



KEY HEALTH TRENDS AND POLICY DEVELOPMENT *Summary By StreetGames*



*The health and wellbeing of young people in
low-income areas in England and Wales*

A SUMMARY OF THE FINDINGS FROM A RESEARCH STUDY UNDERTAKEN
BY AYPH ON BEHALF OF STREETGAMES - DECEMBER 2024



FOREWORD

It has long been acknowledged that sport and physical activity can have a positive impact on people's physical and mental health. However, at StreetGames we know that unfortunately for those living in low-income communities, access to opportunities to take part in sport and physical activity are often lacking.

Similarly, there are distinct inequalities, which affect a person's health and whilst health inequalities often refer to health outcomes in later life, there are distinct inequalities that exist from childhood. These affect children and young people's (CYP) health not only at that time, but that they also predict poorer health outcomes later as they age and predict to poorer outcomes for their children – emphasising the value of investing in the health of CYP, as a way of improving all three of these outcomes, known as the 'triple dividend' (Paton, et al, 2016)

To help better understand the current issues and trends affecting the health and well-being of young people living in low-income communities in England and Wales, StreetGames commissioned the Association of Young People's Health (AYPH) to undertake a research study.

This document provides a summary of the key findings from the AYPH research study, which highlights accumulating data on the patterning of health inequalities for young people living in low-income communities. **The data shows that on most measures, low income is related to poorer outcomes for this age group - both in relation to the prevalence of disease and also in terms of access to services and lack of support** for the management of pre-existing conditions.

Data within the report highlights inequalities across a range of physical and mental health outcomes and also in health behaviours including higher rates of mortality, more disability and long-term illness, higher rates of obesity, more mental health problems and poorer diet and nutrition.

A review of the policy landscape highlighted a number of high-level commitments to young people and to those living with low income. However, in practice AYPH found that this age group is often neglected and that there is **a clear need for more inequality-reducing policies that are specific to children and young people.**

This document provides a summary of the key data identified via AYPH's research. To view and download the full report from AYP please see [here](#).



Physical Health Outcomes

MORTALITY

A recent British Medical Journal article showed that for those under 18 the risk of death in the two bottom IMD deciles was around 29 to 33 per 100,000 children, falling to 12 to 15 in the two wealthiest deciles (Odd et al, 2022). The National Child Mortality Database (2023) has estimated the inequality gap between the most and least deprived areas has increased in recent years.

Figure 1 below shows a clear relationship between area deprivation and mortality rates for 10-24 year olds in England.

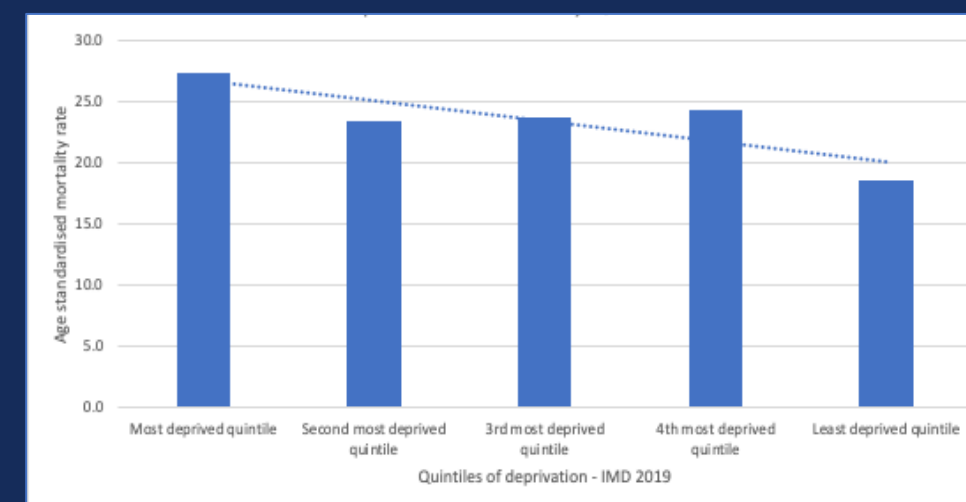


Figure 1: 10-24 year olds from the most deprived local authority areas in England are more likely to die than those in the least deprived areas.

