

# CHAPTER 6

## A profile of the wellbeing of children and young people in Ireland

This chapter describes a number of large-scale national and international studies on wellbeing involving a nationally representative sample of Irish children and young people of school-going age (5 to 18 years old). In selecting studies for inclusion in the present chapter, a decision was made to limit the scope to large-scale nationally representative surveys conducted over the past 10 years. One consequence of this is that small scale studies which may also provide detailed and valuable information on wellbeing are not included in the current review (an example of one excluded study is the *Moving Well - Being Well* study see Behan, Belton, Peers, O'Connor, & Issartel, 2019). In addition, studies are included in the current review only if they involve school-aged children and young people. However, it became apparent that the wellbeing of children and young people from disadvantaged backgrounds was not a major focus in some of the studies reviewed, and therefore findings from seldom heard groups are discussed for one study although these include older adolescents and young adults. It is likely that at least some of these findings will also be relevant to children and school-aged young people from the same seldom heard groups.

The next section of this chapter describes the aims and design of each study reviewed. Section 6.2 describes recent efforts to expand the role of children and young people in research about their wellbeing. Section 6.3 presents key findings from national studies about the wellbeing of children and young people. Section 6.4 presents comparable findings from international studies which have the benefit of providing an international comparative dimension. In general for both national and international studies, findings associated with physical and social/emotional wellbeing are discussed separately. Where possible and where studies report findings for subgroups of participants, we discuss findings for students from socioeconomically disadvantaged backgrounds and students with special educational needs (SEN) in addition to overall findings. Section 6.5 presents some broad conclusions on the basis of findings in this chapter and discusses implications of the findings for the provision of teachers' professional learning (TPL) in the area of student wellbeing.

### 6.1 OVERVIEW OF NATIONAL AND INTERNATIONAL STUDIES ON THE WELLBEING OF 5 TO 18-YEAR-OLDS

This section provides an overview of Growing Up in Ireland (GUI); the My World Survey (MWS) and My World Survey 2 (MWS 2); Health Behaviour in School-aged Children (HBSC); Programme for International Student Assessment (PISA); Progress in International Reading Literacy Study (PIRLS); and, Trends in Mathematics and Science Study (TIMSS). The descriptions in this section are supported by a summary table in Appendix 2 which provides additional detail on the measures used in the various studies.

#### Growing Up in Ireland (GUI)

GUI is a national, longitudinal study of the lives of children and young people in Ireland. The study is carried out jointly by Trinity College Dublin and the Economic and Social Research Institute (ESRI) and is managed by the Department of Children and Youth Affairs (DCYA) and the Central Statistics Office (CSO). The study comprises a nationally representative sample of over 20,000 cohort members from across Ireland. GUI follows two main cohorts: Cohort '98 (the 'Child Cohort') who were 9 years old

when they were first interviewed in 2007, and Cohort '08 (the 'Infant Cohort') who were 9 months old during the first wave of data collection in 2008. The Child Cohort were followed up most recently at age 20 years. The Infant Cohort were followed up most recently at age 9 years, with the next wave of data collection scheduled for when this cohort are 13 years old. GUI gathers data on a wide range of topics across the domains of health, cognitive/educational development, and socio-emotional development and uses a mix of questionnaires, direct measurement, and interviews. Data are gathered from the child/young person themselves, as well as key stakeholders such as caregiver(s), teacher(s), and the school principal.

Data collected by GUI are made available to researchers via the CSO and the Irish Social Science Data Archive (ISSDA) for further data analysis, providing a rich resource of longitudinal data relating to this population. The main objective of GUI is to inform Government policy about the lives of children and young people in Ireland. Stated aims of the GUI study are to: chart the progress of children's development over time; to examine children's progress and wellbeing at critical ages throughout their childhood and adolescence; establish what is typical/normal in each age category and therefore what is atypical/abnormal; identify the key factors that help or hinder the child's development; establish the effects of early childhood experiences on later life; and, to gain the views and opinions of the children themselves (Greene et al., 2010). It also aims to provide data on the whole child and to provide evidence for the development of future policies and services for families and children in Ireland (Greene et al., 2010).

### **My World Survey (MWS) and My World Survey 2 (MWS 2)**

MWS was a national, cross-sectional study published in 2012 which was jointly carried out by University College Dublin (UCD) and Headstrong: National Centre for Youth Mental Health (now Jigsaw). MWS aimed to improve the understanding of what it is like to be a young person in Ireland, mapping the mental health of young people between the ages of 12 and 25 years (Dooley & Fitzgerald, 2012). A second wave of the survey (MWS 2) was conducted in the academic year 2018/2019 with findings published in 2019 (Dooley, O'Connor, Fitzgerald, & O'Reilly, 2019).

Prior to 2012, large-scale studies of adolescent mental health, especially in the Irish context, had only provided data up to the age of 18 years, and tended to focus only on the negative aspects of youth mental health (Dooley & Fitzgerald, 2012). The two main aims of the first MWS were to extend this age range up to 25 years and to focus on protective as well as risk factors for youth mental health. Adolescents were recruited via 72 secondary schools. These schools were randomly selected from the DES database. A total of 6,085 adolescents aged 12 to 19 years and 8,221 young adults aged 17 to 25 years (totalling 14,306) took part. The sample was nationally representative in that data were collected from young people in second-level schools in each of the 26 counties, and from 12 third-level institutes in the Republic of Ireland. The survey comprised several questionnaires to measure various aspects of mental health and wellbeing.

The sample for MWS 2 comprised 10,459 adolescents aged 12 to 19 years, from 83 second-level schools (randomly selected for participation from the DES database). A further 8,290 young adults (aged 18 to 25 years) who were either studying at a third-level institute or employed were also surveyed. MWS 2 also included responses from young people with a physical disability and from 658 young people enrolled in Youthreach, Colleges of Further Education (CFE), or community training.

### **Health Behaviour in School-aged Children (HBSC)**

HBSC is an international, cross-sectional study which collects data once every 4 years on children and young people's health and wellbeing, social environments, and health-related behaviours. Research for HBSC Ireland is carried out by the Health Promotion Research Centre, National University of Ireland, Galway. The findings from HBSC are used both nationally and internationally to inform policy and

practice, to gain new insights into the health and wellbeing of young people, and to understand the social determinants of health. Since 1994, HBSC Ireland has been a member of the HBSC network. The first survey of Irish schoolchildren was conducted by the HBSC research team in 1998, on children aged between 9 and 18 years. Data are gathered via a survey which asks about various aspects of their health and wellbeing.

### Programme for International Student Assessment (PISA)

PISA is a study of the Organisation for Economic Co-operation and Development (OECD). It is the largest study of education of its kind which assesses the achievement of 15-year-olds in reading, mathematics, and science as its core domains. In 2018, data were gathered from over 600,000 students in 79 countries or education systems<sup>9</sup>. In Ireland, 5,577 students from 157 schools participated in 2018 (McKeown, Denner, McAteer, Shiel, & O’Keeffe, 2019). The PISA tests are designed in a way that measures both problem-solving abilities and cognition, requiring students to answer questions which are based on ‘real-life tasks’ considered important for effective functioning in adult society.

