, and completing surveys for pay". Items included type of gig jobs held, whether the work was a primary source of income, and reasons for taking up this type of work (reasons included flexibility, gaining work experience, lack of other employment opportunities, supplementing income, and for fun).

PHYSICAL HEALTH

Concerning physical health, established topics from previous waves of Growing Up in Ireland were present across many of the surveys. Items on general health – which have been demonstrated as a valid longitudinal indicator of health outcomes (Haas, 2007) – as well as on specific conditions were asked across 13 surveys. Questions on smoking and drinking were included in 11 surveys, as were physical measurements such as height, weight and blood pressure. Healthcare utilisation, an important area from a policy and planning perspective, was examined in 10 surveys, while nine included items on sleeping patterns, which have implications across a range of health outcomes (Itani et al., 2016). Eight of the surveys asked questions about specific injuries, diet and exercise. Six surveys contained items on prescription and non-prescription medication use.

Less commonly included topics included illegal drug use, found in five surveys, and items on pregnancy and fertility, included in four surveys. Items on pregnancy and fertility will likely be more pertinent as the cohort ages, with the average age of first-time mothers in Ireland at 31 years in 2019 (CSO, 2020b). Four surveys also took biological samples from respondents. Only three surveys included items on private health insurance, though this may reflect the nature of the healthcare systems across the various countries.



Potential new avenues of exploration included items on sexual health, miscarriage, and abortion, which were included in PAIRFAM. The Southampton Women's Survey explored the respondent's family health history. Self-reported height and weight were recorded in Next Steps and BCS70. Finally, ALSPAC contained items on tanning/skin health (e.g. "Do you like to tan?", "In the past 2 years how many times did you have a red or painful sunburn that lasted a day or more?"), which may be of interest considering the high prevalence of skin cancer in Ireland (DH, 2019b). However, in the Irish context, information on sun protection is already covered in detail as part of the *Healthy Ireland* survey (DH, 2019b).

MENTAL AND EMOTIONAL HEALTH

There was less consistency between mental and emotional health topics included in previous waves of Growing Up in Ireland and the other surveys included in this review. Eight surveys contained questions on general happiness/satisfaction and diagnosed conditions, while items on depression and anxiety – the most common mental health disorders globally (Vigo, Thornicroft, & Atun, 2016) – were included in 11 and nine surveys, respectively.

Each of the remaining topics was present in fewer than six surveys. These topics include stress, self-esteem, use of formal supports for mental health, and personal coping strategies, as well as items on addiction, use of medication, and self-harm. Two of the surveys used the Strengths and Difficulties Questionnaire (SDQ) (Goodman, 1997), which has been included in previous waves of Growing Up in Ireland (until Cohort '98 got too old by age 20). Adverse childhood experiences (ACEs), similar but not identical to a set of items used in previous Growing Up in Ireland waves, were not examined in any of the surveys (however, ALSPAC, BCS70, Fragile Families Study, US Adult and Adolescent Health Survey, and the US National Longitudinal Study of Youth each gathered data on ACEs at previous waves).

Potential new topics included a general question on emotional health ("How do you feel?"), which was asked in BCS70, as well as items on loneliness in NEPS and Understanding Society ("How often do you feel isolated from others?", "How often do you feel lonely?"). ALSPAC contained items on personality (at age 25) and significant life events, while both Next Steps and BCS70 asked about self-perception of weight. Finally, Ten to Men asked participants about suicide ("Have you ever tried to kill yourself?", "In what year was your most recent attempt to kill yourself?", "Tell me which describes your situation when you made your most recent suicide attempt?").

RELATIONSHIPS

On the theme of relationships, there was greater consistency between topics previously included in Growing Up in Ireland and the other surveys. Common items included questions on the respondents' children, found in 10 surveys, and items on romantic partners, included in nine surveys. Questions on friends and social support, marital status and caring duties were each seen in eight surveys. This is unsurprising, given the expected changes across relationships with family, friends, and romantic partners across this age range. Questions exploring their relationship with their parents were found in seven surveys.

Less commonly included topics were sexual identity and relationships with siblings, which were found in five and four surveys, respectively, and domestic abuse, which was explored in the Fragile Families Study only. Exploring experiences of domestic abuse may be particularly pertinent following the COVID-19 pandemic, which has seen a global rise in incidents of domestic abuse (Waseem et al., 2021). An item on time spent caring for others was included in Healthy Ireland.

Regarding potential new topics, there was the most scope for new topics within the theme of relationships. Many of these topics were found in PAIRFAM, which included questions on the respondent's sexuality and their satisfaction with their sex life, as well as their contact with their own children, their parenting styles, plans for having children in the future, and their experience of having adult children move out. (The final topic is unlikely to be relevant to this wave of Growing Up in Ireland given the age of respondents. It

would be relevant if data were collected from respondents' parents, but, given other considerations, this is not a priority at this wave.) PAIRFAM included items on the respondents' parents, such as their age and marital status, and about their new partner where relevant. One potential new topic was also identified in Healthy Ireland: exploring relationships with a person with a mental health problem.

EDUCATION

Concerning education, 12 surveys contained items on current educational status and qualifications, while nine surveys asked about the nature of the respondent's course of study. This is again unsurprising, considering the important role of education in determining wages and earnings as well as broader life chances (Altonji and Shakotko, 1987; Imai and Keane, 2004; Dustmann and Meghir, 2005). Six of the surveys asked about experience of adult education.

Less commonly included topics were languages spoken and plans for future education, both found in five surveys, as well as IQ-vocabulary, satisfaction with education, barriers to education, and special educational needs, which were each included in three surveys. Three of the surveys asked about educational funding.

Where a respondent did not complete a course or apprenticeship, the Longitudinal Surveys of Australian Youth asked why they did not complete it (possible answers included "problems juggling study and work commitments", "could not afford to continue", "lost interest", "transport problems", "wouldn't have led to a good job or career").

MATERIAL WELL-BEING

The most frequently observed topics previously included in Growing Up in Ireland concerning material well-being were housing and household composition, which were both included in 12 of the surveys; 10 of the surveys asked about income, while eight explored use of financial supports. Six studies contained items on financial strain.

Less commonly included topics explored more detailed items on finances; five surveys contained questions about dependents and savings, three examined future aspirations, while debt and expenses were each included in three surveys. Four surveys included questions on the respondent's neighbourhood, while three enquired about the respondent's use of public or personal transport. Only one survey asked about household internet adequacy, a topic which may be more relevant following the predicted increase in individuals working from home following the COVID-19 pandemic.

Potential new topics included questions on childcare and child support payments, which were seen in Understanding Society and PAIRFAM. Other new items explored housing; the Irish Census enquired about household facilities (water, sewerage, heating) and the age of the respondent's house, as well as examining where the respondent had lived one year before the survey was completed. Finally, PAIRFAM asked participants who were in a partnership, questions about their finances, such as joint bank accounts, and who paid for what – this may be more relevant as more of the cohort transitions from the family home to living with a partner.

RISK

Compared to other themes, items examining risk were seen less in other surveys – none of the topics previously included in Growing Up in Ireland were identified as established topics. Risk aversity was examined in four of the surveys, as was the respondent's experiences as a victim of crime. Three surveys examined respondent's experiences of contact with police, and two surveys explored attitudes to crime. Only PAIRFAM included items on aggression and pornography, while none of the surveys included items on gambling or driving behaviour. No potential new topics were found within the theme of risk.



LEISURE TIME

Similarly, there were no well-established topics identified within leisure time. The most frequently included topic was participation in sports and social clubs, which was asked in four of the surveys. Three surveys enquired about pastimes and hobbies, engagement in cultural activities, and screen time. No potentially new topics were identified across any of the surveys.

ATTITUDES

Concerning attitudes, eight of the surveys enquired about the respondent's religiosity. Seven surveys examined political opinions, while five examined attitudes towards state institutions. Attitudes towards gender equality and racism were included in three surveys, as were items on optimism about the future. Finally, none of the additional surveys contained questions on attitudes to climate change. Three potential new topics were identified; items on ethnicity were present in Healthy Ireland, NEPS, and the Irish Census – the latter also included a self-report question on whether the respondent was Irish or of another nationality. Finally, NEPS included questions exploring the respondent's sense of cultural identity.

MODES OF DATA COLLECTION

The most frequently employed mode of data collection was face-to-face interviews, which were used in 11 surveys. Each of these surveys used Computer-Assisted Personal Interviewing (CAPI) to gather data. The US National Longitudinal Study of Youth used a combination of face-to-face and phone interviews, while the Longitudinal Surveys of Australian Youth uses a telephone interview with Computer-Assisted Telephone Interviewing (CATI), although respondents have had the option to complete the survey online since 2012. The remaining surveys used online or postal questionnaires (ALSPAC), or postal or drop-off and pick-up paper questionnaires (BCS70, the Irish Census, Ten to Men), while Southampton Women's Survey collected data through a face-to-face interview with a research nurse, who also took biological samples.

SELF-COMPLETE SECTIONS

Seven surveys contained self-complete sections for sensitive topics, while the four surveys using postal or online data collection were entirely self-complete. In the seven surveys that primarily collected data using face-to-face interviews, Computer-Assisted Self-Interviewing (CASI) was used for these sections in five surveys, while two used both CASI and Audio Computer-Assisted Self-Interviewing (ACASI). Only four surveys – Southampton Women's Survey, QNHS, NEPS and Fragile Families Study – contained no self-complete sections.

ADDITIONAL RESPONDENTS

Eight surveys gathered data from the primary respondent only, while six included other respondents, including parents, children, and partners where relevant.

PARENTS

This section provides an overview of parental involvement in the examined surveys (a more detailed discussion of parental involvement can be found in Chapters 9 and 13).

Of the surveys that included other respondents during the examined waves, ALSPAC collected responses from the primary respondent's mother or carer. The mother/carer questionnaire gathered additional data about their relationship with the primary respondent and retrospective information on their behaviour (e.g. "How often do you see your child?"; questions about the child's behaviours between 7 and 12 years of age; questions about the child's behaviour over the last six months).

Several surveys included parental questionnaires at previous waves. Next Steps included parents up to age 17 and BCS70 up to age 16, while the US National Longitudinal Study of Youth contained a parent questionnaire at Wave 1. PAIRFAM gathered data from up to three (step)parents as far as wave seven (main respondent ages: 23, 33 and 43). The US Adult and Adolescent Health Survey gathered data from parents at wave one (main respondent ages: 12-18) and wave five (main respondent ages: 32-42). NEPS gathered data from parents up to wave seven, when the main respondent completed higher education or vocational training.

Finally, Growing Up in Ireland gathered data from both parents (where relevant) at age 17/18, and from one parent (the primary caregiver) at age 20. At both waves, parental questionnaires included self-complete sections. At both 17/18 and 20 years old, parental questionnaires covered the parent's health; the young person's health and illness; family context; the young person's emotional health and well-being; the parent's socio-demographics; the parent's background characteristics; household income, and neighbourhood/community involvement. Items on intergenerational characteristics were included at 17/18 years old, but not at 20. At age 20, the parental self-complete questionnaire included relationship with the 20-year-old; parental marital status; the Fast Alcohol Screening Test (FAST) (Hodgson et al., 2002); parental smoking and drug use; the Centre for Epidemiological Studies Depression Scale (CES-D) (Mohebbi et al., 2018), and family contact with the criminal justice system.

The Fragile Families Study is including a primary caregiver questionnaire at age 22 (currently in the fieldwork stage). Finally, while the Longitudinal Surveys of Australian Youth have not previously included parental questionnaires at any wave, a technical report assessing the study suggests that gathering data from a parent or guardian at least once per cohort (at any age) would greatly enhance the quality of the data (Dockery et al., 2010, p.50).

CHILDREN AND PARTNERS

ALSPAC collected responses from the primary respondent's friend or partner. The friend/partner questionnaire focused on the main respondent's behaviour and personality.

Understanding Society collect data on the main respondent's children. For children under 10, the main respondent answered a section on their behalf, while a separate self-complete questionnaire was issued to any children aged 10-15. This questionnaire explored family relationships, peer relationships, and general questions about school and pastimes.

PAIRFAM gathers data from the main respondent's partner and children, where relevant. The partner questionnaire covers the following themes: values and preferences; partnership; division of labour; quality of relationship; contraception/fertility plans; leisure time; parents; socio-demographics; health, religion, and satisfaction. The child questionnaire includes the following themes: school; financial deprivation; help with household chores; health; social integration; best friend; parent-child relation; time together; SDQ, and romantic relationships. The child questionnaire also contains a self-complete section covering self-esteem, alcohol and cigarette consumption, life satisfaction, and school attendance.

The Fragile Families Study includes a teen questionnaire, which gathered data from teenage children of the main respondent. The teen questionnaire covered housing, education, employment, income, assistance, finances, relationships, family formation, systems involvement, identity, health and behaviour, and substance use.

ADDITIONAL DATA SOURCES

Additional data sources found in the surveys include interviewer observations, which were recorded in Understanding Society and the Fragile Families Study. Southampton Women's Survey issued respondents with a 24-hour food diary, while Growing Up in Ireland used a time-use diary at age 17/18 and 20. Finally, the US Adult and Adolescent Health Survey, Southampton Women's Survey, the Fragile Families Study, and Understanding Society each collected biological samples from respondents.



DATA LINKAGE

Several of the surveys link to administrative data or plan to in future waves. This section provides a brief overview of the administrative data use in the examined surveys (a more comprehensive review of data linkage can be found in Chapter 13).

ALSPAC is currently engaged in the 'Project to Enhance ALSPAC through Record Linkage (PEARL)'. Current and planned linked data include:

- National Health Service (NHS) Primary and Secondary Care records
- NHS STORK Database (midwifery database)
- Geo-spatial linkages to health, political, and administrative geographies
- National Pupil Database
- Pupil Level Annual School Census (PLASC) and Annual School Census (ASC)
- Higher-education records
- Death notifications
- Cancer Registry entries
- Ministry of Justice information held on the Police National Computer, covering arrests, cautions and sentences

Understanding Society is currently asking participants to consent to data linkage with the following records:

- Education records, including national curriculum tests and GCSEs, pupil demographics, special educational needs, attendance, and eligibility for free school meals
- Higher-education records
- Department of Work and Pensions records on benefit claims and employment programmes
- HM Revenue & Customs records on employment history, National Insurance contributions, income, and tax credits
- Administrative health records, including NHS Primary and Secondary Care records, data from prescribing information systems, records of specific conditions such as cancer or diabetes, health registration details, and information on COVID-19 infection notification and test results

Next Steps asked respondents at age 25 to consent to linking data from a range of administrative records to their survey information. Current and planned linked data include:

- NHS Primary and Secondary Care records
- Data from Individualised Learner Records
- Data from the National Pupil Database (NPD) for Key Stages 2, 3, 4 and 5 and school-level data
- Higher Education Statistics Agency information on university participation and attainment
- Universities and Colleges Admissions Service data, covering higher-education applications and offers
- Student Loans Company information, covering amount taken out in loans and institution attended
- Department for Work and Pensions data on benefits and employment programs
- HM Revenue & Customs data on employment, earnings, tax records, occupational pensions and National Insurance contributions
- Ministry of Justice information held on the Police National Computer, covering arrests, cautions and sentences

The NEPS survey data are linked to administrative data of the Institute for Employment Research. This administrative data includes:

- Employment history
- Benefit receipt history
- Unemployment receipt history
- Jobseeker history

Growing Up in Australia link to administrative databases where the participant consents to data linkage. Linked data includes:

- Medical history
- Social security payments
- Childcare centre attendance
- Educational data
- Sociodemographic profiles of neighbourhoods and communities

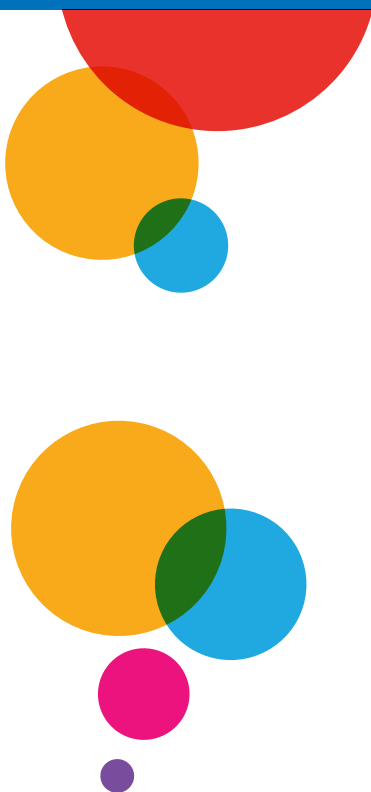
Finally, Longitudinal Surveys of Australian Youth is currently engaged in a series of data linkage projects aimed at linking data from the most recent cohort to various educational administrative data sets, including:

- School results
- The National Vocational Educational and Training Provider Collection
- The Higher Education Statistics Collection



Chapter 4

CONSULTATION PROCESS



The development of the protocols and instrumentation for the upcoming wave of fieldwork for Cohort '98 at age 25 is a complex task. There is a strong need to maintain the longitudinal consistency of the study from one wave to the next; it is primarily through longitudinal consistency of instrumentation that developmental trajectories over time can be investigated. This is achieved by retaining questions from previous waves to update in a consistent fashion data that may have changed over time. At the same time, each consecutive wave of the study brings with it a strong argument for the inclusion of new, age-specific topics, questions and instruments. These demands must be balanced against limitations regarding the length of the questionnaire(s) and the potential burden placed on the respondents (the criteria for selection of questions are discussed in detail in Chapter 1). With this in mind, the protocols and instrumentation for the upcoming wave will be informed by feedback from a range of sources.

The consultations with stakeholders described in this chapter were supplemented with a review of relevant public policies (see Chapter 2), other comparable studies nationally and internationally (Chapter 3) and protocols and instruments used in previous waves of Growing Up in Ireland, especially the most recent wave for Cohort '98 (Wave 4, age 20).

The broad consultation process, the focus in this chapter, was conducted in the first half of 2021 with a view to capturing the input of key stakeholders: the scientific advisory group, policy specialists, and 25-year-olds. Specifically, this process entailed:

- an online survey completed by the Scientific Advisory Group and selected policy experts
- a roundtable consultation workshop with the Scientific Advisory Group and selected policy experts, which followed from the online survey
- focus group consultations conducted with people aged 25, conducted in parallel with the online survey (point 1)

A detailed overview of each stage of the consultation process is provided in the following sections.

OVERVIEW OF THE SURVEY OF POLICY AND SCIENTIFIC STAKEHOLDERS

An online survey of policy and scientific stakeholders was conducted in April 2021. The purpose of the survey was to consult on topics to be considered for inclusion in the next wave of Growing Up in Ireland with Cohort '98 at age 25, and to inform further discussion of these topics at a planned roundtable consultation event with these stakeholders in June. In parallel, focus groups were conducted with 25-year-olds to obtain their views on matters important to them (see later section).

The online survey ran for just under two weeks during April 2021 and was hosted on the EU Survey application. Invitations to take part in the survey were sent to a selection of scientific and selected policy stakeholders. The policy stakeholders comprised members of the inter-Departmental Growing Up in Ireland Steering Group and senior policymakers from across the Department of Children, Equality, Disability and Youth. Scientific stakeholders comprised members of the Growing Up in Ireland Scientific Advisory Group – approximately 60 experts from a range of fields, drawn from institutions and universities across Ireland. Altogether, 51 responses were received, 38 from scientific stakeholders and 13 from policy stakeholders. The latter included responses representing multiple views from within individual government departments.



Respondents were asked to rate topics across the following Growing Up in Ireland domains:

- Health and physical development (28 topics)
- Socio-emotional behaviour and development (34 topics)
- Cognitive and educational outcomes (20 topics)
- Economic/demographic context and civic participation (34 topics)
- Parental data collection (13 topics)

The topics included in the survey were drawn from previous waves of Growing Up in Ireland where still relevant or age-appropriate, and new topics identified from a review of other cohort studies and the wider scientific literature. Respondents had the option of rating the topics in the domain most closely aligned to their area of expertise, or to rate topics in several or all of the domains. For each topic, respondents were asked to rate them along a four-point scale:

- Top priority (essential)
- Medium priority (include if possible)
- Low priority
- Little to no relevance

For each domain, respondents were also invited to suggest up to five 'other' topics not included in the survey. Although respondents were asked not to rate all topics as 'top priority', responses were generally skewed towards the higher end of the scale, with the exception of parental data collection, which 51% of respondents rated as 'low priority' or 'little to no relevance'.

To analyse the results, a scoring system was devised where each 'top priority' response was assigned three points, each 'medium priority' response two points, each 'low priority' response one point, and each 'little to no relevance' response zero points. The Project Office at the DCEDIY carried out a basic analysis using this scoring system, which generated a score and relative prioritisation for each topic by domain, as well as a list of the 'other' topics suggested, sorted by how many people had suggested them.

A presentation summarising the most and least prioritised topics per domain was made at the roundtable event. Table 6 below summarises the most and least prioritised topics from the survey within each domain.

Table 6: Stakeholder consultation survey – most and least prioritised topics

Health and physical development	
<i>Most prioritised</i>	<i>Least prioritised</i>
General health status	Use of alternative/complementary therapies
Exercise and physical activity	Use of un-prescribed supplements/vitamins
Smoking/drinking/drug use	Blood pressure
Sexual health and activity	Dental health and use of dental health services
Weight	Accidents and injuries
Socio-emotional behaviour/development	
<i>Most prioritised</i>	<i>Least prioritised</i>
Sense of well-being and mental health	Travel and travel aspirations
Current and historic mental health problems	Experience living abroad
Happiness and life satisfaction	Use of dating apps
Experience of adverse life events	Personality and other psychosocial traits
Experience of discrimination and its basis	Planned family formation
Cognitive and educational outcomes	
<i>Most prioritised</i>	<i>Least prioritised</i>
Level of educational attainment	Language experience (e.g. languages spoken in the household)
Post-school education/training history and qualifications to date	Information about current and historic work while in full-time education
Source of funding for education/training	Use of ICT for education/training
Obstacles to education/training	Participation in clubs/societies in post-school education/training
Special educational needs/supports	Assessment of cognitive ability
Economic/demographic context and civic participation	
<i>Most prioritised</i>	<i>Least prioritised</i>
Deprivation indicators	Driving experience (e.g. licence)
Economic status	Trade union membership
Unemployment experience	Commuting
Employment history/labour market experience	Methods of job search
Details of current occupation	Activities undertaken with other household members

OVERVIEW OF ROUNDTABLE CONSULTATION WORKSHOP

The roundtable consultation workshop took place after the young adult focus groups and the scientific and policy experts’ survey. Given the restrictions relating to the COVID-19 pandemic, the workshop was conducted through a virtual meeting on 1 June 2021, hosted jointly by the Growing Up in Ireland Study Team and the DCEDIY.

A selection of academic, scientific and policy specialists (many of whom had completed the online survey) were invited to provide their input on the content of the survey of Cohort ‘98 at age 25. Among those invited were all members of the Scientific Advisory Group – approximately 60 experts from a wide range



of fields, drawn from institutions and universities across Ireland. The policy stakeholders were a group of policy experts from across a range of government departments whose policy remit includes concern with the well-being and development of young people. In total, the workshop was attended by 37 scientific and policy experts. The event began with a number of presentations:

- an introduction from the study's principal investigator outlining the procedure for the workshop and the proposed break-out groups
- a summary presentation of the online survey completed by scientific and policy experts, highlighting the proposed priority topics within each main theme of the survey
- a summary presentation of the key themes emerging from the young person focus groups, along with other recent consultations (Growing Up in Ireland COVID survey, Spunout/DCEDIY consultation)

After these presentations, attendees were divided into four break-out groups, split broadly along the lines of the main themes of the survey and according to their own areas of interest/expertise: physical health; socio-emotional well-being; education and labour market; socio-economic status and civic participation.

Each break-out group was chaired by a member of the Growing Up in Ireland Study Team management group or NLSCI Project Team at the DCEDIY, each of whom had been briefed on the structure and aims of the workshop and provided with resources relating to the survey and focus groups:

- the questionnaires used at the previous wave of the study (age 20)
- a summary of the age 20 design report
- an overview of priority topics from the recent expert online survey
- key points arising from the young adult focus groups

Over the course of an hour, each break-out group discussed their specific theme in detail. The nature of these conversations varied from group to group, but all groups considered some or all of the following with regard to their chosen theme:

- the key issues for attendees when they were aged 25 years
- key topics and suitable measures for the upcoming age 25 wave
- the highest priority areas for inclusion and justification, especially regarding new topics
- concrete suggestions for capturing data on these topics (scales, equipment, examples of other studies that have collected similar data)
- whether the survey should be conducted through face-to-face or remote interviews
- what data might already be available for linkage

At the end of the break-out session, all attendees came back together, and the chair of each group briefed the wider audience on the main topics of discussion from their group. Further discussion ensued, wherein topics were considered in the wider context of the overall survey (and the potential time-constraints of the survey).

FINDINGS

The detail of the roundtable discussions (overall and in each break-out group) is discussed in the respective topic chapters. In general, the discussions reflected many of the topics that had emerged from the online survey and focus groups (which preceded the roundtable consultation). Some additional points, or points of emphasis, that arose were:

- The potential impact of the COVID-19 pandemic on labour market engagement was identified as a key issue, in terms of the experience of working from home and the difficulties of starting a new job remotely. Further discussion of these and other labour market-related issues raised can be found in Chapter 5.
- Barriers to, and enablers of, post-second-level education were discussed in the roundtable discussion on education and training. Further issues related to these topics can be found in Chapter 6.
- The potential value of biomarkers was discussed at length by the health breakout group, especially in the context of this being a current gap in the Growing Up in Ireland inventory. A further discussion of this issue can be found in Chapter 7.
- The potential impact of parenthood on young adults, in terms of their civic and economic participation, was also identified during the roundtable consultation. This is discussed in more detail in Chapter 9.
- The breakout group on housing discussed shared living arrangements for young adults. This and other housing issues are covered in more detail in Chapter 10.
- Roundtable discussions on concerns and aspirations considered the effect of the COVID-19 pandemic on young adults' aspirations in terms of employment. This is discussed in more detail in Chapter 12.
- The panel discussions also raised an important, over-arching point about the need to capture the diversity of experiences and perspectives among 25-year-olds. Reflecting the diversity of the sample has value, not just in creating a more representative dataset, but also in promoting the continued engagement of the participants in future waves: because they feel the study offers them a space to tell their story and does not exclude everything but the mainstream. This point is included in the criteria for evaluating potential measures and topics for inclusion (Chapter 1).

OVERVIEW OF YOUNG PERSON FOCUS GROUPS

This section provides an overview of two focus groups which were held during the consultation stage for the upcoming wave of fieldwork with Cohort '98 at age 25. The Study Team, in conjunction with the DCEDIY, ran two focus groups to provide young adults, as key stakeholders, with an input into the consultation process. Members of the Study Team met with eight young adults drawn from the National Youth Council of Ireland's Young Voices initiative over two semi-structured focus groups in which topics of relevance to young people aged 25 were discussed.

Eight young adults contributed to the focus groups, with four participants in each focus group. There were four males and four females. The mean age was 25 years ($SD=0.91$), with an age range of 24-26. Five of the participants (62.5%) were in education, while six (75%) were in employment. One participant (12.5%) was in education but not employment, two (25%) in employment but not education, and one (12.5%) was not in education, employment or training (NEET). Three participants (37.5%) lived in a large city (over 250,000 inhabitants), two (25%) in a town or small city, and three (37.5%) in a rural area.

The focus groups were conducted virtually over Zoom. A representative from Young Voices set up the meeting, introduced all parties, and exited the meeting. In advance of the focus groups, participants were provided with an information sheet, a consent form and a registration form, which were completed



and returned to the research team. Two members of the Study Team and a member of the DCEDIY were present. Members of the Study Team presented participants with broad questions addressing topics of potential interest, as well as questions about inclusion of parents in the survey and preferred method of data collection. Notes were taken during the focus groups, and, having received consent from participants to do so, a recording and transcript were stored for additional analyses. Each focus group lasted approximately one hour. Participants were given a €50 One4All voucher for contributing.

KEY THEMES

Findings from the focus groups will be examined across 12 areas.

THE IMPACT OF THE COVID-19 PANDEMIC

Group One had an in-depth discussion on the importance of collecting retrospective data on the pandemic. Each participant agreed that it is important to collect data, retrospective or otherwise, on the COVID-19 pandemic.

Participants commented on how the pandemic has changed young people's perspective on life and how they planned for the future:

"I think this was a real pivotal point... you're done college, you're done those expectations and suddenly that's put to a halt... a lot of things will change for you, how you plan, where you saw yourself."

"Your hopes changed, your aspirations changed, your priorities – suddenly it was 'stay home, stay safe'."

"Young people might feel like they have lost out on two years."

"Maybe in 2023 when you're asking, young people will be mostly thinking of how COVID held them back."

One participant mentioned how being held back by COVID-19 may have a knock-on effect on young adults:

"... so, we may be struggling to achieve what we wanted...and because of that the young people who are around 25 years they are also waiting for us to get out of the way... it has caused a traffic jam in people's lives."

Another participant discussed the potential lasting changes in attitudes towards state institutions, such as health and education systems, during the COVID-19 pandemic:

"... changes in the idea of the social collective, society, and how we feel responsibility towards each other."

The same participant also mentioned a perceived sense of blame towards young people for their behaviour during the pandemic:

"I think young people might feel stereotyped or like vilified in the media or by other generations..."

It was mentioned that COVID-19 may not necessarily be a retrospective issue during the period of data collection, but even if it is an ongoing issue that it will still be important to capture the initial impact of the pandemic on their trajectory:

"Did it affect me on my university choices, did it affect my job?"

One participant felt that alcohol consumption was likely to have declined since the pandemic, but that use of illicit drugs was likely to have increased. However, other participants commented on how alcohol consumption may have increased during the pandemic:

"I know personally friends who have started day drinking."

"... ask people about drinking at home, especially since COVID."

EDUCATIONAL AND POST-EDUCATIONAL EXPERIENCES

Barriers to accessing further education were discussed. These included interactions with social welfare payments and being able to secure grants, and whether this influences young people's decision to go on to college or to work:

"College is maybe not even an option anymore, you know, there's issues around getting grants... all these different things are impacting the decision-making process for education."

From the perspective of minority groups, it was suggested that young people may be interested in returning to education but may be lacking literacy or computer skills. This barrier was also highlighted as being present for early school-leavers returning to further education through access courses or alternative entry routes:

"I leave school at 16, I'm out of school for a while, I return, academic writing is impossible."

Participants felt that asking about post-graduate training courses would be important. One participant suggested asking about young people's views on blended learning, a combination of in-person and online learning:

"It's [blended learning] a good thing and a bad thing, you know, I think asking about, has it put them off?"

The difficulties engaging in part-time education while working were also highlighted.

EMPLOYMENT

Participants in both focus groups discussed employment. It was agreed that 25-year-olds should be asked about both work and education, with many people engaged in graduate studies while working. People enrolled in paid or unpaid internships while also working part-time was also mentioned. Unpaid internships were highlighted as a barrier for entering employment for many:

"I know that that's [unpaid internships] a big barrier to entering careers and professions."

Participants agreed that it would be too difficult to recall month-by-month work status since age 20, and that recalling it year-by-year would be more feasible. Participants also thought it would be interesting to examine those working in non-traditional career paths:

"... doing activities that aren't seen as professional, or a profession."

Examples included vlogging and becoming an influencer. Young adults being forced to find employment in areas outside of their field of study was also highlighted:

"A lot of people come out of college with a degree, but the jobs aren't necessarily there."

Even when young adults do enter the workforce within their field of study, barriers to employment were discussed. Exploring whether people felt prepared or if they required additional training before starting work was recommended:

"We're all aware of some young people who... did a full degree... and then felt completely unprepared for the job."



The importance of 'social capital' was also addressed:

"You might end up leaving university with a PhD degree but... because you don't know people you might end up not getting it [a job]."

This was suggested to be a more significant issue for those from a minority background, who are less likely to have connections:

"Ireland, I see as one of the countries that works like 'oh, my uncle knows this guy' so this guy gets the job."

A further suggestion relating to social capital was to ask young people if their educational institutions introduced them to mentors who could provide useful real-world advice.

For those who had finished full-time education, there was a suggestion to ask about blended working (mix of remote and in-person working). Blended working, which has grown in popularity in Ireland in both public and private sectors (Forsa, 2020; Government of Ireland, 2019c), was highlighted as a potential solution to some of the issues faced by young people regarding housing:

"[Ask] did you decide to work remotely because it was easier to get accommodation in the countryside?"

When discussing unemployment, one participant encouraged framing experiences of unemployment as a young adult in the context of childhood experiences of parental unemployment during the Great Recession:

"I would definitely look up similar things that we dealt with in 2010 post-recession... growing up as a child in that environment was very uncertain."

SAVINGS

Participants in Group Two spoke about savings and planning for the future. Two participants felt that their generation, having experienced the Great Recession as children, were more likely to have savings compared to previous generations:

"I think young people who are 25 now have a lot more savings because having grown up during all the recessions, we're a bit, I think, afraid of not being prepared for a rainy day."

"I think maybe our generation is a little bit more knowledgeable on what to do during a recession."

The impact of the cost of living, which varies geographically, on a young person's ability to save was highlighted:

"If you're living in Dublin City it's completely different than if you're living somewhere else."

Asking if the person was saving alone or with a partner was viewed as an important item to capture. There was consensus that asking about pensions would be worthwhile; while not all 25-year-olds are likely to have thought about pension plans, some will have.

Finally, one participant commented that, while questions on savings would be relevant for many 25-year-olds, there are many who are unable to save:

"On the other side, I would say we all know people who can barely think a month or two into the future financially."

IMPACT OF PARENTS' INCOME

Participants highlighted the often-linked nature of young people's income and their parents' income, for example, in relation to household means tests and in contributing to household bills. They explained how

a young person's income can become part of the household income, which can lead to difficulty saving and can prevent the young person from moving out:

"You can't say I want to save into the bank now, because you are paying the electricity bill, you are paying the petrol, you are paying the internet... so you can't save for the future and that becomes kind of like the whole problem why some young people are stuck in the [parents'] house."

"Can 25-year-olds actually move out without their parents struggling to pay all the bills?"

The potential for entwined finances to have a higher impact on young people in immigrant families was also mentioned:

"I know that the responsibilities expected from me and other immigrants tend to be a lot higher, like I'm expected to help my siblings go to college, I'm expected to pay bills, I'm the person they call if something needs to be paid and there isn't enough money."

The effect of this on the young person's parents was also discussed:

"But they [parents] too are struggling to do that, because they're helping their children and their children also have to help. So, what are the kind of like challenges that parents are facing because their children cannot have enough income to leave their house?"

It was also felt that this is a source of stress for some parents:

"Because I do know that some parents really want their children to leave home, you know, and find their independence."

Finally, parental income was discussed as having a negative impact when applying for grants or funding, particularly for those living in overcrowded houses:

"You're living in a house that's overcrowded, but you're still getting means-tested – where's the understanding?"

HOUSING

There was a clear sense that housing was a priority issue facing young people, particularly its lack of affordability:

"In my age group, moving out is just impossible."

Participants spoke about the difficulties of paying high rent and the stressful nature of saving for a mortgage:

"... you will find us... doing three or four jobs to try to pay rent."

One participant mentioned as a source of stress the shortage of accommodation, rising prices, and units being bought in bulk by private companies:

"It's an additional stress when you're looking at all the price hikes, and external people coming in... the family household can't even get their own first home."

There was also a sense of anxiety about what the housing situation would be like for the next 25 years, and how today's young people would be struggling with housing throughout their entire lives:

"Does the government want me to be paying off a mortgage when I'm 100 years of age because they



can't afford the house now so I can't afford it when I'm 100, so it's more or less it's gonna be like older homeless."

One participant mentioned how intergenerational comparisons do not account for the added difficulties faced by today's young people:

"I hear a lot of people say, well when I was 25 in my day, we were having a mortgage and we could get a mortgage, and why can't you pay for it now?"

Another cited recent research by the ESRI reporting that people in their 20s and 30s may be the first generation in modern Ireland with lower living standards than their parents.

The impact of the difficulties for young adults securing housing on other aspects of their lives was also discussed. Negative aspects of living with parents at age 25 highlighted included a lack of independence and difficulties in typical development:

"You don't really have any independence."

"How many freedoms do they feel they are missing or like an important part of their young adult life that they feel they might be missing out on?"

"Are they still living the same life they were when they were 15?"

However, participants also commented on how young adults may be living at home for non-financial reasons:

"It might not be financially... there might be 100 more reasons why you'd need to rely on your parents."

"Sometimes the safest place is where you know the most, your parents' home."

RELATIONSHIPS

While there was agreement that it would be important to ask about romantic relationships, several participants highlighted that the milestones for marriage and having children would be different compared to previous generations:

"I think we're very different from other generations... all of our parents would have married at this stage or had kids and like that's so far down the line for any of us."

However, one participant spoke on how some people would be getting married or having children at age 25:

"I know that at 25 people are looking at settling down with their long-term partners, and wedding bells are ringing – it's about that age."

Where young adults had children, participants felt that it would be important to ask whether the children had been planned or not.

It was mentioned that the cost of living and the sense of dependency many young people have on their parents was contributing to delayed family formation and smaller family size.

The lack of private space for those living in their family home was highlighted:

"You can't even bring your girlfriend home."

Another difficulty highlighted for those living with their parents was safe sex:

"For some of this sexual health... because a lot of people live in a parent's home, how does it work?"

"[Ask] if they are practising safe sex, and if the environment around them is safe and clean... I do think that a lot of people who are going back home put themselves in risky positions doing things they shouldn't be doing with their partners."

Participants also spoke about the importance of friendships:

"Friends, I find, are so important in my life... they're really those kind of pivotal relationships."

However, one participant mentioned how the number of friends a person has may decline with age:

"I know people's friendship groups probably get smaller as they get older."

Another participant commented on how the COVID-19 pandemic may have changed people's social circles, with some people reconnecting with old friends and others losing touch with friends:

"It would be interesting to see how many people have more friends or less friends than before it all [COVID]."

Another participant discussed the potential pressures of being constantly connected with friends through social media:

"When do you get to disconnect? Like it can be work and stuff, but even your friends, when do you find time for yourself?"

Finally, relationships with the wider community were discussed. One participant suggested that the transient nature of accommodation for young people prevented them from participating in the community:

"With young people moving around, they don't really have a home at that age."

Finally, another participant suggested exploring any rural/urban divides in community relationships.

PHYSICAL HEALTH

Participants in Group Two discussed physical health, and how attitudes towards health are likely to shift as people enter young adulthood. They mentioned how healthy eating and gym membership was growing popular with people in their 20s:

"I think 25-year-olds start paying attention to their body more."

However, the negative connotations of diet and exercise were also discussed:

"... in association to Instagram posts and idols they kind of follow, which may also be linked with body dysmorphia and stuff like that".

It was also suggested that many 25-year-olds would be emerging from a stressful period of life, where they may not have been able to look after their physical well-being:

"That kind of stress, like final years or Master's or just general life, they mightn't be taking as much care of their physical health."

One participant also highlighted that, while young people may be paying attention to diet and lifestyle,



participation in team sports was likely to decline at this age:

"Ask about continued involvement in sports clubs or team sports, it's something that can definitely change from 20 to 26."

SOCIAL MEDIA AND CONNECTIVITY

It was highlighted that the digital divide and adequacy of internet access would be important to ask about, as an adequate internet connection was necessary to participate fully in society.

"We've seen just how much of business is done online. Like work, news, everything. So, if you're not even at the races with the internet like you can't participate fully in society, which is so horrific."

Participants highlighted positive aspects of social media, such as disseminating mental health messages and staying in touch with friends, as well as downsides such as lack of social contact contributing to a sense of anxiety around in-person conversations:

"You are used to talking to someone on Facebook or whatever. It's a short conversation. So, when you're in their presence, you're like, oh God... what I mean by oh God, I mean it's can you hold a conversation?"

The use of social media as a source of information was also discussed. Participants recommended a question on whether a young person can recognise a trusted source or if they share content without first verifying if it is true. Asking about the role of social media in a young person's decision-making was also encouraged.

It was also suggested that the potential for social media to detract from in-person social skills could be problematic in situations such as job interviews. However, one participant commented on how young adults may be developing a healthier relationship with social media over time:

"We're working to have a better relationship with it. I think we grew up with it probably when we didn't know how to like regulate it and stuff."

It was suggested that it would be important to ask what young people were talking about on social media and what/whom they were influenced by, but that it could be difficult to track social interactions.

Participants in both groups also discussed the impact of social media on a young person's self-image:

"[They are] a generation that grew up on social media, seeing themselves through other people's eyes."

"You go on TikTok, and you look at all these body images or whatever and you're like 'God, you know, I need to go to the gym'."

The use of OnlyFans was also mentioned; it was recommended that young adults who have/had OnlyFans accounts be asked whether it affected their employment, their relationship with their family, or their mental health. One participant also thought it would be important to capture whether those with an OnlyFans account felt pressured into creating one for financial reasons:

"[Did they use OnlyFans because] they are financially struggling, or maybe they just don't want a job and would rather be on OnlyFans?"

Two participants agreed that a question on image-based sexual abuse, such as having intimate pictures shared without consent, should be included:

"Things like talking about nudes, sending intimate pictures and having them exposed is also something"

that would be interesting, like getting the perspective of people who have had their content exposed."

Finally, the pressure of social media being a constant presence in young people's lives was also highlighted:

"Do you feel like you have time for yourself? Do you have time to disconnect?"

MODE OF CONTACT AND DATA COLLECTION

There was agreement that an email would be best for the initial contact, whereas an unannounced phone call should be avoided:

"I think a phone call out of the blue would be very uncool – I wouldn't answer it."

One participant mentioned how, with ongoing phone scams, people were less likely to answer cold-calls and were being actively told not to answer unexpected calls, suggesting that the initial email could be used to set up a phone call:

"With the scams going on at the minute, people are being told not to answer."

It was also suggested that, with people changing address or phone number, they be given the option to nominate a backup contact option, such as through groups that they were a member of.

For data collection, it was felt that meeting in person would elicit more genuine reactions, but that it would be important to keep the interview setting casual, such as at a local coffee shop or community setting, especially if asking about family relationships:

"Yeah, face to face would be amazing. I think it gives it that added importance and that interaction."

In contrast, one of the participants felt that a phone call would be more conducive to openness, especially for young people who are introverted, so they could respond in their personal space and be confident. Finally, it was agreed that the more sensitive questions should be answered privately by the young person on a laptop.

PARENTAL INVOLVEMENT

Participants generally thought that it would be good to interview the parents of the 25-year-olds:

"If you have the resources definitely go for it, 'cause it would have a more intergenerational quality."

"It would be really interesting for me to read that and see their [parents'] view."

There was a consensus that relationships with parents would have generally changed between 20 and 25, and that it would be worthwhile to explore these changes from both the parents' and the 25-year-olds' perspectives:

"Our relationships with our parents were probably toughest when we were 20... we were fighting all the time... there's probably been a more positive effect on those relationships now."

Another participant highlighted how interviewing parents might allow interesting comparisons on the differences between immigrant families and Irish families:

"If you're looking at an immigrant background and immigrant family, then the parents and the child are going to have different relationships I think, and different dependency and co-dependency relationships than a standard Irish household."

OTHER TOPICS

Several other topics emerged during the discussions, which will be briefly covered here.



It was suggested that it would be important to ask about the LGBTI+ community; given the various categories within LGBTI+, any greater understanding arising from the research would be welcomed by young people and anyone who was questioning their sexuality.

The high cost of car insurance was raised by several participants as a major barrier that affects independence:

"How can we be independent when you literally can't get from A to B?"

"If you don't have two years' [driving] experience, a full clean licence, there's a lot of jobs that you can't even apply for."

It was mentioned that young people were likely to be socially engaged based on engagement in the recent referenda, which would be worth capturing:

"We've grown up with the marriage equality campaign, the abortion rights campaign... young people are active a lot of the time in those communities."

One participant suggested asking if young people are satisfied with the international travel they have been able to do. The cancellation of Erasmus programmes during the COVID-19 pandemic was highlighted as particularly detrimental:

"That's [Erasmus] a lot of people's first steps into a European world."

Participants also discussed 'escapes', including gaming and reading. One participant spoke about gaming:

"Gaming might be a nice aspect as well to consider... it can just be a really nice escape from the fucked-up world we are living in at the moment."

"Having healthy escapes are very important, and gaming is a great one, poetry, writing, journaling."

When discussing sexual health, participants felt it was important to capture information on drug use during sex, access to contraceptives, whether young people know where to get an STI screening, gender differences in responsibilities for contraception and STI screening, and where young people have sex if they do not have their own accommodation.

Finally, participants in both groups thought it was important to ask young people about their sense of the future:

"Do they have any hope for the future?"

"Do they have a sense of optimism? Because we know the housing situation is dire, we know that the health system is totally underfunded and stuff like we already know those things, they're just facts, so it'll be interesting to see what young people, kind of how they feel."

CONCLUSION

The stakeholder consultations were very useful to the Study Team and the Department in identifying the priorities of different interest groups: academics/researchers, policymakers and young adults. There were several areas of overlap including housing, mental health, relationships, the longer-term impact of the pandemic, and early labour market experiences.

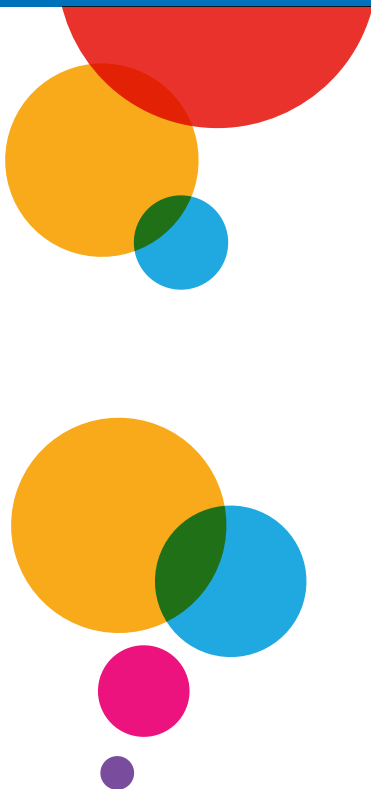
However, the focus groups indicate that these elements are all part of a bigger picture for individual young adults, both cross-sectionally and for their expected trajectory over the next few years. There was an interconnectedness between, for example, difficulty getting well-paid secure employment without experience, being unable to afford their own home, and having to readjust their aspirations for meeting a significant other and starting their own families while they were obliged to continue living with their parents. These frustrations affect their mental health.

The challenge for the Growing Up in Ireland study at age 25 wave will be to knit the varying data requirements for academic and policymaker stakeholders in such a way that they reflect the lived experience and, ultimately, the needs of the young adults at the centre of the study.



Chapter 5

LABOUR MARKET ENGAGEMENT AND INCOME



OVERVIEW OF CONTEXT

Due to changes arising from globalisation, economic restructuring, and technological advances, a growing number of young adults in industrialised countries postpone acquiring a stable job to pursue higher education (Grosemans, Hannes, Neyens, & Kyndt, 2018). This change is reflected in Irish data, with 41.4% of the population ceasing full-time education later than age 20 in 2016, compared to 10.2% in 1991 (CSO, 2016a). Growing Up in Ireland data for this cohort shows that 68% were in education or training at age 20, with 57% in third-level education. However, by age 25, it is expected that most young adults will be participating full-time in the labour market.

The 2016 Irish Census reports a labour market participation rate of 82.5% for 25-34-year-olds, and this age range showed the highest participation rate for women at 77.8% (CSO, 2016a). More recent figures from the Labour Force Survey show that the labour market participation rate for 25-34-year-olds during the first quarter of 2021 was 82% – over double the figure for 15-24-year-olds, which was 40.5% (CSO, 2021b). These figures highlight the increase in labour force participation as individuals enter young adulthood. However, while employment is the primary activity for many in this age group, Ireland shows relatively high levels of individuals returning to education, with 63% of 25-35-year-olds engaged in some form of learning (CSO, 2018a). This can range from informal learning to postgraduate or doctoral courses, while some will be enrolling in higher education for the first time, as mature students.

The transition from education to work is a major milestone for young adults (Grosemans et al., 2018), with employment bringing different expectations and responsibilities to traverse (Lindfors, Hultell, Rudman, & Gustavsson, 2014). Research has also indicated that young adults today face different challenges compared to previous generations. Among these challenges are job insecurity and unemployment due to a growth in temporary jobs (O'Reilly et al., 2015), an increase in unpaid or low-paid internships and platform working (Lain et al., 2014), higher work intensity (Green et al., 2021), and young adults starting their careers on lower wages and experiencing slower career progression (Blundell et al., 2020). Over-skilling (or skill mismatch) is another concern in Western industrial countries; Ireland has high rates in comparison with the rest of Europe (McGuinness et al., 2019). The literature also suggests that over-skilling generally results in lower earnings and less job satisfaction, as well as higher rates of job mobility (McGuinness, Whelan, & Bergin, 2016).

There are individual factors influencing the nature and extent of these challenges. Social background – particularly parental occupation – is important in assisting young adults' transition into the labour market through transfer of social networks, social capital, and occupational skills (Jonsson et al., 2011; Berloffo, Modena, & Villa, 2011). There is additional evidence that financial support from parents helps smooth post-education transitions into the labour market, placing those with wealthier parents at an advantage (Heath & Calvert, 2013; Zissimopoulos & Smith, 2011). A growing evidence base suggests that socio-emotional skills, even in childhood, influence later outcomes in the labour market (Attanasio et al., 2020).

Education is another important factor; the Irish labour market shows a relatively high pay premium attached to post-secondary, particularly degree-level, education (OECD, 2020). Even among those who have obtained a degree, there is considerable variation in labour market outcomes depending on choice of institution, field of study, grade, and sector of employment. For example, in raw terms, undergraduates from institutes of technology earn 14% less than university graduates four years after graduation (HEA, 2019).

Furthermore, this cohort are facing the economic impact of the COVID-19 pandemic, which has been shown to have disproportionately affected employment for those aged 18-24 (Byrne et al., 2020). Research on unemployment has reported that young people who experienced unemployment at the time of leaving full-time education experienced long-term scarring effects in terms of lower levels of employment and



earnings even years later (Barslund and Gros, 2017; De Fraja et al., 2019). The persistence of these scarring effects depends on education level, with the effects for third-level graduates being longer lasting but smaller compared with those who ceased education after post-primary (Cockx, 2016).

Of particular interest are young adults who are not in employment, education, or training (NEET). Although the term NEET traditionally covered those aged 15-24, in recent years the term has broadened to include those up to 29. In 2019, 12.6% of EU 15-29-year-olds were NEET; this proportion increased to 13.7% in 2020 following the COVID-19 pandemic (Eurofound, 2021b). When Cohort '98 was visited at age 20, 5% were NEET. In addition to risk of exclusion from transitioning to the adult world, those who are NEET face deterioration of skills and expertise relevant to the labour market and are likely to enter a cycle of prolonged unemployment (Alfiere et al., 2015). A 2016 report on people who are NEET highlights the impact this can have on individuals, reporting that over two-thirds of persons who are NEET across the OECD were inactive, i.e. not looking for employment, education or training (OECD, 2016).

KEY FINDINGS FROM THE LIVES OF 20-YEAR-OLDS

PRINCIPAL ECONOMIC STATUS

When this cohort was visited at age 20, just over one quarter (26%) listed employment as their principal economic activity. Within this sub-group, 71% were in regular full-time employment, 14% in regular part-time employment, 8% in temporary full-time employment, and 4% in temporary part-time employment; 3% held another type of contract. Employment was more commonly listed as the principal economic activity for those from lower parent-education backgrounds (39% for those whose parent had attained lower second-level or less vs 17% for degree or higher) and for those from a one-parent family (35% vs 24% for two-parent family); 5% of this cohort were NEET.

INCOME

Regarding income, those who worked more hours were more likely to have higher takehome weekly pay. Of those in part-time employment, almost a third (32%) earned 200 euro or less, and 40% were salaried between 201 and 300 euro per week, versus only 10% of those working full-time. Only 29% of those working part-time earned more than 301 euro, compared to the vast majority of those working full-time.

JOB SATISFACTION AND SECURITY

Most 20-year-olds reported enjoying their jobs and feeling secure; on a 10-point scale where higher scores were more positive, the average rating for *liking their job* was 7.4, while average rating for *security of their job* was 7.7. Only 4.5% gave a rating of 1 or 2 for *liking their job*. There was little variation by gender, family background or qualification level. However, almost two-thirds (63%) said their job was a *stop-gap* as opposed to a *start to a long-term career*. All respondents, including those not in employment, were asked to rate a list of factors from 1-10 on importance when choosing a job: *being interesting* and *security* were ranked the highest, while *high income* was rated as very important by only 28% of men and 25% of women.

SKILLS AND TRAINING

Regarding skills use, just over a third (34%) of those whose primary status was employment thought that their skills and knowledge were used to a *very great extent*. On workplace training, the most commonly reported form was instruction while performing their job (55%), followed by instruction away from their normal job (30%). A smaller number had self-taught using a book, manual or video (13%), while 14% reported receiving no workplace training.

KEY FINDINGS FROM THE COVID-19 SURVEY

Data for the special COVID-19 survey was collected in late 2020 when this group was 22 years old. At this time, 76% of 22-year-olds were in employment before or since the COVID-19 pandemic started. Of these, almost half (46%) reported losing their job or being temporarily laid off at some point during the pandemic – more than twice the rate for parents of 12-year-olds also surveyed (22% and 19% for parent one and parent two respectively) – while 11% reported a loss or reduction in pay or hours worked. Twenty-eight per cent reported another change in work, such as remote working.

Over four in 10 22-year-olds reported receiving the Pandemic Unemployment Payment at some stage. Just under two-thirds (65%) of 22-year-olds were able to make ends meet *very easily* or *fairly easily* during December 2020, which may be in part due to the finding that 72% of 22-year-olds were living in the family home during the time of the survey and likely to have fewer expenses. A quarter (24%) reported *some difficulty* making ends meet, while 11% reported having *difficulty* or *great difficulty*. Individuals who were in the lowest income group pre-pandemic were most likely to have difficulty making ends meet.

SUMMARY OF KEY TOPIC AREAS COVERED BY COMPARABLE STUDIES

When enquiring about employment and income, many of the reviewed surveys (see Chapter 3) included items on current and historic employment, current and historic unemployment, income, partner income, and debt.

CURRENT EMPLOYMENT

The reviewed surveys commonly enquired about principal economic status; fewer surveys enquired about multiple statuses such as part-time work while in education or additional freelance work (e.g. Next Steps, Understanding Society, Longitudinal Surveys of Australian Youth). Where the respondent was employed, a description of the job and organisation was frequently asked for, as well as the type of organisation (private, civil service, council, university, health authority, charity, armed forces, other) and the number of people employed by the organisation. The start date was typically asked as month and year. Other questions included whether the role was full- or part-time; permanent, temporary or zero-hour contract; hours worked; overtime or shift work, or if the role was an internship. Surveys frequently asked if the respondent had a supervisory or managerial role. Next Steps and PAIRFAM asked respondents if they needed any training or qualifications for the role. Next Steps and Understanding Society asked if the respondent had a second job. Understanding Society and the Irish Census enquired about the respondent's commute to work, asking about time spent commuting and mode(s) of transport. Various surveys asked about job satisfaction, ranging from single items to dedicated sections. Longitudinal Surveys of Australian Youth and Understanding Society asked about gig work, "a type of job where workers do not have set hours, and you get paid per task or assignment". Respondents were asked why they had done gig work, if the income from gig work had been essential, important or not important. PAIRFAM asked respondents what their ideal work hours would be, and how frequently they worked after 7pm.

HISTORIC EMPLOYMENT

Where surveys asked about historic employment, there was considerable variance in the level of detail asked; for example, BCS70 and ALSPAC only included a single item asking how many jobs the respondent had since leaving school. In contrast, Next Steps and the US National Longitudinal Study of Youth asked many of the same questions as asked about current employment. Next Steps and Longitudinal Surveys of Australian Youth also enquired as to why the respondent had ended their previous employment (reasons included: being let go, moving to a better job, low pay, poor prospects, not getting on with colleagues, to focus on study, transport issues, health or personal reasons, went to live somewhere else, not satisfied with hours of work, temporary or seasonal job, or other). When gathering dates on historic employment,



the most common technique was to ask the date (usually the month and year) each job started and ended. Longitudinal Surveys of Australian Youth asked respondents “since [date of last interview] during which months, if any, have you worked?” and “since [date of last interview] during which months, if any, have you been not working but looking for work?”. Next Steps used an interactive event history calendar tool which allowed respondents to view a visual timeline of their life (including employment, education, place of residence, cohabitants) as they answered particular questions.

