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# Pathways to social and emotional wellbeing: Lessons from a 24-year longitudinal study



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*This paper has been co-authored by Suzanne Vassallo, Australian Institute of Family Studies*

## Abstract

Commencing in 1983, the longitudinal Australian Temperament Project (ATP) provides a valuable lens through which to view the pathways taken by Australian children from infancy to adulthood, and the factors associated with positive or problematic development. The study is now in its 25th year and has completed 14 data collection waves. This paper provides an overview of ATP findings on young people's wellbeing at 23–24 years of age, their engagement in risk-taking behaviours such as alcohol use and risky driving, and the nature of parent–child relationships over adolescence and early adulthood.

## Introduction

There has been much speculation about how young people are faring in today's world. The lives of the current generation are very different from those of their parents and grandparents. In the 1960s and 1970s, most young people had settled into stable careers, married, and become parents by their mid twenties. Nowadays, this is the exception rather than the norm. There is disagreement about whether young people are doing well, or finding life difficult. As Eckersley (2004) puts it:

*are young people having the time of their lives, or struggling with life in their times?*  
(p 36).

This paper draws on data from the Australian Temperament Project (ATP) to describe the wellbeing of young people in their mid twenties, their involvement in risk-taking behaviours such as alcohol use and risky driving, and the quality of their relationships with parents.

## Australian Temperament Project

The ATP is managed and led by the Australian Institute of Family Studies

in collaboration with the University of Melbourne, Deakin University and the Royal Children's Hospital<sup>1</sup>. The study focuses on the developing child, investigating the contribution of personal, family and broader environmental factors to adjustment and wellbeing. Commencing in 1983, with a representative cohort of 2443 infants and families from urban and rural areas of Victoria, 14 waves of data have been collected by mail surveys over the first 24 years of life. Many aspects of the children's lives have been assessed, such as their personal characteristics (e.g. temperament style, behaviour, social skills), family and peer relationships, and broader environmental influences (e.g. school adjustment and achievement, community participation, civic engagement). Parents, maternal and child health nurses, primary school teachers and the children have provided information on the children's development and wellbeing (see Prior, Sanson, Smart & Oberklaid (2000); also [www.aifs.gov.au/atp](http://www.aifs.gov.au/atp)).

## How were the young people progressing at 23–24 years?

Table 1 provides an overview of how the sample was faring at 23–24 years of age. It presents a mixed picture: on the one hand this seems to be an industrious, engaged group of young people, with approximately four-fifths employed, one-fifth studying, half working 39 to 50 hours per week and a further one-tenth more than 50 hours a week, and three-fifths involved in a committed relationship with a partner. On the other hand, a substantial number were experiencing mental health problems or were involved in

<sup>1</sup> We acknowledge the contribution of collaborators Ann Sanson, John W. Toumbourou, Margot Prior and Frank Oberklaid.

risk taking. Approximately one-sixth were struggling with depression and/or anxiety, a similar number were involved in high levels of antisocial behaviour, while one-fifth used marijuana, other illicit drugs and/or were regular binge drinkers. Approximately one-fifth also reported the presence of a long-term physical or mental health problem. Overall, four-tenths were showing signs of problems (depression, anxiety, antisocial behaviour and/or illicit substance use).

## Alcohol use

There has been growing concern about binge drinking and its effect on young people. The ATP study has collected information on alcohol use, abuse and harms associated with use from 13 to 23 years, along with information on other types of substance use.

Patterns of alcohol use from 13 to 18 years have been investigated (Waters, 2005), with five distinct groups identified, ranging from those who abstained from drinking over the teenage years to a small number who binged regularly and experienced harmful consequences such as memory loss, physical injury, and/or school and family troubles. Childhood individual characteristics (e.g. aggressive and hyperactive behaviour problems, lower social skills, more difficult temperament style) were predictive of high alcohol use in adolescence, while adolescent factors such as friendships with antisocial peers, school problems, poorer family relationships, and parental drinking were predictive of both high and moderate adolescent alcohol use.