Alongside providing information on students’ mathematics, science, and reading achievement, PISA collects detailed contextual information from school leaders, students, and (in some countries) teachers and parents relating to topics such as student wellbeing, instructional practices, and school policies and governance. PISA 2015 included for the first time a specific focus on student wellbeing and a stand-alone wellbeing questionnaire was subsequently introduced for PISA 2018. PISA aims to provide internationally comparable data which can be used by participating countries to improve their educational outcomes and policies.

### Progress in International Reading Literacy Study (PIRLS)

PIRLS is an international, cross-sectional study which assesses the reading skills of Fourth-class pupils in Ireland, and the equivalent grade level internationally. It takes place every 5 years and Ireland participated for the first time in 2011 and again in 2016. In 2016, 4,607 pupils from 148 schools in the Republic of Ireland completed the PIRLS test (Eivers, Gilleece, & Delaney, 2017). PIRLS is overseen by the International Association for the Evaluation of Educational Achievement (IEA) whilst the International Study Centre in Boston College manages the study at an international level.

PIRLS aims to provide information which can help to improve teaching and learning in the area of literacy in each participating country. Alongside the collection of information related to literacy and reading ability, PIRLS collects detailed contextual information on school resources, curriculum implementation and instructional practices, and children’s home environments, with the aim of improving these internationally. There is a more limited focus on wellbeing in PIRLS than in the studies previously discussed.

### Trends in Mathematics and Science Study (TIMSS)

As with PIRLS, TIMSS is an international, cross-sectional study overseen by the IEA. It assesses the science and mathematics achievement of Fourth-class pupils and Second-year students in Ireland, and the equivalent grade levels internationally, every 4 years. Ireland took part at Fourth-class level in 2011, for the first time since 1995. In 2015, Ireland took part at both class levels; 4,344 Fourth-class pupils and 4,704 Second-year students participated in TIMSS (Clerkin, Perkins, & Cunningham, 2016).

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9 Including all 37 OECD countries.

TIMSS aims to provide information which can help to improve teaching and learning in the areas of science and mathematics in all participating countries/education systems. Alongside the information collected regarding student achievement in science and mathematics, TIMSS also collects detailed contextual information regarding the school's instructional practices, school resources, curriculum structure and implementation, and home environments, to gain a deeper understanding of the background and environmental factors that may be related to student achievement in each country. Information on wellbeing gathered in TIMSS is similar in scope to that gathered in PIRLS which as noted previously, is more limited than that gathered in the studies previously discussed.

## 6.2 EXPANDING THE ROLE OF YOUNG PEOPLE IN RESEARCH ON THEIR WELLBEING

The Department of Children and Youth Affairs (DCYA) published a national strategy aimed at promoting children and young people's participation in decision-making (DCYA, 2015). This strategy advocates for the voices of children and young people to be heard and included in decision making across a variety of settings, including but not limited to schools and healthcare settings. The strategy is underpinned by *Lundy's model of participation* (Lundy, 2007) which lists four key elements necessary for participation. The first of these elements is space; i.e., children and young people should have a safe space in which to express their views. The second element of the Lundy model refers to voice; i.e., children and young people are facilitated to express their views. Thirdly, the views of children and young people are listened to (audience). The final element of the Lundy model is influence which emphasises the importance of acting on the views of children and young people. A checklist for participation, developed in conjunction with Professor Lundy, is provided by the DCYA (2015).

Other notable developments related to expanding the role of young people in wellbeing research relate to the inclusion of the views of young people in the design, development, and dissemination of research which concerns them. Several frameworks have been developed to specifically guide the involvement of young people in research, as well as guidelines such as those proposed by INVOLVE (2019). Two notable examples of surveys in Ireland in which young people were involved in the development, design, and/or dissemination of the research are the HBSC and the MWS. These are discussed in turn in the following sections.

### Involvement of young people in HBSC survey design

Recently, the HBSC survey has begun to include children and adolescents in its study design. This youth participation in the HBSC has been described by Kelly et al. (2020, p. S7) as "*a unique combination of integrated knowledge translation and Public and Patient Involvement in health-related research, drawing on elements of both of these approaches*". Youth participation is incorporated into the HBSC in a number of ways, including through its 'young engagement' strategy, by having a dedicated youth engagement advisory team, and through the involvement of young people at biannual HBSC conferences (Kelly et al., 2020, p. S7). This approach to design is implemented by the HBSC research team as it believed to be empowering for young people to have active participation in the research process and it is considered important to offer young people the opportunity to influence decision-making on issues which affect them directly (Daniels et al., 2014).

Youth participation in the HBSC was facilitated through two participatory workshops, each of which had specific objectives in relation to the HBSC research process (Daniels et al., 2014). These were carried out with young people from various counties across Ireland. The purpose of the workshops was to ensure that the 2014 HBSC survey accurately reflected the most important aspects of young people's lives in Ireland. The six key themes that emerged from the workshops were: *relationships; diversity/individuality; independence/influence of parents/adults; drink and lifestyle; bullying and mental health; and, social life*. The themes of diversity/individuality, independence, and the link between bullying and

mental health were areas which had not been previously addressed by HBSC surveys (Daniels et al., 2014).

One reported advantage of the participatory workshops was that themes which had not previously been considered a priority (e.g., diversity/individuality) were identified as important (Daniels et al., 2014). A further documented advantage is that the participatory research workshops established a foundation for young people's participation in research and demonstrated the benefits of including young people in research which is about them (Daniels et al., 2014). The methodology has provided initial steps towards HBSC International becoming a more youth inclusive project.

### **Involvement of young people in MWS and MWS 2 survey design**

Involvement of young people in research is a key feature of Jigsaw's approach to mental health service provision in Ireland. As a result, both research design and the focus of the research were heavily influenced by members of Jigsaw's Youth Advisory Panel for both MWS and MWS 2 (Dooley & Fitzgerald, 2012; Dooley et al., 2019). For example, during the planning phase for MWS 2, young people were consulted on three occasions and asked for feedback on survey plans.

## **6.3 KEY FINDINGS ON CHILDREN'S AND YOUNG PEOPLE'S WELLBEING FROM NATIONAL RESEARCH**

This section summarises key findings from large-scale *national* surveys and assessments of wellbeing in children and young people. As previously noted, the scope is limited to surveys of children and young people aged 5 to 18 years that were carried out over the past 10 years. Table 1, Appendix 2 provides further information about the key findings presented in this section. Full details of the measures used to assess wellbeing in GUI and MWS/MWS 2 are provided in Appendix 3.

### **Growing Up in Ireland (GUI)**

#### **Infant cohort, physical**

Findings relating to physical health and wellbeing are drawn from three waves of data collection, i.e., the GUI Infant Cohort at 5 years old (Wave 3), 7/8 years old (Wave 4), and 9 years old (Wave 5) (GUI Study Team, 2017a; GUI Study Team, 2018a; Murray, McNamara, Williams, & Smyth, 2019). Findings related to physical health were positive overall and based on parent reports, most children were in good health at all three waves of data collection. Furthermore, almost 75% of parents reported that their child was developing normally at 7/8 years old (GUI Study Team, 2017a).

