

Left behind

Exploring the prevalence of youth worklessness due to ill health in different parts of the UK

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June 2023



Acknowledgements

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Summary

Just three years on from the start of the pandemic, overall youth worklessness is low. Fears of a lasting rise in youth unemployment in the wake of Covid-19 have not come to pass: the unemployment rate for 18-24-year-olds stood at 10.5 per cent in the first three months of 2023, no higher than on the eve of the pandemic. Likewise, in the first quarter of 2023, the number of young people not in education, employment or training (NEET) stood at 720,000, far below the post-financial crisis peak of 1.1 million. But alongside the good news is evidence of a more worrying trend: a sharp increase in the number of young people who are not working due to ill health. The number of 18-24-year-olds in this category has near-doubled in the last ten years, rising from 94,000 in 2012 to 185,000 in 2022. Today, almost one-in-four (23 per cent) workless young people are not working because of ill health, up from less than one-in-ten (8 per cent) in 2012.

This briefing note explores how rates of youth worklessness due to ill health vary by place. Across the UK, 2.9 per cent of 18-24-year-olds were not working because they were unwell in the period 2020-2022. But when we look beneath this average, we find considerable range. Just 1.6 per cent of young people in East Anglia, and 1.7 per cent in both Inner London and Merseyside, were too unwell to work in 2020-2022, compared to 5.1 per cent in parts of the North East such as Darlington, Durham and Middlesbrough. Surprisingly, rates of youth worklessness due to ill health vary little between more and less deprived areas, in contrast to the well-established pattern for the adult population at large. The share of 18-64-year-olds who are not working because they are unwell is almost twice as high in the most-deprived local authorities in England as in the least deprived (6.5 per cent and 2.9 per cent respectively).

Rather, the most striking spatial difference we observe when it comes to rates of youth worklessness due to ill health is that between large cities and smaller places. We find that young people living in core cities such as London, Cardiff, Glasgow or Liverpool are the least likely to be workless because they are unwell. In 2020-2022, for example, 1.8 per cent of 18-24-year-olds in London, and 2.0 per cent of 18-24-year-olds in other core cities, were not working due to ill health. This contrasts with 3.4 per cent of 18-24-year-olds living in places dominated by small towns or villages such as Derbyshire, Devon and South Wales – almost double the rate of young people living in the capital.

Of course, the type of 18-24-year-olds living in cities rather than smaller places varies considerably, and two compositional differences stand out. First, in 2020-2022, 45 per cent of young people in London and 42 per cent in other core cities were full-time students, a much larger proportion than in small towns or villages (32 per cent and 30 per cent respectively). So, does the preponderance of full-time students in core cities, who by their very nature cannot be classed as workless due to ill health (even if they have health

problems), explain the spatial patterns we observe? We find a more muted difference between large cities and smaller settlements when we exclude full-time students from our analysis. Among 18-24-year-olds who are not in full-time education, 3.3 per cent of those in London and 3.5 per cent of those in other core cities were workless due to ill health, rising to 5.0 per cent and 4.8 per cent in areas dominated by small towns and villages respectively.

Second, with the many opportunities they afford, cities are far more likely to attract graduates than smaller conurbations: 30 per cent of 18-24-year-olds in London, and 26 per cent of those in other core cities, were graduates in 2020-2022, compared to less than one-in-six (15 per cent) young people in small towns and villages. Given that young graduates are very unlikely to be workless due to ill health (something that holds true for 25-29-year-olds as well as 18-24-year-olds), their uneven spatial distribution is a material reason why overall rates vary so much by place. When we look at young people who are neither in full-time education nor graduates, the gap between places narrows considerably: 4.8 per cent of those in London and 5.3 per cent of those in other core cities were workless due to ill health in 2020-2022, compared to 6.2 per cent and 5.8 per cent in small towns and villages.

Of course, many students and graduates do not originate from the place where they are living at the age of 18-24. We find that the 'sort' – whereby large numbers of young people move to big cities, first to attend university and later to take up graduate jobs – is key to explaining the place-based differences observed when it comes to youth worklessness due to ill health. When we look at the rates of young people who claim Personal Independence Payment (PIP – an imperfect but adequate proxy for ill health) across different types of place prior to the 'sort', 16-17-year-olds in core cities have a higher claim rate (5.6 per cent) than those in small towns or villages (5.1 per cent and 4.6 per cent respectively). But young people from small towns or villages are then more likely to move to another place in early adulthood than those from core cities: indeed, around one-third of 19-year-olds leave local authorities dominated by villages or small towns (36 per cent and 33 per cent respectively), more than three-times the share who move away from core cities outside of London (10 per cent).

As a result, the spatial variation we find when it comes to youth worklessness due to ill health speaks more to the sorting of young people from smaller settlements to core cities, and then the protective power of (higher) education, than it does to differences that stem directly from the places themselves. And there is further evidence that poor educational outcomes play a key role in being 'left behind'. Shockingly, four-in-five 18-24-year-olds (79 per cent) who do not work because they are unwell only have qualifications at GCSE-level or below, compared to one-third of all young people. This

combination of ill health and low qualification levels puts such young people at a double disadvantage: even if their health were to improve, their low skills would likely still leave them struggling in the labour market.

Taken together, our analysis suggests that policy makers must pursue a twin-track approach to support young people who are out of work because of ill health. First, given that mental health problems are the most common reason for young people to be workless due to ill health, better mental health support must be available at the earliest possible stage to prevent young people from falling behind in the first instance. Children and young people's mental health services are notoriously stretched, and there is also considerable variation by place: the average waiting time for this service stands at 41 days across England as a whole, but just 13 days in Leicester and West Leicestershire compared to 80 days in Sunderland. Likewise, NHS mental health support for adults is also hit and miss, especially compared to university students who have the additional safety net of mental health services provided by their institutions – estimated to be equivalent to £39 per student per year.

Second, alongside early health support, action is needed to help unwell young people catch up with their education later down the line. Given that the majority of young people who are workless due to ill health lack qualifications above GCSE level, efforts to increase the number of young people attending university or doing apprenticeships miss the mark. Instead, policy makers must invest to make it easier for adults to achieve GCSE and A Level skills (Levels 2 and 3) after leaving compulsory education, most obviously through funding courses leading to Level 2 and Level 3 qualifications for those aged 24 and above (currently statutory funding is only available up to the age of 23).

