



IMMERSE QUESTIONNAIRE 2021/22

FOR 10-18 YEAR OLDS

Thank you for participating in our study!

In this questionnaire, you will find questions about:

- You and your background
- Your family and home
- Your past education and your current school
- The languages you speak
- Your wellbeing
- Friends and community

Please read each question carefully and answer as accurately as you can. ***There are no right or wrong answers*** – choose the answer that is right for you.

Your answers are entirely anonymous. Your name will not be linked to your questionnaire, and no one will be able to identify you. Your answers will be combined with those of your classmates, other students in your school, and other young people from across the country and Europe.

ASSENT/CONSENT TO PARTICIPATE

I understand what the study is about, and it has been clearly explained to me.

I am participating voluntarily.

It's fine if I drop out of the study, and I do not have to give any reasons for this.

I understand that the information and personal details collected are for research and teaching purposes only for the IMMERSE project. I understand that all this information will be safely stored and treated, and I have the right to see these data, change them, or ask that they be deleted and not used. I can withdraw permission to use the data from the study at any time up until eight years after the project finishes, in which case the material will be deleted.

I understand that nobody will know it is me in the results or report because my name or any other identifying information will not be linked to my survey answers.

Do you agree to participate?

- Yes, I agree.
 No, I do not agree.

Please enter your Participant ID code: _____

What is your grade level?

- | | |
|--|---|
| <input type="checkbox"/> 4 th class | <input type="checkbox"/> 5 th year |
| <input type="checkbox"/> 5 th class | <input type="checkbox"/> 5 th year (Applied) |
| <input type="checkbox"/> 6 th class | <input type="checkbox"/> 6 th year (Leaving Certificate) |
| <input type="checkbox"/> 1 st year | <input type="checkbox"/> 6 th year (Leaving Certificate Applied) |
| <input type="checkbox"/> 2 nd year | <input type="checkbox"/> Youthreach |
| <input type="checkbox"/> 3 rd year (Junior Certificate) | <input type="checkbox"/> Not applicable |
| <input type="checkbox"/> 4 th year | |

YOU AND YOUR BACKGROUND**1. Where are you filling out this questionnaire?**

- At school (or another educational setting)
- Not at school, but alone
- Not at school, but there are more people here with me

2. How would you describe your gender?

- Male
- Female
- In another way
- Prefer not to say

3. When were you born?

Day Month Year

4. Were you born in Ireland?

- Yes **—————>** skip to Q.7
- No

5. Please write the country you were born in.

6. How many years have you lived in Ireland? (If you have lived in Ireland more than once, record only the current instance.)

- Less than 1 year
- _____ years
- Don't know

7. What best describes your situation in Ireland?

- I am a citizen
- I have a residence permit
- I am an asylum seeker
- I have refugee status or subsidiary protection
- Other
- Prefer not to say
- I don't know

EDUCATION AND SCHOOL**8. Did you attend school before arriving in Ireland?**

- I was born in Ireland. —————> skip to Q.10
- Yes
- No —————> skip to Q.10
- Don't know —————> skip to Q.10

9. How many years did you attend school before arriving in Ireland?

_____ years

10. Have you ever been taken out of school for six months or more (in total, not necessarily in a row, not including school closures as a result of Covid-19)?

- Yes
- No
- Don't know

11. Have you ever been prevented from going to school in Ireland for any of the following reasons (not including school closures as a result of Covid-19)? Tick as many as apply.

- There were no places at school available.
- The school was far away, and I had no way to get there.
- I could not afford to go to school.
- I did not know how to register for school.
- I did not have the proper authorisation.
- I did not speak the school's language.
- It was not safe to go to school.
- I was in transit waiting for relocation.
- Other
- I have never been prevented from going to school here.

12. Do any of the following reasons keep you from going to school now (not including school closures as a result of Covid-19)?

