



Department
for Education

Longitudinal Study of Young People in England cohort 2: health and wellbeing at wave 2

Research brief

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Introduction

The Department for Education is responsible for one of the largest longitudinal studies of young people in England. This research brief reports findings from the second cohort of young people to be involved in the Longitudinal Study of Young People in England (LSYPE2). LSYPE2, which began in 2013, builds on the first LSYPE (LSYPE1)¹ which ran from 2004 to 2010. Both studies follow young people between the ages of 13/14 to 19/20.

This research brief concentrates on the second year of interviews with the young people, examining activities and experiences during the 2013/14 academic year when the young people were in year 10, at the start of which respondents were aged 14. Comparisons are drawn with responses from young people interviewed in year 10 during LSYPE1 so that observations from the second year of each study are considered together.

The findings below present a summary of the analysis which features in Research Report RR501.

Aims and Methods

The aims of this survey are:

- to follow a sample of young people through the final years of compulsory education;
- capturing their transition from compulsory education to other forms of education, training, employment and other activities;
- collecting information about their career paths and about the factors affecting them; and
- ultimately, to provide a powerful strategic evidence base about the lives and experiences of young people.

LSYPE2 will track a representative sample of 13,100 young people in England from the age of 13/14 annually for seven years.

Further information on the sample and survey design can be found in the technical reports which are available via the [UK Data Service](#).

¹ Known as Next Steps. The Institute of Education are responsible for this survey see: [http://www.cls.ioe.ac.uk/page.aspx?&sitesectionid=1246&sitesectiontitle=Welcome+to+Next+Steps+\(LSYPE\)](http://www.cls.ioe.ac.uk/page.aspx?&sitesectionid=1246&sitesectiontitle=Welcome+to+Next+Steps+(LSYPE))

Key Findings

Life in Year 10 and Wellbeing in School

- Compared to 2005, young people in 2014 are, essentially speaking, more serious about school, more aspirational about university and are less likely to take part in risky behaviours (including smoking, drinking alcohol, using cannabis, shoplifting, graffiti and vandalism).
- Attitudes towards school in year 10 were more positive in 2014 than 2005. Overall attitudes to school have risen from a mean score of 16.0 in 2005 to 16.8 in 2014 (scale of 0-24). Interestingly, and in contrast to many of the trends reported later in this research brief there was little difference between boys and girls in their overall attitudes.
- There was a significant drop in the proportion of young people who reported truancing. The proportion of young people who reported playing truant at least once in the last year had almost halved from 23% in 2005 to 13% in 2014. In both cohorts the majority reported truancing for particular lessons or odd days (20% in 2005 and 11% in 2014), with smaller proportions reporting more serious absences lasting several days or weeks at a time. The decline in truancy levels between 2005 and 2014 applied to both short term and long term truancy.
- Similarly, there was a marked decrease in the proportion of young people being kept off school by their parents for a reason other than illness. In 2014, one in six (16%) young people said that this had happened to them at least once in the last year compared to 23% in 2005.
- Educational aspiration has increased since 2005. The proportion of young people expecting to study A levels increased from 59% in 2005 to 65% in 2014. In addition, expectations to apply to University increased from 60% in 2005 to 71% in 2014, in spite of the intervening increase in tuition fees.

Young People's Health and Wellbeing

- LSYPE2 also collected information on self reported health, wellbeing and psychological distress. Young people were asked "In the last 12 months would you say your health has been very good, fairly good, not very good or not good at all?"². Although it is a subjective measure of health, it is widely used in survey

² Although the majority of the interview was administered face to face by a professional interviewer, these potentially sensitive questions employed a self-completion rather than an interviewer-administered method. This approach should have served to mitigate at least some of the effects around respondent's willingness to express what they may perceive as weakness or vulnerability.

research because it is shown to be a strong predictor of more objective health outcomes. Psychological distress was measured using GHQ-12. This is a standard measure which records the presence and frequency of a range of symptoms aimed at detecting minor psychiatric morbidity.