Follow-up into early adulthood revealed that alcohol use increased markedly over this time span. The heaviest drinkers in adolescence remained the heaviest drinkers in early adulthood. However, the greatest increase was among moderate drinkers, suggesting that moderate use in adolescence did

**Table 1:** The ATP sample at 23-24 years: Selected measures

<b>Current employment/ education circumstances</b>		<b>Living arrangements</b>	
In paid employment	84%	Living with parents	38%
Self employed	7%	Sharing a house or flat	22%
Looking for work	8%	Living alone	8%
Studying	21%	With partner/spouse	28%
<b>Occupational status</b>		Other	4%
< 25th quartile	9%	<b>Relationship status</b>	
25th - 50th quartile	52%	Not seeing/dating anyone	31%
51st - 75th quartile	16%	Dating casually	7%
> 75th quartile	23%	In a committed relationship, not cohabitating	28%
<b>Hours of work</b>		Cohabitating	26%
1 - 15 hours	7%	Married	7%
16 - 30 hours	12%	Other	1%
31 - 38 hours	20%	<b>Parenthood: biological parent of child</b>	
39 - 50 hours	48%	7%	
> 50 hours	12%	<b>Physical or mental health problem</b>	
<b>Take-home weekly income</b>		22%	
< \$100	2%	<b>Depression</b>	16% moderate/severe
\$101 - \$200	5%	<b>Anxiety</b>	16% moderate/severe
\$201 - \$300	7%	<b>Antisocial behaviour</b>	
\$301 - \$400	7%	10% 3+ acts in last 12 months (excludes illicit substance use)	
\$401 - \$500	11%	<b>Alcohol use</b>	
\$501 - \$600	23%	19% drink every second day or more often; 20% binge drink (7 drinks for males, 5 for females) more than once a week	
\$601 - \$700	21%	<b>Marijuana use</b>	
\$701 - \$800	13%	14% used marijuana in the past month, of whom 4% used weekly or more and a further 2% used daily	
> \$800	10%	<b>Other illicit drug use</b>	
<b>Experiencing financial strain</b>	4%	12% had used another type of illicit drug in past month	
<b>Educational level attained</b>		<b>Number showing signs of problems</b>	
Postgraduate degree	1%	40% with depression, anxiety, antisocial behaviour and/or illicit substance use, of whom 24% had one problem, 12% two problems, 3% three problems and 1% all four problems.	
Graduate diploma/certificate	3%		
University degree	40%		
TAFE advanced diploma	9%		
TAFE advanced certificate 3/4	9%		
TAFE certificate 1/2	6%		
Other post sec qualification	1%		
Year 12	23%		
Year 11	3%		
Year 10	3%		
Year 9	0.5%		
Year 8	0.2%		
Year 7	0.1%		

not protect young people from harmful consumption later on. Adolescent abstainers, although generally no longer abstinent, rarely or never drank at harmful levels in early adulthood, suggesting that abstinence may protect against future harmful levels of use.