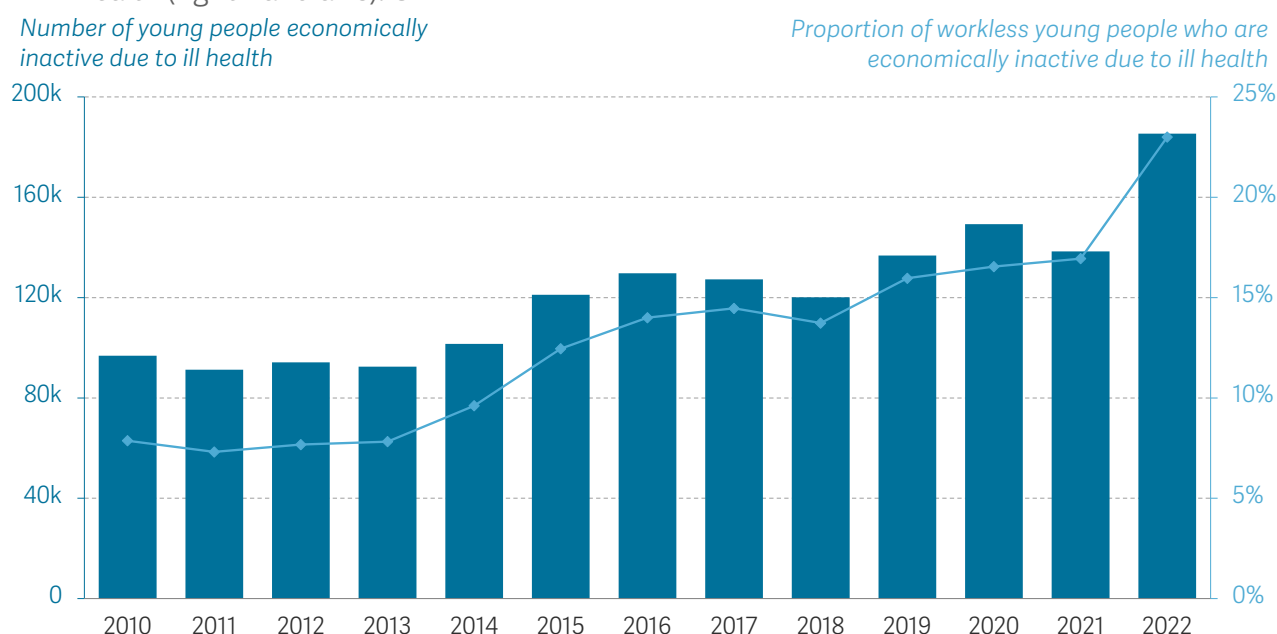
Any spell out of the labour market at a young age can have scarring effects on future employment prospects, but young people who are workless due to ill health are especially hard hit. Four-in-five young people (79 per cent) who are workless due to ill health have been workless for at least two years – compared to only a quarter (26 per cent) of young people who are unemployed. Boosting labour market participation is a priority for the Government, with policies aimed at encouraging people with health problems to enter the labour market front and centre of the recent Spring Budget. But worklessness due to ill health must not be seen solely an older-adult issue: the 185,000 young people currently in that category, many of whom are 'left behind' in so many different senses, deserve better than that.

Youth worklessness due to ill health is not equally spread across the country

On the face of it, young people today are doing remarkably well in the labour market. Three years on from the start of the Covid-19 pandemic, fears of a lasting rise in youth unemployment have not come to pass: the unemployment rate for 18-24-year-olds stood at 10.5 per cent in the first three months of 2023, no higher than on the eve of the pandemic.¹ Similarly, in the first quarter of 2023, the number of young people aged 18-24 not in education, employment or training (NEET) was 720,000, nowhere near the post-financial crisis peak of 1.1 million in 2011.² But alongside these figures is evidence of a worrying trend: a rise in the number of young people who are economically inactive (that is, not working, and not looking for work or able to start a job) due to long-term sickness. As Figure 1 shows, this trend pre-dates the Covid-19 pandemic, with the number of 18-24-year-olds who are not working due to ill health rising gradually since the mid-2010s. Indeed, between 2012 and 2022, the number of young people in this group almost doubled (up by 97 per cent), from 94,000 to 185,000.³

FIGURE 1: The number of young people not working due to ill health has risen dramatically in recent years

Number of 18-24-year-olds who are economically inactive due to ill health (left-hand axis) and proportion of workless 18-24-year-olds who are economically inactive due to ill health (right-hand axis): UK



NOTES: Workless young people are defined as those who are not in employment or full-time education.
SOURCE: RF analysis of ONS, Labour Force Survey.

¹ ONS, Labour Market Statistics.

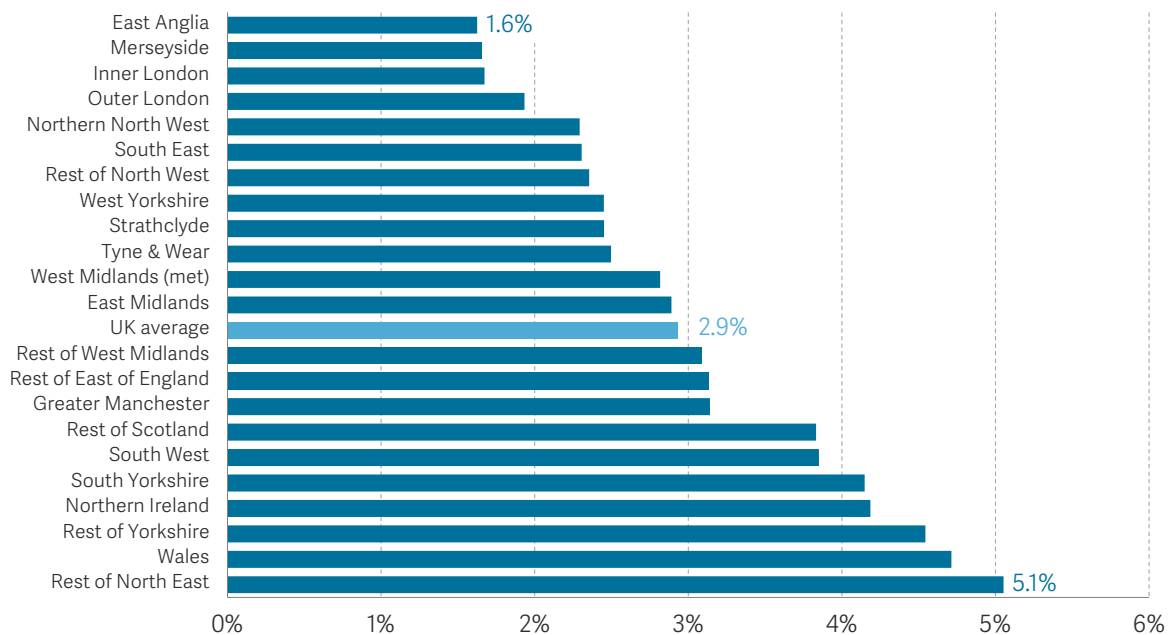
² ONS, Young people not in education, employment or training (NEET).

³ For the remainder of this briefing note, we use the term 'workless due to ill health' to refer to those who are economically inactive, not in full-time education, and whose main reason for economic inactivity is long-term sickness or disability.