However, findings show that one in five 5-year-olds were overweight or obese and this was maintained from Wave 3 to Wave 5 (GUI Study Team, 2018a). Diet quality was linked to household socio-economic status, with those from disadvantaged backgrounds found to consume more calories at Wave 3 and a higher level of consumption of unhealthy food at Wave 5 (GUI Study Team 2018a; Murray et al., 2019). Lower maternal education was also associated with a higher level of consumption of unhealthy food at Wave 5 (GUI Study Team, 2018a).

#### **Infant cohort, social and emotional**

In addition to measures of physical health, social and emotional health were measured at 5 years old (Wave 3), 7/8 years old (Wave 4), and 9 years old (Wave 5) (GUI Study Team, 2017b; GUI Study Team, 2018b; Murray et al., 2019). Data were gathered on parent-child relationships, social skills, and social, emotional, and behavioural difficulties.

Most parents indicated having a very positive relationship with their child, characterised by high levels of closeness and low levels of conflict at Waves 3, 4, and 5 (GUI Study Team, 2017b; GUI Study Team, 2018b; Murray et al., 2019). Findings also showed that parents were more likely to discuss bad behaviour (explaining why the behaviour was wrong) than to engage in more punitive discipline at 5 years old. Parents were significantly more likely to have a close relationship with girls than boys at 5 years of age (Murray et al., 2019). At age 9, mothers' reported conflict levels with sons and daughters were very similar, but mothers tended to report that they were still closer with their daughters than their sons, with 49% of mothers reporting the highest possible closeness score for them and their daughters, versus 41% for their sons (GUI Study Team, 2018b).

At Wave 3, there was limited evidence of differences in the development of social skills across various socio-economic backgrounds when high scorers were compared (Murray et al., 2019). Instead, the biggest differences were associated with gender and family type.

Girls were more likely than boys to be in the top quartile in all areas of social skills. The biggest gender difference was observed in relation to empathy. There were some variations by family composition; i.e., children living with two parents were the most likely to be in the highest scoring social skills quartiles, whilst children who lived with siblings and one parent were least often in the highest scoring quartile for social skills competencies including assertion, responsibility, empathy, and self-control (Murray et al., 2019). At Wave 4, scores in relation to empathy remained high, and both girls and boys scored high on prosocial behaviours (GUI Study Team, 2017b).

Most children were doing well in relation to their social, emotional, and behavioural development at Waves 3, 4, and 5. Children who had longer periods of screen time were more likely to have behavioural issues at 5 years old (Murray et al., 2019). Boys were more likely than girls to have a high total difficulties score across social, emotional, and behavioural domains at age 7/8 years old, and a higher percentage of children from low-income families relative to high-income families had a high total difficulties score (GUI Study Team, 2017b). Mothers were more likely to report behavioural problems for sons than for daughters at Wave 5. Children in lower income families were more likely than those in high-income families to be in the group experiencing social, emotional, and/or behavioural difficulties. Daughters were more likely than sons to be rated higher for prosocial behaviour such as showing consideration and sharing (GUI Study Team, 2018b).

Reading, 'make believe', and playing on a tablet or computer were 7/8-year-olds' favourite leisure activities (GUI Study Team, 2017b). Children spent 1 to 2 hours on average on a screen a day during weekdays and up to 3 hours a day at the weekend. In general, girls adjusted to school better than boys and about three quarters of 7/8-year-olds felt positively about school. Most 9-year-olds had four or more close friends. The majority said they *always* or *sometimes* liked school and school subjects. Most read for fun at least once a week, with girls reading for fun more often than boys (GUI Study Team, 2017c).

## **Child cohort, physical**

Findings relating to physical health and wellbeing are based on three waves of data collection with the GUI Child Cohort at 9 years old (Wave 1), 13 years old (Wave 2), and 17/18 years old (Wave 3) (GUI Study Team, 2016a; Williams et al., 2009; Williams et al., 2018).

Although most children were in good health at each wave according to their parents, 1 in 10 had a chronic illness or disability. Respiratory problems accounted for half of all chronic illnesses. One in four were either overweight or obese at 9 years old and at 18 years old. Boys were more physically active than girls at all three waves of data collection (GUI Study Team, 2016a; Williams et al., 2009; Williams et al., 2018).

At Wave 1, most children were reported (via parent report) to eat relatively well but they also ate a lot of

unhealthy high calorie snacks. Almost all children practiced good oral health with 95% percent stating that they brushed their teeth at least once daily. Over half of 13-year-olds thought that they were *just the right size*, however, dieting behaviours were already common at 13 years old. Girls were more likely than boys to want to lose weight, whilst boys were more likely to want to gain weight (Williams et al., 2009; Williams et al., 2018).

Findings from Wave 3 show that the vast majority of 17/18-year-olds were in good health (GUI Study Team, 2016a). A quarter were overweight or obese. The majority exercised regularly but there were differences in weight across social class and gender, with boys and those from higher social classes being more likely to engage in more regular exercise. Diet varied according to maternal education, with those whose mothers had attained a higher level of education having a healthier and more nutritious diet. Screen time differed widely by gender (with boys having higher levels than girls), maternal education, and weight class.

### Child cohort, social and emotional

As with physical health, findings relating to social and emotional wellbeing are drawn from three waves of data collection with the GUI Child Cohort at 9 years old (Wave 1), 13 years old (Wave 2), and 17/18 years old (Wave 3) (GUI Study Team, 2016b; Williams et al. 2009; Williams et al., 2018). At Wave 1, data were collected in relation to parenting, children's self-concept, temperament, and social, emotional, and behavioural difficulties. At Wave 2, data were gathered in relation to parenting and parent-child relationships, children's self-concept, feelings, and social, emotional, and behavioural difficulties. At Wave 3, social, emotional, and behavioural difficulties were assessed, as well as coping strategies and feelings.

At Wave 1, most children lived with two parents and mothers of over half the children worked outside the home. Hanging out with friends was their favourite pastime. Sport was their favourite activity or hobby. Most of the children in this cohort got on very well with their family at Wave 1 and had frequent contact with extended family (Williams et al. 2009). Mothers and friends were the most likely sources of support for relationship advice. Being in a highly conflictive parent-child relationship at Wave 2 was significantly associated with being at risk of behavioural and emotional difficulties (Williams et al., 2018). Whilst the children in this cohort reported a positive relationship with their parents, quite a few reported never sharing private things with them at Wave 3. At 17/18 years old, most adolescents were generally quite satisfied with their lives (GUI Study Team, 2016b).

At Wave 2, 1 in 10 participants reported depressive symptoms. Boys were significantly less likely than girls to report depressive symptoms. At 13 years of age, children in the most disadvantaged social class (never employed, i.e., neither the primary or secondary caregiver has a work history outside the home) were also significantly more likely to display depressive symptoms than their peers (17% vs 9-12% for those in higher social classes). At Wave 2, girls were more likely to fall into an *at risk* category for emotional wellbeing (Williams et al., 2018).