- Young people's general wellbeing was slightly worse in 2014 than in 2005 in terms of both self-reported health and psychological distress. This was particularly observed for girls, young people living in single parent and step families and those with a longstanding illness or disability that affects their schooling.
- These groups also displayed lower levels of confidence in their ability to control events affecting them (Locus of Control³). Additionally, in 2014 there was a clear social gradient with advantaged groups having a greater locus of control.
- However, there is an association between advantage and increased levels of psychological distress; on average those from more advantaged backgrounds are more likely to report higher levels of psychological distress. Clearly tackling social economic disadvantage remains a key priority, but it should be acknowledged that rising levels of psychological distress do not only affect young people whom experience disadvantage.
- Encouragingly, in 2014, young people demonstrated higher levels of what we have termed 'equates hard work with success' compared with their counterparts in 2005 (believing that working hard at school will help you get on later on, in the importance of doing well at school, and that working hard at something will usually lead to success).
- They also appeared to be more restrained, reporting fewer risky behaviours than in 2005⁴. In 2005, 44% of young people reported one or more risky behaviours, and in 2014 20% reported one or more⁵.
- Finally, based on a new measure of sleep introduced to the study in 2014, the study shows that certain groups who rated poorly in terms of wellbeing elsewhere in the report also slept less (though it was unclear whether poor sleep patterns led to poor wellbeing or vice versa). Disadvantaged groups were more likely to report poor sleeping patterns (both sleeping less than the recommended amount or sleeping too long); while more advantaged groups were more likely to get optimal amounts of sleep. Future waves of the study will explore reasons for poor sleep patterns.

³ Locus of control refers to the idea of having control over events that happen 'to' the person; how confident the young person is that they can shape events.

⁴ Risky behaviours include smoking, drinking alcohol, using cannabis, shoplifting, vandalism and graffiti

⁵ It should be noted that the questions used to ask about alcohol changed slightly between LSYPE1 and LSYPE2 which may affect the accuracy of our comparison over time. If we exclude drinking alcohol from the overall measure of risky behaviours 32% of young people reported one or more risky behaviours in 2005 compared with 14% in 2014.

Further Exploration of Wellbeing and Distress

- More sophisticated analysis was used to understand which factors play the most important role in psychological distress. Gender and ethnicity were the strongest predictor of psychological distress, and highest parental qualification best captures the phenomenon observed whereby more advantaged young people experience slightly higher levels of distress than their counterparts.
- The relationship between advantage (as measured by highest parental qualification) and slightly higher levels of distress could be partially explained by looking at what was termed parent push factors (parental aspirations and engagement) and personal drive (attitudes and aspirations of the young person). Both of these factors are more prevalent in families with parents who have higher level qualifications. Peer influence (having academically motivated friends) seems to have a protective effect so that psychological distress was likely to be lower if the young person reported a more positive peer network.

Conclusions

There were many apparent positives to be seen in the data and it is clear that the year 10 students who were interviewed in 2014 had markedly different attitudes and behaviours than those spoken to in 2005. This appears to be a cohort of young people who are significantly more 'serious' than their predecessors. Young people in 2014 were more likely to believe in the importance of hard work, were more positive about school, were less likely to play truant and, in spite of the increase in tuition fees since 2005, were more likely to have aspirations to apply to university. They were also markedly less likely to engage in a raft of risky behaviours including smoking, drinking alcohol, using cannabis, shoplifting, graffiti and vandalism.

However, less positively, there was a social gradient for the majority of these measures, with young people from disadvantaged families faring less well than those from more privileged families, suggesting that efforts to address these inequalities are still required.

There were also challenges in terms of the mental wellbeing of young people. Overall levels of psychological distress of girls increased between 2005 and 2014, though the scale of this change was not large. On average, levels of psychological distress among boys remained fairly stable. This is a phenomenon that would merit further investigation as would the experiences of other specific groups of young people who fare worse – including young people in single parent and step families and those with a longstanding illness or disability that affects their school work.



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