This rise in economic inactivity due to ill health – combined with a fall in the number of young people who are unemployed or inactive to care for family – means that the make-up of youth worklessness has been transformed in the last decade. In 2012, less than one-in-ten (8 per cent) of young people who were workless (that is, not in work or full-time study) cited ill health as their main reason for being out of the labour market; by 2022, this had risen to almost one-in-four (23 per cent).⁴ It is clear, then, that economic inactivity due to long-term sickness is not just an issue affecting older adults, nor simply an artefact of the Covid-19 pandemic.

FIGURE 2: The proportion of young people who are not working due to ill health is more than three-times higher in parts of the North East than in East Anglia

Proportion of 18-24-year-olds who are economically inactive due to ill health, by detailed region: UK, 2020-2022



NOTES: Northern North West includes places like Barrow-in-Furness and Carlisle; Rest of East of England includes places like Luton, Stevenage and parts of Essex; Rest of North East includes places like Darlington, Durham and Middlesbrough; Rest of North West includes places like Burnley, Lancaster, Preston and Warrington; Rest of Scotland includes all of Scotland except for Strathclyde; Rest of West Midlands includes places like Shropshire, Staffordshire and Warwick; Rest of Yorkshire includes places like Harrogate, Hull and York; West Midlands (met) includes Birmingham, as well as places like Dudley and Walsall.

SOURCE: RF analysis of ONS, Labour Force Survey.

Given this, we might wonder whether there are any significant differences between places when it comes to the share of young people who are not working because they are unwell? Figure 2 shows this clearly is the case. Data from the last three years shows that the proportion of 18-24-year-olds who are workless due to ill health stood at 2.9 per

⁴ For further details, see: L Murphy, [Not working: Exploring changing trends in youth worklessness in the UK](#), from the 1990s to the Covid-19 pandemic, Resolution Foundation, June 2022.

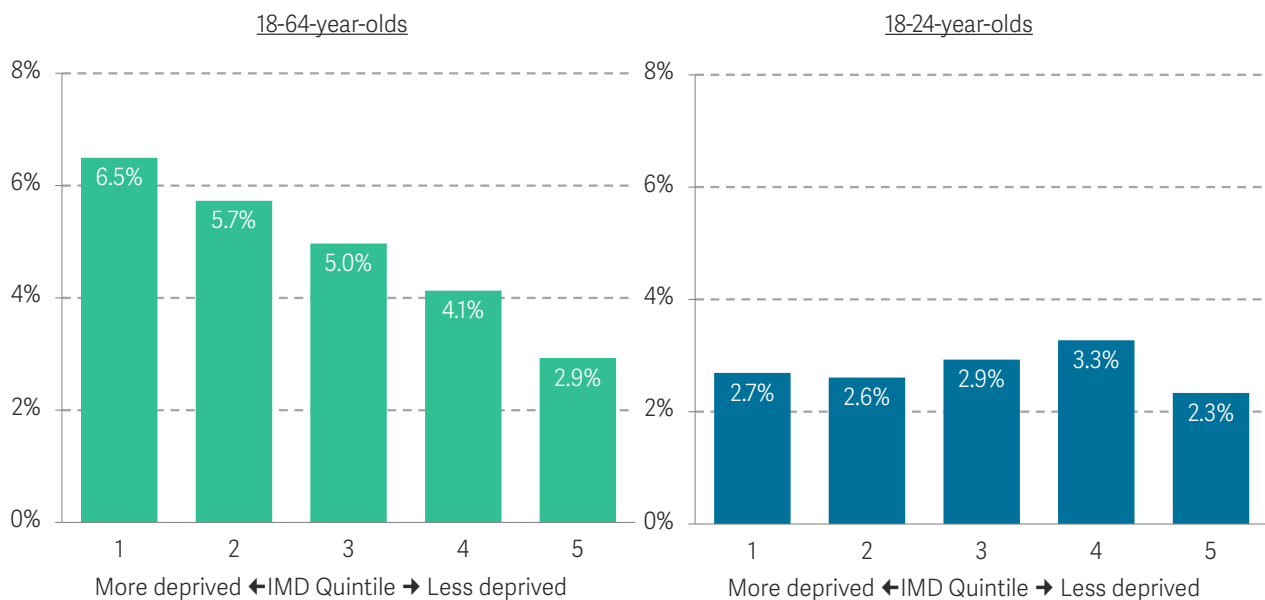
cent in the UK overall, but was almost half that rate in East Anglia (1.6 per cent) and Merseyside and Inner London (both 1.7 per cent), and more than 50 per cent higher in parts of the North East that include Darlington, Durham and Middlesbrough (5.1 per cent).⁵ Put differently, young people in parts of the North East were three-times as likely to be workless due to ill health than those in Inner London, Merseyside and East Anglia.

Overall, worklessness due to ill health is more prevalent in deprived places, but that does not hold true for young people

It is well-evidenced that health-related economic inactivity among the overall working-age population is concentrated in more-deprived coastal and ex-industrial areas, but as Figure 3 shows, this does not hold true for young people.⁶ When we look at all adults, those from the most-deprived quintile of English local authorities are more than twice as likely to be workless due to ill health than those from the least-deprived quintile (at 6.5 per cent and 2.9 per cent respectively).⁷

FIGURE 3: Young people living in more deprived areas are no more likely to be workless due to ill health than those in more affluent places

Proportion of 18-64-year-olds (left-hand panel) and 18-24-year-olds (right-hand panel) who are economically inactive due to ill health, by local authority deprivation quintile: England, 2020-2022



NOTES: Deprivation data available for England only.

SOURCE: RF analysis of ONS, Labour Force Survey; DLUHC, English indices of deprivation 2019.

⁵ Due to small sample sizes, we average over the three years 2020-2022 for much of this briefing note. As Figure 1 shows, however, the rising level of youth worklessness due to ill health is not just a Covid-19 phenomenon.

⁶ See, for example: C Beatty et al., *The Real Level of Unemployment 2022: The myth of full employment across Britain*, Sheffield Hallam University, May 2022; International Longevity Centre UK, *Health and place: How levelling up health can keep older workers working*, October 2022; D Webster et al., *Falling Incapacity Benefit claims in a former industrial city: Policy impacts or labour market improvement?*, Policy Studies 31(2), June 2009.

