



Local action on health inequalities:

Reducing the number of young people not in employment, education or training (NEET)



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About this briefing

This briefing was commissioned by PHE and written by the Institute of Health Equity (IHE). It is a summary of a more detailed evidence review on the same topic and is intended primarily for directors of public health, public health teams and local authorities. This briefing and accompanying evidence reviews are part of a series commissioned by PHE to describe and demonstrate effective, practical local action on a range of social determinants of health.

Matilda Allen wrote this briefing for IHE.

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Reducing the number of young people not in employment, education or training (NEET)

Summary

1. Spending time not in employment, education or training (NEET) has been shown to have a detrimental effect on physical and mental health. This effect is greater when time spent NEET is at a younger age or lasts for longer.
2. The link between time spent NEET and poor health is partly due to an increased likelihood of unemployment, low wages, or low quality work later on in life. Being NEET can also have an impact on unhealthy behaviours and involvement in crime.
3. These negative health effects do not occur equally across the population, as the chance of being NEET is affected by area deprivation, socio-economic position, parental factors (such as employment, education, or attitudes), growing up in care, prior academic achievement and school experiences. Being NEET therefore occurs disproportionately among those already experiencing other sources of disadvantage.
4. Because the chances of becoming NEET follow a social gradient, reducing the proportion of people NEET could help to reduce health inequalities.
5. Local authorities have specific responsibilities and accountabilities for those who are NEET, particularly those aged 16-18. The raising of the participation age gives local authorities new roles, opportunities and challenges in supporting young people who are NEET.
6. Evidence of what works to reduce the proportion of young people NEET suggests that a successful strategy requires early intervention, tackling the barriers that young people face when attempting to move into education or employment. It also requires working across organisational and geographical boundaries and the involvement of local employers.
7. Tracking people, monitoring progress and programme evaluation can also help to drive improvements. Best practice from other successful programmes should be borne in mind when commissioning new services. For example, it is important that courses are accredited, not like school and developed in partnership with young people.

Introduction

Young people who are NEET are of particular concern to local and national government, due to the high financial and often long term social costs to individuals, local communities and wider society. Spending time NEET at a young age has clear effects on physical and mental health, both in the short and long term. For this reason, high or increasing proportions of young people NEET can be seen as a public health concern and a matter of interest for public health professionals.

This briefing is based on a longer evidence review on this topic, which gives references, further details, and more case studies. It is intended for directors of public health and public health teams within local authorities, health and wellbeing boards, councillors and for all those with a focus on NEETs and health inequalities in their local area.

‘NEET’ can refer to being not in employment, education or training between the ages of 16 and 18, or 19 and 24. This document refers to all those aged 16-24.

Being NEET and health inequalities

Unemployment has negative effects on health, it is linked to poor physical health, poor mental health and premature death.¹⁻⁷ In addition, there are particular negative impacts for those who experience unemployment for long periods of time or at a young age.⁸⁻¹⁰ The negative health effects of being NEET include:

- young people who are NEET are more likely to become depressed and have poorer mental health than older unemployed people or those who are employed^{4-7,11}
- early unemployment has a particularly damaging effect on later chances of employment, decent wages, and good quality work, all of which are important for good health^{10,12,13}
- being NEET is associated with an increase in unhealthy behaviours such as drinking, smoking or drug use^{14,15}
- there is an association between being NEET and youth offending: young men who are NEET are five times more likely to have a criminal record than their peers, although it is not clear that the link is causal^{13,16,17}
- spending more time in education and achieving higher qualifications tends to improve physical and mental health¹⁸⁻²⁰

In England, figures from October to December 2013 showed that over 14% of 16-24 year olds were NEET – almost 900,000 individuals.^{21,22} Rates are higher in the older age group (19-24). The proportion of those who are NEET is not distributed equally or randomly throughout society. The potential drivers of becoming NEET include:

- being from an area of relatively high deprivation²³
- parents of low socio-economic status^{24,25}
- parental unemployment and low levels of parental support for education or low confidence in providing guidance^{24,26}
- low academic achievement at school, low levels of literacy and numeracy, poor school attendance or exclusion^{10,24,25,27}
- having a special education need, learning difficulty or disability^{24,25}
- having spent time in care²⁸
- being a teenage parent¹³
- being a young carer¹³

Therefore, the negative impacts of being NEET on physical and mental health occur unequally throughout society – they are socially graded. The harms fall disproportionately on those who are already facing other sources of disadvantage, which themselves impact on health (for example, growing up in poverty). This means that rising numbers of young people NEET is likely to lead to increasing health inequalities.