Source: NOMIS (2023), Numbers of deaths in England 2021 converted to age standardised mortality rates per quintile by AYPH.

DISABILITY

The conceptualisation and measurement of disability is an issue, but Figure 2 shows that just in response to the simple 2021 census question (“Do you have a disability?”), there is a clear relationship with deprivation for 10–24-year-olds in England and Wales

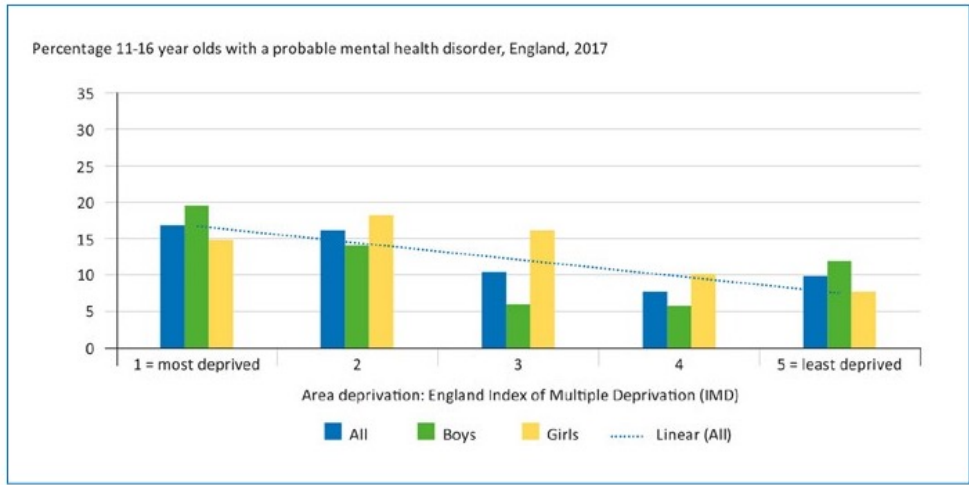


Figure 2:
Young people living in areas of most deprivation are more likely to report disability

Source:
ONS Census 2021, England & Wales

TYPE 1 DIABETES AND EPILEPSY

There is evidence from audits that diagnosis of both conditions in children is higher in low income areas (RCPCH 2023a,b). The extent to which this is directly caused by deprivation rather than other aspects of place is less clear.

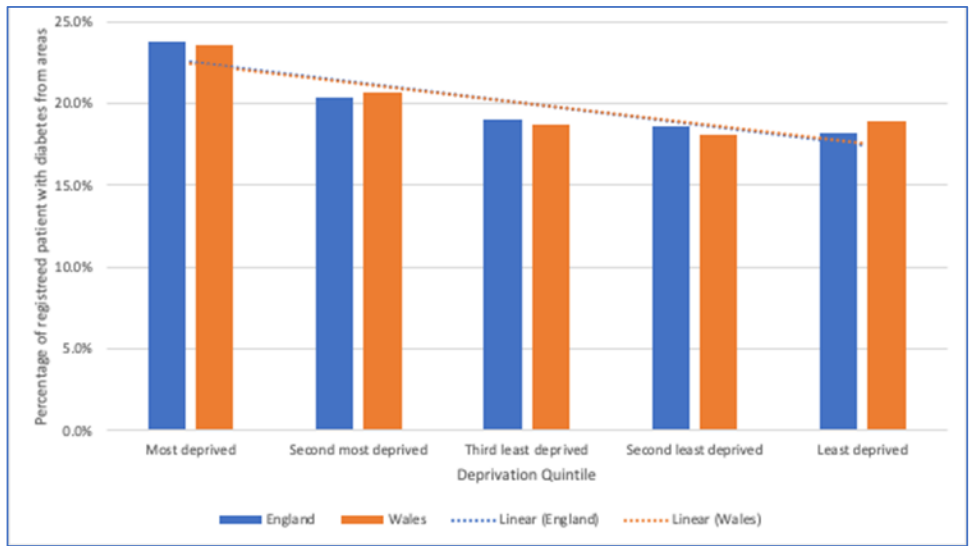


Figure 3:
More 0-19 year olds are registered with diabetes in England and Wales in areas of most deprivation.