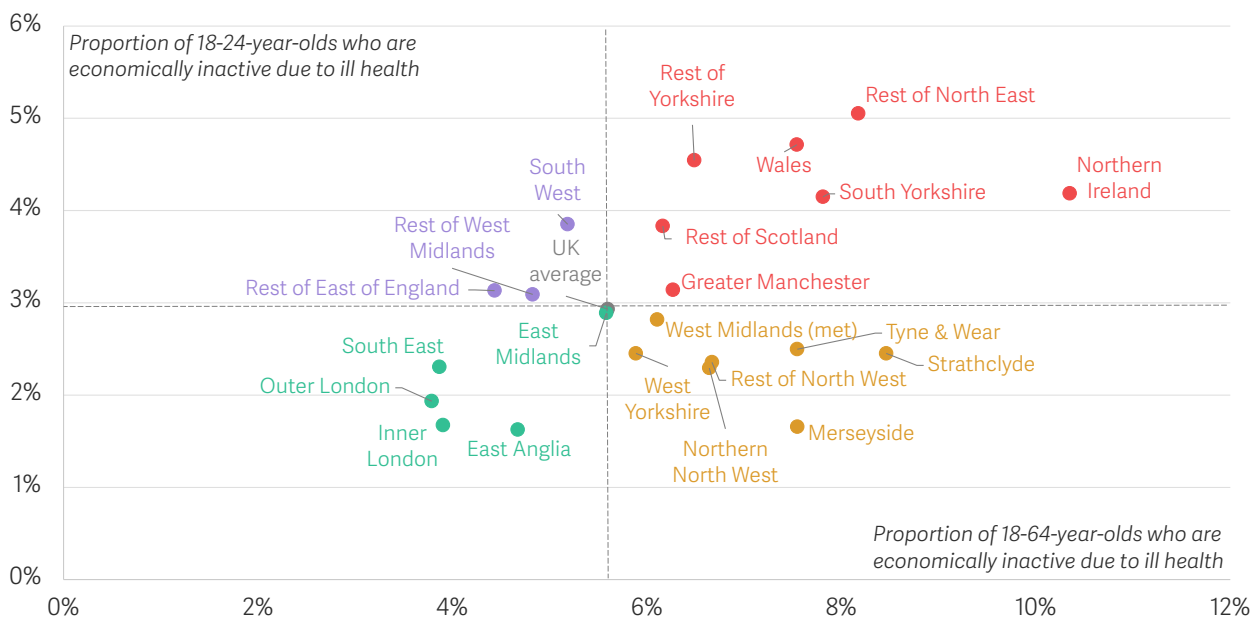
⁷ DLUHC, *English indices of deprivation 2019*, September 2019.

However, among those aged 18-24, there is little difference in the prevalence of worklessness due to ill health between those living in more or less deprived places: young people from the most-deprived quintile of local authorities are only slightly more likely to be workless due to ill health than those from the least-deprived (at 2.7 per cent and 2.3 per cent respectively).

In Figure 4 we unpack this finding further by showing which places have a high level of overall worklessness due to ill health, but a low rate for young people. As the chart makes clear, urban areas such as Strathclyde, Tyne and Wear and Merseyside stand out. For example, in Merseyside (a region in which all five local authorities are in the top two deprivation quintiles, with Liverpool being in the most-deprived quintile), rates of worklessness due to ill health among the overall working-age population are high (at 7.5 per cent, the fifth highest among the 22 detailed regions across the UK). However, worklessness due to ill health among young people aged 18-24 is low, at just 1.7 per cent, second lowest out of the 22 detailed regions.

FIGURE 4: Many urban areas with a high level of overall worklessness due to ill health have low levels when it comes to young people

Proportion of 18-64-year-olds (horizontal axis) and 18-24-year-olds (vertical axis) who are economically inactive due to ill health, by detailed region: UK, 2020-2022



NOTES: Northern North West includes places like Barrow-in-Furness and Carlisle; Rest of East of England includes places like Luton, Stevenage and parts of Essex; Rest of North East includes places like Darlington, Durham and Middlesbrough; Rest of North West includes places like Burnley, Lancaster, Preston and Warrington; Rest of Scotland includes all of Scotland except Strathclyde; Rest of West Midlands includes places like Shropshire, Staffordshire and Warwick; Rest of Yorkshire includes places like Harrogate, Hull and York; West Midlands (met) includes Birmingham, as well as places like Dudley and Walsall.

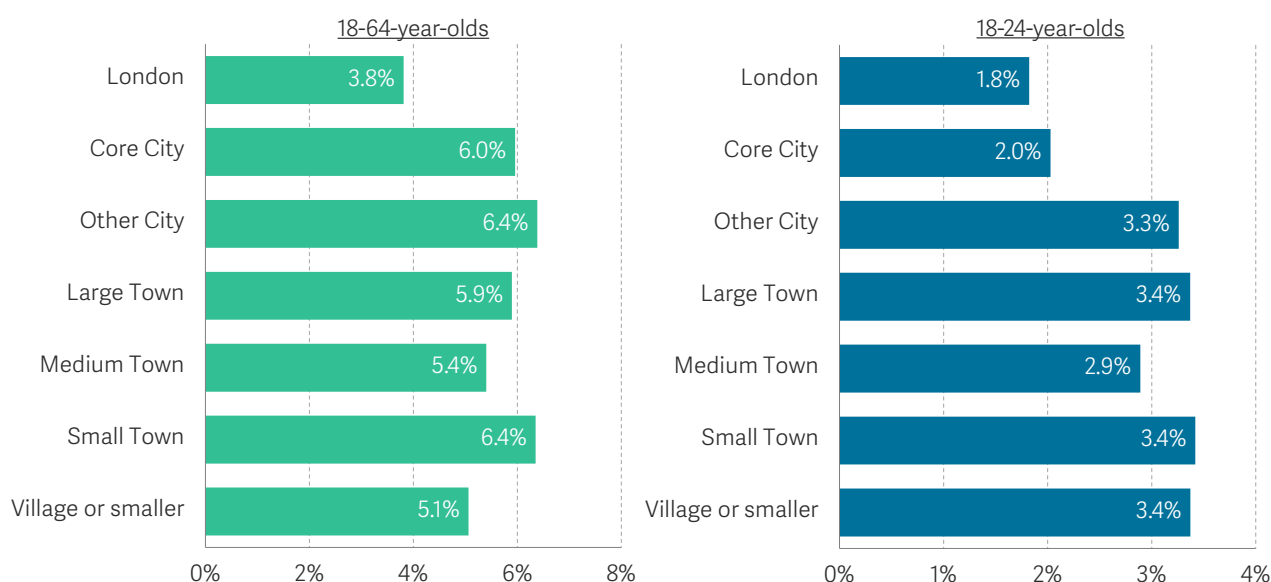
SOURCE: RF analysis of ONS, Labour Force Survey.