What works to reduce the proportion of young people NEET?

The factors that influence entry into employment, education and work also show that solutions to reduce the proportion of young people NEET must be focussed on the conditions in which young people live, their experiences and opportunities, and the barriers that they face to participation.

Act early

The best approach to reducing the proportion of young people NEET is to prevent them from becoming NEET in the first place. In order to achieve this, local authorities' work with schools to identify and support children at risk of becoming NEET is important.^{13,29} Schools can be supported and encouraged by public health teams and other local authority staff to take effective action. This includes: recognising achievements in general skills and those that increase employability, managing transitions and supporting children and young people between educational stages, minimising or preventing permanent exclusions, and protecting and enhancing children and young people's mental wellbeing. These actions involve working with families and communities, rather than just with children and should be available for all children (universal), but targeted proportionately more towards those in greater need of support.

An example of local action on the prevention of young people becoming NEET by working with those who are at risk is provided in box A.

BOX A

ThinkForward to support successful transition from education to employment³⁰

ThinkForward is a programme created in 2010 by Impetus-The Private Equity Foundation (Impetus-PEF) and delivered by Tomorrow's People, a national employment charity. The programme aims to act early to ensure young people make a successful move from education into employment. The programme places coaches in schools, where they work with those who are most at risk from the age of 14, providing one-to-one coaching. Support is provided long-term for up to five years, and includes linking young people to existing services in the community and facilitating contact with local employers.

The programme is based on a pilot delivered in Tower Hamlets, East London, which placed coaches in five schools for two years, helping 320 young people and achieving an 88% reduction in those NEET at age 18.

Currently, ThinkForward operates in 14 schools in East London, working with 1,100 young people. 88% of these young people have improved their behaviour or attendance at school. 95% of participants continue into further education, employment or training at age 16 (31).

The intervention is funded in part by a three-year Social Impact Bond, which is commissioned by the Department for Work and Pensions' Innovation Fund and backed by the Private Equity Foundation and Big Social Capital.

Tackle barriers and obstacles

To re-engage NEETs, barriers and obstacles such as housing problems, debt, physical and mental health issues, and relationship concerns should be addressed.^{19,25} For example, for those young people who are living in inadequate housing, homeless, or living in severe deprivation or poverty, it is often much harder to find the physical, economic and personal resources required to access the labour market or re-engage with education. Local authorities have opportunities to help reduce some of these barriers and providers of education and training for NEETs can work with other agencies to provide help and access to specialist services. Local authorities also have a role as employers and commissioners to tackle youth unemployment.¹³

The example of local action in box B shows how Surrey County Council engaged young people in education, employment and training, in part through its role as an employer and a commissioner.

BOX B

Surrey County Council's 14-19 plan

Surrey County Council has put in place the 'Surrey 14-19 plan' to create opportunities for all young people.³² This aims to widen participation, improve achievement and ensure that all young people have equal opportunities to progress to learning or employment regardless of ability, socio-economic background, ethnicity, gender, disability or learning difficulty.

Surrey is taking a life-course approach, and working simultaneously on health and wellbeing of young people as well as attainment and participation. The council's employability plan also states its intention to use commissioning opportunities to reduce NEET levels, and ensure that as a purchaser and employer, the council increases apprenticeship opportunities. The council is ensuring that all contracts for the provision of services are let with a condition that the contractor employs an agreed number of apprentices aged 16 to 24 years.

The plan also includes a set of actions to overcome barriers to participation, including the council's plan to work closely with young people, increase financial assistance, working preventatively to reduce the likelihood of people becoming NEET, and developing effective tracking of participation.

Action takes place across a county-wide partnership between schools, colleges, employers, learning providers, the voluntary sector and higher education.

Achievements include:³³

- 59% reduction in young people who are NEET from 2009 to 2014. Surrey now has the joint-lowest number in England, whereas in 2013 they were joint twenty-fifth (out of 152 local authorities)
- 90% reduction in the number of first-time entrants of young people to the criminal justice system from 2009 to 2013, resulting in Surrey having the lowest rate in England
- saving £7m from the reduction in the number of young people NEET from 2011-12 to 2012-13 alone
- 90% figure of successful progression to education, training or employment among those who were at risk of being NEET and who received support from the Year 11/12 Transition Commission

Work across organisational and geographical boundaries

Effective links across different local authorities can enable transfer of information, (including information on specialist services for those who are NEET) and a coherent approach to regional issues such as transport or employment.³⁴ As well as working with schools and employers, local authorities and public health teams can help to reduce the number of young people NEET by working with other local organisations and partners, including the voluntary and community sector and Jobcentre Plus. This helps to align strategies, pool resources, and gain access to excluded or disadvantaged communities.

