

## **Commission on Young Lives – Call for Evidence**

The Young People's Health Partnership (YPHP) welcomes the Commission on Young Lives' call for evidence on young people experiencing vulnerability. There is not always enough focus within policy on the needs of young people aged 10-25. Yet adolescence represents a key intervention point for promoting positive health and wellbeing outcomes. We welcome the commitment within the commission to support young people to live the best possible lives. This presents an opportunity for young people's voices to be heard and to improve outcomes for all young people. We will use our response to the call for evidence to highlight the importance of considering young people's health and health inequalities within discussions on vulnerability.

### **The impact of vulnerability on health and health inequalities**

Our response focuses on the health and wellbeing of vulnerable young people. Health inequalities are the unfair and avoidable differences in health between individuals or groups. They are caused by economic and social inequalities - the "social determinants" encompass a wide range of factors that influence health outcomes, including education, employment and housing. The relationship between social and health outcomes can be cyclical, as poor physical and mental health can prevent a person's engagement in society (e.g. attendance at school) which can further worsen their health status. We welcome the call for evidence's exploration of young people's environments, as this is a key "social determinant" of their health.

Underpinning inequalities in outcomes are poverty and economic instability. Child poverty is increasing. 31% of 0-18 year olds live in poverty (DWP, 2021). The number of secondary school pupils on Free School Meals has increased from 12.4% in 2018 to 18.9% in 2021 (DfE, 2021). In 2020, the number of young people aged 18-24 claiming Universal Credit doubled in three months (DWP, 2021). Economic instability leads to health inequalities as young people and their families aren't able to access opportunities to lead healthy lives. Any efforts to improve the lives of vulnerable young people must address the root causes of poor health and wellbeing, such as poverty and the other "social determinants" of health.

Young people have faced significant disruption during the Covid-19 pandemic, with upheavals to their education, employment and social networks (Hagell, 2021). It is unsurprising that disadvantaged young people have fared worse. Worryingly, there are reports that there has been an increase in the number of young people who have been exposed to violence and abuse during Covid-19 lockdown periods whilst access to protective services was reduced (Romanou & Belton, 2020). Mental health concerns have also increased, with growing concern relating to the pressures of child and adolescent mental health services and waiting times for assessment and treatment (RCPsych, 2021). Both of these are particularly concerning when thinking about vulnerable young people who are more likely to be exposed to disrupted family environments and to experience poorer mental health.

### **A note on language**

We are cautious of using language that stigmatises groups of young people and presents them as 'different' to their peers. Labels can be applied rigidly and do not show the diversity of experience within population groups. When young people are referred to as 'vulnerable', this can be associated with themes of weakness, being 'less than' others and being unable to change the situation within which you are in. There can be benefits of categorising and labelling specific groups, in order to draw attention to their needs and prioritise interventions to support them. However, we believe that

where possible language to describe groups of young people should be developed in discussion and agreement with young people so they do not feel alienated or stigmatised.

### **Young offenders' health inequalities**

Young people who come into contact with the criminal justice system are more likely to experience health inequalities than their peers. Young people in prison settings face particular barriers in accessing health services, meaning that many of their healthcare needs are not recognised and are not treated. Health inequalities faced by young offenders:

- **Learning disabilities.** Over a quarter of children and young people in the youth justice system have a learning disability (Bryan, 2004).
- **Mental health.** Rates of mental health problems are three times higher for those in the criminal justice system compared to the general population (Leon, 2002). The rate of suicide in boys aged 15-17 who have been sentenced and remanded in custody is 18 times higher than the rate of suicide in boys in the general population (Fazel et al., 2005). The experience of criminality, legal issues and detention is often stressful and potentially traumatic, which can be associated with higher rates of mental illness (Balmer et al., 2015).
- **Health behaviours.** 64% of young prisoners report having drunk alcohol on a weekly or daily basis before entering custody (Lennox, 2014), compared to 23% of all 15 year olds reporting having drunk alcohol in the previous week (NHS Digital, 2019). Adopting risky health behaviours in adolescence can have long-term impacts on behaviour and health across their lives.