UNEMPLOYMENT

Unemployment was addressed in most detail by Next Steps and Understanding Society. Questions included how the respondent became unemployed, the date they became unemployed, their last occupation, industry, and number of people employed in their last organisation. Respondents were also asked if they were currently available for work, if they were actively looking, and whether they would like a job. Where respondents were actively looking for employment, they were asked to give an estimated chance of finding employment in the next 12 months (*very likely* to *very unlikely*) and what services/platforms they were using in their job search. Next Steps asked respondents who were not looking for work why not (reasons included lack of qualifications/experience, problems with commuting, potential loss of benefits, caring duties). Finally, BCS70 asked 26-year-olds the duration of their longest period of unemployment since they were 16 years old, while PAIRFAM asked all respondents how easy it would be to find a new job.

While many of the surveys included maternity/paternity leave as an option under principal economic status, Understanding Society also included specific questions on maternity leave. These questions covered intent to return to work, age of youngest child when return to work planned, and whether the respondent planned to return to a full- or part-time position.

INCOME AND FINANCES

When enquiring on income, most of the surveys asked for gross and net pay and asked respondents to confirm that reported net pay was typical. Where respondents were unsure of their pay, they were typically asked to provide an estimate. Other questions included if the respondent was paid by the hour or salaried, and what their rate of basic pay was if by the hour. Understanding Society and the US National Longitudinal Study of Youth asked if respondents were paid for overtime, and if so what the rate of overtime pay was. The US National Longitudinal Study of Youth asked respondents if they received tips, commission, bonuses or other compensation from their employment, while both the US National Longitudinal Study of Youth and Longitudinal Surveys of Australian Youth enquired about other work benefits, such as medical/life/dental insurance, paid or unpaid parental leave, pension plans, employee stock ownership plans, etc.

Surveys also asked about other sources of income, including cash help from others, social protection/benefits, child support payments, grants, investment returns, and rent from boarders/lodgers/other property, and odd-jobs or freelance work. The US National Longitudinal Study of Youth also included a detailed section on any assets, such as property, stocks or other financial investments. The US National Longitudinal Study of Youth and Next Steps asked about any debts, and about the main respondent’s partner’s net pay and any benefits/welfare they received. PAIRFAM included items on how household finances were divided between the respondent and their partner (e.g. joint bank accounts, who contributed to bills/rent/etc).

POLICY LINKS

Several government policies are relevant to labour market engagement; these are covered in greater detail in Chapter 2. However, a brief overview of the key policies will now be provided.

Better Outcomes, Brighter Futures: The National Policy Framework for Children and Young People, 2014-2020 (BOBF) (DCYA, 2014) aims, among other things, to provide opportunities for those traditionally disadvantaged in the labour market and build pathways to economic participation for all young adults. The *EU Youth Strategy* (European Commission, 2019) lists quality employment for all as one of its 11 goals. The *National Development Plan 2018-2027* (Government of Ireland, 2018b) contains several goals addressing barriers to employment, including enhanced regional accessibility, sustainable transport options, and access to childcare. The *Roadmap for Social Inclusion* (*ibid.*, 2020) aims to properly enforce employment conditions and increase the national minimum wage. The EU 'Youth Guarantee' promises all young people under the age of 30 an offer of employment, continued education, apprenticeship or traineeship within four months of becoming unemployed or leaving education. *Our Rural Future, Rural Development Policy 2021-2025* (DRCD, 2021) commits to invest in remote working infrastructure for rural communities and aims to enable rural towns and villages to fulfil their role as hubs of economic activity.

The recently published *Pathways to Work, 2021-2025* (Government of Ireland, 2021b) aims to not only support those who lost employment due to the COVID-19 pandemic, but also to reduce long-term unemployment, reduce the youth unemployment rate, improve labour market transitions, and ensure better labour market outcomes. *Pathways to Work* pays particular attention to young adults who are early school-leavers, have low levels of education, or are not in employment, education or training. The strategy for assisting these cohorts includes implementing the EU Youth Guarantee, offering early access to the JobsPlus recruitment subsidy for those under 30, relaunching the Employer Youth Employment Charter, a work-placement and traineeship programme, reserving 1,000 places for young people on the Tús and Community Employment programme, and organising job promotion and recruitment events targeted at those under 30. The *European Pillar of Social Rights Action Plan*, declared in May 2021, introduced a target of reducing the rate of people who are NEET to 9% by 2030. Finally, in 2021 the Department of Children, Equality, Disability, Integration and Youth launched a public consultation on flexible working, which aims to help inform the development of a policy framework that promotes a better work-life balance, particularly for those with disabilities and/or caring responsibilities.

OVERVIEW OF PRIORITY TOPICS IDENTIFIED IN CONSULTATIONS WITH POLICY, SCIENTIFIC AND YOUNG ADULT STAKEHOLDERS

The survey of policy and scientific stakeholders identified deprivation indicators, economic status, unemployment experience, employment history and labour market experience, details of current employment, and income as high-priority topics within economic and civic participation. Perceived match in skills and employment, debt, job satisfaction, savings and material support from family were rated of medium priority, while assets and planned asset purchases, methods of job search, commuting and driving experience were rated of low priority.

During the subsequent roundtable event with these stakeholders (see Chapter 4), the impact of the COVID-19 pandemic on labour market engagement was discussed. Young adults' experiences working from home, the difficulties of starting a new job remotely, and the right to disconnect were all identified as important topics. Capturing whether the pandemic had disrupted respondents' intended pathways and labour market transitions was also viewed as important.

Apart from the COVID-19 pandemic, other topics deemed important included access to employment depending on living location ('the post code lottery'), workplace accommodations for neurodiversity (e.g. accommodations for those with autism spectrum disorder), special educational needs, women's health, and factors involved in choosing a job. Lack of job security was highlighted as an area of interest, while determining if young people want to frequently change jobs or if they are forced to was viewed as important.



When discussing methodological concerns, the use of administrative data was encouraged wherever possible. Retrospective data linkage was highlighted as having potential for determining employment history. When exploring the use of short training or employment support services, the following were listed as key factors to capture: who ran the course, was it in-work or external, who paid for the course, how long did the course run for, and was it accredited? When examining respondents with multiple statuses, it was seen as important to capture each status, even if only in minor detail.

The focus groups with young adults (see Chapter 4) also discussed the impact of the COVID-19 pandemic on intended pathways and labour market transitions, with participants addressing how it altered their plans:

"I think this was a real pivotal point... you're done college, you're done those expectations and suddenly that's put to a halt... a lot of things will change for you, how you plan, where you saw yourself."

"Maybe in 2023 when you're asking, young people will be mostly thinking of how COVID held them back."

Participants also mentioned the issues surrounding unpaid internships and the difficulties gaining relevant employment experience:

"I know that that's [unpaid internships] a big barrier to entering careers and professions."

Young adults feeling unprepared to enter the labour force, even after completing higher education, was highlighted as an area of concern:

"We're all aware of some young people who... did a full degree... and then felt completely unprepared for the job."

The importance of 'social capital' in successfully transitioning from education to the labour market was also flagged, particularly for those from a migrant or minority background who are less likely to have connections:

"You might end up leaving university with a PhD degree but... because you don't know people you might end up not getting it [a job]."

"Ireland I see as one of the countries that works like 'oh, my uncle knows this guy' so this guy gets the job."

When discussing unemployment, one participant encouraged framing experiences of unemployment as a young adult in the context of childhood experiences of parental unemployment during the Great Recession:

"I would definitely look up similar things that we dealt with in 2010 post recession... growing up as a child in that environment was very uncertain."

Similarly, childhood experiences of the Great Recession were seen as an important factor in determining how young adults manage their finances:

"I think young people who are 25 now have a lot more savings because having grown up during all the recessions, we're a bit, I think, afraid of not being prepared for a rainy day", "I think maybe our generation is a little bit more knowledgeable on what to do during a recession."

Asking if the person was saving alone or with a partner was viewed as an important item to capture. There was a consensus that asking about pensions would be worthwhile; while not all 25-year-olds

are likely to have thought about pension plans, some will have. The focus groups also discussed how a young adult's income can become linked to their parents' income, and how contributing to the household can lead to some individuals feeling trapped:

"You can't say I want to save into the bank now, because you are paying the electricity bill, you are paying the petrol, you are paying the internet... so you can't save for the future and that becomes kind of like the whole problem why some young people are stuck in the [parents'] house."

"Can 25-year-olds actually move out without their parents struggling to pay all the bills?"

SPOTLIGHT ON KEY ISSUE: EMPLOYMENT/STATUS HISTORY

OVERVIEW

Given the significant role played by human capital accumulation – including both education and work experience – in determining wages and earnings (e.g. Altonji & Shakotko, 1987; Imai & Keane, 2004; Dustmann & Meghir, 2005), collecting high-quality information on past activity is extremely important for longitudinal research. To maximise potential for analyses, historic information must be both complete and consistent, meaning that it provides a comprehensive record alongside accurate timing (Drasch & Matthes, 2009). However, obtaining accurate information on retrospective activity is often problematic due to cognitive limitations such as memory decay (Bauer, 2016), recall bias (Song, 2007) and seam effects (where the level of change reflects the timing of data collection and the granularity of the record) (Callegaro, 2008).

Recall errors are influenced by several factors. On an individual level, age, gender and education all play a role. Older individuals, males and those with higher levels of education are more likely to show errors when recalling life events (Drasch & Matthes, 2009). The nature of the event is also an important factor; unemployment, particularly short spells, is likely to be forgotten, while periods of employment are less likely to be missed; however, multiple similar episodes of employment can be problematic to recall (Yaacoub et al., 2004). This poses an issue for research, as heterogeneity in accuracy limits the possibility of analyses and the robustness of findings. In response to these issues, various methodologies build on findings from cognitive science in an attempt to reduce the impact of recall issues. These will now be discussed. While this section primarily focuses on employment history, accuracy of recall is important across every domain of the survey; the methodology used will affect all historic data, including education, living arrangements, relationships, etc.

MODULARISATION AND SEQUENCING

Modularisation aims to improve recall by dividing life-course history into related thematic domains, such as education, employment, relationships, etc. Modularisation capitalises on the finding that personal events are closely linked to other events in the same domain to help aid recall (Tourangeau, 2000). Modularisation is often used in conjunction with 'sequencing' – a chronological order strategy, which takes advantage of the fact that episodes within a certain domain are often sequential (Drasch & Matthes, 2009). For example, if an individual begins by thinking of an 'anchor' event, such as their first job, it is easier to recall subsequent spells of employment when thinking about them in isolation, rather than trying to recall history from various domains (e.g. employment, education, relationships) together.

In practice, modularisation and sequencing would involve a specific employment section of the survey, which asks respondents at age 25 to confirm their last recorded job at age 20. This job would act as an anchor, and the respondent would be asked for details about any subsequent employments between their last recorded job and the present day (e.g. *When did that job end? And what date did you start your next job? What did you do between those two dates?* Etc). This method is used in many of the surveys

EHCs typically collect information using a flexible interviewing style to help stimulate memory retrieval, aiming to help the interviewer and interviewee use reference points between life domains to connect events as part of a holistic life history (Morselli, Le Goff, & Gauthier, 2018). This contrasts with the aims of modularisation, which isolates events within their domains to aid recall. EHCs have been reported as effective tools for collecting older, less important and less frequent episodes of activity (Van der Vaart & Wander, 2004), and there is empirical confirmation of their effectiveness compared with conventional questionnaires (Morselli, Le Goff, & Gauthier, 2018). Events can be recorded in three orders: hierarchical order (e.g. most to least important), sequential order (e.g. chronological order), or parallel order (e.g. in relation to events that occurred in other life domains). The graphical structure of an EHC enables fluid linkage of events across life domains, engaging autobiographical memory retrieval mechanisms (Morselli, Le Goff, & Gauthier, 2018). The respondent is typically encouraged to complete the EHC interview in the manner they prefer; sequentially, in parallel or hierarchically. An additional benefit of EHCs is that both the interviewee and interviewer are more likely to identify and correct incoherent answers in the data during data collection (Morselli et al., 2016). Of the other longitudinal studies reviewed, only Next Steps was identified as using an EHC.

While EHCs are a promising method of collecting retrospective information, they do show limitations. First, the use of an EHC as the sole method of data collection limits the level of detail obtained for each event. For example, an EHC may determine that an individual was in part-time employment, at college and living in a house share during a certain period, but will not record the job title, college course or where/with whom the house share was. Secondly, EHCs have been reported as being difficult to use by both participants and interviewers in Next Steps, particularly when they have increased functionality (Bailey, Breeden, Jessop, & Wood, 2017). Finally, EHCs require a significant number of resources to develop and pilot, while training interviewers to use an EHC takes substantially more time compared with a standardised set of questions (Drasch & Matthes, 2009).

DATA REVISION MODULE

One method that combines modularisation, sequencing and EHCs is outlined in a paper by Drasch and Matthes (2009). This paper describes the use of a data revision module as part of IAB-ALWA, a German survey of employment and education history. IAB-ALWA used a hybrid mode of data collection; CATI interviews were followed by face-to-face interviews. Modularised, sequential self-report was used during the CATI interviews to record employment and education history. Following this, each respondent's personal history was merged and displayed as an EHC. The EHC was programmed to highlight any gaps or inconsistent overlaps in the event history in the output field (as shown in the sample diagram: Figure 5) to enable visual checking where blocks of time for different roles overlapped or showed unaccounted-for gaps.

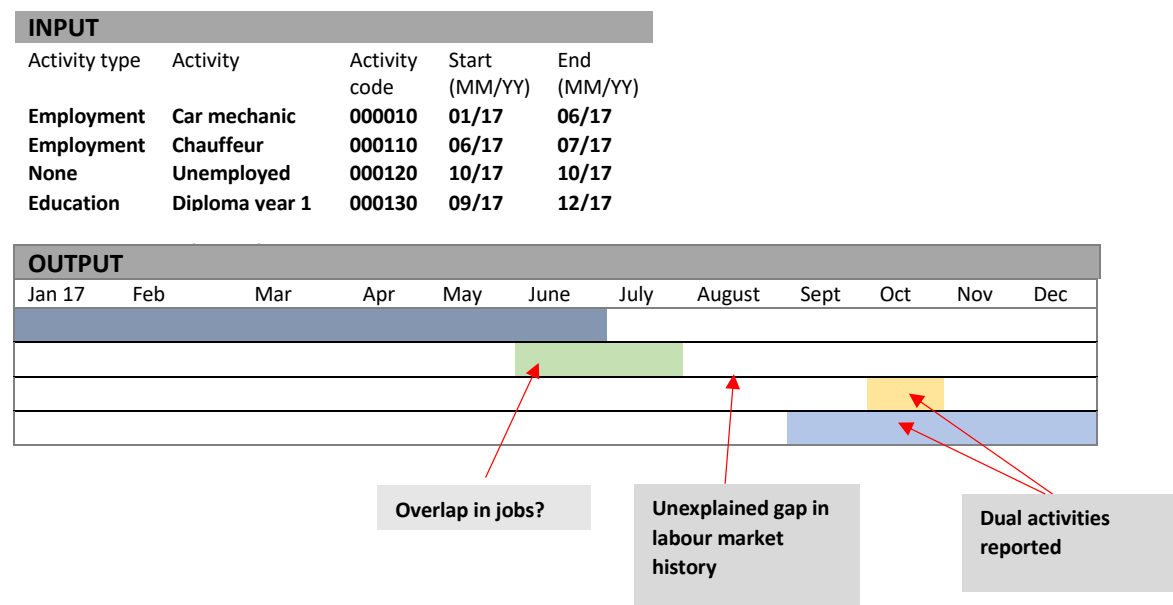
The EHC was then displayed to respondents during the face-to-face interview, in what the researchers refer to as a 'Data Revision Module'. This allowed respondents to review and correct, if necessary, the information they had provided during the first stage of data collection. The highlighting of problems such as impossible parallel statuses (e.g. working full-time while in full-time education), overlapping and gaps of no activity helps ensure that the data collected are as accurate as possible.

This method, aiming to incorporate the benefits of both modularisation and EHCs, showed promising results. Drasch and Matthes (2009) reported a 12.4% increase in episodes following the data revision module, with employment and unemployment episodes being more frequently added compared to educational or vocational training episodes. The data revision module was particularly effective at identifying periods of unemployment, which increased by 11.9% following review. Furthermore, 4.4% of episodes were time-corrected during the data revision module. The authors conclude that "including such a module in a large-scale survey design seems feasible"; however, they note, "The technical implementation of such a data



revision module is not trivial, especially when overlaps of specific events such as marginal employment episodes and schooling episodes or other possible overlaps are going to be permitted”.

Figure 5: Sample event history, with conflicting data reported, as illustrated in the output field



TRUETALES – PERSONALISED DATA COLLECTION AND REVISION

Another example that combines modularisation and data revision alongside personalised biographical cues is TrueTales, a CATI instrument for collection of retrospective event histories that enables individual context and flexibility to assist recall (Reimer & Matthes, 2007). The procedure involves two sections: data collection and revision. However, during data collection interviewers are provided with personalised questions. For example, a respondent might be asked: “In June 1998 you were employed as a civil servant. Until when did you do that?”. Furthermore, interviewers can draw probes from other areas of the respondent’s history, e.g. “I have recorded here that you moved house in September 1998. Did your job end before this move, afterwards, or at the same time?”. This allows for both sequential and parallel memory retrieval. During the data revision section, interviewers are presented with an EHC in diagram form similar to the one described by Drasch and Matthes (2009) above. This highlights any gaps or inconsistencies in the respondent’s history, and also allows for personalised questions and probes around these errors.

Reimer and Matthes (2007) report that TrueTales interviews recorded more episodes compared to standard modular interviews, and that while the benefits of TrueTales were found across all groups, the increase in recall was more pronounced for females. Furthermore, interviewers reported frequently using personalised probes and cross-checks throughout the interviews. The authors note that, while the use of such an instrument may be more costly because of development and increased requirements for interviewer training, it reduces the need for post-collection data editing and enables swifter timelines for projects.

In contrast to standard CAPI protocols, where the programming attempts to limit the scope of inconsistencies with limited interviewer decision-making, the TrueTales approach gives more flexibility to interviewers to query inconsistencies, more independence over checks and more autonomy to edit the data during the interview to produce a coherent event history. Increased control and flexibility for interviewers needs to be balanced with increased training to limit ‘interviewer effects’ in data collection. Therefore, this exact

approach may be more suitable for a smaller team, although the principle of using other autobiographical information to aid recall of labour market participation is worth considering.

OTHER SOURCES OF HISTORIC DATA

One potential method for improving accuracy of historic information is to ask the respondent to use external sources to improve recall. For example, Next Steps asks respondents to refer to a recent pay slip, if possible, when reporting income. As this cohort are expected to be mostly active in the labour market, many respondents are likely to have an up-to-date CV. Asking respondents to have a copy of their CV to hand when completing the survey may help improve accuracy when recalling retrospective employment/education history.

A further potential method for obtaining accurate information is through data linkage. Several of the longitudinal studies reviewed are planning to incorporate administrative data in future waves, including Understanding Society, Next Steps, and NEPS. Each of these studies aims to link records covering employment history, national insurance contributions, income, tax credits and benefit receipt history. Data linkage may be useful in providing information that can complement and enhance questions regarding work history and may help to improve data accuracy. However, it is unclear how useful Irish administrative data can be in substituting for several sets of questions. For example, Irish data do not contain information on hours worked or occupation, which are crucial factors in determining the extent to which work experience feeds into higher earnings (Blundell et al., 2016; Adda et al., 2017). Furthermore, many items of interest regarding employment history, such as perceived skills mismatch, job satisfaction, etc can only be collected through primary sources. A comprehensive discussion of administrative data linkage is found in Chapter 13.

SUGGESTED TOPICS AND QUESTIONS

Existing research and the Growing Up in Ireland consultation process highlight the importance of collecting detailed information on young people's integration into the labour market, their experience of unemployment (or non-employment) and the quality of job obtained. From a policy perspective, capturing information on the experience of unemployment, even for a short spell, and its impact on other outcomes is crucial, especially in the wake of the pandemic. A detailed discussion of the labour market and employment measures used at 20 years of age is provided in McNamara et al. (2021). Such information is increasingly important at 25 years of age given that the vast majority would be expected to be in the labour market.

How best to capture movement into and out of statuses will be highly dependent on the mode of interview adopted, with significant challenges in recording month-by-month activity in a phone and/or online setting (see above). It is recommended that a detailed event history grid be compiled, using a written sheet as a cue for respondents. Alternatively, the respondent could be asked to indicate the total months in employment, unemployment, etc since the age of 20. However, the latter approach runs the risk of missing information on short spells of employment or unemployment and provides less granularity in describing the sequence of transitions made.

Current employment status and job 'quality': At age 25, transitioning from education to work is a major milestone (Grosemans et al., 2018) – a transition that contains distinct challenges for young adults to navigate (Lindfors et al., 2014). Determining current economic status, including details on employment or unemployment, is a vital component in understanding how respondents are managing this transition.

Wave 4 (age 20) of Growing Up in Ireland collected detailed information on current employment status and the participant's evaluation of their current job (e.g. satisfaction, security, nature of contract, skills



use, 'stop gap' versus 'step on the career' ladder). It is proposed that these questions be retained because they capture key aspects of the 'quality' of employment in this transition period and maintain longitudinal consistency. Such qualitative evaluations supplement more structural information such as nature of contract, hours worked, shift work and earnings from employment. Decisions on whether to remain or change employment may be driven as much by perceived satisfaction as objective criteria (such as pay or hours), and may be particularly important amidst talk (in winter 2021) of 'the Great Resignation'.¹¹

New questions are proposed to capture the kinds of precarious employment that may be more prevalent among this age group, including questions and/or prompts to ensure that respondents report on freelance work and work for family members, for example. A new question is also proposed on sector of employment, given the differential impact of pandemic-related job loss across sectors. A question on supervisory role has been added to provide more precise evidence for coding occupational class and for capturing vertical differentiation in employment status. A question on the prevalence of working from home is also proposed as this is likely to be an increasingly common feature of employment. Assessing the subjective experience of employment (such as job satisfaction) is important in influencing career plans as well as broader well-being; the questions from wave 4 are therefore retained.

Questions on skill mismatch from wave 4 have been retained as this phenomenon is highly prevalent in Ireland but there has been little longitudinal data available to explore pathways into and out of such mismatch. It is proposed that an additional question on mismatch by field of study be included to provide greater insights for policy on skill development.

Unemployment: Wave 4 at age 20 did not collect such detailed information on unemployment (though this was included in the event history grid; see below). The COVID survey indicated that many of this cohort have already experienced job loss, and unemployment is an important policy issue (see the *Pathways to Work Strategy 2021-2025*). New questions on looking for work and reasons for unemployment are included to better profile this group.

A question on regret over the pathway chosen is proposed. This question was previously used in the Leaving School in Ireland (McCoy et al., 2014) and PLC (McGuinness et al., 2018) studies; responses were found to be strongly associated with broader well-being and earlier educational decision-making.

Event history: As outlined above in the Spotlight on Key Issue: Employment/Status History section, obtaining accurate information about respondents' event history is of vital importance. As respondents were last interviewed at age 20, the subsequent years include the transition from full-time education to employment for many, and will likely include periods of job insecurity, temporary or long-term unemployment, and unpaid or low-paid internships. Furthermore, obtaining details on how respondents traversed the COVID-19 pandemic will enable longitudinal analyses on its impact on later labour-market outcomes.

The actual set of questions used will depend on how we go about collecting historic data – either an event history calendar or repeated modules. This decision will depend on the mode used. Whichever approach is used, it needs to capture even short spells within discrete statuses and the degree of turbulence in moving between statuses. This is all the more important given the disruption to transition pathways resulting from the pandemic. Administrative data may assist in identifying employment spells (though informal or more precarious work may be less visible) but are unlikely to distinguish between different forms of non-employment. A particular issue for this age group is that those under 25 may not be registered as unemployed if they are living in the parental home and subject to means-testing.

¹¹ This is speculation that the COVID-19 pandemic will trigger many employees to leave their current roles in search of something 'better', such as work in a different sector or more flexible working (e.g. article by A. Chugh, 'What is the "Great Resignation?": An expert explains', World Economic Forum, published online 29 Nov 2021, <https://www.weforum.org/agenda/2021/11/what-is-the-great-resignation-and-what-can-we-learn-from-it/>. Retrieved Dec 2021.)

Income: Financial stability is an important aspect of adult life (Arnett, 2000). *Better Outcomes, Brighter Futures* identifies “economic security and opportunity” as a core outcome, and lists developing “pathways to economic participation and independent living” as one of its major aims (Department of Children and Youth Affairs, 2015). Young adults may avail of numerous sources of income and financial support, including employment, grants, social welfare payments and parental support. Including detailed items on income and finances will reveal the factors associated with financial stability and instability, and help to identify which individuals have successfully transitioned into achieving financial security. Although it seems like an overlap, it is important to capture income from employment separately to the total ‘household’ income, which could include a spousal income, social welfare, online earnings, etc. Hence both questions are included in the survey.

A detailed discussion of the income measures used at 20 years of age is provided in McNamara et al. (2021) which describes items on welfare dependency, financial strain, disposable income and indebtedness as important markers of socio-economic status. Questions on direct and indirect subsidies from family were included at age 20. It is proposed that these be continued as, given the high rates of young adults living with their parents, it is likely that their financial situation continues to be enmeshed with that of their family.

Expenses and debt: A key question on ‘difficulty making ends meet’ is continued from age 20. This has been a useful indicator of financial strain at all previous waves of Growing Up in Ireland. There are additional questions on regular expenses, debt and meeting unexpected expenses. Finally, a question on financial support the 25-year-olds provide to their parents has been moved from what would have been the parent interview at the last wave to the main young adult questionnaire. This set of items captures transfers from (rather than to) the 25-year-old, such as paying a regular amount to their parents or contributing money on specific occasions when needed.

Pension: A new question is proposed on membership of a pension scheme, given its currency as a policy issue.

Gambling: The age 20 questions on gambling are continued, and ranked as of high priority, given the importance of this policy issue and the possibility of new legislation being introduced by the next wave of data collection.

Table 7: Summary of proposed questions covering ‘Labour market engagement and finances’

Subtopic	Question text	Priority
Employment	<p><i>Note: this question is contingent on using the event history grid approach.</i></p> <p>Please indicate what your main status was with regard to work or other activity at present. Please indicate which of these categories best applied to you in each month. G</p>	High
Event History	<p><i>Note: this item is only proposed if the survey is conducted face-to-face.</i></p> <p>Please complete the following grid. Please indicate what your main status was with regard to work or other activity in each month from [X] until present. Please indicate which of these categories best applied to you in each month.</p>	High



Event History	<i>Note: this item is only proposed if the survey is conducted via telephone interview or online.</i> Since the age of 20, please indicate the total time you have spent in each of the following activities? In employment (full-time/part-time), self-employment or farming / Unemployed (and seeking work) / Ill/disabled and outside labour force / On home duties/ Caring for children / In full-time education / Other (please specify)	High
Employment	Are you currently in employment? (please include internships/apprenticeships/freelance work) G	High
Employment	In relation to this job, please give the name and a full description of the work done and the work sector – if more than one job, describe the one with the most hours. (If farmer, give acreage. Be sure to describe job exactly. If relevant give rank, e.g. Civil Service, Garda, etc) R, G	High
Employment	In relation to your current job/last job you held, how would you describe it? R, G	High
Employment	When did you take up this job? R, G	High
Employment	Do you have a second job? (details as above) R	High
Employment	In your job do you have formal responsibility for supervising the work of other employees? R	High
Employment	How many hours on average do you usually work per week in all jobs? (please exclude unpaid breaks) R, G	High
Employment	If you could choose how many hours to work but your income would vary according to how many hours you worked: How many hours per week would you prefer to work? R	Medium
Employment	Is the job you have just described above paid or unpaid work for a business owned or run by a member of your family? R, G	Medium
Employment	Do you ever do any other paid or unpaid work for a business owned or run by a member of your family? R, G	Medium
Employment	How often does your work involve: Working evenings – after usual office hours/ Working weekends/ Nights/ Rotating shift work (e.g. days one week, nights the next)/ Having to work unpaid overtime at short notice/ Having to work paid overtime at short notice R, G	High
Employment	Thinking about the four weeks ending last Sunday, have you done any remote work for your job? R	High
Employment	How often did you work remotely in those four weeks? R	High
Employment	How do you normally travel to work or college? (tick all that apply): Not at work or college/ On foot/ Bicycle/ Bus, minibus or coach/ Train, DART or LUAS/ Motorcycle, moped or scooter/ Driving a car/ Passenger in a car/ Other (specify) R, G	Medium
Employment	Generally speaking, on a scale of 1 to 10, how well do/did you like your job – where a '1' indicates 'not at all' and '10' indicates 'very much'. R, G	High

Employment	Generally speaking, on a scale of 1 to 10, how secure do/did you feel your job is – where a '1' indicates 'not at all' and '10' indicates 'very much'. R, G	Medium
Employment	To what extent are/were your knowledge and skills utilized in this work? R, G	High
Employment	To what extent does/did your current work demand more knowledge and skills than you can actually offer? R, G	High
Employment	What type of education do you feel is most appropriate for this work? R, G	High
Employment	What field of study do you feel is most appropriate for this work? R, G	Medium
Employment	Looking back, if you were free to choose again would you take the same pathway (education, training or job)?	High
Employment	Do/did you see your current/most recent job as a stop gap or as a start to a long-term career? R, G	High
Employment	Here are some factors a person might consider when choosing a job. On a scale of 0-10 how important would each of these be to you in choosing a job? High income/ Good training opportunities/ A job that offered good promotion opportunities/ An interesting job/ Flexible working hours/ Working remotely/ Working remotely for an employer based outside of Ireland/ Generous holidays or time off/A good step on the career ladder/ Be your own boss/ A job that allows you to be creative/ A job that is useful to society or helps other people/ Job security/ Opportunity to travel/work abroad/ Other (please specify) G	Low
Employment	Are/were you a member of a trade union? R, G	Medium
Unemployment	Have you ever been in paid employment? R, G	High
Unemployment	From the reasons listed on this card could you tell me the most important reason for you not working in a paid job outside the home? (choose one only) R, G	High
Employment	You have recently had a new baby; do you plan to return to work at any time in the future? R	High
Unemployment	If unemployed, how long have you been unemployed? (*not needed if have full event history grid) R	High
Unemployment	Thinking about your current period of unemployment, how did you come to be unemployed? R	High
Unemployment	In the four weeks prior to Sunday {{refweek}}, have you done anything to find work? This includes looking for a job of only a few hours or any activity to start a business. R	High
Unemployment	Although you are not looking for work, would you like to have a regular paid job, even if only for a few hours a week? R	Medium
Income	How much money do/did you earn on average each week? Please include all sources of income from employment, including second jobs, tips, or bonuses. Gross (before deductions) / Net (take-home pay) R, G	High
Income	Do you usually receive the same amount each week? R, G	High



Income	Do you live with a spouse/partner whom you share income with? G	High
Income	Looking at the Card and thinking of your [and your spouse/partner's] total income from all sources, approximately what proportion of your total income would you say comes from social welfare payments of any kind – including Children's Allowance/Child Benefit? R, G	High
Income	What is the average MONTHLY amount AT YOUR DISPOSAL after tax, USC and other statutory deductions from the following sources currently? (amount for each where relevant): From parents / From other family / Income from your job / Student grant / A loan from a bank, Credit Union, etc / Social Welfare Payment (incl. Child Benefit, if relevant) / From other sources, including sports bursaries (please specify) R, G	High
Finances	You [and your spouse/partner] may have different sources of income. Concerning your [and your spouse/partner's] total monthly or weekly income, with which degree of ease or difficulty are you able to make ends meet? G	High
Finances	How much do you [and your spouse/partner] pay each month for household bills like accommodation, food, electricity? G	Medium
Finances	For each of the following living costs can you please tell me whether or not, in addition to the cash payments above: 1) you [and your spouse/partner] pay for them personally and whether 2) your parents pay for them – in full or part? Rent/campus accommodation fees/ mortgage / Utility bills / Food / Motor insurance/ Other transportation costs (excl. insurance) / Communication (telephone, internet, etc) / Health costs (e.g. medical insurance) / Childcare / Debt payment (excluding mortgage, if relevant) / Social and leisure activities / Other regular living costs (clothing, toiletries, tobacco, pets, insurance [except medical insurance]) / Study-related costs R, G	High
Finances	Are you able to save on a regular basis? G	High
Finances	How would you [and your spouse/partner] deal with an unexpected expense of, say, €250? (tick all that apply): Cut back on other expenditure / Borrow from parent(s) / Borrow from spouse/partner / Borrow from friend(s) / Borrow from somewhere else / Use savings / Credit card / I just would not be able to deal with it G	Medium
Finances	Are you [and your spouse/partner] currently having difficulty meeting any loan or debt repayments (from any source)? G	High
Finances	From where/whom did you get the loan(s) or debt(s) that you are having difficulty repaying? (tick all that apply): Student loan/ Other loan from a financial institution (e.g. bank or credit union)/ Rent arrears (to landlord/housemate)/ Payment plan or hire-purchase agreement from a retailer/ Credit card bill/ Registered moneylender/ Parent/ Other relative/ Friend/ Other, please specify R, G	Medium
Finances	Are you a member of a pension scheme? This could be a scheme run by your employer, or one you have started privately.	High
Gambling	Do you ever buy lottery tickets such as scratch cards or lotto? G	High
Gambling	Do you ever play casino tables or video games for money? G	High

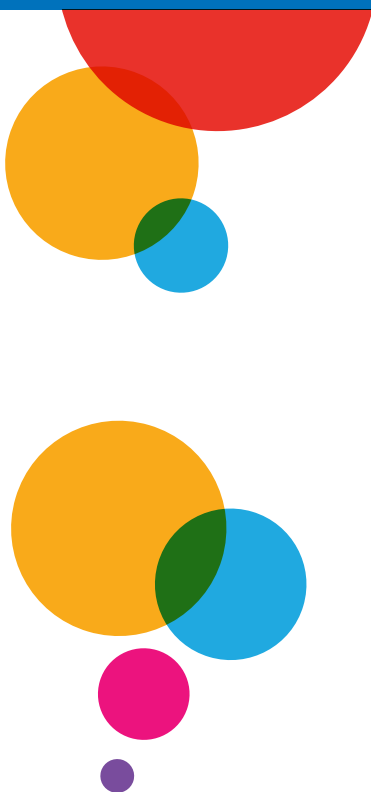
Gambling	Have you ever played any other games, such as cards or bingo, for money; or bet on horse races or sporting events; or taken part in any other kinds of gambling for money? G	High
Financial contributions to parents	Do you currently give any of the following payments to your parent(s)? Include money given to parents to meet the needs of other household member. Tick all that apply: You give them money on a regular basis (i.e. a set amount per week or month)/ You give them some money towards your 'keep' now and then/ You give them money if they ask for it because they need it/ You pay for particular household bills (e.g. a utility bill or for petrol in the car)/ You loan them money and they pay them back/ Other financial support (please specify) G	High

Notes: **R** = question routed (not asked of all participants); **G** = question previously used in a Growing Up in Ireland survey; text in italics has been added for clarity in this summary but does not feature in the actual question (see appendix for full text and response options).



Chapter 6

EDUCATION AND TRAINING



OVERVIEW OF CONTEXT

The period between Wave 4 and Wave 5 for this cohort is marked for many by a transition away from education as the main focal point of their lives towards employment as their primary activity. However, this is not a linear pathway; young adults move in both directions, for reasons of changing circumstances and motivations. A survey of higher-education graduates in Ireland one year after leaving education in 2018 found that 80% were working or due to start work in either a full-time or part-time capacity, while 13% were engaged in further study. Those who had attained higher degrees were more likely to still be in education (HEA, 2020). Other research has reported that one year after leaving further education and training in Ireland, 26% were in employment only, 27% were in education only, 36% were engaged in both, while 7% were engaged in neither (CSO, 2016b).

This dynamic period has been further complicated for this cohort by the impact of COVID-19, both in reducing employment in sectors that often attract a high proportion of younger employees, and in affecting the educational experience for those remaining in education. It is not known how this may affect their trajectories, but some evidence on higher education applications in Ireland indicates an increase in demand for returning to education among younger and older adults,¹² reflecting a potential re-evaluation of career choices or a response to changed employment status. From a policy perspective, the Irish Government initiated a targeted response to the COVID-19 employment fallout, through the *Pathways to Work Strategy* and the *Skills to Compete* programme (Solas, 2021), increasing the supply of NFQ level 4-6 places available with the aim of skill development to enhance the opportunity for workplace re-entry.

Ireland has a high proportion of people aged 25-34 who hold tertiary qualifications (56%) compared to the OECD average (44%), with more women in Ireland (60%) than men doing so (52%) (OECD, 2019). Understanding how young adults evaluate both the experience of their education and the effect on their employment opportunities is an important aspect of the next wave of data collection. The Higher Education Authority (HEA) found that the majority of 2018 level 8 graduates in employment (56%) viewed their qualification as a formal requirement for attaining their job, and, for 47% of this group, work experience or work placement was a mandatory part of their degree (HEA, 2020). Higher education levels may also affect demographic flows towards urban areas, which carries a range of policy implications; the HEA study found that 46% of level 8 graduates worked in Dublin.

KEY FINDINGS FROM THE LIVES OF 20-YEAR-OLDS

At the last wave of data collection at age 20, participants had transitioned from second-level education to the next phase of their lives. For many, this was further and higher education and training, while for others this was in employment. This wave afforded an opportunity to more fully assess their second-level education, both in terms of attainment and the participants' reflections on its value for them. For those continuing in education or training, this wave described their current choices, and also facilitated longitudinal assessment of prior educational outcomes and expectations. It further described how their current further and higher education was funded, and participants' views on why they had chosen these outcomes.

Of this 20-year-old cohort, 69% were in education or training, and 57% were specifically in third-level education; 26% were in employment, while 5% were not in education, employment or training (NEET). While most had undertaken some education or training since leaving school (87%), this was lower for those whose mother had been educated to lower second level (78%), and slightly lower among men (85%). In assessing the reasons for their choice of further or higher-educational institution, 93% of participants agreed that being offered their course of choice was either very or fairly important, while good reputation (80%), good transport links (63%), parental encouragement (52%) and being able to live at home (50%) were either very or fairly important factors for them.



In terms of funding their education or training, participants accessed multiple sources. Overall, 64% received money from family, but this varied considerably depending on the family's income; 89% of those whose family income was in the highest quintile did so compared to 40% from the lowest quintile. Forty-four per cent of respondents funded education through their employment earnings, while 37% received government financial support (State Universal Support) for their education.

Reflecting on participants' second-level education, 95% had completed one of the three Leaving Certificate programmes. For those who did so, the mean points achieved in the classificatory college entry system, Central Applications Office (CAO), was 385 points. This outcome varied substantially by social class: students from the lowest-skilled families achieved a mean of 326 points while for professional class the mean was 464 points. The overall mean for women (393 points) was higher than that for men (378 points). Longitudinal analysis identified a relationship between educational performance at 9 years old (measured by the Drumcondra Reading Test) and Leaving Certificate points; those in the lowest quintile at 9 years scored a mean Leaving Certificate points total of 301 while the highest quintile at 9 years achieved a mean of 463 points.

Five per cent of participants left school without completing the Leaving Certificate. The proportion was higher among families of the lowest-skilled social class (11%) and also higher where mothers had the lowest educational level (11%), while for those from one-parent families, 10% were early school-leavers. Asked for the reasons that they left school early, finding schoolwork 'boring' (59%) or 'difficult' (42%) or 'wanting a job/money' (36%) were the most frequent reasons given. A strong longitudinal relationship was also observed between lower 9-year-old educational test scores (Drumcondra Reading Test) and leaving school early: of the early leavers, 49% were in the lowest quintile at 9 years. At 13 years of age, those who subsequently left school early were more likely to have said they disliked or hated school (19%) compared to those who did complete the Leaving Certificate (10%).

Wave 4, age 20, provided a vantage point to assess the relationship between young adults' second-level attainment and their subsequent pathways to post-second level education and employment. For those with the highest Leaving Certificate points, higher education tended to be their main activity at 20 years of age; 87% of the group with the highest quintile of points were in higher education and 10% in employment. For the group with the lowest points, the pathways were different: 26% were in higher education, 46% were in employment as their main activity, and a further 21% were attending a Post Leaving Certificate (PLC) or other education/training course. Eight per cent of this group were not in education, employment or training (NEET). For early school-leavers, the picture contrasted strongly with the above; 7% of this group were in higher education, 31% attending a PLC or other education/training, 31% in employment, and 32% not in education, employment or training.

KEY FINDINGS FROM THE COVID-19 SURVEY

At the beginning of the COVID-19 pandemic, 64% of the cohort were in education. The disruptive effect on them was evident; 58% of those in education said they had difficulty with study arising from the pandemic. This disruption had a number of dimensions; 27% did not get to take exams, 23% missed out on work experience or an internship, while 22% felt they "did not do as well as expected". Of those in education or training, 91% 'always' had access to a suitable computer and 74% 'always' had access to online classes, while about half (46%) 'always' had a quiet place to study. There was also a positive aspect of the pandemic for some; the majority felt it was either 'always true' (12%) or 'sometimes true' (49%) that they enjoyed the chance to learn on their own. Many of the 22-year-olds were working part-time while in education/training; job loss will have had consequences for those funding their studies through employment.

KEY TOPIC AREAS COVERED BY COMPARABLE STUDIES

Two national prospective cohort studies are of particular relevance for this transitional period between full time education and employment: Next Steps collected data in 2015-16 at age 25 years while ALSPAC collected data in 2020 at age 27 years. The main questionnaire for the latter asks for a single response to 12 options of current employment and education options. It also asks participants how many schools they had attended between the age of 5 and 16 years. By contrast, Next Steps has an extensive set of questions in this area. The main activity question permits multiple responses, which may more clearly reflect the diversity of approaches at an age of intersection between education and employment. It also asks if any special qualifications are required in participants' current employment, and whether the participant needed their highest qualification to secure their current job, if employed. The section of the questionnaire dedicated to education and training covers areas including in-employment training, qualifications obtained since the previous wave, academic or vocational qualifications currently being undertaken, the subject area and institution of the first degree attained and whether this was the respondents' first choice, how respondents funded their education, and what, if any, qualifications their current partner had attained. Growing Up in Australia Wave 8, which collected data when their K cohort was 18/19 years old, included a question for those returning to education after being away from it, asking for the motivation for doing so.

POLICY LINKS

While many in this cohort are transitioning away from full time education, they will continue to interact with education and training in many forms. As outlined in Chapter 2, a number of policy goals have continuing relevance. Outcome 2 of *Better Outcomes, Brighter Futures: The National Policy Framework for Children and Young People, 2014-2020* (BOBF) (DCYA, 2014) articulates the achievement of full potential in learning and development and proposes aims of engagement and achievement in learning, including a commitment to provide opportunities for early school-leavers in further education and training. Outcome 4 includes a commitment to pathways to economic participation and independent living through opportunities for ongoing training and education.

Lifelong learning is a core education principle for the State since the publication of *Learning for Life 2000* (Government of Ireland, 2000), Ireland's first white paper on adult education, which included the objective of effective development and skills to support economic and social prosperity, and transfer of knowledge between employers and education providers. There are detailed policy goals for further education and training in *Future FET, Transforming Learning: The National Further Education and Training (FET) Strategy 2020-2024* (Government of Ireland, 2020b) and *The Action Plan for Apprenticeship 2021-2025* (DFHERIS, 2021).

OVERVIEW OF PRIORITY TOPICS IDENTIFIED IN CONSULTATIONS WITH POLICY, SCIENTIFIC AND YOUNG ADULT STAKEHOLDERS

The roundtable discussion with policy and scientific stakeholders on Wave 5 (age 25) education topics covered a broad suite of content and methodological points. This wave affords an opportunity for participants to evaluate their educational experience, and these stakeholders pointed to the opportunity to shed light on understanding barriers and enablers to participation in post-second-level education, to examine why participants made the educational choices they did, and to understand the influence of siblings on each other's educational choices. The disruptive impact of COVID-19 was widely discussed (see Chapter 4). Wave 5 was viewed as an opportunity to compare online to in-person education, and to capture changes to pre- and post-COVID educational trajectories.



Methodological considerations were highlighted with respect to education. Stakeholders highlighted the potential to explore administrative data linkage to reduce the length of the main questionnaire. Capturing the evolving relationship between education and employment at this age cohort was discussed. Participants may have multiple statuses in this regard; in the continuum between these, it is important to capture short-term training and courses, both internal and external to the employer, varying accreditation and length of courses, work that is both complementary and non-complementary to the educational pathway, and any tension between work and education.

A number of education-related themes emerged from the focus groups with young adults. Some participants felt it was important to reflect the dynamic relationship between employment and education/training at this age, and also the degree to which their education may or may not have prepared them for 'real life' through mentorships or work placement. The potential for unpaid internships and in-work training to be exploitative was raised. Opportunities and barriers to returning to education were discussed, with particular reference to barriers for minority groups.

SPOTLIGHT ON KEY ISSUE: RETURN TO EDUCATION

Although employment is the primary activity for many as they reach 25 years, ongoing education/training continues to play an important role and returning to education after a period of employment is the preferred direction for some. A study of adult education patterns in Ireland found that 63% of 25-34-year-olds were engaged in some type of lifelong learning (CSO, 2018a). This takes diverse forms, from formal national qualifications to informal learning. For the 25-year-old cohort, there may be at least three distinct paths for returning to education depending on prior attainment and desired outcomes. Those who have completed degree-level qualifications may consider returning to higher education through a postgraduate course. The second path is for mature students engaging with higher education for the first time, while the third is through further education and training, focused predominantly on skills for the labour market, or as a method of gaining a path to higher education. These routes back to education and training are further fragmented by full-time and part-time options, whether the courses are related to their prior employment or a new direction, and the availability of remote and distance-learning options.

FURTHER EDUCATION AND TRAINING (FET)

The CSO found that 48% of 2016 graduates of further education and training (FET) courses were aged 25 years and under. Furthermore, 63% of all FET graduates were in education one year after graduation, 25% in higher education only and 33% in a different further education course. As an indicator of the diverse pathways in this sector, the majority of these graduates continuing in education one year after graduating were also in substantial employment. With respect to apprenticeships, this study found that 65% of apprentices were in employment only two years following qualification, 14% were in both employment and education, while 2% were in education only, suggesting a more linear pathway between education and employment by comparison with other FE graduates. Forster et al. (2016) have argued that, while vocational education provides improved employment prospects soon after qualification, owing to the specific skills advantage, this pattern reverses over the life cycle due to the inflexibility of the narrow base of skills.

Post-Leaving Certificate courses are the largest provider of further education and training in Ireland, providing more than 32,000 places in 2015/16. McGuinness et al. (2019) conducted an analysis of PLCs finding that while the most popular reason for students to enter a PLC course was to find employment (39%), the same proportion chose this in order to secure a higher education place subsequently. Although the study found that PLC students were more likely to be in employment five years after completing their course compared to those who entered the labour market directly after the Leaving Certificate, the authors found a lack of evidence that the provision of PLC places were being sufficiently targeted directly

towards areas of greatest economic deprivation and unemployment (although the study references policy changes currently underway to address this mismatch in provision). In addition, the recent SOLAS initiative is intended to focus on FET courses targeted specifically at employment growth areas.

HIGHER EDUCATION (HE)

In the period 2015 to 2018, the proportion of mature students in Ireland declined from 10.4% of total students to 7.7% (Department of Education, 2020). The HEA (2021) found a positive association between the mature student rate and the national unemployment rate for the period 2007 to 2019. In light of the COVID-19-related fall in employment, the take-up rate for mature students may be expected to increase over the coming years (with an increase of 20% already evident between 2020 and 2021). This study also found that the highest participation rate for first-time mature students was in the age category 25-34 years. Dejardin, Melo and Lee (2016) examined cross-national patterns of adult education, with Ireland included in the data analysed. They found that adult education participation tended to be highest among younger adults (26-35 years of age), those who already had secondary education qualifications and those from higher socio-economic groups. This study also found that higher-income countries had higher adult education participation rates. Given Ireland's changing macroeconomic performance over the recent decades, this has potentially useful policy implications with respect to demand for adult education. The number of part-time higher-education students in Ireland increased from 37,249 in 2015 to 43,029 in 2018, while the number of students studying remotely increased by 50% to 9,207 in the same period (Department of Education, 2020); 92% of part-time and remote students were mature students (23 and older) (HEA, 2021).

The third path described above is that of graduates returning to study postgraduate courses. Research in this area is quite limited. Growing Up in Ireland Wave 5 data will make an important empirical contribution to understanding this phenomenon in Ireland. D'Aguiar and Harrison (2016) reported on analysis from the UK of those returning to postgraduate education after a period of employment. From a sample of 20,000 graduates, they found that women, younger graduates, ethnic minorities, those with better degree attainment and those in relatively lower-skill jobs prior to returning were more likely to return to study for a postgraduate course.

Returning to education presents numerous challenges and barriers, particularly for the groups identified by Ireland's *National Access Plan* (HEA, 2015) as target groups – people from disadvantaged areas, Irish Travellers, people with a disability and lone parents, for whom tertiary educational attainment is markedly lower than the national average. The HEA study (2021) found that the biggest challenge to returning to higher education among mature students was financial costs; family and work commitments were the next biggest challenges. For the NAP target groups, 72% rated financial costs as a major barrier. While financial support is available in Ireland through the Student Grant Scheme (SUSI), the HEA study found that non-approval of SUSI funding was higher among mature students (42%) than all students (26%) for 2019-2020.

Questions have also been raised about the effectiveness of state financial supports for return to education targeted at reducing the live register of unemployed. The ESRI-conducted analysis (Kelly, McGuinness and Walsh, 2015) of the Back to Education Allowance (BTEA) found that participants entering third level under BTEA were less likely to be in employment four to six years after entering the scheme compared to a control group who were not part of BTEA, although the target group of BTEA participants were marginally more likely to be in education four to six years later compared to the control group.

Mature students made up 6.8% of new entrants to universities in 2018/19. The rate for institutes of technology was 12.3% (HEA, 2021). Concerning institutional flexibility to accommodate the needs of mature students, the HEA study found that mature students rated educational institutions poorly with respect to availability of part-time courses and remote-learning courses (survey conducted prior to COVID-19, which is likely to affect the latter courses).



SUGGESTED TOPICS AND QUESTIONS

Retrospective information on Leaving Cert/early school-leaving: Although detailed information was collected at age 17/18 and 20 years, it may be necessary to fill this gap in data for participants who missed these wave(s) but rejoin at 25. Information on Leaving Certificate results is key to understanding access to education and labour market opportunities (Smyth & McCoy, 2009), and reform of the exam has been a policy focus for some time. Similarly, understanding the background for early school-leaving will be important for examining the trajectories of relevant participants, given that a number of negative social, economic and health outcomes are associated with early school-leaving (Freeney & O’Connell, 2012). The Wave 4 20-year-old design report (McNamara et al., 2021) sets out the rationale for final-year schooling questions, including Leaving Certificate type, results and CAO points, discussing their influence on access to further education, training, and employment.

Details on current and completed post-school education and training: Interviewing the young adult at age 25 provides an opportunity to collect data on several important aspects of education and training pathways, including: the highest level of course completed by respondents (given that many were still in full-time education at the time of the previous wave); the field of study; participation in postgraduate education (an issue on which there has been little Irish research); progression between different types of further education, and between further education and higher education; and the extent to which respondents engage or re-engage in education/training (full-time or part-time) in response to the COVID-related employment shock or other factors.

This set of items also collects information on apprenticeships and work placements. Given the strong link between educational qualifications and employment and other outcomes in Ireland, detailed information on the educational career of the young adults is crucial in informing policy. The Wave 4 20-year design report further discusses the basis for the questions related to further and higher education and training. The specific issue of returning to education is discussed in the ‘spotlight’ section above.

Individual factors in education: The Growing Up in Ireland study provides a valuable opportunity to flesh out the structural information on type of post-school education with insights from the individual participants on their satisfaction with their course, how they funded it and why they chose a particular institution. These insights into experiences and decision-making processes are crucial in understanding the potential barriers and enablers to educational participation. A new question is suggested on potential barriers to engaging in education and training (drawing on an item from the CSO Adult Education Survey) as this will be helpful information to inform policy around educational access.

Informal learning: To date, Growing Up in Ireland has tended to focus on the acquisition of formal qualifications, though information on out-of-school activities has highlighted the importance of non-formal learning for in-school learning (Smyth, 2016). The CSO Adult Education Survey revealed substantial involvement in non-formal and informal learning among adults in Ireland. While it is probably not feasible to use the full battery of items, it is proposed that some of these questions could be added to Growing Up in Ireland at wave 5 to facilitate a broader perspective on skill development.

Qualification of spouse/partner: It is likely that more participants will be either cohabiting or in a long-term relationship by age 25. Collecting information on the educational level of that ‘significant other’ could be interesting in terms of the overall social capital of the new household, to what extent ‘assortative mating’ occurs between individuals of similar backgrounds, and the potential for the educational orientation of the partner to influence the choices of the study person. However, this information is not as critical as the detail on the participant’s own education.