Work with local employers

Local employers have an important role to play by providing apprenticeships, placements, and job opportunities for local people who are NEET; local authorities can successfully support local employers to do this. Employers can also have input into education and training provision commissioned or delivered by the local authority, and work with schools in order to increase contact with young people before the age of 16.

Track people, and monitor progress

To reduce the number of NEETs, it is important to have good information about who is NEET, for how long, what agencies they are engaged with, what training or other provision they have accessed, and any barriers they have to going back to education or getting a job.^{29,35} In addition, gathering data on who is at risk of becoming NEET can help agencies to act early, as described above. Monitoring and evaluation of programmes to reduce NEET levels that are delivered or commissioned by the local authority and others is also important.

An example of a local strategy to track young people which also benefitted from good evaluation and monitoring is provided in box C.

BOX C

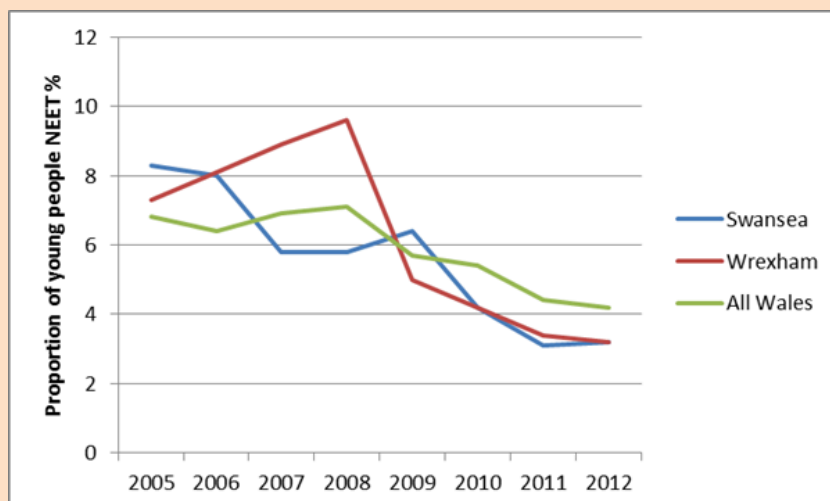
Swansea and Wrexham³⁶

Swansea Council has developed an approach of early identification of those at risk of becoming NEET before they leave school and has worked in partnership with Careers Wales West and use a traffic-light system to engage and monitor year 11 pupils. Such an approach looks at need and risk factors and helps inform the type of intervention required for each young person, who is then provided with transitional support between leaving school and entering higher education, training or work. Wrexham has also reduced NEET levels.

An evaluation conducted by Arad Research in 2011 found a set of ‘common characteristics for success’ in Wrexham and Swansea:

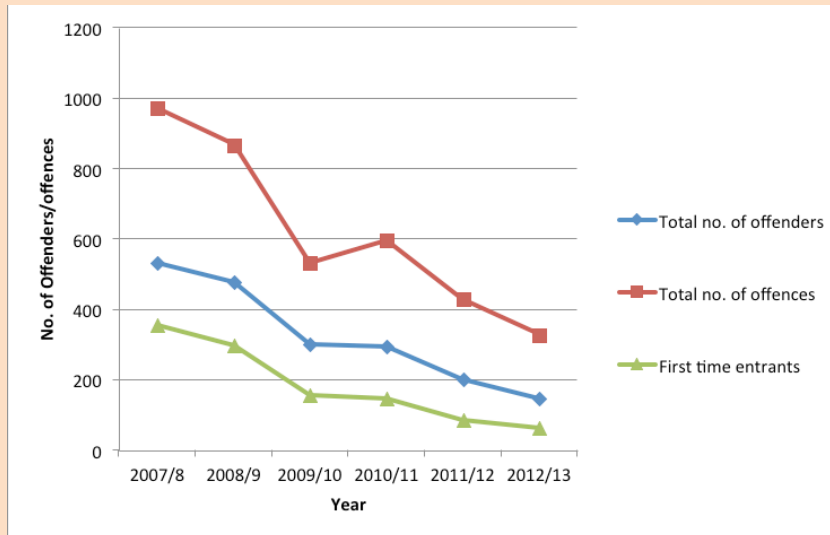
- reducing NEET levels was a strategic priority, targets were set, and resources shifted to enable more staff to work intensively with at-risk young people, starting from year 11
- identifying at-risk young people was key, based on data-gathering and analysis of risk; and a practitioner-led approach whereby Careers Wales advisers and school staff work together
- clear responsibility for different cohorts has been assigned to different organisations, who then share information
- projects have influenced core service provision rather than temporary new provision. The programmes also include increasing support over the summer months, flexible start dates, work placements (including within the local authority), personal support and guidance, and teaching employability skills