These young people are likely to have been exposed to a number of Adverse Childhood Experiences (ACEs) that have impacted upon their mental and physical health and have led them to the point of offending. 40% of children and young people in custody have previously been homeless (Youth Justice Board, 2007). Some vulnerable young people are exploited and trafficked for criminal purposes, a process that is known as "county lines". Young people who have experienced previous trauma and / or criminal exploitation should be viewed as victims rather than perpetrators and judicial services should respond accordingly.

Young people from minority ethnic backgrounds are overrepresented in the criminal justice system (Bateman, 2020). The "school to prison pipeline" outlines how school exclusions can lead to increased youth offending. 63% of the total prison population has been excluded from school (MoJ, 2012) and 89% of boys in young offender institutions have previously been excluded from school (Bateman, 2020). Young people on free school meals and Black Caribbean young people are four times more likely to be excluded from school (DfE, 2019). More preventative and racially responsive work is needed to engage with young people most at risk of school exclusions (e.g. BAME young men).

The ways in which young people are treated whilst they are in custody and prison can impact upon their health and wellbeing. We have [responded to previous Government consultations](#) about unacceptable practices used while young people are detained in these settings (e.g. plans to reform the Mental Health Act). The use of restraint, restriction and segregation should be limited and only used as a last resort.

Youth justice institutions can also provide positive interventions that prevent poorer health outcomes for young people. These young people are often unlikely to have previously engaged with health services, so while they are in youth justice settings there is an opportunity to detect, diagnose

and treat any unmet health problems (Macdonald, 2006; BMA, 2014). Developing positive relationships with young people through non-judgemental listening and modelling positive behaviours could be beneficial in fostering trust in services (Fullerton *et al.*, 2021). There should also be adequate focus paid to supporting young people in their transition from justice settings and into the community, with support for socialisation, education and employment.

For young people generally, there is a growing concern around the safety of the environments in which they live. The annual 'make your mark' ballot provides an opportunity for children and young people across the UK to have their say on the most important issues to them (UK Youth Parliament, 2021). A common topic they have identified in recent years is the need to tackle knife crime. Providing young people with safe places to socialise and learn is one part of the solution. Services for young people are crucial and can identify early on young people who may be at risk of engaging with criminal behaviours. Services that require more funding are: youth clubs, drug and alcohol support services, sexual health services, and child and adolescent mental health services. Many of these services were already under financial strain pre-Covid and have since faced growing demand, with more young people seeking out youth services and safe spaces.

### Care experienced young people's health inequalities

For young people in care, the state is their legal guardian. Children living in deprived areas are more likely to end up in care than those living in affluent areas (Bennett *et al.*, 2020). For these young people, the transition into adulthood is much more difficult and complex than most teens, as they also navigate leaving care and becoming fully independent. More attention should be given to preventing young people being in care, given the impact on health and social outcomes we have outlined here.

Health inequalities faced by care experienced young people:

- 60% of children who are looked after in England are reported to have **emotional and mental health problems** (NICE, 2013).
- For looked after children in 2020, **90% had completed their annual health assessment and 88% were up to date with their immunisations**, although older males were less likely to be up to date with their immunisations (Department for Education, 2021).
- Female care leavers are **three times as likely to become teenage mothers** than young women who haven't been in care (PHE, 2018).
- Into adulthood, there are **higher rates of premature mortality** for care leavers than the general population (Sacker, A. 2021).

There are worrying trends in the outcomes for care experienced young people in aspects other than health too. Looked after children make up 30% of boys and 44% of girls in custody (Murray, 2012). Looked after children at Key Stage 4 (aged 14-16) scored an average Attainment 8 score of 19.1, compared to 44.6 for all children (Department for Education, 2020). Services that interact with young people in care should acknowledge the range of things happening in young people's lives and support them with their needs.

