



A study on the Quality of Life Tool KIDSCREEN for children and adolescents in Ireland: Results of the KIDSCREEN National Survey 2005

1. What is the study's background?

This study was funded by the Office of the Minister for Children and Youth Affairs (now the Department of Children and Youth Affairs) under the National Children's Research Programme. The study was undertaken by Dr. Celia Keenaghan and Ms. Jean Kilroe of the Health Service Executive (HSE) and KIDSCREEN Group Europe.* The report was independently peer-reviewed and published in 2008.

2. What is the study's purpose?

This study was part of a European-wide project, covering 13 countries, to develop a standardised health-related quality of life instrument for children and adolescents. The purpose of this study was:

- » to validate the KIDSCREEN-52 health-related quality of life instrument for children and adolescents in Ireland and to provide reference data on individual dimensions of the instrument. The instrument is a standardised generic cross-cultural instrument, which assesses children's opinions, attitudes and feelings about their perceived health;
- » to provide reference data that can be used for the purposes of preventive health and well-being, provision of care and treatment, and management of healthcare services.

This briefing note summarises the method of research, key findings, conclusions and recommendations of the study. The full report is available on www.dcyia.ie

3. How was the study undertaken?

The study was carried out with 1,265 children, aged 8-17 years, from 39 randomly selected schools throughout Ireland. It involved two short self-completion questionnaires, the first designed for children aged 8-11 and the second for adolescents aged 12-17. Data were entered according to the international KIDSCREEN protocol and statistically analysed using an SPSS database developed by the international KIDSCREEN Group.

4. What are the key findings?

4.1 Instrument reliability

The results of the study confirm that the KIDSCREEN-52 health-related quality of life instrument is reliable and valid for use in the Irish context. Reliability was tested using Cronbach's Alpha coefficients and internal consistency levels ranged from 0.76 (social acceptance) to 0.89 (financial support). Convergent and discriminant validity were tested using information on the physical and mental health of the children and adolescents, and, again, strong correlations were identified. In addition, the reference data are highly correlated with the overall European average, with differences of 1% or less in mean T-values.

4.2 HRQoL of young people in Ireland

The findings show that, on average, mean scores range from 70-80, with the highest health-related quality of life (HRQoL) score being for social acceptance/bullying (at 85.30) and the lowest for

* The views expressed in this report are those of the authors and not necessarily those of the Department of Children and Youth Affairs.



For more information, please contact: www.kidscreen.org
Check out www.dcy.ie for full report of study

physical well-being (at 67.02). In general, girls rated their overall HRQoL across the 10 dimensions as lower than that of boys. Boys reported higher levels across the following HRQoL dimensions: self-perception, school environment, physical well-being and autonomy. Both boys and girls rated social acceptance/bullying and parent relations as the highest two dimensions. Girls rated self-perception as the lowest of all HRQoL dimensions.

5. What are the conclusions?

The key conclusions emerging from the study are:

1. **KIDSCREEN is an innovative project in research** with children and young people.
2. **The data generated by this survey contribute greatly to our understanding** of their lives and to our ability to measure their well-being.
3. **This type of research is central to progressing the implementation of a range of plans and strategies relating to the lives of children and young people in Ireland.** These include the National Children's Strategy, the current social partnership agreement (*Towards 2016*) and the WHO European Strategy on Child and Adolescent Health.
4. **KIDSCREEN complements other Irish research on children**, including ESPAD, HBSC and PISA, and an item on self-esteem from KIDSCREEN has been included in Ireland's 2006 *State of the Nation's Children* report.
5. **This research provides an important benchmark of key indicators of children's well-being in Ireland.** In planning and delivering services and in policy-making relating to child and adolescent health, best practice needs to be informed by quality research that involves children and adolescents.

6. What are the recommendations?

A number of recommendations arise from the research, as follows:

1. Use of KIDSCREEN in Ireland

- » It is recommended that KIDSCREEN be promoted for use in the evaluation of programmes aimed at improving the health-related quality of life of children and young people. Lodging of the data in the Irish Social Science Data Archive (ISSDA) is recommended to make the information accessible to a wide range of users.
- » The KIDSCREEN tool can be used in multidisciplinary research and clinical monitoring, and its use in smaller scale research studies can be benchmarked against the national reference data. A handbook has been developed by KIDSCREEN Group Europe describing all relevant user information necessary for applying the KIDSCREEN questionnaires.

2. Future development of KIDSCREEN in Ireland

- » Exploration of the use of the KIDSCREEN tool in out-of-school settings should be pursued.
- » Ireland should continue as a partner in the KIDSCREEN Group Europe and the project should be allied to an appropriate academic institution.

7. What are the benefits of the study?

The findings from this study provide reference data that can be used for the purposes of preventive health and well-being, provision of care and treatment, and management of healthcare services. This information is of significant value to people working with children and young people in their capacity as educators, researchers, health providers, social workers, policy-makers, health service planners, managers and health promoters. It is also of interest to parents and children themselves.