Figure 1: NEET levels in Wales, Swansea and Wrexham, 2005-2012



There have also been corresponding reductions in the number of youth offenders and offences. While there is no proof that this was caused by the programme the link is promising.

Figure 2: Youth offending in Swansea, Wales, 2007-08 to 2012-13



Cost analysis calculated the public finance costs associated with the actual number of people NEET levels among year 11 leavers in 2010, compared with a scenario whereby the NEET levels had followed the Wales average from 2004 to 2010. This found that the actual levels cost £1.1m less in Wrexham and £8.6m less in Swansea than in the Wales average scenario.

Adopt the features of successful programmes

Programmes that have been successful in engaging those who are NEET have tended to:

- offer courses that increase employability and literacy and numeracy skills, and build communication skills and confidence among participants^{25,37,38}
- offer accreditation where possible, and recognise and reward other achievements where not possible. This increases employability, confidence and self-belief^{25,38,39,40}
- design and deliver programmes in a way that is different to school – including in ‘neutral’ settings and encouraging non-hierarchical staff relationships^{25,40}
- involve local people who are NEET in designing and delivering provision, including by encouraging those who are successful to come back as mentors or facilitators^{25,35,40}
- offer a financial reward or incentive to increase engagement and help young people overcome financial barriers to participation^{24,25,29,38,41}
- offer courses with a high degree of flexibility and personalisation^{13,24,25,29}
- deliver programmes in small groups where possible, and provide one-to-one support for those with many barriers to re-engagement and/or who have been NEET long-term^{25,38,40}
- manage transitions and support young people as they move into and out of training provision or employment. Flexible start dates are one way of improving transitions^{13,25,35,41}
- provide good training for staff, and a low caseload for those working on specialised programmes^{24,35}

The evidence to support these approaches is good. While robust evaluations are not plentiful, there is a wealth of evidence – both academic and from the experiences of local areas – to suggest that taking action in the ways listed above is likely to reduce the proportion of young people NEET

in the local area. Furthermore, there are good reasons to take action – not only will reducing the proportion of young people NEET help to improve health and wellbeing among the local population, it is also likely to save money. For example, economic calculations have estimated:

- the aggregate public finance costs of 16 to 18-year-old NEETs are £12bn-£32bn⁴²
- the November 2010 level of 20 to 24 year-old NEETs cost £22m per week in Jobseekers Allowance, and £26m-£133m per week in lost productivity⁴³

Local authorities have a range of responsibilities and accountabilities in relation to providing support and training for NEETs, which are summarised in the full evidence review that underpins this briefing.

Some areas for further research have not been covered by the scope of this work, including examination of the national and local conditions that may be necessary for local action to be successful, and possible unintended consequences of reducing NEET levels. For example, does reducing NEET levels in one area shift the problem to another population group or another geographical area?

Conclusion

Being NEET between the ages of 16 and 24 is likely to have short- and long-term negative effects on health, in part due to its damaging effect on later life employment, wages, and quality of work. Being NEET for a longer period of time is particularly damaging. The chances of becoming NEET are not distributed randomly or equally – those who already face disadvantage or poverty are more likely to spend some time NEET.

Local authorities, including public health teams, have a clear and important role to play in helping reduce NEET levels within their population and there is good evidence of effective interventions to support action. Reducing the number of people NEET will improve health outcomes and is likely to reduce health inequalities and deliver a range of other desirable outcomes, such as improved employment opportunities and higher income. Reducing the number of people NEET also saves money and helps local authorities to fulfil their responsibilities and obligations.