At Wave 2, boys generally had a more positive self-concept than girls, with a significantly higher percentage of girls (35%) compared to boys (24%) reporting lower self-concept overall. Those who were bullied were also substantially more likely to have lower self-concepts (Williams et al., 2018).

At Wave 3, coping strategies related to friends made up four of the top five coping strategies used by 17/18-year-olds. Around a quarter of participants said they would very often or always go to friends for advice. Other popular coping strategies related to planning a solution (GUI Study Team, 2016b).

### Child cohort, children with special education needs

A secondary analysis of GUI data explored wellbeing (among other variables) in children with SEN

(Cosgrove et al., 2018). The analysis was carried out on data gathered when the study participants were 13 years old and, where the same outcome was measured at 9 years of age and 13 years of age, progress from 9 to 13 years was examined.

Children with SEN had significantly lower levels of wellbeing than children with no SEN and this was evident in both overall wellbeing scores and on the six subscales of the Piers-Harris Children's Self-Concept Scale (see Appendix 3 for a description of this measure). In the overall sample, there was an increase in wellbeing scores from age 9 to age 13 and this increase was more marked for those with SEN (Cosgrove et al., 2018). Wellbeing scores were reported to be relatively stable across this time-span (Cosgrove et al., 2018). Children in all of the seven SEN groups<sup>10</sup> had significantly lower wellbeing scores at 13 years of age (Cosgrove et al., 2018).

In relation to contextual factors, Cosgrove et al. report that neither school DEIS status (at primary and post-primary level) nor school sector (at post-primary level) impacted on wellbeing (Cosgrove et al., 2018). Being bullied at 9 years old had a negative impact on later wellbeing scores at age 13 (Cosgrove et al., 2018). Some gender differences were also noted in the analysis. For boys, lower wellbeing scores were observed for those who had SEN at age 9 and age 13, in comparison to those who had SEN at age 9 only or age 13 only. For girls, a different pattern was observed, with lowest wellbeing scores observed for girls who had SEN at age 9 only and age 13 only (Cosgrove et al., 2018).

At age 13, children completed a measure of mood and feelings (Mood and Feelings Questionnaire, see Appendix 3 for a description of this measure). Compared to children with no SEN, children with behavioural, emotional or social difficulties; general learning disabilities or difficulties; autistic spectrum disorders (ASD); and, multiple or unclassified SENs, reported lower mood (Cosgrove et al., 2018). At 13 years old, 10% of all children reported that they had been bullied during the previous 3 months and more children with SEN (16%) than without SEN (8%) reported having been bullied (Cosgrove et al., 2018).

In terms of engagement with school, more children with SEN than with no SEN reported disliking school (17% compared to 10%). In general, school dislike increased from 9 to 13 years, and this increase was more pronounced for those with SEN. Liking of school was significantly lower in five of the SEN groups than in children without SEN at age 13. Liking of school did not differ from children without SEN in two of the SEN groups (ASD and multiple or unclassified SEN) (Cosgrove et al., 2018).

## **My World Survey (MWS)**

### **Adolescent sample (12 to 19-year-olds), physical**

The majority (79%) of adolescents fell into the normal drinking range, around 15% were classified as problem drinkers, and 3% as harmful and hazardous drinkers (Dooley & Fitzgerald, 2012). Over a quarter of adolescents recorded a score of two or higher on the CRAAFT scale which indicates a high level of substance misuse. Further detail on MWS findings related to physical wellbeing are outlined in Table 1, Appendix 2.

### **Adolescent sample (12 to 19-year-olds), social and emotional**

Doctors/GPs were the most likely source of formal support for young people (Dooley & Fitzgerald, 2012). Other sources of formal support identified were psychologists, counsellors, and teachers. Only 11% of young people reported that they would be likely to use a helpline. Friends, parents, the internet, and relatives were the most likely sources of informal support. Females reported a significantly higher

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**10** The seven SEN subgroups included: Behavioural, emotional or social difficulties; general learning disabilities or difficulties; specific learning difficulties or speech and language difficulties; ASD; physical/sensory disabilities that impact on daily life; multiple or unclassified SENs; SEN at age 9 only.



level of perceived social support than males. Almost 70% of 12 to 19-year-olds enjoyed family life with First-year students more likely to report this than Sixth-year students. School, family, and friends were the three biggest sources of stress in the lives of 12 to 19-year-olds. In relation to bullying, 40% had been bullied at some point and 7% reported being bullied on a weekly or daily basis.

Males had significantly higher levels of self-esteem than females, as did First-year students compared to all other year groups (Dooley & Fitzgerald, 2012). Just over a quarter (27%) of students ranked themselves as being *top of the class* in schoolwork. First-year students and males were more likely to report this than Sixth-year students and females. Males reported higher levels of optimism than females, First-year students displayed significantly higher levels than those in later years, whilst Fourth-year students and Sixth-year students displayed the lowest levels.

Almost half of respondents reported that they coped well with problems, with males more likely to report this than females (Dooley & Fitzgerald, 2012). Males were also significantly more satisfied with their lives than females. Some (12%) reported having a parent who has had mental health issues. Approximately 11% had seen a mental health professional, with Sixth-year students being much more likely to have seen one than First-year students. A majority (70%) of respondents were classified as having normal levels of depression. Almost 10% reported that they *felt angry a lot*, with 43% reporting they *felt angry sometimes*, and 45% reporting that they *did not feel angry a lot*. Further information on findings relating to social and emotional wellbeing are outlined in Table 1, Appendix 2.

## My World Survey 2 (MWS 2)

### Adolescent sample (12 to 19-year-olds), physical

Over half (57%) of the sample reported never having drunk alcohol, only 22% reported doing it less than monthly, around 16% monthly, and a small percentage reporting drinking either weekly or daily (Dooley et al., 2019). Whilst the majority of First-year students reported having never drunk alcohol, this had fallen to only 13% by Sixth-year. Of those who did drink alcohol, over half (65%) fell into the low risk drinking range. Around 32% were classified as problem drinkers or harmful or hazardous drinkers, and 3% were classified as potentially alcohol dependent.

Of the adolescents surveyed, just under half (47%) reported getting between 8 and 10 hours sleep a night, whilst around 46% reported getting between 6 and 7 hours sleep a night. A further, 7% only got an average of 0 to 5 hours of sleep each night. Males (52%) were more likely to be getting an adequate amount of sleep each night than their female counterparts (44%). Also, First-years (68%) and Second-years (56%) were both more likely to report getting an adequate amount of sleep than adolescents in the Senior Cycle. Further information on findings in relation to physical wellbeing are outlined in Table 1, Appendix 2.

### Adolescent sample (12 to 19-year-olds), social and emotional

The majority (60%) were classified as being in the normal range for depression whilst 15% were in the severe or very severe range. Males were more likely to be in the normal range, whilst females were much more likely to be in the severe or very severe ranges (Dooley et al., 2019).