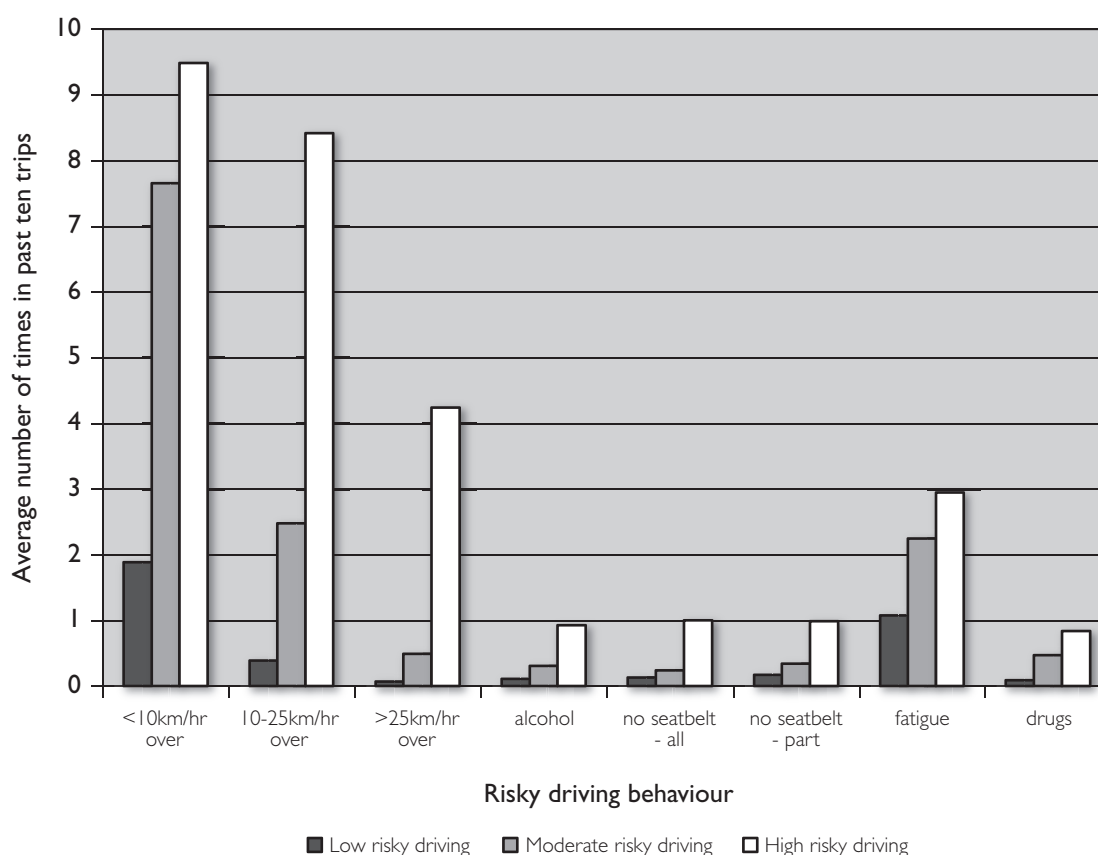
## Risky driving

As the young people entered their adult years, our investigation of risk-taking behaviours broadened to include risky driving. This work was undertaken in collaboration with the Transport Accident Commission of Victoria and

the Royal Automobile Club of Victoria (see Smart & Vassallo, Sanson et al., 2005).

Three groups were identified at 19–20 years: a 'low' risky driving group (64% of the sample, 39% male), a 'moderate' risky driving group (29% of the sample, 50% male), and a 'high' risky driving group (7% of the sample, 77% male). Figure 1 shows the average number of occasions on which the groups had engaged in differing types of risky driving during their past ten driving trips.

Looking back at their earlier histories (Vassallo, Smart, Sanson et al., 2007), the high risky drivers could be differentiated from their peers from mid childhood, with differences evident on personal characteristics such as a less persistent temperament style and higher levels of aggression and hyperactivity. As teenagers, the high risky drivers had more frequently associated with antisocial peers, more often engaged in antisocial behaviour and substance use, and experienced more school adjustment difficulties. In early adulthood, risky driving co-occurred with other risk-taking



<10km/h over = drove up to 10 km/h over the limit; 10–25km/h over = drove between 10 and 25 km/h over the limit; >25km/h over = drove more than 25km/h over the limit; alcohol = drove when affected by alcohol; no seatbelt–all = did not wear a seat belt (or helmet if riding a motor bike) at all; did not wear a seatbelt (or helmet) for the trip; no seatbelt–part = did not wear a seatbelt (or helmet) for part of the trip; fatigue = drove when very tired; drugs = drove when affected by an illegal drug.

Figure 1: Average number of trips in which the high, moderate and low risky driving groups engaged in differing types of risky driving

behaviours: alcohol and cigarette use, binge drinking and particularly antisocial behaviour and marijuana use (Vassallo, Smart, Sanson et al., 2008).