Table 8: Summary of proposed questions covering ‘Education and training’

Subtopic	Question text	Priority
School Information	When did you leave school for the first time? R, G	High
School Information	What school did you last attend? R, G	Low
Leaving Cert	What programme did you take in your final year in school? R, G	High
Leaving Cert	Did you sit the Leaving Certificate examinations? R, G	High
Leaving Cert	In what year did you sit your (most recent) Leaving Certificate examinations? R, G	High
Leaving Cert	Which points system applied to your (most recent) Leaving Cert examination? R, G	High
Leaving Cert	How many subjects in total did you sit for your (most recent) Leaving Certificate examinations (LCVP do not include link modules)? R, G	High
Leaving Cert	How many points did you get in total in your (most recent) Leaving Certificate examinations? R, G	High
Leaving Cert	[If did Regular Leaving Cert or Leaving Cert Vocational – F3 = 1 or 3], please indicate which subjects you did for your (most recent) Leaving Cert, at what level (foundation, ordinary or higher) and the grade you achieved. R, G	Low
Leaving Cert	Did you sit the LCVP link modules? R, G	Low
Leaving Cert	[If sat LCA] What overall grade did you get in the Leaving Certificate Applied? R, G	Low
Leaving Cert	[If doing Leaving Cert Applied – F3 = 2] Please indicate which vocational specialisms/elective modules you took in the Leaving Cert Applied Course: Agriculture, Horticulture/ Childcare, Community Care/ Graphics and Construction Studies/ Craft and Design/ Engineering/ Hair and Beauty/ Hotel, Catering and Tourism/ Office Administration and Customer Care/ Technology/ Information and Communication Technology (follow-on to Introduction to ICT)/ Active Leisure Studies (follow-on to Leisure and Recreation) R, G	High
Early school-leaving	[If did not sit LC] What age were you when you left school? R, G	High
Early school-leaving	Which of these factors influenced you to leave school before the Leaving Cert? (tick all that apply): Found school work difficult/ Other school related factors/ Found school work boring, not interesting/ Health factors (own illness/disability)/ Didn't get on with teachers/ Wanted to get a job and earn money/ Didn't get on with other students/ Other economic/job factors (specify)/ Suspended from school/ Family factors (specify)/ Expelled from school/ Other reasons (specify)/ To take up training or apprenticeship/ Special educational needs R, G	High
Perceptions of school	Here are some views about being in secondary school. There are no right or wrong answers. For each statement please indicate whether you agree or disagree with these views: I disliked being at school / I thought most of my teachers were friendly / I could talk to my teachers if I had a problem. R, G	High



HE, FE, Training	Looking at the Card, for each of these further or higher education, or training courses can you tell me: Did you register for <course>? If yes, how many courses at this level did you register for? Did you complete the course? If no, why not? Postgraduate course (NFQ Level 9) / Honours Bachelor Degree (NFQ Level 8) / Ordinary Bachelor Degree (NFQ Level 7) / Higher Certificate Course (NFQ Level 6) / Post-Leaving Cert Course (NFQ Level 5/6) / University outside the Republic of Ireland / Further education outside the Republic of Ireland / Certificate Course (NFQ Level 4) / Certificate Course (NFQ Level 5) / Apprenticeship / Solas(FÁS), Fáilte Ireland, Teagasc etc / Private Training Course / Youth Reach / Other, please specify / None of the above G	High
HE, FE, Training	Why did you not complete the course? (tick all that apply (ET16) and choose one as the main reason(H1a7)). R, G	Low
HE, FE, Training	Please give the name and address of the college or institution you are/were attending and/or business where you are doing/did your apprenticeship/training. R, G	High
HE, FE, Training	Please give the name of the course or apprenticeship you are/were following (e.g. Level 5 Certificate in Business Studies; Level 6 Higher Certificate in Mechanical Engineering; Level 6 Advanced Certificate Craft in Plumbing; Level 8 Bachelor of Arts Honours in History and English). R, G	High
HE, FE, Training	Was/is this course part-time, full-time or something else? R, G	High
HE, FE, Training	Date course started: R, G	High
HE, FE, Training	How long was/is the course from beginning to end (what was its total duration, even if you left it early)? R, G	High
HE, FE, Training	Are you receiving (did you receive) any type of: means-tested grant to cover registration fees? / means-tested grant to cover maintenance? / scholarship? R, G	High
HE, FE, Training	How do/did you fund your studies/training? (tick all that apply): Money from your family/ A bank loan/ Indirect support from your family (e.g. food, accommodation)/ Savings/ Earnings from employment/ Employer assistance/ A State grant/ Social welfare payment (e.g. Back to Education Allowance) R, G	High
HE, FE, Training	Generally speaking, on a scale of 1 to 10, how satisfied are/were you with your choice of course? R, G	High
HE, FE, Training	Generally speaking, on a scale of 1 to 10, how much do/did you like your course? R, G	High
HE, FE, Training	Generally speaking, on a scale of 1 to 10, how would you rate your compliance with the requirements of this course? R, G	Medium

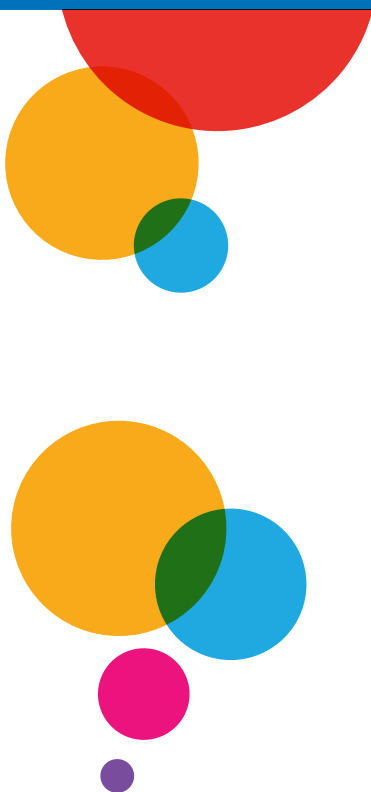
HE, FE, Training	Have you completed a work placement(s) as part of a college course? R, G	High
HE, FE, Training	Are you currently on a work placement? R, G	High
HE, FE, Training	When did you take up this job? R, G	High
HE, FE, Training	[If doing an apprenticeship] In relation to this job, as part of your apprenticeship please give the name and a full description of the work done. R, G	High
Non-formal Educ.	Since the age of 20, apart from the courses mentioned earlier, have you deliberately tried to improve your knowledge or skills through any of the following means? Learning from a family member, a friend or colleague / Learning by using printed material (books, professional magazines etc) / Learning by computers, tablets or smartphones (online or offline) / Learning through television/radio/videos/DVDs / Learning by guided tours of museums or natural or industrial sites / Learning by visiting learning centres (including libraries) / I did not participate in any informal learning	Medium
Access Difficulties	Would you have liked to have participated more in such learning activities?	Medium
Access Difficulties	Do you feel you need additional education and training?	Medium
Access Difficulties	What kind of difficulties did you experience that prevented you from participating or participating more in formal and/or non-formal education activities? You did not have the prerequisites (e.g. entry qualifications)/ Training was too expensive or the cost was difficult to afford/ Lack of employer's support or lack of public services support/ Training conflicted with work schedule and/or was organised at inconvenient time/ Training took place at a distance hard to reach/ No access to a computer or internet for distance learning/ You did not have time due to family responsibilities/ Your health/ Your age/ Other personal reasons/ No suitable education or training activity available/ You were reluctant to commit due to previous negative learning experiences/ None of the above but other R	Medium
Access Difficulties	Among the reasons you have selected [for not participating in education activities], which was the most important? R	Medium
Highest qualification	What is the highest level of educational qualification that you have attained to date? (Please record the highest qualification awarded - note this may be lower than the highest level of course completed, e.g. you completed a course but failed the exam)	Medium
Partner education	What is the highest level of educational qualification that your spouse/ partner has attained to date? (Please record the highest qualification awarded - note this may be lower than the highest level of course completed, e.g. they completed a course but failed the exam) R	Medium

Notes: **R** = question routed (not asked of all participants); **G** = question previously used in a Growing Up in Ireland survey; text in italics has been added for clarity in this summary but does not feature in the actual question (see appendix for full text and response options); blue text indicates a block of questions intended for a small minority of participants.



Chapter 7

PHYSICAL HEALTH



OVERVIEW OF CONTEXT

By age 25, most young people should enjoy broadly positive physical health. Although they may be less active than adolescents and may have transitioned from team to individual sports (Lunn, 2010), they are still more likely than older adults to be involved in active pursuits. If they engage in some unhealthy lifestyle behaviours (smoking, unhealthy diet, excessive sedentary behaviour, alcohol or drug abuse), the potential associated health risks (including cardiovascular disease, cancer, obesity and diabetes) will most likely not have manifested themselves yet.

However, the presence of chronic illness in early-to-mid adulthood can have short- as well as long-term effects, affecting educational attainment, employment prospects and social engagement (Yeo & Sawyer, 2005). Risky health behaviours such as smoking (WHO, 2019), alcohol and drug abuse can also have serious negative consequences in terms of both physical and mental well-being (HSE, 2016; Room, Babor & Rehm, 2006; Health Research Board, 2021), and may lead to unwanted interactions with the justice system.

By age 25, young adults may have increased, if not complete, autonomy in terms of their general health behaviours. That is, they are increasingly, if not solely, responsible for their dietary habits and physical activity behaviour as a result of increased independence from parental influence, even if they do still live at home. As a result, the health behaviours they display at this stage may be indicative of their future health behaviour throughout adulthood.

Similarly, where once they may have been included on family health insurance schemes as an under-18 'child', staying on a family policy might no longer be possible or may lead to increased premiums for the family. As a result, there is systematic pressure on the 25-year-old to manage their own finances and to plan for the future, challenges which may leave many 25-year-olds without adequate health insurance. According to the most recent report from the Health Insurance Authority (2019), fewer people in the 18-29 age group had health insurance (248,000), compared to the 30-39 (289,000) and 40-49 (346,000) age groups.

KEY FINDINGS FROM THE LIVES OF 20-YEAR-OLDS

At age 20, the majority of Young Adults in Cohort '98 reported that they were in good general health. However, 16% reported having a longstanding condition or illness, the most prevalent of which were psychological or behavioural disorders, or diseases of the respiratory system. Levels of overweight and obesity were 24% and 13%, respectively – a large increase from the previous wave of the study at age 17/18, when levels of overweight were 20% and obesity levels were just 7%. Obesity risk at age 20 was greater among young women, those from less advantaged backgrounds, had been overweight/obese when younger and had an overweight or obese parent.

Fifteen per cent of 20-year-olds said they were daily smokers, while a further 23% smoked occasionally. In terms of alcohol consumption, 46% of 20-year-olds reported drinking behaviour that could be described as 'risky or hazardous', 7% could be described as 'high risk or harmful', and 4% reported drinking behaviour that could be described as 'very high risk (or possible alcohol dependence)'. Nearly 60% of 20-year-olds had tried cannabis, while 18% smoked cannabis occasionally and 6% smoked it more than once per week. More than one-fifth of all 20-year-olds (22%) had tried cocaine at least once, while 17% had tried ecstasy. For all three of these risk behaviours (smoking, drinking, drug use), past behaviour reported at ages 13 and 17/18 as well as social class were both indicators of risky behaviour at age 20.



KEY FINDINGS FROM THE COVID-19 SURVEY

The recent COVID-19 survey of this cohort at age 22 (in December 2020) provided further insight into the health of these young adults. When asked about changes in their daily life as a result of the pandemic and associated restrictions, 38% reported that they were doing less sports and exercise during the COVID-19 pandemic, while 25% said they were doing more. Similarly, 43% felt they were spending less time outdoors while 24% felt they were spending more time outdoors. The largest contrast was observed with regard to informal screentime (that is, screentime outside of work/study); 6% of 22-year-olds felt their screentime had decreased while 65% felt it had increased.

Another worrying finding related to dietary behaviour; just 11% thought that they were eating less junk food or sweets, but four times as many (44%) said they were eating more junk food. Little difference was seen with regard to smokers; 30% reported they were smoking less while 39% said they were smoking more. One particularly positive finding concerned alcohol consumption; 60% of 22-year-olds reported that they were drinking less, while 17% said they were drinking more.

Four per cent of all 22-year-olds surveyed said they had contracted COVID-19 (by December 2020), while 8% described themselves as vulnerable to COVID-19. As a result of the lockdown restrictions, 13% of young people felt they had missed out on mental health support, while 4% felt they had missed out on medical care. The young adults were also asked about access to health services and whether they were affected by the pandemic and associated restrictions; 4% said they had gone without necessary medical care because of the pandemic; 13% said they were unable to avail of needed support for emotional or mental health problems, and 1% said they were unable to avail of disability services.

KEY TOPIC AREAS IN HEALTH FROM COMPARABLE STUDIES

A review of surveys comparable to the upcoming wave of Growing Up in Ireland (in terms of objectives and/or study design) highlighted common trends regarding questions/items on physical health (see Chapter 3).

Of the 16 surveys reviewed, 13 included questions about general health and chronic/longstanding health issues. Questions on smoking and drinking were included in the vast majority of surveys too, as were physical measurements such as height, weight and blood pressure. Healthcare utilisation, an important area from a policy and planning perspective, was examined in 10 surveys, while nine included items on sleeping patterns. Half of all surveys asked questions about specific injuries, diet and exercise.

Less commonly included topics were prescription and non-prescription medication use (six surveys), illegal drug use (five surveys), and items on pregnancy and fertility (four surveys). Four surveys took biological samples from respondents (possible biomarker data collection is discussed in detail below). Only three surveys included items on private health insurance; as noted previously, this may reflect the nature of the healthcare systems across the various countries.

Potential new avenues of exploration highlighted in the review of other studies included items on sexual health, miscarriage and abortion (included in PAIRFAM) and the respondent's family health history (covered in the Southampton Women's Survey).

POLICY LINKS

Many health-related policies are relevant to the physical health of 25-year-olds in Ireland, discussed in detail in Chapter 2. A selection of key policies is listed below:

Healthy Ireland 2013-2025 is the national strategy for improved health and well-being; it aims to increase the proportion of people who are healthy at all stages of life, reduce health inequalities and protect the public from threats to public health and well-being.

The *National Sexual Health Strategy 2015-2020* sets out a vision to improve sexual health by ensuring that everyone living in Ireland has access to high quality sexual health information, education and services.

The *Healthy Food for Life* guidelines provide a consistent and evidence-based approach for healthy eating advice, providing practical support for individuals and families to make healthier food choices and to ultimately improve their health and well-being.

A Healthy Weight for Ireland (DH, 2016a) aims to reduce the gap in obesity levels between the highest and lowest socio-economic groups by 10%.

The *Tobacco Free Ireland* report of the Tobacco Policy Review Group seeks to denormalise tobacco in Irish society, reduce initiation rates, assist smokers to quit, and protect non-smokers, especially children, from the effects of second-hand smoke.

Smile agus Sláinte: National Oral Health Policy aims to promote better oral health across the life course and to reduce oral health inequalities.

Reducing Harm, Supporting Recovery: a health-led response to drug and alcohol use in Ireland 2017-2025 (DH, 2017) commits to a health-led policy approach to drug and alcohol use, with the goal of reducing harm and promoting rehabilitation and recovery.

Promoting positive health behaviours at all stages in life is an important public policy objective. The *National Physical Activity Plan* and the *National Sports Policy 2018-2027*, respectively, seek to increase levels of physical activity and participation in sport.

OVERVIEW OF PRIORITY TOPICS IDENTIFIED IN CONSULTATIONS WITH POLICY, SCIENTIFIC AND YOUNG ADULT STAKEHOLDERS

SURVEY OF POLICY AND SCIENTIFIC STAKEHOLDERS

Through the online survey completed by the policy and scientific advisors, health items were ranked in terms of priority for inclusion at the upcoming wave of the study. The highest-ranked items were general health, exercise/physical activity, risky health behaviours (smoking, drinking, drugs) and sexual health and activity. Weight, body mass index (BMI), perception of weight, and body image were all highly ranked in terms of priority, as were experience of pregnancy, disability and longstanding issues, and diet and dieting behaviours.

Next in terms of priority were uptake of vaccines, health care utilisation (including barriers to access), health status of respondents' children (e.g. birth weight, breastfeeding, vaccination uptake, developmental checks), health knowledge and attendance at health checks. Less commonly cited priority topics were health insurance, speech/hearing/sight difficulties, hospital experience, accidents and injuries, dental health, blood pressure and use of supplements and alternative or complementary treatments.



ROUNDTABLE WITH POLICY AND SCIENTIFIC STAKEHOLDERS

Longitudinal consistency in measurement was cited as a key consideration for the upcoming wave, particularly for the scientific stakeholders. Among the measurements the attendees suggested retaining at the upcoming wave were height and weight (for Body Mass Index), food frequency and food patterning inventory, and dental health (not included at age 20, but included at waves prior to that).

The group also discussed how, at their stage of life, 25-year-olds may be at something of a crossroads in terms of their health trajectory; that is, they could be experimenting with a more hedonistic lifestyle (including alcohol and substance abuse), or be pursuing an increasingly healthy lifestyle (and increasingly mindful of their body image). The group noted that it was important to consider what factors predict the timing and direction of these health behaviour trajectories.

Potential new measurements for inclusion at the upcoming wave were also considered by the group. Chief among these were advanced biomarkers, such as hair, saliva and blood samples. Analysis of such samples could allow researchers to investigate genetic predictors of health outcomes, as well as the interaction between genetic and environmental factors. The group acknowledged that there would be considerable hurdles associated with collecting biomarker data (in terms of cost, expertise/training required and storage/analysis protocols) but noted examples of other longitudinal panel studies (including the Irish Longitudinal Study on Ageing – TILDA) successfully collecting biomarker data. Also discussed by the group were objective (and increasingly reliable) detailed measures of physical activity (such as accelerometers) and other more accurate measures of adiposity (e.g. waist-hip ratio or skinfold thickness measurement).

YOUNG ADULT FOCUS GROUPS

Participants noted how attitudes to health are likely to shift as people enter young adulthood. Participants mentioned how healthy eating and gym membership are growing popular with people in their 20s. However, the negative connotations of diet and exercise were also discussed, and that body dysmorphia is increasingly prevalent due to the impact of social media.

It was also suggested that many 25-year-olds will be coming from a stressful period of life (often having completed further/higher education studies), where they may not have been able to look after their physical well-being as much as they would have hoped. Similarly, participants noted that participation in team sports is likely to decline at this age.

SPOTLIGHT ON KEY ISSUE: BIOMARKERS

Biomarkers were highlighted in the roundtable consultation among possible new measurements to consider for future waves of Growing Up in Ireland. Broadly, biomarkers refer to a wide range of ‘biological markers’, that is, objective and measurable indicators of medical state in a person (Strimbu & Tavel, 2010). This can include simple measures already conducted as part of the Growing Up in Ireland study, such as height, weight, blood pressure and waist circumference. But it also includes biological measurements that are derived from more clinical tests, such as hair, saliva or blood sampling. From these, molecular, cellular and even genetic information about an individual can be explored. For the purpose of this section, the term biomarkers will be used to refer specifically to the latter, more clinical measurements. Biomarkers can provide detailed information on an individual’s metabolic system (e.g. cholesterol, insulin), diet (e.g. vitamin levels), inflammatory markers (e.g. c-reactive protein, red blood cell count), neuro-endocrine system (e.g. cortisol), and kidney and liver function.

Understanding the relationship between biomarkers and health outcomes is an important area of research to further our understanding of both normal, healthy physiology and the aetiology of disease. From

the perspective of longitudinal research studies, biomarkers can assist in understanding the interaction between genetic and social/environmental factors as predictors of health behaviour and development throughout the life course (Fitzsimons et al., 2020). This interest in biomarkers has been further facilitated by technological developments of substantially less invasive methods of data collection (e.g. saliva sampling compared to, say, blood sampling), particularly in large-scale longitudinal studies that use non-medically trained interviewers (Lindau & McDade, 2007).

A distinct benefit of incorporating biomarker testing in a longitudinal panel study is the unique opportunity to combine genetic data with the wide range of socio-demographic information that will have already been collected in such a study. This benefit was cited as part of the proposal to include biomarker data collection in Understanding Society, the UK Longitudinal Household Study (Kumari et al., 2006), which noted that it would allow for gene–environment interactions to be explored on a much larger scale than would usually be possible in genetic research.

In Ireland, The Irish Longitudinal Study on Ageing (TILDA) has gathered biomarker data from study participants, collecting blood samples from almost 6,000 participants during the first wave of the study. A similar health assessment was conducted during the third wave of the study; blood samples were collected by trained research nurses at dedicated health centres in Dublin and Cork, while a home-based assessment (also carried out by a nurse) was also made available to those unwilling or unable to attend the health centres. Ethical approval was received to collect blood samples totalling 25ml. It was decided not to collect saliva samples as they would introduce extra storage costs, and only provide limited additional information (Kenny et al., 2010). Initial analysis has been conducted (for lipid profiles), while samples have been stored for future genetic and biomarker studies into healthy ageing.

A number of comparable longitudinal panel studies in the UK currently collect biomarker data from older adults. The 1958 National Child Development Study has collected blood and saliva samples; these blood samples have been genotyped (that is, individuals' genetic make-up has been explored and compared against each other by examining and comparing their DNA sequence). The 1970 British Cohort Study has also collected blood samples, while the most comparable study to Growing Up in Ireland, the Millennium Cohort Study (MCS), has collected saliva samples from participants. The latter study collected this biomarker data at the sixth wave of the study, when participants were aged 14. This was preceded by pilot testing with 11-year-olds and their families (Calderwood et al., 2014). This pilot testing indicated that high-quality DNA samples could be collected through saliva samples collected by non-medically trained interviewers in the home.

In the main fieldwork for MCS, saliva samples were taken from the study children and their biological parents, and genetic information was derived from these samples (genotyping). Saliva sampling was chosen as it allowed for genotyping, was considered a minimally invasive approach and could be collected by trained interviewers (forgoing the need for nurses/phlebotomists) in the participants' homes (Fitzsimons et al., 2020). The study used Oragene DNA self-collection kits to collect saliva samples. As the name suggests, these tests can be self-administered, so in theory, participants can do the test unassisted and post the sample to the Study Team (a method employed in the 1958 NCDS). Another advantage cited was the fact that saliva samples can be stored at ambient temperatures for months, further supporting the idea of home-testing (Fitzsimons et al., 2020). DNA can be stored in laboratory-grade freezers and used for further genotyping as new methods and hypotheses become available or as technologies become ever cheaper.

The response rates for biomarker testing in MCS were 82% for the study child, 81% for mothers and 71% for fathers (Fitzsimons et al., 2020). While saliva samples could be safely stored for a maximum of five years in this instance, the mean storage time (prior to DNA extraction) was just 10 months.



PROPOSAL FOR BIOMARKERS IN GROWING UP IN IRELAND

At the expert roundtable consultation, there was collective agreement on the substantial benefits associated with collecting selected biomarker data at the upcoming wave(s) of Growing Up in Ireland. While there are considerable ethical, logistic and financial hurdles associated with biomarker data collection, these can now be somewhat offset by the availability of affordable and easy-to-use self-collection DNA saliva kits.

With this in mind, and given the potential benefits of incorporating genetic data into a large-scale panel study (as evidenced in TILDA and numerous UK-based panel studies), the Growing Up in Ireland Study Team propose that strong consideration be given to the collection of biomarkers (via saliva sampling) at either the upcoming wave or subsequent waves of Growing Up in Ireland. Prior to this, a consultation process should be initiated to explore what exact biomarker data should be collected, along with procedures for the transport of samples to a central laboratory and the processing and storage of biomarker samples.

SUGGESTED TOPICS AND QUESTIONS

General health/chronic illness: Self-rated health is a valid and reliable indicator of objectively obtained measures of health status and is the most widely used comprehensive health measurement by the World Health Organization (Jürges, Avendano, & Mackenbach, 2008).

Chronic conditions can affect young adults in many ways, leading to difficulties negotiating the tasks of young adulthood in comparison to their healthy peers. Those with chronic conditions tend to have increased risk of lower levels of psychological well-being (Yeo & Sawyer, 2005), and often report a sense of alienation from their peers due to the requirements of managing their condition and an inability to participate in recreational and sporting activities (*ibid.*).

A detailed discussion of the rationale for wave 4 health measures was presented in McNamara et al. (2021), citing emerging adulthood as a period of emergence for health-risking behaviours and ill-health. It is proposed that these questions be retained for longitudinal consistency, with particularly important measures designated as 'high priority' in the table.

Health service utilisation: Higher use of secondary healthcare, particularly the number of nights spent in hospital, is a useful marker for ill-health, and can be used as a supplemental objective indicator of a person's health alongside self-rated health (although a hospital stay might also be associated with an acute incident such as a car accident). The importance of private healthcare and the extent of fee-paying in Irish healthcare have led some to argue that the system is not available to all on the basis of need alone but rather that personal circumstances determine access.

Sleep: Inadequate sleep and poor-quality sleep can negatively affect a young person's well-being in many ways: among other things, it can lead to depression, mood disturbance and obesity risk (through its effects on metabolism; Owen, 2014). Evidence suggests an association between sleep problems and both electronic media and caffeine consumption (*ibid.*). It is proposed to add some questions to provide deeper insights into this important phenomenon, especially given the patterns of poorer sleep reported in the COVID survey.

Dental: Tooth decay in young adults is of concern because it is painful for the individual, treatment is challenging, and it may affect self-esteem and physical appearance (Health Service Executive, 2009). The long-term effects of poor oral health are also serious: poor oral health is linked to acute and chronic disease such as cardiovascular disease, diabetes, cancer and chronic obstructive pulmonary disease (Humphrey et al., 2008). Research points to social class differences in oral health (see, for example, Reda et al., 2018). It is

proposed to include questions on specialist dental treatment (medium priority) and to use the question on dental hygiene used in prior waves (high priority). These questions would provide an important evidence base on dental health among young adults.

Diet: Along with physical activity, diet is the primary modifiable lifestyle predictor of overweight and obesity. For most, late adolescence to early adulthood marks the decline of influence of family in terms of health behaviours such as diet. This, coupled with increased financial independence, can affect the dietary behaviour of young people (Winpenny et al., 2017). Dietary habits can often persist throughout adulthood, highlighting the benefits of combatting poor diet at this key stage in life (Craigie et al., 2011). It is proposed to maintain longitudinal consistency in capturing the type of eating habits during this important transition period (medium priority) and to capture additional information on the use of fast food/takeaways and responsibility for cooking (low/medium priority). Items on snacking behaviour and the consumption of fruit and vegetables have been assigned high priority.

Physical activity: Physical activity is the second key modifiable factor (along with diet) associated with obesity risk; reduced activity is linked to increased risk. Achieving recommended physical active guidelines has a protective effect against cardiovascular diseases, cancers and type II diabetes (Lee et al., 2012). The Irish Government is committed to increasing physical activity levels in Ireland (Department of Health, 2016c). However, research suggests that physical activity levels tend to decline from adolescence into adulthood (Corder et al., 2019). A detailed rationale for the measures used at Wave 4 (age 20) is provided in McNamara et al. (2021). It is proposed to add a new question on sedentary behaviour, given increasing public health awareness about its potential negative health impact (see, for example, Saunders et al., 2020).

Parental health: Since parents will most likely not be interviewed at the upcoming wave of the study, two news items are proposed asking the 25-year-old about parents' (mother and father) health. These can be used as a proxy indicator of parental health, and the perception of their parents' health might be as influential to the decision-making of young adults (such as whether to emigrate) as the objective status.

Smoking: Tobacco use is the leading cause of preventable illness and death in Ireland (Department of Health, 2013). Tobacco kills more than seven million people each year (for 1m of whom it is a result of exposure to second-hand smoke) and is the leading cause of cancer. Nine out of 10 smokers begin smoking before the age of 18 (WHO, 2019), and those who begin smoking in early life are far more likely to smoke in later life too. It is proposed to retain the relevant questions used in Wave 4 (see McNamara et al., 2021).

Alcohol: Alcohol consumption is a major risk factor for the burden of disease globally. Alcohol is linked to many health risks including cancer, cardiovascular disease, liver cirrhosis and injury (Rehm et al., 2009). Alcohol consumption is the third highest risk factor for premature death and ill-health in the European Union. Binge drinking (heavy alcohol consumption over a short period of time) has been evident among Irish young adults and, in a 2012 study of over 8,000 young adults, 61% demonstrated problem drinking behaviours (Dooley & Fitzgerald, 2012). It is proposed to retain the relevant questions used in Wave 4, namely the AUDIT alcohol screening test (see McNamara et al., 2021 for further description).

Drug use: Drug use among young Irish people has reached worrying levels, being among the highest in Europe according to a recent report (European Monitoring Centre for Drugs and Drug Addiction, 2017). The consequences of illegal drug use include physical health problems, such as kidney, liver and heart damage, loss of memory and concentration, the transmission of viruses through sharing needles, as well as psychological and physical addiction (*ibid.*). It is proposed to retain the relevant questions used at age 20.



Sexual health: Adolescence and young adulthood are critical periods for sexual health development (Blom, Hogberg, Olofsson, & Danielsson, 2016). Risky sexual behaviour is the second highest threat to global health worldwide (Burke, Nic Gabhainn, & Young, 2015). Almost 50% of sexually transmitted diseases occur during adolescence and young adulthood (Bersamin, Paschall, Saltz, & Zamboanga, 2012). It is proposed to continue the core questions used at age 20, although many of the 'first time' questions will be skipped for anyone who already reported sexual initiation at a previous wave.

Weight self-perception: Negative weight perceptions are increasing consistently, especially in the West; research suggests that up to 62% of females and 39% of males experience body dissatisfaction (Al Sabbah et al., 2009). Research also strongly supports the positive association between media consumption and body image dissatisfaction (Barlett, Vowels, & Saucier, 2008). It is proposed to retain items on self-perception of weight status used previously. New questions are also proposed on activities or efforts to gain or lose weight, which build on items repeated from the age 17/18-year wave.

COVID-19 questions: While the true long-term health effects of COVID-19, at an individual, societal and global level, are as yet unknown (given the pandemic is a fluid situation), it seems clear that it will be important to track the impact of the disease for the foreseeable future. Questions are proposed on having had COVID-19, long COVID symptoms, take-up of vaccination and perceived effects of the pandemic.

Physical measurements: Interviewer-recorded height and weight measurements have been used to calculate the body mass index (BMI) of participants (and thus, categorise them as non-overweight, overweight or obese) at all waves of the study to date. Tracking levels of overweight and obesity from adolescence to early adulthood is a key aspect of health research.

In addition, the measurement of waist circumference provides an independent prediction of risk of disease, based on the measurement of abdominal adipose tissue, including the risk of cardiovascular disease even in the absence of an elevated BMI (Janssen, Katzmarzyk & Ross, 2004). It was previously measured for this cohort at age 20. Blood pressure and heart rate can be used as valuable indicators of cardiovascular health. Although usually more prevalent in the older population, cardiovascular disease is Ireland's number one cause of death among the population as a whole, accounting for 33% of all deaths and 13% of premature deaths (i.e. under age 65).¹³ Hypertension (high blood pressure) may also indicate an underlying condition (i.e. 'secondary' as opposed to 'primary' hypertension) such as kidney disease.

The potential benefits of collecting DNA samples (via saliva sampling) are discussed in detail in the above 'spotlight' section.

Proposed physical measurements:

- Height
- Weight
- Waist circumference
- Blood pressure
- For consideration: saliva sample (for DNA genotyping, see 'spotlight' section above)

13 Source: Irish Heart Foundation, http://www.irishheart.ie/iopen24/facts-heart-disease-stroke-t-7_18.html

Table 9: Summary of proposed questions covering ‘Health’

Subtopic	Question text	Priority
General Health	In general, how would you say your current health is? G	High
Chronic Illness	Do you have any on-going chronic physical or mental health problem, illness or disability? G	High
Chronic Illness	What is the nature of this problem, illness or disability? Please describe as fully as possible. R, G	High
Chronic Illness	Do you have an intellectual disability? If yes, please indicate which level. Do not include specific learning disabilities (such as dyslexia). R	High
Chronic Illness	Has this problem, illness or disability been diagnosed by a medical professional? R, G	High
Chronic Illness	Since when have you had this problem, illness or disability? R, G	Medium
Chronic Illness	Are you hampered in your daily activities by this problem, illness or disability? R, G	High
Chronic Illness	As a result of a longlasting condition or difficulty, do you have any difficulty in doing any of the following: Dressing, bathing or getting around inside the home? / Going outside the home alone to shop or visit a doctor’s surgery?/ Participating in other activities, for example leisure or using transport?/ Working at a job or business or attending school or college? G	Medium
Health Service Utilization	How many nights have you spent in hospital in total in the last 12 months, from illness or injury? G	High
Health Service Utilization	Since you were 20 years old, have you had any of the following which required medical attention in a hospital or Accident and Emergency Department or private emergency clinic? Road accident / sport-related accident / assault / alcohol intoxication / drug intoxication / other. G	Medium
Health Service Utilization	In the last 12 months, how many times have you seen or consulted, or talked on the phone with any of the following about your physical, emotional or mental health? A GP / practice nurse / another medical doctor / physio / psychologist / psychiatrist / A&E / private emergency clinic / social worker / alt therapist / health helplines / dentist. G	High
Health Service Utilization	Was there any time during the past 12 months when you really needed to consult a GP but did not? G	High
Health Service Utilization	If yes, what were your main reasons for not consulting a GP? You couldn’t afford to pay / The necessary medical care wasn’t available or accessible to you / You could not take time off work/ college to visit the doctor / You wanted to wait and see if the problem got better / You were afraid of visiting the doctor / You are still on the waiting list / Too far to travel/no means of transport / You couldn’t get an appointment when you needed to / Too embarrassed to seek help / Don’t have a GP/ Other (specify). R, G	High
Health Service Utilization	Was there any time during the past 12 months when you really needed to consult a medical specialist but did not? G	Medium



Health Service Utilization	If yes, what were your main reasons for not consulting a medical specialist? You couldn't afford to pay / The necessary medical care wasn't available or accessible to you/ You could not take time off work/ college to visit the doctor/ You wanted to wait and see if the problem got better/ You were afraid of visiting the doctor/ You are still on the waiting list/ Too far to travel/no means of transport/ You couldn't get an appointment when you needed to/ Too embarrassed to seek help/ Other (specify) R, G	Medium
Health Service Utilization	Are you covered by a medical card – and so get medical services free of charge? G	High
Health Service Utilization	Are you covered by private medical insurance (not just travel insurance)? G	High
Health Service Utilization	Is this your own policy, as part of your parents'/family policy or provided by work? R, G	High
Health Service Utilization	Does that insurance include the cost of GP visits? R, G	Medium
Sleep	On a normal weekday, what time do you normally go to bed? G	Medium
Sleep	And on a normal weekday, what time do you normally get up? G	Medium
Sleep	On a normal weeknight, how long do you usually sleep? G	High
Sleep	Do you have any difficulty with sleep? G	High
Sleep	How long does it take you to go to sleep?	Medium
Sleep	How often (in last 4 weeks) did you wake up at night and have trouble falling back to sleep again?	Medium
Sleep	How would you rate your overall sleep quality (in last 4 weeks)?	Low
Dental Health	How would you rate your dental health? G	High
Dental Health	Which of the following best describes how regularly you visit the dentist? G	High
Dental Health	How often do you brush your teeth? G	High
Dental Health	Have you ever had (or are you currently undergoing) orthodontic treatment? G	Medium
Dental Health	Have you ever worn (or do you currently wear) braces? G	Medium
Diet	In the last 24 hours have you had the following foods and drinks 'once', 'twice' 'more than twice', or 'not at all'? (<i>*standard list of 20 food items</i>) Fresh fruit/ Fruit juice/ Meat, chicken, fish/ Eggs/ Cooked vegetables/ Raw vegetables or salad/ Meat pie, hamburger, hot dog, sausage or sausage roll/ Hot chips or French fries/ Crisps or savoury snacks/ Bread/ Potatoes, pasta, rice/ Cereals/ Biscuits, doughnuts, cake, pie or chocolate/ Cheese, yoghurt, fromage frais/ Low-fat cheese, low-fat yoghurt/ Water (tap water, still water, sparkling water)/ Soft drinks, minerals, cordial, squash (not diet)/ Soft drinks, minerals, cordial, squash (diet)/ Full cream milk or full cream milk products/ Skimmed milk or skimmed milk products. G	Medium
Diet	How many cups of caffeinated tea or coffee do you drink in a typical day? G	Medium
Diet	Do you follow any of the following kinds of vegetarian diet? Tick one. G	Medium

Diet	Do you use any of the following supplements? Multi-vitamins / individual vitamins / omega 3 / fish oil / protein shakes / creatine / CBD. G	Medium
Diet	How often do you have breakfast / lunch / dinner / snacks between meals? (<i>individual q per meal</i>) G	High
Diet	About how many snacks most days? R, G	High
Diet	How many of these snacks are sugary foods (e.g. sweets, chocolate) or sugary drinks? R, G	High
Diet	How many portions of fruit or vegetables do you usually have in a day? G	High
Diet	How often do you eat fast food?	Medium
Diet	How often do you order takeaway?	Medium
Diet	Who prepares/cooks your dinner most often?	Low
Physical Activity	How many times in the last 7 days have you done at least 30 mins of moderate-intensity activity (that is, activity that causes a small increase in your heart rate and breathing, e.g. brisk walking, cycling, swimming and active travel/transport)? G	High
Physical Activity	How many times in the last 7 days have you done at least 30 mins of vigorous-intensity activity (that is, activity that causes a large increase in your heart rate and breathing, e.g. running, playing football, GAA or similar team sports and gym classes)? G	High
Physical Activity	How many times in the last 7 days have you done muscle-strengthening activities (this includes gym weight sessions or heavy DIY)? G	Medium
Physical Activity	On an average weekday, how much time do you spend sitting? (Include time spent at work, at home, studying and during leisure time. This may include time spent sitting at a desk, visiting friends, reading, or sitting/lying down to watch television)	High
Physical Activity	I would now like you to think about the reasons why you choose to participate in sport or other physical activity. Which of the following reasons would you say is the most important motivation for your participation? (<i>e.g. improve fitness, control weight, enjoy it</i>) G	Medium
Physical Activity	Which of the following reasons would you say is the most important constraint for your participation in physical activity? (<i>e.g. not interested, not enough time</i>) R, G	Medium
Parental health	In general, how would you say your mother's current health is? (G)	Medium
Parental health	In general, how would you say your father's current health is? (G)	Medium
Smoking	Have you ever smoked a cigarette? (Please only think about cigarettes or cigars, we will ask you separately about vaping and e-cigarettes) G	High
Smoking	How old were you when you first smoked a cigarette? R, G	Medium
Smoking	Which of the following best describes you? (<i>smoking frequency</i>) R, G	High
Smoking	About how many cigarettes do you smoke in a week? R, G	High
Smoking	Have you ever tried to give up cigarettes but found that you couldn't? R, G	Medium



Smoking	What would you say is your MOST IMPORTANT reason for smoking? R, G	Medium
Smoking	Have you ever tried an e-cigarette or vaping? G	High
Smoking	How often, if at all, do you currently use an electronic cigarette? R, G	High
Alcohol	Have you ever consumed alcohol? G	High
Alcohol	How old were you when you had your first full drink of alcohol – more than a few sips? R, G	Medium
Alcohol	<i>[AUDIT Screening Tool]</i> How often do you have a drink containing alcohol? R, G	High
Alcohol	<i>[AUDIT Screening Tool]</i> How many units of alcohol do you have on a typical day when you are drinking? (Please use the separate DRINKOGRAM sheet to help you.) R, G	High
Alcohol	<i>[AUDIT Screening Tool]</i> How often have you had 6 or more units if female, or 8 or more if male, on a single occasion in the last year? (Note: 6 units is 2 pints of 5% strength beer or 2 large (250ml) glasses of 12% wine. 8 units is 5 bottles (330ml) of 5% strength beer or 5 small (125ml) glasses of 13% wine.) R, G	High
Alcohol	<i>[AUDIT Screening Tool]</i> How often during the last year have you found that you were not able to stop drinking once you had started? R, G	High
Alcohol	<i>[AUDIT Screening Tool]</i> How often during the last year have you failed to do what was normally expected from you because of your drinking? R, G	High
Alcohol	<i>[AUDIT Screening Tool]</i> How often during the last year have you needed an alcoholic drink in the morning to get yourself going after a heavy drinking session? R, G	High
Alcohol	<i>[AUDIT Screening Tool]</i> How often during the last year have you had a feeling of guilt or remorse after drinking? R, G	High
Alcohol	<i>[AUDIT Screening Tool]</i> How often during the last year have you been unable to remember what happened the night before because you had been drinking? R, G	High
Alcohol	<i>[AUDIT Screening Tool]</i> Have you or somebody else been injured as a result of your drinking? R, G	High
Alcohol	<i>[AUDIT Screening Tool]</i> Has a relative or friend, doctor or other health worker been concerned about your drinking or suggested that you cut down? R, G	High
Alcohol	Where do you drink most of your alcohol? (tick one) R, G	Low
Alcohol	Thinking back over the last three months, when you drank alcohol would you say you drank it mostly with...? (tick one) R, G	Medium
Alcohol	Have you ever tried to give up or reduce the amount you drink? R, G	Medium
Alcohol	How successful were you? R, G	Medium
Alcohol	What would you say is your MOST IMPORTANT reason for drinking alcohol? (tick one only) R, G	Medium

Drug Use	Have you ever tried cannabis (also called marijuana, hash, dope... joints, smoke, weed)? G	High
Drug Use	Which statement describes you the best? (<i>cannabis use frequency</i>) R, G	High
Drug Use	What would you say is your MOST IMPORTANT reason for smoking cannabis? R, G	Medium
Drug Use	Have you tried, taken or used any non-prescribed drugs, such as ecstasy, cocaine etc? G	High
Drug Use	If yes, which of the following have you taken in the last year? (tick all that apply). Please state if you have done it more or less than 5 times in the last year. Cocaine (also called coke, charlie, snow)/ Ketamine (also called 'K', special K, vitamin K, super K)/ Ecstasy (also called 'E', xtc, yokes, mitsubishi's, rolexes)/ Acid - LSD (also called trips, dot, microdots, flash)/ Magic mushrooms (also called liberties, mushies)/ Speed - amphetamines (also called phet, billy, wizz, base, dexedrine)/ Heroin (also called gear, skag, smack, brown, horse)/ Crack (also called base, freebase, wash, pebbles)/ Synthetic cannabinoids - mephedrone (also called meow, mcat)/ Painkillers (for recreational use, not for pain, e.g. oxycodone, oxy, fentanyl, tramadol)/ Other (specify). R, G	High
Drug Use	Where do you usually take the drugs you use? (tick one) R, G	Low
Drug Use	Thinking back over the last three months, when you took drugs would you say you took it mostly with...? (tick one) R, G	Low
Drug Use	Have you ever used any other prescription drugs for non-medical purposes, for 'recreational' use? G	Low
Drug Use	[CAGE Scale] Have you ever thought you should cut down your drug use? R, G	Medium
Drug Use	[CAGE Scale] Have you ever felt annoyed when people have commented on your use? R, G	Medium
Drug Use	[CAGE Scale] Have you ever felt guilty or badly about your use? R, G	Medium
Drug Use	[CAGE Scale] Have you ever used drugs to ease withdrawal symptoms, or to avoid feeling low after drug use? R, G	Medium
Sexual Health	In general, do you usually use a condom every time you have sexual intercourse? R, G	High
Sexual Health	Do you (or your partner) usually use some form of contraception? R, G	High
Sexual Health	Have you ever had an STI test? R	Medium
Sexual Health	Have you ever had a sexually transmitted disease? R, G	High
Weight	How would you describe yourself? Very underweight / a bit underweight / just right / a bit overweight / very overweight. G	High
Weight	Have you ever exercised to lose weight or avoid gaining weight? G	High
Weight	Have you ever exercised to 'bulk up' or maintain muscle mass?	Medium



Weight	Have you ever eaten less food, fewer calories or foods low in fat to lose weight or avoid gaining weight? G	High
Weight	Have you ever eaten more food, more calories, or foods high in protein or fat to 'bulk up' or maintain muscle mass? G	Medium
Weight	What are you trying to do about your weight? Lose/ gain/ stay the same/ nothing.	Medium
Weight	Do you currently suffer with or have you ever suffered in the past with an eating disorder? (if yes, specify) G	High
COVID-19	Do you think that you have or have had COVID-19?	High
COVID-19	<i>[If yes...]</i> Was this diagnosed by a health professional? R	High
COVID-19	For how long were you unable to function due to COVID-19? R	Medium
COVID-19	Have you received the COVID-19 vaccine?	High
COVID-19	Why have you chosen not to get vaccinated? Please tell me all the reasons. R	High
COVID-19	Has the pandemic affected you in any of these other ways? I have or had COVID (<i>only if not already captured</i>)/ A family member or close friend has or had covid / I didn't have access to medical care I needed/ I didn't have access to disability services I needed. G	Medium
COVID-19	If you were sick in bed, at home, how much could you count on the people around you to help out? G	Medium

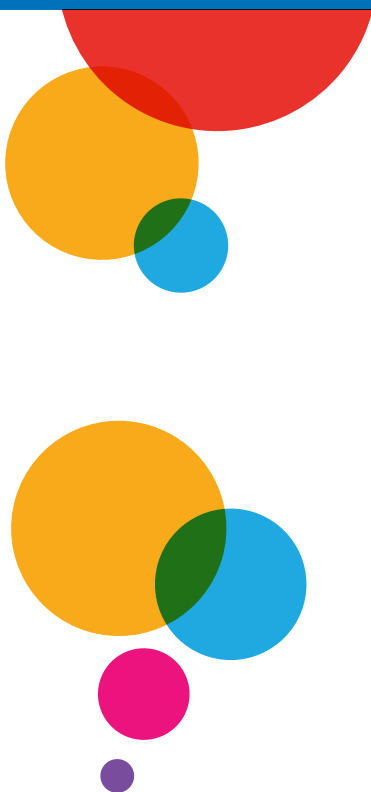
Notes: **R** = question routed (not asked of all participants); **G** = question previously used in a Growing Up in Ireland survey; text in italics has been added for clarity in this summary but does not feature in the actual question (see appendix for full text and response options)





Chapter 8

MENTAL HEALTH AND SOCIO-EMOTIONAL WELL-BEING



OVERVIEW OF CONTEXT

Cohort '98 at 25 years will have experienced a wide array of social and demographic transitions. Dominating 2020 and 2021, the coronavirus pandemic will have heavily disrupted any plans that most of the cohort members will have held for their social or emotional lives. At 20 years of age, the majority of the cohort had not yet experienced financial or residential independence. The pandemic will likely see that pattern continue for many, with experiences of working or studying away from home curtailed by lockdowns and associated unemployment in the retail and hospitality sectors.

Following the end of their time in the structured secondary school environment, the 20-year-olds reported leading considerably less healthy lifestyles, with alcohol consumption, smoking, overweight and obesity increasing alongside steep declines in physical activity. The experience of long periods of restricted social activities due to the pandemic are unlikely to have improved many of these factors that have strong relationships with socio-emotional health.

While the 20-year-olds reported high levels of life satisfaction, they also reported high levels of depressive and stress-related symptoms; one in five men and one in three women reported clinically relevant levels of depressive symptoms. These symptoms had all risen sharply by the time of the special COVID-19 survey at 22 years of age in December 2020, when one in three men and more than half of all women reported elevated depressive symptoms. This appeared to be particularly related to high levels of loneliness and difficulty sleeping.

Longitudinal analysis of Growing Up in Ireland data has shown persistence in depressive symptoms, with low mood persisting across several waves for many study participants. Data collection at 25 years of age should aim to continue the use of validated stress and depression measures in order to accurately track the process of adjustment from the pandemic period to, hopefully, a period of greater freedom and economic recovery in 2023. It remains to be seen whether there will be persistent economic, vocational and socio-emotional scarring effects of the period of restriction and enforced unemployment due to pandemic lockdowns.

KEY FINDINGS FROM THE LIVES OF 20-YEAR-OLDS

Discussion of socio-emotional health is covered in chapters two and six of *The Lives of 20-Year-Olds: Making the Transition to Adulthood* (O'Mahony et al., 2021). See Chapters 9 and 12 in this report for coverage of the related topics of relationships, social support, and aspirations and concerns.

Positive life satisfaction is an important source of resilience in dealing with stressful life events (Suldo & Huebner, 2006). Life satisfaction was measured with a single 10-point self-report item. The median reported life satisfaction was 7/10; 75% of the 20-year-olds reported 6/10 or better.

In Growing Up in Ireland, stress at age 20 years was measured using the DASS stress subscale (Henry & Crawford, 2005). It assesses symptoms of elevated stress such as difficulty relaxing, nervous arousal, being easily upset/agitated, being irritable/over-reactive, and impatience. A quarter of 20-year-olds reported above-normal levels of stress. Young women were more likely to report above-normal stress than young men (29% versus 21%). Twenty-year-olds not working or in education or training were more likely to be experiencing higher levels of stress than those in education or in full-time work.

Depressive symptoms at age 20 were measured by the Center for Epidemiological Studies' Depression Scale (CES-D), a clinically validated depression measure (Mohebbi et al., 2018; Radloff, 1977). Over a quarter of young adults were reporting depression figures exceeding a clinical threshold associated with depression. As noted above, there was a gender difference in reported depression symptoms; a third of 20-year-old



women and a fifth of 20-year-old men (32% and 22%) reported elevated levels of depressive symptoms. Young adults experiencing higher levels of depressive symptoms at either/both 13 or 17/18 years were between 1.7 and 2.2 times more likely, respectively, to report depressive symptoms at age 20.

Aggression was measured by the reactive and proactive aggression questionnaire (RPQ) (Raine et al., 2006). While reported aggression was low for the group overall, subjective experiences of financial stress and behavioural difficulties in childhood were linked to higher aggression scores at 20 years of age.

Concerning sexual orientation, 87% of the 20-year-olds stated that they were of a heterosexual orientation, with 6% identifying as bisexual, and 3% as gay or lesbian. Other smaller categories of 'questioning/not sure' represented approximately 2%, and several smaller categories such as 'asexual' or 'prefer not to say' made up the final 2%. Future research should explore changes in reported sexuality when the young adults reach their mid-20s as previous research shows that young adults who identify as LGBTI+ tend to be at increased risk of physical and mental health difficulties, as well as homelessness and family rejection (Hafeez et al., 2017).

Finally, when considering methods of coping with stress, most 20-year-olds used coping strategies considered constructive, such as 'talking to friends' (circa 50%) or 'discussing problems with parents/family' (44% of young women, 30% of young men). Small proportions of the young adults (roughly 10% of both genders) reported strategies considered less adaptive such as drinking and smoking to deal with stress.

KEY FINDINGS FROM THE COVID-19 SURVEY

The Growing Up in Ireland special COVID survey (Growing Up in Ireland Study Team, 2021) also explored the mental health of 22-year-olds. The young adults reported a very high prevalence for low mood at 22 years of age; 48% of all respondents reported elevated depressive symptoms on the CES-D depression measure. This substantial increase in depressive symptoms appears to be related to answers on the CES-D scale reporting frequent feelings of loneliness, difficulty with sleep, sadness and persistent low mood in the week preceding the survey, all of which contributed to the higher scores in the COVID survey. The gender divide illustrated in *The Lives of 20-Year-Olds* is maintained here, with 55% of young women and 41% of young men reporting symptoms in a clinically relevant range for depression.

SUMMARY OF KEY TOPIC AREAS COVERED BY COMPARABLE STUDIES

The chapter on lessons from other cohort surveys (see Chapter 3) outlines that almost all longitudinal surveys include items covering anxiety and depression, which are the most commonly studied mental health problems. The emphasis on other mental health issues varies across the topics of stress, self-esteem, use of formal supports for mental health, and personal coping strategies, as well as items on addiction, use of medication, suicidal ideation, self-harm and attempted suicide.

Both the Millennium Cohort study (MCS) (cohort aged around 19-20 years) and the Next Steps survey (NS) (cohort aged around 30 years) carried out supplemental COVID-related surveys in the UK (Henderson et al., 2020). The context for reporting during the COVID pandemic was against a backdrop of year-on-year increases in average mental health difficulties, with younger adults bearing the greatest burden of poorer mental health. A brief two-item depression measure was used, called the Patient Health Questionnaire-2 (PHQ-2) (Kroenke, Spitzer & Williams, 2003). Among 19-year-olds in the MCS, 23% of males and 34% of females reported high levels of depressive symptoms. At age 30 in Next Steps, 14% of males and 20% of females had high depressive symptoms. Both of these scores were significantly higher than their scores at the previous wave of data collection (17 years of age – MCS, 25 years of age – NS). The percentages

reporting high depressive symptoms appear lower in both UK cohorts, but the PHQ-2 does not feature a question on loneliness or sleep difficulties, as used by the CES-D, so outcomes and cut-offs will vary accordingly.

In the Irish context, the My World Survey 2 (MWS-2) (Dooley et al., 2019) reported increases in depression and anxiety symptoms in cross-sectional surveys of adolescent and young adults since the first My World Survey (Dooley and Fitzgerald, 2012). Young adults were much more likely to be in moderate, severe or very severe ranges for depression and anxiety than a similar sample of young adults in the previous survey. The authors also cited a decrease in the levels of protective factors related to mental health such as self-esteem, optimism and resilience. Comparing young adults from MW2 and the Growing Up in Ireland Cohort '98 at age 20 shows similar proportions for depression figures across both samples.

POLICY LINKS

The policy context chapter covers how influential *Better Outcomes, Brighter Futures: The National Policy Framework for Children and Young People, 2014-2020* (BOBF) (DCYA, 2014) will have been in the lives of the young adults from the ages of 18-24. All of the main outcomes of this policy framework can be considered as contributing either directly or indirectly to young adult mental health.

Similarly, the *European Union Youth Strategy 2019-2027* (European Commission, 2019) has a wide variety of goals that overlap with the national policy context on mental health, with the added dimension of fostering the conditions for inclusivity, tolerance, justice, solidarity, democracy and non-discrimination across the EU.

Healthy Ireland 2013-2025 (Government of Ireland, 2019a) has a life-course focus, with a remit to increase the proportion of people experiencing good physical and emotional health at all stages of life and to reduce health inequalities.

A Vision for Change (Government of Ireland, 2006), the national mental health policy, is important as it represented the policies in place across the mental health sector for most of the Growing Up in Ireland participants' teenage years. It has been superseded by *Sharing the Vision: A Mental Health Policy for Everyone* (Department of Health, 2020) which seeks to continue and enhance sections of the older policy while increasing the prominence of mental health as a societal issue.

Health-led policy responses to risky behaviours are also evident from the Department of Health, including *Reducing Harm, Supporting Recovery: a health-led response to drug and alcohol use in Ireland 2017-2025* (DH, 2017). The policies promoted here commit to harm reduction in areas such as drug and alcohol services. A goal of the policy document is an increased focus on services for those with complex needs, comorbidities or other risk factors, or barriers to service access.

Connecting for Life: Ireland's National Strategy to Reduce Suicide 2015-2024 (DH, 2015b) is another major strand of Ireland's mental health strategy. The policy recognises the multifactorial nature of self-injurious and suicidal behaviour and aims to provide support for people in crisis, build resilience and reduce national alcohol consumption.

While *Connecting for Life* recognises particular issues for young men's mental health, there are strong gender-based issues in mental health and other areas that the *National Strategy for Women and Girls 2017-2020: Creating a Better Society for All* (DJE, 2017) aims to improve. This policy emphasises gender equality in areas such as gender-based violence and mental health care, with the goal of advancing women and girl's physical and mental health.



OVERVIEW OF PRIORITY TOPICS IDENTIFIED IN CONSULTATIONS WITH POLICY, SCIENTIFIC AND YOUNG ADULT STAKEHOLDERS

Feedback from the 25-year-olds in focus groups provided a lot of information on the very real pressures and forces they are experiencing.

Several of the contributors spoke of a strong sense of feeling hemmed in over the last few years, with strong constraints being put on their aspirations by housing being too expensive to either purchase or rent:

"It's an additional stress when you're looking at all the price hikes, and external people coming in... the family household can't even get their own first home."

The high cost of vehicle insurance was also cited as a major barrier to mobility, independence and employment:

"If you don't have two years' [driving] experience, a full clean licence, there's a lot of jobs that you can't even apply for."

The young adults also outlined situations that may prevent them from achieving independence, such as the household beginning to rely on the young adult's income if a parent retires or experiences unemployment or long-term illness:

"You can't say I want to save into the bank now, because you are paying the electricity bill, you are paying the petrol, you are paying the internet... so you can't save for the future and that becomes kind of like the whole problem why some young people are stuck in the [parents'] house."

These varied pressures and constraints can be seen to weigh heavily on some of the young adults, who expressed strong difficulties with achieving privacy:

"You're living in a house that's overcrowded, but you're still getting means-tested – where's the understanding?"

Continuous pressure and insecurity were described as increasing difficulties with mental health. In the minds of the young adults, the uncertainty caused by the COVID pandemic was connected with that of the last major recession:

"[COVID restrictions] ... is similar to things that we dealt with in 2010 post the recession, you know, sort of looking at the uncertainties around that climate. I wouldn't know off the top of my head, but I know that personally growing up as a child in that environment was very uncertain, and the household was very not hostile, but it was very unstable and mental health issues were big."

In the survey of scientific and policy stakeholders, a 'sense of well-being and mental health' and 'current and historic mental health problems' were among the three most highly ranked topics. Other highly ranked topics included 'happiness and life satisfaction', 'experience of adverse life events', experience of being discriminated against and 'current stress'.

Questions on anxiety and depression were seen as very important. It was felt that the impact of the pandemic would be felt for some time (though it could be positive as well as negative), so some measure of post-traumatic growth would be useful. The importance of young adults' response to problems was emphasised, with the need to capture their coping strategies and self-esteem and recognise their sense of agency. As already noted, there was a strong emphasis in the scientific stakeholder consultation on the following principles: using well-validated instruments that are used in other cohort studies internationally;

maintaining longitudinal consistency, and ensuring the wave is age-appropriate and captures new and age-relevant issues.

SPOTLIGHT ON KEY ISSUE: POST-TRAUMATIC GROWTH

Aside from the importance of clinically validated mental health measures, the areas of resilience and post-traumatic growth were suggested by the scientific and policy stakeholders as a potential new topic.

While trauma is often framed through the viewpoint of negatively impacting psychology effects, more recent research has examined the potential for trauma to induce positive psychological outcomes. Tedeschi and Calhoun (1996) reviewed evidence for traumatic life events to bring about at least some positive outcomes on those affected. They identify three areas for such outcomes: first, changes to the self, including re-evaluation of coping capability and greater self-assurance; second, changes to the perception of relationships to others, such as closer family relationships and ease of self-disclosure; and third, changes in life philosophy such as reprioritising of objectives and stronger spiritual beliefs. Tedeschi and Calhoun empirically tested a 21-item scale for validity and reliability using a group of undergraduate participants who had self-reported having undergone trauma in the previous five years (67% female, 92% aged 17-25 years, 95% single relationship reported), and identified five components of the scale in their analysis. These components were:

1. Embracing new opportunities and possibilities
2. Improved relationship with others
3. A heightened sense of life appreciation
4. Greater spiritual connection
5. Increased emotional strength and resilience

Their validated scale (zero – no change experienced as a result of crisis; five – very great change as a result of crisis) indicates the degree of post-traumatic growth in individuals who have undergone trauma. The types of trauma reported by participants included bereavement, injury through accident, separation of parents and relationship breakup. While, overall, those with greater trauma scored higher post-traumatic growth in the scale compared to lower trauma, and scores were found to be normally distributed, women tended to score far higher than men, and certain personality traits (within the Big Five personality trait construct) exhibited greater correlation such as extroversion and conscientiousness.

Alternatively, O’Leary and Ickovics (1995) nest post-traumatic growth within three categories of psychological outcome from trauma: individuals coping with trauma may restore their prior status, undergo psychological transformation manifesting negatively (where they succumb to stress) or transform positively through post-traumatic growth.

Exploring the range of valence encountered by those subject to a large-scale social phenomenon such as the social, economic and public health effects of COVID-19 is a key criterion. While the post-traumatic growth scale seeks to capture positively valenced psychological outcomes, other scales measure the range of potential outcomes. The Changes in Outlook Questionnaire (CiOQ) (Joseph et al., 1993) has been used in studies with a wide variety of participants following trauma and adversity, including people vicariously exposed to the 9/11 terrorist attacks (Butler, Blasey et al., 2004; Butler, Koopman et al., 2004; Linley, Joseph, Cooper, Harris & Meyer, 2003), trauma therapists (Linley, Joseph, & Loumidis, 2005) and members of the general population who have experienced adverse and traumatic events (Joseph et al., 2005). The short-form version of this scale consists of the 10 highest loading items of the longer form and two factors, negative changes and positive changes, with five items related to each. The Joseph et al. study found



that the short form of the CiOQ was not as robust in its psychometric properties as the full version, but may be aptly used where time is short and multiple measures are being applied.