Young people are far less likely to be workless due to ill health in large cities as opposed to small towns and villages

Although the place-based differences in youth worklessness due to ill health do not follow a deprivation gradient, there is a striking difference in the incidence of youth worklessness due to ill health between many areas dominated by large cities and towns – including London, Strathclyde and Merseyside – and places dominated by smaller towns and villages – including parts of Wales, Yorkshire and the North East (see Figure 5).⁸ For example, among all young people aged 18-24, just 1.8 per cent of those in London and 2.0 per cent of those in other core cities are workless due to ill health; this rises to 3.4 per cent of young people in small towns and villages. And this trend does look different for young people compared to working-age people more generally: while it remains true that rates of worklessness due to ill health rates are lowest in London, there is little difference in the rates of worklessness due to ill health between other core cities and smaller settlement types. For example, between 2020-2022, 6.0 per cent of working-age adults from core cities outside of London were workless due to ill health, as were 5.9 per cent of those from large towns and 6.4 per cent of those from small towns.

FIGURE 5: Young people from London and other core cities are least likely to be workless due to ill health

Proportion of 18-64-year-olds (left-hand panel) and 18-24-year-olds (right-hand panel) who are economically inactive due to ill health, by settlement type: GB, 2020-2022



NOTES: 'Core City' refers to eleven major 'population and economic centres', namely: Birmingham, Bristol, Cardiff, Edinburgh, Glasgow, Leeds, Liverpool, Manchester, Newcastle, Nottingham and Sheffield. 'Other city' refers to other settlements with more than 175,000 inhabitants. 'Large town' refers to settlements with a population in excess of 60,000, and 'Medium town' a population of over 7,500, with 'Village or smaller' covering all other settlements. Settlement type information is available for Great Britain only.

SOURCE: RF analysis of ONS, Labour Force Survey; C Baker, *City and town classification of constituencies and local authorities*, House of Commons Library, June 2018.

⁸ Throughout this briefing note, we use settlement classifications from: C Baker, *City and town classification of constituencies and local authorities*, House of Commons Library, June 2018. This categorises each local authority according to the type of settlement in which the largest share of its population resides.

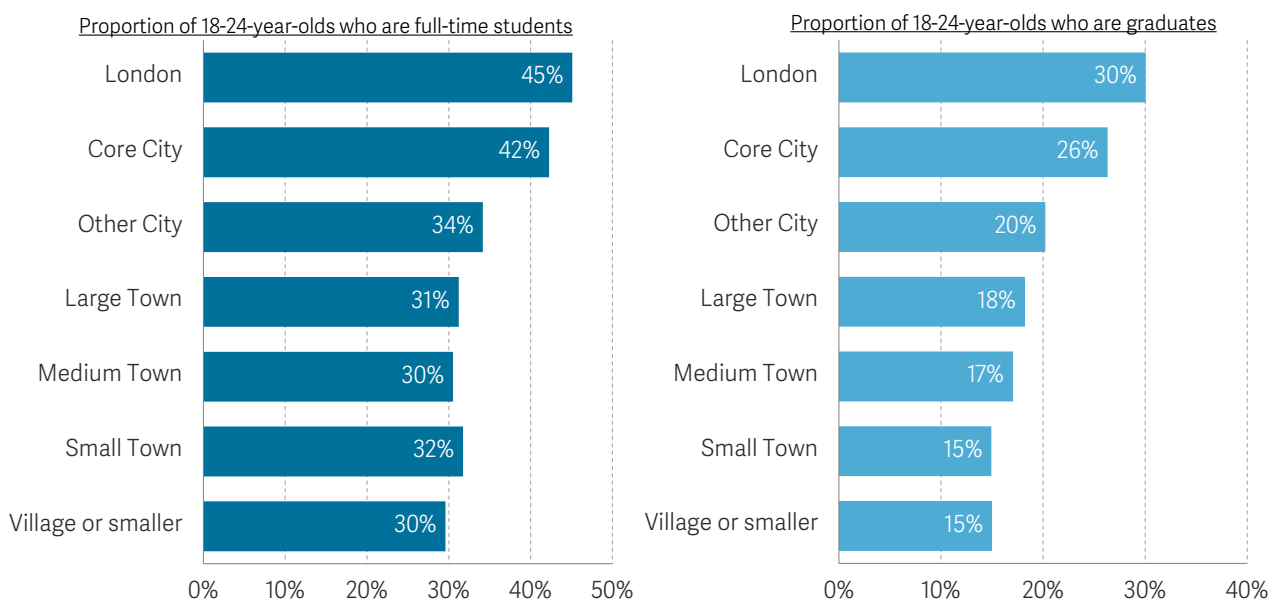
Finally, it is worth noting that this trend – of higher youth worklessness due to ill health in small towns and villages than in core cities – is not just a consequence of the incidence of worklessness overall. For example, there is little difference in the proportion of young people aged 18-24 who are workless (that is, not in employment or full-time study) in London (16 per cent), other core cities, small towns and villages (all 15 per cent).

The composition of the young population varies considerably between large cities and smaller places

Of course, the make-up of the population in core cities is very different to that in small towns and villages, and when thinking about young people in particular, the obvious difference is the presence of students. For example, although more than two-fifths of young people in London and other core cities are in full-time education (at 45 per cent and 42 per cent respectively), this falls to less than one-third of young people in small towns or villages (at 32 per cent and 30 per cent respectively). Likewise, core cities have a much higher proportion of graduates than smaller settlement types. For example, 30 per cent of 18-24-year-olds in London, and 26 per cent of those in other core cities, were graduates in 2020-2022. In contrast, in small towns and villages, less than one-in-six young people were graduates (15 per cent). Figure 9 shows clearly the difference in composition between large cities and areas dominated by smaller settlements.

FIGURE 6: There is a high share of both full-time students and graduates in larger cities

Proportion of 18-24-year-olds who are full-time students (left-hand panel) and who are graduates (right-hand panel), by settlement type: GB, 2020-2022