Source:
RCPCH National Paediatric Diabetes Audit (2023).

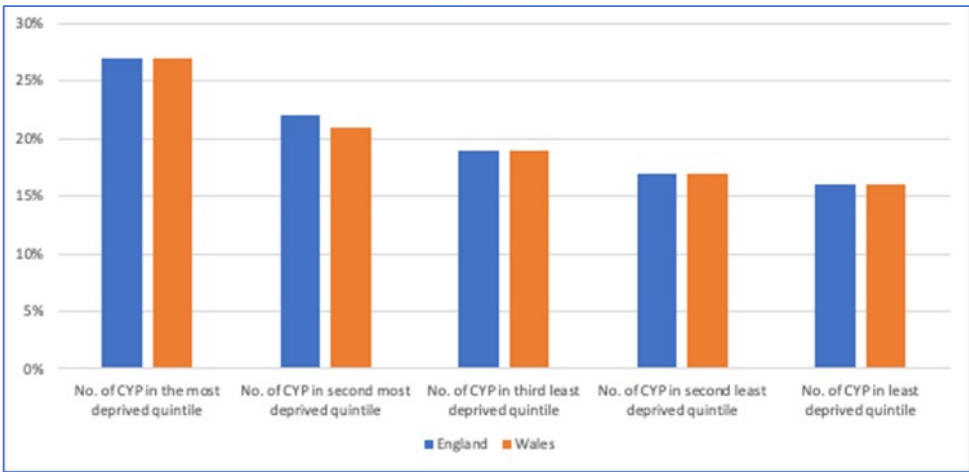


Figure 4:
Epilepsy diagnoses in 0-19 year olds in England and Wales have a clear relationship with deprivation

Source:
RCPCH National Paediatric Epilepsy Audit (2023)

EMERGENCY HOSPITAL ADMISSIONS FOR ASTHMA, EPILEPSY AND DIABETES

Data from 2020 on emergency hospital admissions for asthma, epilepsy and diabetes (which should all be well controlled in the community for optimal outcomes) showed a clear link between level of deprivation and likelihood of emergency treatment required (Figure 5).

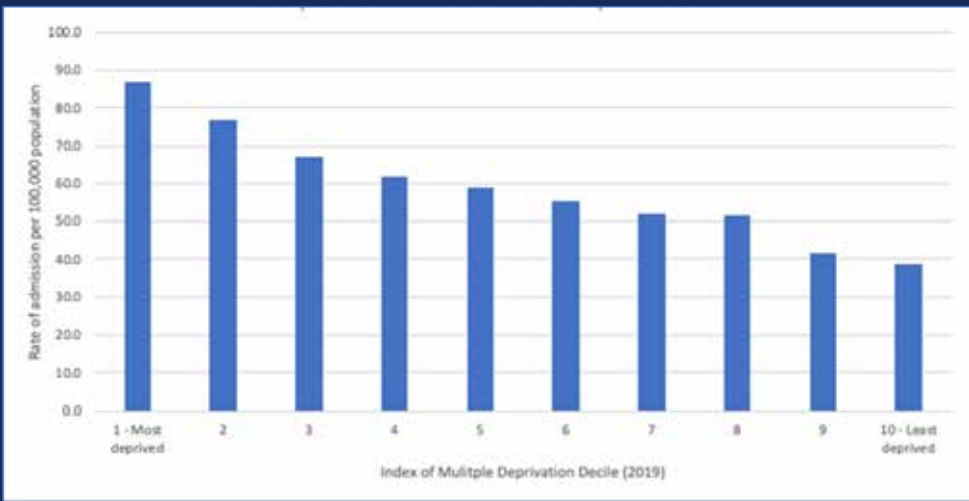


Figure 5:
In the first three months of 2020, emergency admissions for under-19s for asthma, epilepsy and diabetes were more than twice as likely in those from the most deprived areas compared to those from the least deprived

