CHE Research Summary 8

Acting early to avoid adverse outcomes in adolescence for Gen Z

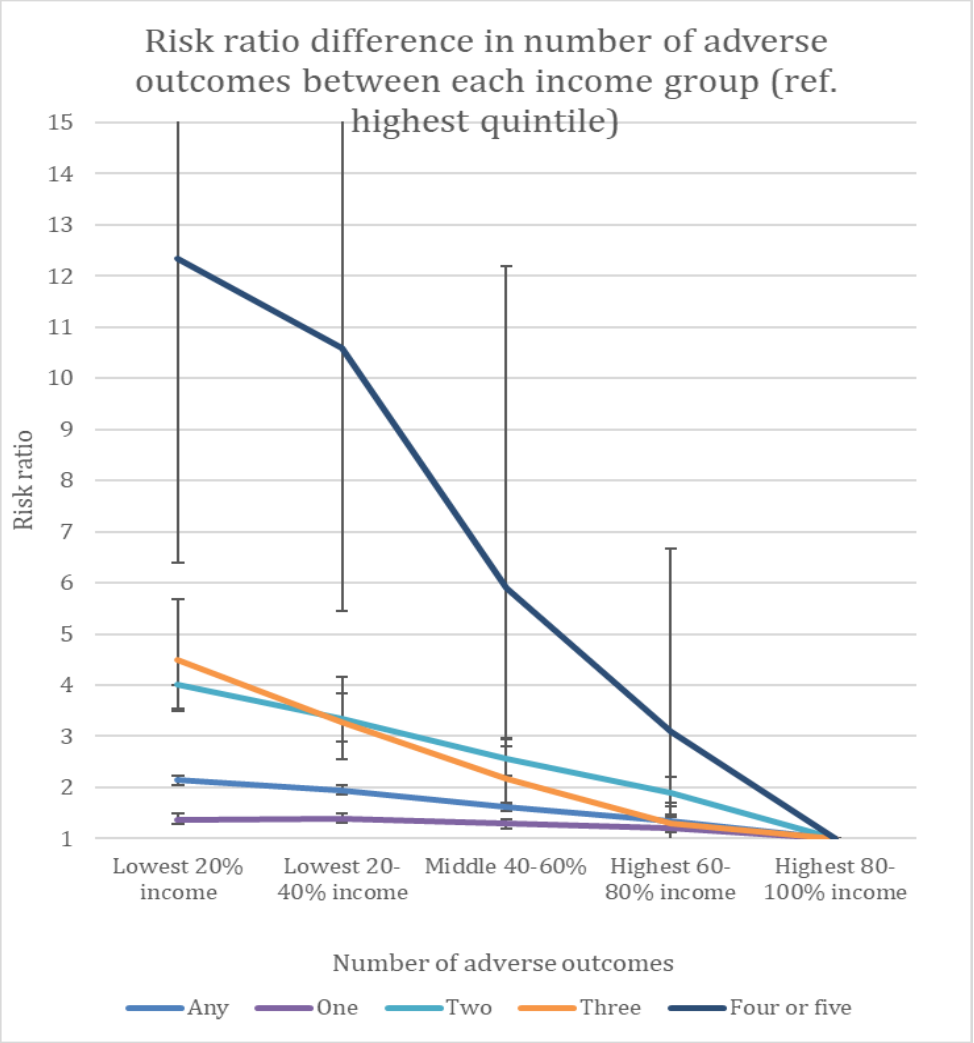
Written by Richard Cookson

On behalf of the ActEarly Modelling Team: Aase Viladsen, George B. Ploubidis, Eric Brunner (University College London), Miqdad Asaria (London School of Economics), Ieva Skarda, Richard Cookson (University of York), Mark Mon Williams (University of Leeds).

In the UK, 29% of children (4.2 million) were in relative poverty after housing costs in the financial year 2021/22, a rise of 2% since the previous year. We already know that poverty and other aspects of social disadvantage in early childhood can cause adverse educational and health outcomes in adolescence that limit life chances. However, less is known about multiple adolescent vulnerability involving the clustering of multiple adverse outcomes in the same individual, and there is limited up-to-date data on "Gen Z" , the population born after the millennium that is now moving to adulthood.

We used data from the Millenium Cohort Study (MCS), which includes over 15,000 Gen Z children born between 2000 and 2002, to look at associations between household income in early childhood and five main outcomes at age 17: physical health, psychological distress, smoking behaviour, obesity and educational outcomes. We examined these outcomes individually and as clusters. We then produced simple estimates of the maximum potential benefits of cross-sectoral policies to tackle social disadvantage in early childhood. We also looked at the potential impacts of improving income, as one specific aspect of social disadvantage, by removing the influence of

parental education and single parent status. We did not remove the influence of "mediating" variables on the pathway from early childhood income to adolescent outcomes – for example, adverse childhood experiences – as this would risk under-estimating the maximum potential policy impact: we wanted to know the maximum total impact, including indirect impacts via these mediating variables.



We found:

- When looking at single outcomes, the greatest outcome differences between adolescents born into the richest and poorest families were for poor educational achievement and smoking, with risk ratios of about 4.5 and 3.5, respectively.
- Risk ratios for multiple adolescent adversity were even steeper: children born into the worst-off families were nearly 13 times as likely to have 4 or 5 adverse outcomes in adolescence than those born into the best-off families.
- Shifting the worst-off children into the next worst-off group yielded a maximum potential reduction of only 4.9% in multiple adolescent vulnerability involving four of five adverse outcomes.

- More ambitious “levelling up” strategies achieved much larger reductions in vulnerability. At the most ambitious extreme, shifting everyone to the most socially advantaged group could potentially reduce the number of adolescents experiencing four or five adverse outcomes by 83.9%.

Experiencing multiple adverse outcomes in adolescence is more strongly associated with low household income in early childhood than any single adverse outcome. But focusing on small improvements to the incomes of the very poorest in society is not enough to tackle this problem. A significant reduction in multiple adolescent vulnerability would require a substantial programme of coordinated, multi-agency action reaching right across the social spectrum to improve the material and social circumstances of almost all children, including those in the middle as well as the very poorest.

Read the full article in The Lancet.

Funding for this study was provided by the UK Prevention Research Partnership ("ActEarly" Programme, MR/S037527/1).

June 2023