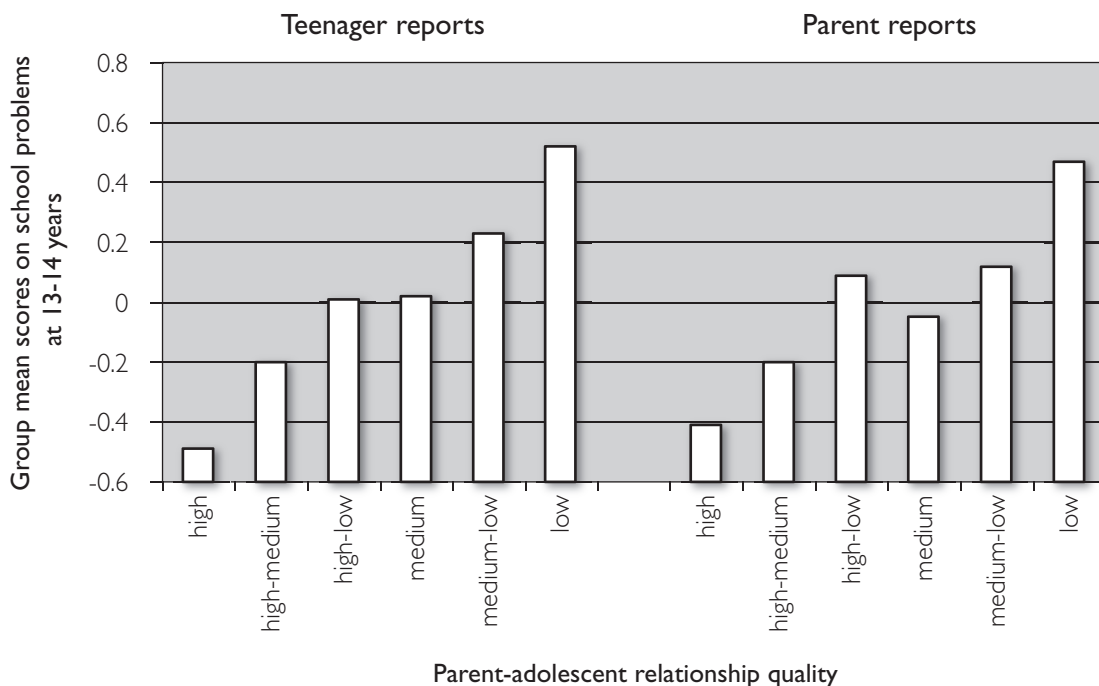
## Relationships between parents and young people

A considerable body of research shows that parent–child relationship quality is closely linked to child and adolescent wellbeing (Steinberg, 2001). Warm parent–child relationships can foster resiliency (Werner & Smith, 1982) and facilitate effective parenting (Dishion

& McMahon, 1998). However during adolescence, there can be greater strain and discord in the parent–adolescent relationship as young people seek independence and try out new ways of thinking and being (Collins & Russell, 1991). Thus, it is commonly believed that parents and adolescents find the teenage years a difficult time. This issue has been investigated, using data from the ATP survey waves from 13 to 18 years, in which parents and teenagers answered questions about how they were getting on together (Smart, Sanson & Toumbourou, 2008).

The findings revealed that more than 70% of parents and adolescents had positive perceptions of their relationship over this time period. However, on one aspect – communication between adolescents and parents – rates were lower, with only about half the parents and adolescents reporting that they often talked together about problems or difficulties the adolescents were experiencing.

Parent–adolescent relationship quality was strongly related to adolescents' wellbeing over a range of aspects of life (temperament style, social



The groups displayed are:  
 High = high-quality relationship according to both reporters (parents and adolescents)  
 High-medium = high-quality relationship according to one reporter and medium quality by the other  
 High-low = high-quality relationship according to one reporter and low quality by the other  
 Medium = medium-quality relationship according to both reporters  
 Medium-low = medium-quality relationship according to one reporter and low quality by the other  
 Low = low-quality relationship according to both reporters.