Source:
NHS Digital (2022) Hospital Episode Statistics

OBESITY

Figure 6 shows that not only is childhood obesity higher in areas of deprivation, but also that the gap is getting larger. Increases in obesity in recent years have all occurred in areas of deprivation. There was a sudden rise and fall for the whole age group at the time of the pandemic, but rates of obesity in low-income areas continued to be higher at the last point of measurement than they were at any time in the previous eight years apart from during the pandemic.

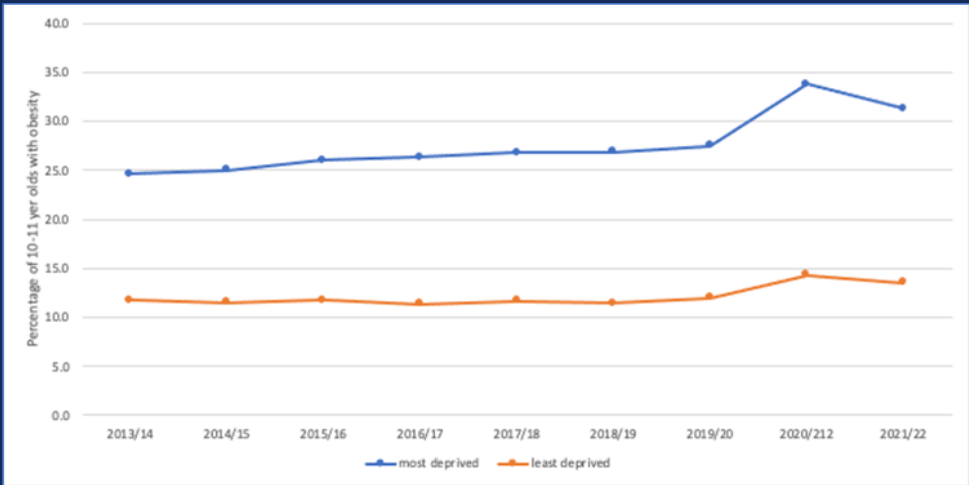


Figure 6:
Obesity rates for Year 6 pupils in England are higher in areas of deprivation and the gap is increasing.

Source:
NHS Digital (2023) National Child Measurement Programme, England

SEXUAL HEALTH

As Figure 7 demonstrates, there are differences between the rates of newly diagnosed sexually transmitted diseases for young people under 25 who live in the highest income communities and those who live in lower income communities. Note that this does not include chlamydia, where rates are less clearly related to deprivation. There are also deprivation effects on under 18 conception rates, as demonstrated in Figure 8, although the divergence between rates in the most and least deprived areas is narrowing.