Adolescents displayed average levels of self-esteem and body esteem (Dooley et al., 2019). Males scored significantly higher than females on measures of both self-esteem and body esteem, whilst First-year students scored significantly higher than all older years. Males reported higher optimism than females, and there was a gradual decrease in optimism levels across school year, with older years displaying significantly less optimism. Males and First-year students again were more satisfied with their lives than females and older year groups.

Just under half (41%) reported coping well with problems, whilst 8% did not cope well (Dooley et al., 2019). Males were more likely to report coping well than females. Friends, music, and sport/exercise were the most used methods of coping. Females had a slightly higher level of school connectedness than males. Also, First-year students showed significantly higher levels of both school and peer connectedness than other years.

Adolescents scored above the midpoint of 48 for overall social support, which indicated that they had a good level of social support available to them (Dooley et al., 2019). Females also reported a higher level of overall perceived social support than males. First-years also had the highest level of perceived social support. The most reported informal sources of social support were parents (68%), friends (68%), relatives (37%), and online (20%). The most reported forms of formal support included GPs (21%), teachers/guidance counsellors (20%), and phone helplines (7%). Further detail on findings relating to social and emotional wellbeing are outlined in Table 1, Appendix 2.

## Findings for seldom heard groups

The MWS 2 collected data from young people in the following seldom heard groups:

1. **Youthreach:** An education, training and work experience programme provided by the DES for early school leavers aged 15 to 20 years.
2. **CFE/community training:** Young people engaged in any further study after post-primary school which is not considered part of higher education.
3. **Young people with physical disability:** This group included wheelchair users, young people who were visually impaired, or those living with deafness or hearing loss.

The findings from each of these groups were compared to a random sample of the MWS 2-SL (School Level) and MWS 2-PSL (Post-School Level) sample combined (SL/PSL). This random sample mirrored the seldom heard groups for both age and gender. The average age of the seldom heard groups was 18-19 years.

### Youthreach

Under half (39%) of young people in Youthreach reported having a long-term health difficulty or disability and a small proportion (11%) reported providing help to a family member with a long-term illness, for which they went unpaid. Young people in Youthreach were much more likely to report having been in trouble with the Gardaí, than their peers in the SL/PSL group (43% vs 9%). More young people in Youthreach also reported feeling angry *a lot* (28%) than those in the SL/PSL sample (15%). Over half (54%) of those in Youthreach reported being bullied and around 19% reported having experienced unfair treatment as a result of their identity (Dooley et al., 2019).

Young people in Youthreach also reported their top three stressors as the future (53%), finance (42%), and family (38%). Music (64%), friends (40%), and sleep (36%) were reported to help cope with problems. Those in Youthreach were much more likely to be in the severe category for anxiety (29%) than those in the SL/PSL sample (15%). The Youthreach sample reported significantly lower levels of family support than the SL/PSL sample (Dooley et al., 2019).

### CFE/community training

Under half (43%) of those in CFE/community training reported having a long-term health difficulty. They were also more likely to have been in trouble with the Gardaí (17%) than their peers in the SL/PSL sample (9%). Over half (55%) of this group reported experiencing bullying in the past and around 16% were treated unfairly due to their identity (Dooley et al., 2019).

Young people in this group were much more likely to report that they did not cope well with their problems (15%) than their peers in the SL/PSL group (9%). Just over half of the young people in this group (51%) reported talking with someone they trusted when faced with problems. Like those in Youthreach, young people in this group were much more likely to be in the very severe range for anxiety (24%) than those in the SL/PSL sample (Dooley et al., 2019).

### Physical disability

Young people who had a physical disability were found to be more likely to report always enjoying family life (84%) than those in the SL/PSL sample (53%). Over half of young people in this group reported that they felt somewhat angry *a lot*, a small proportion (13%) felt angry *a lot*, and around a third (33%) reported that they did not feel angry *a lot*. This was similar their peers in the SL/PSL group. Young people in this group were more likely to report having few or no problems (46%) than those in the SL/PSL group (28%), and 76% of young people in this group reported that when they have problems, they tend to speak about them with someone that they trust (Dooley et al., 2019).

Over half (53%) of young people with a physical disability reported being bullied and a smaller proportion (24%) reported experiencing unfair treatment due to their identity. Around one in four young people with a physical disability reported that their family was a source of stress; however, a higher proportion (37%) reported that their family help them to cope with problems. There were also no significant differences between young people in this group and the SL/PSL group in terms of anxiety and depression (Dooley et al., 2019).

## 6.4 KEY FINDINGS ON CHILDREN'S AND YOUNG PEOPLE'S WELLBEING FROM INTERNATIONAL RESEARCH

This section summarises key findings from large-scale *international* surveys and assessments of student wellbeing over the past 10 years. Where possible, comparisons with international data are noted. Further information is provided in Table 2, Appendix 2.

### Health Behaviour in School-aged Children (HBSC)

#### 10 to 17-year-olds, physical

In 2010, over one-third of participants reported *excellent* health (Kelly, Gavin, Molcho, & Nic Gabhainn, 2012). Younger children and boys were more likely to report positive health than older children and girls. A minority (12%) smoked at the time of the survey, older children and those from a lower social class were more likely to report having smoked at some time in their lives and 21% were current drinkers (Kelly et al., 2012). A fifth (20%) of children had fruit and/or vegetables more than once a day, with younger children, girls, and those from a higher social class more likely to report this. Just over half reported exercising four or more times a week with boys, younger children and those from a middle-class background reporting the highest levels of physical activity (Kelly et al., 2012).

Reports of general health remained stable between 2010 and 2014, with 34% of children remaining in *excellent* health (Gavin et al., 2015). There was a decrease in reported levels of drunkenness (21% vs 31% in 2010) and smoking (16% vs 28% in 2010), and an increase in the level of children reporting having never drunk alcohol (58% vs 52% in 2010) (Gavin et al., 2015). Levels of fruit and vegetable consumption had increased since 2010. Girls, younger children, and those from higher social classes were more likely to report higher levels of fruit and vegetable consumption. Consumption of sweets (27% vs 37% in 2010) and soft drinks (13% vs 21% in 2010) had decreased. There was an increase in the proportion of children currently dieting (16% vs 13% in 2010). Reported levels of physical activity remained stable since 2010 (52%) as did self-care reports (Gavin et al., 2015).

In 2018, 33% of boys and 25% of girls reported *excellent* health, with younger children and those from higher social class groups more likely to report this (Költő et al., 2020). A small minority (5%) of respondents were current smokers and only 17% of respondents had had an alcoholic drink in the past 30 days (Költő et al., 2020). Girls (25%) were more likely than boys (20%) to report consuming fruit and vegetables more than once a day, with younger children and those from a higher social class more likely to report this also. Around 20% of respondents reported consuming sweets at least once a day, and around 7% reported consuming soft drinks daily or more. Boys (57%) were significantly more likely than girls (42%) to exercise four or more times a week (Költő et al., 2020).

