

Summary of findings

The importance of ethnicity for
understanding young people's
experiences of health inequalities

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Background

Covid-19 revealed stark health inequalities along the lines of ethnicity. People from all minority ethnic groups were at greater risk of death and hospitalisation from the illness in comparison to White British groups (SAGE, 2022). Wider research has also found that ethnic minority groups generally have worse health outcomes compared to the overall population (Parliamentary Office of Science and Technology, 2007). These worrying statistics have rightly directed thinking on health inequalities to consider the impact of ethnicity on health. Yet little is understood about how health outcomes vary by ethnic groups for young people aged in 10-25 in the UK.

Racism can take many forms, which can have either direct or indirect impacts on an individual’s health. Structural racism creates barriers preventing people from leading healthy lives by impacting on the key determinants of health, such as housing, education and employment. Incidents of racism also affect health, by increasing levels of stress and influencing individual experiences of healthcare services.

Ethnicity of young people in the UK

21.5%



of 10-19 year olds in England and Wales classify themselves as belonging to an ethnic category other than White British. This compares to 19.5% for the wider population in England and Wales.

The largest groups are Mixed ethnicity, Pakistani, Indian and Black (Black African/Caribbean/Black British).

Source: ONS, 2012

Our project and methods

This briefing provides a summary of work carried out by the [Association for Young People’s Health \(AYPH\)](#) to understand better the connection between young people’s ethnicity and health inequalities.

Data review

We have collated a range of publicly available data sources in order to examine the level of ethnic health inequalities experienced by young people. Our [data report](#) presents a unique collection of charts demonstrating the inequalities that exist for young people age 10-25 from ethnic minority backgrounds. Sources include the Office for National Statistics and other government departments, health service data, representative surveys and academic studies.

The data are limited by what is available. For example, some data sets present more detailed ethnic categories compared to others, and it can be hard to untangle the interplay between factors such as deprivation, ethnicity and health status, although there are bound to be complex relationships between these variables.

Engagement with young people

We set up a youth panel to hear the views and experiences of a small group of young people. Our [engagement report](#) presents a summary of the findings from young people.

AYPH collaborated with the [Race Equality Foundation](#) to deliver this engagement work, which took place between June and November 2022. The youth panel was co-facilitated with one young person who was appointed as peer facilitator. All four of the meetings were hosted online, via Zoom, and lasted 1.5 hours, alongside some one-to-one meetings with individual young people. We engaged with a total of 10 young people throughout the work.

The youth panel was recruited on the basis of belonging to a minority ethnic background, so it was not known at the outset whether the group had previous experiences accessing health services.



[Read our data report](#)



[Read our engagement report](#)

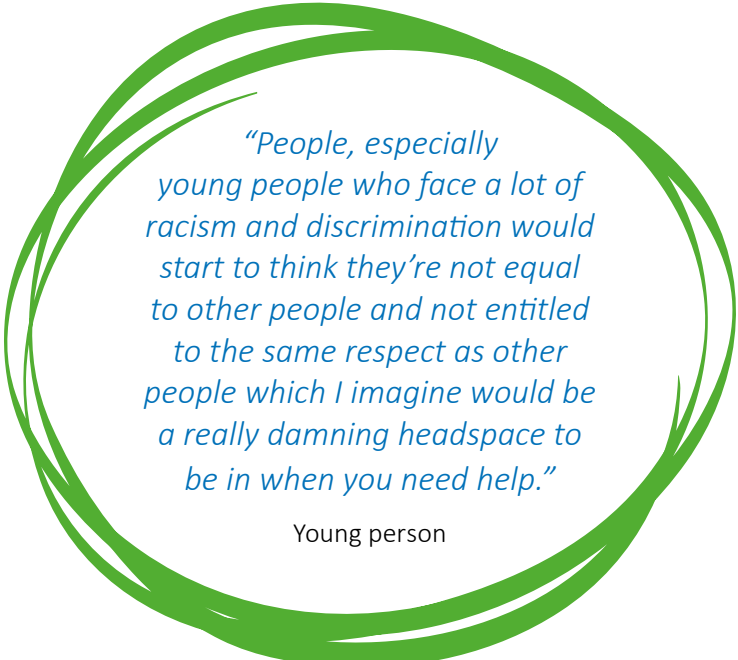
“If you have no choice in where you live, you should have equal access to health anywhere but that is not happening, people in my area aren’t getting the healthcare they need and that’s not correct.”