For care leavers, 14% have slept rough and 26% have sofa surfed (Centrepoint, 2017). In 2020, there were 31,260 care leavers aged 19-21 - 39% of these were not in education, employment or training (NEET) (Department for Education, 2021), compared to 11.6% of all young people aged 16-24 being NEET (ONS, 2021). There is variation across the UK in the extent to which care leavers are supported by the state up until the age of 25. There is also variation within the country on the amount given to

young people within the Leaving Care Grant and variation in the effectiveness of support provided by Personal Advisors. We think that all care leavers should be given a locally-specific 'moving on' pack with signposting to support and resources.

Young people's health must be a central consideration for all those working with young people in care and care leavers, it is not only the responsibility of health professionals. These young people may need additional help and support accessing services and support. There should be targeted preventative healthcare support provided for this group which goes beyond the minimum annual health checks, that look at dental and immunisations towards including things like mental health and sexual health advice. Mental health support is crucial, as it should be acknowledged that going through the care process is itself a traumatic process for young people.

It is vitally important that the young person's needs are considered holistically, although often the support available is limited to specific care events (e.g. meeting with a social worker), with lack of support and continuity in interim periods. In order to achieve this, young people should be actively involved in decisions about their care with regular communication and consent.

### **Other groups of young people exposed to vulnerability and health inequalities**

The call for evidence seeks insight into 'vulnerable' young people, particularly young people in the youth justice system and care experienced young people. This does not capture the full range of young people who experience inequalities and disadvantage (e.g. young carers, LGBTQ+ young people). Nor does it demonstrate the complexities in which aspects of a young person's identity overlap and intersect. Approaches to address vulnerability in childhood and adolescence should aim to be universal in their approach to different groups, not just targeted at specific groups.

### **What we would like to see included in a national strategy to prevent crisis for groups of vulnerable young people**

- Young people's health and wellbeing needs to be embedded in the strategy
- Giving young people a voice to shape services and policy design – when planning content for a national strategy, every effort should be taken to consult with a diverse range of young people to include their views and priorities for change
- Clear accountability for how young people's contributions to reshaping services will be enacted
- Focus on prevention and upstream causes of poor health and social outcomes (e.g. housing and education), with real terms restoration of the public health grant to 2015/16 levels and a particular focus on young people living in the most deprived areas
- Better data and research on vulnerable groups
- Greater use of community-centred, youth focused approaches to improving health and wellbeing
- Quality employment opportunities for young people
- Release of the funding commitments for the Youth Investment Fund (£30 million) to support the VCSE sector and youth clubs which provide safe spaces for young people
- Increased availability and accessibility of a range of services that support young people, including increased access to mental health and wellbeing support services
- Embedding positive health behaviours within the national curriculum, via PSHE lessons
- Promoting positive relationships between young people, professionals, peers and parents / carers
- Public health approaches to violence reduction (Hagell, 2019)

- Funding for services that support young people, such as substance misuse services (We Are With You), sexual health services (Brook), information advice and counselling services (YIACS, Youth Access)
- Funding for early support hubs for young people's mental health
- Expansion of youth social prescribing networks within community and primary care settings
- Particular investment in services for young people of colour, who are more likely to face barriers in accessing mainstream services – e.g. a significantly higher proportion of BAME young people contact YIACS than statutory CAMHS services. Also, investment for the development of racially responsive health services, including training for health professionals (Baum, 2020; Wayland-Larty, 2021)
- Accountability for and representation of young people's health needs within NHS England's Integrated Care Systems, which includes expertise in vulnerable young people and focuses on early intervention and prevention (CYP HPIG, 2021).

### **About the Young People's Health Partnership (YPHP)**

YPHP are a partnership of six organisations with VCSE networks across the youth and young people's health sectors. We focus specifically on young people facing health inequalities. The partnership is led by the [Association for Young People's Health](#) (AYPH) and includes: [British Youth Council](#), [Brook](#), [StreetGames](#), [UK Youth](#), [We Are With You](#), and [Youth Access](#). Our network is made up of over 1,600 services and members around the UK, directly supporting young people to succeed. Our work includes supporting young people to exercise empowered and active voices, improving care for young people, increasing understanding of prevention work, and supporting partnerships between the youth and young people's health sectors.

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