### **10 to 17-year-olds, social and emotional**

In 2010, half reported feeling *very happy*, and 76% reported high life satisfaction (Kelly et al., 2012). In relation to sexual activity, 27% of 15 to 17-year-olds reported ever having sex, with boys and those from lower social classes more likely to report this than girls and those from a higher social class (Kelly et al., 2012). Overall, 24% of children reported ever having been bullied. Boys and younger children were more likely to report this than girls and older children (Kelly et al., 2012). Over a third (35%) of children reported having been in a physical fight in the past 12 months, with boys and children from lower social classes again being more likely to report this than girls and children from higher social classes (Kelly et al., 2012). Overall, 17% of children admitted to bullying others (Kelly et al., 2012).

In 2014, over three quarters (76%) of children reported high life satisfaction, which again remained unchanged from 2010 (Gavin et al., 2015). There was a decrease in the percentage of children reporting having been in a physical fight in the past 12 months (29%) (Gavin et al., 2015). There was also a decrease in the percentage of children who reported having ever bullied others (13% vs 16%), but the percentage of children that reported having ever been the victim of bullying remained stable (25%). The percentage of children who reported ever having sex also remained stable between 2010 and 2014 (27%) (Gavin et al., 2015).

In 2018, 47% of boys and 40% of girls reported feeling *very happy* with their life at present (Költő et al., 2020). Younger children were more likely to report this than older children. Boys (77%) were significantly more likely than girls (70%) to report high life satisfaction, with younger children and those from higher social classes being again more likely to report this (Költő et al., 2020). Boys (17%) were more likely than girls (10%) to report bullying others in the past couple of months, whilst 30% of both boys and girls reported being bullied in school over the past couple of months (Költő et al., 2020). At 15 to 17 years old, boys (28%) were more likely than girls (20%) to report having had sexual intercourse. Girls scored significantly worse in the Mental Health Inventory (Berwick et al., 1991) and the WHO-Five Well-being Index (WHO, 1998) than their male counterparts (Költő et al., 2020).

### **How does Ireland compare to other countries?**

In 2010, physical activity measures compare favourably with those in other countries (Currie et al., 2012). Children aged 11-15 years in Ireland reported physical activity levels (at least 60 minutes a day in Ireland) which were above the HBSC average (Currie et al., 2012). Overall, 15-year-olds in Ireland ranked first on this indicator out of all 41 countries (Keane et al., 2017).

In 2010, 15-year-olds in Ireland were below the international average for 'bullying others' (20.2%) (Currie et al., 2012). 15-year-olds in Ireland were below the HBSC international average for 'liking school' (59.8%). 15-year-olds in Ireland were ranked 10th overall for 'feeling pressured by schoolwork' (Keane et al., 2017).

In 2014, 15-year-olds in Ireland were above the HBSC average for self-rated health (29.2% vs HBSC average of 28.9%). However, 15-year-olds were below the HBSC average for life satisfaction (68.3% vs HBSC average of 70.3%). Ireland ranked fourth out of all 42 countries for physical activity levels in

15-year-olds, a drop from 1st place in 2010 (Inchley et al., 2016).

In 2014, 15-year-olds in Ireland were still below the international average for bullying others (16.3% vs HBSC average 26.4%), but were also still below the HBSC average for liking school (63.5% vs HBSC average 68.9%). In 2014, 15-year-olds also felt very pressured by their schoolwork, as Ireland was ranked third out of all 42 participating countries for this indicator. This represents a large jump from tenth place in 2010 (Inchley et al., 2016).

The most recent HBSC international report on findings from 2017-18 data collection comparing 11 to 15-year-olds across 45 countries indicates children in Ireland are more likely to engage in the recommended amount of daily vigorous physical activity than children from other countries. In Ireland, both boys and girls from more affluent backgrounds reported a significantly higher level of self-rated health than their peers from less affluent backgrounds, and this trend was also found in two-thirds of participating countries (Inchley et al., 2020a).

At age 15 years, Irish adolescents reported high levels of problematic social media use although in a positive finding, half of boys and two-thirds of girls reported high levels of social support (Boer et al., 2020; Inchley et al., 2020b). A quarter of 15-year-olds in Ireland preferred to talk about their feelings online. Very few countries showed an association between family affluence and the likelihood of the adolescent experiencing cyberbullying. However, in Ireland, girls were found to be more likely to have experienced cyber-bullying if they came from a less affluent background. For 15-year-olds who felt pressured by schoolwork, Ireland was ranked 12th highest out of the 45 participating countries (Inchley et al., 2020a; Inchley et al., 2020b).

## Programme for International Student Assessment (PISA)

### PISA 2012 (15-year-olds), social and emotional

Internationally, four out of five students *agreed* or *strongly agreed* that they feel happy at school or that they feel like they belong at school. A very large percentage (85%) of advantaged students (i.e., those in the top quarter nationally on the PISA index measuring economic, social and cultural status [ESCS]) and a large percentage (78%) of disadvantaged students (those in the bottom quarter nationally on ESCS) *agreed* or *strongly agreed* with the statement *I feel like I belong at school* (OECD, 2013a, 2013b). In Ireland, 79.7% of students *agreed* or *strongly agreed* with the statement, *I feel like I belong at school*, and 81.9% of students *agreed* or *strongly agreed* with the statement, *I feel happy at school* (Perkins, Shiel, Merriman, Cosgrove, & Moran, 2013). Across, most countries, socio-economically disadvantaged students reported lower levels of engagement, drive, motivation, and self-belief (OECD, 2013a). In the majority of countries, including Ireland, better student-teacher relationships were strongly associated with greater student engagement with and at school (OECD, 2013a, 2013b).

### PISA 2015 (15-year-olds), physical

Findings from PISA 2015 show that on average across OECD countries almost half of students practiced sports before school whilst 66% exercised or practiced sports after school. Boys were more likely than girls to report exercising both before and after school and those who came from higher social classes were also more likely to report engaging in moderate to vigorous physical activity (OECD, 2017).

Just over a quarter (26%) of boys and 18% of girls on average in OECD countries indicated that they had skipped breakfast on the most recent day that they had attended school, with girls being more likely than boys to have skipped breakfast. In Ireland, a higher percentage of girls (over 20%) than boys reported skipping breakfast (OECD, 2017). One possible explanation for the finding that girls were more likely than boys to skip breakfast is that at age 15, girls may be more likely than boys to be influenced

by their perceptions of their own bodies (OECD, 2017).

### **PISA 2015 (15-year-olds), social and emotional**

Many students internationally (around 64% of girls and 47% of boys) were very anxious about schoolwork and tests (OECD, 2018). This was not related to the number of school hours, or the frequency of tests, but rather the level of support they were getting from teachers. Girls had higher levels of anxiety than boys and test anxiety was negatively related to test performance. In Ireland, a high percentage of students agree or strongly agreed with a number of statements about schoolwork related anxiety, e.g. *even if I am well prepared for a test I feel very anxious* (63%) and *I get very tense when I study* (46%) (OECD, 2017).