SUGGESTED TOPICS AND QUESTIONS

The paragraphs below summarise the rationale and questions for other topics in this domain.

Identity/becoming an adult: These items relate to the individual's sense of identity as an adult. At age 20, it was useful to consider variation in this given discussion in the literature and elsewhere about an extended adolescence/delayed adulthood due to longer stays in education and delays to financial independence. The continued reliance on parents, especially for accommodation, was raised in the consultation process but it is suggested that these items are of low priority overall given the age of the cohort by the time of Wave 5 (age 25).

Victim of crime/bullying: Being a victim of a crime and/or the experience of bullying could negatively affect the well-being of young adults. In relation to crime, it would be useful to identify what kinds of crime young adults fall victim to as it is likely not all will be recorded in official figures. Data on bullying would otherwise be less easy to compile given that the young adults will have left school; in particular a new question on the context for the bullying (home, work, local area) has been added.

Feelings about yourself: Self-esteem is important for overall well-being and a positive view of oneself could be a source of resilience in challenging times. General life satisfaction is a useful barometer over time and is also a common indicator in other studies and countries, given possibilities for cross-national comparisons. Both measures proposed here offer longitudinal consistency with the age 17/18 and age 20 waves.

How you feel about things: It is proposed that many of the measures on mental health and well-being used at 20 be continued for the wave at 25. This would maintain longitudinal consistency and provide unique evidence for policy, by helping to identify the risk and protective factors in persisting (or alternatively temporary) mental health difficulties. A detailed rationale and/or description for the following measures is provided in McNamara et al. (2021) because they were also used at age 20:

- CES-D depressive symptoms scale
- DASS – stress subscale
- Diagnosis of, and treatment for, depression, anxiety and other conditions; waiting list; unmet need for treatment
- Energy and vitality index items

Mental health and well-being are widely acknowledged as a key area of research and policy interest. It arose frequently in all phases of the consultation process. In terms of actual measures used, longitudinal consistency is key to gauging whether the trends are improving or declining (or stable) over time both for the cohort and as individuals. This is particularly so in the post-COVID world. It is also important to capture symptomatic experiences as well as formal diagnosis, as the latter could be an underestimate; conversely, a diagnosis should increase the likelihood of the individual receiving formal help.

Self-harm: This topic should also use the same items as previously used in Growing Up in Ireland at ages 17/18 and 20. Although a decline in self-harming might be expected as the cohort age, it is not known if this is the case or if a worsening of mental health post-COVID would see a resurgence.

Coping, support: As at age 20, questions on coping strategies and sources of support will provide important

insights into protective factors for young adults (see McNamara et al., 2021). The items proposed for continuation include a set of items on behavioural responses, both positive and negative (e.g. make a plan, smoke/drink). Another continuing item is a detailed list of the kinds of people young adults have available to them for help and advice (e.g. parents, siblings, counsellor).

A new question on post-traumatic changes in outlook is proposed in order to examine the longer-term effects of the pandemic on 25-year-olds. As detailed in the spotlight section above, the possibility for growth in the face of adversity emerged as part of the consultation process. The proposed measure (a subscale of the full set of items) captures both positive and negative responses.

Aggression: Behavioural indicators of socio-emotional problems have been widely researched in younger waves of Growing Up in Ireland, primarily using the Strengths and Difficulties Questionnaire (SDQ). As the SDQ is not suitable at older ages, the Reactive/Proactive Aggression Questionnaire was introduced at age 20 instead. As the proactive subscale (i.e. initiating aggression to achieve a goal) had low levels of incidence at age 20, it may be more useful to prioritise the reactive subscale (i.e. responding aggressively to a provocation) at age 25.

Traumatic events: The experience of traumatic events such as the death of a parent or one’s own serious injury is likely to have a negative effect on well-being and are of research interest as stand-alone items. At this particular wave, recording the occurrence of traumatic events would be essential for exploring the pandemic-specific effects on changes of outlook, as discussed in the ‘spotlight’ section.

Table 10: Summary of proposed questions covering ‘Mental & socio-emotional health’

Subtopic	Question text	Priority
Identity/ becoming an adult	Please use the scale provided to indicate how you feel in terms of the statement. You consider yourself to be an adult... (<i>entirely true to not at all true</i>) G	Low
Identity/ becoming an adult	In terms of taking on adult responsibilities, would you say you grew up faster, slower or at about the same rate as other people your age? G	Low
Identity/ becoming an adult	[<i>Basic Needs Scale</i>] Please read each of the following items carefully, thinking about how it relates to your life, and then indicate how true it is for you: (sample item) “I feel like I am free to decide for myself how to live my life”	Low
Identity/ becoming an adult	How do you see yourself? Are you generally a person who is fully prepared to take risks or do you try to avoid taking risks? Please tick on the scale below, where the value 0 means ‘unwilling to take risks’ and 10 means ‘fully prepared to take risks’. G	Medium
Identity/ becoming an adult	How satisfied are you today with the following areas of your life? Please answer on a scale of 0 to 10, where 0 = ‘completely dissatisfied’ and 10 = ‘completely satisfied’: Your personal income / Your dwelling / Your free time / Your social life / Your education / Your work G	Medium



Identity/ becoming an adult	<i>[Ten Item Personality Inventory]</i> Listed on this card are a number of personality traits that may or may not apply to you. Please indicate the extent to which you agree or disagree with that statement. You should rate the extent to which the pair of traits applies to you, even if one characteristic applies more strongly than the other. I see myself as: Extraverted, enthusiastic / Critical, quarrelsome / Dependable, self-disciplined / Anxious, easily upset / Open to new experiences, complex / Reserved, quiet / Sympathetic, warm / Disorganised, careless / Calm, emotionally stable / Conventional, uncreative G	Low
Victim of crime	Have you been a victim of any crime in the last two years? G	High
Victim of crime	What type of crime did you experience? Your home was broken into / Your car was broken into / Your car, motorbike, bicycle was stolen / You had something stolen from your person / You were assaulted or threatened with assault by someone you knew / You were assaulted or threatened with assault by a stranger / You were the victim of fraud or a cybercrime such as having your bank details stolen / Someone posted/threatened to post upsetting or very personal information about you online / Something else R, G	High
Bullying	Did any of the following happen to you in the last 3 months? (tick all that apply): Physical bullying/ Verbal bullying (name-calling, slagging)/ Electronic bullying (phone messaging, emails, Facebook etc)/ Had graffiti or notes about you pinned up/ Had personal possessions taken or damaged/ Exclusion (being left out)/Gossip, spreading rumours/ Threatened, forced to do things you didn't want to do/ Other G	High
Bullying	How often would this / these have occurred (<i>being bullied</i>)? R,G	High
Bullying	In what setting (social or geographical) would this/these have occurred? Home/ Workplace/ Place of education or training/ Community or voluntary group/ Sporting group/ Religious group/ Local area/ Other (please specify) R	High
Feelings about yourself	<i>[Rosenberg self-esteem scale]</i> Below is a list of statements dealing with your general feelings about yourself. Please indicate how much you agree with each statement. On the whole, I am satisfied with myself / At times, I think I am no good at all / I am able to do things as well as most other people / I certainly feel useless at times / All in all, I am inclined to feel that I am a failure / I take a positive attitude towards myself G	High
Feelings about yourself	If you were to describe how satisfied you are with your own life in general, how would you rate it on a scale of 0 to 10, 0 meaning you are extremely unsatisfied with your life in general, and 10 meaning that you are extremely satisfied with your life? G	High
Family relationships	Is there someone in your life you can usually turn to for help and advice? G	High

How you feel about things	[CES-D8] Listed below are 8 statements about some of the ways you may have felt or behaved. Please indicate how often you have felt this way during the past week: I felt I could not shake off the blues even with help from my family or friends / I felt depressed / I thought my life had been a failure / I felt fearful / My sleep was restless / I felt lonely / I had crying spells / I felt sad G	High
How you feel about things	[DASS Stress] Please read each statement and tick the box which indicates how much the statement applied to you over the past week. There are no right or wrong answers. Do not spend too much time on any statement: I found it hard to wind down / I tended to over-react to situations / I felt that I was using a lot of nervous energy / I found myself getting agitated / I found it difficult to relax / I was intolerant of anything that kept me from getting on with what I was doing / I felt that I was rather touchy G	High
How you feel about things	Have you ever been diagnosed with depression or anxiety by a doctor/ psychologist/ psychiatrist? G	High
How you feel about things	What were you diagnosed with? Depression / Anxiety / Depression and anxiety R, G	High
How you feel about things	Are you currently on or have you ever received any treatment? R, G	High
How you feel about things	Are you currently on a waiting list for any form of treatment? R, G	High
How you feel about things	Apart from depression or anxiety, have you ever been diagnosed with another psychological or psychiatric illness/disorder by a doctor/ psychologist/ psychiatrist? G	Medium
How you feel about things	What were you diagnosed with? (tick all that apply) Eating disorder (e.g. anorexia, bulimia)/ Post-traumatic stress disorder (PTSD)/ Obsessive Compulsive Disorder (OCD)/ Bipolar Disorder – Personality disorder/ Schizophrenia/ Other disorder including experience of hallucinations or delusions/ Other psychological or psychiatric disorder not listed above R, G	Medium
How you feel about things	Was there any time during the past 12 months when you really needed to consult a psychologist, psychiatrist, counsellor or other mental health specialist but did not? G	High
How you feel about things	If yes, what was the main reason for not consulting a specialist in this area? (tick all that apply) You couldn't afford to pay/ The necessary medical care wasn't available or accessible to you/ You could not take time off work or college to visit the doctor/ You wanted to wait and see if the problem got better/ You were afraid of visiting the doctor/ You are still on the waiting list/ Too far to travel/no means of transport/ You couldn't get an appointment when you needed to/ Embarrassed to talk about issue/ Some other reason R, G	High
How you feel about things	[Energy and vitality index items] How much of the time during the last 4 weeks: Did you feel full of life? / Have you felt calm and peaceful? / Did you have a lot of energy?/ Have you been a happy person? G	Medium



Self-harm	Have you hurt yourself on purpose in any way IN THE LAST 12 MONTHS? G	High
Self-harm	How many times have you done this in the last year? R, G	High
Self-harm	What form did this self-harm take on the last time you hurt yourself on purpose? (tick all that apply) Pills or poison/ Burning/ Cutting/ Banging, hitting, bruising/ Other/ Prefer not to say R, G	High
Coping, Support	When something stressful has happened or you know it is about to happen, which of the following do you do to help you to cope? I talk to my friends / I discuss the problem with my parents or other family members / I consult a professional / I drink alcohol or smoke a cigarette / I take some recreational drugs / I take a drug that has been prescribed for me / I watch more television / I 'take to the bed' / I spend time doing things I enjoy, like listening to music or a hobby, to cheer myself up / I exercise or play sports / I treat myself to something nice / I analyse the problem and work out a strategy to deal with it / I try and anticipate what challenges might arise and prepare for them / I try to 'look on the bright side' of what's happened G	Medium
Coping, Support	With whom do you talk about personal thoughts and feelings, or about things you wouldn't tell just anyone? My mother/ My father / Step-parent/ Boyfriend, girlfriend, partner/ Brother or sister/ Grandparent or other relative/ Friend / Counsellor or other professional/ Someone else (e.g. work/college, neighbour etc)/ No-one G	High
Aggression	<i>[RPQ] [Reactive aggression subscale items]</i> There are times when most of us feel angry or have done things we should not have done. Rate each of the items below by Never, Sometimes or Often. a. Yelled at others when they have annoyed you/ c. Reacted angrily when provoked by others/ e. Gotten angry when frustrated/ g. Had temper tantrums/ h. Damaged things because you felt mad/ k. Become angry or mad when you don't get your way/ m. Gotten angry or mad when you lost a game/ n. Gotten angry when others threatened you/ p. Felt better after hitting or yelling at someone/ s. Hit others to defend yourself/ v. Gotten angry or mad or hit others when teased G	Medium
Aggression	<i>[RPQ] [Proactive aggression subscale items]</i> here are times when most of us feel angry or have done things we should not have done. Rate each of the items below by Never, Sometimes or Often. b. Had fights with others to show who was on top/ d. Taken things from others/ f. Vandalised something for fun/ i. Had a gang fight to be cool/ j. Hurt others to win a game/ l. Used physical force to get others to do what you want/ o. Used force to obtain money or things from others/ q. Threatened and bullied someone/ r. Made obscene phone calls for fun/ t. Gotten others to gang up on someone else/ u. Carried a weapon to use in a fight/ w. Yelled at others so they would do things for you G	Low

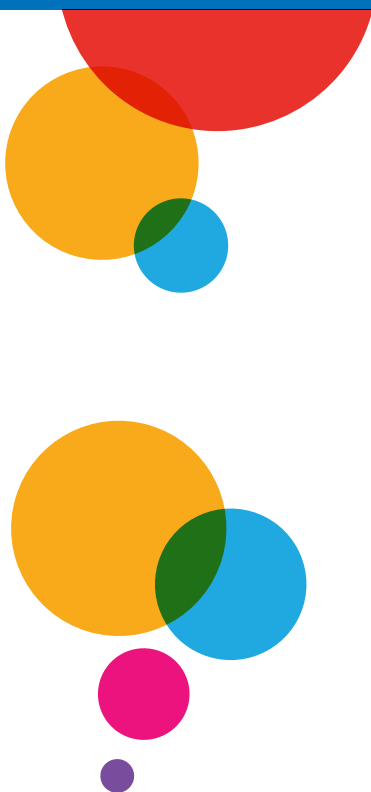
<p>Coping, Support</p>	<p><i>[Change in Outlook scale, Short Form]</i> I don't look forward to the future anymore/ My life has no meaning anymore/ I don't take life for granted anymore/ I value my relationships much more now/ I'm a more understanding and tolerant person now/ I no longer take people or things for granted/ I have very little trust in other people now/ I feel very much as if I'm in limbo/ I have very little trust in myself now /I value other people more now</p>	<p>High</p>
<p>Traumatic events</p>	<p>Have you ever experienced any of the following since we last saw you when you were 20? Death of a parent/ Death of a close family member (other than a parent)/ Death of close friend/ A serious illness, accident or assault that happened to you/ Serious illness, accident or assault of a close friend or family member/ Divorce or separation of parents/ Homelessness/ Family member in prison/ Breakup with girl - boyfriend or spouse - partner/ Other traumatic event, separate from the general experience of the pandemic (please specify)/ None of the above G</p>	<p>High</p>

Notes: R = question routed (not asked of all participants); G = question previously used in a Growing Up in Ireland survey; text in italics has been added for clarity in this summary but does not feature in the actual question (see appendix for full text and response options).



Chapter 9

RELATIONSHIPS



OVERVIEW OF CONTEXT

O'Mahony et al. (2021) outlined that, at 20 years of age, the immediate family and home environment was still of substantial significance to young adults in the Growing Up in Ireland Cohort '98, given that most young people were not expected to permanently leave the family home until their mid-20s (Eurostat, 2018). The effects of pandemic restrictions and periods of unemployment on the young adult's status in this regard remain to be seen. Extra strains may have been placed on the relationships between parent and their adult child by age 25 due to disruptions in living arrangements, as explored in the housing section.

There may also be difficulties in establishing and maintaining romantic relationships across this period, with many formative experiences in third-level education and employment disrupted and delayed for many of the study participants due to the pandemic lockdowns. Normative romantic and sexual behaviours could be constrained for those remaining in shared households, particularly with parents and siblings. This may influence the quality and durability of long-term romantic relationships in the participants' early adulthood.

The 25-year wave of data analysis could also explore the roles played by peer and non-family relationships in educational settings, workplaces and the local community and neighbourhood. It is expected that friendship networks will remain important at this stage of the life-course. A further key element for relationships at age 25 relates to whether the young adults have gone on to form new families of their own.

KEY FINDINGS FROM THE LIVES OF 20-YEAR-OLDS

Chapters two and five of *The Lives of 20-Year-Olds: Making the Transition to Adulthood* (O'Mahony et al., 2021) discussed topics relating to relationships. Chapter two of the descriptive report covered relationships with parents and romantic relationship. Chapter five explored the young adult's friendship network and sources of social support.

At age 20, the young adults tended to view their parents in a positive light, reporting generally emotionally supportive and consistent relationships, with longitudinal trends showing a strengthening of this relationship over time. This was reciprocated by their parents, who also tended to report high-quality relationships with their children. Friction around contributing to household chores was the most common source of arguments in the family. Disagreements were more common when the young adult did not report another part-time or full-time living address.

Experience of romantic relationships in the last year was reported by over two-thirds of the young adults, with 53% reporting dating one person, 9% dating two and 5% dating three or more. No dating in the last year was reported by 33% of 20-year-olds. When considering relationship status, 43% classed themselves as single and not dating and 40% as dating one person exclusively. Other relationship statuses included 14% 'casually dating but not exclusive', circa 2% living with a romantic partner but not engaged or married, and 1% in 'other' relationships, which included engagement or marriage.

Those who were in a relationship were asked what they thought the status of the relationship would be in five years' time. The 20-year-olds tended to be optimistic about the longevity of their current relationship; three-quarters expected the relationship to last the next five years. While some of this group thought engagement (19%) or marriage (4%) would be the likely outcome after five years, 40% expected to still be dating but not engaged or married at 25 years of age.

The friendship networks of most young adults expanded between the ages of 17 and 20; 69% of all



20-year-olds increased their number of friends over this period, and only a minority experienced a decline (26%). Over half (58%) reported having 11 or more friends, with males reporting 11 or more friends at a higher rate (61%) than females (42%). Although almost all young adults (>98%) reported at least some 'close' friends, only 12% of the 20-year-olds said all of their friends could be considered close.

Considering the social support offered by the 20-year-old's social network, almost all of them felt they could talk to someone about personal thoughts and feelings. Friends were identified as an important source of support, which by 20 years of age had overtaken parents as the most commonly reported source; 86% reported talking to friends compared to 69% who sought support from their mother. This was followed closely by a romantic partner or their father (where applicable).

KEY FINDINGS FROM THE COVID-19 SURVEY

According to the special COVID-19 survey conducted in December 2020, 72% of all 22-year-olds were currently living at home with parents, with 20% having moved back home since the beginning of the pandemic. More than half (52%) of all 22-year-olds reported spending more time with family since the start of the pandemic, while 23% reported spending less time.

In terms of changes to the mode of contact with friends, almost half (47%) of 22-year-olds said they spent more time talking to friends online or by phone, with just 10% spending less time communicating this way. As expected, face-to-face contact decreased dramatically as a result of the pandemic; 81% of young adults said they spent less time meeting friends in person, compared to just 4% who said they spent more time doing so.

Most young adults felt that the people around them would be willing to listen to them talk about their problems or feelings; 63% of 22-year-olds agreed with this statement 'a great deal', 22% agreed 'somewhat', 12% 'a little', and just 4% did not agree with this statement. They were also asked, if they were sick in bed, how much they could count on the people around them to help them; the vast majority felt they could count on people 'a great deal' (71%), 18% said 'somewhat', 9% said a 'little', and just 3% felt they could not count on the people around them.

KEY TOPICS AREAS IN RELATIONSHIPS FROM COMPARABLE STUDIES

A review of comparable surveys to the upcoming wave of Growing Up in Ireland (in terms of objectives and/or study design) highlighted common trends regarding questions/items on relationships (see Chapter 3).

All potential major relationships in a young person's life were explored in the majority of these surveys. Of the 16 surveys reviewed, 10 included questions on the respondents' own children, while nine surveys included items on romantic partners. Questions on friends and social support, marital status and caring duties were present in eight comparable surveys. Questions exploring their relationship with their parents were also found in seven surveys.

Less commonly included topics were sexual identity and relationships with siblings, which were found in five and four surveys, respectively, and domestic abuse, which was explored in only one other survey (the Fragile Families Study).

Regarding potential new topics, there was most scope for new topics within the theme of relationships. Many of these topics were found in PAIRFAM, which included questions on the respondent's sexuality and their satisfaction with their sex life, as well as their contact with their own children, their parenting styles,

and plans for having children in the future. PAIRFAM included items on the respondents' parents, such as their age and marital status, and questions about their new partner where relevant. Two potential new topics were also identified in Healthy Ireland: questions around relationships with a person with a mental health problem, and hours per week spent caring for others.

POLICY LINKS

The policy landscape chapter describes major policy strands in detail. Several policy frameworks described in that chapter relate directly to friendship networks. The main policy that would have been influential in the developmental period of the cohort is *Better Outcomes, Brighter Futures: The National Policy Framework for Children and Young People, 2014-2020* (DCYA, 2014). In particular, outcome 5 – *Connected, respected and contributing to their world* – describes supporting friendship networks and civic engagement to promote cohesion and connectedness among friendship and family groups. Further to this end, the *National Youth Strategy* (DCYA, 2015a) recognises that networks of relationships play a significant role in the development and progression of young people. This is reflected in *Sharing the Vision: A Mental Health Policy for Everyone* (DH, 2020) which recognises the importance of friendships as a frontline source of social support for mental health and seeks to promote programmes to help people develop and maintain social capital.

OVERVIEW OF PRIORITY TOPICS IDENTIFIED IN CONSULTATIONS WITH POLICY, SCIENTIFIC AND YOUNG ADULT STAKEHOLDERS

In the online survey of scientific and policy stakeholders, half of the 34 respondents to the health and physical development sections rated 'experience of pregnancy' as a top priority and most of the remainder deemed it of medium priority. Collecting details about the respondents' children was a medium priority for 16 out of 34 respondents, and a top priority for 11 of them. In the socio-emotional section of the same survey, 16 out of 40 respondents said the 25-year-old's relationship with their own children was a top priority, with a further 17 deeming it of medium priority. The issue of planned family formation was rated as of medium priority for 18 out of 40 panel respondents, with the remainder being divided between describing it as of top priority or low/no relevance.

At the roundtable event, whether the young adult had children of their own was discussed in the context of the 25-year-olds' civic and economic participation. This is interesting because a new status as 'parent' would shift the exosystem as well as the microsystem: for example, interactions with public health nurses, childcare providers, schools and other parents that otherwise would not occur. Being a parent could also limit other types of social interactions that would be considered normal for the age group such as joining peers at nightclubs and house parties. In the socio-emotional and mental health panel, the experience of pregnancy was mentioned as one of the drivers of divergent trajectories in the lives of young adults at age 25.

In the focus groups, the discussion about having children of one's own tended to place it in the future and/or as something that had to be delayed (relative to their parents' generation) because of difficulties getting secure employment and housing:

"You can also ask around this, how do they see themselves in the future of having a family? At what age, when do they think of having a family in the future? I think that is a question that maybe you could ask because now I don't think even 30-year-old ones will have a child or get married. You know, because there's no money there."



Romantic partners were discussed by the focus group participants but not in as much detail as some other topics. When participants were asked about what positive things happen around this stage of the life-course, it was mentioned that it's a time when people think about marriage:

"Partners. Long-term relationships. I know that at 25 people are looking at settling down with their long-term partners and wedding bells are ringing."

It was, however, noted that independence to bring romantic partners home was one aspect of life curtailed if you were still living with parents. One of the groups also talked about sexual partners in the context of risk. Like the related topic of having children of one's own, the life-course milestones of getting married and setting up home were viewed as being delayed relative to previous generations (see previous section).

Just under half of respondents to the socio-emotional section of the scientist and policymaker online survey rated 'quality and nature of relationship with partner' as of top priority (18 out of 40) and most of the rest rated it as of medium priority. At the discussion with the same panel at the roundtable event, having a romantic partner was seen as particularly significant at this stage in the life-course, with a possible shift from a 'boyfriend/girlfriend' to 'partner' relationship occurring around this time. The strength of such a relationship and the adequacy of support from a partner were also considered, with that partner possibly assuming the 'one good adult' role previously identified as important for emotional and mental health from other work such as the MyWorld survey.

On the issue of parents of Cohort '98 (see also Chapter 13), respondents to the online survey of scientific and policy stakeholders were evenly divided between rating the importance of the relationship with parents as of either medium or top priority, although a small number (6 out of 40) said it was of low/no relevance. Interviewing the parent of the 25-year-old was ranked as a top priority by only 4 out of 51 respondents, 21 ranked it 'medium' and 26 as low/no relevance. In terms of information that could be collected from or about parents, the highest priority ratings were in relation to parental education level, income and financial support to/from the 25-year-old, and the quality of the parent's relationship with him/her. Parental health variables were typically rated as of medium priority.

Participants in the focus groups were open to the idea of parents being interviewed as well as the young adults. One group suggested exploring the barriers (e.g. overcrowding) and facilitators of good relationships with parents and other family members. Parents were seen as important sources of emotional as well as financial support (see quote below), although much of the discussion on relationships with parents was entwined with issues around housing and being obliged to continue living at home (see Chapter 10).

"I think especially when you're concerning the young person, if they're, like, if they are part of the LGBTI+ community and they might need that support from the parents before they move out... that might also be a big factor too, and even after they return home from college or even if they have never left home for college."

"And you know, sometimes the safest places where you know the most is your parents' home, so that's one of the other reasons I know people who have gone back home."

The issue of financial support and transfers between parents and adult children also emerged as the main 'parent' issue in the roundtable discussion among members of the SAG civic and economic engagement panel. It is interesting, however, that some individuals in the young adult focus groups highlighted the issue of the financial dependence of parents on their children's income:

“Like I know that the responsibilities expected from me, and other immigrants tend to be a lot higher, like I’m expected to help my siblings go to college. I’m expected to pay bills and I’m the person they call if something needs to be paid and there isn’t enough money.”

In relation to siblings, just over half of the scientific and policy stakeholders rated the quality of relationships with siblings as of medium priority (22 out of 40) with a further 10 describing it as top priority. In most of the discussions at the roundtable and focus groups, siblings tended to be discussed as part of the context for the 25-year-old rather than a key focus in themselves. For example, the education panel discussed the influence of sibling choice of institution in the decisions made by 25-year-olds. The focus groups discussed siblings as part of overcrowding in the family home and, as we have seen, a potential drain on their resources if they were expected to help out with younger siblings.

A separate rationale for why the Growing Up in Ireland study might want to further explore the influence of siblings and sibling relationships is summarised later in this chapter.

SPOTLIGHT ON KEY ISSUE: INFORMATION ABOUT RELATIVES OF THE 25-YEAR-OLDS

CHILDREN OF COHORT MEMBERS

According to the CSO’s vital statistics for 2020, 6,325 children were born to women aged 25 and under that year.¹⁴ Furthermore, of the 1,285 women who gave birth specifically at age 25 (in 2020), over half already had one or more children. Therefore, while the majority of births in 2020 were to women aged 30-39 years, it is likely that enough of the Growing Up in Ireland Cohort ‘98 at age 25 will have children of their own to merit collecting at least basic details about their offspring. At age 20 years, the Growing Up in Ireland survey found that 66 (unweighted n) were already parents themselves; these individuals, if female, were asked basic details on the infant’s weight at birth and how long they were breastfed (if ever). If the child lived with them, further details such as their age and gender would have been completed as part of the household grid.

A key question for the Growing Up in Ireland study going forward, not just at age 25 years but at later waves too, is how much information about the respondents’ own children is needed or desirable. If it were possible to follow these ‘children of Cohort ‘98’ into the future (e.g. health or education outcomes) as effectively another cohort, it would be prudent to collect as much contemporary information about them as possible. Candidate topics for such information would be details of the birth, breastfeeding/weaning, developmental concerns, general health status, chronic conditions, and childcare.

If, however, the emphasis is on how being a parent affects the original member of Cohort ‘98, then, for the age 25 wave, the focus might be on how becoming/being a parent affects their work and education plans, finding suitable childcare, parenting stress, and (for mothers only) health complications from the pregnancy or labour. Another possibility might be an ‘add-on’ nested study just for the new parents among Cohort ‘98 akin to the first (9 month) wave interview for the parents of Cohort ‘08. This would, however, introduce a substantial additional response burden for that subset of participants.

The current proposal is that a number of items from the first wave of Cohort ‘08 at 9 months be included for the minority of 25-year-olds who will already be parents. These include core information on birthweight and breastfeeding plus contextual information on parental stress and childcare.

INFORMATION ABOUT RESIDENT SPOUSE/PARTNERS

When the (original) parents of Cohort ‘98 (and ‘08) were interviewed, the secondary caregiver (i.e. the resident spouse or partner of the primary caregiver who supplied most of the household information) was asked for details on their own health and employment status. Some basic details about the secondary

¹⁴ Ref: Table 4 <https://www.cso.ie/en/releasesandpublications/ep/p-vs/vs/vitalstatisticsyearlysummary2020/>



caregiver such as occupation, age and gender were, however, collected from the primary caregiver in case that partner interview did not take place.

For the Growing Up in Ireland Cohort '98 at age 25, how much information to record about any resident partners or spouses (of the young adult) is an important decision. Basic demographics could, as previously, be recorded in the household grid. Other information such as the partner's health status, income, nature of occupation and smoking habits would be useful to complete the contextual picture for the main respondent (i.e. the Growing Up in Ireland 25-year-old) but a question arises as to whether it would be preferable to collect this more personal information from that resident partner directly. An effective 'Secondary Caregiver Questionnaire' for that person would be a significant extra component for the study and might be a more useful addition at a later age, when more of the cohort will be cohabiting.

In the Growing Up in Ireland age 20 interview, respondents were asked to provide the gender and age bracket of their partner (where relevant). If they were living together, they were asked for how long. All respondents in a romantic relationship were asked some subjective questions about how they perceived the quality of that relationship and its future. A very small number of 20-year-olds were engaged or married at the time; however, marriage statistics from the CSO suggest that this number will increase, especially for women. In 2019, just 3.5% of brides were aged 24 years or younger but this increased to 21.4% for the age 25-29 years category – suggesting that many of the cohort at age 25 could be planning to marry even if the ceremony has yet to take place.¹⁵ Irish grooms tend to be slightly older: 2% were 24 years or younger and 13.5% were aged 25-29 years in 2019.

For the age 25 wave, it is recommended that previously used questions be continued and that the occupation of any resident spouse/partner be collected to aid in the construction of an accurate social-class estimate for cohabiting (or married) households.

INFORMATION ABOUT PARENTS OF COHORT '98

The parents of Cohort '98 are the original primary and secondary caregivers from earlier waves. It is likely, especially given the pandemic and current housing crisis, that many of Cohort '98 will still be sharing accommodation and finances with their parents, even by age 25 years. One option would be to continue interviewing a parent as an additional participant in the study; however, this is a significant extra component, especially if homes are visited. If the 25-year-old will be the only respondent, as seems likely, then a decision as to what information to collect about the parent(s) from the young adult has to be taken. If the various actors are still sharing a household, then the basic demographic information will form part of the regular household grid. If they are not co-resident, then the main parent variables of interest are likely to be their principal economic status (e.g. retired or still in employment) and the parent's household characteristics (married/widowed etc, still living with the 25-year-old's siblings). However, given the pressure on space for the young adult interview, it could be difficult to justify their inclusion.

Regardless of whether the 25-year-old lives with their parent(s), the following parental information could be useful: their general financial situation (difficulty making ends meet, able to support the 25-year-old), and their health status, particularly whether they need to be cared for. In the current proposal, only the 25-year-old's perception of their parents' health is included. However, a continuing question on providing care to a relative (including a parent) would also be relevant.

If both parents of the 25-year-old are dead, then the study may wish to collect some information such as the date and cause of death of the parent. A premature death from an inheritable condition might have implications for the life-course of the 25-year-old; a violent death might carry additional trauma for the young adult. There could also be financial implications, ranging from the burden of funeral costs and the loss of a household income to a sizeable inheritance that facilitates the young adult in purchasing a home earlier than otherwise possible. In the current proposal, some basic information on the death of a parent

¹⁵ Ref: Table 1, <https://www.cso.ie/en/releasesandpublications/er/mar/marriages2019/>

could be captured as part of a list of traumatic events, but there is no further detail on impact. Such detail could, however, be collected at a later wave when case numbers would have increased.

INFORMATION ON SIBLINGS AT AGE 25

If the 25-year-old resides with siblings, their basic demographic details should be captured as part of the household grid. If they do not, some historic details such as gender and age could be derived from the grid in previous waves.

Although the subject of siblings only arose somewhat tangentially in the consultation phase, the issue is a potentially important one in early adulthood for a number of reasons. We know from previous waves of Growing Up in Ireland that most of the cohort will have at least one sibling (as reported by 90% of participants at wave 1 of the study; Williams et al., 2009), so they are, and have been, a feature of the young adult's microsystem for a considerable period of time.

On a socio-economic level, given the pressure on housing and finance discussed elsewhere, whether the 25-year-olds have to share accommodation and parental resources with siblings will likely affect their material well-being. One of the focus group participants spoke about pressure to support younger siblings through college. Alternatively, if the 25-year-old is a younger sibling, they might expect to be on the receiving end of such support. The education panel at the roundtable event also discussed how the young adult's choice of institution for further or higher education might be influenced by where older siblings attended.

There could also be a shift in the dynamics of sibling relationships as parents age, become ill or die. A 25-year-old might be expected, for example, to take over responsibility for the care of a sibling with special needs. Or, if the 25-year-old is the family member in need of care, there might be a restructuring of 'power' in their relationship with a sibling if that person becomes their main carer or guardian because the parent is no longer able to fulfil that role. Changes in the dynamics of sibling relations could also reflect positive growth; sibling rivalries between children and teenagers might mellow now that they are all adults and perhaps living separately. In terms of socio-emotional support, a young adult might find their siblings more in tune with their feelings and experiences than parents or even friends.

Milevsky and Heerwagen (2013) summarise previous research on key characteristics of adult sibling relationships as 'warmth and closeness', 'differences between siblings in relative status and power' and the continuation of 'sibling conflict and rivalry' (p.253). The Study Team, having reviewed options for an adult sibling measure, propose that the same 'network of relationships inventory' subscales that are also completed in respect of parental and partner relationships be extended to a nominated sibling. This would have the advantage of a degree of familiarity for participants and facilitate contrasts between different kinds of relationship within the 25-year-olds' microsystem. The short set of items (eight in total) cover interactions such as sharing thoughts and feelings, quarrelling and being disappointed in the other person.

As with most such scales, these items could only realistically be answered in respect of one sibling. If used, the participant would have to choose a sibling and answer all items about them; this could be a free choice or with a direction to choose, for example, their oldest or youngest sibling, the one nearest in age or the one with whom they have the closest relationship. On balance, the Study Team recommends answering in respect of the sibling with whom they have the closest relationship as this should indicate if the young adult has at least one positive relationship with a brother or sister. The difficulties in capturing data about sibling relationships when a participant has more than one was the main complicating factor in previous decisions not to collect detailed sibling information for this cohort up to this point. However, this wave could reflect an added importance to sibling relationships if young adults returned to living in the family home during the pandemic (or have as yet been unable to permanently move out).



An alternative to a dedicated scale could be some general questions such as, 'Overall, how would you rate the quality of your relationship with your sibling(s) (very good to very poor)?' or 'Overall, do you think your relationship with your sibling(s) has improved, deteriorated or remained stable since the age of 20?' Such questions would give a flavour of whether the young adult had generally positive or negative interactions with their siblings but obviously would lack detail on the dynamics and quality of the relationship and might be difficult for individuals to answer if they had a good relationship with one sibling but a poor relationship with another. However, this second option would be better than nothing and could be combined with a separate question in the survey on whether a sibling is one of the people they could go to for help and advice.

SUGGESTED TOPICS AND QUESTIONS

Relationship with parents: The parent-child relationship plays a vital role in a young person's development. There is a breadth of research exploring the relationships between parents and their adolescent children, but less is known about this relationship as they mature into young adults. It has been argued that the extended transition from adolescence into young adulthood has also brought about a 'prolonged parenthood' (Fingerman, 2017). With many study respondents expected to still be living in the family home at age 25, despite the fact that they will be otherwise increasingly independent, the dynamics of the relationship between parent and child will have altered significantly. The upcoming phase of the study offers an interesting opportunity to continue exploring the nature and quality of this relationship and its impact on young adults in the Irish context.

Caring duties: It is also possible that, instead of 'prolonged parenthood', the 25-year-old is actually providing care to a relative (such as an elderly or ill parent). Hence, it is recommended that the previously used questions on being in a caring role for a family member is continued from previous waves of Growing Up in Ireland. It is expected that the likelihood of the young adult being a carer will increase as the cohort – and more specifically their family members – get older.

Relationship with friends/peers: During early adulthood, young people become less dependent on their parents and spend more time with peers or romantic partners, with these relationships arguably replacing the role of family support (Arnett, 2015). Young adults have been found to place greater emphasis on the expectations and opinions of their peers, and the influence of peers on young people's attitudes and behaviours can be greater than that of parents (Mann et al., 2016).

The presence of close friendships in young adults' lives has been found to be psychologically protective; those with numerous high-quality close friendships were found to be happier (Demir, 2008), and those with an absence of close friendship were at greater risk for depression and social withdrawal (Chango et al., 2015). It is thus proposed to retain questions from wave 4 (age 20) of the Growing Up in Ireland study exploring the nature and importance of friendships.

Intimate relationships: Young people in Ireland do not tend to get married until they are in their mid- to late-30s (CSO, 2020a). However, the development of meaningful romantic relationships often begins in adolescence or early adulthood and continues over the life course. While marriage is still a life goal for many, obtaining this goal may be delayed by either choice or necessity.

In today's developed countries, most people are sexually active during early adulthood; findings from the *My World Survey 2* indicated that two-thirds of young adults in Ireland reported having had sexual intercourse, and a fifth reported having sexual intercourse prior to the age of consent (Dooley et al., 2019). Sexual health behaviours in young adults have received increased attention in recent years, given that sexually active adults are at an increased risk of acquiring sexually transmitted diseases (STDs) or

experiencing an unplanned pregnancy (Burke, Ní Gabhainn & Young, 2015). It is proposed to retain questions on intimate relationships from Wave 4 of the Growing Up in Ireland study.

Pregnancy: According to the CSO, in 2018 the average age of mothers at maternity was 32.9 years, the highest average age of maternity in the EU 28 countries (CSO, 2018b). This is reflected in the fact that there was a reduction in teenage mothers, and an increase in mothers over the age of 40. Even so, we would expect a small proportion of study respondents to be parents by the upcoming wave at age 25.

Questions about pregnancy could be used by researchers to look at the predictors of young parenthood and the impact of early parenthood, miscarriage, stillbirth or termination on physical, emotional and educational outcomes. It is also important to collect information such as birthweight and breastfeeding as contemporaneously as possible.

Being a parent: This is discussed further in the spotlight section above. In brief, although it is expected that a relatively small minority of 25-year-olds will be parents at this stage, it is important to collect basic information such as child health and childcare for the context of the young adult as well as facilitating a later follow-up of these ‘children of Cohort ‘98’. The majority of these questions are drawn from Wave 1 of Cohort ‘08 at 9 months.

Table 11: Summary of proposed questions covering ‘Relationships’

Subtopic	Question text	Priority
with Family	Are you in regular contact with your mother (or mother figure)? G	High
with Family	<i>[Network of relationships inventory]</i> If yes, please answer the following questions about how often the following things happen with your mother (or mother figure): You tell her what you’re thinking / You share your secrets and private feelings with her / She shows recognition for the things you do / She shows you that she likes you / You are annoyed or angry with each other / You disagree and quarrel / She disappoints you / You cannot rely on her R, G	High
with Family	Which of the following best describes your relationship with her? Biological or adoptive mother who lives here / Foster mother / Biological or adoptive mother who lives elsewhere / Grandmother / Stepmother / Someone else R, G	Medium
with Family	<i>H4.</i> Are you in regular contact with your father (or father figure)? G	High
with Family	<i>[Network of relationships inventory]</i> If yes, please answer the following questions about how often the following things happen with your father (or father figure): You tell him what you’re thinking / You share your secrets and private feelings with him / He shows recognition for the things you do / He shows you that he likes you / You are annoyed or angry with each other / You disagree and quarrel / He disappoints you / You cannot rely on him R, G	High
with Family	Which of the following best describes your relationship with him? Biological or adoptive father who lives here / Foster father / Biological or adoptive father who lives elsewhere / Grandfather / Stepfather / Someone else R, G	Medium



with Family	All families have their ups-and-downs. Thinking of a scale from 1 to 10, on average how well would you say that the members of your family get on? '1' means you don't get on at all and '10' means you get on very well. G	High
with Family	Do you care for or look after another family member on a regular basis? By 'caring' I mean things like cooking for them, helping them wash or dress, making sure they take medication, supervising them when there is no-one else at home. If you have children, don't include them unless they need extra help. G	High
with Family	If yes, how is this person related to you? Grandparent or other elderly relative/ A parent or step-parent/ A younger sibling/ A sibling of the same age or older than you/ Someone else R, G	High
with Family	<i>*If yes to 'younger sibling', also ask: Would you describe the care you provide to your younger sibling as 'babysitting' or something more than this (e.g. 'child care' in place of someone like a childminder or helping them with a medical condition)?</i> R, G	Medium
with Family	Would you describe this care you provide as taking up: 'a large amount of my time'; 'quite a lot of my time'; 'some of my time'; 'not very much of my time'. R, G	High
Info about sibling (s)	Do you have a brother or sister that you are in regular contact with?	Medium
Info about sibling (s)	<i>[Network of relationships inventory]</i> Think about the sibling that you feel closest too when answering the following questions. Answer all the questions in relation to just one individual, even if you have more than one sibling. How often do the following things happen with your sibling? You tell them what you're thinking / You share your secrets and private feelings with them / They shows recognition for the things you do / They show you that they like you / You are annoyed or angry with each other / You disagree and quarrel / They disappoint you / You cannot rely on them R, G	Medium
Info about sibling (s)	Which of these best describes the sibling whom you've just described? R, G	Low
Info about sibling(s)	Overall, how would you rate the quality of your relationship with your sibling(s) (very good to very poor)? R	High
with Friends	How many friends do you have? G	Medium
with Friends	How many of your friends would you describe as CLOSE friends? R, G	High
with Friends	Would you say that you can count on your close friends when you need them? R, G	High
Intimate Relationships	Which of the following best describes your current relationship status (Tick one)? G	High
Intimate Relationships	Do you live with this person as a couple? R, G	High
Intimate Relationships	Since when have you been living together? R, G	Medium

Intimate Relationships	What is their gender? R, G	Medium
Intimate Relationships	What age are they? R, G	Medium
Intimate Relationships	What do you think will be the status of this relationship in five years' time? R, G	Medium
Intimate Relationships	[Network of relationships inventory] How often do the following things happen in your relationship? You tell him or her what you're thinking/ You share your secrets and private feeling with him or her/ He or she shows recognition for the things you do/ He or she shows you that he or she respects and likes you/ You disagree and quarrel R, G	High
Intimate Relationships	How would you describe your sexual orientation? G	High
Intimate Relationships	Would you describe yourself as: Male / Female / Other / Prefer not to say G	High
Intimate Relationships	Would you describe yourself as transgender? G	High
Intimate Relationships	Have you ever had sex? R, G	High
Intimate Relationships	Thinking about your first sexual intercourse: Was that person with whom you had first sexual intercourse of the opposite sex or the same sex? R, G	Medium
Intimate Relationships	Which of the following best describes the relationship between you and the other person at the time you had first sexual intercourse? R, G	Medium
Intimate Relationships	Still thinking of that time you had first sexual intercourse, did you or your partner use any forms of contraception, including withdrawal and/or emergency contraception? R, G	Medium
Intimate Relationships	Looking back now to that first time you had sexual intercourse, do you think: You should have waited longer before having sex with anyone / That you should not have waited so long / That it was about the right time / Not sure / Prefer not to say R, G	Medium
Intimate Relationships	Are you currently in an intimate relationship with the person with whom you first had sexual intercourse? R, G	High
Intimate Relationships	In total, including your current boyfriend or girlfriend or partner (if relevant), how many sexual partners have you had during the last year? R, G	High
Pregnancy	Do you have any children? R, G	High
Pregnancy	Did you ever get a woman pregnant? R, G	High
Pregnancy	How many pregnancies? R, G	High
Pregnancy	Are you currently pregnant? R, G	High
Pregnancy	Have you ever been pregnant? R, G	High



Pregnancy	How many pregnancies have you had, including this pregnancy (if applicable)? R, G	High
Pregnancy	For each pregnancy, please tell us the outcome of each pregnancy. Did pregnancy (#1) result in a: live birth, currently living with me / live birth, living elsewhere / miscarriage / stillbirth / termination / still pregnant / prefer not to say R, G	High
Pregnancy	How much did <baby> weigh at birth? _lbs ounces OR kgs R, G	High
Pregnancy	[Ask if female] Was <baby> ever breastfed (including colostrum – the milk produced during the first few days after the birth)? R, G	High
Pregnancy	How old was <baby> when you stopped breastfeeding? R, G	High
Being a parent	Does child live with you at the moment? R	High
Being a parent	In general, how would you describe child's current health? R, G	High
Being a parent	Is <baby> currently being minded by someone else other than you or your resident spouse, on a regular basis each week? R, G	High
Being a parent	Can you indicate 1. Who else minds the baby on a regular basis 2. Number of days per week baby spends in each type of childcare 3. Number of hours per week baby spends in each type of childcare 4. How much you pay for childcare for baby per week 5. Whether this is your main type of childcare R, G	High
Being a parent	[Parental stressors subscale] Please rate how much you agree or disagree with each of the following statements in relation to how things are for you now. Remember, there are no right and wrong answers, just try and be as honest as possible. Caring for my child sometimes takes more time and energy than I have to give/ I sometimes worry whether I am doing enough for my child/ The major source of stress in my life is my child/ Having a child leaves little time and flexibility in my life/ Having a child has been a financial burden/ It is difficult to balance different responsibilities because of my child. R, G	High
Non-resident other parent	Can we check, does biological father/mother live here with you or elsewhere? [Ask following questions only if s/he doesn't live here] R, G	High
Non-resident other parent	How often does have face-to-face contact with his/her biological father/mother? R, G	High
Non-resident other parent	Does biological father/mother make ANY financial contribution to your household and the maintenance of <baby>? Include any form of financial support such as rent, mortgage, direct maintenance payment, etc R, G	High

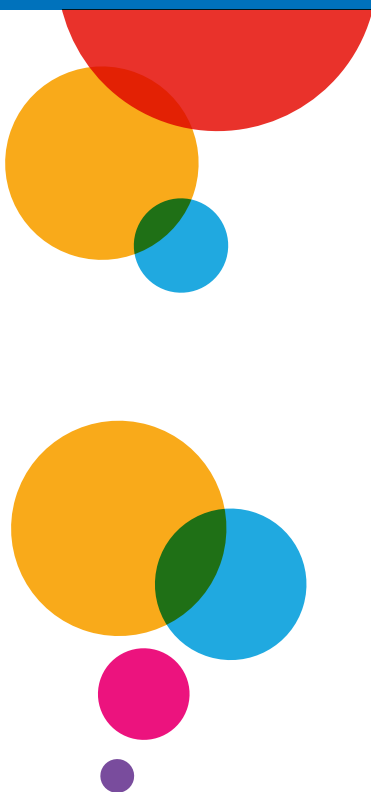
<p>Resident partner</p>	<p>What is the occupation of your spouse/partner? In all cases describe the occupation fully and precisely giving the full job title. Use precise terms such as: Do not use general terms such as: retail store manager, secondary teacher, electrical engineer. Civil servants and local government employees should state their grade e.g., senior administrative officer. Members of the Gardai or Army should state their rank. Teachers should state the branch of teaching e.g., primary teacher. Clergy and religious orders should give full description e.g., nun, registered general nurse. R, G</p>	<p>High</p>
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Notes: **R** = question routed (not asked of all participants); **G** = question previously used in a Growing Up in Ireland survey; text in italics has been added for clarity in this summary but does not feature in the actual question (see appendix for full text and response options); **blue text** indicates questions that would be asked of just a minority of participants (i.e. those who are parents themselves).



Chapter 10

HOUSING AND SOCIO- DEMOGRAPHIC INFORMATION



OVERVIEW OF CONTEXT

HOUSING

By 25 years old, most young adults will have completed their education and be transitioning to full economic independence. A key measure of independence is moving out of the parental home (European Commission, 2019). However, securing affordable accommodation is a significant challenge in Ireland, particularly for young adults (Roantree et al., 2021). The effect of this for some may be to stay in the parental home for longer than they might otherwise have chosen to do. This is further complicated by the impact of COVID-19, whereby some people may have moved back to their parents' home at the outset of the pandemic (Growing Up in Ireland Study Team, 2021). The social and emotional effects of staying in the parental home, and the impact of this on familial relationships, is not well understood. For some it may provide additional security while for others it may affect their self-perception as full adults (CSO, 2021c).

For those who have moved from the parental home and secured accommodation, the burden of rental costs as a proportion of income may be high (Residential Tenancy Board, 2021). Financial stress has been found to strongly affect the mental health of young adults (Dooley & Fitzgerald, 2012), and high rental costs are likely to be a source of financial stress. Most young adults living away from the parental home share accommodation with others. Little research exists that examines the effects of this (Clark, Tuffin, Frewin, & Bowker, 2017), although Wall and Gouveia (2014) found that sharing with peers may lead to stronger, more intimate friendships.

OTHER SOCIO-DEMOGRAPHIC INFORMATION (EXCLUDING INCOME AND EDUCATION/EMPLOYMENT)

By age 25, more of the young adults of Cohort '98 will have left education, entered the labour market, and be on their way to financial independence. These issues are covered in more detail elsewhere in this report. Other socio-demographic characteristics of interest at this age, albeit largely linked to living arrangements and economic status, are social class (which will need to be calculated separately to parents' class), gender, religion, citizenship, ethnicity, language spoken in the home, access to transport, and neighbourhood.

While it is expected that many of these characteristics will endure from what was established in the parental home, there is scope for objective change (e.g. an individual may become an Irish citizen) as well as more subjective change (e.g. the young adult may wish to describe their ethnicity using different terms to their parents). Furthermore, the regional location of the young adults (including urban/rural) may change as they make more medium-term changes in address for employment, and not just 'term-time' education.

KEY FINDINGS FROM THE LIVES OF 20-YEAR-OLDS

HOUSING

For this Growing Up in Ireland cohort at 20 years of age, 84% said their parental address was their main address, although 32% also had a non-parental address. This indicates the emergence of some duality as to meaning of home for these young adults, whereby a proportion of those with non-parental addresses continue to view the parental address as the main address. Most of the young adults with a non-parental address spent at least one night a month in their parental address (87%). The median number of nights spent at their parental address was seven per month, or just less than two nights per week. Although not specified in the data, for many this may mean weekends spent at the parental address.

For the group who provided a non-parental address, more were in higher or further education (40%) than employment or other status (19%); more reported that their mother's education was to degree level (40%) than lower second level (19%), and slightly more were female (34%) than male (30%). For this group, the majority (56%) said they were sharing a house or flat with others, while 22% lived in campus



accommodation. Capturing young adults' changing relationship to their parental home, and the nature of their new housing situation, will be an important dimension of the next wave of data collected at 25 years old.

Although they were mainly living in the parental home, housing and home ownership were both concerns and aspirations for young adults at age 20. When asked how concerned they were about a range of social issues, they identified access to housing as their biggest concern; 44% of respondents indicated that this was in the top quintile of a 10-point scale, with poverty (31%) being the next highest concern overall. In a separated question on aspirations for themselves by the age of 30, owning a home was reported as a highly important aspiration for 51% of young adults; more of those in the lowest social class (55%) than the professional social class (40%) defined this aspiration as highly important.

When asked where they would source for help or information about finding accommodation, most indicated they would look online (77%), while fewer would look to friends (32%) or parents (30%).

SOCIO-DEMOGRAPHICS

A range of socio-demographic indicators were used to compare outcomes in *The Lives of 20-Year-Olds*, including gender, income, social class, parental education and principal economic status of the young adult. The analyses are too extensive to summarise here but in general followed the previously observed trend for greater socio-economic disadvantage to be associated with a greater risk of poor outcomes. Gender differences were noted in a number of areas; again, these are too numerous to summarise but, as an example, they were particularly marked in relation to mental health (women more likely to experience symptoms of depression) and internet activities such as gambling and pornography (both much more common among men).

KEY FINDINGS FROM THE COVID-19 SURVEY

HOUSING

Data for the special COVID-19 survey were collected in late 2020 when this group were 22 years old. When asked about their current living arrangements, 72% reported that they were living with parents, 15% shared a house or flat with others while 5% lived with their partner only.

An important finding from this survey on the impact of the COVID-19 pandemic on young people was that 20% reported moving back into the parental home since the pandemic started, while 10% had moved out since the pandemic.

SOCIO-DEMOGRAPHICS

The COVID key findings focused on trends by gender and income quintile. Among the (then) 22-year-olds, young women were more likely to report elevated depressive symptoms (as at age 20), and generally there was a big increase overall. Young adults in the lowest income group, who were also students, were less likely to have consistent access to a quiet place to study and good internet.

SUMMARY OF KEY TOPIC AREAS COVERED BY COMPARABLE STUDIES

HOUSING

A number of nationally representative prospective cohort studies have a comparably aged cohort to Growing Up in Ireland. In the UK, Next Steps (Longitudinal Study of Young People) collected data in 2015-16 at age 25 years, ALSPAC collected data in 2020 at age 27, and the Millennium Cohort (MCS) latest wave was collected in 2018 when the cohort were aged 17. Growing Up in Australia K cohort Wave 8 collection

occurred in 2017-18 when they were aged 18-19, with a further COVID wave in 2021 when they were aged 20-22.

Questionnaires from each study contain a housing or home life section that asks similar-themed questions to the Growing Up in Ireland Wave 4 questionnaire, covering information on current living arrangements, and the cost, funding and nature of their accommodation. An item on internet adequacy was included in the Growing Up in Ireland COVID questionnaire. Some differences were also apparent. Both Growing Up in Australia and the Millennium Study ask young adults if they are or were homeless and the circumstances that gave rise to this, while the Millennium Study asks specific questions of the subgroup that reported having spent time in care. Next Steps asks if any of the rent at their accommodation is supported by government housing allowances. Next Steps also asks how old the participant was when they first moved out of the family home for more than a month, and how many years they have spent living away from their parents' home since they were 16 years old. Some of these new questions have been incorporated into the proposed measures for Growing Up in Ireland at age 25 (see later).

SOCIO-DEMOGRAPHICS

With respect to socio-demographic information, ALSPAC has a specific section on faith and beliefs, which includes questions on religious attendance and practice. The MCS contains a sub-section specific to residents of Wales, which asks how often they speak Welsh with their friends and whether they communicate in Welsh when engaging in social media activity. The international cohort studies routinely collect information on ethnicity or nationality, social class (own and/or parents'), education (own and/or parents') and household income (see Chapter 3). Another area of interest is emigration; Understanding Society is currently developing an emigrant survey for respondents who are planning to emigrate, which explores reasons for emigration. Surveying emigrants and return migrants is examined in more detail in Chapter 13 of this report.

POLICY LINKS

HOUSING

As outlined in the Department's policy context paper, a key outcome identified in the national policy framework for children and young people (BOBF) (DCYA, 2014) is economic security and opportunity. The transition from family to independent living is seen as part of the pathway to establishing autonomous economic participation. Exploring the housing arrangements from the 25-year-old cohort is pertinent to measuring this outcome. *Housing for All – a New Housing Plan for Ireland* (Government of Ireland, 2021a) is the Government's housing policy to 2030; its implications are outlined in Chapter 2.

SOCIO-DEMOGRAPHICS

The *Migrant Integration Strategy 2017* set out a whole-of-government approach to enable migrants to play a full role in Irish society. The importance of monitoring outcomes was emphasised by this strategy document (see also McGinnity et al., 2020). The implications are that studies such as Growing Up in Ireland should usefully record information on ethnicity/nationality, citizenship and language spoken.

OVERVIEW OF PRIORITY TOPICS IDENTIFIED IN CONSULTATIONS WITH POLICY, SCIENTIFIC AND YOUNG ADULT STAKEHOLDERS

HOUSING

Two key themes emerged in the area of housing from the consultation process with young adults. First, the cost and availability of housing were identified as significant barriers to moving out of the family home, as the costs associated with renting were too high a burden relative to their income.



“In my age group, moving out is just impossible.”

However, participants also commented on how young adults may be living at home for non-financial reasons:

“Sometimes the safest place is where you know the most, your parents’ home.”

The second theme identified was concerns about realising aspirations to own their own home, and a sense of anxiety about whether home ownership could ever be achieved for them in light of house deposit and mortgage requirements.

“Does the government want me to be paying off a mortgage when I’m 100 years of age because they can’t afford the house now so I can’t afford it when I’m 100, so it’s more or less it’s gonna be like older homeless.”

In the survey conducted with scientific and policy stakeholders, issues around young adults and housing were identified as a relatively high priority in the theme of Economic/Demographic Context and Civic Participation.