The bars show on the left-hand side, teenager reports of adolescent school problems; and on the right-hand side, parent reports of adolescent school problems. The variable 'School problems' was standardised to have a mean of 0 and a standard deviation of 1. Thus, group means below 0 indicate lower than average levels of school problems while group means above 0 indicate higher than average levels of school problems.

**Figure 2:** Parent- and adolescent-reported school problems when adolescents were 13–14 years of age by quality of the parent–adolescent relationship at the same age

skills, behaviour problems, peer relationships, school progress – see Figure 2 for an example of these trends). High relationship quality was also associated with more harmonious family relationships and more effective parenting practices but not family structural characteristics (e.g. family size, composition).

Recent analyses (Vassallo, 2008) show that relationships between parents and 23–24 year olds continued to be positive for the great majority, with over three-quarters of parents and young adults rating their relationship very highly (at least an '8' out of a possible '10'). In terms of conflict, only 6% of parents and 9% of young adults reported that they argued frequently (weekly or more often). Most 23–24 year olds agreed that their relationship with their parents was important to them (94%), and that their parents played a major role in their lives (84%). In addition, young adults generally felt supported by their parents with 80–90% believing they could count on their parents to listen to them, help them with a problem or provide them with advice. Parent reports generally reflected these trends, although interestingly, parents tended to underestimate the positive role they played in the lives of their sons and daughters.

## Conclusions and implications

These findings point to the complex nature of young people's lives. The great majority of 23–24-year-old study members were in employment with many working long hours, were in adequate financial circumstances, and sixth-tenths were in a committed relationship (with 7 per cent married). However, as others have found (e.g. Arnett 2000), this continues to be an age of risk taking and self-exploration, and a substantial number were involved in substance use and to a lesser extent,

antisocial behaviour. Further, high levels of depression and/or anxiety were evident among one-sixth of the cohort. These trends are similar to the cohort's progress at 19–20 years, although at 19–20 years, many more were studying, fewer were working, rates of depression and anxiety were somewhat higher (around 20 per cent), illicit substance use was considerably lower, and antisocial behaviour was of similar prevalence.

The longitudinal nature of the study enabled an examination of the earlier profiles of those involved in antisocial behaviour and risky driving. Considerable similarity was evident in the risk factors identified, with risks evident at the child, family, peer and school levels. Temperament style and behaviour problems were early risk factors, suggesting they may be priming factors for the development of later problems. Environmental risk factors such as parent–child relationship quality, friendships with antisocial peers, and school difficulties (including academic difficulties and negative attitudes towards school) often emerged later and may have potentiated risk for vulnerable children. These findings suggest considerable similarity and overlap in the pathways to problems, and the possibility that intervening early in the development of problematic pathways may curb the onset of multiple problems.

Finally, adolescence was not found to be a time of 'storm and stress' for the majority of teenagers and their families. Most parents and teenagers reported getting on well together and a similar picture was evident in early adulthood. These findings are in line with previous Australian and international research (e.g. Kandel & Lesser, 1972; Weston, 2000), but are at odds with community perceptions. Steinberg (2001) makes the point that 'there has remained a dramatic disjunction between what is being said in academic circles and what is being

sold to parents through the popular media. Authors of contemporary advice books aimed at parents of teenagers continue to portray the adolescent period as a 'difficult one' (p 4). These findings underscore the importance of researchers and practitioners working in the adolescent field, helping parents develop a realistic view of parenting over the teenage years. Parents need not be unduly apprehensive since adolescence is a positive period for most. However, support will be needed for the minority where difficulties occur, which can be due to a variety of factors, parent–child relationship difficulties being only one. Encouragingly, while there can be relationship difficulties, improvement is possible, as attested by one of the parents in our study when her child was 17–18 years:

*My teenager has always been difficult, and at the age of 11, 12, 13 we had a very bad relationship... We have come a long way and our relationship is very good now.*

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