



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

COHORT '98
at 22

COHORT '08
at 12

MAR 2021

GROWING UP IN IRELAND

KEY FINDINGS: SPECIAL COVID-19 SURVEY



Introduction

The COVID-19 pandemic has been a life-changing period for all children and young people in Ireland. For the participants in **Growing Up in Ireland**, one group ('cohort') born in 1998 and another in 2008, the pandemic arrived at key junctures in their respective life-courses. The older cohort, aged about 22 years, had just taken – or were about to take – early steps in their careers. Many of the younger cohort, aged about 12 years, were due to make the transition from primary to secondary school in autumn 2020.

Information on the experiences of children and young people during the pandemic is crucial in informing appropriate policy responses to support them. The **Growing Up in Ireland** study is uniquely placed in being able to capture contemporary information from participants on how they experienced this historical event and link it to information previously collected on their background and characteristics. For this reason, a short online survey was circulated to participants in both cohorts in December 2020.

The surveys were brief, taking about 10 minutes to complete, and so focused on a relatively small number of key experiences and outcomes. In Cohort '08, 3,901 surveys were completed by parents and 3,301 by 12-year-olds. For Cohort '98, 2,277 22-year-olds completed their survey (see back page for more detail). The results here are based on data weighted to enhance representativeness.

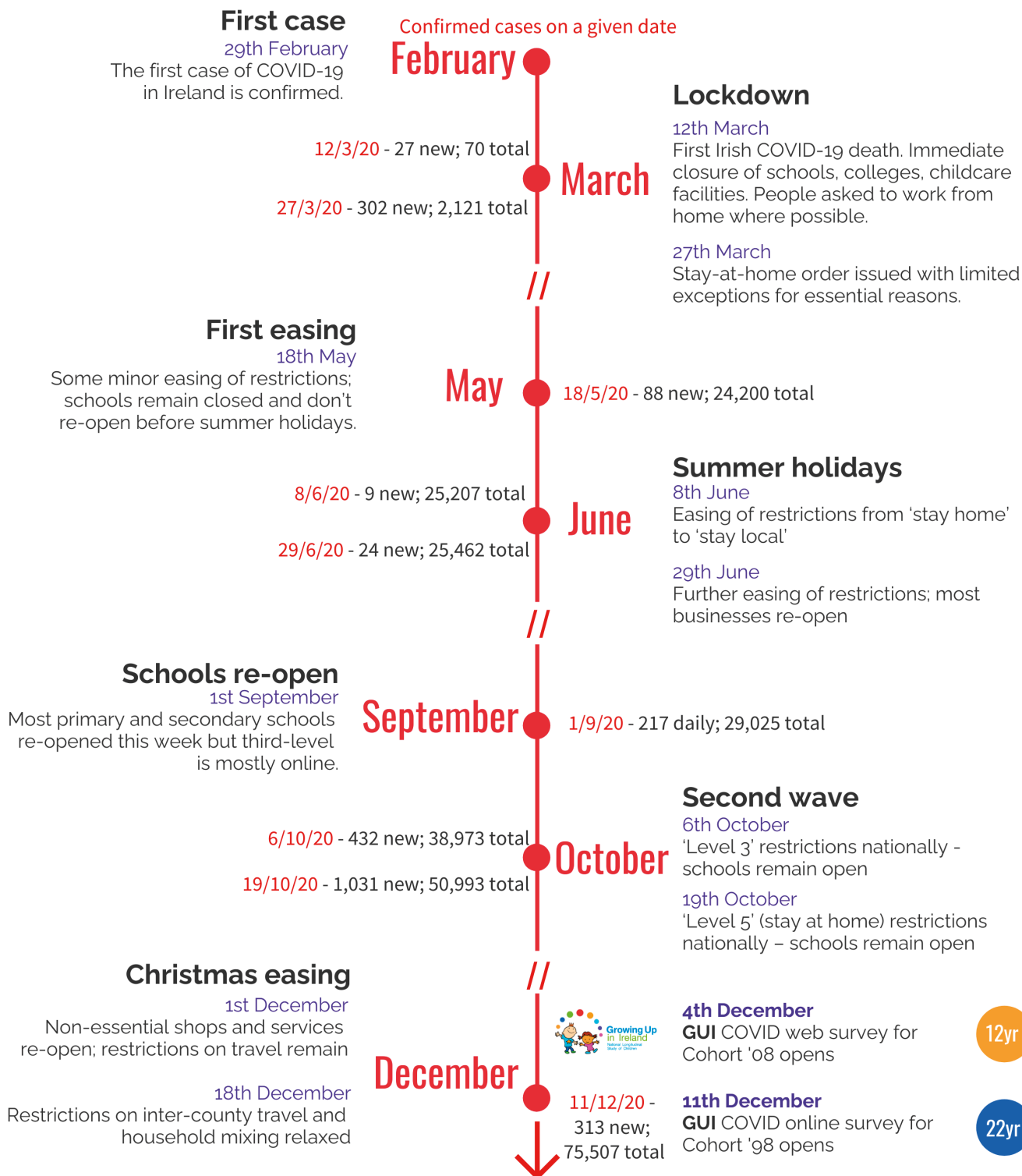
At the time of this COVID-19 survey, the second set of national restrictions announced in October was being eased in the run-up to Christmas. Participants were asked about their experiences at the time of the survey and during the first 'lockdown' which started in March.

To maximise the amount of material covered in this short report, headline results are presented in a number of areas for both cohorts: the effects on learning and employment; changes in free-time activities; personal experience of, and sources of information about, COVID-19; and emotional well-being. The final section highlights some of the most striking differences found by household income and gender as an illustration of the diversity of experiences of the pandemic and of the kind of further analysis that will be possible with the data.

TIMELINE

Note: 'cases' are new daily and total positive COVID-19 cases announced on a given date according to Dept. of Health data

The COVID-19 pandemic in Ireland February - December 2020



Note that the pandemic significantly worsened in the post-Christmas 2020 period, after respondents completed the GUI survey

HIGHLIGHTS OF THIS REPORT

Remote Learning:

More than half of all 12-year-olds and 22-year-old students reported having difficulties with home schooling, and were less likely to have a quiet place to study or adequate internet if they were from low income families.

Mental Health:

While many participants in both cohorts reported increases in symptoms of low mood and the consumption of 'junk food and sweets', this was more common for girls and young women.

Changes to Employment:

Amongst 22-year-olds who were in employment before or during the pandemic, almost half had lost their job or were temporarily laid off.

Changes in free-time activities and interactions

The restrictions put in place for 'lockdown' (indicated in the timeline) and the directive to 'stay at home' meant that most in-person activities and events were cancelled for several months. Many facilities were closed and typically families spent more time at home together. Even when activities such as team sports resumed during the summer, there were restrictions on numbers and types of activities. In the weeks prior to the December survey, a renewal of restrictions – although not quite as stringent as March – meant widespread limitations to group activities in particular.

Changes for young people (12-year-olds and 22-year-olds)

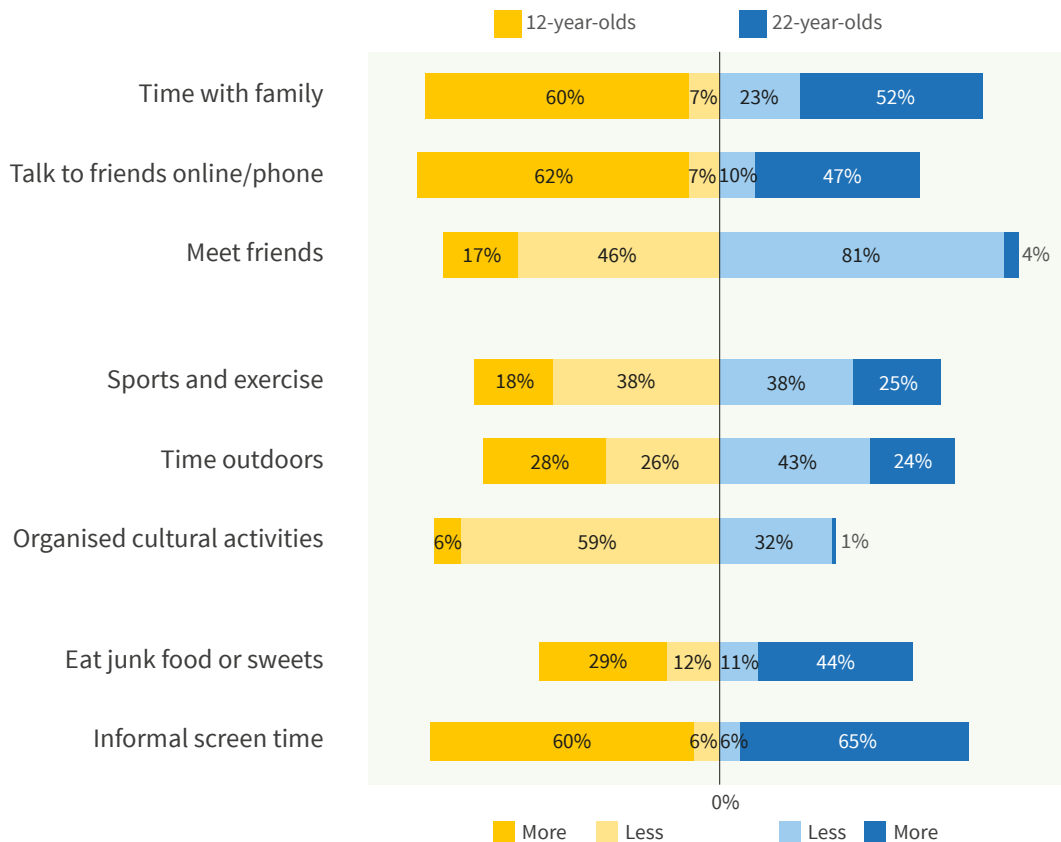
Both 12-year-olds and 22-year-olds were asked to compare their lifestyles at the time of the survey (December 2020) to the period just before the pandemic struck (March 2020); Figure 1 shows the percentages who described doing particular activities 'more' or 'less' often than before.