Current accommodation was the 8th highest priority from a list of 35 topics. This covered a number of dimensions that also emerged from the young adults’ consultation, such as barriers to renting/housing ownership, the burden of accommodation costs to total income and the type and quality of accommodation available. Two other topics related to housing were of lower priority in the survey; the sense of financial independence and security, and debt and sources of debt, may be important considerations for young people transitioning towards living outside of the family home but were rated as the 15th and 23rd topics in the policy and scientific stakeholder survey.

As part of the roundtable discussion with these scientific and policy stakeholders, two specific housing-related points were noted as essential: first, shared living arrangements, which were the most common arrangements for young adults not living in the parental home, and the shifting dynamics and relationships that arise; second, the proximity of services and supports to the young adult households.

SOCIO-DEMOGRAPHICS

In the stakeholder survey and roundtable discussion, ratings of economic characteristics (such as income and deprivation) tended to be high (see Chapter 5). In the focus groups with young adults, they emphasised the importance of capturing diversity (including cultural diversity) in their experiences and pathways.

SPOTLIGHT ON KEY ISSUE: HOUSING ‘CRISIS’

While renting or buying one’s own home may be a marker of independent living, many young adults in Ireland continue to stay in the parental home due to high rental costs and a shortage in housing supply, with higher prevalence of this in urban areas (Turnbull, 2018). A greater proportion of 16 to 29-year-olds live in the parental home in Ireland (78%) compared to the EU average (67%) (Eurostat, 2018). Census data indicate that the proportion of 18 to 29-year-olds living in the parental home increased from 43% in 2011 to 50% in 2016 (CSO, 2016a); 59% of this group were male. Eurofound (2019) reported that the proportion of 25 to 29-year-olds living with parents in Ireland had increased from 36% in 2007 to 47% in 2017. This study also found that subjective well-being (life satisfaction and overall happiness) was higher overall among those who had moved out compared to those who were living with parents, although there were positive aspects to well-being for those staying in the parental home; in particular, feeling less tense compared to those not living with parents.

Those young adults who do move out of the parental home face a changing environment. Since 2000, there has been a 300% growth in private rental accommodation in Ireland; this sector now accounts for one in five households (Whitehead, 2021). The increase has been principally driven by a decline in the provision of social housing in this period and increasing difficulty accessing owner occupation. While the share of the private rental sector has increased as a proportion of total residences, the cost of renting has also increased, particularly in urban and high-employment catchment areas. Ahrens et al. (2019) found that the cost of rent had increased in Dublin city by 85% since early 2011 and 67% in Meath, Kildare and Wicklow. For home ownership, the ESRI (Roantree et al., 2021) also found a longer-term decline in the number of 30-year-olds owning homes; 32% of those born in the 1980s owned a home at this age compared to 60% for those born in the 1960s.

For those young adults in rental accommodation, the financial costs consume a high share of their income. Threshold's Tenant Sentiment Survey (2021)¹⁶ found that the majority of tenants whose income is between €25,000 and €50,000 spend between 31% and 40% of their income on rent. The Residential Tenancy Board (2021) found that 27% of tenants reported that more than 40% of their net income was spent on rental costs. This level is considered a benchmark for 'overburden' of rental costs (Eurostat, 2018). Non-financial factors may also affect a tenant's experience of renting. Byrne and Sassi (2021)¹⁷ found that the quality of housing stock and perceived insecurity of tenure in Ireland negatively affected their housing experience, while the insecurity of tenure created a fear of going into rental arrears where alternative accommodation was sparse. The Life at Home online voluntary survey (CSO, 2021c) found that, of those respondents in shared accommodation, 51% felt they did not have enough privacy, while 41% felt lonely most or all of the time. This survey also found concerns among respondents about negotiating house-sharing: 49% reported that they often or sometimes disagreed with co-residents about household chores, 42% reported disagreements with respect to noise made by housemates, while 45% often or sometimes reported disagreements about having people over to the house.

The COVID-19 pandemic has also affected rental cost affordability, with unemployment falling disproportionately on lower-income earners, while Pandemic Unemployment Payment recipients are proportionally more likely to be renters compared to the wider population (Irish Fiscal Advisory Council, 2021). While Byrne and Sassi (2021) found that the effect of Government COVID-19-led interventions, such as the ban on evictions, was viewed as helpful by renters, it did not improve their sense of security due to the temporary nature of the intervention.

A consequence of increased housing costs for those no longer living in the family home may be increased risk of homelessness. Focus Ireland (2021) found that the number of 18 to 24-year-olds in homelessness in Ireland had increased from 418 in June 2014 to a high of 909 in November 2019. Since the onset of the COVID-19 pandemic, the total number of young adults in homelessness had declined to 780, in May 2021.

SUGGESTED TOPICS AND QUESTIONS

Living arrangements/locality: These questions provide specific details about the young people's current living arrangements, including main address, relationship to parental address, tenure, length of time in their locality, the nature of their accommodation including co-residents, cost, suitability and problems with their accommodation, and the perception of their local environment. These continuing questions are discussed further in the 20-year-old design report (McNamara et al., 2021).

New questions on sharing in a multi-occupancy household have been added. A recent (but pre-COVID) tenant survey (conducted on behalf of a letting agency; Baker, 2020) suggests some points of interest from the point of view of those living in shared accommodation. The questions added seek to probe

¹⁶ Threshold's 2021 Annual Tenant Sentiment Survey consisted of a sample of 222 participants who formed a nationally representative sample of Threshold clients.

¹⁷ Byrne & Sassi conducted a qualitative study, including interviews with 35 private renters drawn from three social and geographic cohorts.



this apparently under-researched area. They are based on surveys carried out by the CSO (concerning disagreements with housemates), and on two UK reports on multi-occupancy accommodation that highlighted issues around sharing facilities such as bathrooms and kitchens.¹⁸ A question on internet adequacy is continued from the special Growing Up in Ireland COVID survey: this utility has grown in importance during the pandemic with requirements to work, study, and – at times – socialise, online.

Costs: Essential information on the cost of rental is gathered, including a new question on government rental support for those no longer living with parents. As outlined in the ‘spotlight’ section above, rental costs in Ireland tend to form a high expenditure burden. Information about the distribution of rental support contributes to understanding who and to what extent government housing support may or may not be assisting younger people with housing-related financial burden.

Security of accommodation: New questions on perceived security of accommodation and difficulty finding accommodation were added. The latter question is based on one included in the National Student Housing Survey. Two questions have been added on homelessness, modified from Growing Up in Australia. While frequencies for this may be expected to be low, it is nonetheless important to capture in the context of the prevailing housing provision shortfall.

Living with parents: While Ireland already had a relatively late age for leaving the parental home, this may have been extended by the pandemic and current shortage of housing. Most of the questions in this section are continued from age 20 and include a question on the pros and cons of living in the parental home. New questions are proposed, asking when the young adult first moved out of home for more than one month, and how long in total they have spent living away from the parental home. The question, derived from Next Steps, will capture the dynamics of new household formation. Since issues of lack of space and disagreements about expenses could arise in this context too, it is recommended that the questions on the challenges of being in multi-occupancy questions be applied to young adults living with parents as well.

Socio-demographic information: Most of these items are continued from Growing Up in Ireland at age 20. While previously reported by the young adult, citizenship may change over time, depending on their length of time in the country or changing self-identity. Ethnicity and religion have previously been asked of the primary caregiver, but not of the young adult, who may have a different perspective on the question from their parent(s). There are updated questions on the most common language spoken at home for the young adult – an important variable for exploring educational, labour market or developmental outcomes – and which may have changed if the participant is in a new household. Questions on income are discussed in Chapter 5.

An indicator of regional location will be required, with a distinction between ‘urban’ and ‘rural’ at minimum. Previous waves of Growing Up in Ireland have based regional classification on answers to a participant question (see Table 12 below); however, it would be preferable to link this administratively using Eircodes where possible.

Emigration: Three questions are proposed on emigration. Modern shifts in migratory flows have seen a rise in young skilled workers leaving the country, as well as a cycle of emigration and return migration for young adults (McGuinness, Whelan, Delaney, & Redmond, 2018). At age 25, it is likely that a number of respondents will have lived abroad. Capturing information on these periods of migration will enable insights into their impact across a range of areas, including labour market outcomes, education and training, and relationships. The issue of questions for participants who have emigrated is discussed further in Chapter 13.

¹⁸ Baker, M. (June 2020). The Shared Living Survey. <https://f.hubspotusercontent00.net/hubfs/8863107/The%20Shared%20Living%20Survey%20Report%202020.pdf>; Scanlan, K. et al (July 2020). Blog post: Sharing a home under lockdown. https://blogs.lse.ac.uk/lse/london/sharing-a-home-under-lockdown/#_ftn2

Table 12: Summary of proposed questions covering ‘Housing and socio-demographics’

Subtopic	Question text	Priority
Living with Parents	Do you live on a regular basis at an address other than your parental address? This could be your main residential address or a temporary or part-time address such as a student or work address. G	High
Living with Parents	Do you consider your parental address or your other temporary or part-time address as your current main residential address? R,G	High
Living with Parents	On average, how many nights per month (if any) do you sleep in your parents’ home? R,G	High
Living Arrangements	How would you describe your living arrangements at address? (<i>live alone, with partner, house/flat share, etc</i>) R,G	High
Living Arrangements	Since when have you been living at address? R,G	High
Living Arrangements	Household grid: Please tell me about the people you share the accommodation with at address: their first name or initial / their sex / their date of birth (or age) / their relationship to you / their current situation regarding education or work / whether you and this person share your income (excluding shared bills with flatmates) G	High
Living Arrangements	So that means that you share income with ____ other people in the household R,G	High
Living Arrangements	Please tell me which best describes your occupancy of this/that address? (<i>rented privately, owned with mortgage, etc</i>) R,G	High
Living Arrangements	Do you feel that the accommodation at address (excluding location) is suitable for your needs? G	High
Living Arrangements	If not, why? (tick all that apply) Not enough bedrooms/ Not enough living space/ Not enough bathrooms/ Poor conditions in the home (damp, drafts, leaks, etc)/ Problems with rats, mice, cockroaches, etc/ Too noisy/ Problems with neighbours/ Not enough privacy/ Too cold/ Other (specify) R,G	High
Living Arrangements	In your household, with how many people do you usually share: a bedroom? / a bathroom?/ a kitchen?	High
Living Arrangements	How often do you disagree with the people you live with about: sharing chores? / sharing expenses?/ sharing communal areas such as the kitchen and living room?/ noise?/ having guests over?	High
Living Arrangements	For each of the following statements, please indicate how true they are for you at the moment? I have enough privacy in this accommodation/ I have enough space in this accommodation/ I enjoy the company of the people I live with/ I could comfortably work from home if I needed to	High
Internet Adequacy	How adequate is your internet connection? G	High
Cost	How much is the rent/mortgage for this/that accommodation (or your total share of the rent if shared accommodation), regardless of who pays it R, G	High
Cost	Is that per week, per month, per semester, per year or other? R, G	High



Cost	To what extent would you describe your weekly/monthly rent to be a burden to YOU? R, G	High
Cost	Is any of your rent at the accommodation funded through the Housing Assistance Payment or rent supplement schemes? R	High
Sourcing	Would you say that difficulty in finding or affording accommodation ever limits your choices in: work/ education/ relationships? G	High
Security of accommodation	Generally speaking, on a scale of 1 to 10, how confident are you that you will be able to stay in your current accommodation if you want to – where a '1' indicates 'not at all' and '10' indicates 'very much'?	Medium
Sourcing	How long did it take to find suitable accommodation? R	Medium
Locality	How long have you lived in this local area? G	High
Locality	How common would you say each of the things listed below is in this local area? Rubbish and litter lying about/ Homes and gardens in bad condition/ Vandalism and deliberate damage to property/ People being drunk or taking drugs in public G	Medium
Locality	To what extent do you agree or disagree with these statements? <i>[statements about participant's area]</i> This is a safe area/ There are places in this area to meet up with other people/ There are leisure and sports facilities suitable for young adults in this area/ I have lots of family or friends living in this area. G	High
Living with Parents	How old were you when you first moved out of the family home for more than a month?	High
Living with Parents	How many years (in total) have you spent living away from your parents' home since you were 16 years old? R	Medium
Living with Parents	Would you prefer to live at home (in your parent's address) or would you prefer to live at a separate address, either by yourself or with friends, etc? R, G	High
Living with Parents	To what extent are you living at home because of financial reasons? R, G	High
Living with Parents	Here are some opinions on living at home with your parent(s), compared to independent living in your own home. From the following list, can you tell me which apply to your situation? I don't have to do as many household chores/ I save on accommodation costs/ I don't have to cook or shop for groceries/ This house or apartment is nicer or more convenient than I could afford/ I would miss my family if I moved out/ I can't afford to move out of the family home/ I help out with the care of my siblings or parents/ I don't have enough privacy/ I contribute to household chores/ I don't have enough living space/ I don't have enough independence, e.g. to have friends around, choice of meals etc/ I feel like I won't be treated as an adult until I get my own place R, G	High
Living with Parents	How far away does parent live from you? If two parents live separately, answer in respect of the one you have most contact with. R	High

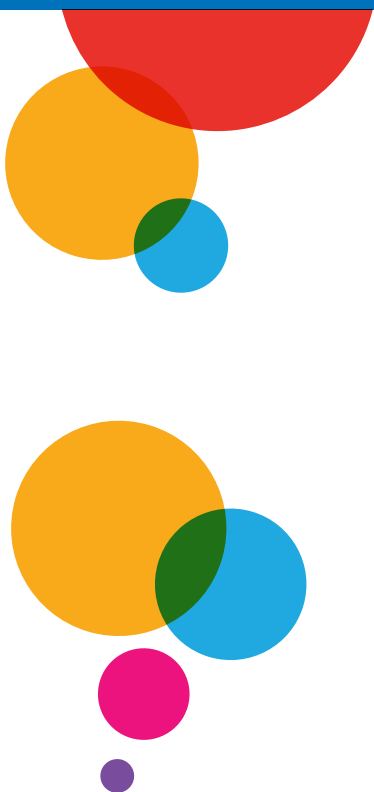
Citizenship	Are you a citizen of Ireland? R, G	High
Citizenship	What citizenship do you hold? R, G	High
Language	What language do you speak most often at your parental home? G	Medium
Language	What language do you speak most often at your other home? R, G	Medium
Ethnicity	What is your ethnic or cultural background? (<i>White Irish, Black or Black Irish, etc</i>)	High
Religion	Do you belong to any religion? G	Medium
Religion	<i>[If yes]</i> Which religion? R, G	Medium
Geographical location	Would you describe the place where the household is situated as being...? G	High
Homelessness	Are you currently without a permanent place to live?	Medium
Homelessness	What led to you being without a permanent place to live? R	Medium
Emigrant Questions	Have you lived outside Ireland at times and, if yes, where? This refers to a continuous stay in another country of more than 3 months. Shorter stays, e.g. holidays or visits to relatives, are not meant here.	High
Emigrant Questions	There are many possible reasons why people move to another country. On a scale from 1 to 5 where 1 means 'Not at all important' and 5 means 'Very important', please tell us how important the following reasons were for your decision to move. For reasons that do not apply to you, select 'Not applicable'. To take up a new job or to look for work/ To join my husband - wife - fiancé - fiancée - partner/ To be nearer other family member/ To maintain a connection with my family's heritage - language/ My family emigrated and I moved with them/ For my education/ To experience living in another country/ Other (please specify) R	Medium
Emigrant Questions	On a scale from 1 to 5 where 1 means 'Not at all important' and 5 means 'Very important', please tell us how important the following reasons were for your decision to move back to Ireland. For reasons that do not apply to you, select 'Not applicable'. To take up a new job or to look for work/ To join my husband - wife - fiancé - fiancée - partner/ I missed my family - friends/ For my education/ I always planned to return to Ireland/ Other (please specify) R	Medium

Notes: R = question routed (not asked of all participants); G = question previously used in a Growing Up in Ireland survey; text in italics has been added for clarity in this summary but does not feature in the actual question (see appendix for full text and response options).



Chapter 11

CULTURAL AND CIVIC ENGAGEMENT



OVERVIEW OF CONTEXT

Civic engagement refers to how people participate in their community, through individual or group activities, with a view to improving conditions and shaping the future for themselves and others in that community (Adler & Goggin, 2005). Engagement can be either political or non-political, encompassing individual or group activities aiming to protect and improve social, environmental, economic and cultural issues of public concern and value. Civic engagement includes voting in elections/referendums, engaging in political activism, volunteering and joining a community initiative.

Recent studies have found that young adults in the EU today are less likely than their predecessors to engage in traditional forms of civic engagement (e.g. voting, belonging to a political party; Sloam, 2016). However, it seems that the nature of civic engagement is changing. Young adults nowadays are more likely than previous generations to engage in specific issue-based forms of participation, such as signing petitions, participating in demonstrations, and internet activism (Gaby, 2017). There are several examples of specific political issues that have stimulated engagement among young people in Ireland, including the same-sex marriage referendum in 2015 and the 'Repeal the Eighth Amendment' campaign in 2018 (Murphy, 2016; USI, 2018). The participants of Cohort '98 were approximately 17 and 20 years old, respectively, during each of these referendums, so may have been politically involved (through activism) in both and eligible to vote in the latter.

By age 20, nearly 90% of Cohort '98 participants had gone on to a further or higher education course (Growing Up in Ireland Study Team, 2019c). Colleges and universities have become central institutions for civic engagement among young people (Flanagan & Levine, 2010). As a result, young adults who attend higher education are more likely to be politically engaged, and therefore are often over-represented in a democracy (Carreras & Castañeda-Angarita, 2019).

Cultural participation refers to participation in the arts and everyday life activities (Bennett, 2001). While past research tended to focus on 'high culture' activities, more recent research (e.g. Morrone, 2006; Smyth, 2020) has adopted a broader definition of cultural activities, including reading, painting and drawing, listening to and playing music, watching TV, and engaging with culture through online media. Cultural participation leads to personal and societal benefits, offering emotional and intellectual stimulation and contributing to shared understanding and mutual trust within communities (National Economic and Social Forum, 2007). Irish research, including research using data from both cohorts of Growing Up in Ireland, indicates that social and economic factors are strong predictors of cultural participation; those of lower education, lower social class and lower income are less likely to be involved in a range of cultural activities as children and young adults (Lunn & Kelly, 2008; Smyth, 2016; Smyth, 2020).

Leisure activities represent another area of research importance; they are associated with physical and psychological well-being, and the development of social relationships across age and gender groups (Brajša-Žganec, Merkaš, & Šverko, 2011). Longitudinal studies show a decline in physical leisure activities (Jose, Blizzard, Dwyer, McKercher, & Venn, 2011) and a shift in leisure interests (Janke, Carpenter, Payne, & Stockard, 2010) during the transition into adulthood, emphasising the importance of research at this key time-point.



KEY FINDINGS FROM THE LIVES OF 20-YEAR-OLDS

When the young adults were surveyed at age 20, they were asked a range of questions exploring civic engagement, including volunteering, voting, political activism, and social and political concerns.

VOLUNTEERING

A total of 34% of the 20-year-olds had volunteered within the previous six months. Slightly more men than women reported volunteering (35% versus 32%), while higher parental education was associated with volunteering (41% degree-level versus 27% lower second level or less). Young adults in education or training were more likely to volunteer (37%) compared to those in employment (27%) or NEET (26%). The most common organisation the young adults volunteered in was a social or charitable organisation (14%), followed by a sporting organisation (11%) and college or workplace (9%). Religious or political organisations were less commonly mentioned, at just under 2% each.

VOTING REGISTRATION AND POLITICAL ENGAGEMENT

The majority of 20-year-olds (72%) reported that they were registered to vote, with a higher proportion of females being registered (76% versus 67%). Those with parents with higher education were more likely to be registered (78% for degree or higher vs 62% for lower second-level or below), with a similar trend for family income quintile (lowest 66%; highest 80%). Young adults in education or training were more likely to be registered (77%) compared with those in employment (63%) or those who were NEET (46%).

Regarding political activism, young women were more politically active than young men; 66% of women were engaged in some form of activism compared to 52% of men. The most common form of activism was signing a petition (43%), followed by posting or sharing something political online (29%), wearing or displaying a campaign badge or sticker (28%), boycotting products (18%), taking part in a demonstration (15%), and contacting a politician/councillor (8%). With the exception of contacting a politician or councillor, all forms of activism were more frequently reported by those whose parent had a degree or higher level of education.

LEISURE ACTIVITIES

At age 20, respondents were asked what activities they *regularly do for fun or to relax*, with a list of 15 options. *Spending time online, hanging out with friends and listening to music* were the most popular activities, partaken of by nearly all respondents. *Spending time in pubs or clubs and watching television* were also widely reported (87% and 84%, respectively). Gender differences were seen, with young men more likely to attend the *gym* (64% versus 57%), play *team sports* (58% versus 24%) and participate in *individual sports* (36% versus 23%), while young women were more likely to regularly go *walking* (68% versus 48%) and *read* (47% versus 37%). Differences were also observed according to family social class; young adults from 'professional' class families were more likely than those from 'lower skilled/never worked' class families to regularly attend the *gym* (70% versus 53%), *read* (53% versus 38%), and play *team sports* (51% versus 36%) or *individual sports* (40% versus 25%).

As well as being asked about a range of activities, 20-year-olds were asked a number of detailed questions on screen time. Over half spent more than three hours online on a typical weekday and weekend day (56% and 58% respectively). Using multiple devices simultaneously was common, with over half (56%) doing so daily or more frequently. Over 90% of all young men and women used the internet for social media, video (encompassing TV/movies/video on demand), messaging/calling, and searching for information. There were marked gender differences in some categories of online activity; young men were more likely than women to use it for gaming (68% men versus 16% women), betting (16% versus 3%), dating (30% versus 21%) and pornography (64% versus 13%).

KEY FINDINGS FROM THE COVID-19 SURVEY

Civic engagement was not explored as part of the special COVID-19 survey. Thirty-two per cent of 22-year-olds reported a decline in participation in organised cultural activities since before the pandemic while 65% indicated that their informal screen time had increased.

KEY TOPIC AREAS FROM COMPARABLE STUDIES

When asking about political engagement, the NLSY and Next Steps asked respondents to rate their interest in politics. The NLSY also included a question on how the respondent thought the government should intervene in society. Understanding Society, NEPS, Fragile Families Study and the NLSY enquired about trust in state institutions.

In addition to the Growing Up in Ireland age 17/18 interview, which covered discrimination, racism (as opposed to general discrimination) was directly explored in two other surveys: the NLSY and NEPS. NEPS also asked respondents who were not born in Germany, or whose parent(s) were not born in Germany, about their perceived experiences of racism.

The Fragile Families Study included the 'Legal Cynicism' scale to measure tolerance of forms of deviance.

Healthy Ireland, NEPS and the Irish Census included items on ethnicity, while the Irish Census also included an item on nationality. NEPS included questions exploring the respondents' sense of cultural identity and attitudes to multiculturalism in relation to the education system. Finally, respondents in NLSY were asked to what extent they believe the State should intervene in areas such as healthcare, third-level education and social welfare.

POLICY LINKS

There are several government policies relevant to civic engagement and access to services:

Our Rural Future, Rural Development Policy 2021-2025 commits to investing significantly in remote working infrastructure to enable people to live and work in rural communities. This plan also commits to investing in rural towns and villages so they can fulfil their role as hubs of economic and social activity.

The *National Strategy for Women and Girls 2017-2020: Creating a better society for all* (DJE, 2017) aims to advance socio-economic equality by gender, to advance women and girl's physical and mental health and to combat gender-based violence.

Another important issue that affects the whole of society is climate change. The *Climate Action Plan 2019 to Tackle Climate Breakdown* (Government of Ireland, 2019b) sets targets to ameliorate the effects of climate change in several areas. The Climate Action and Low Carbon Development (Amendment) Act 2021 provides a legally binding path to net-zero emissions, while a new Climate Action Plan is due for publication at the time of writing.

The Roadmap for Social Inclusion 2020-2025 recognised volunteering as a means to increase social participation and committed to finalise and publish the *National Volunteering Strategy*. The strategy underlines the contribution of volunteering to our society and seeks to develop and enhance the role of the volunteer and encourage volunteering as a means of developing vibrant communities.

Making Great Art Work: Three Year Plan 2020-2022 outlines the Art Council's plan to support artists



and enable more people to enjoy cultural engagement. This plan involves improving living and working conditions for those working in the arts, as well as targeted programmes to encourage cultural diversification among those who engage with the arts.

The National Sports Policy 2018-2027 sets out to encourage more people to become involved in sport as active and social participants. One of the policy actions is to develop initiatives to address participation in sport by young adults, particularly females, those from lower socio-economic backgrounds, those with disabilities, the LGBTI+ community, and those from the Traveller community and other ethnic minorities.

OVERVIEW OF PRIORITY TOPICS IDENTIFIED IN CONSULTATIONS WITH POLICY, SCIENTIFIC AND YOUNG ADULT STAKEHOLDERS

The survey of policy and scientific stakeholders highlighted experiences of being discriminated against as a high-priority topic to address in the domain of social and emotional development/behaviour. Leisure activities, hobbies, sports and culture was ranked as less important, while experience living abroad, and travel/travel aspirations were ranked as being of low importance in this domain. Respondents to the survey also ranked topics within economic and civil participation. Identity (gender, cultural, national, etc) was ranked highly in this domain, as were political/cultural attitudes and concerns, and participation in voting. Trust in state institutions and the media, volunteering/activism, perception of community and local area, and neighbourhood relationships and context were all ranked as of medium priority.

During the policy and scientific stakeholder roundtable event (see Chapter 4), the discussion around civil and economic participation determined that young people's desire to move out from the family home is an essential topic to address. The benefits of following those who moved abroad were also highlighted.

The focus groups with young adults (see Chapter 4) identified several concerns/comments around cultural and civic participation. Housing was highlighted by both focus groups as a significant concern. While housing is covered in more detail in Chapter 10, this section will examine concerns not addressed in the housing chapter. The young adults expressed concern that unaffordable housing and remaining in the family home is detrimental to their development and independence:

"You don't really have any independence."

"How many freedoms do they feel they are missing or like an important part of their young adult life that they feel they might be missing out on?"

Concern was also expressed over the negative impact of frequently changing accommodation on building relationships with the wider community:

"With young people moving around, they don't really have a home at that age."

However, there were also positive comments regarding social engagement. It was expressed that young people are likely to be socially and politically engaged based on engagement in the recent referenda, which would be worth capturing:

"We've grown up with the marriage equality campaign, the abortion rights campaign... young people are active a lot of the time in those communities."

One participant suggested asking if young people are satisfied with the international travel they have been able to do. The cancellation of Erasmus programmes during the COVID-19 pandemic was highlighted as particularly detrimental:

"That's [Erasmus programmes] a lot of people's first steps into a European world."

The high cost of car insurance was raised by several participants as a major barrier to independence and engagement:

"How can we be independent when you literally can't get from A to B?"

The focus groups also addressed how young adults can be less likely to remain involved with sports clubs or play team sports as they age:

"Ask about continued involvement in sports clubs or team sports, it's something that can definitely change from 20 to 26."

SPOTLIGHT ISSUE: SOCIAL ISOLATION AND LONELINESS

Social isolation refers to a lack of social connections; living alone, having few social network ties, and having infrequent social contact are all markers of this. Social isolation can sometimes lead to feelings of loneliness. Loneliness, in turn, is defined as an unpleasant psychological reaction to the discrepancy between desired and actual social relations (Perlman & Peplau, 1981). While social isolation can be measured as an objective quantifiable variable, loneliness is a more subjective state – the perception of social isolation.

Having a network of positive social relationships (in the form of friends, family, schoolmates, colleagues) can act as a source of support, meaning and guidance. The absence of these relationships – social isolation and/or loneliness – can have negative implications for physical health in 26-year-olds (Caspi et al., 2006) which continue throughout the life course (Umberson & Montez, 2015). Social isolation is linked to poor health behaviours (e.g. smoking, sedentary behaviour and poor sleep) and higher blood pressure, and has even been shown to negatively affect life expectancy (Holt-Lundstad et al., 2010). The absence of social supports can negatively affect an individual's mental well-being (Umberson & Montez, 2015), with a dearth of close friends linked to depression in adolescents (Chango et al., 2015).

While loneliness and social isolation might commonly be perceived as issues primarily for older adults, this is not necessarily supported by the literature. Some research has suggested that loneliness follows something of a U-shaped curve, with early and late adulthood showing more pronounced risk of loneliness than middle adulthood (Luhmann & Hawkey, 2016). Recent research collating data from over 45,000 individuals from across the world has even suggested that loneliness is arguably of increased concern for young adults (compared to older adults). The findings suggest that loneliness actually decreased with age and is felt more intensely by adolescents and young adults (Barreto et al., 2021).

Young adults may be increasingly vulnerable to loneliness as a result of instability in their social networks; they may be at a transitory stage wherein they are just completing their education and/or moving into the workforce (Snape & Manclossi, 2018). Leaving (second- or third-level) education can mark the dissolution of established social networks, while their entrance into the workplace (potentially on a temporary or short-term contract) may lack social engagement, initially at least.

Those who do not transition, either into education or the workforce, are at increased risk of social isolation and exclusion (Alfiere et al., 2015; Eurofound, 2015). Young adults not in employment, education, or training (NEET) are more likely to disengage from society, and experience mistrust of institutions and others, and difficult or few interpersonal relationships (Alfiere et al., 2015; Eurofound, 2015). Eurofound (2012) identified three categories of NEETs at the most risk of exclusion and isolation: the unemployed, including long- and short-term unemployed; the unavailable, including young carers or young people



with disabilities; and the disengaged, those who are not seeking employment or education and are not constrained from doing so.

Social isolation may also be exacerbated for young adults when they leave the family home, which usually involves leaving behind the support network that family can provide (Snape & Manclossi, 2018). On average in Ireland, young adults are almost 27 years old when they leave home (Eurostat, 2020). Adolescence (and early adulthood to a lesser degree) is also marked by a need to find a balance between the pressure to conform with peers, and the desire to find independence from traditional support networks (family and friends). The struggle between these two contrasting wants can lead to a sense of social isolation (Qualter et al., 2015).

Looking at the most recent wave of Growing Up in Ireland for Cohort '98, more than 20% of 20-year-olds said they had felt lonely at least three days in the preceding week (Growing Up in Ireland Study Team, 2019c), while just 2% of all 20-year-olds said they had between zero and two friends. Recent research focusing on the impact of the COVID-19 pandemic has also highlighted the prominence of loneliness among young people in Ireland (as elsewhere); almost one in four 18-34-year-olds in Ireland reported feeling lonely all or most of the time in the two weeks prior to completing the survey – the second highest rate in the 17 EU countries surveyed (Eurofound, 2020). Similarly, 18-34-year-olds were the least likely to report high satisfaction with personal relationships during the early stages of the pandemic (CSO, 2020d).

SUGGESTED TOPICS AND QUESTIONS

Activities/screentime: Leisure activities are important for young adults' psychological and sometimes physical well-being, for the development of new skills, and for the formation of social relationships (Trainor et al., 2010). The World Health Organization emphasises the importance of leisure-time activities, seeing participation in varied forms of activity as giving young people opportunities for self-expression, feelings of autonomy, and achievement (WHO, 2002). Being involved in community organisations or groups such as sports clubs or youth clubs has been found to promote a sense of community, which in turn fosters a protective sense of support and belonging (Sarason, 1974). "Enjoying play, recreation, sport, arts, culture and nature" is cited as a key aim of the *Better Outcomes, Brighter Future* policy framework (DCYA, 2014). Asking about leisure activities at 25 will provide crucial insights into the way in which activities change over this key transition period, identifying factors underlying, for example, the decline in sports participation.

Given the prominence of screentime in the lives of 20-year-olds, it is proposed to retain some questions on this topic but adapt the measure of overall screentime to distinguish between time spent for work, education and entertainment purposes. It is also proposed to capture information on devices used for different kinds of screentime, although this is a lower-priority question. Questions on social networking sites are suggested as high priority. An item from previous waves asking if the respondent has met someone face-to-face who they first got to know on the internet has been retained, but as low priority, as the dynamics of the pandemic could reduce both variation and the significance of meeting someone new online first.

New questions on having embarrassing or explicit (so-called 'revenge porn') images or video shared without consent, and also receiving explicit or disturbing content, were added to address specific policy issues of interest. Related, but not identical questions, were included in the 'Well-being/Harms, Activities/Risks, and Sexual-exploitation/Abuse' subsections of the Global Kids Online study (Stoilova, Livingston and Khazbak, 2021).

News engagement: Journalism is viewed as a pillar of democracy due to its ability to encourage political action among the public by providing information and acting as a forum for civic debate (Hao, Wen and

George, 2013). Research has suggested that young adults rely on multiple media for news, ranging from traditional platforms such as print media to modern platforms such as websites, social media and podcasts (Pew Research Centre, 2008). It is proposed to include a single item enquiring about the respondents' main source of news; however, this has been ranked as of medium priority due to constraints on the duration of the survey.

Volunteering: Volunteering has long been recognised for its significant influence on Irish society and for the important role it plays in the creation of social capital, a more inclusive society, more active citizens, and an improved sense of community (National Youth Council of Ireland, 2011). Volunteering can have a very positive impact on young adults through skills development, career-related benefits and gaining new experiences (*ibid.*). It would be useful to retain the set of questions used at 20 but, in the context of competing demands for space, this topic has been ranked as of medium priority.

Trust in state institutions: Trust in state institutions is important for the success of many government policies, programmes and regulations that depend on the cooperation and compliance of citizens. In Ireland, trust in many state institutions has dwindled, reflecting the impact of scandals within the Catholic Church and political crises (Edelman Trust Barometer, 2017). Trust among young people is associated with more active involvement in political and civic action (Fahmy, 2006) while low levels of trust are associated with lower rates of social participation and exclusion (Alfieri et al., 2015). It is proposed to retain the questions on trust in other people and interest in politics as a high priority. If possible, retaining the items on trust in state institutions would provide useful insights into young adults' perceptions in the wake of the pandemic and over the transition to more independent interaction with these institutions. These items are ranked as of medium priority due to constraints on the duration of the survey.

Political engagement: Political engagement is an important act of citizenship. While some research suggests that today's young adults are less likely to be civically engaged than their predecessors (Flanagan, Levine & Settersten, 2009), in recent years they have displayed increased awareness of and involvement in issues such as the environment, marriage equality and the 'Repeal the 8th' campaign. Educational institutions such as universities can act as central platforms for political engagement, conferring unequal opportunities for engagement (*ibid.*). It is proposed to retain the questions on political engagement and voting behaviour as well as add a new item from NLSY on the extent to which the respondent follows government and public affairs. The item from NLSY on perceptions of state interventions is also proposed, as of medium priority.

Criminal justice system engagement: There are many proposed causes of anti-social behaviour in young adulthood, including socio-economic status (Piotrowska et al., 2015) peer influences (Vitaro, Brendgen & Tremblay, 2002), and neighbourhood characteristics (Thornton & Williams, 2016). Contact with the criminal justice system is important to investigate because of its impact on wider society as well as implications for young adults in terms of their well-being and loss of future opportunities (e.g. being excluded from employment or travel because of a criminal record). It is proposed to retain the questions on engagement with the justice system used at 20 and to add a question from the Fragile Families Study on the extent of legal cynicism among young adults. Legal cynicism has been found to be significantly related to delinquent behaviour (Ameri et al., 2019) so could be used as a proxy for such behaviour in a context where there are ethical and legal difficulties with recording criminal behaviour.

Social isolation/loneliness: As noted above, social isolation and loneliness are linked to negative physical and mental health. Young adults may be at increased risk of social isolation as a result of instability in their social networks, leaving education, entering the workforce and moving out of the family home. Two alternatives for capturing this phenomenon are the 12-item Multidimensional Scale of Perceived Social Support (Zimet et al., 1988) and the three-item Loneliness Scale (Hughes et al., 2004). The alpha coefficient of reliability for the former scale is .91 (Dahlem, Zimet and Walker, 1991) and .72 for the latter



scale (Hughes et al., 2004). There is a preference for the shorter three-item Loneliness Scale.

Cultural identity: Researchers have highlighted the lack of systematic data on migrants' feeling of belonging and social integration in Ireland (McGinnity et al., 2020). The large sample size of Growing Up in Ireland offers the potential to look at a number of issues, including sense of identity and experience of racism among young adults of migrant background. In addition, the extent to which all young adults position themselves as local, national or global citizens could provide a fruitful direction for exploration.

Discrimination: It is recommended that the Growing Up in Ireland survey resume data collection on experience of discrimination. The Everyday Discrimination Scale was used at age 17/18 years but took a hiatus for age 20. Now that the young adults are likely to be actively engaged in seeking work and housing, their perceptions of the extent to which they are treated differently because of some personal characteristic may have changed. This area is also of increased interest given the expanded remit of the funding department for Growing Up in Ireland (Department for Children, Equality, Disability, Integration and Youth).

Transport: Possession of a driving licence and access to a motor vehicle extends the individual's opportunities for employment, education, socialising and civic engagement. This is especially so in rural areas where public transport is limited. These questions are continued from age 20. An additional question on how the young adult normally gets to college or work is described in the labour market chapter.

Table 13: Summary of proposed questions covering 'Civic and cultural engagement'

Subtopic	Question text	Priority
Activities / Screentime	Which of these activities do you regularly do for fun or to relax? Walking or hiking/ Reading for pleasure/ Listening to music/ Watching TV / Singing or playing an instrument/ Craftwork or hobbies / Using the internet/ Spending time with pets/ Participating in sport (with others)/ Participating in individual sport (e.g. horse riding, cycling, etc)/ Going to the gym, running, etc/ Just hanging out with friends, no particular activity planned/ Going to clubs, pubs, parties or other social events/ Other organised group activity such as scouts, guides, youth club/ Other (please specify) G	High
Activities / Screentime	On a typical weekday/weekend day I spend a) __ hours screentime for work	High
Activities / Screentime	On a typical weekday/weekend day I spend a) __ hours screentime for study	High
Activities / Screentime	On a typical weekday/weekend day I spend a) __ hours screentime for entertainment/hobbies	High
Activities / Screentime	Entertainment/hobbies is broken down into a) __ hours online b) __ hours watching TV/films/streaming c) __ hours video/computer gaming d) __ hours other (specify) R	Medium
Activities / Screentime	Hours of work are carried out on mainly on __ (device) R	Low
Activities / Screentime	Hours of study are carried out on mainly on __ (device) R	Low
Activities / Screentime	Hours of entertainment/hobbies are carried out mainly on __ (device) R	Low

Activities / Screentime	Do you use the internet for the following? Social media (e.g. Facebook, Twitter, etc) / Music - television - movies / Games - Games streaming / Virtual casinos - placing bets / Pornography / News updates (including entertainment or sports news) / Messaging - calling friends or family (e.g. WhatsApp, Skype, email) / Dating apps / Shopping / For college work, online tutorials, distance learning / For work purposes / Advice on health, relationship or other issues you are concerned about / Filling out online application forms for jobs, social welfare, grants, etc / Searching for information generally (e.g. 'googling' something) / Paying bills and managing money / Posting YouTube videos with a view to earning money (now or in the future) R, G	High
Activities / Screentime	Here is a list of popular social media sites/apps. Please tick all that apply (then for each used): Do you have an account on any of these sites/apps?/ For which (if any) of the following apps/programs do you have a public profile? (i.e. where your information and/or what you post can be viewed by people other than your own friends)/ Which of these apps do you use daily/almost daily?/ Do you know how to change your privacy settings? R, G	High
Activities / Screentime	Thinking about the way people might use social networking sites... do you ever...? (yes/no) Remove your name from photos that have been tagged to identify you/ Delete comments that others have made on your profile/ Post updates, comments, photos or videos that you later regret sharing/ Include your location on your post R, G	High
Activities / Screentime	In the last year, have you been upset by any of the following things happening to you online? Someone shared an embarrassing image or video of you without your consent/ Someone shared an intimate or explicit image or video of you without your consent/ You received an unsolicited image or video with disturbing or explicit content	Medium
Activities / Screentime	Did you ever have a social media site (e.g. Facebook, Twitter, etc)? R,G	High
Activities / Screentime	In the last year have you ever met anyone face-to-face that you first got to know on the internet? R,G	Low
News Engagement	Which would you say is your main source of news?	Medium
Volunteering	In the last six months, have you done any volunteer activities through or for an organisation? This could be activities you do for a school or sports organisations or any organisation like that, regardless of how frequently you are involved in them. G	Medium



Volunteering	What type of volunteer activity do you do for this (or these) organisation(s)? Coach, referee or supervise sports teams / Tutor or teach / Mentor youth (e.g. being a college 'buddy' for first-years) / Assist with non-sports organisations such as boy scouts, youth clubs, etc / Engage in music, performance or other artistic activities / Collect, prepare, distribute or serve food / Collect, prepare, distribute clothing, crafts or other non-food goods / Fundraise or sell items to raise money / Provide counselling or emotional support (including helplines) / Provide general office services / Serve on a committee / Work in a charity shop / Engage in general labour or supply transport for people R,G	Medium
Volunteering	What type of organisation(s) have you volunteered with in the last six months? A social or charitable organisation / A religious group or church / A sporting organisation / A political or cultural organisation / Other voluntary activity organised by your college or workplace / Other non-sports organisations such as boy scouts, youth clubs, etc / Another type of organisation (please specify) R,G	Medium
Trust in Other People	Generally speaking, would you say that most people can be trusted? Please give your answer on a scale of 0 to 10, where 0 means 'you can't be too careful in dealing with people' and 10 means that 'most people can be trusted'? G	High
Political Engagement	Generally speaking, how interested would you say you are in politics? Please give your answer on a scale of 0 to 10, where 0 means 'not at all interested' and 10 means 'very interested'? G	High
Trust in State Institutions	Please look at this card and tell me, for each item listed, how much confidence do you have in them: a great deal, quite a lot, not very much or none at all? (the church / education system / social welfare system / politicians / media, press / gardaí / healthcare system / courts system) G	Medium
Political Engagement	<i>Thoughts on how society should work:</i> On the whole, do you think it should or should not be the government's responsibility to: Provide a job for everyone who wants one? / Keep prices under control? / Provide healthcare for the sick? / Provide a decent standard of living for the old? / Provide industry with the help it needs to grow? / Provide a decent standard of living for the unemployed? / Reduce income differences between the rich and poor? / Give financial assistance to college students from low-income families? / Provide decent housing for those who can't afford it? / Impose strict laws to make industry do less damage to the environment?	Medium

Political Engagement	Please indicate which activities, if any, you were involved in over the last 12 months: Contacted a politician or councillor / Worked (on a voluntary basis or otherwise) in a political party / Worked (on a voluntary basis or otherwise) with an environmental group / Worn or displayed a campaign badge/sticker / Signed a petition (paper, email, online) about a political or social issue / Taken part in a public demonstration / Boycotted certain products for political, social or environmental reasons / Posted or shared anything about politics online, for example, on blogs, via email or on social media such as Facebook or Twitter. G	High
Political Engagement	Were you registered to vote in the general election in 2020? G	Medium
Political Engagement	Did you vote in the general election in 2020? R,G	Medium
Political Engagement	Are you currently registered to vote? G	High
Political Engagement	If you were to vote in a general election tomorrow, to which party would you give your first preference vote (assuming that all parties have a candidate in your constituency)? (Tick one) G	Medium
Political Engagement	Please tell me to what extent you disagree or agree with each statement: The ordinary person has no influence on politics / It doesn't really matter which political party is in power, things go on much the same G	Medium
Political Engagement	Would you say you follow what's going on in government and public affairs most of the time, some of the time, only now and then, or hardly at all?	Medium
Criminal Justice System	Since you were 20 years of age, have you...? Ever been stopped and questioned by the gardaí? / Ever been issued with an adult caution? / Ever been arrested by a garda and taken to a garda station? / <i>If arrested:</i> Appeared in court because you were accused of a crime? / <i>If in court:</i> Been found guilty of a crime? / Have you ever spent time in prison or a juvenile detention centre? R, G	High
Criminal Justice System	What was that for? Public order issue / Assault or other offence against the person / Damage to property / Robbery, burglary or theft / Road traffic offence / Something else R,G	High
Criminal Justice System	<i>[Legal Cynicism Scale]</i> To what extent do you agree with these statements: Laws were made to be broken/ It's okay to do anything you want as long as you don't hurt anyone/ To make money, there are no right and wrong ways anymore, only easy ways and hard ways/ Fighting between friends or within families is nobody else's business/ Nowadays a person has to live pretty much for today and let tomorrow take care of itself.	Medium



Social Isolation / Loneliness	<p><i>[Multidimensional Scale of Perceived Social Support]</i> Indicate how you feel about each statement:</p> <p>There is a special person who is around when I am in need/ There is a special person with whom I can share my joys and sorrows/ My family really tries to help me/ I get the emotional help and support I need from my family/ I have a special person who is a real source of comfort to me/ My friends really try to help me/ I can count on my friends when things go wrong/ I can talk about my problems with my family/ I have friends with whom I can share my joys and sorrows/ There is a special person in my life who cares about my feelings/ My family is willing to help me make decisions/ I can talk about my problems with my friends.</p>	Low / Medium
Social Isolation / Loneliness	<p><i>[UCLA Loneliness Scale, adapted]</i> The next questions are about how you feel about different aspects of your life. For each one, tell me how often you feel that way:</p> <p>First, how often do you feel that you lack companionship?/ How often do you feel left out?/ How often do you feel isolated from others?</p>	High
Identity	<p>We are interested in your relationship to this country and its people. Think of people of <country of origin> as well as people or their families who have moved to Ireland from <country of origin>. Please indicate to what extent each of the following statements applies to you.</p> <p>I feel closely connected to the people from <country of origin>./ I feel uncomfortable to be associated with people from <country of origin>./ It's important to me to be associated with people from <country of origin>./ I feel very comfortable when I'm with people from <country of origin>./ I like doing things with people from <country of origin>./ I often behave 'typically' <country of origin>./ It is important for me to live according to <country of origin> traditions./ It's important to me to have friends from <country of origin>. R</p>	Medium
Identity	<p>People have different views about themselves and how they relate to the world. Using this card, would you tell me how close do you feel to: your town or city / your county / country / continent / world</p>	Medium
Discrimination	<p>You/mother/father/both parents weren't born in Ireland. We're interested in finding out if you have ever experienced any of the following because of your origin:</p> <p>Have you ever been treated with less respect than others simply because of your origin?/ Have you ever been rejected when applying for a job due to your origin?/ Do you believe that you have worse chances due to your origin, when you apply for a job? R</p>	Low

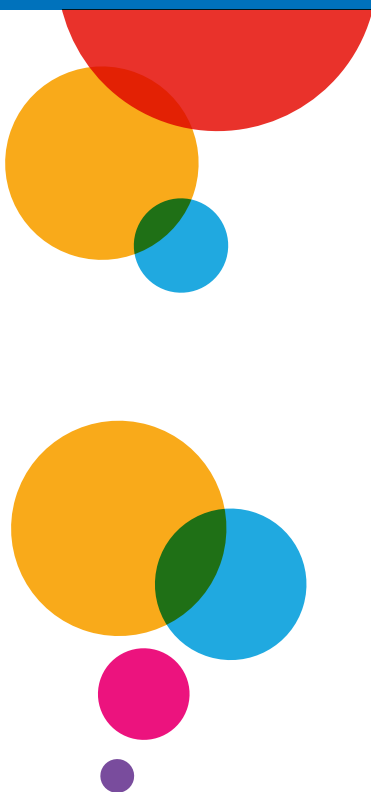
Discrimination	<i>[Everyday Discrimination Scale]:</i> In your day-to-day life, how often do any of the following things happen to you? You are treated with less courtesy than other people are./ You are treated with less respect than other people are./ You receive poorer service than other people at restaurants or stores./ People act as if they think you are not smart./ People act as if they are afraid of you./ People act as if they think you are dishonest./ People act as if they're better than you are./ You are called names or insulted./ You are threatened or harassed. G	High
Discrimination	<i>Follow-up questions, asked only of those answering 'a few times a year' or more frequently to at least one question.</i> What do you think is the main reason for these experiences? [TICK ALL THAT APPLY] Your gender / your race/ your age/ your religion/ your height/ your weight/ some other aspect of your physical appearance/ your sexual orientation/ your education or income level/ your accent/ a physical disability/ your shade of skin colour/ how well you speak English/ Other R,G	High
Discrimination	From whom have you experienced this? [TICK ALL THAT APPLY] Staff in shops/ Work colleagues - boss/ Gardaí/ Medical professionals/ Someone else (specify) R,G	Medium
Transport	Do you have a full or provisional driving licence for any of the following vehicle types? 1. Car/van / 2. Moped/motorcycle G	High
Transport	Do you have access to a car, van or scooter/motorcycle for your personal use? R,G	High

Notes: **R** = question routed (not asked of all participants); **G** = question previously used in a Growing Up in Ireland survey; text in italics has been added for clarity in this summary but does not feature in the actual question (see appendix for full text and response options).



Chapter 12

CONCERNS AND ASPIRATIONS



OVERVIEW OF CONTEXT

As this Cohort '98 turn age 25 in 2023, their transition from education to employment and 'proper' adulthood will likely have been severely disrupted by the COVID pandemic. Expected milestones and opportunities associated with finishing third-level education, such as graduation ceremonies and travel abroad, were either cancelled or modified. Employment opportunities (either temporary or long-term) were reduced or entirely put on hold in several sectors, especially hospitality. The provision of core public services, such as access to primary and specialist medical care and in-person education, was subject to prolonged disruption or suspension for the first time in generations.

Given the dramatic shift in the macrosystem and zeitgeist, the question of how the concerns, aspirations and decision-making of young adults at this point of transition will be affected is of interest; not just from a social history perspective but because these may (or may not) put the individual on an entirely different trajectory than would have otherwise played out (see Chapter 1). This shift also raises questions as to how or even if policymakers will be expected to take actions that would put these young adults 'back on track'.

Aspirations, concerns and decision-making are directly connected to the concept of 'agency', a key feature of the life-course perspective as well as the individual 'system' in Bronfenbrenner's bio-ecological model (see Chapter 1).

KEY FINDINGS FROM THE LIVES OF 20-YEAR-OLDS

In the age 20 interview, young adults were asked to rate their concern (from 0-10) on a range of social and political issues. Housing, poverty and access to decent employment opportunities were the topics of most concern. Generally, women tended to express more concern in relation to these issues than men. This was particularly marked in relation to gender inequality (O'Mahony, McNamara, McClintock, Murray, Smyth & Watson, 2021). In terms of their aspirations for themselves by the age of 30, most of the then-20-year-olds prioritised 'being financially secure' and 'having a good job'; nearly three-quarters of them ranked it as a 9 or 10 out of 10 on importance. Over half of them attached high importance to having a degree, owning a car and having their own home by their 30th birthday (Growing Up in Ireland Study Team, 2019c).

Elsewhere in the age 20 interview, the participants spoke about their more specific aspirations for their occupation, what the status of their current romantic relationship would be in five years' time (where relevant) and how many children they would like to have. These are discussed in more detail in other sections (see Chapters 9 and 5).

KEY FINDINGS FROM THE COVID-19 SURVEY

The main question of interest in this section, from the special COVID-19 survey of Cohort '98 at age 22, was optimism for the future. On a five-point scale from 'strongly agree' to 'strongly disagree', 72% of 22-year-olds agreed or strongly agreed that they were optimistic about their future while 10% disagreed/strongly disagreed.

It is important, however, to consider the pandemic timeline when the young adults gave this rating: at the time of the COVID-19 survey in December 2020, the country was just emerging from a second lockdown and anticipating further relaxation over the Christmas period. It was before the emergence of the COVID variants of concern (Alpha and Delta, and most recently Omicron) and the severe 'third wave' of infections that started in January 2021, followed by a prolonged lockdown.



Another variable that might be of interest from the COVID-19 survey – should the age 25 survey explore the sources that the young adults use to inform their opinions and decision-making – is where the participants got their information about the virus. ‘Watching/reading the news’ was an important source for 79% of the then 22-year-olds, although just under half also considered ‘social media’ important. These two media streams were judged to be more important than parents (34%), friends (29%) or school/college/work (28%) – at least in terms of information about COVID-19 (see Chapter 11 for further discussion).

SUMMARY OF KEY TOPIC AREAS COVERED BY COMPARABLE STUDIES

‘Aspirations by age 30’ was included in the Growing Up in Ireland age 20 interview, as discussed above. The US National Longitudinal Study of Youth also included a type of ‘expected events in the next five years’ question in Round 4 (when most of the sample were in their late teens); this mixed ‘milestones’ such as getting married, getting pregnant, enrolled in a school, or working with adverse events such as ‘seriously drunk at least once’, victim of a violent crime, arrested and even dying. The same study – but at varying rounds and sometimes only of subsamples – collected attitudinal data from participants under various headings, but one that might be of interest to Growing Up in Ireland at age 25 was an item asking respondents to rank their current and past positions on a ‘Ladder of Life’, “where the top rung represents [the] best possible life and bottom rung [the] worst possible life”.

Given the comparisons with their parents’ generation that came up in the focus groups with 25-year-olds (see following section), a question from the Next Steps Age 25 survey (in the UK) may be of particular interest. Described as an item on “meritocratic beliefs”, the question asked young adults to rate on a four-point scale from ‘strongly agree’ to ‘strongly disagree’ whether “It is easier now for people like me to get on and improve things for themselves than it was for my parents”.

Despite the examples above, it does not seem that the collection of data on concerns about social issues or personal aspirations – with the exception of occupational aspirations – is a priority for most of the studies comparable to Growing Up in Ireland (apart from a general life satisfaction item). In some ways this seems an oversight given the potential for aspirations, in particular, to influence important life decisions such as emigrating, or committing to a mortgage, a marriage or a permanent job.

POLICY LINKS

The *Better Outcomes, Brighter Futures* (BOBF) policy document acknowledges the importance of young people having the opportunity to realise their potential; the shape of this opportunity, or whether potential has been realised, is linked to what the young people aspire to, and what concerns they identify as barriers to these goals.

A number of Government policies target issues that arose as concerns in the age 20 Growing Up in Ireland interviews, specifically poverty, employment, education and housing. These are detailed in the policy context chapter (Chapter 2) but include *Pathways to Work 2021-2025*, the *Roadmap for Social Inclusion* and *Rebuilding Ireland, Action Plan for Housing and Homelessness*.

OVERVIEW OF PRIORITY TOPICS IDENTIFIED IN CONSULTATIONS WITH POLICY, SCIENTIFIC AND YOUNG ADULT STAKEHOLDERS

Some of the concerns raised by the young adults participating in the focus groups echoed those which had already been highlighted in data collection at age 20, and simultaneously noted in consultations with the policy and scientific stakeholders. They are dealt with in more detail in other sections of this report but can be summarised here as housing, employment and financial stress.

Aside from the logistical and financial barriers raised by difficulties in these areas, the consultations with young people reflected on what these mean for self-concept. Being obliged to remain living with parents because of housing and financial issues undermined the young adult's sense of independence. Other important life events such as forming intimate relationships and having children were seen as being delayed by these constraints. There were negative comparisons to what the young adult had achieved by this stage in the life-course compared to their parents in terms of being already set up with a house, a steady job and starting a family:

"I know the ESRI said that we're the first generation to have, like, lower living standards than any generation before us and stuff and obviously, that impacts your relationships, how you interact with society and stuff; you don't really have any independence."

"I think it's very different from other generations; like I think we're, like, a lot of our parents probably would have married at this stage, or had kids and stuff, and like that's so far down the line for any of us, I think."

This sense of lagging behind in key milestones could be exacerbated by a sense of lost time due to the pandemic and, as one person put it, a feeling that they would be causing a bottleneck for young people a few years behind them because they had been unable to progress the start of their careers or find accommodation in a timely manner.

Another theme of concern that emerged in the focus groups with young adults, but not perhaps as widely endorsed, included the risks taken by some of their peers. Some of these risks related to sexual behaviour such as taking inadequate sexual health precautions, sharing or making explicit content (sometimes for money due to financial pressures), and risky sex as a form of escapism.

"If they are doing, practising safe sex and if the environment around them is safe and clean or if it's just dangerous all around you, that'll be really important because I do think that a lot of people who are going back home put themselves in risky positions doing things they shouldn't be doing with their partners."

Other risky behaviours mentioned included excessive alcohol consumption, possibly exacerbated by isolation during the pandemic, and drug use.

A different area of concern discussed in one of the focus groups was where young adults got the information on which they based their decisions. A distinction was drawn between mainstream media (the *Irish Times* was given as an example) and less reliable sources found on social media. A further distinction was drawn by one participant between browsing diverse social media channels out of interest versus making decisions based on information found therein. Hence a potential new, tangential area of interest in the upcoming data collection for Growing Up in Ireland at age 25 could be where or from whom young adults go for information on issues of concern to them or when they need to make a decision. In the age 20 interview, the cohort were asked where they would go for specific practical information or help – such as problems with study or being short of cash. This could be expanded to more topics.