Action taken early, before people become NEET is particularly effective. Cross-sector collaborations between different local authority directorates (public health, housing, children's services for instance) and also between local authorities, employers, job centres and schools have also been shown to deliver good results.

References

1. Tausig M, Fenwick R. Work and mental health in social context. Springer, editor. New York 2011.
2. Sullivan D, von Wachter T. Job displacement and mortality. An analysis using administrative data. *The Quarterly Journal of Economics*. 2009;124:1265-306.
3. Gallo WT, Bradley EH, Siegel M, Kasl SV. Health effects of involuntary job loss among older workers: findings from the health and retirement survey. *J GerontolB PsycholSciSoc Sci*. 2000;55(3):S131-S40.
4. Kasl SV, Jones BA. The impact of job loss and retirement on health. In: Berkman LF, Kawachi I, editors. *Social epidemiology*. Oxford: Oxford University Press; 2000. p. 118-36.
5. Kaplan GA, Roberts RE, Camacho TC, Coyne JC. Psychosocial predictors of depression. Prospective evidence from the human population laboratory studies. *AmJ Epidemiol*. 1987;125(2):206-20.
6. Dorling D. Unemployment and health. *BMJ (Clinical Research Ed)*. 2009;338:b829.
7. Moser KA, Fox AJ, Jones DR. Unemployment and mortality in the OPCS Longitudinal Study. *Lancet*. 1984;2(8415):1324-9.
8. Bartley M, Plewis I. Accumulated labour market disadvantage and limiting long-term illness: data from the 1971-1991 Office for

- National Statistics' Longitudinal Study. *International Journal of Epidemiology*. 2002;31(2):336-41.
9. Stringhini S, Sabia S, Shipley M, Brunner E, Nabi H, Kivimaki M, et al. Association of socioeconomic position with health behaviors and mortality. *Journal of the American Medical Association*. 2010;2010/03/25(12):1159-66.
 10. Crawford C, Duckworth K, Vignoles A, Wyness G. *Young people's education and labour market choices aged 16/17 to 18/19*. London: Department for Education, 2011.
 11. Siegrist J, Benach J, McNamara K, Goldblatt P, Muntaner C. *Employment arrangements, work conditions and health inequalities*. Marmot Review Task Group report 2010.
 12. Benach J, Muntaner C, Santana V. *Employment Conditions and Health Inequalities*. Geneva: WHO, 2007.
 13. Audit Commission. *Against the odds: Re-engaging young people in education, employment or training 2010* [11/01/2014]. Available from: <http://archive.audit-commission.gov.uk/auditcommission/sitecollectiondocuments/Downloads/20100707-againsttheoddsfull.pdf>.
 14. Buck D, Gregory S. *Improving the public's health: A resource for local authorities 2013* [13/01/2014]. Available from: http://www.kingsfund.org.uk/sites/files/kf/field/field_publication_file/improving-the-publics-health-kingsfund-dec13.pdf.
 15. The Prince's Trust. *YouGov Youth Index 2010* 2010 [06/05/2014]. Available from: http://www.princes-trust.org.uk/pdf/Youth_Index_2010.pdf.
 16. ACEVO. *Youth Unemployment: The crisis we cannot afford*. London: ACEVO Commission on Youth Unemployment, 2012.
 17. Bynner J, Parsons S. Social Exclusion and the Transition from School to Work: The Case of Young People Not in Education, Employment or Training (NEET). *Journal of Vocational Behavior*. 2002;60:289-309.
 18. Cutler DM, Lleras-Muney A, editors. *Education and health: Evaluating theories and evidence* (NBER working paper 12352). The health effects of non-health policies; 2006/06/: National Bureau of Economic Research.
 19. The Marmot Review Team. *Fair Society, Healthy Lives: Strategic review of health inequalities in England post-2010*. London: Marmot Review Team, 2010.
 20. The Institute of Health Equity. *Review of the Social Determinants and the Health Divide in the WHO European Region*. Copenhagen: WHO Europe, 2013.
 21. Department for Education. *Statistical First Release: NEET Statistics - Quarterly Brief - October to December 2013*. 2014 [19/05/2014]. Available from: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/284199/Quarterly_Brief_NEET_October-December_2013.pdf.
 22. Department for Education. *NEET Statistics - Quarterly Brief - July to September 2013* 2013 [13/01/2014]. Available from: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/263766/Quarterly_Brief_NEET_Q3_2013-Final.pdf
 23. Bloomer E, Allen J, Donkin A, Findlay G, Gamsu M. *The impact of the economic downturn and policy changes on health inequalities in London*: UCL Institute of Health Equity; 2012. Available from: <https://www.instituteoftheequity.org/projects/demographics-finance-and-policy-london-2011-15-effects-on-housing-employment-and-income-and-strategies-to-reduce-health-inequalities>.
 24. Maguire S. *Will raising the participation age in England solve the NEET problem?* *Research in Post-Compulsory Education*. 2013;18(1-2).
 25. Ofsted. *Reducing the numbers of young people not in education, employment or training: what works and why 2010* [11/01/2013]. Available from: <http://www.ofsted.gov.uk/resources/reducing-numbers-of-young-people-not-education-employment-or-training-what-works-and-why>.
 26. Rennison J, Maguire S, Middleton S, Ashworth K. *Young people not in education, employment or training: Evidence from the Education Maintenance Allowance Pilots Database*. Research Report 628. Nottingham: Department for Education and Skills, 2005.
 27. Britton J, Gregg P, MacMillan L, Mitchell S. *The Early Bird... Preventing Young People from becoming a NEET statistic*: Department of Economics and CMPO, University of Bristol; 2011.
 28. Business in the Community. *Tackling Unemployment* [13/01/2014]. Available from: <http://www.bitc.org.uk/issues/community/tackling-unemployment>.
 29. Department for children schools and families. *NEET Toolkit: Reducing the proportion of young people not in education, employment or training (NEET)*. Nottingham: DCSF publications, 2008.
 30. ThinkForward. *ThinkForward: About 2013* [19/05/2014]. Available from: <http://think-forward.org.uk/about/>.
 31. ThinkForward. *ThinkForward Annual Review 2013 2014* [21/05/2014]. Available from: <http://think-forward.org.uk/wp-content/uploads/2014/02/ThinkForward-Annual-Review-2013.pdf>.
 32. Surrey County Council. *Surrey 14-19 plan: 2010-2015* 2010 [21/05/2014]. Available from: http://www.surreycc.gov.uk/__data/assets/pdf_file/0006/174750/14-19-plan.pdf.
 33. Surrey County Council. *Cabinet Paper 22 April 2014. Creating opportunities for young people: Recommissioning for 2015-2020*. 2014.
 34. Department of Education. *Statutory Guidance on the Participation of Young People in Education, Employment or Training: For local authorities*. 2013 [12/01/2014]. Available from: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/268972/participation_of_young_people_-_statutory_guidanceev3.pdf.