Both the 12-year-olds and 22-year-olds¹ reported substantial changes, either an increase or reduction, in the amount of time they spent on different types of activities as a result of the pandemic and associated restrictions. There were several similarities between the two cohorts in terms of the effect of the pandemic on their free-time activities, with both age-groups frequently reporting changes to their usual patterns.



¹ For ease of reading, children in Cohort '08 are referred to as '12-year-olds' even though some were already 13. They are represented in yellow in this report. Similarly, all of Cohort '98 are referred to as '22-year-olds' but some were already 23 years. They are represented throughout in blue.

Figure 1: Comparison of time spent on different classes of activities now and before the pandemic, across both cohorts



Interactions with others



In this chart, as with others throughout this report, areas in yellow refer to the younger cohort of 12-year-olds and blue areas refer to the 22-year-olds in the older cohort. Darker shades generally indicate 'more' of something.

So in Figure 1, we can see that both cohorts tended to have spent more 'time with family' (first row) – 60% of 12-year-olds and 52% of 22-year-olds. Smaller percentages said they spent less time with family (7% of 12-year-olds and 23% of 22-year-olds).

Sizeable proportions (circa 50-65%) of both 12-year-olds and 22-year-olds reported increases in time spent with family, on informal screen activities and talking to friends online or by phone. Not surprisingly, many reported spending less time with friends face-to-face, although this was much more pronounced among 22-year-olds (81%) than 12-year-olds (46%). This may be due to the resumption of in-person teaching for the younger cohort at the time of the survey compared to most colleges and many workplaces continuing to operate on a remote basis.

Changes in activities

Participation in organised cultural activities (e.g. music or drama classes) declined: 59% of 12-year-olds and 32% of 22-year-olds did these less often than before the pandemic, with only very small percentages doing them more often. Participation in sports and exercise and time spent outdoors had more varied patterns with some individuals doing more and others doing less.

For both cohorts, the activities which increased the most were talking to friends online/by phone, spending time with family and informal screen time. The biggest decrease for 12-year-olds was participating in organised cultural activities but for 22-year-olds it was the reduction in meeting friends.

Just under 40% of both cohorts said they did less sport and exercise now than before the pandemic, whereas 18% of 12-year-olds and 25% of 22-year-olds did more. The older cohort were more likely to say they spent less time outdoors (43% – compared to 26% of the younger group) but sizeable minorities of both (around a quarter) were outside more than usual. Young adults aged 22 years were more likely than 12-year-olds to increase the amount of junk food or sweets they ate during the pandemic restrictions (44% versus 29%).

Changes in lifestyle habits among 22-year-olds

The older cohort also self-reported on changes in their patterns of smoking, drinking alcohol and sleep (which were not asked of 12-year-olds, illustrated in Table 1). Of those who drank alcohol (a total of 87% of all 22-year-olds), 60% reported drinking less and 17% drank more than they did before the COVID-19 pandemic. Just under a quarter reported drinking about the same amount.

A majority of 22-year-olds didn't smoke or vape (65%) but those who did were divided between smoking/vaping more (39%), the same (31%) or less (30%). There was also a lot of variation in terms of changes to sleep, with half of 22-year-olds sleeping about the same and the remainder split between sleeping more (27%) or less (22%).

Table 1: Changes to pre-pandemic patterns of smoking, drinking and sleeping among 22-year-olds (changes for smoking and drinking as a percentage of current users only)

Activity	Total % of 22-year-olds	Of those who engaged in the activity, they did it . . .		
		. . . less	. . . the same	. . . more
Smoking or vaping	35%	30%	31%	39%
Drinking	87%	60%	23%	17%
Sleeping	(100%)*	22%	50%	27%

*It is assumed that all respondents got at least some sleep.

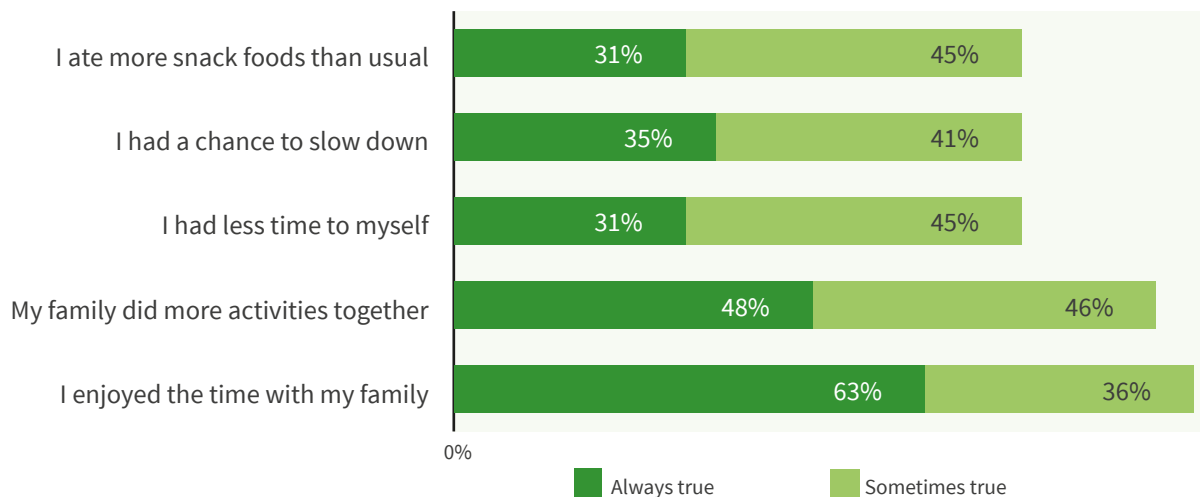
Many 22-year-olds reported changes in their patterns of sleep, smoking and drinking – but varied in whether they did more or less than usual.

Changes among parents of 12-year-olds

The parents of 12-year-olds reported on changes to their own lifestyles, comparing now (December 2020) to pre-pandemic. Virtually all parents said they enjoyed the time with their family, although 36% said this was just 'sometimes' rather than 'always' true, and half said it was 'always' true that they did more activities together (Figure 2).

Three-quarters reported eating more snack foods than usual. Like their children – and the 22-year-olds – parents of 12-year-olds were divided on whether they were more physically active than usual; 32% were 'a lot' or 'a little' more active but a quarter said they were 'less' active than usual (not illustrated).

Figure 2: Changes in activities/lifestyle for parents of 12-year-olds



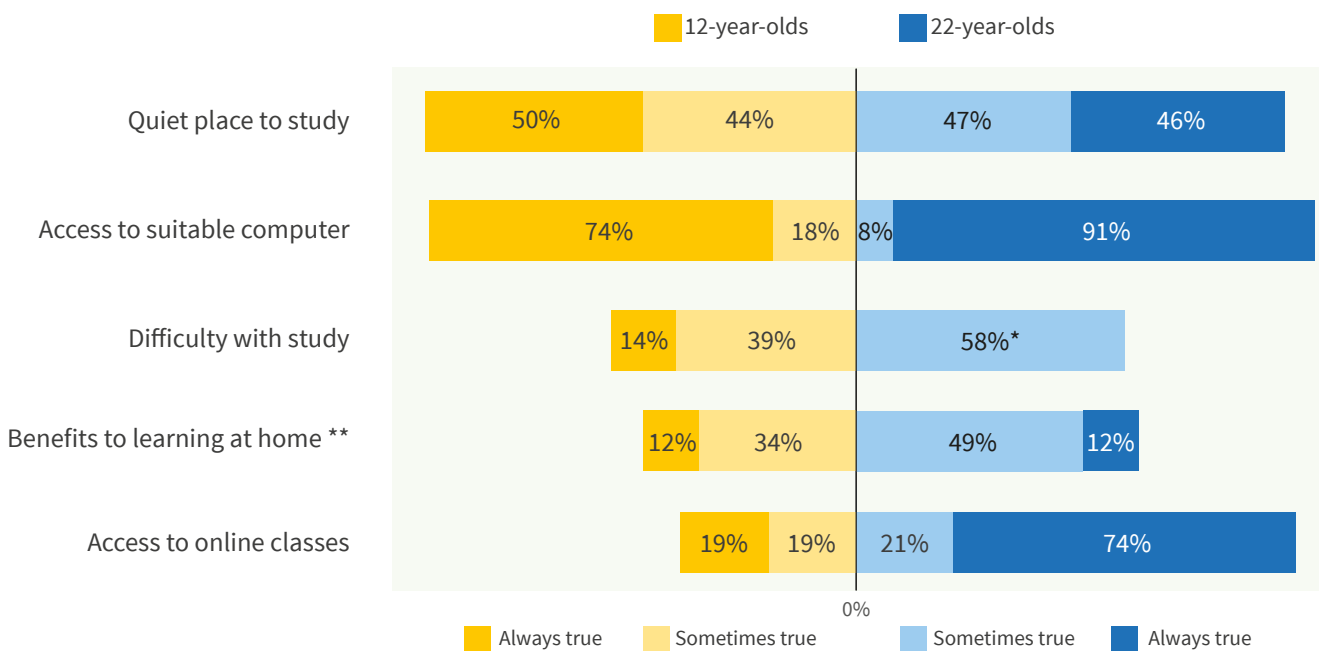
Many parents of 12-year-olds reported enjoying time with their family and doing more activities together. But they also had less time to themselves.