Finally for this overview, as already noted, the COVID-19 pandemic may have shifted concerns and aspirations since the age 20 interview. The focus groups talked about a shift in priorities:



“I think it’s important because... I think it’s changed, from my own experiences, changed my perspective and my friends’. It’s changed our perspective on things and how they’re supposed to be planned, you know, for the future.”

They also talked about a greater awareness of being part of wider society and community, and – among one group – a sense that their generation had been unfairly blamed for spreading the disease.

The socio-emotional and mental health panel of policy and scientific stakeholders discussed whether the pandemic should be viewed as a traumatic event and whether some measure of post-traumatic growth scale would be useful (see Chapter 8), although some members thought the impact might have waned by the time the interviews take place in 2023. The education and labour-market panel discussed the extent to which the pandemic experience would change the cohort’s aspirations in terms of employment – perhaps a desire to reskill and switch away from sectors that were more vulnerable in the pandemic (like hospitality and retail).

In the online survey prior to the roundtable event, the policy and scientific stakeholders tended to assign medium priority to an item on optimism for the future (23 people out of 40; 12 gave it top priority). There was somewhat more support for an item on future aspirations along the lines of ‘Where do you see yourself in five years?’ (18 out of 40 medium; 17 top priority).

SPOTLIGHT ON KEY ISSUE: CHANGES IN ASPIRATIONS DUE TO THE PANDEMIC

The COVID-19 pandemic has had many short-term effects on people’s physical, mental and material well-being. Some of the changes reported by the Growing Up in Ireland Cohort ‘98 in the special COVID-19 survey (December 2020, when they were age 22) were decreases in mental health, more time with family, less face-to-face time with friends, and changes in health behaviours such as drinking, smoking, sleep, diet and exercise (although participants varied on whether these lifestyle changes were positive or negative).

Looking forward to how the pandemic might alter the trajectories of this cohort needs to consider not just changes enforced on individuals (such as ‘long COVID’ symptoms or being laid off work) but also potential shifts in priorities and aspirations. This change in perspective was referenced by the 25-year-olds who participated in the focus groups described above (which took place in May 2021). At the time of writing, there is as yet little research published on how these perspectives have changed. The COVID-specific surveys in Ireland and elsewhere tend to focus on the immediate and tangible impacts of the pandemic.

However, the COVID-surveys conducted with the various British cohorts¹⁹ included an open-ended question, as follows:

Express in your own words the main ways the coronavirus outbreak has affected your life and/or your loved ones so far, and what you think the effects might be in the future. You can write as much or little as you like and cover any topic you choose.

As might be expected, a wide range of themes emerged from such a broad question (which are covered in the associated briefing paper by Carpentieri et al., 2020). Two of the themes were ‘reflecting on one’s life and values’ and ‘looking ahead’. On the former, the report gives examples of the respondents feeling more appreciative of what they had, such as family members they missed during lockdown or being grateful to retain their jobs when others were made unemployed. The spotlight issue in the mental and socio-emotional health section of this report outlines the ‘Changes in Outlook’ scale, which may fit well with this theme. This scale seeks to measure both positive and negative effects for those who have undergone traumatic experiences. Some responses (in the British COVID survey) on looking ahead focused on worries about the future implications of the pandemic (such as redundancies) while others spoke about career changes, wanting to continue remote working and seeking to live closer to family.

19 A total of 10,793 respondents across different cohorts (age 74, 62, 50, 30 and 19 years) answered the open-ended question.

Growing Up in Ireland at age 25 could consider using an open-ended question such as this, although it would result in an onerous coding task, especially if there was no word limit on the responses. A more efficient alternative, as added to the proposed list of questions at age 25, would be to ask participants if they felt their longer-term outcomes or perspectives had been affected (positively or negatively) by the pandemic. A short list of specific areas such as physical health, mental health, career, relationships and general outlook would be presented instead of an open-ended question.

Elsewhere, the Eurofound (2020) report on *Living, working and COVID-19*, based on an e-survey²⁰ of people in different EU countries and conducted in July 2020, found that the level of optimism about (their) country's future was low overall but varied significantly between countries. The lowest percentage of people strongly agreeing that they were optimistic was in Croatia and Hungary (18%) while the highest was Denmark (64%); Ireland was also fairly optimistic at 51%. The report authors also noted that individuals who were in employment at the time were much more likely to be optimistic about their country's future (33%) than unemployed individuals (18%).

Closer to the profile of the Growing Up in Ireland Cohort '98, a COVID survey of Irish young people²¹ was conducted by SpunOut in conjunction with the (then) Department of Children and Youth Affairs in June/July 2020 (Government of Ireland, 2020c). It included a question, 'In general, how do you feel about the future?'. The most frequent response (to this open-ended question) was 'optimistic' (37%), but the next most frequent response was 'anxious' (27%), followed by 'uncertain' (20%), 'pessimistic' (16%) and 'fearful' (13%). The same survey also asked respondents 'What are the changes in your life during COVID-19 that you would like to keep?'. The top three responses were 'exercise/healthy diet' (25%), 'self-care' (17%) and 'time with family' (15%). Further down the list, 10% wanted to keep a 'remote/online life' and 7% a 'simpler/slower/quieter life'.

Data from the CAO (for applications for third-level courses) appear to show a 'COVID effect' in the career aspirations of school-leavers (article in the *Irish Independent*, 9th March 2021). Quoting CAO data, this media article reported a 25% increase in applications to study medicine in 2021 compared to 2020, a 21% increase for nursing and midwifery and a 26% increase in pharmacy (although the absolute number of applications was smaller for pharmacy: 518, up from 412 in 2020). There was also a 19% increase in interest for courses that come under the general heading of health. However, most CAO applicants will be first-time entrants. These trends may not translate into adults in their mid-20s switching from career paths in other areas into health-related occupations.

It is likely that more research on how the COVID pandemic affected aspirations and concerns will be published in the coming months as data from the various COVID surveys are made available and analysed. A decision for the next phase of Growing Up in Ireland will be whether to include a general open-ended question – as in several of the surveys included in this summary – or to ask more closed questions.

SUGGESTED TOPICS AND QUESTIONS

Reflection on childhood and teenage years: In conceptualising age 25 years as a 'jumping off' point for their adulthood trajectory, the participants' perception of the quality of their earlier years could facilitate tapping into dimensions of agency, resilience or learned helplessness. However, as this item was already asked at age 20, the priority for this wave is deemed to be low.

Topical issues of concern (*to be updated closer to fieldwork but likely to include housing, poverty, employment, climate change, racism and gender equality*): Capturing young adults' opinions on key issues supports the objective of giving young adults a voice, suggests areas of policy

²⁰ 91,753 questionnaires were completed in a volunteer online sample. The authors state that, while the collected sample was not representative of the population, the data were weighted to adjust for gender, age, education and urbanisation levels

²¹ This was a convenience sample of 2,173 young people aged 15-24 years.



importance for this cohort, and provides context for their decision-making (e.g. climate change). Such questions have the dual function of keeping young adults engaged in the interview process, both cross-sectionally and longitudinally; they allow the participants to talk about matters of interest to them and gives them a chance to express an opinion, in contrast to just collecting data about them. This question is of high priority but the selection of 'current affairs of concern' may need to be updated to reflect the prevailing circumstances closer to fieldwork.

What is important for 'getting on'? (*effort, education, money, etc*): This question was initially included at age 20 in response to perceived barriers and facilitators that arose from the focus groups in preparing for that wave. It arose again in the age 25 focus groups, particularly around 'social capital' in terms of knowing people who can secure opportunities for you or getting a 'leg-up' from parents. Again, it is important for the notion of agency and the related concept of locus of control (i.e. to what extent people feel they can influence their own outcomes). As there may be limited policy malleability, and the question was previously asked at age 20 – while social capital is not captured elsewhere – it is currently ranked as of medium priority.

Aspirations by age 30 (*could be changed to a later age but this would make it difficult to compare to what they said at age 20*): This question taps into the force of agency that is key to the life-course perspective particularly (see Chapter 1). Even to know that the 25-year-old has concrete aspirations is useful, on top of what those aspirations actually are. It would be interesting to consider changes in aspirations longitudinally now that most will have finished education but, more topically, whether the intervening pandemic will be associated with changes in life aspirations. This is ranked as of medium priority.

Expectations for emigration: The participants' expectations on whether they will still be resident in Ireland in five years' time is policy relevant in terms of how many young adults might emigrate, and what their profile is likely to be. It could also inform future waves of the study in terms of decisions on whether to include an emigrant survey or booster sample (see Chapter 13). Although this question was asked previously, the pandemic may have significantly altered participants' plans in this regard: therefore, it is ranked as of medium priority.

Job aspirations: As already noted, whether the young adult has aspirations – in particular for their career – is a key indicator of agency at this age. This variable, what job they would like to have - tracked since the cohort were 9 years of age - may be of increased policy relevance because of the pandemic, where certain sectors such as hospitality were more negatively affected than others. It is a high-priority item given the scope for longitudinal analysis and the potential for a pandemic effect; however, follow-up questions on whether they expect to have attained that job by age 30 are ranked medium priority.

Aspirations for number of children, if any: Information on plans for future family formation is potentially useful in the areas of demography and housing, and is central to the 'linked lives' concept in the life-course perspective. Young adults, even if they are not already parents, may use their planned family status when making decisions on career, housing and romantic partners. It is a high-priority item.

Longer-term changes as a result of the COVID pandemic: This is a bespoke item and follows on from the 'spotlight' issue discussed in more detail above. It is a high-priority item.

Optimism for the future (from COVID survey): This was a new item included in the special COVID survey of this Growing Up in Ireland cohort in December 2020. At the time, just before Christmas that year, the situation was looking up but there was a subsequent and severe 'third wave' in the first months of January 2021. Following this important outlook longitudinally could provide insights for assessing the longer-term impact of the pandemic on this cohort, and to see what factors are associated with more positive or negative expectations for the future. It is a high-priority item.

Table 14: Summary of questions and their priority ratings in the area of ‘Concerns and aspirations’

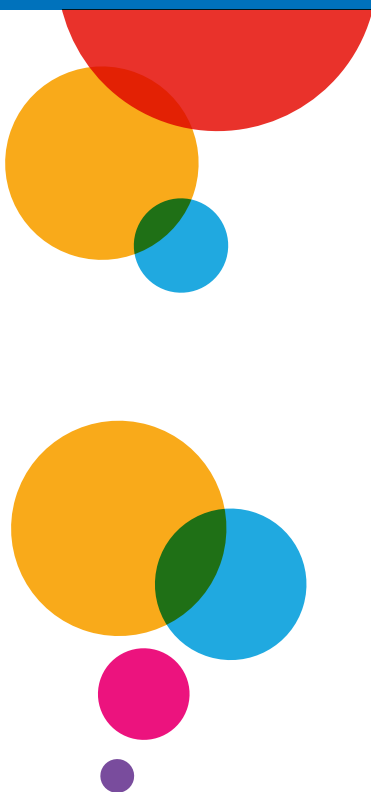
Subtopic	Question text	Priority
Childhood reflections	Looking back on your childhood and teenage years, please tell us how much you agree or disagree with the following statements: Overall my childhood (aged 4-11 years) was happy /Overall my teenage years (aged 12-18 years) were happy. G	Low
Concerns	Please rate how concerned you are about the following issues. Please give a score of 0 to 10 for each: Terrorism / Climate change / Racism / Gender inequality / Animal rights / Poverty in Ireland / Access to decent employment opportunities in Ireland / Access to housing in Ireland / Global gap between rich and poor countries G	High
Concerns	How important do you think each of the following is in getting on in life for a 25-year-old in general. Please give a score of 0 to 10 for each: Your own effort / Your education/training / Money / Who you know / Your appearance/ looks / Your family background / Support from your family / Luck G	Medium
Aspiration	Here are some aspirations that people might hope to have achieved by the time they are 30. On a scale of 0 to 10, how important would it be for you to have achieved each of these by the age of 30. Have your own home / Have a good job / Be in your ‘dream job’ / Be in a long-term romantic relationship / Have a child / Have a degree / Spent a year (or more) abroad or travelling / Own a car / Be financially secure / Other (please specify) G	Medium
Aspiration	How likely do you think it is that you will still be living in Ireland in five years’ time? G	Medium
Aspiration	What job would you like to have by the age of 30? G	High
Aspiration	Do you think you will have that job by the age of 30? R, G	Medium
Aspiration	Why not (<i>have dream job</i>)? R, G	Medium
Aspirations	How many children, if any, would you like to have? Include children that you might adopt or foster long-term as well any biological children. G	High
Aspiration	How do you think the COVID-19 pandemic affected you in the following areas of life, if at all? (<i>response: very negative to very positive</i>) Physical health/ Mental health/ Relationships with others/ Career path/ General outlook on life G	High
Aspiration	To what extent do you agree or disagree with the following statement: ‘I am optimistic about the future’? G	High

Notes: **R** = question routed (not asked of all participants); **G** = question previously used in a Growing Up in Ireland survey; text in italics has been added for clarity in this summary but does not feature in the actual question (see appendix for full text and response options).



Chapter 13

DATA COLLECTION AT 25 YEARS
OF AGE: WHO AND WHAT



This chapter looks at possible sources of information that could be collected in addition to survey data. It starts by looking at booster samples, biomarkers and cognitive tests. It also looks at information that could be collected from or about parents, either through a survey or through administrative data, and at the possible sources of survey and other information. To date, the Growing Up in Ireland study has regarded emigrants as 'out of scope' for the survey. The chapter examines the case for reassessing this position given the likely role of (at least temporary) emigration in the trajectories of young adults. Later sections of the chapter look at issues to do with being fully inclusive in surveying young adults with intellectual disabilities, and at the potential for administrative data to be used to complement information collected directly from the 25-year-olds.

BOOSTER SAMPLES

ATTRITION IN GROWING UP IN IRELAND

Attrition is a common, typically unavoidable issue in longitudinal research (Pan & Zhan, 2020). It can occur through death or illness, withdrawal, lack of success in recontacting a participant for a follow-up survey, or non-return or non-completion of a survey. Regarding Cohort '98 of Growing Up in Ireland, all families who were part of the initial wave (excluding those who had previously definitively refused to be contacted for future waves or were known to be no longer eligible) were invited to participate in Wave 4 (7,976 in total). Questionnaires were completed by 5,190 20-year-olds, representing 61% of the original sample at 9 years old.

SELECTIVE ATTRITION

While attrition is common in longitudinal research, selective attrition – where respondents with certain demographic or social characteristics are lost at a higher rate – can vitiate the internal and external validity of the findings (Young, Powers, & Bell, 2006). The Wave 4 20-year-old design report (McNamara et al., 2021) outlines the level of selective attrition, illustrated in Table 15 below.

While the sample at Wave 4 is broadly representative of the target population in terms of gender and family size, differences are observed in other background characteristics. The largest differences are seen in primary caregiver (PCG) education (11% lower second-level or less vs 24% in target population; 32% degree vs 19% in target population), household social class (12% lower/never worked vs 22% in target population), and income quintile (13% lowest quintile vs 22% in target population; 29% highest quintile vs 19% in target population). While changes in sociodemographic factors such as education, social class and income may reflect longitudinal changes among the cohort members – for example, respondents completing higher levels of education or transitioning to higher-paying jobs – they still risk limiting the validity of the findings and the representativeness of the sample.



Table 15: Background characteristics of completed sample at age 20 compared to target sample (those followed from age 9, excluding those deemed ineligible at age 20)

		A.	B.	C.
		N Cases at 20 yrs	% of Completed Sample	% of Target Population
Young Person gender	Male	2495	48%	51%
	Female	2695	52%	49%
PCG education (most recent wave)	Lower 2nd lev or less	552	11%	24%
	Upper 2nd lev	1868	36%	42%
	Diploma/cert	1091	21%	16%
	Degree	1679	32%	19%
Household social class (most recent wave)	Professional	857	17%	9%
	Manager. / tech.	2110	41%	32%
	Other non-manual	1038	20%	21%
	Skilled manual	562	11%	15%
	Lower-skilled/never worked	623	12%	22%
Income quintile (most recent wave)	1 st (lowest)	674	13%	22%
	2 nd	817	16%	21%
	3 rd	1025	20%	19%
	4 th	1156	22%	19%
	5 th (highest)	1475	29%	19%
Family type	One-parent	757	15%	22%
	Two-parent	4433	85%	78%
Family size at age 9	Only child	410	8%	10%
	One brother/sister	1677	32%	32%
	Two Brothers/sisters	1864	36%	32%
	3+ Brothers/sisters	1239	24%	26%
PCG economic status (most recent wave)	Work, FT	2718	52%	43%
	Work, PT (20)	883	17%	18%
	Other	1589	31%	39%
SCG economic status, most recent wave	Work	4165	80%	68%
	Other	268	5%	10%
	No SCG present	757	15%	22%
Drumcondra reading score at age 9, quintiles	Lowest	679	13%	21%
	2nd	821	16%	21%
	Middle	997	20%	20%
	4th	1186	23%	19%
	Highest	1402	28%	19%
All 20-year-olds		5190	100%	100%

BOOSTER SAMPLES IN OTHER STUDIES

One approach to tackling attrition in longitudinal studies is to have a booster sample or a supplementary sample. Booster samples typically follow a different sampling strategy than the one used for the first wave in order to target members of specific subgroup(s) but can also follow the initial sampling strategy to increase the overall study population. The following are examples of booster samples from other cohort studies:

- **BCS70** augmented its sample with individuals born overseas who subsequently moved to Great Britain. These booster samples were collected at age 5, 10 and 16.
- **Next Steps** used a targeted booster sample at age 17 to increase the number of Black Caribbean and Black African respondents in the cohort.
- **ALSPAC** retrospectively recruited participants who had been eligible to join during Wave 1 but did not. This was carried out when respondents were 7 years old.
- **Growing Up in Scotland** drew a targeted sample of children whose mother was aged 16-24 at the child's birth, and/or were living in the 15% most deprived geographical areas in Scotland.
- **Understanding Society** used a targeted approach to boost immigrant and ethnic minority cases in their sample.
- **LSAY** incorporated a top-up sample in 2017, targeting geographic zone, school gender composition, school socio-economic level, and school-level national assessment test scores to increase representativeness in their sample.

RECOMMENDATION

To date, Growing Up in Ireland has primarily addressed attrition by using proactive and retrospective tracking procedures to maximise participation. Where attrition does occur, reweighting is used to overrepresent these cases (tracking and reweighting procedures are discussed in detail in McNamara et al., 2020). The scale of attrition at 20 is not sufficient to suggest a booster sample is urgently needed. Response patterns at 25 will give a better indication of whether it is needed and for which groups. For instance, if selective attrition increases during subsequent waves, or if the newly proposed self-report question on ethnicity reveals significant under-representation of certain groups (such as those who may have immigrated to Ireland since the onset of the survey and are not captured in the sample), a targeted booster sample could be considered for the age 30 wave to increase both the representativeness of the cohort and the validity of the findings. The case for doing so should be examined in light of the patterns of responses at age 25.

When considering the use of a booster sample, the implications of adding new cohort members should be considered. Such implications can include:

- The cost of recruitment and collecting data from additional respondents
- The lack of historic longitudinal data for new cohort members, and whether key longitudinal variables should be gathered retrospectively from new members
- The possibility that over-sampling may be required if the subpopulation will likely be subject to higher attrition rates compared with the remainder of the sample

If these implications are deemed too problematic, an alternative option is to use concurrent separate focused studies. Separate focused studies have the advantage of being able to combine a core set of basic questions from the main survey with tailored questions relevant to the specific subgroups to allow general comparison alongside more focused analyses of the subgroup (Smith, 2019), and can be revisited less frequently than the main cohort to reduce costs.



BIOMARKERS

Biomarkers are discussed as a 'spotlight' issue in Chapter 7 on physical health. The section outlines how the collection of physical measurements (including height and weight) has been a feature of all waves of data collection, with blood pressure readings also collected in recent waves. The chapter describes the use of other biomarkers in other cohort studies internationally, including the collection of genetic material through saliva or other samples, and highlights the potential for this approach to be used in future waves of Growing Up in Ireland.

COGNITIVE TESTING IN LARGE-SCALE SURVEYS

Large-scale surveys have typically been administered using the dominant modes of computer-assisted face-to-face or telephone interviews over the last 10-15 years. As mobile and computing technology has proliferated, mixed modes of data collection, including web-based questionnaires, have become more attractive. The efficiencies of scale offered by new data collection modes have helped to counter the methodological hurdles of comparability and reliability of data that are important in the context of longitudinal research.

Cognitive testing is frequently carried out as a sub-component of many longitudinal population-based studies and tends to be adapted to the context of the mode of data collection. Each wave of Growing Up in Ireland has had variation in the tests administered and in methods of administration. This was largely due to the changing developmental stage of the study child and changes in mode of data collection. This presents particular challenges regarding the interpretability of trends and trajectories when the mode of collection changes. More generally, there has been a lack of cognitive tests with Irish population norms (except for some age-groups/stages, such as the Drumcondra test). Furthermore, existing tests are often long and too onerous to be included in full in a multi-domain survey.

The change to an ongoing electronic format represents an opportunity to systematise and stabilise the assessment of cognitive ability for future waves of the study, especially as Cohort '98 is now firmly at the adult stage and there is more scope for periodically repeating the same type of test.

HISTORICAL INFORMATION ON COGNITIVE TESTING IN GROWING UP IN IRELAND

Historical information on cognitive tests delivered in Cohort '98 of Growing Up in Ireland is presented below.

Wave 1 (age 9)

The interviewer administered two academic tests, the Drumcondra English reading (DPRT) and Maths (DPMT) tests to the children in pen-and-paper group self-completion sessions carried out in the schools. The DPRT and DPMT are curriculum-based, standardised tests used to indicate level of ability in reading and maths. Full information on the tests at Wave 1 is presented in Murray et al. (2010).

Wave 2 (age 13)

An interviewer administered two tests to the child in the household. These tests, adapted for use in the Growing Up in Ireland study, are subsets of the longer lists of questions used in school settings. The first was the Drumcondra Reasoning Test (DRT), which was self-completed on paper by the study child. This test is designed to assess general academic ability and correlates strongly with the DPRT and DPMT from the previous wave. The second was the British Ability Scales (BAS) Matrices subscale, which was administered by the interviewer using a laptop. Matrices tests assess fluid intelligence. More information on the tests at Wave 2 can be found in Thornton, Williams, McCrory, Murray and Quail (2016).

Wave 3 (age 17/18)

The interviewer administered three types of cognitive tests to the young person in the household at Wave 3. These included a semantic fluency test (a minute-long task) where the young person was asked to name as many objects in a given category as they could (in this case, animals). The young person simply named the objects, and the interviewer recorded the responses on a dictaphone and on paper. Additionally, a vocabulary test and a short set of financial literacy/numeracy questions were self-completed by the young person on paper. Full information on these tests can be found in Murphy, Williams, Murray and Smyth (2019).

Wave 4 (age 20)

The semantic fluency test was again administered to the young adult in the household. Full information on this test can be found in McNamara et al. (2021). The test was in the same format as in Wave 3, with the topic changed to 'naming fruit'.

FUTURE COGNITIVE TESTING OPTIONS

Cognitive tests are a common feature of international cohort studies. The British Cohort Study 1970, for example, conducted cognitive assessments at each wave (including at 21 and 34 years). Despite focusing heavily on annual educational outcomes at earlier waves, the Next Steps study plans to introduce cognitive testing for the first time in its current round of data collection at 32 years of age.

Research has shown that cognitive skills have an impact on labour market outcomes, over and above the effects of educational qualifications (see, example, Vera-Toscano et al., 2017). However, to date no longitudinal data have been available in Ireland to look at the development of cognitive skills among young or mid-life adults, and the consequences of growth or decline for other outcomes. Growing Up in Ireland provides a unique opportunity to fill this knowledge gap; given the absence of an existing evidence base, we cannot assume that cognitive test scores will be similar at 20 and 25 years of age.²² Cognitive skills may have shifted over this five-year period in response to the education and training undertaken, and the extent of skill usage within (and outside) the workplace.

Several different methods present themselves as potentially suitable for future waves of data collection. Interviewer-administered methods of data collection would present opportunities for face-to-face pen-and-paper administration of traditional cognitive tests such as inductive reasoning, working memory and executive function.

If this is done verbally in person or over the telephone, straightforward cognitive tasks, such as semantic fluency, delayed recall, digit span and similar tasks, could be presented. This has been done successfully in the US-based Health and Retirement Study (HRS) study for many years, producing results that are valid as long as mode effects are considered (McClain, Ofstedal, & Couper, 2018).

With interviewers meeting participants in their home as in previous rounds, many software solutions could be used to deliver a wide range of cognitive tests either on CAPI laptops or on standalone devices. Similar testing has been done on large scales in testing centres in association with the UK Biobank (Lyall et al., 2016). There is a wide variety of open-source solutions, such as the Psychology Experiment Building Language (PEBL) (Piper et al., 2012; Piper et al., 2015) and the Cambridge Neuropsychological Test Automated Battery (CANTAB) which offers both online and offline data collection options (Cambridge cognition, 2021).

(To go to the PEBL Homepage, use the link: <http://pebl.sourceforge.net/>)

(To go to the CANTAB research homepage, use the link: <https://www.cambridgecognition.com/products/cognitive-research/>)

²² In Germany, Wicht et al. (2021) highlight changes in literacy skills over time among adults in response to reading activities, age and other socio-demographic factors.



In a situation where Growing Up in Ireland will not involve an interviewer, tests can be independently taken by participants. This can involve temporarily installed software on participant devices or web-accessed portals using browser software to present and record information. An example of this type of software, called NubiS, has been developed for the Understanding America survey (Center for Economic and Social Research, 2021).

(To go to the NubiS demo site, use the link: <https://cesrusc.org/demo/index.php>)

NubiS can run on protected servers and allows data collection from multiple types of devices. Research has been conducted into minimising cross-platform differences with tests deployed with this software by focusing on the refinement of programming, instructions, quality of presentation, removing requirements for scrolling and reduction of screen clutter, etc.

Gamification of cognitive testing has recently been shown to be an engaging way of collecting cognitive information from adults and children, while reducing response fatigue. Malanchini et al. (2021) adapted existing cognitive tests into a set of standalone and web-based interactive games that are reliable, psychometrically valid and scalable. The Malanchini et al. (2021) paper provides a good overview of test construction and validation and has links to brief videos showing how the test looks to the user.

(To see a demonstration video of the Pathfinder gamified cognitive test, use the link: https://www.youtube.com/watch?v=Ktk1Ej4F8zE&ab_channel=TEDSProject)

There are many opportunities to integrate cognitive testing into existing questionnaire software, with multiple-choice questions, constructed answers and visual stimuli presentable on most modern online questionnaire systems such as Qualtrics. These also allow access to the system API for stimulus presentation and data recording beyond that normally possible on such platforms (Qualtrics, 2021).

EXPECTED MODE AND SELECTION EFFECTS IN COGNITIVE TESTING

In terms of web-based delivery, tests need to be designed to minimise measurement error and difficulty of interpretation, especially if tests are to be delivered with minimal researcher supervision on a potentially wide array of devices and conditions. Respondents who are unfamiliar with technology or who have physical impairments may be at a particular disadvantage in this mode of testing, leading to test avoidance or self-selection effects into a preferred mode, if tests are available in multiple formats (Al Baghal, 2017). Researchers in the US-based Health and Retirement Study (HRS) have conducted several studies of how different formats of data collection affect the interpretation of norms and outcomes; they showed that selection effects can distort mode differences between face-to-face and telephone interviewing, for instance (Rodgers, Ofstedal, & Herzog, 2003).

McClain et al. (2018) conducted further research within studies using HRS data and cited a number of differences between administration modes. The presence of an interviewer tended to promote test comprehension and test completion, and reduced the amount of missing data in cognitive tests compared to tests carried out without an interviewer present. However, the presence of an interviewer may lead to socially desirable responding, time-pressure and related performance/test anxiety, and other forms of prompting on cognitive tests that can distort outcomes. McClain et al. (2018) also illustrated that web-based cognitive testing was more prone to guessing or skipping of difficult items, with respondents more likely to use distributed cognition strategies (aids such as pen and paper, calculator or looking up answers to questions on the web, depending on the test type).

Particular differences were cited between cognitive testing using auditory presentation of stimuli (telephone-based assessment) and visually presented stimuli (web-based assessment). Chang and Krosnick (2010) replicated data collection modes from US national surveys such as HRS and demonstrated

that participants at the lower end of cognitive ability tended to perform better in a visual web-based assessment mode compared to those who were assessed verbally via an intercom. The differences were attributed to different demands placed on working memory by visual and auditory cues.

This feature of mode differences was strong enough for different norms to emerge in research comparing HRS interviewer-collected word recall task data with an online-collected sample from the US-based Women's Health and Valuation Study (WHV) (Runge, Craig, & Jim, 2015). Depending on the outcome of interest, immediate and delayed recall was slightly better in the online format in case-controlled WHV participants. All other psychometric properties of the tests showed very high concordance between modes. The authors concluded that cognitive testing in different modes is viable with online administration, providing opportunities to significantly reduce participation and administration burdens compared to traditional modes of test administration.

RECOMMENDATIONS

In conclusion, it is recommended that a cognitive test, even a short one, should be administered to the 25-year-olds. There would be value in capturing vocabulary skills, as at 20 years of age, to allow for an analysis of the potential drivers of changes in skills over time – a significant gap in Irish research.

Based on this brief review of current available options, recommendations align with the mode chosen for the wave of data collection. The specific choice of cognitive test is quite open on any platform, with most test types requiring minimal processing power or graphical capabilities. Variance arises from the chosen interface (touch, mouse, keyboard, pen/paper) and whether data connection and different types of devices are used.

If data collection is run on a CAPI basis, then dedicated software on an interviewer's laptop is a straightforward option that minimises sources of error across participants. In this case, choices come down to open-source software such as PEBL, or commercial software such as CANTAB or similar programs.

In a case where mixed forms of data collection are running simultaneously, then a platform such as NubiS/Qualtrics or a Cantab online portal would be more flexible and would potentially allow participants to complete tests from a device of choice. While Qualtrics and Cantab run on their own commercial servers, NubiS is configurable by the user, and the fact that it can be run on protected servers is an advantage for a study like Growing Up in Ireland.

INTERVIEWING THE PARENTS OF THE 25-YEAR-OLDS

Cohort studies internationally have tended to interview one or both parents at early waves of the study, often discontinuing this practice around the time the cohort member reached the end of full-time (secondary) education. Thus, Next Steps included parents up to age 17 and BCS70 up to age 16. This decision at least in part reflects relatively early departure from the parental home in the UK, meaning that capturing sharing of income between parents and adult children in the household may be less relevant.

Exceptions are evident: two family-focused studies, ALSPAC and PAIRFAM, collect information from parents and children on an ongoing basis. ALSPAC most recently issued a parental questionnaire in 2020, when the study children were 28/29 years old. Fragile Families Study is including a primary caregiver questionnaire at age 22, which is currently in the fieldwork stage.

For Growing Up in Ireland, at every wave up to age 17/18 years, the primary and secondary caregivers living with the study child/young person were invited to complete their own interview. In the age 20 wave, just one parent (usually the primary caregiver at the previous wave) was asked to participate



– regardless of whether they still lived with the 20-year-old. One parent was included at age 20, after some debate, largely because it was anticipated that the majority of the cohort would still be living with, and be financially supported by, their parents (McNamara et al., 2021). The COVID-19 survey revealed that, at 22 years of age, the majority (72%) were still living in the parental home.

Interviewing the parent of the 25-year-old was ranked as a top priority by only four out of 51 respondents to the scientific and policy stakeholder survey, while 21 ranked it 'medium' and 26 as low/no relevance. In terms of information that could be collected from or about parents, the highest priority ratings were in relation to parental education level, income and financial support to/from the 25-year-old, and the quality of the parents' relationship with him/her. Parental health variables were typically rated as of medium priority. Participants in the focus groups were open to the idea of parents being interviewed as well as the young adults. They considered that these interviews could usefully capture the factors influencing the parent-child relationship, the impact on parents of young adults still living with them, and the issue of financial transfers between parents and adult children (see Chapter 9 for further detail).

It is likely, especially given the pandemic and current housing crisis, that many of the cohort will still be sharing accommodation and finances with their parents even by age 25 years. The first decision will thus need to be whether a separate parent interview will be continued for the age 25 main phase. If the 25-year-old will be the only respondent, then a decision as to what information to collect about the parent(s) from the young adult has to be taken. If the various actors are still sharing a household, the basic demographic information will form part of the regular household grid. If they are not co-resident, the main parent variables of interest are likely to be their principal economic status (e.g. retired or still in employment) and the parents' household characteristics (married/widowed, etc, still living with the 25-year-old's siblings).

Regardless of whether the 25-year-old lives with their parent(s), the following parental information would be useful: their general financial situation (difficulty making ends meet, able to support the 25-year-old); their health status, particularly whether they need to be cared for; and the quality of their relationship with the 25-year-old. There are, however, potential issues around the accuracy of some such information if it is recorded 'second-hand'. In Scotland, research has indicated that young people tend not to have a precise idea of their parents' income and can often be uncomfortable discussing financial issues with their parents (Minty, 2021). Administrative data linkage may be helpful in providing precise information on parents' household income (in the absence of interviews with them). Furthermore, parental perspectives on the relationship may differ from those of the young adults (Aquilino, 1999), as might accounts of the degree of direct and indirect financial support from parents to children (or vice versa).

RECOMMENDATION

Given time constraints, it is proposed that the parent be no longer interviewed. However, administrative data on key characteristics such as parental income and welfare payment receipt would be important in understanding the young adult's economic resources. Some questions that would have previously been asked of the parent – specifically their health status and financial transfers from the young adult to parents – have been moved to the interview for 25-year-olds. The young adult should be able to accurately report the money they give to parents (as accurately as parents would report receipt), and, for parental health, the 25-year-old's perception may be more useful for some analysis than the objective situation.

SURVEYING EMIGRANTS

Ireland has a longstanding history of emigration (Negra, McIntyre, & O’Leary, 2018), with researchers stating that every Irish generation over the last 200 years has been affected by extensive emigration (Glynn, Kelly, & MacÉinrí, 2013). The prevalence of migration continues to have a significant impact on both economic and social outcomes in Ireland, affecting both individual and societal outcomes.

Modern shifts in migratory flows following the Great Recession have seen a rise in young skilled individuals leaving the country (McGuinness, Whelan, Delaney, & Redmond, 2018). Research by Glynn, Kelly, and MacÉinrí (2013) reported that 15% of emigrants surveyed were recent graduates who had emigrated to obtain work experience. However, the economic recovery has also led to return migration; between 2012 and 2016 over 55,000 Irish nationals returned home after living abroad (CSO, 2016a). The long-term impact of other events – such as the COVID-19 pandemic and Brexit – on migration flows has yet to be established.

These shifts in migratory patterns are particularly important when considering the characteristics of the upcoming wave of Cohort ‘98. Their age places them in the most likely group to emigrate, and 68% were in education or training at Wave 4, with 57% in third-level education – further increasing the likelihood. This suggests that a significant number of this cohort may have emigrated, have plans to emigrate, or have lived abroad for a period since Wave 4.

In previous waves, cohort members have been considered as outside the sample if they have emigrated. However, determining the reasons individuals have migrated, as well as where they moved to and their intentions of returning, is important in gaining a longitudinal understanding of the factors associated with migration. Furthermore, identifying those who have lived abroad between Wave 4 and Wave 5 will enable insights into the impact of migration across a range of areas, including labour market outcomes, education and training, and relationships.

This section will provide an overview of three identified studies of Irish emigrants, which may provide guidance for the development of an emigrant survey within Growing Up in Ireland. These are the ‘1985/1986 School Leavers: A Follow-Up Study in 1992’, the Emigre Report, and Understanding Society’s Emigrant Questionnaires.

THE 1985/1986 SCHOOL LEAVERS FOLLOW UP STUDY

The 1985/1986 School Leavers Follow-Up Study in 1992 (Smyth & Hannan, 1995) followed a sample of 2,090 Irish school-leavers initially interviewed in 1987. The survey collected information on a range of areas, including emigration experiences. Those living outside Ireland were asked to complete a postal questionnaire, with proxy information on their employment status and other characteristics collected from their parents where this was not possible. At the time of the survey, the majority of respondents were aged 23 or 24, over two-thirds had Leaving Certificate or higher-level qualification, and 16.5% were living outside of Ireland while a further 18% had emigrated and returned.

Information gathered from emigrants and returned emigrants included:

1. Date of emigration
2. Country of destination
3. Reason for emigration
4. Economic status
5. Occupational distribution
6. Industrial distribution



THE EMIGRE REPORT

In 2013, a project funded by the Irish Research Council and run by University College Cork titled the *Emigre Report*, surveyed a representative sample of Irish households as well as Irish emigrants abroad. This project involved three mixed-methods questionnaires:

1. The Household survey, which was distributed to a random sample of Irish households
2. The Jobs Fair survey, which was distributed to individuals queuing for certain jobs and at visa stands during jobs fairs in order to survey potential emigrants
3. The Online survey, which was advertised online and through national and international media to recruit those who had emigrated

The three above surveys are available at: https://www.ucc.ie/en/media/research/emigre/Emigration_in_an_Age_of_Austerity_Final.pdf

1. Household Survey

The household survey was a 25-item questionnaire covering respondents' attitudes to emigration. Of more interest to the current report, it also contained a proxy questionnaire for households that had a person 'who has/had lived abroad' for one of the previous seven years. Items on this proxy questionnaire included:

- a) Relationship to emigrant
- b) Age, gender, and marital status of emigrant
- c) Details of location(s) and year(s) spent abroad
- d) Reason for returning, if returned
- e) Highest level of education when emigrated
- f) Employment status and occupation before emigration
- g) Involvement with any organised communities in Ireland before emigration
- h) Who they emigrated with
- i) Did they know people in new location prior to emigrating?
- j) Quality of life pre-emigration and abroad
- k) Employment status and occupation abroad
- l) Influence of Ireland's economic situation on decision to leave
- m) Likelihood of returning in the next three years

2. Jobs Fair Survey

The Jobs Fair survey was a questionnaire aimed at those intending to emigrate. It contained the following items:

- Main reason for thinking of emigrating
- Thinking of emigrating because want to or need to
- Number of family and friends have emigrated in previous seven years
- Intended location to emigrate to
- Nationality, county, and area grew up in (city/town/suburb/village/townland)
- Gender, age, marital status, and number of children
- Who they plan to emigrate with
- Do they have a mortgage in Ireland?
- Highest level of education and year obtained

- Employment status and occupation
- Satisfaction with job, salary, and career prospects in Ireland
- Previously lived abroad and where/when
- Likelihood of emigrating in next six months
- Intent to return to Ireland

3. Online Survey

The online survey (as part of the Emigre Report) was a 45-item survey which targeted Irish nationals living abroad at the time. The items covered the following topics in detail:

- a) Reasons for emigrating
- b) Employment in Ireland
- c) Social/cultural experiences in Ireland
- d) Post-arrival experiences
- e) Employment abroad
- f) Living arrangements and social/cultural experiences abroad
- g) Demographics and children
- h) Returning to Ireland

UNDERSTANDING SOCIETY

Understanding Society, a UK longitudinal household panel survey, is developing a special survey for participants who are emigrating. Two questionnaires, in the consultation phase at time of writing (September 2021), were published on the Understanding Society website on 5 March 2020:

1. The 'if/when/why questionnaire' will be sent to participants who have indicated they are planning to emigrate, and ask them to confirm their move and share their reasons for emigrating.
2. The 'emigrant questionnaire' will be issued to participants after they have moved abroad and will be asked annually for as long as they remain outside the UK.

An email containing a link to an online version of the relevant questionnaire will be distributed to participants. If no email address is available, a letter with a link to the online questionnaire will be sent by post.

The surveys are available at: <https://www.understandingsociety.ac.uk/2020/03/05/consultation-on-the-content-for-a-new-emigrant-survey>

1. The If/When/Why Questionnaire

The if/when/why questionnaire will be issued every six months to participants who say they intend to move abroad in the next 12 months, as well as those who during the annual survey are coded by other household members as having moved abroad.

The draft questionnaire contains 10 items:

- a. Confirm move abroad
- b. Which country?
- c. Current address
- d. (If has not already moved) Which country are you planning to move to?
- e. (If has not already moved) When are you planning to move? (month and year)
- f. Reason for move
- g. When did you move? (month and year)



- h. Did you move directly to other country, or did you move somewhere else in between?
- i. Who did you move with?
- j. How long do you plan to stay in other country?

2. The Emigrant Questionnaire

The Emigrant Questionnaire will be issued annually to participants who have confirmed their move abroad in the if/when/why questionnaire. The draft questionnaire contains 84 items, covering 12 areas.

Move Abroad

The first section, containing six items, addresses the participant's move abroad. It confirms details provided in the if/when/why questionnaire – such as confirmation of country, date of move, who the participant moved with, and reason for moving – and asks whether they live in a city/town/rural area and if they already knew people in the country before they moved.

Planned Duration of Stay

This section, with three items, enquires how long the participant plans to stay abroad, whether they plan to return to the UK or move to another country, and why they plan on returning.

Previous Long-Term Stay(s) Abroad

There is a single item asking if the participant has lived in any other countries, aside from the UK, for more than three continuous months.

Contacts with Friends and Relatives

Five items address contact with friends/relatives:

- Who the respondent currently lives with
- A multiple-selection option on any living relatives who do not live with the respondent
- Where each living relative currently lives
- How often the respondent has contact with each living relative remotely (phone/email/letter/video call/social media)
- How often the respondent sees each living relative in person

Friends

There are 10 items on the respondent's friends. These include what proportion of the respondent's friends live in the same country as them, what proportion of the friends are the same nationality/age/ethnic group/sex as them, as well as what proportion have a similar educational level, are employed, and have similar income. Finally, an item asks what proportion of the friends are also family members.

Political Engagement and Political Efficacy

The nine items exploring political engagement/efficacy include:

- If the respondent is eligible to vote in local/national elections in their new country
- If the respondent is eligible to vote in local/national elections in the UK
- Likelihood of voting in next election in the UK
- Perceived efficacy of voting in their new country
- Likelihood of voting in next election in their new country
- Satisfaction with democracy in UK and new country
- Whether they think they are better informed about politics in new country than most people

Media Consumption in Country of Residence and Country of Origin

There are seven items on media consumption. These cover if, and how often, the participant follows UK news and news in their new country, what sources they use for news, and whether they follow any other country's news.

Personal Situation Compared to that Before Leaving the UK

This section contains 13 items. Participants are asked if they own or rent their accommodation, or if it is rent-free, and whether they own any properties in the UK or any other countries. They are asked how they are managing financially. Finally, they are asked to compare the following areas in their new country to their situation when they were in the UK ('much better than in the UK' to 'much worse than in the UK'): standard of living; earnings; household income; family life; social life; health; residential area; neighbourhood contacts; and as place to bring up children.

Life Satisfaction

This section, containing 11 items, asks participants about their general satisfaction and health. Questions include satisfaction with health/income/accommodation/leisure time/overall life. It also contains items from the standard Understanding Society questionnaire, covering general health, physical activities, and problems with physical and social activities due to health, emotional problems, or pain.

Language Skills

There are two items on difficulties speaking the local language for daily activities.

Education/ Job

The final section includes 11 items. Participants are asked if they have gained any formal qualifications since moving, and if so, what was the highest qualification gained. They are then asked about employment status, hours worked, gross pay (and which currency), net pay, what their firm/organisation mainly make or do (open question), what their main job was in the last week (open question), and overall job satisfaction.

Final Item

Finally, participants are asked: "Our final question asks you to say, in your own words, anything that has happened to you since you moved to [country] that has been of particular importance to you. This could include anything we have already asked about or something which has not been mentioned. Please include both positive and negative events – just whatever comes to mind as having been important to you in your own life over the past year" [open question].

RECOMMENDATION

Emigration and return migration are likely to be features of the '98 Cohort young adults' life course. Excluding emigrants from the sample would result in a significant loss of information to inform policy development. It is recommended that a shortened online version of the survey be sent to those living outside the country at the time of the survey, and a question on having lived abroad be asked of those living in Ireland.

INTERVIEWS WITH YOUNG ADULTS WITH INTELLECTUAL DISABILITIES

This section provides a brief definition of intellectual disabilities (ID), research involving people with ID, and considerations specific to interviewing young adults with ID.

ID is defined by the World Health Organisation as a significantly reduced ability to understand new or complex information and to learn and apply new skills, resulting in impaired social functioning and a



lasting effect on development. The *International Classification of Diseases 11th Revision* divides ID into three categories: mild, moderate, and severe/profound, with most individuals classified as having mild ID.

REPRESENTATIVENESS IN GROWING UP IN IRELAND, COHORT '98

Table 16: Respondents with ID and Specific Learning Disabilities in each wave of Cohort '98 compared with 2016 Census Data

Wave	Reported by	Cohort '98 Number with ID or learning disability	Cohort '98% with ID or learning disability	Census 2016 % with ID
1 (Age 9)	Teacher	675*	7.9%*	2% of 5-9-year-olds
2 (Age 13)	Parent	221 (171 with diagnosis)*	2.9% (2.3% with diagnosis)*	2.4% of 10-14-year-olds
3 (Age 17)	Parent	124 (124 with diagnosis)	2.0% (2.0% with diagnosis)	2.4% of 15-19-year-olds
4 (Age 20)	Young Adult self-report	175	3.4%	1.9% of 20-24-year-olds

* Teachers in Wave 1 and parents in Wave 2 were asked if the study child had a 'learning disability'. This category excluded physical, visual, or hearing impairments, speech impairments, ADHD or ADD, but respondents could have mistakenly included specific learning disabilities such as dyslexia, dysgraphia or dyscalculia, which likely increased the frequencies reported.

Differences in wording, confirmation of diagnosis, and parental versus self-report between waves make it challenging to determine how many respondents with ID are included in each wave, and to determine the attrition rate of those with ID compared to those without. Comparing the Growing Up in Ireland sample to the 2016 National Census provides some insight into the representation of people with ID at each wave. However, this is problematic in that Waves 1 and 2 of Growing Up in Ireland used the term 'learning disability', while Waves 3 and 4, as well as the Census, used the term 'intellectual disability'.

CONSIDERATIONS FOR RESEARCH INVOLVING PARTICIPANTS WITH ID

There are various considerations when conducting research involving individuals with ID, primarily around consent, representativeness, contacting potential participants, and accessibility. Each of these areas will be briefly examined.

CONSENT

In Ireland, the Assisted Decision-Making (Capacity) Act 2015 – which was signed into law in 2015 but has not yet been fully commenced (Health Service Executive, 2020) – assumes an individual's mental capacity "unless all practicable steps have been taken, without success, to help him or her" (*Section 8 (3)*), and states that a person is not to be considered as lacking capacity "if he or she is able to understand an explanation of it given to him or her in a way that is appropriate to his or her circumstances" (*Section 3 (3)*). This places responsibility on researchers to ensure that materials such as information sheets and consent forms are available as accessible/easy-to-read documents to meet the needs of potential participants with limited capacity. In practice, in previous waves of Growing Up in Ireland the fieldwork team have responded to the needs of individuals on a case-by-case basis on the advice of their parent or guardian.

However, it is recognised that in some cases obtaining consent is not possible, and that the public interest of carrying out the research significantly outweighs the need for explicit consent (Government of Ireland, 2018c). In these cases, applications for a waiver can be submitted to the Health Research Consent Declaration Committee (HRCDC), who can grant a consent declaration for those who are unable to provide

explicit consent, providing that the research has prior approval from a Research Ethics Committee and that all reasonable steps to obtain consent from potential participants have been taken. All submissions and decisions are openly published on the HRCDC website (<https://hrcdc.ie/>).

REPRESENTATIVENESS

Research indicates that individuals with ID are under-represented in large-scale surveys (Linehan et al., 2009). Much of the research relies on public health databases or convenience samples drawn from individuals engaging with specialist services, who are not necessarily representative of people with ID (Krahn & Fox, 2014). A specific review of research on transitions to adulthood in those with ID highlights gaps in the literature; research involving the young people themselves is sparse and typically only includes those with mild ID, while studies tend to focus on a single aspect of transition instead of using a holistic approach (Foley, Dyke, Bourke, & Leonard, 2012). This highlights the value that a holistic, longitudinal study such as Growing Up in Ireland can provide by addressing these gaps in the literature.

While Cohort '98 shows representation above national averages, three additional steps can be taken to improve inclusiveness of those with ID. First, addressing any potential confusion in question wording will help ensure that respondents reporting an ID are not, in fact, reporting a specific learning disability such as dyslexia. Second, including an item asking the level of ID (mild, moderate, severe/profound) and whether the respondent has received a formal diagnosis will help determine how representative the sample is compared to the wider population of those with ID. Finally, allowing young adults with ID to have an input into the design and dissemination stages (through focus groups, pilot surveys and work with advocacy groups) in future waves will help the Study Team ensure that key issues relevant to those with ID are addressed. While there is limited research on the transition to adulthood for those with ID, studies suggest a significantly different experience when compared to those without ID (Redgrove & Ellison, 2016). Using measures made for the general population may fail to capture the unique aspects of this transition.

CONTACTING PARTICIPANTS LIVING IN SERVICES

While there are no robust data available on the living arrangements of young adults with ID in Ireland (Inclusion Ireland, 2019), the National Intellectual Disability Database reports that 32.4% of those over 18 live in community group homes or residential settings. Research indicates that accessing those living in group homes/residential settings can be challenging, in part due to staff members restricting researchers' access to residents (Williams, 2020). Williams (2020) outlines several recommendations to reduce attrition for participants in these living arrangements, including:

- Assuring service providers that participants will be protected throughout the research process
- Providing service providers with comprehensive information through multiple mediums (information sheets, easy-to-read summaries, videos explaining the research)
- Contacting service providers via telephone in addition to email
- Stressing the importance of the research for both individuals with ID and the wider community.

However, at Wave 4, over 90% of Cohort '98 respondents with ID listed their parental home as their main address. For those who lived outside of their parental home, the most common living arrangement was 'a house/flat-sharing arrangement with other adult(s) – at least some not related to me'.



ACCESSIBILITY AND SUPPORT IN OTHER COHORT STUDIES

Of the 16 longitudinal surveys reviewed during the development of this report (see Chapter 3), six contained variables able to identify whether respondents had ID, while only one specific questionnaire for respondents with ID was identified (NEPS cohort 4 contained a sub-cohort of children attending special schools, who received a shorter questionnaire). No information on special procedures for participants with ID was identified across any of the surveys reviewed, although it is possible that such procedures did exist but were not readily discoverable online.

To ensure that Growing Up in Ireland is inclusive of all individuals with ID, not only those with mild ID, modifying questionnaires and/or the use of personal supports and, where necessary, proxy interviews could be considered (Nicolaidis et al., 2020; National Federation of Voluntary Bodies, 2005).

While examples of accessible questionnaires for young adults have not been identified in the longitudinal surveys, the Intellectual Disability Supplement to the Irish Longitudinal Study of Ageing (IDS-TILDA), a longitudinal survey researching ageing in Ireland among people with ID aged 40 and over, provides guidance. The survey is the first of its kind in Europe. All questionnaire items were designed to replicate the main Irish Longitudinal Study of Ageing (TILDA), with the aim of creating a dataset that is comparable to the general population. IDS-TILDA questionnaires are designed with the input of people with ID, alongside an international scientific committee of experts on ID. All materials are reviewed by an independent advocacy group to determine their accessibility. Consent is sought directly from respondents on an ongoing basis, using accessible consent forms and information sheets. Data are collected using CAPI in the participant's own residence. Field researchers are required to have experience with people with ID and must complete three days' standardised training. Showcards are developed for use during interviews to aid communication and maximise participation of those with ID. During data collection, respondents are allowed to request the support of a person they know well (for at least 6 months) during the interview. IDS-TILDA also uses proxy interviews where required.

RECOMMENDATIONS FOR RESEARCH INVOLVING PARTICIPANTS WITH ID

While individuals with ID are typically under-represented in large-scale, population-based research, comparing prevalence rates from Growing Up in Ireland to the 2016 National Census indicates good representation within this cohort. However, implementing a number of changes, particularly around instrument design, could help to improve the study's inclusiveness of those with ID. This would enable Growing Up in Ireland to continue to provide unique insights into major transitions for those with ID while allowing comparison with the general population, making it one of the only major studies able to do so. Furthermore, following the guidelines set out by the Assisted Decision-Making (Capacity) Act 2015 will ensure that best practice is followed, and will avoid the Study Team having to make these changes when the Act is commenced.

Consent

- If possible, designing accessible information sheets and consent forms with input from individuals with ID, their families and advocacy groups will ensure that ethical guidelines are adhered to.

Accessibility

- Consultation with people with ID, as well as advocacy groups, would help to identify any unique transitions or life events relevant only to those with ID. This would help capture information which may not be covered in the general survey items.
- While ambitious, designing a replica questionnaire for those with ID, as was done with IDS-TILDA, would make the survey accessible for those with moderate/severe ID, and make Growing Up in Ireland the first identified study in Europe to allow longitudinal comparison between young adults with ID and the general population.

- The Study Team should continue to accommodate for individuals on a case-by-case basis, as was done in previous waves, and consider the following accommodations:
 - Allowing respondents to request a support person who they know during interviews
 - Allowing frequent breaks during interviews to account for fatigue
 - Using interviewers who have experience or training in communicating with those with ID
 - Increased use of showcards, particularly for multiple-response questions
 - When approaching potential participants living in group homes/residential settings, follow the advice set out by Williams (2020)

Identifying ID

- Finally, Growing Up in Ireland should ask, at all waves, whether the individual has ID, and if so, what level of ID (mild/moderate/severe/profound) and whether this was formally diagnosed by a healthcare professional.
- Due to potential confusion in prior waves, the item on ID should also include the term 'general learning disability' and should be stress-tested to ensure respondents understand the question.

ADMINISTRATIVE DATA LINKAGE

The potential for using administrative data to look at longitudinal trajectories for individuals has been receiving increasing attention internationally. The use of detailed register data is well established in the Nordic countries, with information on the full population allowing for analysis of patterns that could not be captured in sufficient numbers in sample surveys. For example, Helland and Wiborg (2019) examined the relationship between parental and child fields of study; the data used was fine-grained enough to determine whether the children of doctors tended to become doctors. The ONS Longitudinal Study in England and Wales and the Scottish Longitudinal Study use a sample of individuals from the Census (1% in England and Wales, 5% in Scotland) and link administrative data, including school records, health records and vital events data, to these records. These studies have yielded useful insights into, for example, socio-economic variation in school attendance (Klein et al., 2020), school curriculum and post-school employment outcomes (Iannelli and Duta, 2018), and the extent to which siblings share common patterns of higher-education participation (Duta et al., 2021). However, administrative data do not allow researchers or policymakers to unpack the decision-making processes behind employment choices, for example, or whether school attendance reflects disengagement from school.

Linking administrative data to survey data can yield insights into both objective trajectories and subjective experiences of those pathways. Linkage to administrative data (or planned linkage) is common across several international cohort studies. ALSPAC, NEPS, Understanding Society (US) and LSAY²³ all incorporate information from school records, including exam grades or assessment results, attendance, and, in some cases, records of having a special educational need or disability. In several of these instances, broader contextual information on the profile of the school attended is matched to the survey data; this commonly includes the composition of the student body (e.g. proportion in receipt of free school meals), school size and type. Next Steps, LSAY and US also link in higher-education records (such as applications and registration) but only LSAY mentions linkage to information on vocational qualifications. NEPS and US match in information on income and receipt of unemployment and other welfare payments. ALSPAC, US and Next Steps use NHS records to add information on primary and secondary healthcare and also use mortality records. ALSPAC and Next Steps also link criminal justice data on arrests and convictions. Geospatial information is linked to respondent information in ALSPAC. The US and Next Steps studies ask the respondent for explicit permission to link to specified kinds of data, while ALSPAC provides an opportunity for respondents to opt out of linkage.

²³ A list of the studies analysed and their acronyms is presented in Table 5 (Chapter 3).



In Ireland, administrative data have been used to look at non-completion among higher-education entrants (HEA, 2020) and various aspects of hospital services (Brick and Keegan, 2020), for example. Administrative data linkage has been used to look at weekly earnings by sector, gender, age and nationality (CSO, 2017, 2019) and graduate earnings by field of study and institution type (Stanley et al., 2019). The CSO Survey of Income and Living Conditions (SILC) study supplements survey data with revenue information on income and DSP records on receipt of welfare payments.

To date there has been relatively little administrative data linkage to Growing Up in Ireland data. At 17/18 years of age, the young people were asked for permission to link to their Central Applications Office (CAO) records; this allowed for the matching of very detailed information on course choices to be linked to rich data on the sources of information used in making decisions about post-school pathways. In addition, SAPS (small area population statistics) data were matched to wave one of Cohort '98, providing useful insights into the influence of local-area deprivation on child and adolescent socio-emotional outcomes (Quail, 2010; Smyth and Darmody, 2021). Location data have been used to look at the influence of high-speed broadband in schools (Hyland et al., 2015) and the impact of proximity to a fast-food outlet on dietary quality (Keane et al., 2016).