Young person

Highlights from the data

The data suggest that young people from ethnic minority backgrounds are more likely to have poorer health compared to the overall population. There are particular concerns arising for the disparities faced by Gypsy and Traveller young people and Black young people. However, there is considerable variation between ethnicities and by different indicators of health:

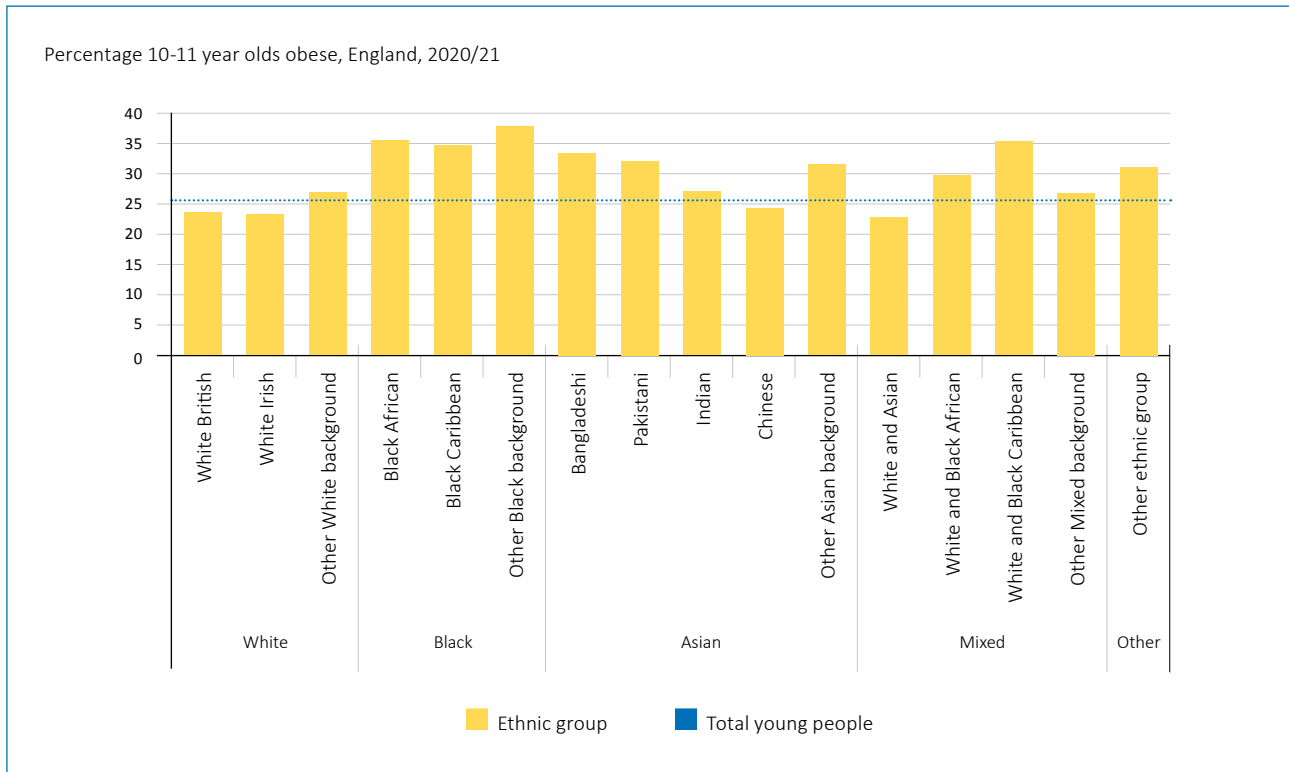
- **Obesity:** A quarter (25.5%) of young people aged 10-11 in England were classified as obese in 2020/21. Black young people are most likely to be classified as obese, particularly young people from Other Black backgrounds (37.8%). Other Black young people were 1.6 times more likely to be obese compared to White British young people (NHS Digital, 2021a) **(Figure 1)**.
- **Mental health:** Black and Mixed ethnicity young people are more likely to be detained under the Mental Health Act (i.e. "sectioned"). In 2020/21, 14.9 per 100,000 Black young people aged under 17 years were detained, compared to 8.7 per 100,000 White young people and 5.4 per 100,000 Asian young people (NHS Digital 2021b; ONS 2012). Other research has found that Black young people are 10 times more likely to be referred to CAMHS via social services, rather than via the GP, compared to White young people (Kapadia et al, 2022).
- **Vaccinations:** Vaccination rates are widely variable between different ethnic minority groups. For 12-15 year olds, only 12.4% of both Gypsy Roma and Black Caribbean young people received one dose of the vaccine (ONS, 2022). Comparatively, Chinese young people were 6 times more likely to receive the vaccine and White British were 4.8 times more likely.