Effects on learning

Almost all places of education were closed at short notice in the middle of March 2020 and provision for all levels moved to remote learning. Figure 3 shows how both 12-year-old and 22-year-old students coped with learning from home. The following percentages for 22-year-olds are based on the 64% who were doing a course immediately before the pandemic or any time since then.

Only half of students – in both age-groups – said it was ‘always true’ that they had a quiet place to study while learning at home. Third-level students were more likely to have a suitable computer and access to online classes than those in primary or secondary school.

Figure 3: Comparison of 12-year-olds’ and 22-year-olds’ experiences of the home learning environment



*58% of 22-year-olds answered ‘yes’ to difficulty with study on a list of effects of the pandemic.

**The specific statement for 12-year-olds was ‘I preferred being able to do my schoolwork from home’, while for the 22-year-olds it was ‘I enjoyed the chance to learn on my own’.

Home learning experiences for 12-year-olds and 22-year-old students

Half of 12-year-olds ‘always’ had a quiet place to study during the school closure, and most of the remainder had a quiet place at least ‘sometimes’. Similarly, just 7% of 22-year-old students said that they ‘never’ had a quiet place to study, with the remainder split almost equally between ‘sometimes’ and ‘always’ (having a quiet study area).

The vast majority of 22-year-old students (91%) ‘always’ had access to a suitable computer compared to three-quarters of 12-year-olds; most of the remaining children said it was ‘sometimes’ true that they had access to a suitable computer. This pattern suggests that 22-year-olds were highly likely to have their own computer whereas 12-year-olds may have had to share one with siblings, with a parent, or not had one at all.



The biggest difference between the cohorts related to access to online classes, with three-quarters of 22-year-old students 'always' having access to online classes (plus 21% 'sometimes true', also Figure 3). In contrast, however, most 12-year-olds did not have regular access to online classes – just 19% said it was 'always true' and it was 'sometimes true' for another 19%.

Third-level students were more likely than primary or secondary pupils to see benefits in studying at home.

A minority of students in both cohorts agreed that it was 'always true' that there were benefits to learning from home (12% each) although half of 22-year-olds and a third of 12-year-olds said it was 'sometimes true'. Although participants were not asked what they liked (or not) about learning from home, it may be that older students managed self-directed learning better than their younger counterparts and/or that 12-year-olds missed more of the peer interaction and other activities associated with attending school.

Having said that, over half of 22-year-old students (58%, Figure 3) listed a difficulty with study as one of the effects of the pandemic. In answer to a similar, but not identical, question, over half of 12-year-olds reported at least some difficulty with study – although the majority of these said this was 'sometimes' rather than 'always' true for them.

A majority of parents of 12-year-olds (77%) described their home internet access as either 'very' or 'mostly' adequate during the school closure period (not illustrated). Half of 22-year-old students said it was 'always true' that their broadband was good enough to engage with online learning and most of the remainder said it was 'sometimes true'. However, it should be noted that participants in both cohorts might have been less likely to complete the online survey for *Growing Up in Ireland* if they had poor-quality access to the internet.



Return to school for Cohort '08

Most children in primary or secondary school returned to classrooms in September, having vacated them in mid-March. Schools had new protocols in place to reduce the risk of COVID-19 transmission such as the formation of 'bubbles' and 'pods' with no or limited mixing outside of those groups, and changes to the physical environment. Among 12-year-olds in the survey, 90% felt it was 'always true' that they knew what was expected of them in terms of COVID-19 rules and over two-thirds said it was 'always true' that students were consulted about managing the COVID-19 rules in the school (not illustrated).

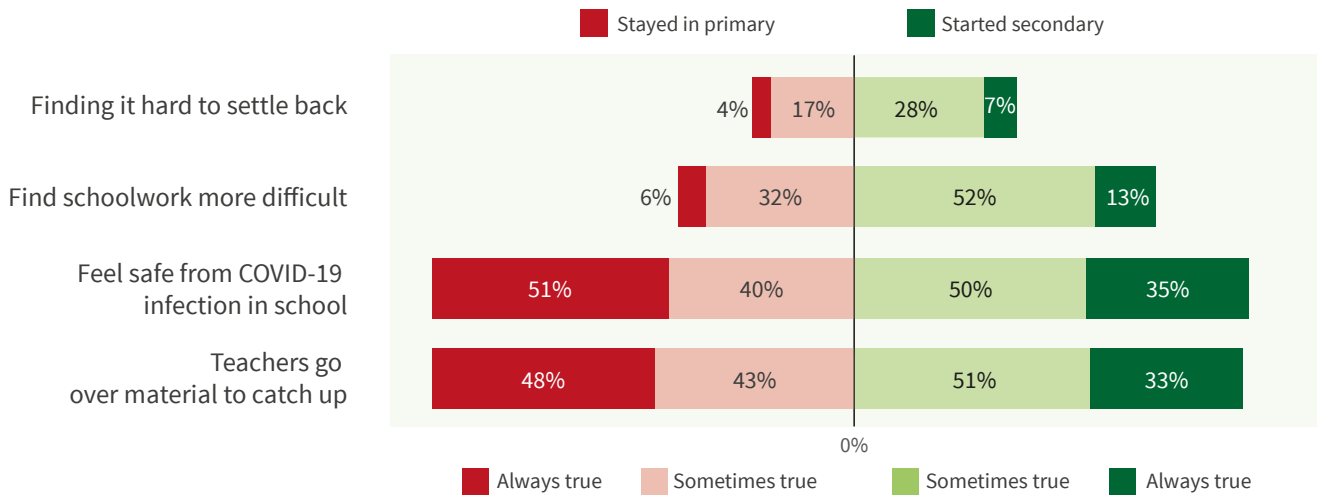
Given their age (12 going on 13 years), two-thirds of children in the survey actually transitioned from primary to secondary school at the point of their return in September 2020. These children would have had to adjust to a new school, new teachers, a new way of learning and new peers. Children who remained in primary school would have been due to advance a year group, which would likely mean a new teacher and classroom, even if they were staying in the same school.

For two-thirds of 12-year-olds, the return to school (in September 2020) after the March-May lockdown coincided with their transition from primary to second-level education.

Differences for primary and secondary school pupils

Comparing the responses of 12-year-olds who continued in primary school when schools re-opened to those who transitioned to second-level (Figure 4) shows that this transition was associated with more negative experiences. While the majority of 12-year-olds had no difficulty settling back into school after lockdown and summer holidays, more of those who moved to secondary had difficulty at least sometimes (35% vs 21% staying in primary). They were also more likely to report finding schoolwork more difficult (65% vs 38%) and it was less likely to be 'always true' that teachers had gone over material to help them catch up (33% versus 48%), although over half said it was 'sometimes true' (of second-level teachers). Children who had started secondary school were less likely to say it was 'always true' that they felt safe from COVID-19 infection in school (35% vs 51%) but more likely to be 'always' consulted about managing COVID-19 rules (73% vs 63% – not illustrated).

Figure 4: Challenges in returning to school for 12-year-olds: 'sometimes true' and 'always true' responses comparing children who stayed in primary or transitioned to second-level education



Twelve-year-olds who started secondary school in September 2020 were more likely to report negative experiences around the return to school, including finding schoolwork difficult.

The biggest difference between secondary and primary school students was in relation to mask-wearing: virtually all second-level students (99%) and few primary students (5%) said it was ‘always true’ that they had to wear a mask in school (not illustrated). Of those students who were required to wear a mask, 15% said it was ‘always true’ and 44% ‘sometimes true’ that it interfered with their learning.

Missing school for COVID-related reasons

Since the schools reopened in September, some children had missed school for COVID-related reasons. Just under 10% of 12-year-olds reported missing school because they either had COVID-19 or COVID-19 symptoms.² A slightly bigger group – 12% – missed school because someone in their family or another close contact (not at school) had COVID-19 or were waiting on test results.

Missing school because of COVID-19 within the school affected smaller groups of students: just under 3% missed school because someone in the child’s class or school bus had COVID-19 and just over 2% missed school because the whole class or school had to stay home. However, a bigger group of children (26%) said they had missed school since September for a reason unrelated to COVID-19.

Between September and December 2020, nearly one-in-ten 12-year-olds missed school because they had COVID-19 or its symptoms.

