

Health Behaviour in School-aged Children survey (HBSC). The Irish HBSC has collected nationally representative data on Irish school-children aged 10-17 at three time points, 1998, 2002 and 2006. HBSC investigates a range of health related issues with school students, including behaviours like smoking, dieting and watching television, but also on the contexts in which young people live their lives, their schools, families, communities and their friendships.

The research sought to provide answers to some of the key questions concerning the quality of the data collected and thus help in the appropriate interpretation of the findings from HBSC. It also set out to answer some specific questions about children's lives that are appropriate to the current context of childhood in Ireland. Third it included a genuine attempt to make the research findings more accessible, for children and their parents, as well as for policy-makers and people working directly to improve children's lives.

In relation to the data quality, we have found that it may not be that important exactly when surveys are administered, there were no differences found between the answers of children collected before and after the summer, we also found that collecting data from groups of children at the same time did not seem to effect most of the things we were interested in finding out about. It seems that children do try to be honest in their responses to survey questions, and we found that when they tell us they do not know things (like their height and weight), then while some are embarrassed, most genuinely do not know the answers to the questions we're asking.

In relation to important questions about children's lives we found that the relationships that children have with each other and with important adults such as teachers and parents are important for their health, but that electronic communication, such as texting and email may not have the same benefits that come with face to face communication. While relationships are important, so is social capital, or the perceptions of the local community where children live. We found that there are interesting and consistent differences, both positive and negative, between children living in urban and rural areas, and within rural areas, between those growing up on farms and those who are not. In relation to smoking, it appears that the rates of smoking are decreasing, and alongside this, the average age of having your first cigarette is going up. However, those who do start smoking when they are very young appear to have even more problems with their health than those who start later or not at all. Finally we investigated some issues about food; food poverty or hunger and dieting behaviour. It seems that there are many children, especially girls, who are deliberately trying to lose weight even though they are not overweight or obese, but on the other hand there are many who are going to school or bed hungry because there is no food in the house. Both of these are related to a range of other health outcomes and constitute important groups of children in our society with food difficulties.

The HBSC dataset is now substantial and capable of answering a range of different sorts of questions about Irish children, and it is important that it's potential to improve children's lives is realised. For that to happen the information needs to get to those who will use it to make decisions and design interventions. The final part of this project was to design and bring on-line a dedicated website (<http://www.nuigalway.ie/hbsc>) that includes a series of fact-sheets about school-children in Ireland, and can be downloaded. Designed in collaboration with decision-makers, it is hoped that these will be used to help improve life for Irish children.