

DATA INSIGHTS

Youth Movements, Social Mobility and Health Inequalities

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Date: October 2020
DOI:

OVERVIEW

Substantial inequalities exist in adult health, including mental health, across the UK. Socioeconomic position is an important determining factor for later-life health and so understanding its production is a key public health issue.

Several possible pathways between socioeconomic position and adult mental health have been proposed. Higher socioeconomic position may mean a reduced chance of exposure to life stressors particularly those related to poverty or deprivation. It may also mean a higher quality of life resulting from an increased experience of control or choice in day-to-day living and working.

The formal schools-based education system is a major state intervention aimed at producing a fair distribution of socioeconomic position in later life. However, there is growing evidence that other skills that can be gained outwith the formal education system may be as important. Soft cognitive skills, such as motivation, self-regulation and ability to work with others, have been shown to be predictive of positive outcomes in school, the labour market, and in general life. These can be developed in an individual but they may also be skills that more advantaged children are preferentially exposed to.

It is our hypothesis that some youth movements, such as Scouts and Guides, have an approach to youth development which enhances these skills. These skills may subsequently increase later-life social mobility - particularly in those who are from more disadvantaged backgrounds - and through this mechanism they may experience better health outcomes compared to their peers.

WHAT WE WILL DO

We will use data from the [Aberdeen Children of the 1950s \(ACONF\)](#) to investigate our hypothesis. This dataset includes all children born in Aberdeen between 1950 and 1956. It contains linked information on the children's schooling and home circumstances obtained from school records, birth certificates and hospital records.

In this cohort, a random 20% sample (n=2209) of the participants were asked about family circumstances, attitudes and behaviour as part of a Family Survey in 1964 – they were also asked about participation in clubs in their youth, which is what we will be using in our study (Figure 1). The cohort were traced and contacted in 2001/2002 – when they were aged between 45 and 51 – and asked, among other things, about their general health and socioeconomic position.

Our overall analysis will explore whether participation in youth movements and other club activities leads to better adult health either directly or via improving socioeconomic position in adulthood, whilst taking into account factors that might also affect socioeconomic position, such as home environment and schooling.

Club membership amongst the ACONF cohort

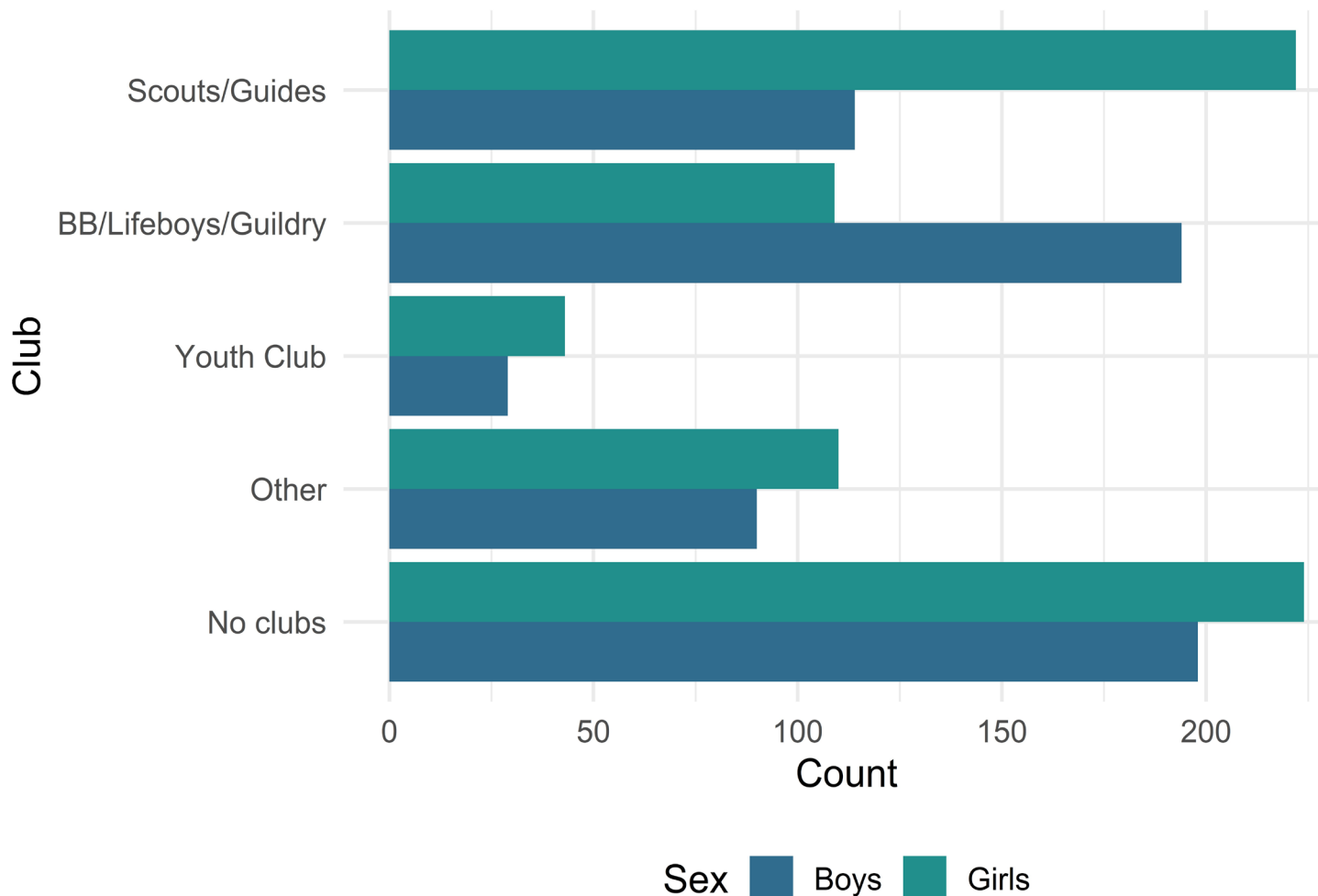


Figure 1: Club membership amongst the Aberdeen Children of the 1950s cohort.

(BB = Boys' Brigade)

WHY IT MATTERS

Given the cost to health systems and individuals of poor health in adult life, interventions in youth, in particular those provided by volunteers, could be a cost-effective policy option.

WHAT NEXT?

Our project will next go on to look at differences in mental health conditions in the Aberdeen Children of the 1950s cohort, using information derived from routine healthcare information including information on prescribing.

We will explore whether taking part in clubs as a young person is associated with better mental health as an adult.

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The centre is a multi-institutional initiative hosted at the University of Edinburgh, which is a charitable body registered in Scotland (Registration number: SC005336).