Disruptions for third-level students

The situation was somewhat different for participants in the older cohort who were in education when the pandemic struck or since then (64% of them). At age 22 years, these individuals would likely have been nearing the end of an undergraduate course or starting a postgraduate one. While third-level institutes moved to remote learning in March along with schools, the return to in-person teaching in September was not universal. A total of 10% of students said it was ‘always true’ that their institute provides or had provided on-campus classes, although just over one-quarter said it was ‘sometimes true’.

The main disruptions to third-level education or training – as a result of the pandemic – were ‘missing out on work experience or an internship’ (23%) and ‘not getting to take exams’ (27% - not illustrated). Some students (22%) felt they ‘didn’t do as well as expected’ but very few dropped out of their course because of the pandemic.

² All 12-year-olds were asked if they had to take time off school because they “had COVID-19 or symptoms of COVID-19”. Answers are based on their own perception and do not necessarily reflect an independently verified diagnosis.

Health

COVID-19 for households

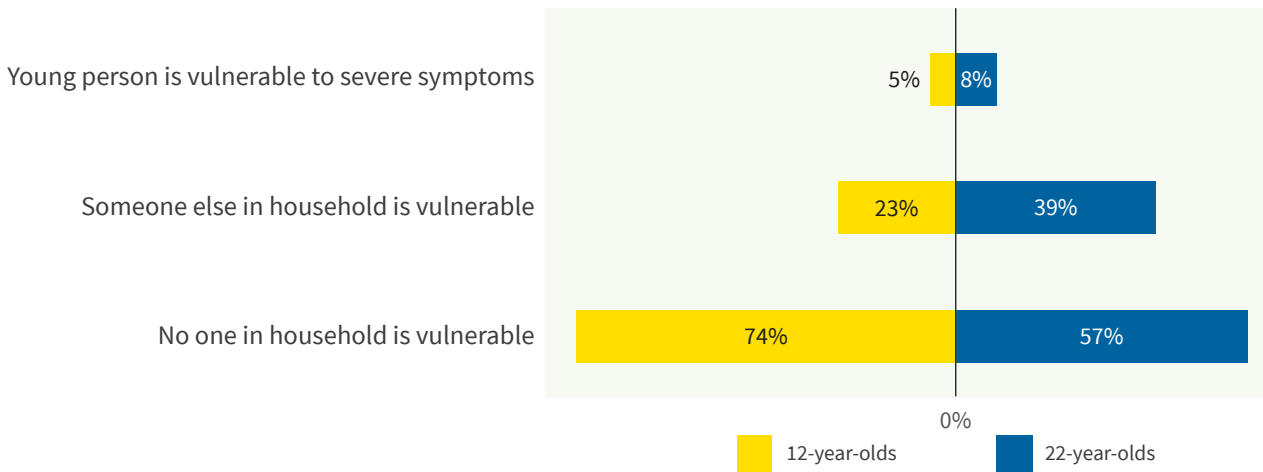
A total of 4% of 22-year-olds reported that they had had COVID-19 by the time of the survey (December 2020). As previously noted, 10% of 12-year-olds had missed some school because they had COVID-19 or COVID-like symptoms.

A minority of both cohorts reported a family member or close contact with COVID-19 (not illustrated). Among 12-year-olds, 15% of children said they had missed school because a family member, classmate or other close contact had COVID-19 or was waiting for test results (see earlier section). Their parents separately reported that 3% of them (i.e. the parent themselves) had had COVID-19, and 8% that a family member had had COVID-19 (but not necessarily someone residing with them). Among 22-year-olds, 15% said that a family member or close friend had had COVID-19.

Living with, or being, someone vulnerable to severe COVID-19 symptoms is illustrated in Figure 5. Nearly 40% of 22-year-olds (39%) reported living in a household with at least one other person at increased risk of severe COVID-19 and a further 8% described themselves as vulnerable. Vulnerability in households with 12-year-olds was reported by their parents; 5% said that the child was vulnerable. Combining the responding parents who described themselves as vulnerable along with 'someone else', almost one-quarter (23%) of 12-year-olds lived with someone vulnerable to severe COVID-19.



Figure 5: Presence of people vulnerable to severe COVID-19 symptoms in the households of each cohort (reported by parents for 12-year-olds)*



*Respondents were asked if there were 'any members of your household who are at increased risk of severe COVID-19 disease due to age or a pre-existing condition?'. Note: for households with 12-year-olds, 'someone else' sums the reporting parent (if vulnerable) with other vulnerable household members, but excludes the 12-year-old themselves.

Over a third of 22-year-olds and a quarter of 12-year-olds were in a household with at least one person who was at increased risk of severe COVID-19 symptoms.

Perceived compliance with public health guidelines

Compliance with public health guidelines has been of central concern because of its importance in limiting the pandemic. To tap into whether young people themselves felt compliance was an issue, both 12-year-olds and 22-year-olds were asked about their perception of how seriously their peers took COVID-19. Among the younger group, over two-thirds felt it was at least 'sometimes true' that their classmates didn't take it seriously (69%; Table 2).

For the older group, just under a third of 22-year-olds 'strongly agreed' or 'agreed' that their friends did not take the disease seriously. Almost 60% agreed that they were 'happy enough' to keep to COVID-19 restrictions but 22% disagreed (not illustrated).

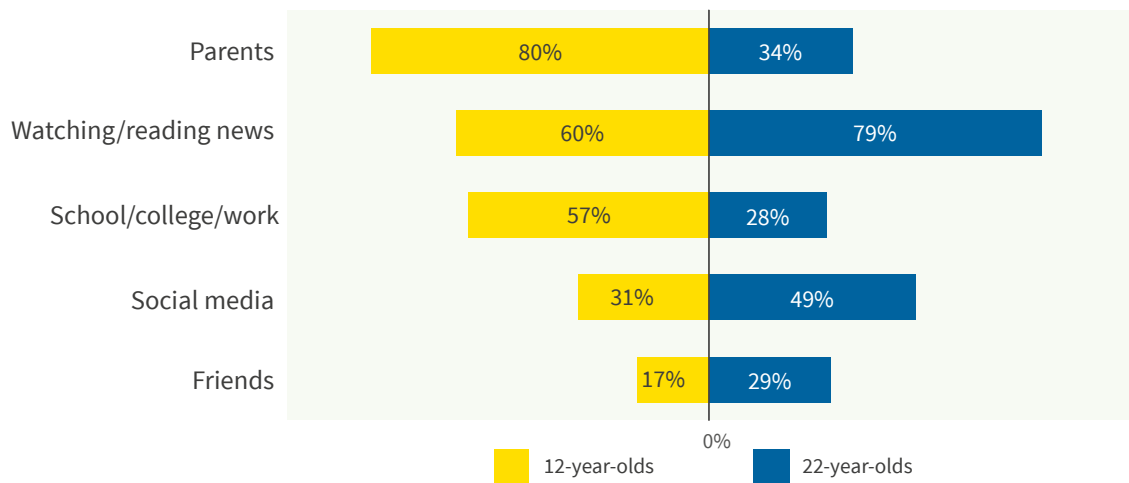
Table 2: Perception of how seriously peers were taking COVID-19 among 12-year-olds (yellow shading) and 22-year-olds (blue shading)

12-year-olds: 'I don't think my classmates take the disease seriously'	Always true	Sometimes true		Not true	
	11%	58%		31%	
22-year-olds: 'I don't think my friends take the disease seriously'	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
	8%	23%	29%	31%	10%

Sources of information about COVID-19

In the context of a rapidly evolving situation – and concern about the dissemination of erroneous or deliberately false information about COVID-19 – what sources young people have relied upon for information is of particular policy interest.

Figure 6: Sources of information about COVID-19 for 12-year-olds and 22-year-olds



As shown in Figure 6, 12-year-olds were more likely to view their parents as an important source of information about COVID-19 (80% versus 34% of 22-year-olds). Twelve-year-olds endorsed 'watching or reading the news' as a source of information just as often as 'school' (60% vs 57%). The news was the most common source of information for 22-year-olds (79%), whereas 'college/work' and 'friends' were the least common (28% and 29% respectively). Nearly a third of 12-year-olds said that 'social media' provided them with information on COVID-19 compared to nearly half of 22-year-olds.

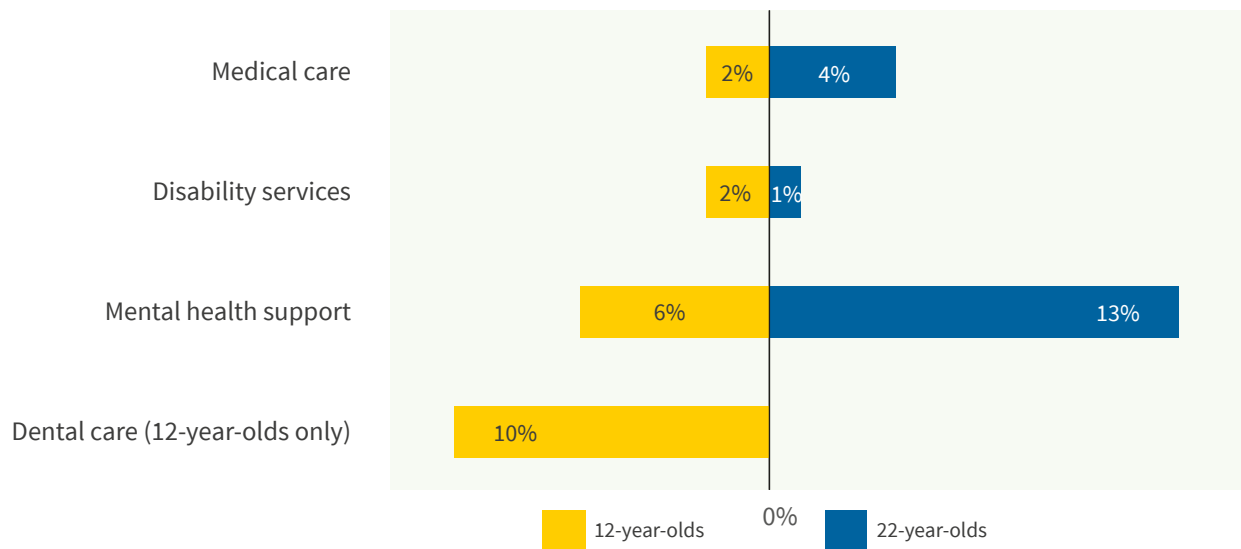
Parents were the most important source of information about COVID-19 for 12-year-olds but for 22-year-olds it was watching or reading the news.