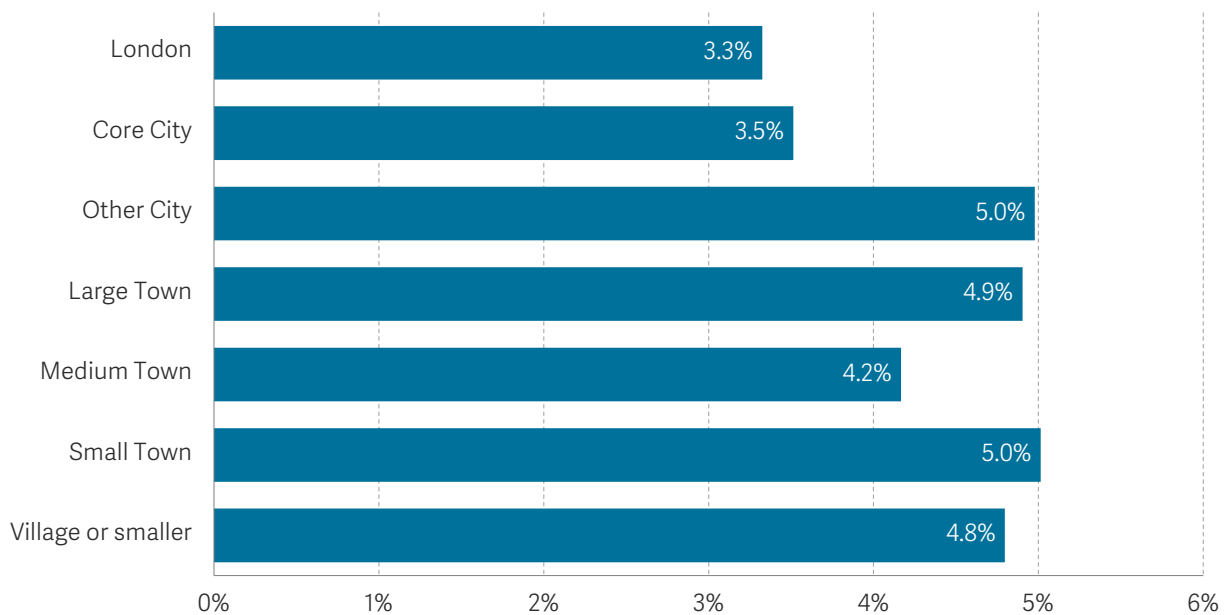
NOTES: See Figure 5.

SOURCE: RF analysis of ONS, Labour Force Survey; C Baker, City and town classification of constituencies and local authorities, House of Commons Library, June 2018.

.We might wonder, then, if the presence of full-time students (who, by definition, cannot be workless due to ill health) is driving the results shown in Figure 5. Are students ‘swelling’ the population size, and therefore reducing the prevalence of youth worklessness due to ill health, in cities? Figure 7 shows that this is not the full explanation: excluding students from our analysis mutes the results slightly, but young people from London and core cities still remain less likely to be workless due to ill health than those from smaller settlement types. When we drop full-time students from the population, 3.3 per cent of 18-24-year-olds from London, and 3.5 per cent of those from other core cities, were workless due to ill health, rising to 5.0 per cent of those in small towns and 4.8 per cent of those in areas dominated by villages.

FIGURE 7: Young people from London and core cities are still less likely to be workless due to ill health than those from smaller settlement types when students are excluded

18-24-year-olds (excluding full-time students) who are economically inactive due to ill health, by settlement type: GB, 2020-2022



NOTES: See Figure 5.

SOURCE: RF analysis of ONS, Labour Force Survey; C Baker, City and town classification of constituencies and local authorities, House of Commons Library, June 2018.

The other major compositional difference between cities and smaller places – the presence of larger numbers of graduates in the former - is materially important, since young people who are graduates are much less likely to be workless due to ill health than those who are not graduates. After excluding full-time students, only 0.5 per cent of graduate young people aged 18-24 are workless due to ill health, compared to 5.8 per cent of non-graduate young people. As a result, if graduates are excluded from our analysis, there is much less of a place-based gradient to the incidence of youth worklessness due

to ill health. In 2020-2022, among young people aged 18-24 who are neither in full-time education nor graduates, 4.8 per cent of those in London and 5.3 per cent of those in other core cities were workless due to ill health, compared to 6.2 per cent and 5.8 per cent respectively in small towns or villages.

Many people move from one place to another in young adulthood, but those with poor health are often 'left behind'

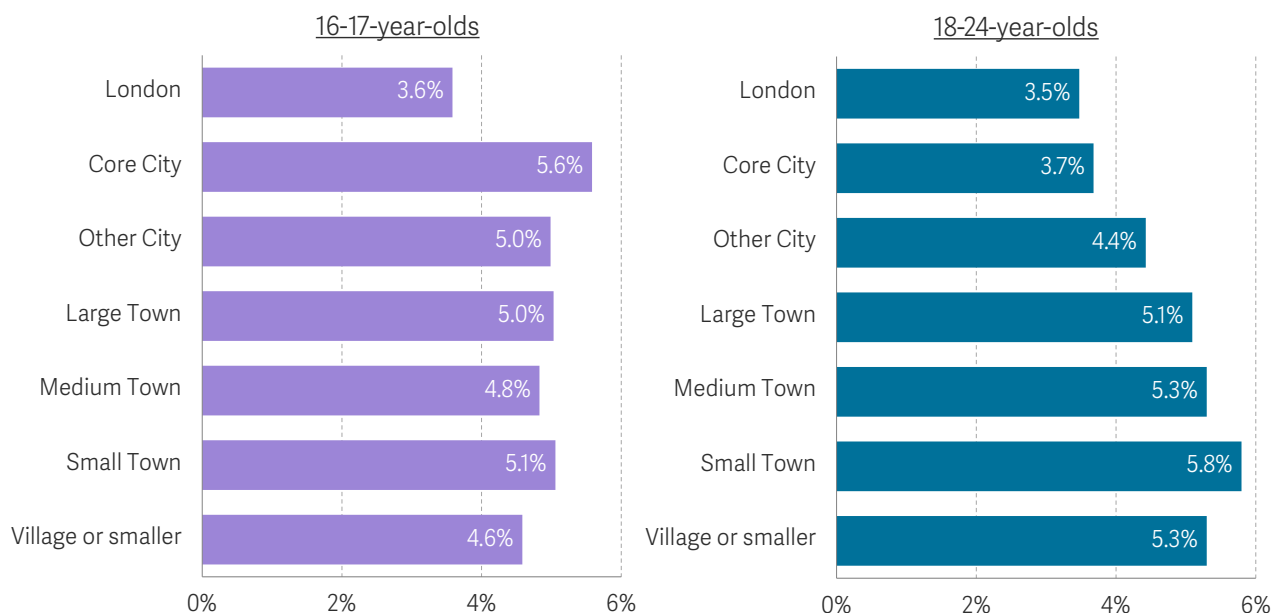
The explanatory power of large numbers of full-time students and graduates in core cities is all the more important when we consider that many of these young people do not originate from the place where they live at age 18-24. The 'sort' that happens when a large share of young people move away from home to attend university in early adulthood changes the make-up of different places materially, and is hugely important when it comes to the spatial distribution of young people's health and employment.

Consider, to begin, the health profile of different settlement types for 16-17-year-olds – an age group who, by and large, are not very mobile – compared to that for 18-24-year-olds. One measure of health that can be studied at the local level for different ages groups is claims for Personal Independence Payment (PIP), the main non-means-tested benefit available to people with disabilities or health problems.⁹ As Figure 8 shows, there is a place-based gradient to the proportion of young people aged 18-24 claiming PIP which does not exist for young people aged 16-17. For 18-24-year-olds, those from small towns or villages are much more likely to be claiming PIP (at 5.8 per cent and 5.3 per cent respectively) than those from London and other core cities (at 3.5 per cent and 3.7 per cent respectively). But, while claim rates remain low in London, 16-17-year-olds in other core cities are most likely to be claiming PIP, with a claim rate of 5.6 per cent. This trend – of PIP claim rates being higher for 18-24-year-olds than for 16-17-year-olds in small towns and villages, but PIP claim rates being lower for 18-24-year-olds than 16-17-year-olds in core cities outside of London – suggests that the 'sort' that occurs as young people move around in early adulthood changes the health profile of these settlement types.