Bullying was an issue in Irish schools with 14.7% of students reporting being victims of any type of bullying act *at least a few times a month* (OECD, 2017). Bullying was lower in schools where students reported more positive relationships with their teachers (OECD, 2018). In Ireland, boys were more likely to report a greater sense of belonging in school (OECD, 2017).

Most 15-year-olds in Ireland were found to be satisfied with their lives and life satisfaction scores were in line with the OECD average of 7.3 out of 10 (OECD, 2017). In Ireland, among other countries, the likelihood of reporting low satisfaction with life was more than four times higher if the student reported feeling like an outsider (OECD, 2017). However, girls and disadvantaged students (i.e., those in the bottom quarter on ESCS) were more likely than boys and advantaged students (those in the top quarter on ESCS) to be dissatisfied with their lives. One in five students internationally reported that they received some form of unfair treatment from a teacher (they were harshly disciplined or felt offended or ridiculed in front of others) at least a few times a month (OECD, 2018).

### **PISA 2018 (15-year-olds), subjective wellbeing**

Just over a quarter (27%) of 15-year-olds in Ireland reported that they *always* put pressure on themselves to do well on tests, 24% *always* felt pressure from their parents to do well on tests and 22% felt pressure from their teachers to do well (McKeown et al., 2019). Over half (51%) of students worried *often* or *always* about what would happen if they failed an exam or test and 43% reported *often* or *always* feeling nervous and stressed when thinking about or doing exams and tests (McKeown et al., 2019).

Over half (61%) of students reported that they were satisfied with their life (significantly lower than the OECD average of 66.9%), with significantly fewer females in Ireland reporting that they were satisfied with their life (55.5%) compared to their male peers (67.3%) (McKeown et al., 2019). Just over 45% of Irish students reported that they felt *happy always*, whilst around 32% of Irish students reported *always* feeling joyful and 27% *always* feeling cheerful (compared to the average across OECD countries of approximately 41% for both emotions). In comparison with these positive feelings, only 5% of Irish students reported *always* feeling sad (OECD average of 6.5%), and only 3% reported *always* feeling afraid (OECD average of 10.3%) (McKeown et al., 2019; OECD, 2019).

Regarding bullying, only 9% of students in Ireland reported *frequently bullying others*. However, 16% reported that they were made fun of by their peers *at least a few times a month*. Around 9% reported that other students left them out of things on purpose. Lastly, a small percentage of Irish students reported being threatened by their peers (6%) or hit and pushed by their peers (6%) *at least a few times a month* (OECD, 2019). Over half (67%) of Irish students *agreed* or *strongly agreed* with the statement *I feel like I belong at school*. Again, over half of students (76%) *agreed* or *strongly agreed* with the statement *I feel like I make friends easily at school*. Lastly, a large majority of Irish students (89%) *agreed* or *strongly agreed* with the statement *other students seem to like me* (OECD, 2019).

## How does Ireland compare to other countries?

In 2012, Ireland was above the international average regarding how happy students felt in school and ranked 36th out of all OECD countries on this indicator. Although the mean score in Ireland for students' sense of belonging in school was not significantly different to the OECD average in 2012, it had dropped significantly from the corresponding score in 2003 (OECD, 2013a).

In 2015, Ireland was ranked second out of all OECD countries for exercise after school. Ireland was also ranked fifth internationally for physical activities in and out of school. Ireland was well below the OECD average for skipping meals. For boys who skipped dinner on the most recent day they had attended school, Ireland was ranked the lowest of all OECD countries (a low rank indicates little skipping of dinner which is a positive finding) (OECD, 2017).

In 2015, students in Ireland were above the international average for schoolwork-related anxiety (e.g., 63.2% vs. 55.5% *agreed or strongly agreed* with the statement, *even if I am well prepared for a test I feel anxious* and 46% vs. 36.6% *agreed or strongly agreed* with the statement, *I get very tense when I study*) (OECD, 2017). In 2015, Ireland was comparable to the international average for sense of belonging at school (73.3% vs 73%), and below the international average for bullying (14.7% vs 18.7%, percentage of students who reported being bullied by any type of bullying act at least a few times a month). Overall, Ireland was slightly below the international average for students who were very satisfied with life (32.4% vs 34.1%) (OECD, 2017).

In 2018, Irish students scored significantly below the overall OECD average for life satisfaction (61% vs 66.9%). Irish students also reported *always* feeling cheerful (32%) and *always* feeling joyful (27.3%) significantly less than other OECD countries (approximately 41% of students on average). However, Irish students also reported *always* feeling sad (5%) and *always* feeling afraid (3%) significantly less than students in other OECD countries (6.5% and 10.3% respectively) (McKeown et al., 2019). The prevalence of the exposure of Irish students to bullying in school was in line with the OECD average (22.7%) (OECD, 2019).

## Progress in International Reading Literacy Study (PIRLS)

### Fourth-class, physical

In 2011, 78% of Irish Fourth-class pupils had teachers who reported that their instruction was *not at all* limited by lack of proper nutrition amongst pupils, i.e., a lack of proper nutrition was not identified as a problem by teachers for a large majority of pupils. However, 22% of pupils had teachers who indicated that instruction was limited *some* or *a lot* by lack of proper nutrition amongst their pupils (Mullis, Martin, Foy, & Drucker, 2012). Teachers of 38% of Irish Fourth-class pupils reported that instruction was *not at all limited* by the pupil not getting enough sleep, whilst 62% of pupils had teachers who identified lack of sleep as limiting instruction *some* or *a lot* (Mullis et al., 2012).

In 2016, teachers reported that their instruction was limited *very little* by a number of different pupil attributes including lack of proper nutrition and not getting enough sleep for 47% of their pupil, *some* for 52% of their pupils, and *a lot* for 1% of their pupils (Mullis, Martin, Foy, & Hooper, 2017).

### Fourth-class, social and emotional

In 2011, Irish data revealed that 64% of pupils reported that they experienced bullying *almost never*; a quarter experienced bullying *about monthly*; and, 12% experienced bullying *about weekly* (Mullis et al., 2012).

In 2016, 74% of Irish pupils reported that they experienced bullying *almost never*, 20% experienced bullying *about monthly*, and 5% experienced bullying *about weekly*. Over half (61%) of Irish pupils reported having a *high* sense of school belonging, 31% reported having *some sense* of school belonging, and 8% had a *low* sense of school belonging (Mullis et al., 2017).

### **How does Ireland compare to other countries?**

In 2011, Ireland was below the international average for teacher instruction being hindered *some or a lot* due to lack of proper nutrition in their pupils (22% vs 27% international average). However, Ireland was above the international average for teacher instruction being hindered *some or a lot* due to lack of proper sleep in their pupils (62% vs 49% international average) (Mullis et al., 2012).

In 2011, Ireland was ranked fifth lowest out of all participating countries for the number of pupils who experienced bullying (Mullis et al., 2012).