Disruption to health service utilisation

The restructuring of resources in the health service for the pandemic, as well as difficulties in providing in-person care for some services, led to concerns as to whether people might miss out on other necessary healthcare. The parents of 12-year-olds indicated low levels (6% or less – Figure 7) of the child missing out on needed services in relation to medical care, disability services, or support for problems with emotional or mental health problems – at least by the time the online survey was conducted in December 2020 – but 10% had missed necessary dental care.

While very few 22-year-olds who completed the survey self-reported missed care in relation to disability services,³ 4% said they had gone without necessary medical care because of the pandemic (Figure 7). A higher proportion of 22-year-olds (13%), compared to 12-year-olds, had not received needed support for emotional or mental health problems.

Figure 7: Percentage of 12-year-olds (parent-report) and 22-year-olds (self-report) who missed out on other health and support services because of the pandemic



More than 10% of 22-year-olds felt they had missed out on needed mental health support because of the pandemic.

Emotional well-being

Low mood

Low mood, as indicated by short measures of symptoms associated with poorer mental health, was prevalent among participants in both cohorts. The 12-year-olds completed a short, five-item measure called the MHI5 while the 22-year-olds of Cohort '98 completed the eight-item CES-D 8 which had also been used in the previous wave at age 20.⁴

Table 3: Proportions of 12-year-olds and 22-year-olds scoring in the 'low mood' range of their respective measures (MHI5 and CES-D 8)

12-year-olds		22-year-olds	
'Low mood' (on MHI5)	Better than 'low mood' group (on MHI5)	'Low mood' (on CES-D 8)	Better than 'low mood' (on CES-D 8)
22%	78%	48%	52%

Note: It is important to note that 12-year-olds and 22-year-olds completed different measures of mood which have different thresholds.

More than one-in-five 12-year-olds were in the 'low mood' group using the MHI5 measure (Table 3). Twelve-year-olds in this 'low mood' group were more likely – than those with more positive scores – to say it was 'always true' that they found it difficult to settle back into school (18% vs 3%), were worried about a family member being affected by the virus (51% vs 34%) and argued with their parents more than usual (15% vs 4%).

On their (different) measure, the 22-year-olds had a greater prevalence of 'low mood'. Almost half of them (48%) had elevated scores on the CES-D 8 measure of depressive symptoms. This had increased substantially from the 27% with elevated scores (using the same measure and cut-off point) two years previously, when they were aged 20.

³ Note that the online survey was self-completed by 22-year-olds, rather than their parent/guardian; therefore young adults with more severe disabilities may not have been in a position to report missed services in this format.

⁴ While there is no 'fixed' cut-off point for these scales, the Study Team used a cut-off point of 60 or below to indicate low mood for the MHI5 based on work by Kelly et al. (2008) and Leeuwen et al. (2012). A threshold of 7+ was used with adults completing the CES-D 8 in keeping with previous waves of *Growing Up in Ireland*.

The individual items of the CES-D 8 scale indicated that, as at the previous wave (at age 20), symptoms of restless sleep and feeling lonely were commonplace among 22-year-olds. Approximately a third of 22-year-olds reported these (individual) symptoms on at least three days in the previous week.

Both measures of low mood displayed gender differences, which are discussed in a later section.

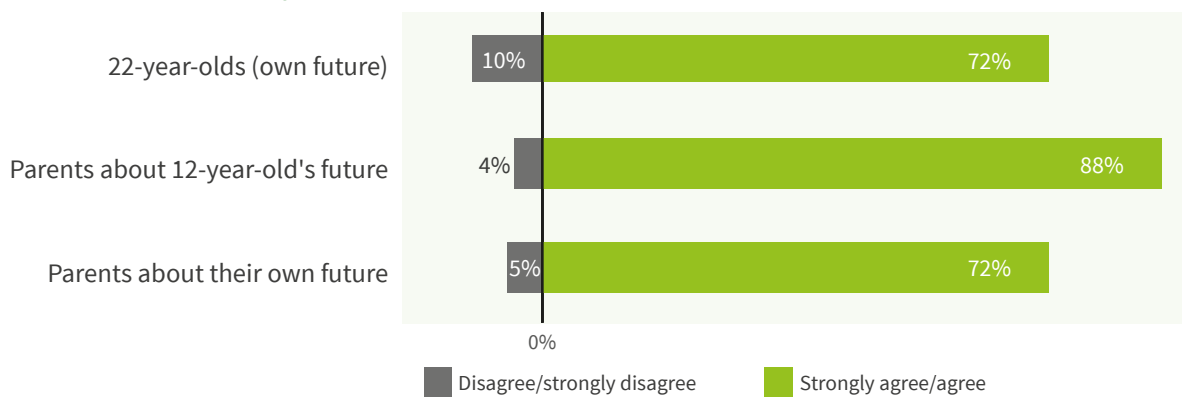
The proportion of young adults with elevated scores on a measure of depressive symptoms increased substantially since pre-pandemic levels measured at age 20.

Optimism for the future

Both cohorts were asked to rate their optimism for the future on a five-point scale ranging from 'strongly agree' to 'strongly disagree' (that they were optimistic about the future). Parents of 12-year-olds completed the same question in relation to, separately, their own future and their child's (Figure 8).

Even though most 22-year-olds (72%) agreed that they were optimistic about the future (also Figure 8), they were somewhat less positive than parents of the younger cohort, 88% of whom were optimistic about their child's future and 72% about their own. In addition, 22-year-olds tended to 'disagree' more often (as opposed to being neutral/not sure).

Figure 8: Optimism about the future among 22-year-olds and parents of 12-year-olds



Despite current difficulties, most participants in both cohorts were optimistic about the future.

The 12-year-olds were the most optimistic of all (Table 4). On their survey, they were asked to rate how much they were looking forward to next year on a scale of 1 to 10, where 1 was 'really worried' and 10 was 'really excited'. A very high proportion, 29%, gave the most positive rating of 10 and just 15% rated their enthusiasm for next year (2021) as 5 or less.

Table 4: Percentage of 12-year-olds at each rating of 'looking forward to next year' where 1 was 'really worried' and 10 was 'really excited'

How much looking forward to next year from 1 - 10					
5 or less	6	7	8	9	10 'really excited'
15%	8%	16%	19%	13%	29%

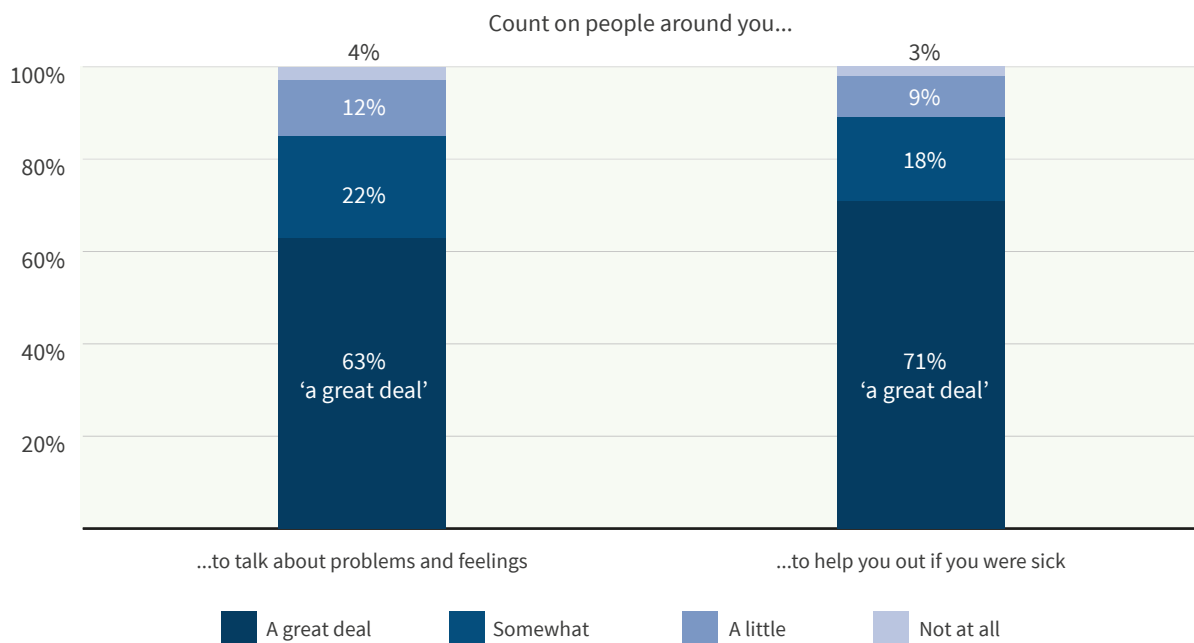
Although 22-year-olds were reasonably optimistic about the future, they were somewhat less positive about their current situation. When asked to rate, on a scale of 0 to 10, how satisfied they were with life, very few gave the most positive answer of 10 out of 10 ('completely satisfied'). As shown in Table 5, the modal answer was '7 out of 10' (20%) although the mean was just under 6 out of 10. The median was 6 out of 10 in the COVID-19 survey, which was slightly lower than the median of 7 out of 10 for these young people when they were 20 years old.