- **Hospital admissions:** Rates of hospital attendance are highest for Black young people. In 2020/21, 10.4 per 100 Black young people aged 10-24 were admitted to hospital, compared to 1.7 per 100 Chinese young people (NHS Digital 2022; ONS 2012).
- **Experiences of healthcare:** Most young people from ethnic minority backgrounds have below average experiences of primary care services. Only White British, White Irish and Traveller of Irish heritage young people were more likely to self-report that their needs were met during their last GP appointment, compared to the average for all young people (NHS England, 2022) **(Figure 2)**.
- **Poverty:** In 2021/22, an average of 21% of secondary school pupils were eligible for Free School Meals (FSM) in England. For Traveller young people of Irish heritage, 57.8% are eligible for FSM, compared to 7.1% of Chinese young people (Department for Education, 2022).
- **NEET status:** Asian and Chinese young people aged 16-17 are least likely to be Not in Education, Employment or Training (NEET) in England. In 2020, 5.8% of White young people were NEET, compared to 5.6% Black young people, 3.7% Chinese young people and 2.7% Asian young people (OHID, 2022).
- **Criminal justice:** Black and Mixed young people are overrepresented in the criminal justice system in England and Wales. In 2020/21, 790 per 100,000 Black young people aged 10-17 were cautioned or sentenced, compared to 245 per 100,000 White young people (Youth Justice Board, 2022). Young people from ethnic minority backgrounds were also more likely to be physically restrained while in custody.