- Helping with household chores like cooking, cleaning, and laundry
- Helping take care of younger brothers/sisters/children
- Helping an elderly or sick relative
- Working for a family farm or business
- Working outside my home for wages (not for a family farm or business)
- Lack of transport
- School is not useful to me
- Other
- I have never been prevented from going to school here

13. What level of education are you currently in?

- Primary school
- Secondary school
- I take courses/classes but not in a regular secondary school (e.g. adult education, community education, continuing education, upgrading)
- I am not in any kind of education right now

14. What is the highest level of education you hope to achieve?

- Primary school
- Lower secondary school (up to about age 15/16)
- Upper secondary school (up to about age 18)
- College, technical/vocational, apprenticeship
- University/Postgraduate Degree
- I don't know

*****If you are not currently in any kind of education, please skip to Q.19.*****

15. How frequently do the following occur to you?

	<i>Never or almost never</i>	<i>Sometimes</i>	<i>Always or almost always</i>
I feel like I belong at my school.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can really be myself at school.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel like people at my school care about me.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

16. How frequently do the following occur to you?

	<i>Never or almost never</i>	<i>Sometimes</i>	<i>Always or almost always</i>
My teachers really try to help me.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Most of my teachers really listen to what I have to say.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My teachers stand up for me if someone mistreats me.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My teachers trust my abilities to continue with my studies.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

17. Other than during Covid-related school closures and restrictions, does your school provide learning support for students after school hours (to help them with homework, language learning, etc.)?

- Yes, and I do use them.
- Yes, but I do not use them.
- No, there is nothing I can afford/access.
- No, there are no such services at my school.
- I don't know.

18. Other than during Covid-related school closures and restrictions, does your school have after-school activities (such as sports, arts, music, etc.)?

- Yes, and I do use them.
- Yes, but I do not use them.
- No, there is nothing I can afford/access.
- No, there are no after-school activities at all at my school.
- I don't know.

LANGUAGE

19. You need to ask your teacher (or another official) for some information in English. Can you explain yourself?

- Never or almost never
- Sometimes
- Always or almost always

20. When your teacher (or another official) gives you some information in English, can you understand it?

- Never or almost never
- Sometimes
- Always or almost always

21. How many languages do you speak fluently?

- 1
- 2
- 3
- 4
- 5
- 6 or more

22. Of the languages you speak, which would you consider your home language? You can list up to two languages.

1. _____ 2. _____

23. Have you ever had to translate for your parents/guardians at school because they could not understand the language (e.g. parent-teacher meetings, school functions, school communications, or elsewhere if you are not in school)?

- Yes, many times
- Yes, a few times
- No, never

WELLBEING, FRIENDS, AND COMMUNITY

24. In general, would you say you are:

- Very happy
- Quite happy
- Not very happy
- Not at all happy

25. Would you say your physical health is:

- Excellent
- Good
- Fair
- Poor

26. Would you say your mental health is:

- Excellent
- Good
- Fair
- Poor

27. How often to the following happen to you?

	<i>Never or almost never</i>	<i>Sometimes</i>	<i>Always or almost always</i>
My friends really try to help me.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can talk with my friends about what makes me happy and sad.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My friends stand up for me if someone mistreats me.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

28. How many of your friends were born in a different country than you?

- All of them
- Most of them
- A few
- None
- I don't have any friends

29. How many of your friends are from a different culture (beliefs, customs, traditions, ways of eating, etc.) than you?

- All of them
- Most of them
- A few
- None
- I don't have any friends

30. From the following groups, tick the ones you feel close to.

- People from your neighbourhood
- People from the city where you live
- People from Ireland
- People from the same country as your parents
- People with your same home language
- People with your same religion
- People of your same age
- People of your same gender
- People with your same interests and hobbies

31. Other than during Covid-related closures and restrictions, are there services available that provide learning support for students OUTSIDE OF SCHOOL (to help with homework, language learning, etc.)?

- Yes, and I do use them.
- Yes, but I do not use them.
- No, there is nothing I can afford/access.
- No, there are no such services at all in my community/neighbourhood.
- I don't know.

32. Other than during Covid-related closures and restrictions, are there activities available OUTSIDE OF SCHOOL, such as sports, arts, music, etc.?