Table 5: Life satisfaction ratings out of 10 for 22-year-olds where 10 = 'completely satisfied'

Life satisfaction on a scale of 0 - 10						
3 or less	4	5	6	7	8	9 or 10
18%	9%	16%	15%	20%	13%	8%

Despite their disappointment with the current situation, many 22-year-olds did feel supported by the people around them (Figure 9). Nearly two-thirds (63%) said they could rely on the people around them 'a great deal' if they needed to talk about their problems and private feelings. Almost three-quarters (71%) of 22-year-olds said they could rely on the people around them 'a great deal' to help them out if they were sick in bed.

Figure 9: How much 22-year-olds could count on the people around them for support to talk about problems and feelings or help them if they were sick in bed



Most 22-year-olds felt they had someone to talk to about problems and/or could offer practical help if they got ill.

Household context and changes during the pandemic

Changes in work for parents of 12-year-olds and 22-year-olds

A majority of 22-year-olds (76%) and both parents⁵ of the 12-year-olds (70% and 89% respectively) were in employment at the start of the pandemic or at some time since then (Table 6). Information on changes in employment is expressed as a percentage of those in employment only unless otherwise indicated.



⁵ Note that changes in employment for the second parent were reported by the first parent, not self-reported by the second parent directly.

The 22-year-olds of Cohort '98 were the most likely to report losing their jobs or being temporarily laid off (46%) compared to the older adults who were the parents of the 12-year-olds in Cohort '08 (22% and 19% for parent one and parent two respectively). There was little difference in the percentage reporting other reductions in work, however (9-12%).

The parents were more likely to report some other change in work or pay, especially the parent surveyed (who was often the child's mother). Nearly half of this group (47%) reported some change, the most common of which was a shift to remote working.

Over four-in-ten 22-year-olds in the survey received the Pandemic Unemployment Payment at some stage. Among all parents of the 12-year-olds, 31% said that 'someone in their household' had been in receipt of this payment.

Table 6: Effects of the pandemic on employment for 22-year-olds (blue), and the parents of 12-year-olds (yellow). Circled values highlight the most frequent type of change for each category of participant.

	In employment before or since pandemic started	And of those in employment . . .			
		. . . no change in work or pay	. . . lost job or were temporarily laid off	. . . other loss or reduction in pay/ hours	. . . another change in work such as remote working
22-year-olds	76%	14%	46%	11%	28%
Parent one of 12-year-olds	70%	22%	22%	9%	47%
Parent two* of 12-year-olds	89%	32%	19%	12%	36%

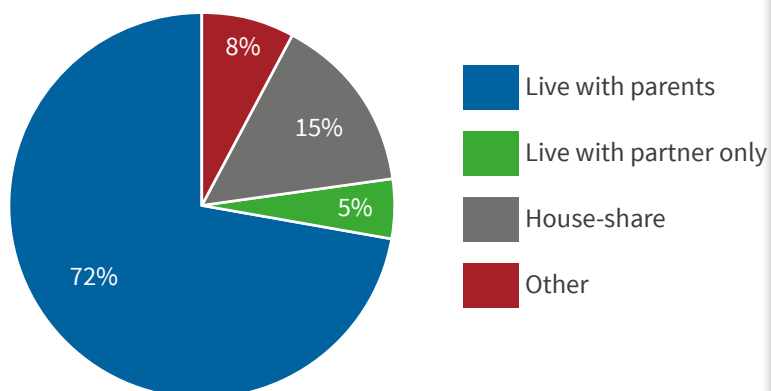
*These figures relate solely to those households where both parents were present (85% of Cohort '08 families).

In terms of their current economic status at the time of the survey, 10% of 22-year-olds described themselves as unemployed. Over half (58%) were in full- or part-time employment and 38% were doing a full-time third-level course. There was, however, overlap in these roles with 14% of 22-year-olds working while doing a full-time course.

Living arrangements during the pandemic

At the time of the survey, a majority of 22-year-olds (72%) were living with their parents (Figure 10); although current size of household was not collected for this cohort, young adults who lived at home at age 20 typically resided with at least three other people. Over a fifth of 22-year-olds had moved back in with parents since the start of the pandemic (although they were not necessarily still living with them in December 2020) while just over 10% had moved out. A small number (6%) had moved in with a partner (changes are not illustrated).

Figure 10: Current living arrangements for 22-year-olds



The second most common living arrangement for 22-year-olds at the time of the survey was 'living in a house/flat-sharing arrangement – at least some not related to me' (15%). This information is important in the context of the pandemic because it shows that most 22-year-olds live with other people.

A majority of 22-year-olds lived with their parents at the time of the survey, and over 20% had returned to the parental home during the pandemic.

This has implications for self-isolating and transmission of the virus in shared households, but also means that most 22-year-olds should have access to some support if they became ill. As noted earlier, 71% said they could rely on others ‘a great deal’ to help out if they became ill.

Amongst 12-year-olds in Cohort ‘08, 83% lived in two-parent families and 17% lived in one-parent families at the time of this survey (Table 7). Fifteen per cent of 12-year-olds lived with just one or two other people, but it was more usual for them to be sharing their home with three or four others (one third each). Almost one-in-five children (18%) lived with more than four people.

Table 7: Household size and structure of 12-year-olds

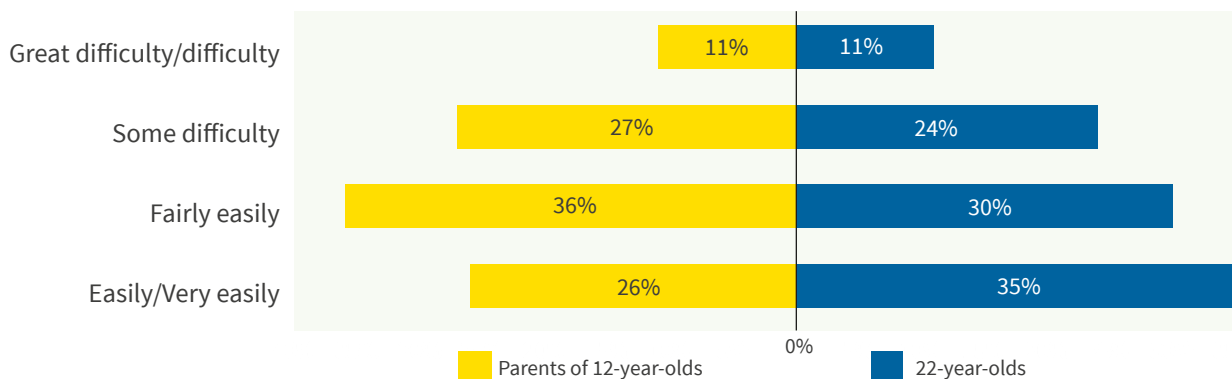
FAMILY STRUCTURE			
One-parent	Two-parent		
17%	83%		
NUMBER OF PEOPLE LIVING WITH THE 12-YEAR-OLD			
1 or 2 others	3 others	4 others	5+ others
15%	34%	33%	18%

Difficulty making ends meet during the pandemic

As shown in Figure 11, the proportions of 22-year-olds and the parents of 12-year-olds reporting various degrees of difficulty in making ends meet (in December 2020) were quite similar. For both cohorts, two-thirds were able to make ends meet at least ‘fairly easily’.

Around one-in-ten were experiencing financial strain, as defined by having ‘difficulty’ or ‘great difficulty’ in making ends meet. The perception of making ends meet is of particular interest in the current context because it reflects a decrease in outgoings as well as changes in money coming in.

Figure 11: Difficulty in making ends meet for 22-year-olds and parents of 12-year-olds



Differences by income

A selection of the more striking findings regarding income and income-based differences are presented in this section.⁶

The overall pattern of ease or difficulty in making ends meet was shown above. There were pronounced differences within cohorts by household income category (not illustrated). Almost half of the highest income families⁷ in Cohort '08 (i.e. parents of 12-year-olds) were making ends meet 'easily' or 'very easily' compared to just 14% of families in the lowest income group (with 26% of these families experiencing 'difficulty' or 'great difficulty').

There were also differences according to family income background among the 22-year-olds, although the gap was not as wide (possibly due to the 22-year-old having their own income but fewer dependants). Almost half (48%) of 22-year-olds from families in the highest income group were making ends meet 'easily' or 'very easily'; compared to 24% among those whose families had been in the lowest income group.