There is rich potential for further data linkage to Growing Up in Ireland. Revenue data on wages would be more reliable for current earnings than survey data. In particular, geocoding would provide immense potential to examine the interaction between family- and place-based disadvantage, an understudied aspect of inequality among children and young people in Ireland. The Pobal HP Deprivation Index for Small Areas has been commonly used as a measure of local-area deprivation in Irish policymaking (including targeting by Pobal and the identification of schools for the Delivering Equality of Opportunity in Schools programme). This measure could usefully be matched to Growing Up in Ireland data, given research on the adult population which shows the concentration of lone-parent and jobless households in disadvantaged areas (McGuinness et al., 2018). Composite measures based on Census Small Area Population Statistics (SAPS) have been matched to Cohort '98 data; they show the greater prevalence of externalising behaviour among adolescents living in the most disadvantaged electoral divisions (Smyth and Darmody, 2021). Matching SAPS indicators to Cohort '08 data would yield new information on the way in which neighbourhood context shapes children's early development. Geocoding could also be used to reflect policy-relevant classifications of local areas; for example, 'rural areas with high urban influence' cannot currently be identified in Growing Up in Ireland data.

There is need for some caution, however, especially for this age group; in particular, the following issues could usefully be considered:

- Spells of unemployment may not be well captured for this age group. Many young adults will have insufficient insurance contributions to obtain benefits, and means-testing will particularly affect those still living in the parental home, disincentivising registering as unemployed, particularly for short spells. This may result in an under-estimate of unemployment experience, a crucial topic for this age group in the wake of the pandemic, and it may be difficult to distinguish among different forms of non-employment (unemployment, full-time care, illness/disability), which have different consequences for later adult life-chances.
- Irregular employment and self-employment will not be captured using revenue data. Furthermore, administrative data do not contain information on hours of work or detailed occupation, making it difficult to compare like with like in looking at the returns to educational qualifications and work experience. It is important that comprehensive measures of income – including that from self-employment or other non-employment sources – can be constructed using Growing Up in Ireland. Transfers (direct or indirect) from parents to adult children cannot be traced through administrative records but are important to capture given the prominence of this issue at 20 years of age.

- There is a need to explore the extent of available information on further-education course participation. Details of work-related training will need to be collected through the survey.
- There is no unique patient identifier in Ireland so health information will need to be collected through the survey.
- Asking about the objective situation (e.g. course or job) can be a useful segue into asking about subjective experiences, and it may be clearer that job/course satisfaction, etc relates to a specific job/course if both objective and subjective information is obtained through the survey.

In conclusion, administrative data linkage has considerable potential to supplement information collected from the young adult and to reduce respondent burden in the survey. However, further exploration would be crucial in ensuring that such data adequately capture the specific circumstances of young adults and their diverse pathways between 20 and 25 years of age.



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Appendix: Proposed questions and ancillary information for GUI Cohort '98 at 25 (Research Needs Report)

	Subtopic	Question	Routing	Response categories	Priority	Source
Labour market engagement and finances						
LM1	Employment	<i>Note: this question is contingent on using event history grid approach.</i> Please indicate what your main status was with regard to work or other activity at present. Please indicate which of these categories best applied to you in each month.		SEE EVENT HISTORY GRID	High	GUI at 20 years
LM2	Event History	<i>Note: this item is only proposed if the survey is conducted face-to-face.</i> Face-to-face: Please complete the following grid. Indicate what your main status was with regard to work or other activity in each month from [X] until present. Indicate which of these categories best applied to you in each month.			High	Study Team
LM3	Event History	<i>Note: this item is only proposed if the survey is conducted via telephone interview or online.</i> CATI/CAWI: Since the age of 20, please indicate the total time you have spent in each of the following activities? In employment (full-time/part-time), self-employment or farming / Unemployed (and seeking work) / Ill/disabled and outside labour force / On home duties/ Caring for children / In full-time education / Other (please specify)			High	Study Team
LM4	Employment	Are you currently in employment (please include internships/apprenticeships/freelance work)?		YES / NO	High	GUI at 20 years
LM5	Employment	In relation to this job, please give the name and a full description of the work done and the work sector – if more than one job, describe the one with the most hours. (If farmer, give acreage. Be sure to describe job exactly. If relevant give rank, e.g. Civil Service, Garda, etc)	Only if yes at LM4 (has job)	FREETEXT	High	GUI at 20 years
LM6	Employment	In relation to your current job/last job you held, how would you describe it?	Only if yes at LM4 (has job)	1. Regular, full-time 2. Temporary, full-time 3. Regular, part-time 4. Temporary, part-time 5. Self-employed 6. Zero-hour contract 7. Paid work placement / Internship 8. Unpaid work placement / Internship	High	GUI at 20 years
LM7	Employment	When did you take up this job?	Only if yes at LM4 (has job)	DD/MM/YYYY	High	GUI at 20 years
LM8	Employment	Do you have a second job? (details as above)	Only if yes at LM4 (has job)	YES/NO	High	Next Steps



	Subtopic	Question	Routing	Response categories	Priority	Source
LM9	Employment	In your job do you have formal responsibility for supervising the work of other employees?	Only if yes at LM4 (has job)	YES/NO	High	Next Steps
LM10	Employment	How many hours on average do you usually work per week in all jobs? (please exclude unpaid breaks)	Only if yes at LM4 (has job)	(Number of hours – ask for average weekly hours if irregular)	High	GUI at 20 years
LM11	Employment	If you could choose how many hours to work but your income would vary according to how many hours you worked: How many hours per week would you prefer to work?	Only if yes at LM4 (has job)	1. More hours 2. The same amount of hours 3. Less hours	Medium	Adapted from Panel Analysis of Intimate Relationships and Family Dynamics
LM12	Employment	Is the job you have just described above paid or unpaid work for a business owned or run by a member of your family?	Only if yes at LM4 (has job)	YES / NO	Medium	GUI at 20 years
LM13	Employment	Do you ever do any other paid or unpaid work for a business owned or run by a member of your family?	Only if no at LM12	YES / NO	Medium	GUI at 20 years
LM14	Employment	How often does your work involve: Working evenings – after usual office hours/ Working weekends/ Nights/ Rotating shift work (e.g. days one week, nights the next)/ Having to work unpaid overtime at short notice/ Having to work paid overtime at short notice	Only if yes at LM4 (has job)	[Tick all that apply]	High	GUI at 20 years
LM15	Employment	Thinking about the four weeks ending last Sunday, have you done any remote work for your job?	Only if yes at LM4 (has job)	YES/NO	High	Study Team
LM16	Employment	How often did you work remotely in those four weeks?	Only if yes at LM15 (worked remotely)	1. At least half of the days worked 2. Less than half of the days worked but for at least one hour	High	Study Team
LM17	Employment	How do you normally travel to work or college? (tick all that apply): Not at work or college/ On foot/ Bicycle/ Bus, minibus or coach/ Train, DART or LUAS/ Motorcycle, moped or scooter/ Driving a car/ Passenger in a car/ Other (specify)	(Where applicable)	Tick all that apply from options in question	Medium	GUI at 20 years
LM18	Employment	Generally speaking, on a scale of 1 to 10, how well do/did you like your job – where a '1' indicates 'not at all' and '10' indicates 'very much'.	Only if yes at LM4 (has job)	1 (Not at all) - 10 (Very much)	High	GUI at 20 years
LM19	Employment	Generally speaking, on a scale of 1 to 10, how secure do/did you feel your job is – where a '1' indicates 'not at all' and '10' indicates 'very much'.	Only if yes at LM4 (has job)	1 (Not at all) - 10 (Very much)	Medium	GUI at 20 years
LM20	Employment	To what extent are/were your knowledge and skills used in this work?	Only if yes at LM4 (has job)	1 (Not at all) - 5 (To a very great extent)	High	GUI at 20 years
LM21	Employment	To what extent does/did your current work demand more knowledge and skills than you can actually offer?	Only if yes at LM4 (has job)	1 (Not at all) - 5 (To a very great extent)	High	GUI at 20 years

	Subtopic	Question	Routing	Response categories	Priority	Source
LM22	Employment	What type of education do you feel is most appropriate for this work?	Only if yes at LM4 (has job)	1. Postgraduate 2. Bachelor 3. PLC 4. Apprenticeship 5. Leaving Certificate 6. Junior Certificate 7. Other (please specify)	High	GUI at 20 years
LM23	Employment	What field of study do you feel is most appropriate for this work?	Only if yes at LM4 (has job)	1. My field of study is the only possible/the best field for this area of work 2. Some other fields could also prepare people for this area of work 3. Another field of study would have been more useful 4. The field of study does not matter very much for my area of work 5. Other, please specify	Medium	GUI at 20 years
LM24	Employment	Looking back, if you were free to choose again would you take the same pathway (education, training or job)?		YES / NO / MAYBE	High	ESRI PLC Evaluation Survey
LM25	Employment	Do/did you see your current/most recent job as a stopgap or as a start to a long-term career?	Only if yes at LM4 (has job)	1. Stop gap 2. Start to a long-term career	High	GUI at 20 years
LM26	Employment	Here are some factors a person might consider when choosing a job. On a scale of 0-10 how important would each of these be to you in choosing a job? High income/ Good training opportunities/ A job that offers good promotion opportunities/ An interesting job/ Flexible working hours/ Working remotely/ Working remotely for an employer based outside of Ireland/ Generous holidays or time off/A good step on the career ladder/ Be your own boss/ A job that allows you to be creative/ A job that is useful to society or helps other people/ Job security/ Opportunity to travel/work abroad/ Other (please specify)		[0 (not important at all) to 10 (Very important)]	Low	GUI at 20 years
LM27	Employment	Are/were you a member of a trade union?	Only if yes at LM4 (has job)	YES/NO	Medium	GUI at 20 years
LM28	Unemployment	Have you ever been in paid employment?	If no at LM4 (not currently in employment)	YES / NO	High	GUI at 20 years



	Subtopic	Question	Routing	Response categories	Priority	Source
LM29	Unemployment	From the reasons listed on this card, could you tell me the most important reason for you not working in a paid job outside the home? (choose one only)	If no at LM4 (not currently in employment)	1. I can't find a job 2. I chose not to work 3. I am caring for an elderly or ill relative or friend 4. I prefer to be at home to look after my children myself 5. I cannot earn enough to pay for childcare 7. There are no suitable jobs available for me 8. My family would lose social welfare or medical benefits if I was earning 9. I have recently had a baby 10. Other reason (please specify)	High	GUI at 17/18 years (PCG)
LM30	Employment	You have recently had a new baby. Do you plan to return to work at any time in the future?	If indicated at LM29 (reasons for not working)	YES/NO/MAYBE	High	Understanding Society
LM31	Unemployment	If unemployed, how long have you been unemployed? (*not needed if have full event history grid)	If no at LM4 (not currently in employment)	Number of months _	High	Understanding Society
LM32	Unemployment	Thinking about your current period of unemployment, how did you come to be unemployed?	If no at LM4 (not currently in employment)	1. You had a fixed term or temporary job that ended 2. You were made redundant 3. You were dismissed from a job 4. You left because you were pregnant 5. You left the job for health reasons 6. You left work to care for family members 7. The firm closed down or business failed 8. You just decided to leave 9. You have never worked 10. For some other reason (specify)	High	Next Steps
LM33	Unemployment	In the four weeks prior to Sunday {{refweek}}, have you done anything to find work? This includes looking for a job of only a few hours or any activity to start a business.	If no at LM4 (not currently in employment)	YES/NO	High	Labour Force Survey
LM34	Unemployment	Although you are not looking for work, would you like to have a regular paid job, even if only for a few hours a week?	If no at LM33 (not looking for work)	YES/NO/MAYBE	Medium	Labour Force Survey
LM35	Income	How much money do/did you earn on average each week? Please include all sources of income from employment, including second jobs, tips, or bonuses. Gross (before deductions) / Net (take-home pay)	Only if yes at LM4 (has job)	1. Gross (before deductions) 2. Net (take-home pay)	High	GUI at 20 years

	Subtopic	Question	Routing	Response categories	Priority	Source
LM36	Income	Do you usually receive the same amount each week?	Only if yes at LM4 (has job)	YES/NO	High	GUI at 20 years
LM37	Income	Do you live with a spouse/partner whom you share income with?		YES / NO	High	GUI at 20 years
LM38	Income	Looking at the Card and thinking of your [and your spouse/partner's] total income from all sources, approximately what proportion of your total income would you say comes from social welfare payments of any kind – including Children's Allowance/Child Benefit?	Spouse/partner only included if they have one (LM37)	1. None 2. Less than 5% 3. 5% to less than 20% 4. 20% to less than 50% 5. 50% to less than 75% 6. 75% to less than 100% 7. 100%	High	GUI at 20 years
LM39	Income	What is the average MONTHLY amount AT YOUR DISPOSAL after tax, USC and other statutory deductions from the following sources currently? (amount for each where relevant): From parents / From other family / Income from your job / Student grant / A loan from a bank, Credit Union, etc / social welfare payment (incl. Child Benefit, if relevant) / From other sources, including sports bursaries (please specify)	Spouse/partner only included if they have one (LM37)	Amount from each source separately	High	GUI at 20 years
LM40	Finances	You [and your spouse/partner] may have different sources of income. Concerning your [and your spouse/partner's] total monthly or weekly income, with which degree of ease or difficulty are you able to make ends meet?	Spouse/partner only included if they have one (LM37)	1. With great difficulty 2. With difficulty 3. With some difficulty 4. Fairly easily 5. Easily 6. Very easily	High	GUI at 20 years
LM41	Finances	How much do you [and your spouse/partner] pay each month for household bills like accommodation, food, electricity? (*Note: could go in Housing)	Spouse/partner only included if they have one (LM37)	___Per month	Medium	GUI at 20 years
LM42	Finances	For each of the following living costs, please tell me whether or not, in addition to the cash payments above: 1) you [and your spouse/partner] pay for them personally and whether 2) your parents pay for them – in full or part? Rent/campus accommodation fees/ mortgage / Utility bills / Food / Motor insurance/ Other transportation costs (excl. insurance) / Communication (telephone, internet, etc) / Health costs (e.g. medical insurance) / Childcare / Debt payment (excluding mortgage, if relevant) / Social and leisure activities / Other regular living costs (clothing, toiletries, tobacco, pets, insurance [except medical insurance]) / Study-related costs	Spouse/partner only included if they have one (LM37)	1) [You] YES/NO 2) [parents] YES/NO	High	GUI at 20 years
LM43	Finances	Are you able to save on a regular basis?		YES / NO	High	GUI at 20 years



	Subtopic	Question	Routing	Response categories	Priority	Source
LM44	Finances	How would you [and your spouse/partner] deal with an unexpected expense of, say, €250? (tick all that apply): Cut back on other expenditure / Borrow from parent(s) / Borrow from spouse/partner / Borrow from friend(s) / Borrow from somewhere else / Use savings / credit card / I just would not be able to deal with it	Spouse/partner only included if they have one (LM37)	Tick all that apply on list	Medium	GUI at 20 years
LM45	Finances	Are you [and your spouse/partner] currently having difficulty meeting any loan or debt repayments (from any source)?	Spouse/partner only included if they have one (LM37)	1. A lot 2. A little 3. No difficulty 4. No loans	High	GUI at 20 years
LM46	Finances	From where/whom did you get the loan(s) or debt(s) that you are having difficulty repaying? (tick all that apply): Student loan/ Other loan from a financial institution (e.g. bank or credit union)/ Rent arrears (to landlord/housemate)/ Payment plan or hire-purchase agreement from a retailer/ Credit card bill/ Registered moneylender/ Parent/ Other relative/ Friend/ Other, please specify	Only if difficulty with debt repayment at LM45	Tick all that apply	Medium	GUI at 20 years
LM47	Finances	Are you a member of a pension scheme? This could be a scheme run by your employer, or one you have started privately.		YES/NO/DK	High	Next Steps
LM48	Gambling	Do you ever buy lottery tickets such as scratch cards or lotto?		1. A few times a week 2. Once a week 3. Once or twice a month 4. Occasionally 5. A few times a year 6. Never	High	GUI at 20 years
LM49	Gambling	Do you ever play casino tables or video games for money?		1. A few times a week 2. Once a week 3. Once or twice a month 4. Occasionally 5. A few times a year 6. Never	High	GUI at 20 years
LM50	Gambling	Have you ever played any other games, such as cards or bingo, for money; or bet on horse races or sporting events; or taken part in any other kinds of gambling for money?		1. A few times a week 2. Once a week 3. Once or twice a month 4. Occasionally 5. A few times a year 6. Never	High	GUI at 20 years

	Subtopic	Question	Routing	Response categories	Priority	Source
LM51	Financial contributions to parents	Do you currently give any of the following payments to your parent(s)? Include money given to parents to meet the needs of other household member. Tick all that apply: You give them money on a regular basis (i.e. a set amount per week or month)/ You give them some money towards your keep now and then/ You give them money if they ask for it because they need it/ You pay for particular household bills (e.g. a utility bill or for petrol in the car)/ You loan them money and they pay them back/ Other financial support (please specify)		Tick all that apply from list	High	GUI at 20 years
Education and Training						
ET1	School Information	When did you leave school for the first time?	If not collected previously	MM/YYYY	High	GUI at 20 years
ET2	School Information	What school did you last attend?	If not collected previously	FREETEXT	Low	GUI at 20 years
ET3	Leaving Cert	What programme did you take in your final year in school?	If not collected previously	1. Regular (Established) Leaving Certificate 2. Leaving Certificate Applied (LCA) 3. Leaving Certificate Vocational (LCVP) 4. Something else (please specify) _____	High	GUI at 20 years
ET4	Leaving Cert	Did you sit the Leaving Certificate examinations?	If not collected previously	1. Yes, I sat it once 2. Yes, I sat it more than once (i.e. repeated) 3. No, didn't sit it	High	GUI at 20 years
ET5	Leaving Cert	In what year did you sit your (most recent) Leaving Certificate examinations?	If not collected previously/Sat Leaving Cert (ET4)	YYYY	High	GUI at 20 years
ET6	Leaving Cert	Which points system applied to your (most recent) Leaving Cert examination?	If not collected previously/Sat Leaving Cert (ET4)	1. Old system (pre-2017 version) 2. New system (2017 or later)	High	GUI at 20 years
ET7	Leaving Cert	How many subjects in total did you sit for your (most recent) Leaving Certificate examinations (LCVP do not include link modules)?	If not collected previously/Sat Leaving Cert (ET4)	_____subjects	High	GUI at 20 years
ET8	Leaving Cert	How many points did you get in total in your (most recent) Leaving Certificate examinations?	If not collected previously/Sat Leaving Cert (ET4)	_____points	High	GUI at 20 years
ET9	Leaving Cert	[If did Regular Leaving Cert or Leaving Cert Vocational – F3 = 1 or 3] Please indicate which subjects you did for your (most recent) Leaving Cert, at what level (foundation, ordinary or higher) and the grade you achieved	If not collected previously/Sat Regular Leaving Cert (ET3/4)	Subject F/H/O	Low	GUI at 20 years



	Subtopic	Question	Routing	Response categories	Priority	Source
ET10	Leaving Cert	Did you sit the LCVP link modules?	If not collected previously/Sat Regular Leaving Cert (ET3/4)	YES / NO	Low	GUI at 20 years
ET11	Leaving Cert	[If sat LCA] What overall grade did you get in the Leaving Certificate Applied?	If not collected previously/Sat Applied Leaving Cert (ET3/4)	1. Distinction 2. Merit 3. Pass 4. Record of Credits 5. Did not complete year two	Low	GUI at 20 years
ET12	Leaving Cert	[If doing Leaving Cert Applied – F3 = 2] Please indicate which vocational specialisms/elective modules you took in the Leaving Cert Applied Course: Agriculture, Horticulture/ Childcare, Community Care/ Graphics and Construction Studies/ Craft and Design/ Engineering/ Hair and Beauty/ Hotel, Catering and Tourism/ Office Administration and Customer Care/ Technology/ Information and Communication Technology (follow-on to Introduction to ICT)/ Active Leisure Studies (follow-on to Leisure and Recreation)	If not collected previously/Sat Applied Leaving Cert (ET3/4)	Tick all that apply	High	GUI at 20 years
ET13	Early school-leaving	[If did not sit LC] What age were you when you left school?	If not collected previously/Did not sit LC	_____ Years	High	GUI at 20 years
ET14	Early school-leaving	Which of these factors influenced you to leave school before the Leaving Cert? (tick all that apply): Found school work difficult/ Other school related factors/ Found school work boring, not interesting/ Health factors (own illness/ disability)/ Didn't get on with teachers/ Wanted to get a job and earn money/ Didn't get on with other students/ Other economic/job factors (specify)/ Suspended from school/ Family factors (specify)/ Expelled from school/ Other reasons (specify)/ To take up training or apprenticeship/ Special educational needs	If not collected previously/Did not sit LC	Tick all that apply from list	High	GUI at 20 years
ET15	Perceptions of school	Here are some views about being in secondary school. There are no right or wrong answers. For each statement please indicate whether you agree or disagree with these views : I disliked being at school / I thought most of my teachers were friendly / I could talk to my teachers if I had a problem.	If not collected previously	1. Strongly agree 2. Agree 3. Disagree 4. Disagree Strongly	High	GUI at 20 years

	Subtopic	Question	Routing	Response categories	Priority	Source
ET16	HE, FE, Training	Looking at the Card, for each of these further or higher education, or training courses can you tell me: Did you register for <course>? If yes, how many courses at this level did you register for? Did you complete the course? If no, why not? Postgraduate course (NFQ Level 9) / Honours Bachelor Degree (NFQ Level 8) / Ordinary Bachelor Degree (NFQ Level 7) / Higher Certificate Course (NFQ Level 6) / Post-Leaving Cert Course (NFQ Level 5/6) / University outside the Republic of Ireland / Further education outside the Republic of Ireland / Certificate Course (NFQ Level 4) / Certificate Course (NFQ Level 5) / Apprenticeship / Solas (FÁS), Fáilte Ireland, Teagasc, etc / Private Training Course / Youth Reach / Other, please specify / None of the above		[8 column grid for each level] YES / NO For each aspect	High	GUI at 20 years (modified)
ET17	HE, FE, Training	Why did you not complete the course? (tick all that apply (ET16) and choose one as the main reason (H1a7)) :	Only if ET16 answered	1.The course was not what I expected 2. I did not like going to college 3.I failed my exams 4. My family were experiencing financial 5. difficulties 6. It was too far to travel 7. I got a full-time job 8. Physical health difficulties 9. Mental health difficulties 10. Family difficulties 11. Personal difficulties 12. Other, please specify	Low	GUI at 20 years
ET18	HE, FE, Training	Please give the name and address of the college or institution you are/were attending and/or business where you are doing/did your apprenticeship/ training:	Only if doing/did course (ET16). If more than one, give details for highest.	FREETEXT	High	GUI at 20 years
ET19	HE, FE, Training	Please give the name of the course or apprenticeship you are/were following (e.g. Level 5 Certificate in Business Studies; Level 6 Higher Certificate in Mechanical Engineering; Level 6 Advanced Certificate Craft in Plumbing; Level 8 Bachelor of Arts Honours in History and English):	Only if doing/did course (ET16). If more than one, give details for highest.	FREETEXT	High	GUI at 20 years
ET20	HE, FE, Training	Was/is this course part-time, full-time or something else?	Only if doing/did course (ET16). If more than one, give details for highest.	1. Part-time 2. Full-time 3. Something else	High	GUI at 20 years



	Subtopic	Question	Routing	Response categories	Priority	Source
ET21	HE, FE, Training	Date course started:	Only if doing/did course (ET16). If more than one, give details for highest.	MM/YYYY	High	GUI at 20 years
ET22	HE, FE, Training	How long was/is the course from beginning to end (what was its total duration, even if you left it early)?	Only if doing/did course (ET16). If more than one, give details for highest.	___ Months	High	GUI at 20 years
ET23	HE, FE, Training	Are you receiving (did you receive) any type of: means-tested grant to cover registration fees? / means-tested grant to cover maintenance? / scholarship?	Only if doing/did course (ET16). If more than one, give details for highest.	YES / NO	High	GUI at 20 years
ET24	HE, FE, Training	How do/did you fund your studies/training? (tick all that apply): Money from your family/ A bank loan/ Indirect support from your family (e.g. food, accommodation)/ Savings/ Earnings from employment/ Employer assistance/ A State grant/ Social welfare payment (e.g. Back to Education Allowance)	Only if doing/did course (ET16). If more than one, give details for highest.	Tick all that apply on list	High	GUI at 20 years
ET25	HE, FE, Training	Generally speaking, on a scale of 1 to 10, how satisfied are/were you with your choice of course?	Only if doing/did course (ET16). If more than one, give details for highest.	1 to 10	High	GUI at 20 years
ET26	HE, FE, Training	Generally speaking, on a scale of 1 to 10, how much do/did you like your course?	Only if doing/did course (ET16). If more than one, give details for highest.	1 to 10	High	GUI at 20 years
ET27	HE, FE, Training	Generally speaking, on a scale of 1 to 10, how would you rate your compliance with the requirements of this course?	Only if doing/did course (ET16). If more than one, give details for highest.	1 to 10	Medium	GUI at 20 years
ET28	HE, FE, Training	Have you completed a work placement(s) as part of a college course?	Only if doing/did course (ET16). If more than one, give details for highest.	YES / NO	High	GUI at 20 years
ET29	HE, FE, Training	Are you currently on a work placement?	Only if doing/did course (ET16). If more than one, give details for highest.	YES / NO	High	GUI at 20 years
ET30	HE, FE, Training	When did you take up this job?	Only if ET29 yes (on work placement)	MM/YYYY	High	GUI at 20 years

	Subtopic	Question	Routing	Response categories	Priority	Source
ET31	HE, FE, Training	[If doing an apprenticeship] In relation to this job, as part of your apprenticeship please give the name and a full description of the work done.	If doing an apprenticeship at ET16	FREETEXT	High	GUI at 20 years
ET32	Non-formal Educ.	Since the age of 20, apart from the courses mentioned earlier, have you deliberately tried to improve your knowledge or skills through any of the following means? Learning from a family member, a friend or colleague / Learning by using printed material (books, professional magazines etc.) / Learning by computers, tablets or smartphones (online or offline) / Learning through television/radio/videos/DVDs / Learning by guided tours of museums or natural or industrial sites / Learning by visiting learning centres (including libraries) / I did not participate in any informal learning		Tick all that apply	Medium	CSO Adult Education survey, 2017
ET33	Access Difficulties	Would you have liked to participated more in such learning activities?		YES / NO	Medium	CSO Adult Education survey, 2017
ET34	Access Difficulties	Do you feel you need additional education and training?		YES / NO	Medium	CSO Adult Education survey, 2017
ET35	Access Difficulties	What kind of difficulties did you experience that prevented you from participating or participating more in formal and/or non-formal education activities? You did not have the prerequisites (e.g. entry qualifications)/ Training was too expensive or the cost was difficult to afford/ Lack of employer's support or lack of public services support/ Training conflicted with work schedule and/or was organised at inconvenient time/ Training took place at a distance hard to reach/ No access to a computer or internet for distance learning/ You did not have time due to family responsibilities/ Your health/ Your age/ Other personal reasons/ No suitable education or training activity available/ You were reluctant to commit due to previous negative learning experiences/ None of the above but other	if yes at ET34 (needs more education/ training)	Tick all that apply from list	Medium	CSO Adult Education survey, 2017
ET36	Access Difficulties	Among the reasons you have selected [for not participating in education activities], which was the most important?	if yes at ET34 (needs more education/ training) and ET35 (reason) is answered	Select one of the above	Medium	CSO Adult Education survey, 2017



	Subtopic	Question	Routing	Response categories	Priority	Source
ET37	Highest qualification	What is the highest level of educational qualification that you have attained to date? (Please record the highest qualification awarded; note that this may be lower than the highest level of course completed; e.g. you completed a course but failed the exam)		[Amend to reflect Irish qualification]	Medium	Next Steps (adapted)
ET38	Partner education	What is the highest level of educational qualification that your spouse/partner has attained to date? (Please record the highest qualification awarded; note that this may be lower than the highest level of course completed; e.g. they completed a course but failed the exam)	if has spouse/partner	[Amend to reflect Irish qualification]	Medium	Next Steps (adapted)
Health						
H1	General Health	In general, how would you say your current health is?		1. Excellent 2. Very Good 3. Good 4. Fair 5. Poor	High	GUI at 20 years
H2	Chronic Illness	Do you have any ongoing chronic physical or mental health problem, illness or disability?		YES / NO	High	GUI at 20 years
H3	Chronic Illness	What is the nature of this problem, illness or disability? Please describe as fully as possible. (<i>*consider wording of question re. coding</i>)	Only if H2 yes (has chronic condition)	FREETEXT	High	GUI at 20 years
H4	Chronic Illness	Do you have an intellectual disability? If yes, please indicate which level. Do not include specific learning disabilities (such as dyslexia).	Only if H2 yes (has chronic condition)	1. No 2. Yes, mild 3. Yes, moderate 4. Yes, severe / profound 5. Don't know 6. Prefer not to say	High	Study Team
H5	Chronic Illness	Has this problem, illness or disability been diagnosed by a medical professional?	Only if H2 yes (has chronic condition)	YES / NO	High	GUI at 20 years
H6	Chronic Illness	Since when have you had this problem, illness or disability?	Only if H2 yes (has chronic condition)	MM/YYYY	Medium	GUI at 20 years
H7	Chronic Illness	Are you hampered in your daily activities by this problem, illness or disability?	Only if H2 yes (has chronic condition)	1. Yes, severely 2. Yes, to some extent 3. No	High	GUI at 20 years
H8	Chronic Illness	As a result of a long-lasting condition or difficulty, do you have any difficulty in doing any of the following: Dressing, bathing or getting around inside the home?/ Going outside the home alone to shop or visit a doctor's surgery?/ Participating in other activities, for example leisure or using transport?/ Working at a job or business or attending school or college?		[Grid with 2 columns] YES / NO	Medium	GUI at 20 years

	Subtopic	Question	Routing	Response categories	Priority	Source
H9	Health Service Utilization	How many nights have you spent in hospital in total in the last 12 months, from illness or injury?		___nights	High	GUI at 20 years
H10	Health Service Utilization	Since you were 20 years old, have you had any of the following which required medical attention in a hospital or Accident and Emergency Department or private emergency clinic? Road accident / sport-related accident / assault / alcohol intoxication / drug intoxication / other		Tick all that apply	Medium	GUI at 20 years
H11	Health Service Utilization	In the last 12 months, how many times have you seen or consulted, or talked on the phone with any of the following about your physical, emotional or mental health? A GP / practice nurse / another medical doctor / physio / psychologist / psychiatrist / A&E / private emergency clinic / social worker / alt therapist / health helplines / dentist		___times OR Don't know	High	GUI at 20 years
H12	Health Service Utilization	Was there any time during the past 12 months when you really needed to consult a GP but did not?		1. Yes, there was at least one occasion 2. No, there was no such occasion	High	GUI at 20 years
H13	Health Service Utilization	If yes, what were your main reasons for not consulting a GP? You couldn't afford to pay / The necessary medical care wasn't available or accessible to you/ You could not take time off work/college to visit the doctor/ You wanted to wait and see if the problem got better/ You were afraid of visiting the doctor/ You are still on the waiting list/ Too far to travel/no means of transport/ You couldn't get an appointment when you needed to/ Too embarrassed to seek help/ Don't have a GP/ Other (specify)	Only if H12 yes	YES OR NO TO EACH	High	GUI at 20 years
H14	Health Service Utilization	Was there any time during the past 12 months when you really needed to consult a medical specialist but did not?		1. Yes, there was at least one occasion 2. No, there was no such occasion	Medium	GUI at 20 years
H15	Health Service Utilization	If yes, what were your main reasons for not consulting a medical specialist? You couldn't afford to pay / The necessary medical care wasn't available or accessible to you/ You could not take time off work/college to visit the doctor/ You wanted to wait and see if the problem got better/ You were afraid of visiting the doctor/ You are still on the waiting list/ Too far to travel/no means of transport/ You couldn't get an appointment when you needed to/ Too embarrassed to seek help/ Other (specify)	Only if H14 yes	YES OR NO TO EACH	Medium	GUI at 20 years



	Subtopic	Question	Routing	Response categories	Priority	Source
H16	Health Service Utilization	Are you covered by a medical card – and so get medical services free of charge?		1. Yes, full card 2. Yes, GP visit card only 3. Not covered	High	GUI at 20 years
H17	Health Service Utilization	Are you covered by private medical insurance (not just travel insurance)?		YES / NO	High	GUI at 20 years
H18	Health Service Utilization	Is this your own policy, as part of your parents'/family policy or provided by work?	Only if H17 yes (has private health insurance)	1. Own policy 2. Parents' policy 3. Work	High	GUI at 20 years
H19	Health Service Utilization	Does that insurance include the cost of GP visits?	Only if H17 yes (has private health insurance)	1. Yes, in full 2. Yes, partially 3. No	Medium	GUI at 20 years
H20	Sleep	On a normal weekday, what time do you normally go to bed?		____Time in 24 hour clock	Medium	GUI at 20 years
H21	Sleep	And on a normal weekday, what time do you normally get up?		____Time in 24 hour clock	Medium	GUI at 20 years
H22	Sleep	On a normal weeknight, how long do you usually sleep?		____hours ____minutes	High	GUI at 20 years
H23	Sleep	Do you have any difficulty with sleep?		1. Yes, a lot of difficulty 2. Yes, some difficulty 3. No	High	GUI at 20 years
H24	Sleep	How long does it take you to go to sleep?		1. 0-15 minutes 2. 16-30 minutes 3. 31-45 minutes 4. 46-60 minutes 5. More than 60 minutes	Medium	Millennium Cohort Study
H25	Sleep	How often (in last 4 weeks) did you wake up at night and have trouble falling back to sleep again?		1. All of the time 2. Most of the time 3. A good bit of the time 4. Some of the time 5. A little of the time 6. None of the time	Medium	Millennium Cohort Study
H26	Sleep	How would you rate your overall sleep quality (in last 4 weeks)?		1. Very good 2. Fairly good 3. Fairly bad 4. Very bad	Low	Millennium Cohort Study
H27	Dental Health	How would you rate your dental health?		1. Excellent 2. Very good 3. Good 4. Fair 5. Poor	High	GUI at 20 years
H28	Dental Health	Which of the following best describes how regularly you visit the dentist?		1. Twice a year or more often 2. Once a year 3. Once every two years 4. Once every three years 5. Only when there is a problem 6. Never / Almost never	High	GUI at 20 years
H29	Dental Health	How often do you brush your teeth?		1. More than twice a day 2. Twice a day 3. Once a day 4. Less often than once a day 5. Rarely 6. Not at all	High	GUI at 17/18 years

	Subtopic	Question	Routing	Response categories	Priority	Source
H30	Dental Health	Have you ever had (or are you currently undergoing) orthodontic treatment?		Yes / No	Medium	GUI at 17/18 years
H31	Dental Health	Have you ever worn (or do you currently wear) braces?		Yes / No	Medium	GUI at 17/18 years
H32	Diet	In the last 24 hours have you had the following foods and drinks 'once', 'twice' 'more than twice', or 'not at all'? (<i>*standard list of 20 food items</i>) Fresh fruit/ Fruit juice/ Meat - Chicken - Fish/ Eggs/ Cooked vegetables/ Raw vegetables or salad/ Meat pie, hamburger, hot dog, sausage or sausage roll/ Hot chips or French fries/ Crisps or savoury snacks/ Bread/ Potatoes - Pasta - Rice/ Cereals/ Biscuits, doughnuts, cake, pie or chocolate/ Cheese - yoghurt - fromage frais/ Low fat Cheese - low fat yoghurt/ Water (tap water - still water - sparkling water)/ Soft drinks - minerals - cordial - squash (not diet)/ Soft drinks - minerals - cordial - squash (diet)/ Full cream milk or full cream milk products/ Skimmed milk or skimmed milk products		ONCE/TWICE/MORE THAN TWICE/NOT AT ALL to each	Medium	GUI at 20 years
H33	Diet	How many cups of caffeinated tea or coffee do you drink in a typical day?		___No. of cups	Medium	GUI at 20 years
H34	Diet	Do you follow any of the following kinds of vegetarian diet? Tick one.		1. Vegetarian 2. Vegan 3. Pescatarian 4. Reduced meat intake 5. None of the above	Medium	GUI at 20 years
H35	Diet	Do you use any of the following supplements? Multi-vitamins / individual vitamins / omega 3 / fish oil / protein shakes / creatine / CBD		YES / NO for each	Medium	GUI at 20 years
H36	Diet	How often do you have breakfast / lunch / dinner / snacks between meals? (<i>individual q per meal</i>)		1. Every day 2. 5 or 6 days a week 3. 3 or 4 days a week 4. 1 to 2 days a week 5. Less than once a week / never	High	GUI at 13yrs (Infant Cohort)
H37	Diet	About how many snacks most days?	if eat snacks at least once p/w at H36	1. None 2. 1 per day 3. 2 per day 4. 3 per day 5. 4 per day 6. 5 or more per day	High	GUI at 13yrs (Infant Cohort)
H38	Diet	How many of these snacks are sugary foods (e.g. sweets, chocolate) or sugary drinks?	if eat snacks at least once p/w at H36	1. None 2. 1 per day 3. 2 per day 4. 3 per day 5. 4 per day 6. 5 or more per day	High	GUI at 13yrs (Infant Cohort)



	Subtopic	Question	Routing	Response categories	Priority	Source
H39	Diet	How many portions of fruit or vegetables do you usually have in a day?		<ol style="list-style-type: none"> 1. None 2. 1 per day 3. 2 per day 4. 3 per day 5. 4 per day 6. 5 or more per day 	High	GUI at 13yrs (Infant Cohort)
H40	Diet	How often do you eat fast food?		<ol style="list-style-type: none"> 1. More than once a day 2. Once a day 3. 3-6 days a week 4. 1-2 days a week 5. Less often but at least once a month 6. Less than once a month 7. Hardly ever or never 	Medium	Millennium Cohort Study
H41	Diet	How often do you order takeaway?		<ol style="list-style-type: none"> 1. More than once a day 2. Once a day 3. 3-6 days a week 4. 1-2 days a week 5. Less often but at least once a month 6. Less than once a month 7. Hardly ever or never 	Medium	Study Team
H42	Diet	Who prepares/cooks your dinner most often?		<ol style="list-style-type: none"> 1. Me 2. My parents(s) 3. My partner 4. My housemate 5. Other (specify) 	Low	Study Team
H43	Physical Activity	How many times in the last 7 days have you done at least 30 mins of moderate-intensity activity (that is, activity that causes a small increase in your heart rate and breathing, e.g. brisk walking, cycling, swimming and active travel/transport)?		<ol style="list-style-type: none"> 1. None 2. 1 to 2 days 3. 3 to 4 days 4. 5 to 6 days 5. Everyday 	High	GUI at 20 years
H44	Physical Activity	How many times in the last 7 days have you done at least 30 mins of vigorous-intensity activity (that is, activity that causes a large increase in your heart rate and breathing, e.g. running, playing football, GAA or similar team sports and gym classes)?		<ol style="list-style-type: none"> 1. None 2. 1 to 2 days 3. 3 to 4 days 4. 5 to 6 days 5. Everyday 	High	GUI at 20 years
H45	Physical Activity	How many times in the last 7 days have you done muscle strengthening activities (this includes gym weight sessions or heavy DIY)?		<ol style="list-style-type: none"> 1. None 2. 1 to 2 days 3. 3 to 4 days 4. 5 to 6 days 5. Everyday 	Medium	GUI at 20 years
H46	Physical Activity	On an average weekday, how much time do you spend sitting (include time spent at work, at home, studying and during leisure time? This may include time spent sitting at a desk, visiting friends, reading, or sitting/lying down to watch television).		Hours__ Minutes__	High	Millennium Cohort Study (adapted)

	Subtopic	Question	Routing	Response categories	Priority	Source
H47	Physical Activity	I would now like you to think about the reasons why you choose to participate in sport or other physical activity. Which of the following reasons would you say is the most important motivation for your participation?		[Tick one] 1. to improve fitness 2. to improve athletic skills 3. to control my weight 4. I enjoy it 5. I enjoy meeting people and participating with others in sport 6. Other (specify) 7. I don't participate in sport or other physical activity	Medium	GUI at 20 years
H48	Physical Activity	Which of the following reasons would you say is the most important constraint for your participation in physical activity? [Tick one]	Only if H47 is 'do not participate in PA'	1. Not interested 2. I don't have enough time 3. I get all the exercise I need/would like 4. Other (please specify)	Medium	GUI at 20 years
H49	Parental health	In general, how would you say your mother's current health is?		1. Excellent 2. Very Good 3. Good 4. Fair 5. Poor	Medium	GUI at 20 years
H50	Parental health	In general, how would you say your father's current health is?		1. Excellent 2. Very Good 3. Good 4. Fair 5. Poor	Medium	GUI at 20 years
H51	Smoking	Have you ever smoked a cigarette? (Please only think about cigarettes or cigars, we will ask you separately about 'vaping' and e-cigarettes)		YES / NO	High	GUI at 20 years
H52	Smoking	How old were you when you first smoked a cigarette?	Only if H51 yes (ever smoked)	__ Years	Medium	GUI at 20 years
H53	Smoking	Which of the following best describes you? [Tick one]	Only if H51 yes (ever smoked)	1. Only ever tried smoking once or twice 2. used to smoke but not now 3. smoke occasionally 4. smoke daily	High	GUI at 20 years
H54	Smoking	About how many cigarettes do you smoke in a week?	Only if H53 - smoke daily or occasionally now	___ cigarettes	High	GUI at 20 years
H55	Smoking	Have you ever tried to give up cigarettes but found that you couldn't?	Only if H53 - smoke daily or occasionally now	YES / NO	Medium	GUI at 20 years
H56	Smoking	What would you say is your MOST IMPORTANT reason for smoking? [TICK ONE]	Only if H53 - smoke daily or occasionally now	1. I enjoy it 2. It helps me to cope with stress 3. To help lose or maintain weight 4. Because my friends smoke 5. Because my family smoke 6. I can't give it up 7. Something else	Medium	GUI at 20 years



	Subtopic	Question	Routing	Response categories	Priority	Source
H57	Smoking	Have you ever tried an e-cigarette or 'vaping'?		YES / NO	High	GUI at 20 years
H58	Smoking	How often, if at all, do you currently use an electronic cigarette?	only if H57 yes (has tried vaping)	1. Daily 2. Less than daily, but at least once a week 3. Less than weekly, but at least once a month 4. Less than monthly 5. Not at all	High	GUI at 20 years
H59	Alcohol	Have you ever consumed alcohol?		YES / NO	High	GUI at 20 years
H60	Alcohol	How old were you when you had your first full drink of alcohol – more than a few sips?	Only if H59 yes (ever drank)	___ Years	Medium	GUI at 20 years
H61	Alcohol	[AUDIT Screening Tool] How often do you have a drink containing alcohol?	Only if H59 yes (ever drank)	1. Never 2. Monthly or less 3. 2 - 4 times per month 4. 2 - 3 times per week 5. 4+ times per week	High	GUI at 20 years
H62	Alcohol	[AUDIT Screening Tool] How many units of alcohol do you have on a typical day when you are drinking? (Please use the separate DRINKOGRAM sheet to help you.)	Skip if H61 is 'never drink'	0 to 2 3 or 4 5 or 6 7, 8 or 9 10 or more	High	GUI at 20 years
H63	Alcohol	[AUDIT Screening Tool] How often have you had 6 or more units if female, or 8 or more if male, on a single occasion in the last year? (Note: 6 units is 2 pints of 5% strength beer or 2 large (250ml) glasses of 12% wine. 8 units is 5 bottles (330ml) of 5% strength beer or 5 small (125ml) glasses of 13% wine.)	Skip if H61 is 'never drink'	1. Never 2. Less than monthly 3. Monthly 4. Weekly 5. Daily or almost daily	High	GUI at 20 years
H64	Alcohol	[AUDIT Screening Tool] How often during the last year have you found that you were not able to stop drinking once you had started?	Skip if H61 is 'never drink'	1. Never 2. Less than monthly 3. Monthly 4. Weekly 5. Daily or almost daily	High	GUI at 20 years
H65	Alcohol	[AUDIT Screening Tool] How often during the last year have you failed to do what was normally expected from you because of your drinking?	Skip if H61 is 'never drink'	1. Never 2. Less than monthly 3. Monthly 4. Weekly 5. Daily or almost daily	High	GUI at 20 years
H66	Alcohol	[AUDIT Screening Tool] How often during the last year have you needed an alcoholic drink in the morning to get yourself going after a heavy drinking session?	Skip if H61 is 'never drink'	1. Never 2. Less than monthly 3. Monthly 4. Weekly 5. Daily or almost daily	High	GUI at 20 years
H67	Alcohol	[AUDIT Screening Tool] How often during the last year have you had a feeling of guilt or remorse after drinking?	Skip if H61 is 'never drink'	1. Never 2. Less than monthly 3. Monthly 4. Weekly 5. Daily or almost daily	High	GUI at 20 years

	Subtopic	Question	Routing	Response categories	Priority	Source
H68	Alcohol	[AUDIT Screening Tool] How often during the last year have you been unable to remember what happened the night before because you had been drinking?	Skip if H61 is 'never drink'	1. Never 2. Less than monthly 3. Monthly 4. Weekly 5. Daily or almost daily	High	GUI at 20 years
H69	Alcohol	[AUDIT Screening Tool] Have you or somebody else been injured as a result of your drinking?	Skip if H61 is 'never drink'	1. No 2. Yes, but not in the last year 3. Yes, during the last year	High	GUI at 20 years
H70	Alcohol	[AUDIT Screening Tool] Has a relative or friend, doctor or other health worker been concerned about your drinking or suggested that you cut down?	Skip if H61 is 'never drink'	1. No 2. Yes, but not in the last year 3. Yes, during the last year	High	GUI at 20 years
H71	Alcohol	Where do you drink most of your alcohol? (tick one)	Skip if H61 is 'never drink'	1. In your home 2. Someone else's home 3. Pub/club 4. Restaurant 5. Other	Low	GUI at 20 years
H72	Alcohol	Thinking back over the last three months, when you drank alcohol would you say you drank it mostly with . . . ? (tick one)	Skip if H61 is 'never drink'	1. With friends 2. With family 3. With workmates 4. Alone	Medium	GUI at 20 years
H73	Alcohol	Have you ever tried to give up or reduce the amount you drink?	Skip if H61 is 'never drink'	1. I have tried to give up 2. I have tried to reduce 3. Neither 4. I don't need to	Medium	GUI at 20 years
H74	Alcohol	How successful were you?	Only if H73 is tried to give up/ reduce	1. Not at all successful 2. Somewhat successful 3. Very successful	Medium	GUI at 20 years
H75	Alcohol	What would you say is your MOST IMPORTANT reason for drinking alcohol? (tick one only)	Skip if H61 is 'never drink'	1. I enjoy it 2. It helps me to relax 3. It helps me to cope with stress 4. It gives me confidence in company 5. Because my friends drink 6. Because my family drink 7. I can't give it up 8. Something else	Medium	GUI at 20 years
H76	Drug Use	Have you ever tried cannabis (also called marijuana, hash, dope... joints, smoke, weed)?		YES / NO / PREFER NOT TO SAY	High	GUI at 20 years
H77	Drug Use	Which statement describes you the best?	Only if H76 yes (tried cannabis)	1. Only ever tried cannabis once or twice 2. Used to take cannabis but not now 3. Take cannabis occasionally 4. Take cannabis more than once a week 5. Don't take cannabis	High	GUI at 20 years



	Subtopic	Question	Routing	Response categories	Priority	Source
H78	Drug Use	What would you say is your MOST IMPORTANT reason for smoking cannabis?	Only if H76 yes (tried cannabis)	1. I enjoy it 2. It helps me to relax 3. It helps me to cope with stress 4. It gives me confidence in company 5. Because my friends smoke cannabis 6. Because my family smoke cannabis 7. I can't give it up 8. Something else	Medium	GUI at 20 years
H79	Drug Use	Have you tried, taken or used any non-prescribed drugs, such as ecstasy, cocaine etc?		1. No 2. Yes, less than 5 times 3. Yes, 5 or more times	High	GUI at 20 years
H80	Drug Use	If yes, which of the following have you taken in the last year? (tick all that apply) Please state if you have you done it more or less than 5 times in the last year. Cocaine (also called coke, charlie, snow)/ Ketamine (also called 'K', special K, vitamin K, super K)/ Ecstasy (also called 'E', xtc, yokes, mitsubishis, rolexs)/ Acid - LSD (also called trips, dot, microdots, flash)/ Magic mushrooms (also called liberties, mushies)/ Speed - Amphetamines (also called phet, billy, wizz, base, dexedrine)/ Heroin (also called gear, skag, smack, brown, horse)/ Crack (also called base, freebase, wash, pebbles)/ Synthetic cannabinoids - Mepherdrone (also called meow meow, mcat)/ Painkillers (for recreational use, not for pain, e.g. oxcodone, oxy, fentanyl, tramadol)/ Other (specify)___	Only if H79 yes (tried other drugs)	[3 COLUMN GRID No / Yes, less than 5 times / Yes, 5 or more times]	High	GUI at 20 yrs / Next Steps
H81	Drug Use	Where do you usually take the drugs you use? (tick one)	Only if H79 yes (tried other drugs)	1. In your home 2. Someone else's home 3. Pub/club 4. Other	Low	GUI at 20 years
H82	Drug Use	Thinking back over the last three months, when you took drugs would you say you took it mostly with . . . ? (tick one)	Only if H79 yes (tried other drugs)	1. With friends 2. With family 3. With workmates 4. Alone	Low	GUI at 20 years
H83	Drug Use	Have you ever used any other prescription drugs for non-medical purposes, for 'recreational' use?		YES / NO	Low	GUI at 20 years
H84	Drug Use	[CAGE Scale] Have you ever thought you should cut down your drug use?	Only if H76,79 or 83 yes (has tried drugs)	YES / NO	Medium	GUI at 20 years
H85	Drug Use	[CAGE Scale] Have you ever felt annoyed when people have commented on your use?	Only if H76,79 or 83 yes (has tried drugs)	YES / NO	Medium	GUI at 20 years
H86	Drug Use	[CAGE Scale] Have you ever felt guilty or badly about your use?	Only if H76,79 or 83 yes (has tried drugs)	YES / NO	Medium	GUI at 20 years

	Subtopic	Question	Routing	Response categories	Priority	Source
H87	Drug Use	[CAGE Scale] Have you ever used drugs to ease withdrawal symptoms, or to avoid feeling low after drug use?	Only if H76,79 or 83 yes (has tried drugs)	YES / NO	Medium	GUI at 20 years
H88	Sexual Health	In general, do you usually use a condom every time you have sexual intercourse?	If R40 at least one sexual partner in last year	1. Yes, on every occasion 2. Yes, on most occasions (3/4 of the time) 3. Yes, roughly half the time 4. Yes, on some occasions (1/4 of the time) 5. No, never 6. Not currently sexually active 7. Not applicable 8. Don't know 9. Prefer not to say	High	GUI at 20 years
H89	Sexual Health	Do you (or your partner) usually use some form of contraception?	If R40 at least one sexual partner in last year	1. Always 2. Nearly always 3. Sometimes 4. Never /hardly ever 5. Not currently sexually active 6. Not applicable 7. No, as trying to conceive 8. No, as currently pregnant 9. Don't know 10. Prefer not to say	High	GUI at 20 years
H90	Sexual Health	Have you ever had an STI test?	If has had sex (previous wave or R37)	1. Never 2. Once 3. More than once 4. Don't know 5. Prefer not to say	Medium	Healthy Ireland
H91	Sexual Health	Have you ever had a sexually transmitted disease?	If has had sex (previous wave or R37)	1. Never 2. Once 3. More than once 4. Don't know 5. Prefer not to say	High	GUI at 20 years
H92	Weight	How would you describe yourself? [Tick one]		1. Very underweight 2. A bit underweight 3. Just the right weight 4. A bit overweight 5. Very overweight	High	GUI at 20 years
H93	Weight	Have you ever exercised to lose weight or avoid gaining weight?		Yes, currently/Yes, in the past/No	High	GUI at 17/18 years
H94	Weight	Have you ever exercised to 'bulk up' or maintain muscle mass?		Yes, currently/Yes, in the past/No	Medium	GUI at 17/18 years
H95	Weight	Have you ever eaten less food, fewer calories, or foods low in fat to lose weight or avoid gaining weight?		Yes, currently/Yes, in the past/No	High	GUI at 17/18 years
H96	Weight	Have you ever eaten more food, more calories, or foods high in protein or fat to 'bulk up' or maintain muscle mass?		Yes, currently/Yes, in the past/No	Medium	Study Team



	Subtopic	Question	Routing	Response categories	Priority	Source
H97	Weight	What are you trying to do about your weight? Lose/gain/stay the same/ nothing		Yes / No	Medium	Millennium Cohort Study
H98	Weight	Do you currently suffer with or have you ever suffered in the past with an eating disorder? (if yes, specify)		Yes, currently/Yes, in the past/No	High	GUI at 17/18 years
H99	COVID-19	Do you think that you have or have had COVID-19?		Yes / No	High	Study Team
H100	COVID-19	[If yes...] was this diagnosed by a health professional?	If H99 yes, had COVID	Yes / No	High	Study Team
H101	COVID-19	For how long were you unable to function due to COVID-19 ?	If H99 yes, had COVID	Months__ Weeks__	Medium	Study Team
H102	COVID-19	Have you received the COVID-19 vaccine?		Yes / No	High	Study Team
H103	COVID-19	Why have you chosen not to get vaccinated? Please tell me all the reasons.	If H102 "no" (not COVID vaccinated)	1. Vaccine safety not proven yet 2. Effectiveness not proven yet 3. I've had Covid, so may be immune 4. I am not worried about catching Covid 5. Distrust of officials 6. Vaccines are not safe in general 7. I have a medical condition which would make it unsafe for me to be vaccinated 8. I am pregnant 9. Other	High	Study Team
H104	COVID-19	Has the pandemic affected you in any of these other ways? I have or had Covid (only if not already captured)/ A family member or close friend has or had Covid / I didn't have access to medical care I needed/ I didn't have access to disability services I needed		[Tick all that apply]	Medium	GUI Covid Wave
H105	COVID-19	If you were sick in bed, at home, how much could you count on the people around you to help out?		1. Not at all 2. A little 3. Somewhat 4. A great deal	Medium	GUI Covid Wave
Mental and socioemotional health						
MS1	Identity/ becoming an adult	Please use the scale provided to indicate how you feel in terms of the statement. You consider yourself to be an adult:		1. Entirely true 2. True for the most part 3. Somewhat true 4. A little true 5. Not at all true	Low	GUI at 20 years
MS2	Identity/ becoming an adult	In terms of taking on adult responsibilities would you say you grew up faster, slower or at about the same rate as other people your age :		1. Faster 2. At about the same rate 3. Slower	Low	GUI at 20 years

	Subtopic	Question	Routing	Response categories	Priority	Source
MS3	Identity/ becoming an adult	<i>[Basic Needs Scale]</i> Please read each of the following items carefully, thinking about how it relates to your life, and then indicate how true it is for you: (sample item) "I feel like I am free to decide for myself how to live my life"		1 (not true at all) to 7 (very true)	Low	GUI at 20 years
MS4	Identity/ becoming an adult	How do you see yourself: are you generally a person who is fully prepared to take risks or do you try to avoid taking risks? Please tick on the scale below, where the value 0 means 'unwilling to take risks' and 10 means 'fully prepared to take risks'.		0 - 10	Medium	GUI at 20 years
MS5	Identity/ becoming an adult	How satisfied are you today with the following areas of your life? Please answer on a scale of 0 to 10, where 0 = 'completely dissatisfied' and 10 = 'completely satisfied': Your personal income / Your dwelling / Your free time / Your social life / Your education / Your work		0 - 10	Medium	GUI at 20 years
MS6	Identity/ becoming an adult	<i>[Ten Item Personality Inventory]</i> Listed on this card are a number of personality traits that may or may not apply to you. Please indicate the extent to which you agree or disagree with that statement. You should rate the extent to which the pair of traits applies to you, even if one characteristic applies more strongly than the other. I see myself as: Extraverted, enthusiastic / Critical, quarrelsome / Dependable, self-disciplined / Anxious, easily upset / Open to new experiences, complex / Reserved, quiet / Sympathetic, warm / Disorganized, careless / Calm, emotionally stable / Conventional, uncreative		1. Disagree strongly 2. Disagree moderately 3. Disagree a little 4. Neither agree nor disagree 5. Agree a little 6. Agree moderately 7. Agree strongly	Low	GUI at 20 years
MS7	Victim of crime	Have you been a victim of any crime in the last two years?		YES / NO	High	GUI at 20 years
MS8	Victim of crime	What type of crime did you experience? Your home was broken into/ Your car was broken into / Your car, motorbike, bicycle was stolen/ You had something stolen from your person/ You were assaulted or threatened with assault by someone you knew / You were assaulted or threatened with assault by a stranger/ You were the victim of fraud or a cybercrime such as having your bank details stolen/ Someone posted/ threatened to post upsetting or very personal information about you online/ Something else	If MS7 'yes' (victim of crime)	TICK ALL THAT APPLY	High	GUI at 20 years