“People, especially young people who face a lot of racism and discrimination would start to think they’re not equal to other people and not entitled to the same respect as other people which I imagine would be a really damning headspace to be in when you need help.”

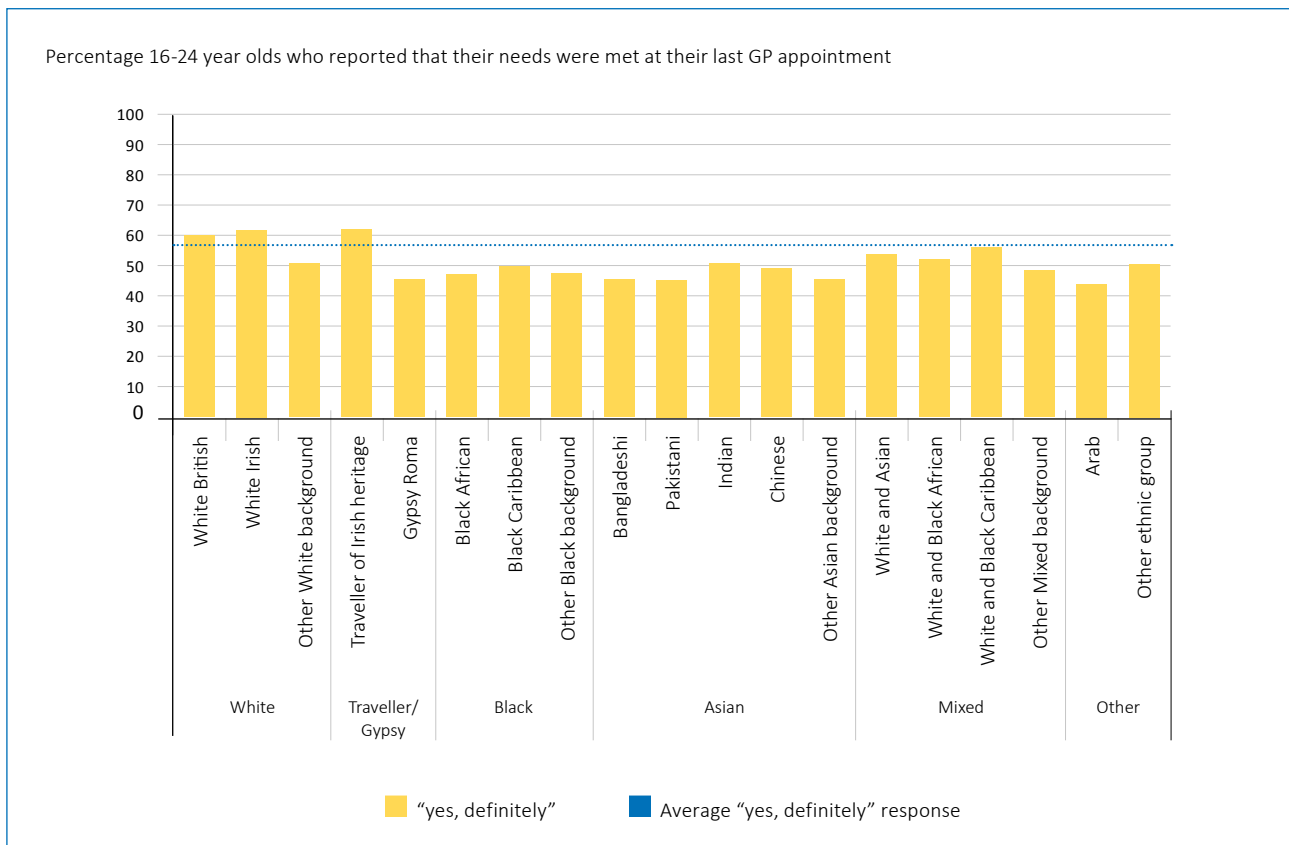
Young person

Figure 1: Black young people are more likely to be obese



Source: NHS Digital (2021) *National Child Measurement Programme, England 2020/21 School Year*. NHS Digital: National Statistics.

Figure 2: Most young people from ethnic minority backgrounds have below average GP experiences




Source: NHS England (2022) *GP Patient Survey 2022*. Ipsos Mori. Shared with AYPH.

Young people's experiences

Young people spoke of the racism they experience in their everyday life, including negative school experiences and limited access to services where they lived. Young people frequently experience micro-aggressions in their encounters with others, which they described as “*silent assumptions*”. These incidents can have a profound impact on how young

people view themselves within society and how they interact with professionals. The youth panel found it empowering to have the correct terminology to describe this form of racism, which they could use as a foundation to speak up against prejudice and discrimination.



“I think racism in the UK is generally a lot like this... It’s subtle and it’s hard to do something about it because you can’t see... If it’s not completely obvious then it’s hard to call someone out.”

Young person

A quick Zoom poll during one of the youth panel meeting revealed that **two thirds of the group had been made unhappy or annoyed by a previous GP appointment** and **half had felt that doctors had made assumptions based on their ethnic identity.**

Barriers facing young people

The youth panel highlighted a number of barriers that they felt young people from ethnic minority backgrounds faced that could prevent them from leading healthy lives and accessing high-quality healthcare. These barriers may have direct or indirect

implications for young people’s health outcomes. Some are exclusively faced by young people from ethnic minority backgrounds, although some apply more broadly to others in their age group too.