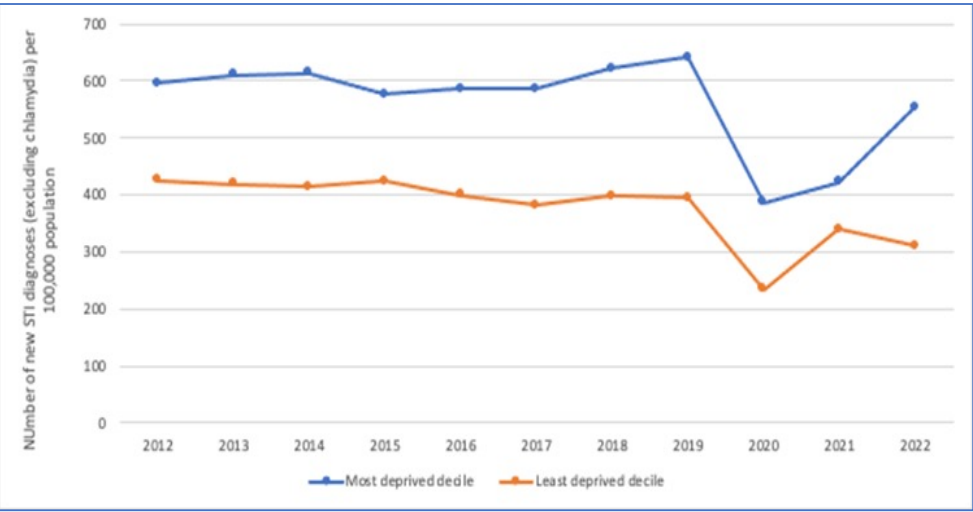


Figure 7: Sexually transmitted disease rates for young people under 25 living in the lowest income areas are higher than for those living in higher income areas
Source: OHID (2023) Fingertips

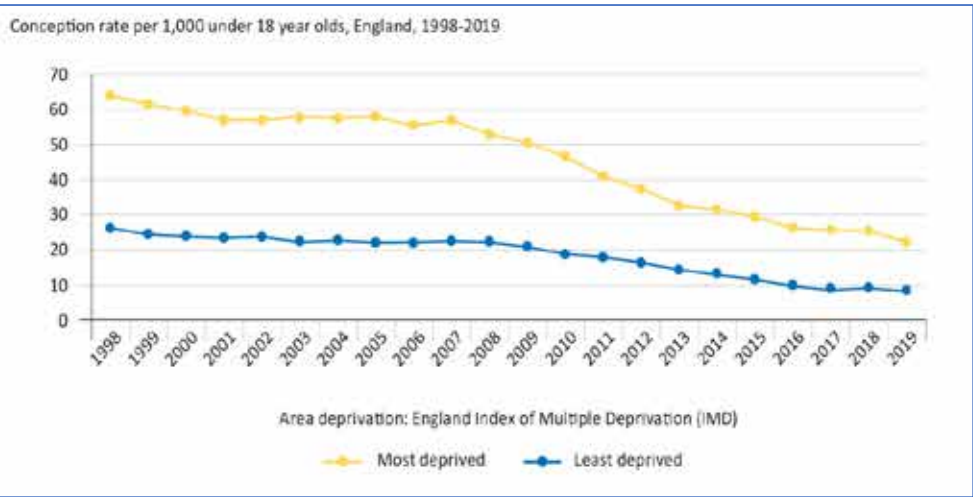


Figure 8: Under-18 conception rates are higher in areas of deprivation in England
Source: OHID - Sexual and reproductive health profiles



Mental Health

PROBABLE MENTAL HEALTH OUTCOMES

For 11-16 year olds before the pandemic, the 2017 NHS Digital survey suggested a clear association between living in an area of deprivation and higher likelihood of mental health problems in this age group – see figure 9. Analysis of data from the Health Behaviour in School-aged Children (HBSC) studies in European countries has also found that for young people aged 11- 15 there was an association between family affluence and mental health (Weinberg et al 2021), and the same is reported in the last Welsh HBSC report (School Health Research Network, 2023).