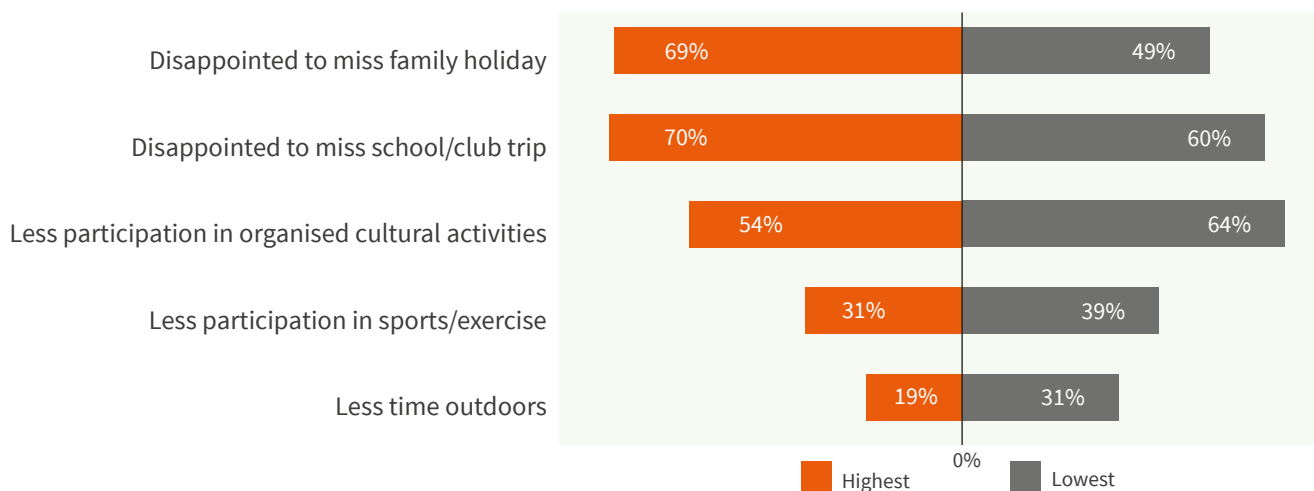
Families and individuals who were in the lowest income group pre-pandemic were the most likely to be currently having difficulty making ends meet.

Missed events and activities

From the perspective of the 12-year-old child, some of the more prominent differences between those in the highest and lowest income groups related to missing out on activities due to the lockdown. As shown in Figure 12, children in the highest income group were more likely to have been disappointed to miss out on excursions such as a family holiday or a trip with a school or club. This could reflect a situation where higher income families were more likely to have planned such trips before the pandemic so their cancellation resulted in disappointment.

Children in the lowest income groups were more likely to say they had less participation than usual in organised cultural activities or sports and exercise, and that they were spending less time outdoors.

Figure 12: Self-reported effects of lockdown on 12-year-olds' participation, comparing children in the highest and lowest income groups



Home learning resources

At the time of the school closures in March, and since, there have been concerns that families in lower income households would have fewer resources to support in-home learning. The parent-reported trends from *Growing Up in Ireland* are consistent with these concerns. As shown in Figure 13 (opposite page), parents of 12-year-olds in the lowest income group were less likely to report that their family's internet connection or their internet-connected devices were 'very' or 'mostly adequate' (circa 60% for the lowest income group vs 80% for the highest income group for both).

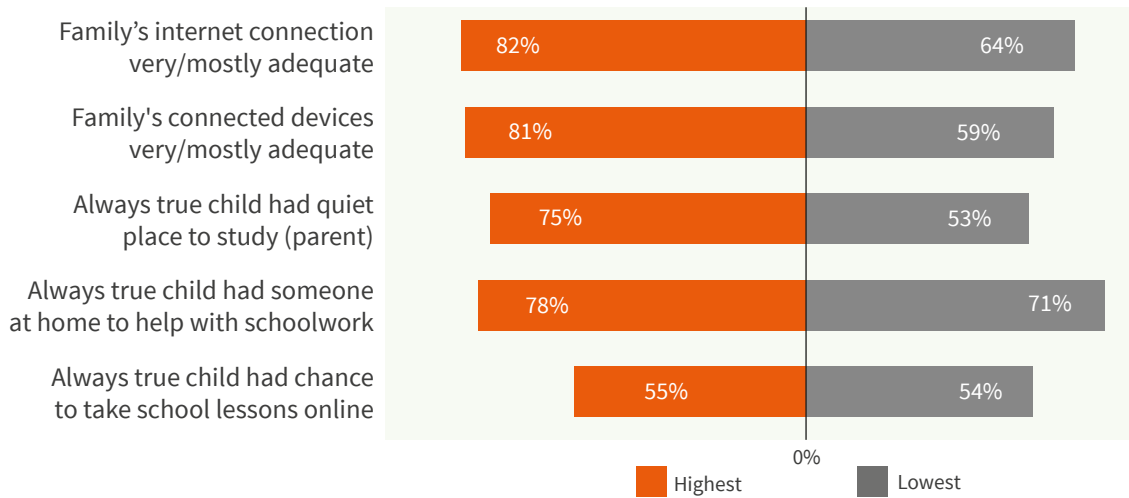
They were somewhat less likely to say that it was 'always true' that there was someone at home to help the child with their schoolwork, although this gap was much less pronounced (71% lowest income vs 78% highest).

More of the parents in the highest income group said that their 12-year-old 'always' had a quiet place to study (75% vs 53%, Figure 13), but the gap was smaller according to the children's reports ('always true' for 51% of high income children vs 47% of low income children, not illustrated). Despite the differences in internet access and devices, there was no difference between the highest and lowest income groups when it came to the child having the chance to take school lessons on the internet (just over half 'always true' for each).

⁶ Unless otherwise stated, the differences by income noted in this section are statistically significant.

⁷ The categorisation of 'highest' and 'lowest' income is based on the family's income quintile (fifth) at the previous wave of main data collection, not at the time of the COVID-19 survey.

Figure 13: Differences in parent-reported resources for 12-year-olds during the March 2020 school closure – comparing highest and lowest income groups in Cohort '08



Students in both cohorts (12-year-olds and 22-year-olds) were less likely to have a quiet place to study or adequate internet if they were from low income families.

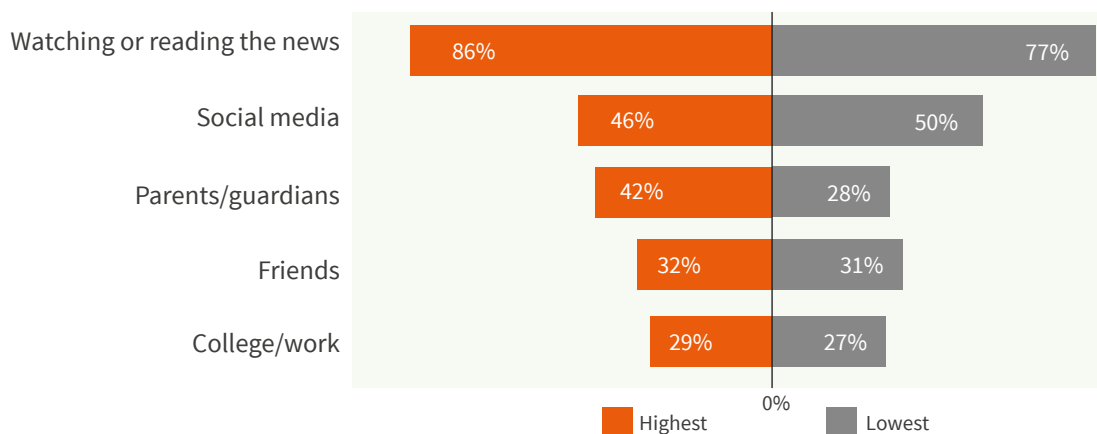
The reported experience of many of the 22-year-olds of Cohort '98 who were students highlighted inequalities in resources for studying at home, and for many of these students in-person teaching did not resume in September as it had done for primary and secondary pupils. Just under two-thirds of the 22-year-olds who took part in the survey were on an education or training course immediately before the pandemic or any time since then. Recent/current students were more likely to be from families in the highest income group (80%) than the lowest (49% - not illustrated).

Among these students, those with a high income background were more likely to say that it was 'always true' that they had a quiet place to study (59% vs 37% among the lowest income group), had access to a computer (97% vs 81%) and that their broadband was good enough to engage in online learning (63% vs 42% - not illustrated).

COVID-19 – information and risk

When it came to getting information about COVID-19, there were some interesting differences by income between 22-year-olds. More 22-year-olds from the highest income backgrounds than from the lowest income backgrounds felt that their parents and watching or reading the news were important sources of information about COVID-19 (see Figure 14). The high and low income groups did not differ, however, in terms of the perceived importance of social media, friends and college/work.

Figure 14: Important sources of information about COVID-19 for 22-year-olds in the highest and lowest income groups



The 12-year-old participants of Cohort '08 (who had been asked the same questions about sources of information on COVID-19) showed the same trend with regard to news: two-thirds of children from the highest income group (67%) said this was an important information source for them compared to just over half (54%) of children from low income backgrounds (not illustrated). There were no other income trends on this question for the younger cohort.