Summary of the barriers preventing young people from ethnic minority backgrounds from leading healthy lives

Racism	Micro-aggressions	Availability of services
<p><i>"...The eczema was affecting me different because of my skin colour. And no NHS doctor or anything had ever brought that up."</i></p>	<p><i>"I think racism in the UK is generally a lot like this... It's subtle and it's hard to do something about it."</i></p>	<p><i>"If you have no choice in where you live, you should have equal access to health anywhere but that is not happening, people in my area aren't getting the healthcare they need and that's not correct."</i></p>
Lack of trust	Age discrimination	Language
<p><i>"At the end of the day the power is with them [the government] so it's questionable how much change we can even bring about ourselves."</i></p>	<p><i>"Healthcare professionals may assume that young people are faking illness or over exaggerating symptoms, may overlook serious problems."</i></p>	<p><i>"For family members, it's hard convincing them to get medical help as they can be reluctant to make a phone call, especially if there is a language barrier."</i></p>
Medical training	Representation	Delayed access
<p><i>"Within medicine and science I feel like the area of people of colour is so much more undiscovered and less well known [for] people who are white."</i></p>	<p><i>"Black doctors might see you and be like, oh you're Black, I can relate to you. But not, oh you're homosexual, that's not in my culture."</i></p>	<p><i>"I've been having issues with mental health since before I was 13 and when I was 13 I was calling my GP to say 'Hi' and I've been on the waiting list since then. And I turn 18 at the end of the year, so it's just like OK."</i></p>

Conclusions and recommendations

Young people aged 10-25 from ethnic minority groups are likely to face inequalities in a range of health outcomes and within the social determinants that are related to health outcomes. Unfortunately, structural racism and experiences of micro-aggressions have shaped young people’s understanding of what it means to be an ethnic minority young person in the UK. There is an implicit acceptance of things being worse for them compared to others, and stereotypes about intrinsic self-worth can be normalised and internalised by young people. While for many young people socio-economic circumstances are the main driver of differing health outcomes, racism is also a key driver of health inequalities for some young people.

In acknowledging the role that racism plays in causing ethnic health inequalities, policy solutions must be focused on tackling racism head on (Nazroo, 2022).

The young people involved in this work have identified a number of solutions to tackle racism and health inequality. They focus on building strength and power within local communities, increasing education among young people and professionals, and increasing Government investment in young people’s health. Efforts must be taken to overcome the barriers young people from ethnic minority backgrounds face when accessing services and support. There is also a clear need for better data on young people’s ethnicity and health - without good quality data, efforts to understand and reduce health inequalities are weakened. These are all topics of social justice that require urgent action.

<p>The overarching recommendations developed by young people are:</p>	
<p>Increase resources</p> <p>...to invest in local communities to provide spaces where young people can lead healthy lives.</p>	<p>Improve education</p> <p>...to increase young people’s understanding of discrimination and health inequalities.</p>
<p>Provide training for professionals</p> <p>...on racism, micro-aggressions and different presentations of medical conditions. This will provide better support for young people.</p>	<p>Improve experiences of healthcare</p> <p>...by increasing ‘health literacy’ and reducing the barriers young people face accessing support.</p>
<p>Increase representation of ethnic minority groups</p> <p>...within Government and throughout society so that the views and experiences of young people from ethnic minority groups are heard and acted upon.</p>	

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More information

About the Health Inequalities Policy Programme

This AYPH [Health Inequalities Policy Programme](#) aims to shine a light on young people's specific experiences of health inequalities and how this is a unique experience for the 12-24 age group, which hasn't previously been given due attention. Covid-19 has exposed both inequalities within society and has revealed a disproportionate impact on the lives of young people specifically. The project will seek to understand what the data and evidence says on the topic and will speak to specific groups of young people about their lived experiences. We plan to work with key, influential stakeholders who have the power to help make a difference, to learn from their experiences and work together on developing solutions. The project will develop useful guidance, tools and resources to deliver changes within both policy and practice.

The project is part of the action phase of the [Young people's future health inquiry](#), which is funding work across a range of organisations to build the policy agenda and amplify the voices of young people. Other projects include the RSA on economic insecurity, UWE and Sustrans on transport, and projects at the Resolution Foundation and the IES exploring different aspects of youth employment.

Association for Young People's Health

AYPH is the leading independent voice for young people's health in the UK. To find out more about our work visit www.ayph.org.uk

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