The Children and Young People’s Health Outcomes Forum highlighted the need to take action “across the social determinants that shape health and well-being” in order to reduce health inequalities for young people. The Department of Health and other system partners supported this call in their response to the forum’s report. These issues were highlighted in AYPH’s 2013 Key Data on Adolescence publication. This summary has been prepared for the Young People’s Health Partnership to highlight the key social determinants of young people’s health that we need to understand and the key data about how young people in the UK are affected.

In a landmark report for the World Health Organisation ten years ago, the social factors affecting health were identified as family assets, housing, social exclusion, lack of education during adolescence and unemployment (Wilkinson and Marmot, 2003). Without equal access to resources and support, some young people are put at a disadvantage. What do we know about how many young people are affected by these kinds of inequalities?

Family assets: Income

Overall, more children are likely to be living in households with lower incomes than in households with higher incomes:

- Over a fifth (22%) of young people aged 11-15 years live in families with the lowest levels of income, compared with 15% living with families with the maximum levels of income.  
- 14% of children and young people aged 0-19 years live in households classified as low income and materially deprived.  
- 4% live in households with severe low income and material deprivation.  
- In all families with dependent children, 20% have a gross weekly income of £300 or less. In lone parent families, this rises to 51%.  
- 15% of children and young people in the UK live in a household where there is no parent at work.  
- Parents of adolescents are more likely to work than any other age group, with over three quarters of mothers of teenagers in work. But lone mothers with 11-15 year olds are less likely to work than their peers in couple families (68% versus 80%).
Housing and living circumstances

Key issues for young people in terms of housing and living circumstances include living in temporary accommodation or being looked after by the local authority.

- In the UK on 30 September 2012, there were 75,350 young people under 18 living in temporary accommodation.  

- On the same date, there were 120 households in England headed by 16 & 17 year olds in bed and breakfast accommodation.  

- In England in 2012, 24,150 young people aged 10-15 years, and 13,580 young people aged 16 and over, were being looked after by their Local Authorities. The majority of these are from white British backgrounds.  

- Although the last 10 years have seen a steady reduction in looked after children, there have been increases in those aged 16 and over. This may be partly because of a growing recognition that this age group does continue to require considerable support.  

- In April 2012, 2,034 young people aged 12-18 years old were in youth custody in the secure estate in England and Wales.  

Area based deprivation

The quality of the local environment is an important part of the social determinants of health. There is a strong link between social deprivation and a number of important health indicators for young people, including sexually transmitted infections, teenage conceptions and obesity.

The last English index of multiple deprivation (IMD) indicated that over five million people lived in the most deprived areas aof England and 38% of these were poor. Based on the fact that 12% of the population is aged 10-19, there could be approximately 600,000 adolescents living in the most deprived areas in England. The Ten local authorities with the highest proportion of deprived areas include Liverpool, Middlesborough, Manchester and Knowsley.
Education to age 16

Generally, examination attainment has been rising in the UK. In the 20 year period from 1990 to 2010, the proportion of pupils achieving five or more GCSE grades A*-C more than doubled, to 83%. However, it is still the case that a significant proportion of this age group do not get the level of attainment that will enable them to go on and study A levels or equivalent.

- 59.3% achieve five or more A*-C passes including English and Maths — meaning that over 40% do not.  
- Only 14.5% of looked after young people achieve five GCSEs grades A*-C including English and Maths. 
- Among the 16% of young people at state funded secondary schools who are eligible to receive free school meals, only a third achieve five A*-C grades including English and Maths.

Education, training and employment 16-18 years

There have been significant policy changes affecting this age group, with the participation age being raised. This places a legal requirement (from 2015) for all young people to stay in some form of education or training until they are 18.

- The majority of young people aged 16-18 are in full-time education (67.7% in England, 2011). Others are in work based learning (5.6%), employer funded training (3.5), other kinds of education or training (6.2%), and employment (7%).
- Nearly 10% are NEET (not in education, employment or training).

Participation in education, training and employment, 18 and over

The Higher Education Initial Participation Rate (HEIPR) is used to measure progress towards the target of 50% of 18-30s taking up higher education. In 2010/11 the target was achieved by women aged 17-30, but averages out at 47% when young men are included. The estimates are lower if we look just at the 17-20 age group, where just over one third are in higher education. That leaves nearly two thirds who are not. Yet changes in the labour market over recent decades has impacted particularly heavily on young people.

- In 2011 the UK had an under-25 unemployment rate of 21.4%. This was an increase on 2009 (19.7%).
Conclusion

Adolescence is a key period for establishing life-long health behaviours and these develop in the context of family, school and community. It is clear that significant proportions of young people are facing disadvantage in one or more of these contexts. It is critical to ensure that they have equality of access to health services and that we work towards equality of health outcomes for them all.

About Young People’s Health Partnership

The Young People’s Health Partnership (YPHP) is a seven-strong consortium of organisations working with the Department of Health, Public Health England and NHS England as strategic partners to raise the profile of the health agenda across the voluntary youth sector. The partnership will champion young people’s health needs whilst providing a conduit for youth organisations, the state and young people to work towards reducing health inequalities. The partnership is led by the National Council for Voluntary Youth Services (NCVYS) and includes, Addaction, Association of Young People’s Health, Brook, CLIC Sargent, StreetGames and Youth Access. For more information about the partnership go to YPHP

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This summary has been prepared for the Young People’s Health Partnership based on Hagell, Coleman and Brooks (2013) Key Data on Adolescence 2013, Chapter 3. See the full chapter on AYPH’s website here for more detailed discussion of the data.