In 2016, Ireland was below the international average for teacher instruction being hindered *a lot* by pupil attributes, e.g., lacking prerequisite skills, absent, suffering from a lack of sleep or proper nutrition, and disruptive (1% vs 4% international average), and teacher instruction being hindered *some* by pupil attributes (52% vs 63% international average). However, Ireland was above the international average for teacher instruction being hindered *very little* by pupil attributes, at 47% compared to an international average of 34% (Mullis et al., 2017).

In 2016, Ireland had one of the lowest levels of bullying, ranked third lowest of participating countries. Ireland was ranked 19th out of all participating countries for overall sense of school belonging (Mullis et al., 2017).

## **Trends in Mathematics and Science Study (TIMSS)**

### **Fourth-class and Second-year, physical**

In 2011, Fourth-class teachers in Ireland reported that their instruction was *not at all* limited by lack of proper nutrition in 79% of their pupils, whilst their instruction was limited *some or a lot* by lack of proper nutrition for 21% of their pupils. Teachers also reported that their instruction was *not at all* limited by the pupils not getting enough sleep for 38% of their pupils, whilst their instruction was limited *some or a lot* by the student not getting enough sleep in 62% of their students (Martin, Mullis, Foy & Stanco, 2012).

In 2015, Fourth-class teachers in Ireland reported that their teaching was *not limited* by a number of different pupil attributes including lack of proper nutrition and not getting enough sleep for 48% of their pupils, *somewhat limited* for 48% of their pupils, and *very limited* for 4% of their pupils (Mullis, Martin, Foy & Hooper, 2016).

In 2015, Second-year teachers in Ireland reported that their teaching was *not limited* by a number of different student attributes including lack of proper nutrition and not getting enough sleep for 41% of their students, *somewhat limited* for 53% of their students, and *very limited* for 6% of their students (Mullis et al., 2016).

### **Fourth-class and Second-year, social and emotional**

In 2011, 64% of Fourth-class pupils in Ireland reported that they experienced bullying *almost never*, 25% experienced bullying *about monthly* and 12% experienced bullying *about weekly* (Martin et al., 2012).

In 2015, 73% of Fourth-class pupils in Ireland reported that they experienced bullying *almost never*,



20% experienced bullying *about monthly*, and 6% experienced bullying *about weekly*. Almost three quarters (73%) of pupils had a *high* sense of belonging at school, 23% had an *average* sense of school belonging, and 4% had *little* sense of school belonging (Mullis et al., 2016).

In 2015, 75% of Irish Second-year students reported that they experienced bullying *almost never*, 22% experienced bullying *about monthly*, and 4% experienced bullying *about weekly*. In relation to feeling a sense of school belonging, 42% of students had a *high* sense of school belonging, 48% percent had an *average* sense of school belonging, and 10% had *little* sense of school belonging (Mullis et al., 2016).

### How does Ireland compare to other countries?

In 2011, Ireland was below the international average for teacher instruction being hindered *some or a lot* due to lack of proper nutrition in their students. However, Ireland was above the international average for teacher instruction being hindered *some or a lot* due to their students getting insufficient sleep (Martin et al., 2012).

In 2015, Ireland was below the international average for teaching being *very limited* by pupil/student attributes and teaching being *somewhat limited* by pupil/student attributes in both Fourth class and Second year. However, Ireland was above the international average for teaching being hindered *very little* by pupil/student attributes in both Fourth class and Second year (Mullis et al., 2016).

Ireland was ranked as the sixth lowest out of all participating countries for the levels of bullying that Fourth-class pupils experienced in 2011 (Martin et al., 2012). Again, Ireland had one of the lowest levels of bullying present out of all participating countries for Fourth-class pupils and Second-year students in 2015. Ireland was ranked 11th highest out of all participating countries for sense of school belonging in Fourth grade (i.e., Fourth class) and 21st highest out of all participating countries for sense of school belonging in Eighth grade (i.e., Second year), a significant drop from Fourth grade (Mullis et al., 2016).

## 6.5 CONCLUSIONS

This review of large-scale national and international surveys from the last decade on the wellbeing of children and young people provides a range of positive findings, such as supportive relationships among family and peers and comparatively high levels of wellbeing in general. However, the current review identified a range of challenges in the area of wellbeing which may be useful to consider for the purposes of determining the content of wellbeing-related TPL. Furthermore, the findings presented in this chapter, and wellbeing findings from large-scale assessments more generally, provide information on the overall levels of student wellbeing in the population which may be helpful when considering wellbeing in particular schools. The overall population data are likely to be useful when considering anticipated changes in wellbeing arising from teacher engagement in TPL. A further advantage of reviewing national and international measures used in wellbeing research is that the measures used to assess wellbeing in large-scale surveys may be appropriate to adapt for use in assessing student outcomes as part of an evaluation of TPL.

Some of the challenges identified in this chapter which are likely to have implications for TPL in the area of children and young people's wellbeing are:

- Social and financial inequalities in physical, social, and emotional wellbeing outcomes are evident from an early age and may increase over time, possibly augmented by the manner in which inequalities manifest themselves in (in)stability and (dis)harmony in home environments. These inequalities indicate a highly tailored and targeted approach to supporting and enhancing wellbeing which begins early and is built on as children move into adolescence.
- Children and young people with SEN and/or disabilities remain a group in need of early, targeted,

and sustained support for their wellbeing needs.

- Gender differences also have implications for TPL; for example, targeting social and emotional skills among younger boys, and enhancing self-esteem among older girls.
- Mental health issues are common among adolescents, and more so in girls, and this underlines the need for early and sustained support (incorporating TPL) for the development of protective coping strategies and healthy self-esteem.
- Public health issues relating to diet, sleep, physical activity, and substance use are found across many of the studies and indicate an ongoing need for cross-sectoral work including TPL which promotes healthy behaviours amongst children and young people.
- International comparative data indicates that young people in Ireland reported comparatively lower life satisfaction and liking of school along with rather high levels of pressure relating to schoolwork. Findings from PISA 2018 suggest that stress about schoolwork and tests is having a negative impact on students. PISA findings also suggest that this stress is being placed on students by the students themselves, their parents, and their teachers. National studies show a dip in wellbeing and school engagement in Second year (see e.g., Smyth, Dunne, McCoy, & Darmody, 2006). Findings related to exam stress and wellbeing have been flagged in Section H of the 2016 *Report on the Committee on the Rights of the Child* where it is noted that the pressures on young people arising from the State Examinations remains a matter for concern and that the State Examinations are in need of reform. One aspect of the reform process for the Senior Cycle involves an OECD review (see OECD, 2020) as part of a wider consultation on Senior Cycle reform conducted by the National Council for Curriculum and Assessment (NCCA, see [www.ncca.ie](http://www.ncca.ie)). In the shorter term, findings of exam-related stress have implications for TPL insofar as they are suggestive of a need to build resilience and coping strategies for stress among post-primary students.
- On a positive note, the evidence suggests that rates of bullying in Ireland may be lower than internationally at both primary and post-primary levels, with some data suggesting that positive student-teacher relations are associated with lower rates of bullying among students. This finding again suggests the importance of TPL in the area of fostering positive relationships between and among the school body, perhaps within a whole-school framework.