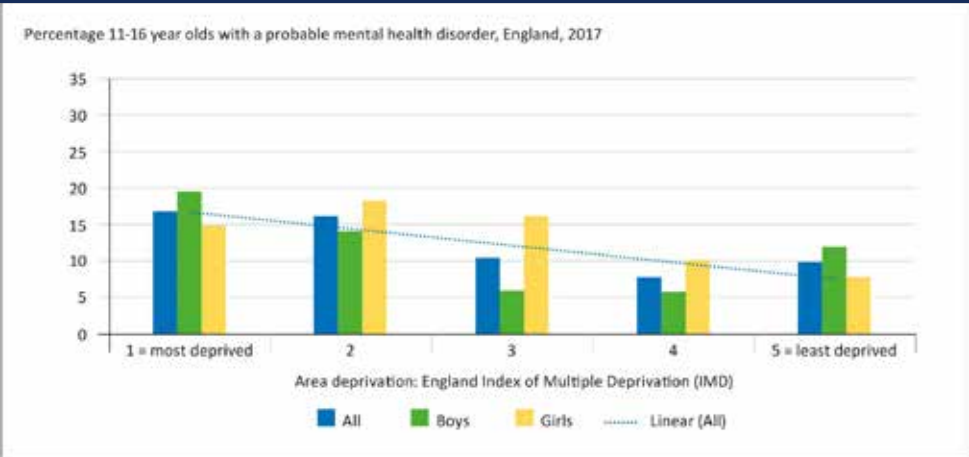


Figure 9: Mental health disorders amongst 11-16 year olds by areas of deprivation.
Source: NHS Digital



Health Behaviours

Smoking & Alcohol Consumption

At 15, smoking, alcohol consumption and drug use tend not to show much of a relationship with area deprivation. However, inequalities do start to set in by early adulthood, and for adult men and women there is a clear link with area deprivation (Office for National Statistics, 2023).

The patterns with alcohol in particular are complicated. Following no relationship in adolescence, by adulthood the proportions of men and women who report drinking over 14 units of alcohol weekly increases with household income, and in areas of least deprivation. The highest proportions of non-drinkers are in low-income areas (NHS Digital, Health Survey for England 2021). However there is some evidence that although they may be less likely to drink overall, adult men and women living in the most deprived areas may be more likely to engage in heavy episodic drinking.

The relationship between substance abuse and inequality has to be considered from a life-span perspective as it changes over time, also something seems to be happening between adolescence and adulthood for both smoking and some alcohol behaviours that creates a later association with deprivation (Ng Fat, 2017).

'New' Health Behaviours

There are few representative, community based studies on new health behaviours such as vaping, gambling and problematic phone use, and their association to deprivation. Some evidence shows more vaping in low socioeconomic groups in the teens, which disappears by adulthood (Green et al, 2020).

The way these behaviours interacts with other issues also should be considered. For example, in another recent study, low socio-economic status adolescents were generally more harmed by digital engagement, while adolescents from privileged backgrounds could avoid risks better and maximise benefits on positive outcomes like academic performance (Bohnert et al, 2023)

Tooth Decay

There has not been a national survey in this area for more than a decade. Analysis at that time concluded that there were substantial differences in oral health by residential deprivation among adolescents (Rouxel and Chandola, 2013) but much has changed since then.

Diet and Nutrition

The most recent European PISA study conducted by the Organisation for Economic Cooperation and Development concluded that one in 10 UK 15-year-olds (11%) had missed meals because of poverty (BBC News, 2023).

Access to public/green space, sports facilities, role of sport and physical activity

Data routinely reflects that there is less access to green space and that opportunities to participate in sport and physical activity are limited in low-income areas, and that there is a positive role it can play in promoting both physical and mental health (Sport For Development Coalition, 2023; Geary et al, 2023).

A systematic review commented on the limited number of studies and the risk of bias, as well as the difficulty of the varieties of green space that exist, but overall it highlighted the potential contribution of green space to adolescents' mental well-being (Zhang et al, 2020). Higher levels of residential green space reduces the gap in health between the richest and poorest communities (Intelligent Health, 2024; Mitchell, R. and Popham, F., 2008), and having higher green space surrounding home and school is associated with lower levels of anxiety, with this association being strongest in children from lower socioeconomic groups (Intelligent Health, 2024; de la Osa, N., et al.2024)

Sport England data shows that children aged 5-16 from more affluent families were more likely than those with low family affluence to have been physically active for 60 or more minutes per day in the previous week, in 2022/23 – with current data showing that just 44% of children and young people from low affluence families are meeting CMO guidelines for physical activity, compared to 55% of those from high affluence families.