	Subtopic	Question	Routing	Response categories	Priority	Source
MS9	Bullying	Did any of the following happen to you in the last 3 months? (tick all that apply): Physical bullying/ Verbal bullying (name-calling, slugging)/ Electronic bullying (phone messaging, emails, Facebook etc)/ Had graffiti or notes about you pinned up/ Had personal possessions taken or damaged/ Exclusion (being left out)/Gossip - spreading rumours/ Threatened - forced to do things you didn't want to/Other		[TICK ALL THAT APPLY]	High	GUI at 20 years
MS10	Bullying	How often would this / these have occurred?	If MS9 is 'yes' for any bullying	1. Daily 2. Weekly 3. Monthly 4. Rarely	High	GUI at 20 years
MS11	Bullying	In what setting (social or geographical) would this / these have occurred? Home/ Workplace/ Place of education or training/ Community or voluntary group/ Sporting group/ Religious group/ Local area/ Other (please specify)	If MS9 is 'yes' for any bullying	[TICK ALL THAT APPLY]	High	Study Team
MS12	Feelings about yourself	[Rosenberg self-esteem scale] Below is a list of statements dealing with your general feelings about yourself. Please indicate how much you agree with each statement: On the whole, I am satisfied with myself. / At times, I think I am no good at all. / I am able to do things as well as most other people. / I certainly feel useless at times. / All in all, I am inclined to feel that I am a failure. / I take a positive attitude towards myself.		1. Strongly Agree 2. Agree 3. Disagree 4. Strongly Disagree	High	GUI at 20 years
MS13	Feelings about yourself	If you were to describe how satisfied you are with your own life in general, how would you rate it on a scale of 0 to 10, 0 meaning you are extremely unsatisfied with your life in general, and 10 meaning that you are extremely satisfied with your life?		0 (Extremely unsatisfied) - 10 extremely satisfied	High	GUI at 20 years
MS14	Family relationships	Is there someone in your life you can usually turn to for help and advice?		YES / NO	High	GUI at 20 years
MS15	How you feel about things	[CES-D8] Listed below are 8 statements about some of the ways you may have felt or behaved. Please indicate how often you have felt this way during the past week: I felt I could not shake off the blues even with help from my family or friends / I felt depressed / I thought my life had been a failure / I felt fearful / My sleep was restless / I felt lonely / I had crying spells / I felt sad		[GRID WITH 4 COLUMNS] 1. Rarely or none of the time (less than 1 day) 2. Some or a little of the time (1-2 days) 3. Occasionally or a moderate amount of the time (3-4 days) 4. Most or all of the time (5-7 days)	High	GUI at 20 years

	Subtopic	Question	Routing	Response categories	Priority	Source
MS16	How you feel about things	[DASS Stress] Please read each statement and tick the box which indicates how much the statement applied to you over the past week. There are no right or wrong answers. Do not spend too much time on any statement: I found it hard to wind down. / I tended to over-react to situations / I felt that I was using a lot of nervous energy / I found myself getting agitated / I found it difficult to relax / I was intolerant of anything that kept me from getting on with what I was doing / I felt that I was rather touchy		[GRID WITH 4 COLUMNS] 1. Did not apply to me at all 2. Applied to me to some degree, or some of the time 3. Applied to me to a considerable degree, or a good part of time 4. Applied to me very much, or most of the time	High	GUI at 20 years
MS17	How you feel about things	Have you ever been diagnosed with depression or anxiety by a doctor/ psychologist/ psychiatrist?		YES / NO	High	GUI at 20 years
MS18	How you feel about things	What were you diagnosed with?: Depression / Anxiety / Depression and anxiety	If MS17 'yes' (diagnosed depression/ anxiety)	Tick all that apply	High	GUI at 20 years
MS19	How you feel about things	Are you currently on or have you ever received any treatment?	If MS17 'yes' (diagnosed depression/ anxiety)	1. Currently 2. In the past 3. Never	High	GUI at 20 years
MS20	How you feel about things	Are you currently on a waiting list for any form of treatment?	If MS17 'yes' (diagnosed depression/ anxiety)	YES / NO	High	GUI at 20 years
MS21	How you feel about things	Apart from depression or anxiety, have you ever been diagnosed with another psychological or psychiatric illness/ disorder by a doctor/ psychologist/ psychiatrist?		YES / NO	Medium	GUI at 20 years
MS22	How you feel about things	What were you diagnosed with? (tick all that apply): Eating disorder (e.g. anorexia, bulimia)/ Post-traumatic stress disorder (PTSD)/ Obsessive Compulsive Disorder (OCD)/ Bipolar Disorder - Personality disorder/ Schizophrenia/ Other disorder including experience of hallucinations or delusions/ Other psychological or psychiatric disorder not listed above	If MS21 'yes' (other disorder)	[Tick all that apply]	Medium	GUI at 20 years
MS23	How you feel about things	Was there any time during the past 12 months when you really needed to consult a psychologist, psychiatrist, counsellor or other mental health specialist but did not?		1. Yes, there was at least one occasion 2. No, there was no such occasion	High	GUI at 20 years



	Subtopic	Question	Routing	Response categories	Priority	Source
MS24	How you feel about things	If yes, what was the main reason for not consulting a specialist in this area? (tick all that apply): You couldn't afford to pay/ The necessary medical care wasn't available or accessible to you/ You could not take time off work or college to visit the doctor/ You wanted to wait and see if the problem got better/ You were afraid of visiting the doctor/ You are still on the waiting list/ Too far to travel/no means of transport/ You couldn't get an appointment when you needed to/ Embarrassed to talk about issue/ Some other reason	If MS23 'yes' (missed consult)	[Tick all that apply]	High	GUI at 20 years
MS25	How you feel about things	[Energy and vitality index items] How much of the time during the last 4 weeks: Did you feel full of life? Have you felt calm and peaceful?/ Did you have a lot of energy?/ Have you been a happy person?		[GRID WITH 4 COLUMNS] 1. All of the time 2. Most of the time 3. A good bit of the time 4. Some of the time 5. A little of the time 6. None of the time	Medium	GUI at 20 years
MS26	Self-harm	Have you hurt yourself on purpose in any way IN THE LAST 12 MONTHS?		YES / NO / PREFER NOT TO SAY	High	GUI at 20 years
MS27	Self-harm	How many times have you done this in the last year?	If MS26 'yes' (self-harmed)	1. Once 2. 2-5 times 3. 6-10 times 4. More than 10 times 5. Don't know 6. Prefer not to say	High	GUI at 20 years
MS28	Self-harm	What form did this self-harm take on the last time you hurt yourself on purpose? (tick all that apply): Pills or poison/ Burning/ Cutting/ Banging, hitting, bruising/ Other/ Prefer not to say	If MS26 'yes' (self-harmed)	Tick all that apply from list	High	GUI at 20 years

	Subtopic	Question	Routing	Response categories	Priority	Source
MS29	Coping, Support	When something stressful has happened or you know it is about to happen, which of the following do you do to help you to cope? I talk to my friends / I discuss the problem with my parents or other family members / I consult a professional / I drink alcohol or smoke a cigarette / I take some recreational drugs / I take a drug that has been prescribed for me / I watch more television / I 'take to the bed' / I spend time doing things I enjoy, like listening to music or a hobby, to cheer myself up / I exercise or play sports / I treat myself to something nice / I analyse the problem and work out a strategy to deal with it / I try and anticipate what challenges might arise and prepare for them / I try to 'look on the bright side' of what's happened		[GRID WITH 4 COLUMNS] 1. Often 2. Sometimes 3. Rarely 4. Never	Medium	GUI at 20 years
MS30	Coping, Support	With whom do you talk about personal thoughts and feelings, or about things you wouldn't tell just anyone? My mother/ My father / Step-parent/ Boyfriend - girlfriend - partner/ Brother or sister/ Grandparent or other relative/ Friend / Counsellor or other professional/ Someone else (e.g. work/ college, neighbour etc)/ No-one		[GRID WITH 3 COLUMNS FOR Yes / No / Not Applicable for each]	High	GUI at 20 years
MS31	Aggression	[RPQ] [Reactive aggression subscale items] There are times when most of us feel angry, or have done things we should not have done. Rate each of the items below by Never, Sometimes or Often. a. Yelled at others when they have annoyed you/ c. Reacted angrily when provoked by others/ e. Got angry when frustrated/ g. Had temper tantrums/ h. Damaged things because you felt mad/ k. Become angry or mad when you don't get your way/ m. Got angry or mad when you lost a game/ n. Got angry when others threatened you/ p. Felt better after hitting or yelling at someone/ s. Hit others to defend yourself/ v. Got angry or mad or hit others when teased		[GRID WITH 3 COLUMNS] 1. Never 2. Sometimes 3. Often	Medium	GUI at 20 years



	Subtopic	Question	Routing	Response categories	Priority	Source
MS32	Aggression	<i>[RPQ] [Proactive aggression subscale items]</i> There are times when most of us feel angry, or have done things we should not have done. Rate each of the items below by Never, Sometimes or Often. b. Had fights with others to show who was on top/ d. Taken things from others/ f. Vandalised something for fun/ i. Had a gang fight to be cool/ j. Hurt others to win a game/ l. Used physical force to get others to do what you want/ o. Used force to obtain money or things from others/ q. Threatened and bullied someone/ r. Made obscene phone calls for fun/ t. Got others to gang up on someone else/ u. Carried a weapon to use in a fight/ w. Yelled at others so they would do things for you		[GRID WITH 3 COLUMNS] 1. Never 2. Sometimes 3. Often	Low	GUI at 20 years
MS33	Coping, Support	<i>[Change in Outlook scale, Short Form]</i> I don't look forward to the future anymore/ My life has no meaning anymore/ I don't take life for granted anymore/ I value my relationships much more now/ I'm a more understanding and tolerant person now/ I no longer take people or things for granted/ I have very little trust in other people now/ I feel very much as if I'm in limbo/ I have very little trust in myself now/ I value other people more now		1 Strongly disagree 2 Disagree 3 Disagree a little 4 Agree a little 5 Agree 6 Strongly agree	High	Joseph et al. (2005) https://www.tandfonline.com/doi/full/10.1080/15325020500358241
MS34	Traumatic events	Have you ever experienced any of the following since we last saw you when you were 20? Death of a parent/ Death of a close family member (other than a parent)/ Death of close friend/ A serious illness, accident or assault that happened to you/ Serious illness, accident or assault of a close friend or family member/ Divorce or separation of parents/ Homelessness/ Family member in prison/Breakup with girlfriend - boyfriend or spouse - partner/ Other traumatic event, separate from the general experience of the pandemic (please specify)/None of the above		[TICK ALL THAT APPLY]	High	GUI at 17/18 years (adapted)
Relationships						
R1	with Family	Are you in regular contact with your mother (or mother figure)?		Yes / No / Mother deceased / Prefer not to say	High	GUI at 20 years

	Subtopic	Question	Routing	Response categories	Priority	Source
R2	with Family	<i>[Network of relationships inventory]</i> If yes, please answer the following questions about how often the following things happen with your mother (or mother figure): You tell her what you're thinking / You share your secrets and private feelings with her / She shows recognition for the things you do / She shows you that she likes you / You are annoyed or angry with each other / You disagree and quarrel / She disappoints you / You cannot rely on her	If R1 'yes' (contact with mother)	[GRID WITH 4 COLUMNS FOR EACH] Never Seldom Sometimes Often Always	High	GUI at 20 years
R3	with Family	Which of the following best describes your relationship with her? Biological or adoptive mother who lives here / Foster mother / Biological or adoptive mother who lives elsewhere / Grandmother / Stepmother / Someone else	If R1 'yes' (contact with mother)	Tick one	Medium	GUI at 20 years
R4	with Family	H4. Are you in regular contact with your father (or father figure)?		Yes / No / Father deceased / Prefer not to say	High	GUI at 20 years
R5	with Family	<i>[Network of relationships inventory]</i> If yes, please answer the following questions about how often the following things happen with your father (or father figure): You tell him what you're thinking / You share your secrets and private feelings with him / He shows recognition for the things you do / He shows you that he likes you / You are annoyed or angry with each other / You disagree and quarrel / He disappoints you / You cannot rely on him	If R4 'yes' (contact with father)	[GRID WITH 4 COLUMNS FOR EACH] 1. Never 2. Seldom 3. Sometimes 4. Often 5. Always	High	GUI at 20 years
R6	with Family	Which of the following best describes your relationship with him? Biological or adoptive father who lives here / Foster father / Biological or adoptive father who lives elsewhere / Grandfather / Stepfather / Someone else	If R4 'yes' (contact with father)	Tick one	Medium	GUI at 20 years
R7	with Family	All families have their ups-and-downs. Thinking of a scale from 1 to 10, on average how well would you say that the members of your family get on? '1' means you don't get on at all and '10' means you get on very well.		1 to 10	High	GUI at 20 years



	Subtopic	Question	Routing	Response categories	Priority	Source
R8	with Family	Do you care for or look after another family member on a regular basis? By 'caring' I mean things like cooking for them, helping them wash or dress, making sure they take medication, supervising them when there is no-one else at home. If you have children, don't include them unless they need extra help.		YES / NO	High	GUI at 20 years
R9	with Family	If yes, how is this person related to you? Grandparent or other elderly relative/ A parent or step-parent/ A younger sibling/ A sibling of the same age or older than you/ Someone else	If R8 'yes' (carer)	[2 COLUMN GRID YES / NO for each person]	High	GUI at 20 years
R10	with Family	<i>*If yes to 'younger sibling', also ask:</i> Would you describe the care you provide to your younger sibling as 'baby-sitting' or something more than this (e.g. 'child care' in place of someone like a childminder or helping them with a medical condition)?	If R9 'younger sibling'	1. Baby-sitting 2. Additional care, not just baby-sitting	Medium	GUI at 20 years
R11	with Family	Would you describe this care you provide as taking up: 'a large amount of my time'; 'quite a lot of my time'; 'some of my time'; 'not very much of my time'.	If R8 'yes' (carer)	Tick one	High	GUI at 20 years
R12	Info about sibling(s)	Do you have a brother or sister that you are in regular contact with?		1. Yes 2. Have sibling(s) but not in contact 3. Sibling(s) deceased 4. No, only child	Medium	Study Team
R13	Info about sibling(s)	<i>[Network of relationships inventory]</i> Think about the sibling that you feel closest too when answering the following questions. Answer all the questions in relation to just one individual, even if you have more than one sibling. How often do the following things happen with your sibling? You tell them what you're thinking / You share your secrets and private feelings with them / They shows recognition for the things you do / They show you that they like you / You are annoyed or angry with each other / You disagree and quarrel / They disappoint you / You cannot rely on them	If R12 'yes' (has sibling they are in contact with)	[GRID WITH 4 COLUMNS FOR EACH] 1. Never 2. Seldom 3. Sometimes 4. Often 5. Always	Medium	GUI at 20 years
R14	Info about sibling(s)	Which of these best describes the sibling whom you've just described?	If R13 (sibling relationship scale) is answered	1. Twin/triplet 2. Older brother 3. Younger brother 4. Older sister 5. Younger sister	Low	Study Team
R15	Info about sibling(s)	Overall, how would you rate the quality of your relationship with your sibling(s)? (very good to very poor)	If R12 'yes' (has sibling they are in contact with)	1. Very positive 2. Mostly positive 3. Neutral/not sure 4. Mostly negative 5. Very negative 6. No siblings 7. Siblings deceased	High	Study Team

	Subtopic	Question	Routing	Response categories	Priority	Source
R16	with Friends	How many friends do you have?		1. None 2. One or two 3. Between 3 and 5 4. Between 6 and 10 5. More than 10	Medium	GUI at 20 years
R17	with Friends	How many of your friends would you describe as CLOSE friends?	If has friends at R16	1. None 2. Some 3. All	High	GUI at 20 years
R18	with Friends	Would you say that you can count on your close friends when you need them?	If has at least 1 close friend at R17	1. Always/most of the time 2. Some of the time 3. Rarely/Never	High	GUI at 20 years
R19	Intimate Relationships	Which of the following best describes your current relationship status? (tick one)		1. Single, not dating 2. Casually dating but not exclusive 3. Dating one person 4. Living together (but not engaged or married) 5. Engaged (living together or not) 6. Married (living together or not) 7. Other	High	GUI at 20 years
R20	Intimate Relationships	Do you live with this person as a couple?	If R19 is living together/ engaged/married	YES / NO / PREFER NOT TO SAY	High	GUI at 20 years
R21	Intimate Relationships	Since when have you been living together?	If R20 'yes' (living as a couple)	MM/YYYY	Medium	GUI at 20 years
R22	Intimate Relationships	What is their gender?	If R19 'dating' or more	1. Male 2. Female 3. Other 4. Prefer not to say	Medium	GUI at 20 years
R23	Intimate Relationships	What age are they?	If R19 'dating' or more	1. Under 20 2. 20-22 3. 23-25 4. 26-30 5. Over 30 6. Prefer not to say	Medium	GUI at 20 years
R24	Intimate Relationships	What do you think will be the status of this relationship in five years' time?	If R19 "dating" or more	1. Dating 2. Living together as a couple (but not engaged or married) 3. Engaged (living together or not) 4. Married (living together or not) 5. Just friends 6. I expect to have moved on from this relationship/relationship ended 7. Don't know 8. Prefer not to say	Medium	GUI at 20 years



	Subtopic	Question	Routing	Response categories	Priority	Source
R25	Intimate Relationships	<i>[Network of relationships inventory]</i> How often do the following things happen in your relationship? You tell him or her what you're thinking/ You share your secrets and private feeling with him or her/ He or she shows recognition for the things you do/ He or she shows you that he or she respects and likes you/ You disagree and quarrel	If R19 'dating' or more	[Grid with 5 columns] 1. Never 2. Seldom 3. Sometimes 4. Often 5. Always	High	GUI at 20 years
R26	Intimate Relationships	How would you describe your sexual orientation? (tick one)		1. Heterosexual/straight (sexually attracted to the opposite sex) 2. Gay or Lesbian (attracted to the same sex) 3. Bisexual (attracted to both men and women) 4. Questioning - not sure 5. Asexual (not attracted to either sex) 6. Other(s) (please specify) 7. Don't know 8. Prefer not to say	High	GUI at 20 years
R27	Intimate Relationships	Would you describe yourself as: [tick one]		1. Male 2. Female 3. Other 4. Prefer not to say	High	GUI at 20 years
R28	Intimate Relationships	Would you describe yourself as transgender?		YES / NO / PREFER NOT TO SAY	High	GUI at 20 years
R29	Intimate Relationships	Have you ever had sex?	Only if sexual initiation not confirmed at previous wave	YES / NO / PREFER NOT TO SAY	High	GUI at 20 years
R30	Intimate Relationships	Thinking about your first sexual intercourse: Was that person with whom you had first sexual intercourse of the opposite sex or the same sex?	If R29 'yes' (ever had sex) and not recorded at previous wave	1. Opposite sex 2. Same sex 3. Prefer not to say	Medium	GUI at 20 years
R31	Intimate Relationships	Which of the following best describes the relationship between you and the other person at the time you had first sexual intercourse?	If R29 'yes' (ever had sex) and not recorded at previous wave	1. You had just met for the first time/ didn't know each other 2. You knew each other but didn't have a steady relationship at the time 3. You had a steady relationship at the time 4. You were living together (but not married or engaged) 5. You were engaged to be married 6. You were married 7. Prefer not to say	Medium	GUI at 20 years

	Subtopic	Question	Routing	Response categories	Priority	Source
R32	Intimate Relationships	Still thinking of that time you had first sexual intercourse, did you or your partner use any forms of contraception, including withdrawal and/or emergency contraception?	If R29 'yes' (ever had sex) and not recorded at previous wave	1. Yes 2. No contraception used by either of us 3. No contraception used by me, don't know about partner 4. Not applicable 5. Don't know 6. Prefer not to say	Medium	GUI at 20 years
R33	Intimate Relationships	Looking back now to that first time you had sexual intercourse, do you think? You should have waited longer before having sex with anyone / That you should not have waited so long / That it was about the right time / Not sure / Prefer not to say	If R29 'yes' (ever had sex) and not recorded at previous wave	Tick one	Medium	GUI at 20 years
R34	Intimate Relationships	Are you currently in an intimate relationship with the person with whom you first had sexual intercourse?	If R29 'yes' (ever had sex) and not recorded at previous wave	YES / NO / PREFER NOT TO SAY	High	GUI at 20 years
R35	Intimate Relationships	In total, including your current boyfriend or girlfriend or partner (if relevant), how many sexual partners have you had during the last year?	If sexual initiation confirmed at R29 or previous wave	____people	High	GUI at 20 years
R36	Pregnancy	Do you have any children?	If sexual initiation confirmed at R29 or previous wave	YES / NO / PREFER NOT TO SAY	High	GUI at 20 years
R37	Pregnancy	Did you ever get a woman pregnant?	If male and sexual initiation confirmed at R29 or previous wave	YES / NO / PREFER NOT TO SAY	High	GUI at 20 years
R38	Pregnancy	How many pregnancies?	If R37 'yes' (male got woman pregnant)	____	High	GUI at 20 years
R39	Pregnancy	Are you currently pregnant?	If female and sexual initiation confirmed at R29 or previous wave	YES / NO / PREFER NOT TO SAY	High	GUI at 20 years
R40	Pregnancy	Have you ever been pregnant?	If female and sexual initiation confirmed at R29 or previous wave	YES / NO / PREFER NOT TO SAY	High	GUI at 20 years
R41	Pregnancy	How many pregnancies have you had, including this pregnancy (if applicable)?	If R40 'yes' (ever pregnant)	_____	High	GUI at 20 years
R42	Pregnancy	For each pregnancy, please tell us the outcome of each pregnancy. Did pregnancy (#1) result in a: live birth, currently living with me / live birth, living elsewhere / miscarriage / stillbirth / termination / still pregnant / prefer not to say ?	If R40 'yes' (ever pregnant)	Tick one for each pregnancy	High	GUI at 20 years



	Subtopic	Question	Routing	Response categories	Priority	Source
R43	Pregnancy	How much did <baby> weigh at birth? _lbs ounces OR _kgs	If any live births at R42 (if more than one birth, record separately for each child)	__lbs __ounces OR __KG	High	GUI at 20 years
R44	Pregnancy	(Ask if female) Was <baby> ever breastfed (including colostrum – the milk produced during the first few days after the birth)?	If any live births at R42 (if more than one birth, record separately for each child)	YES / NO	High	GUI at 20 years
R45	Pregnancy	How old was <baby> when you stopped breastfeeding?	If any live births at R42 (if more than one birth, record separately for each child)	Days/Weeks/Months <Baby> still being breastfed	High	GUI at 20 years
R46	Being a parent	Does child live with you at the moment?	If any live births at R42 (if more than one birth, record separately for each child)	1. Yes 2. No, child lives with other biological 3. No, child fostered 4. No, child adopted 5. No, child deceased	High	Study Team
R47	Being a parent	In general, how would you describe your child's current health?	If child lives with participant (R46)	1. Very healthy, no problems 2. Healthy, but a few minor problems 3. Sometimes quite ill 4. Almost always unwell	High	GUI Infant Wave 2
R48	Being a parent	Is <baby> currently being minded by someone else other than you or your resident spouse, on a regular basis each week?	If child lives with participant (R46)	YES / NO	High	GUI Infant Wave 1
R49	Being a parent	Please indicate: 1. Who else minds the baby on a regular basis 2. Number of days per week baby spends in each type of childcare 3. Number of hours per week baby spends in each type of childcare 4. How much you pay for childcare for baby per week 5. Whether this is your main type of childcare	If child lives with participant and has child care at R48	[GRID FORMAT] Response categories for item 1: 1. A relative in your home 2. A relative outside your home 3. A relative in their home 4. A non-relative in their home 5. Centre based caregiver 6. Other (specify) For item 2: __of days For item 3: __of hours For item 4: __Eur for item 5: Tick where yes	High	GUI Infant Wave 1



	Subtopic	Question	Routing	Response categories	Priority	Source
HS1	Living with Parents	Do you live on a regular basis at an address other than your Parental Address? This could be your Main Residential Address or a temporary or part-time address such as a student or work address.		1. Yes, I have another, non-parental address 2. No, I do not have another, non-parental address	High	GUI at 20 years
HS2	Living with Parents	Do you consider your Parental Address or your other temporary or part-time address as you current Main Residential Address?	If HS1 is 'yes' (address other than parental home)	1. Parental address 2. Other, Non-Parental address	High	GUI at 20 years
HS3	Living with Parents	On average, how many nights per month (if any) do you sleep in your parents' home?	If HS1 is 'yes' (address other than parental home)	___nights	High	GUI at 20 years
HS4	Living Arrangements	How would you describe your living arrangements at address?	If HS1 is 'yes' (address other than parental home)	1. I live alone in a house/flat 2. I live here with my partner only 3. I live in a house/flat with other relative(s) only 4. I live in a house/flat-sharing arrangement with other adult(s) – at least some not related to me 5. I live in 'digs' or lodgings – i.e. in a room in someone else's home (possibly with some meals provided) 6. I live in campus accommodation/ Barracks 7. Other (please specify)	High	GUI at 20 years
HS5	Living Arrangements	Since when have you been living at address?	If HS1 is 'yes' (address other than parental home)	MM/YYYY	High	GUI at 20 years
HS6	Living Arrangements	Household grid: Please tell me about the people you share the accommodation with at address: their first name or initial / their sex / their date of birth (or age) / their relationship to you / their current situation regarding education or work / whether you and this person share your income (excluding shared bills with flatmates)		[Grid formatting to capture all]	High	GUI at 20 years
HS7	Living Arrangements	So that means that you share income with ___ other people in the household	If not living alone (HS6)	___	High	GUI at 20 years

	Subtopic	Question	Routing	Response categories	Priority	Source
HS8	Living Arrangements	Please tell me which best describes your occupancy of this/that address?	If HS1 is 'yes' (address other than parental home)	<ol style="list-style-type: none"> 1. Rented from a private landlord who lives elsewhere 2. Rented from a private landlord who lives in this household 3. Rented from a family member 4. Occupied free of rent from a family member 5. 'Digs' or lodgings – i.e. in a room in someone else's home (possibly with some meals provided) 6. Campus/student accommodation 7. Owned outright (without a mortgage) 8. Owned with a mortgage 9. Rented from a local authority 10. Rented from a voluntary body 11. Barracks 12. Living with and paying rent to your partner's parent(s) 13. Occupied free of rent with your partner's parent(s) 14. Occupied free of rent from your (or your partner's) job 15. Other (please specify) 	High	GUI at 20 years
HS9	Living Arrangements	Do you feel that the accommodation at address (excluding location) is suitable for your needs?		YES/NO	High	GUI at 20 years
HS10	Living Arrangements	If not, why? (tick all that apply) Not enough bedrooms/ Not enough living space/ Not enough bathrooms/ Poor conditions in the home (damp, drafts, leaks etc)/ Problems with rats, mice, cockroaches etc/ Too noisy/ Problems with neighbours/ Not enough privacy/ Too cold/ Other (specify)	If HS9 is 'no' (accommodation not suitable)	Tick all that apply from list	High	GUI at 20 years
HS11	Living Arrangements	In your household, with how many people do you usually share: a. a bedroom? b. a bathroom? c. a kitchen?		[For each item] __ people	High	Study Team



	Subtopic	Question	Routing	Response categories	Priority	Source
HS12	Living Arrangements	2. How often do you disagree with the people you live with about: a. sharing chores? b. sharing expenses? c. sharing communal areas such as the kitchen and living room? d. noise? e. having guests over?		[Grid with 4 columns] 1. Often 2. Sometimes 3. Hardly ever 4. Never	High	Adapted from CSO Pulse Life at Home Survey 2021
HS13	Living Arrangements	For each of the following statements, please indicate how true they are for you at the moment? a. I have enough privacy in this accommodation b. I have enough space in this accommodation c. I enjoy the company of the people I live with d. I could comfortably work from home if I needed to		[Grid with 3 columns] 1. always true 2. sometimes true 3. not true	High	Study Team
HS14	Internet Adequacy	How adequate is your internet connection?		1. Very adequate 2. Mostly adequate but with occasional delays 3. Just okay 4. Have frequent problems 5. Completely unusable 6. No internet connection	High	GUI Covid Wave
HS15	Cost	How much is the rent/mortgage for this/that accommodation (or your total share of the rent if shared accommodation), regardless of who pays it?	If HS1 is 'yes' (address other than parental home)	€___€	High	GUI at 20 years
HS16	Cost	Is that per week, per month, per semester, per year or other?	IF HS15 is not 0 (pays rent or mortgage)	1. Per week 2. Per month 3. Per semester 4. Per year 5. Other (specify) _____	High	GUI at 20 years
HS17	Cost	To what extent would you describe your weekly/monthly rent to be a burden to YOU?	IF HS15 is not 0 (pays rent or mortgage)	1. A great burden 2. A bit of a burden 3. Not really a burden at all	High	GUI at 20 years
HS18	Cost	Is any of your rent at the accommodation funded through the Housing Assistance Payment or rent supplement schemes?	IF HS15 is not 0 (pays rent or mortgage)	YES / NO	High	Next Steps
HS19	Sourcing	Would you say that difficulty in finding or affording accommodation ever limits your choices in:(a) work or (b) education or (c) relationship		1. Not at all 2. A little bit 3. Some 4. A lot	High	GUI at 20 years

	Subtopic	Question	Routing	Response categories	Priority	Source
HS20	Security of accommodation	Generally speaking, on a scale of 1 to 10, how confident are you that you will be able to stay in your current accommodation if you want to – where a '1' indicates 'not at all' and '10' indicates 'very much'?		1 (Not at all) - 10 (Very much)	Medium	Adaptation of job security question from GUI at 20 years
HS21	Sourcing	How long did it take to find suitable accommodation?	If HS1 is 'yes' (address other than parental home)	1. I had not been looking 2. Less than 2 weeks 3. 2-4 weeks 4. 1-2 months 5. 3 months or more 6. Still looking for something suitable	Medium	National Student Housing Survey (adapted) https://usi.ie/wp-content/uploads/2017/08/Final-Report.pdf
HS22	Locality	How long have you lived in this local area?		___years ___months	High	GUI at 20 years
HS23	Locality	How common would you say each of the things listed below applies to this local area? Rubbish and litter lying about/ Homes and gardens in bad condition/ Vandalism and deliberate damage to property/ People being drunk or taking drugs in public		1. Very common 2. Fairly common 3. Not very common 4. Not at all common	Medium	GUI at 20 years
HS24	Locality	To what extent do you agree or disagree with these statements [statements about participant's area]? This is a safe area/ There are places in this area to meet up with other people/ There are leisure and sports facilities suitable for young adults in this area/ I have lots of family or friends living in this area.		1. Strongly agree 2. Agree 3. Disagree 4. Strongly disagree	High	GUI at 20 years
HS25	Living with Parents	How old were you when you first moved out of the family home for more than a month?		___years old OR Never lived outside family home	High	Next Steps
HS26	Living with Parents	How many years (in total) have you spent living away from their parents' home since you were 16 years old?	If HS25 is not 'never' (has lived outside family home)	___ years	Medium	Next Steps
HS27	Living with Parents	Would you prefer to live at home (at your parent's address) or would you prefer to live at a separate address, either by yourself or with friends, etc?	If living in parental home at HS1	1. I would prefer to live at parent's address 2. I would prefer to live at my own address	High	GUI at 20 years
HS28	Living with Parents	To what extent are you living at home because of financial reasons?	If living in parental home at HS1	1. Mostly financial 2. A little bit to do with finances 3. Nothing to do with finances	High	GUI at 20 years



	Subtopic	Question	Routing	Response categories	Priority	Source
HS29	Living with Parents	Here are some opinions on living at home with your parent(s), compared to independent living in your own home. From the following list, can you tell me which apply to your situation? I don't have to do as many household chores/ I save on accommodation costs/ I don't have to cook or shop for groceries/ This house or apartment is nicer or more convenient than I could afford/ I would miss my family if I moved out/ I can't afford to move out of the family home/ I help out with the care of my siblings or parents/ I don't have enough privacy/ I contribute to household chores/ I don't have enough living space/ I don't have enough independence, e.g. to have friends around, choice of meals etc/ I feel like I won't be treated as an adult until I get my own place	If living in parental home at HS1	[GRID WITH 2 COLUMNS] YES / NO	High	GUI at 20 years
HS30	Living with Parents	How far away does parent live from you? If two parents live separately, answer in respect of the one you have most contact with	If HS1 is 'yes' (address other than parental home)	___miles / km	High	Growing Up in Australia WAVE 8K
HS31	Citizenship	Are you a citizen of Ireland?	If not citizen of Ireland from previous waves	YES / NO	High	GUI at 20 years
HS32	Citizenship	What citizenship do you hold?	If not Irish citizen at HS31	FREETEXT	High	GUI at 20 years
HS33	Language	What language do you speak most often at your parental home?		1. English 2. Irish 3. Other (specify)	Medium	GUI at 20 years
HS34	Language	What language do you speak most often at your other home?	Ask only if HS1 is 'yes' (address other than parental home)	1. English 2. Irish 3. Other (specify)	Medium	GUI at 20 years
HS35	Ethnicity	What is your ethnic or cultural background? (choose one)		A White 1 Irish 2 Irish Traveller 3 Any other White background B Black or Black Irish 4 African 5 Any other Black background C Asian or Asian Irish 6 Chinese 7 Any other Asian background D Other, including mixed background 8 Other, write in description [open answer]	High	CSO, 2016
HS36	Religion	Do you belong to any religion?		YES / NO	Medium	GUI at 17/18 years (PCG)

	Subtopic	Question	Routing	Response categories	Priority	Source
HS37	Religion	[If yes] Which religion?	If HG36 'yes' (belongs to religion)	1. Christian - no denomination 2. Roman Catholic 3. Anglican/Church of Ireland/Episcopalian 4. Other Protestant 5. Jewish 6. Muslim 7. Other (please specify)	Medium	GUI at 17/18 years (PCG)
HS38	Geographical location	Would you describe the place where the household is situated as being...?		1. open country 2. in a village (200-1499) 3. in a town (1500-2999) 4. in a town (3000-4999) 5. in a town (5000-9999) 6. in a town (10,000 or more) 7. Waterford city 8. Galway city 9. Limerick city 10. Cork city 11. Dublin city (incl. Dun Laoghaire) 12. Dublin county (outside Dublin city) urban 13. Dublin county (outside Dublin city) rural	High	GUI at 20 years (PCG)
HS39	Homelessness	Are you currently without a permanent place to live?		YES / NO	Medium	Growing Up in Australia WAVE 8K
HS40	Homelessness	What led to you being without a permanent place to live?		1. Travelling / on holiday 2. Work-related reason 3. House-sitting 4. Saving money 5. Just moved back into town or city 6. Building or renovating home 7. Tight housing/rental market 8. Violence/Abuse/Neglect 9. Alcohol or drug use 10. Relationship problems with parents 11. Family/Friend/Relationship problems or divorced partner) 12. Financial problems mortgage or rent) 13. Mental illness 14. Lost job 15. Gambling 16. Eviction 17. Natural disaster 18. Other	Medium	Growing Up in Australia WAVE 8K



	Subtopic	Question	Routing	Response categories	Priority	Source
HS41	Emigrant Questions	Have you lived outside Ireland at times and, if yes, where? This refers to a continuous stay in another country of more than 3 months. Shorter stays, e.g. holidays or visits to relatives, are not meant here.		1. I have always lived in Ireland 2. I lived elsewhere [specify up to 3 countries]	High	Adapted from Understanding Society's emigrant questionnaire
HS42	Emigrant Questions	There are many possible reasons why people move to another country. On a scale from 1 to 5 where 1 means 'Not at all important' and 5 means 'Very important', please tell us how important the following reasons were for your decision to move. For reasons that do not apply to you, please select 'Not applicable'. To take up a new job or to look for work/ To join my husband - wife - fiancé - fiancée - partner/ To be nearer other family member/ To maintain a connection with my family's heritage - language/ My family emigrated and I moved with them/ For my education/ To experience living in another country/ Other, please specify _____	if has lived outside Ireland for more than 3 mths at HS41	Scale from 1 to 5 where 1 means 'Not at all important' and 5 means 'Very important', for each item (unless ticked as not applicable)	Medium	Adapted from Understanding Society's emigrant questionnaire
HS43	Emigrant Questions	On a scale from 1 to 5 where 1 means 'Not at all important' and 5 means 'Very important', please tell us how important the following reasons were for your decision to move back to Ireland. For reasons that do not apply to you, please select 'Not applicable'. To take up a new job or to look for work/ To join my husband - wife - fiancé - fiancée - partner/ I missed my family - friends/ For my education/ I always planned to return to Ireland/ Other, please specify _____	if has lived outside Ireland for more than 3 mths at HS41 but now living in Ireland	1 to 5 where 1 means 'Not at all important' and 5 means 'Very important' for each	Medium	Adapted from Understanding Society's emigrant questionnaire
Civic engagement						
CE1	Activities / Screentime	Which of these activities do you regularly do for fun or to relax? Walking or hiking/ Reading for pleasure/ Listening to music/ Watching TV / Singing or playing an instrument/ Craftwork or hobbies / Using the internet/ Spending time with pets/ Participating in sport (with others)/ Participating in individual sport (e.g. horse riding, cycling, etc)/ Going to the gym, running, etc/ Just hanging out with friends, no particular activity planned/ Going to clubs, pubs, parties or other social events/ Other organised group activity such as scouts, guides, youth club/ Other (please specify) _____		YES / NO for each activity	High	GUI at 20 years

	Subtopic	Question	Routing	Response categories	Priority	Source
CE2	Activities / Screentime	On a typical weekday / weekend day I spend a) __ hours screentime for work		__minutes	High	Study Team
CE3	Activities / Screentime	On a typical weekday / weekend day I spend a) __ hours screentime for study		__minutes	High	Study Team
CE4	Activities / Screentime	On a typical weekday / weekend day I spend a) __ hours screentime for entertainment/hobbies	__minutes	High	Study Team	
CE5	Activities / Screentime	Entertainment/hobbies is broken down into a) __ hours online b) __ hours watching tv/films/streaming c) __ hours video/computer gaming d) __ hours other (specify)	If at least some time spent on entertainment at CE4	__minutes	Medium	Study Team
CE6	Activities / Screentime	Hours of work are carried out on mainly on __ (device)	If at least some time spent on work at CE2	list of common devices e.g. desktop/laptop/tablet/phone/console	Low	Study Team
CE7	Activities / Screentime	Hours of study are carried out on mainly on __ (device)	If at least some time spent on study at CE3	list of common devices e.g. desktop/laptop/tablet/phone/console	Low	Study Team
CE8	Activities / Screentime	Hours of entertainment/hobbies are carried out on mainly on __ (device)	If at least some time spent on entertainment at CE4	list of common devices e.g. desktop/laptop/tablet/phone/console	Low	Study Team
CE9	Activities / Screentime	Do you use the internet for the following? Social media (e.g. Facebook, Twitter, etc.) / Music - television - movies / Games - Games streaming / Virtual casinos - placing bets / Pornography / News updates (including entertainment or sports news) / Messaging - calling friends or family (e.g. WhatsApp, Skype, email) / Dating apps / Shopping / For college work, online tutorials, distance learning / For work purposes / Advice on health, relationship or other issues you are concerned about / Filling out online application forms for jobs, social welfare, grants etc / Searching for information generally (e.g. 'googling' something) / Paying bills and managing money / Posting 'YouTube' videos with a view to earning money (now or in the future)	If at least some time online CE2-CE4	TICK ALL THAT APPLY	High	GUI at 20 years
CE10	Activities / Screentime	Here is a list of popular social media sites/apps. Please tick all that apply (then for each used) Do you have an account on any of these sites/apps?/ For which (if any) of the following apps/programs do you have a public profile? (i.e. where your information and/or what you post can be viewed by people other than your own friends)/ Which of these apps do you use daily/almost daily?/ Do you know how to change your privacy settings ?	If internet used for 'social media' at CE9	The actual list of apps will need to be decided closer to fieldwork but the list in Wave 4 was Twitter Facebook Instagram Snapchat LinkedIn Pinterest Google + (G+)	High	GUI at 20 years



	Subtopic	Question	Routing	Response categories	Priority	Source
CE11	Activities / Screentime	Thinking about the way people might use social networking sites, do you ever...? Remove your name from photos that have been tagged to identify you/ Delete comments that others have made on your profile/ Post updates, comments, photos or videos that you later regret sharing/ Include your location on your post	If CE10 is 'yes' to at least one social media app	[GRID WITH 2 COLUMNS] YES / NO	High	GUI at 20 years
CE12	Activities / Screentime	In the last year, have you been upset by any of the following things happening to you online? Someone shared an embarrassing image or video of you without your consent/ Someone shared an intimate or explicit image or video of you without your consent/ You received an unsolicited image or video with disturbing or explicit content		Yes, once/Yes, more than once/No/Prefer not to say for each	Medium	Study Team
CE13	Activities / Screentime	Did you ever have a social media site (e.g. Facebook, Twitter, etc)?	If CE10 is 'no' to all social media	YES / NO	High	GUI at 20 years
CE14	Activities / Screentime	In the last year have you EVER met anyone face-to-face that you first got to know on the internet?	If CE10 is 'yes' to at least one social media app	YES / NO	Low	GUI at 20 years
CE15	News Engagement	Which would you say is your MAIN source of news?		1. TV 2. Radio 3. Print 4. Website 5. Social media 6. Podcasts 7. Other	Medium	2020 Digital News report
CE16	Volunteering	In the last six months, have you done any volunteer activities through or for an organisation? This could be activities you do for a school, or sports organisations or any organisation like that, regardless of how frequently you are involved in them.		YES / NO	Medium	GUI at 20 years
CE17	Volunteering	What type of volunteer activity do you do for this (or these) organisation(s)? Coach, referee or supervise sports teams / Tutor or teach / Mentor youth (e.g. being a college 'buddy' for first years) / Assist with non-sports organisations such as Boy Scouts, youth clubs etc / Engage in music, performance or other artistic activities / Collect, prepare, distribute or serve food / Collect, prepare, distribute clothing, crafts or other non-food goods / Fundraise or sell items to raise money / Provide counselling or emotional support (including helplines) / Provide general office services / Serve on a committee / Work in a charity shop / Engage in general labour or supply transport for people	If CE16 is 'yes' to volunteering	TICK ALL THAT APPLY	Medium	GUI at 20 years

	Subtopic	Question	Routing	Response categories	Priority	Source
CE18	Volunteering	What type of organisation(s) have you volunteered with in the last six months? A social or charitable organisation / A religious group or church / A sporting organisation / A political or cultural organisation / Other voluntary activity organised by your college or workplace / Other non-sports organisations such as Boy Scouts, youth clubs etc. / Another type of organisation (please specify)	If CE16 is 'yes' to volunteering	TICK ALL THAT APPLY	Medium	GUI at 20 years
CE19	Trust in other people	Generally speaking, would you say that most people can be trusted? Please give your answer on a scale of 0 to 10, where 0 means that 'you can't be too careful in dealing with people' and 10 means 'most people can be trusted'?		0 to 10	High	GUI at 20 years
CE20	Political Engagement	Generally speaking, how interested would you say you are in politics? Please give your answer on a scale of 0 to 10, where 0 means that 'Not at all interested' and 10 means you are 'Very interested'?		0 to 10	High	GUI at 20 years
CE21	Trust in State Institutions	Please look at this card and tell me, for each item listed, how much confidence do you have in them? Is it a great deal, quite a lot, not very much or none at all? (the church / education system / social welfare system / politicians / media, press / gardai / healthcare system / courts system)		[GRID WITH 4 COLUMNS] 1. A great deal 2. Quite a lot 3. Not very much 4. None at all	Medium	GUI at 20 years
CE22	Political Engagement	<i>Thoughts on how society should work:</i> On the whole, do you think it should or should not be the government's responsibility to: Provide a job for everyone who wants one? / Keep prices under control? / Provide healthcare for the sick? / Provide a decent standard of living for the old? / Provide industry with the help it needs to grow? / Provide a decent standard of living for the unemployed? / Reduce income differences between the rich and poor? / Give financial assistance to college students from low-income families? / Provide decent housing for those who can't afford it? / Impose strict laws to make industry do less damage to the environment?		1. Definitely should be 2. Probably should be 3. Probably should not be 4. Definitely should not be	Medium	National Longitudinal Survey of Youth (USA)



	Subtopic	Question	Routing	Response categories	Priority	Source
CE23	Political Engagement	Please indicate which activities, if any, you were involved in over the last 12 months: Contacted a politician or councillor / Worked (on a voluntary basis or otherwise) in a political party / Worked (on a voluntary basis or otherwise) with an environmental group / Worn or displayed a campaign badge/sticker / Signed a petition (paper, email, online) about a political or social issue / Taken part in a public demonstration / Boycotted certain products for political, social or environmental reasons / Posted or shared anything about politics online, for example, on blogs, via email or on social media such as Facebook or Twitter.		[GRID WITH 2 COLUMNS] YES / NO	High	GUI at 20 years
CE24	Political Engagement	Were you registered to vote in the general election in 2020?		YES / NO / DK	Medium	GUI at 20 years
CE25	Political Engagement	Did you vote in the general election in 2020?	If CE24 is 'yes' registered to vote	YES / NO / DK	Medium	GUI at 20 years
CE26	Political Engagement	Are you currently registered to vote?		YES / NO / DK	High	GUI at 20 years
CE27	Political Engagement	If you were to vote in a general election tomorrow, to which party would you give your first preference vote (assuming that all parties had a candidate in your constituency)? (tick one)		1. Fine Gael 2. Fianna Fáil 3. Sinn Féin 4. Labour Party 5. Anti-Austerity Alliance (Solidarity)/ People Before Profit 6. Green Party 7. Social Democrats 8. Renua Ireland 9. Workers' Party 10. Independent 11. I 'would vote for a person, not a party 12. Other (please specify) 13. I wouldn't vote	Medium	GUI at 20 years
CE28	Political Engagement	Please tell me to what extent you disagree or agree with each statement: The ordinary person has no influence on politics / It doesn't really matter which political party is in power, things go on much the same		1. Strongly disagree 2. Disagree 3. Slightly disagree 4. Neither agree nor disagree 5. Slightly agree 6. Agree 7. Strongly agree	Medium	GUI at 20 years
CE29	Political Engagement	Would you say you follow what's going on in government and public affairs most of the time, some of the time, only now and then, or hardly at all?		1. Most of the time 2. Some of the time 3. Only now and then 4. Hardly at all	Medium	National Longitudinal Survey of Youth

	Subtopic	Question	Routing	Response categories	Priority	Source
CE30	Criminal Justice System	Since you were 20 years of age, have you...? Ever been stopped and questioned by the gardai? / Ever been issued with an adult caution? / Ever been arrested by a garda and taken to a garda station? / (If arrested) Appeared in court because you were accused of a crime? / (If in court) Been found guilty of a crime? / Ever spent time in prison or a juvenile detention centre?		[GRID with 2 COLUMNS] Yes / NO	High	GUI at 20 years
CE31	Criminal Justice System	What was that for..? Public order issue / Assault or other offence against the person / Damage to property / Robbery, burglary or theft / Road traffic offence / Something else	If 'yes' to caution or more on CE30 (contact with Criminal Justice System)	Tick all that apply	High	GUI at 20 years
CE32	Criminal Justice System	[Legal Cynicism Scale] To what extent do you agree with these statements? Laws were made to be broken/ It's okay to do anything you want as long as you don't hurt anyone/ To make money, there are no right and wrong ways anymore, only easy ways and hard ways/ Fighting between friends or within families is nobody else's business/ Nowadays a person has to live pretty much for today and let tomorrow take care of itself.		1. Strongly agree 2. Somewhat agree 3. Somewhat disagree 4. Strongly disagree	Medium	Fragile Families Study
CE33	Social Isolation / Loneliness	[Multidimensional Scale of Perceived Social Support] Indicate how you feel about each statement: There is a special person who is around when I am in need/ There is a special person with whom I can share my joys and sorrows/ My family really tries to help me/ I get the emotional help and support I need from my family/ I have a special person who is a real source of comfort to me/ My friends really try to help me/ I can count on my friends when things go wrong/ I can talk about my problems with my family/ I have friends with whom I can share my joys and sorrows/ There is a special person in my life who cares about my feelings/ My family is willing to help me make decisions/ I can talk about my problems with my friends.		1. Very strongly disagree 2. Strongly disagree 3. Mildly disagree 4. Neutral 5. Mildly agree 6. Strongly agree 7. Very strongly agree	Low / Medium	Zimet et al., 1988
CE34	Social Isolation / Loneliness	[UCLA Loneliness Scale, adapted] The next questions are about how you feel about different aspects of your life. For each one, tell me how often you feel that way: First, how often do you feel that you lack companionship? / How often do you feel left out? / How often do you feel isolated from others?		1. Hardly ever 2. Some of the time 3. Often	High	Hughes et al., 2008 - Based on UCLA Loneliness scale



	Subtopic	Question	Routing	Response categories	Priority	Source
CE35	Identity	<p>We are interested in your relationship to this country and its people. Think of people in <country of origin> as well as people or their families who have moved to Ireland from <country of origin> . Please indicate to what extent each of the following statements applies to you.</p> <p>I feel closely connected to the people from <country of origin>./ I feel uncomfortable, to be associated with people from <country of origin>./ It's important to me to be associated with people from <country of origin>./ I feel very comfortable when I'm with people from <country of origin>./ I like doing things with people from <country of origin>./ I often behave 'typically' <country of origin>./ It is important for me to live according to <country of origin> traditions./ It's important to me to have friends from <country of origin>.</p>	If born outside Ireland (Wave 1)	<ol style="list-style-type: none"> 1. Disagree strongly 2. Disagree moderately / somewhat 3. Agree moderately / somewhat 4. Agree strongly 	Medium	National Educational Panel Study (Germany)
CE36	Identity	<p>People have different views about themselves and how they relate to the world. Using this card, would you tell me how close do you feel to: Your town or city / your county / country / continent / world</p>		<p>For each:</p> <ol style="list-style-type: none"> 1. Very close 2. Close 3. Not very close 4. Not close at all 	Medium	European Values Study
CE37	Discrimination	<p>You/Mother/Father/Both Parents weren't born in Ireland. We're interested in finding out if you have ever experienced any of the following because of your origin:</p> <p>Have you ever been treated with less respect than others simply because of your origin?/ Have you ever been rejected when applying for a job due to your origin?/ Do you believe that you have worse chances due to your origin, when you apply for a job?</p>	If parent or child born outside Ireland at Wave 1	<ol style="list-style-type: none"> 1. No, never 2. Rarely 3. Sometimes 4. Often 5. Always 	Low	National Educational Panel Study (Germany)
CE38	Discrimination	<p><i>[Everyday Discrimination Scale]:</i> In your day-to-day life, how often do any of the following things happen to you? You are treated with less courtesy than other people are./ You are treated with less respect than other people are./ You receive poorer service than other people at restaurants or stores./ People act as if they think you are not smart./ People act as if they are afraid of you./ People act as if they think you are dishonest./ People act as if they're better than you are./ You are called names or insulted./ You are threatened or harassed.</p>		<ol style="list-style-type: none"> 1 Almost every day 2 At least once a week 3 A few times a month 4 A few times a year 5 Less than once a year 6 Never 	High	GUI at 17/18 years

	Subtopic	Question	Routing	Response categories	Priority	Source
CE39	Discrimination	<i>Follow-up questions, asked only of those answering 'A few times a year' or more frequently to at least one question. What do you think is the main reason for these experiences? [TICK ALL THAT APPLY]</i> Your Gender / Your Race/ Your Age/ Your Religion/ Your Height/ Your Weight/ Some other Aspect of Your Physical Appearance/ Your Sexual Orientation/ Your Education or Income Level/ Your accent/ A physical disability/ Your shade of skin colour/ How well you speak English/ Other	If CE38 response is 1-4 (discrimination a few times a year or more)	Tick all that apply from list	High	GUI at 17/18 years
CE40	Discrimination	From whom have you experienced this? [TICK ALL THAT APPLY] Staff in shops/ Work colleagues - boss/ Gardaí/ Medical professionals/ Someone else (specify)	If CE38 response is 1-4 (discrimination a few times a year or more)	Tick all that apply from list	Medium	GUI at 17/18 years
CE41	Transport	Do you have a full or provisional driving licence for any of the following vehicle types? 1. Car/van 2. Moped/motorcycle		[GRID WITH 3 COLUMNS] 1. Full 2. Provisional 3. None	High	GUI at 20 years
CE42	Transport	Do you have access to a car, van or scooter/motorcycle for your personal use?	If has full or provisional licence at CE41	1. Yes, I have my own vehicle 2. Yes, I can use a family vehicle whenever I need to 3. I can use a family vehicle sometimes 4. No	High	GUI at 20 years
Concerns and aspirations						
CA1	Concerns	Looking back on your childhood and teenage years, please tell us how much you agree or disagree with the following statements: a. Overall my childhood (aged 4-11 years) was happy. b. Overall my teenage years (aged 12-18 years) were happy.		1. Strongly agree 2. Agree 3. Slightly agree 4. Slightly disagree 5. Disagree 6. Strongly disagree	Low	GUI at 20 years
CA2	Concerns	Please rate how concerned you are about the following issues. Please give a score of 0 to 10 for each: Terrorism / Climate change / Racism / Gender inequality / Animal rights / Poverty in Ireland / Access to decent employment opportunities in Ireland / Access to housing in Ireland / Global gap between rich and poor countries		[GRID] 0 (not at all concerned) -10 (very concerned)	High	GUI at 20 years
CA3	Concerns	How important do you think each of the following is in getting on in life for a 25-year-old in general. Please give a score of 0 to 10 for each: Your own effort / Your education/ training / Money / Who you know / Your appearance/ looks / Your family background / Support from your family / Luck		[GRID] 0 (not at all important) -10 (very important)	Medium	GUI at 20 years



	Subtopic	Question	Routing	Response categories	Priority	Source
CA4	Aspiration	Here are some aspirations that people might hope to have achieved by the time they are 30. On a scale of 0 to 10 how important would it be for you to have achieved each of these by the age of 30. a. Have your own home / b. Have a good job / c. Be in your 'dream job' / d. Be in a long-term romantic relationship / e. Have a child / f. Have a degree / g. Spent a year (or more) abroad/travelling / h. Own a car / i. Be financially secure / j. Other (please specify)		[GRID] 0 (not at all important) -10 (very important)	Medium	GUI at 20 years
CA5	Aspiration	How likely do you think it is that you will still be living in Ireland in five years' time?		1. Very likely/almost certain to be living in Ireland 2. Probably living in Ireland 3. Possibly living in Ireland but also possibly living abroad 4. Very likely/almost certain to be living abroad	Medium	GUI at 20 years
CA6	Aspiration	What job would you like to have by the age of 30?		FREETEXT	High	GUI at 20 years
CA7	Aspiration	Do you think you will have that job by the age of 30?	If valid response at CA6 (specifies job)	YES / NO	Medium	GUI at 20 years
CA8	Aspiration	Why not? (<i>have dream job</i>)	If CA7 is 'no' (won't have preferred job by 30)	FREETEXT	Medium	GUI at 20 years
CA9	Aspirations	How many children, if any, would you like to have? Include children that you might adopt or foster long-term as well any biological children.		1 2 3 4 5 More than 5 Don't know	High	GUI at 20 years
CA10	Aspiration	How do you think the COVID-19 pandemic affected you in the following areas of life, if at all? (Responses: v. negative to v. positive) a. Physical health/ b. Mental health/ c. Relationships with others/ d. Career path/ e. General outlook on life		For each: 1. Very negative 2. somewhat negative 3. no effect/not sure 4. somewhat positive 5. very positive	High	Study Team
CA11	Aspiration	To what extent do you agree or disagree with the following statement: 'I am optimistic about the future'?		1. Strongly agree 2. Agree 3. Neither agree nor disagree 4. Disagree 5. Strongly disagree	High	GUI Covid Wave

Notes: Questions in blue text only apply to a small minority of participants. Items noted as being sourced from 'GUI at 20 years' etc indicate longitudinal consistency; however, these items were not necessarily created by the Study Team. See the 20-Year Design Report (forthcoming) for details on original sources. Some items may be subject to permission from original authors.



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