⁹ Personal Independence Payment (PIP) claim data as an imperfect, but adequate, measure of health. Of course, not all young people with health problems will be eligible for, or choose to claim, PIP. But PIP claim trends broadly reflect wider health trends: for example, as the number of young people with self-reported mental health problems has risen in recent years, so too has the number of young people claiming PIP for mental health problems.

FIGURE 8: The proportion of 18-24-year-olds claiming PIP in core cities outside of London is lower than the proportion of 16-17-year-olds claiming the benefit

Proportion of 16-17-year-olds (left-hand panel) and 18-24-year-olds (right-hand panel) claiming Personal Independence Payment (PIP), by settlement type: England and Wales, January 2023.



NOTES: PIP data for Scotland is excluded due to the rollout of Adult Disability Payment. See Figure 5 for notes on settlement types.

SOURCE: RF analysis of DWP, Statxplore PIP claims with entitlement; DWP, Statxplore population estimates; C Baker, City and town classification of constituencies and local authorities, House of Commons Library, June 2018.

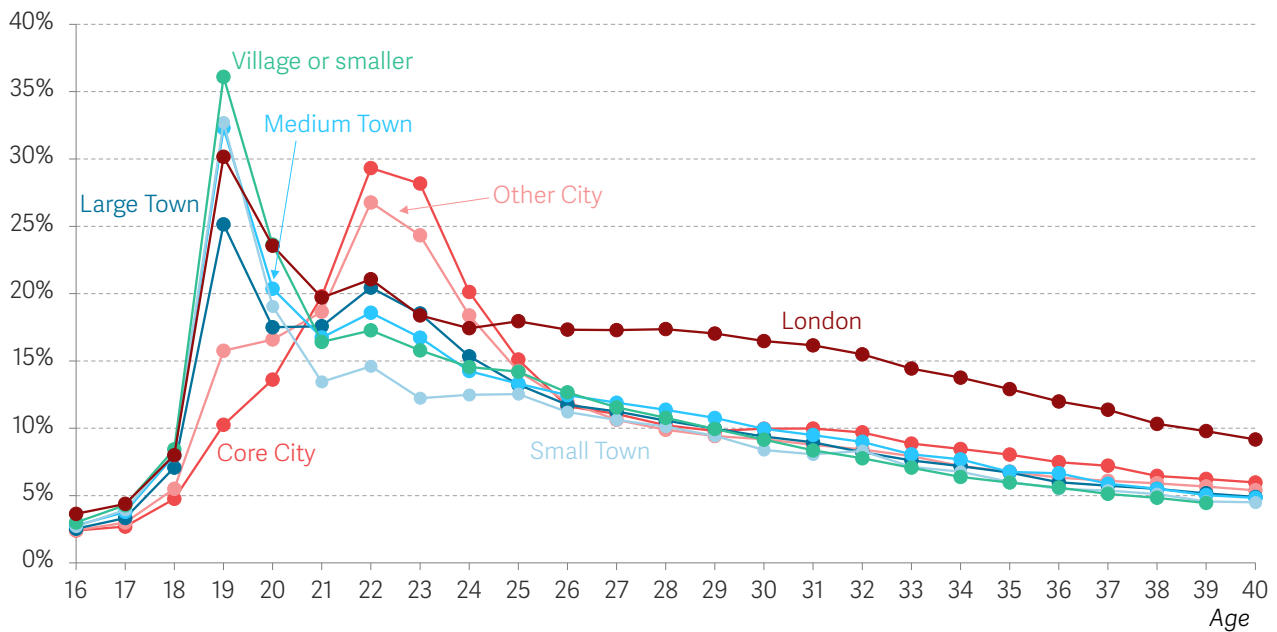
Add to this is the fact that young people are far more likely to move from areas dominated by small towns and villages than from large cities. As Figure 9 shows, more than one-third of 19-year-olds leave local authorities dominated by villages or small towns (36 per cent and 33 per cent respectively), more than three-times as many young people who leave from core cities outside of London (10 per cent).¹⁰ The data used here is silent on the destination of young people leaving their local authority, but the fact that 64 of the 138 universities in Great Britain are in London and other core cities (46 per cent) is another key factor underpinning the spatial patterns we observe with respect to workless young people and ill health.¹¹

¹⁰ A version of Figure 9 first appeared in: L Judge & D Tomlinson, *All over the place: Perspectives on local economic prosperity*, Resolution Foundation, June 2022.

¹¹ RF analysis of Universities UK membership data. For a detailed discussion of young people's migration patterns, including differences for graduates and non-graduates, see: J Britton et al, *London calling? Higher education, geographical mobility and early-career earnings*, IFS, September 2021.

FIGURE 9: Young people from towns and villages are much more likely to move place at age 19 than those from cities

Average outward migration rate from local authorities, by settlement type and single year of age: England, 2019



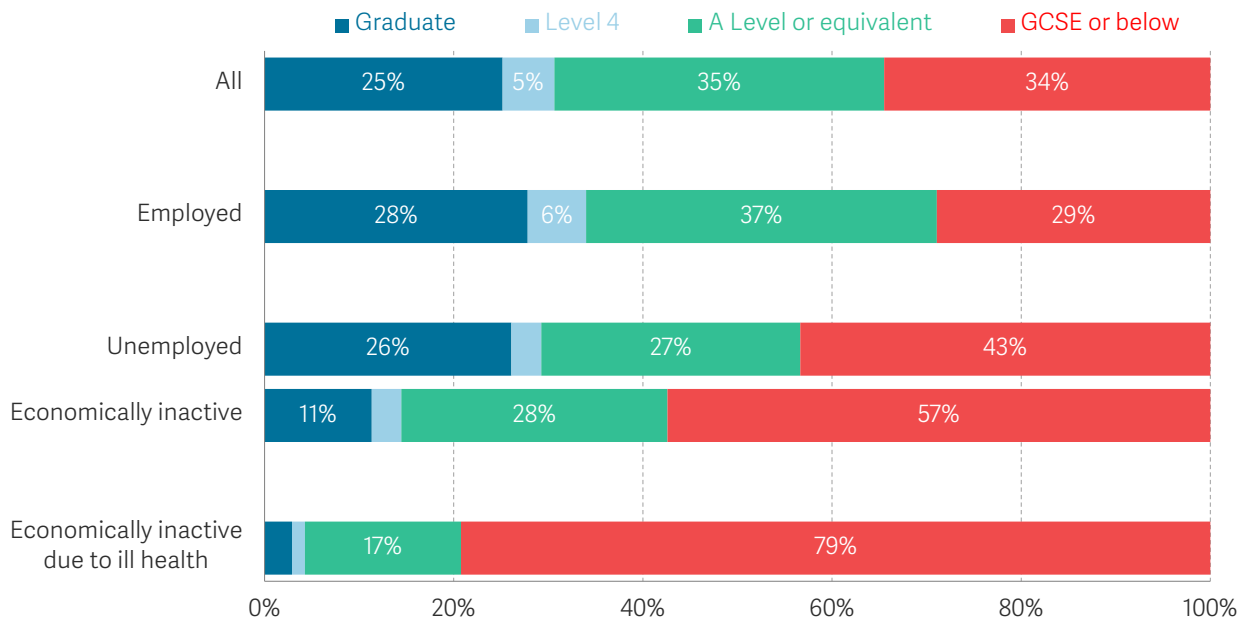
NOTES: Excludes Buckinghamshire and Northamptonshire.
 SOURCE: RF analysis of ONS, Estimates of the population for the UK, England and Wales, Scotland and Northern Ireland.