This difference in participation has also been shown in previous years (Department for Education, 2023). Although facilities may exist, other barriers in low-income areas relate to issues such as cost (Senedd Commission, 2022; Hayes, 2015)



Policy Context & Horizon Scanning

The Labour Government have set out a clear ambition of building an NHS that is fit for the future – by reforming the health and care services to speed up treatment, harness life sciences and technology and reduce preventable illness and cut health inequalities.

Need for a children & young people focus

The focus on reducing preventable illness and health inequalities is extremely positive. However, recent policy and horizon scanning undertaken by AYPH identified, that whilst the policy landscape reflects a number of high-level commitments to young people and to those with low income, in practice the age group is often neglected and there has been very few inequality-reducing policies that are specific to children and young people living in low-income communities.

There have also been some advances in relation to taking into consideration young people's voices and perspectives in recent times (including NHS England calling for more children and youth voice in health care decision making, calls for representation for children and young people on Integrated Care Boards and a Children & Young People's version of the Core20Plus5 NHS Framework) however, this is not universal and often come without ring-fenced funding or practical steps in guiding how to use the youth voice, adapt services, or otherwise implement these policies for children and young people.

This issue has also been highlighted by the Association of Medical Royal Colleges, who published a report in 2023, signed by all 24 members, calling for more focus on children and young people's health because of the dividends it would pay across the health system and into the wider economy. Whilst the Children's Charities Coalition launched a report in November 2023 Children at the Table outlining their concern for the challenges that babies, children and young people in the UK face, setting out a roadmap to inform government on how to transform their lives for the better.

Importance of Youth & Community Services & Organisations

Analysis by AYPH suggests that there is plenty of evidence re the positive protective role that local youth and community services and organisations can offer to children in the most challenging environments. Plus growing evidence of the 'brokering' role that youth and community workers can play in improving access to and engagement with health services for this age group. Highlighting a need for increased investment and resources into community organisations and services within low-income communities.

Social Prescribing

Social prescribing remains an issue of policy and practice significance. In the absence of resources for statutory services to deliver, the role of the voluntary sector in supporting children and families has continued to grow. There is lots that is positive about social prescribing in relation to teenagers and young adults, and the kinds of community based programmes that will appeal to this age group are important for improving access to services and making a point of connection that can lead to more help. However, significant issues remain, around how to build the right infrastructure, secure charity sustainability and raise the importance of youth voice.

Family / Neighbourhood Hubs

There is growing support for the development of family hubs, which now have central government funding, to try to 'join things up' for low income families with young people, but very few practical notions so far of how young people fit into this picture – which must be an important consideration going forwards.

Poverty Proofing

Initiatives such as 'poverty proofing' services to improve access are to be welcomed (Children North East, 2021), unfortunately they have not been universally adapted and usually require passionate local leadership to make them work.

Obesity

Although there are initiatives to develop better treatment (Complications from Excess Weight clinics), the real issues are not around individual health behaviour, but about the obesogenic environments that children from low-income families grow up in. Societal stigma and a blame culture are barriers to the consideration of this as an issue of inequality. It is also related to the growing problems of food insecurity for this age group, who are often invisible in discussions about food banks.

Housing

The negative health impacts of insecure and inadequate housing for very young children are receiving an increasing profile, but the implications for teenagers and young adults are also critical.

Conclusion

In conclusion, AYPH highlighted that:

'On most measures, low income is related to poorer outcomes for this age group. This can be both in relation to the prevalence of disease but – just as importantly – it is related to access to services and lack of support for management of pre-existing conditions.'

The interesting thing is that the patterning of these inequalities may be different in adolescence, and also some outcomes may be particularly salient to their age group compared to other ages.

Understanding the particular patterns for this specific age group is important [and although] we may not be able to do much about the underlying cause of inequality, but removing the barriers to services is critical to improving outcomes'.





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