35. Bysshe S, Berry-Lound D, Austin J, Staton J. Best Practice in Tackling 'NEETs': Research Report 2008 [03.02.2014]. Available from: <http://readingroom.lsc.gov.uk/lsc/YorkshireandtheHumber/HOSTWestYorkshireResearchreport.pdf>.
36. Arad Research. A study of approaches to increase the proportion of young people in education, employment or training, with a focus on potential and actual efficiency savings. 2011.
37. Wolf A. Review of Vocational Education - The Wolf Report 2011.
38. Young People Analysis Division Department for Education. What works re-engaging young people who are not in education, employment or training (NEET)? Summary of evidence from the activity agreement pilots and the entry to learning pilots 2010 [12/01/2014]. Available from: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/182022/DFE-RR065.pdf.
39. De Coulon A, Marcenaro-Gutierrez O, Vignoles A, London School of Economics, Political Science. Centre for the Economics of Education. The value of basic skills in the British labour market [electronic resource]: London : Centre for the Economics of Education; 2007.
40. Big Lottery Fund. 5 Good practice in reducing cases of young people not in education, employment or training (NEET). 2012.
41. Spielhofer T, Benton T, Evans K, Featherstone G, Golden S, Nelson J, et al. Increasing Participation: Understanding Young People who do not Participate in Education or Training at 16 and 17: DCSF; 2009 [11/01/2013]. Available from: <http://media.education.gov.uk/assets/files/pdf/i/increasing%20participation%20understanding%20young%20people%20who%20do%20not%20participate%20in%20education%20or%20training%20at%2016%20and%2017.pdf>.
42. Coles B, Godfrey C, Keung A, Parrott S, Bradshaw J. Estimating the life-time cost of NEET: 16-18 year olds not in Education, Employment or Training: Research undertaken for the Audit Commission, University of York. 2010.
43. The Prince's Trust. The Cost of Exclusion: Counting the cost of youth disadvantage in the UK. 2010.

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