For both cohorts, households in the lowest income group were more likely to have someone who was vulnerable to severe symptoms of COVID-19 (considering any of the child, parent of 12-year-old or someone else in the home). For 12-year-olds, as reported by their parent, the comparison was 34% (lowest income) and 20% (highest income). For 22-year-olds, the equivalent comparison was 50% and 36% (lowest and highest income groups, respectively).

More of the 22-year-olds from higher income families than from lower income families lived with their parents (72% versus 64%), so the group differences in living with a vulnerable person did not seem to be due to more low income 22-year-olds living with their parents.

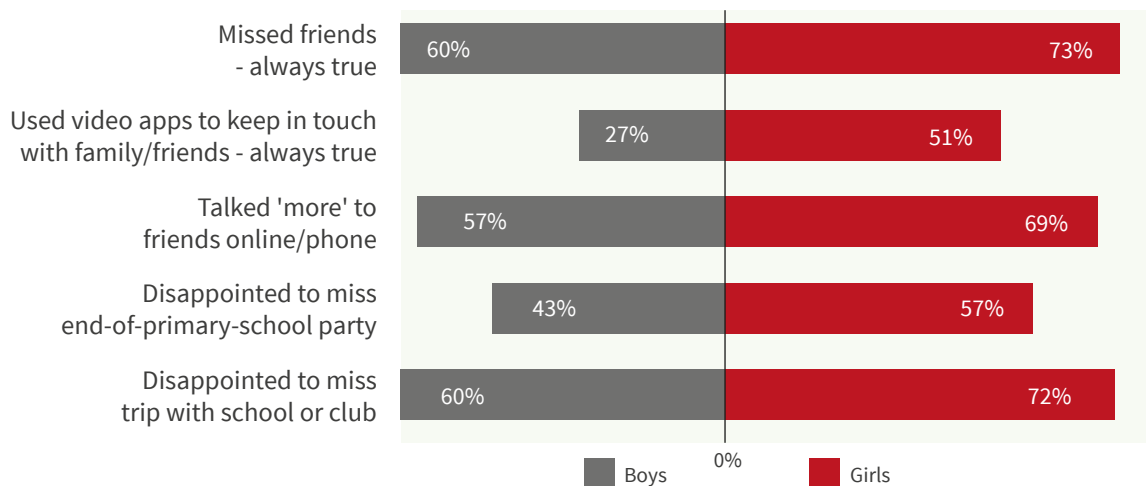
Low income families in both cohorts were more likely to live with someone vulnerable to severe COVID-19 symptoms.

Gender differences

Social contacts

Among the younger cohort of 12-year-olds, many of the gender differences related to the greater importance attached to social contacts by girls. As shown in Figure 15, girls were more likely than boys to miss friends and to keep in touch with them remotely. They were also more likely to be 'disappointed' about missing events such as the end of school party or a trip with a school or club.

Figure 15: Gender differences in perceptions of changes in social contacts among 12-year-olds



In contrast, among 22-year-olds in the older cohort, the percentage who said they had 'more' contact with friends online or by phone was similar for both genders (46% for men and 49% for women).

Low mood

There was a shared trend between the cohorts for female participants to report more emotional distress. Among 12-year-olds, 28% of girls and 17% of boys were in the 'low mood' group (according to the MHI5 – not illustrated). Among 22-year-olds, using a different measure (CES-D 8), over half of young women (55%) had elevated scores for depressive symptoms compared to 41% of young men. More details on these measures are given in the main section on emotional well-being earlier in this report.

While many participants in both cohorts reported increases in symptoms of low mood and the consumption of 'junk food and sweets', this was more common for girls and young women.

Increases in unhealthy eating

Another interesting trend in common between the cohorts related to changes in the consumption of junk food and sweets. Female participants in both age-groups were more likely to report that they had eaten 'more' of these foods since the start of the pandemic: 33% of girls versus 26% of boys among 12-year-olds and 49% women versus 39% men among 22-year-olds (not illustrated).

Conclusion

COVID-19

This Key Findings report provides new information on the experiences of children and young adults during the pandemic and offers an important evidence base for policies to support these groups. Many were directly affected by the illness; 4% of 22-year-olds reported having COVID-19 and 10% of 12-year-olds missed school because they had COVID-19 or its symptoms. A larger number (15% and 10% respectively) had a family member or close contact who had COVID-19. Watching or reading news, rather than social media, was an important avenue of information for both cohorts (79% of 22-year-olds and 60% of 12-year-olds), indicating the role of mainstream media in public health messaging for adolescents and young adults.

REMOTE LEARNING

The first 'lockdown' involved the closure of educational institutions, with a shift to remote learning. Among 12-year-olds, a significant proportion reported not having access to suitable computer equipment or a quiet place to study, and most did not have access to online classes. Those from lower income households were less likely to have the space and equipment to study. The findings suggest that learning loss over the first period of school closure is likely to have been greater for more disadvantaged groups, highlighting the need for differentiated supports to address this learning gap as schools re-open. Twenty-two-year-olds in education or training prior to the pandemic were more likely than their younger counterparts to have access to online classes. However, similar differences by income were evident, with more disadvantaged groups less likely to have a quiet place to study and adequate broadband.

WORK

When the pandemic struck, over half (58%) of the 22-year-olds were in employment, either on a full-time basis or combined with study. Almost half of those who had been in employment lost their job or were temporarily laid off as a result of the pandemic. Evidence from previous recessions indicates that leaving school or college during an economic downturn has a long-term scarring effect on young adults, impacting on their employment quality and pay levels for years afterwards. The provision of employment and training supports to help young adults secure employment as the economy re-opens will therefore be an important policy issue.

MENTAL HEALTH

Almost half (48%) of the 22-year-olds had elevated scores on a measure of depressive symptoms, much higher than the 27% who fell into this group two years ago (at 20 years of age). More than one-in-five 12-year-olds were in the 'low mood' group. There were striking gender differences for both cohorts, with much greater prevalence of low mood or depressive symptoms among females. These findings have important policy implications regarding the need to provide targeted supports for those groups of children and young people who have experienced the greatest socio-emotional difficulties. Further research could usefully unpack the extent to which the patterns found are driven by the disruption to education and employment, the reduction in face-to-face contact with friends and direct exposure to the virus.

FURTHER RESEARCH

This Key Findings report provides summary information on the experiences of 12- and 22-year-olds during the pandemic and points to the potential strengthening of inequalities in outcomes. Further research could examine the cumulative impact of different aspects of the pandemic restrictions to better develop and target supports towards specific groups. The *Growing Up in Ireland* study also provides a unique opportunity to trace the medium- and longer-term impact of the pandemic as the cohorts move into adolescence and adulthood.

About the study

Growing Up in Ireland is the national longitudinal study of children designed to inform policy affecting children, young people and their families. It is funded by the Department of Children, Equality, Disability, Integration and Youth who manage it in association with the Central Statistics Office. The study is carried out by a consortium of researchers led by the Economic and Social Research Institute (ESRI) and Trinity College Dublin (TCD).

The study follows two cohorts of children, born roughly a decade apart. The families of Cohort '08 (the Infant Cohort) were first interviewed in 2008/09, when the child was 9 months old. They were re-interviewed when the child was 3 years, 5 years, 7/8 years (postal survey) and 9 years old. The next full wave of this cohort is planned for 2021 when they will be 13 years old. At the time of this special COVID-19 survey, 87% were 12 years old but 13% had just turned 13 (i.e. those born in December '07).

Cohort '98 (the Child Cohort) includes children born mostly in 1998 and recruited into the study when they were 9 years old in 2007. They were subsequently interviewed at 13 years, 17/18 years and at age 20 in 2018/19. At the time of the COVID-19 survey, 87% were 22 and 13% were 23 years old.

About this COVID-19 survey

By necessity, the special COVID-19 survey had to be online-only and short (about 10 minutes). It was hosted by the Central Statistics Office. A short web survey will have some limitations, including lower response rates and less content than a face-to-face survey. However, results from earlier waves suggested that access to the internet was not a limiting factor. The emphasis in this report was to publish timely results on a wide range of dimensions, leaving more in-depth analysis for later projects.

Participants who were living in Ireland and had not withdrawn from the main study were invited to participate in the online COVID-19 survey. The details and a unique identifier were sent by email (or text, if no email address was available). For Cohort '08, invitations were sent to the Primary Caregiver of the Study Child. For Cohort '98, the invitation was sent directly to the 22-year-old. The survey began on December 4 for Cohort '08 and December 11 for Cohort '98, and closed at the end of the month.

The table below shows the number of invitations issued



and response rate for each of the questionnaires. Some Cohort '08 households completed only one of the two surveys (Primary Caregiver or 12-year-old). In this set of Key Findings, the analysis is based on all valid responses (that is, including the 12-year-old's responses even if their parent did not respond). As in earlier in-home interviews, response rates tended to be lower for those from less advantaged backgrounds (lower income, lower parental education and social class) and – among the 22-year-olds only – for males than females. The data were weighted prior to analysis to ensure that the results represent the populations in terms of these characteristics.

Invitations and response rates for the COVID-19 survey

Questionnaire	Number of invitations issued	Number of completed surveys	% response rate
Primary Caregiver (Cohort '08)	8,643	3,901	45%
12-year-old (Cohort '08)	8,643	3,301	38%
22-year-old (Cohort '98)	6,810	2,277	33%

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

Acknowledgments

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