- Yes, and I do use them.
- Yes, but I do not use them.
- No, there is nothing I can afford/access.
- No, there are no such activities at all in my community/neighbourhood.
- I don't know.

33. In Ireland, do you trust teachers and schools? Answer on a scale from 0 to 10.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0	1	2	3	4	5	6	7	8	9	10
Do not										Trust
trust at all										completely

34. In Ireland, do you trust doctors and hospitals? Answer on a scale from 0 to 10.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0	1	2	3	4	5	6	7	8	9	10
Do not										Trust
trust at all										completely

35. In Ireland, do you trust police and justice system (judges, lawyers, courts, etc.)? Answer on a scale from 0 to 10.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
0	1	2	3	4	5	6	7	8	9	10
Do not										Trust
trust at all										completely

36. Do you ever avoid certain places (such as shops, cafes, public transportation, some particular neighbourhood, some places in school) for fear of being treated badly?

- Yes
- Sometimes
- No **—————>** skip to Q.38

37. What is the reason you think others might mistreat you in these places? Choose all that apply.

- Your culture (traditions, customs, dress, etc.)
- Your race/ethnicity (i.e. skin colour)
- Your religion
- Your gender
- Your sexual orientation (the gender(s) you are attracted to)
- Your age
- Your social class
- Other
- Prefer not to say

38. Have you ever been bullied in Ireland by schoolmates at your school or peers outside of school or online?

- No, never
- A few times
- Many times

YOUR FAMILY AND YOUR HOME

39. Think about where you live most of the time. Who are the people who live with you? Choose all that apply.

- Mother(s)
- Father(s)
- Brother(s) and/or sister(s)
- Grandparent(s)
- Aunt(s) and/or uncle(s)
- Cousin(s)
- Foster parent(s)
- Social worker(s)
- Friend(s)
- Other(s)

40. How many people currently live with you including yourself?

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8 or more

41. Where were your parents born (country)?

Parent 1 _____

Parent 2 _____

42. Where do you live?

- In a house or apartment with just me and my family
- In a house or apartment with others (not family members)
- In Direct Provision
- In a refugee camp
- In a shelter
- Other

43. Please read the following 6 statements and indicate whether you agree that the statement describes you: always or almost always, sometimes, never or almost never.

	<i>Never or almost never</i>	<i>Sometimes</i>	<i>Always or almost always</i>
When something is bothering or troubling me, I can turn to my family for help.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I like the way my family talks things over and shares problems with me.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My family lets me try new things I want to do.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I like what my family does when I feel angry, sad, happy or loving.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I like the way my family and I share time together.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My family has serious arguments.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

44. How many of these are in your home?

	<i>0</i>	<i>1</i>	<i>2</i>	<i>3 or more</i>	<i>Don't know</i>
Televisions.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cars.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rooms with bath or shower.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mobile phones	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Computers and tablets.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Musical instruments (e.g. guitar, piano, not including toy instruments).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COVID-19

50. Have you, or has anyone in your family, had Coronavirus? (Please tick one answer in each row.)

	Yes	No	<i>I don't know</i>
I have had Coronavirus.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Someone in my family has had Coronavirus.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

51. Thinking about my life since Coronavirus began . . .

	<i>Better before Coronavirus</i>	<i>Better during Coronavirus</i>	<i>No difference</i>
I am getting a good education.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am learning new things.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can access the books (and other materials) that I need.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can access online materials that I need for my studies.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can get support from my teachers when I need it.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My school is asking children for their views.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am confident I will get the grades I deserve for my study.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

52. Thinking about my life since Coronavirus began . . .

	<i>Better before Coronavirus</i>	<i>Better During Coronavirus</i>	<i>No difference</i>
I can play/spend my free time how I like in the place where I live.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can get as much physical exercise as I need.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I get to spend time outside every day.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can play online.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I get to talk to my friends (as much as I would like).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

53. Thinking about my life since Coronavirus began . . .

	<i>Less than before</i>	<i>Same as before</i>	<i>More than before</i>
I have enough food.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have enough clean water to drink.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The people I live with have enough money to meet my needs.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

End of questionnaire
Thank you very much for participating in our study!