It is clear, then, that young people’s migration between small towns and villages and core cities in early adulthood is an important part of why rates of youth worklessness due to ill health vary across the UK. But, as Figure 10 shows, the problem for ‘left behind’ young people who are workless due to ill health is not just their lack of university education. Shockingly, four-in-five young people (79 per cent) who are workless due to ill health have a highest qualification that is at GCSE-level or below, compared to a third (34 per cent) of all 18-24-year-olds, and less than half (43 per cent) of unemployed 18-24-year-olds. As a result, young people who are workless due to ill health are doubly disadvantaged, by both poor health (in itself a barrier to work or study) and low levels of skills (impeding their ability to move for higher education).¹²

¹² Educational outcomes also influence wider health outcomes, for example life expectancy and healthy life expectancy. See: J Bibby, *How do our education and skills influence our health?* The Health Foundation, August 2017.

FIGURE 10: Four-in-five young people who are workless due to ill health have qualifications no higher than GCSE level

Highest qualification level of 18-24-year-olds who are not in full-time education, by current economic status: UK, 2020-2022.



NOTES: Level 4 qualifications include higher apprenticeships, higher national certificates (HNCs) and certificates of higher education (CertHEs).

SOURCE: RF analysis of ONS, Labour Force Survey.

Young people need early interventions and ongoing support to address their health issues...

Taken together, our findings suggest that the geographic variation in youth worklessness due to ill health is far more to do with young people’s educational outcomes and migration patterns than it is with innate differences between parts of the UK. But wherever they reside, the 185,000 18-24-year-olds who are workless due to ill health need support, not least because young people in this category tend to remain out of work or study for a long time. Four-in-five young people (79 per cent) who are workless due to ill health have been workless for at least two years – compared to only a quarter (26 per cent) of young people who are unemployed.¹³

So where should policy makers focus their efforts? To begin, the aim should certainly be to take a preventative approach, to reduce the number of young people becoming ill in the first place.¹⁴ Alongside this, it is critical to improve early support for young people with health problems while they are attending school or college, with a particular focus on mental health given problems of this type are the most common reason for young

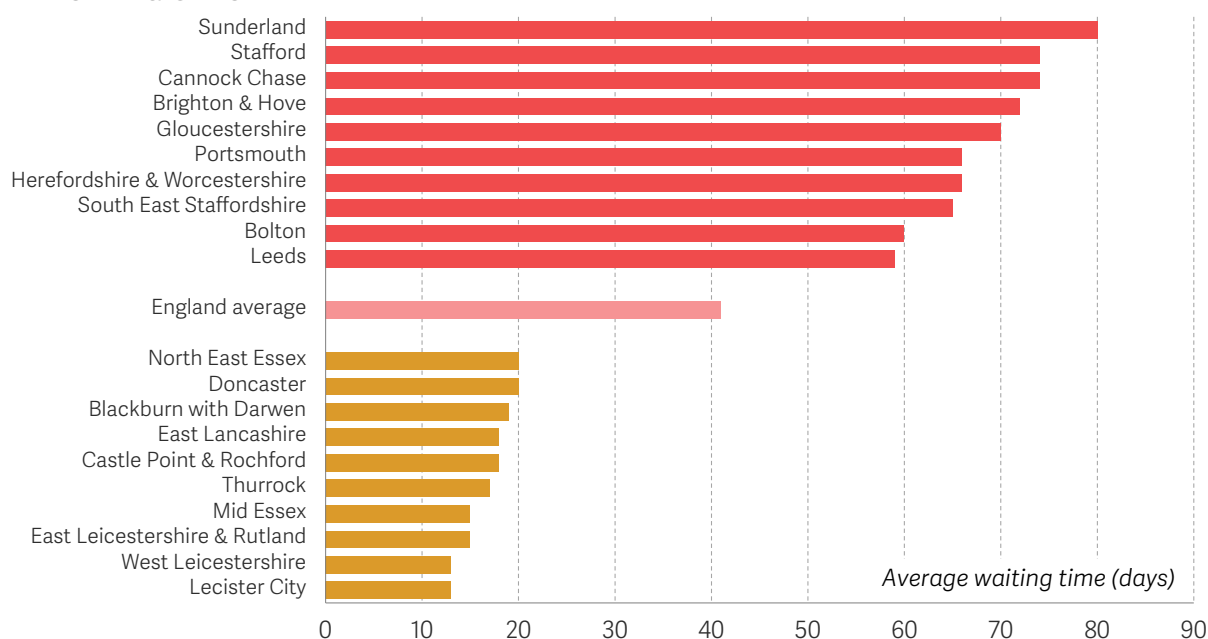
¹³ L Murphy, *Not working: Exploring changing trends in youth worklessness in the UK, from the 1990s to the Covid-19 pandemic*, Resolution Foundation, June 2022.

¹⁴ D Finch, *Building resilience: Six takeaways on the importance of prevention*, The Health Foundation, February 2023.

people to be workless due to ill health.¹⁵ The creation of Mental Health Support Teams (MHSTs) in schools and colleges is welcome, and policy makers should learn from recent evaluations to ensure that the continued roll-out of this support is as effective as possible.¹⁶ But beyond this, NHS-provided children and young people’s mental health services are notoriously overstretched, and as Figure 11 shows there is also a postcode lottery when it comes to waiting times.¹⁷

FIGURE 11: Waiting times for children and young people’s mental health services are significant, but also vary widely between parts of England

Average waiting time between referral and second contact for children and young people accessing secondary mental health, learning disabilities and autism services, for the top ten and bottom ten Clinical Commissioning Groups (CCGs): England, April 2021-March 2022



NOTES: Some CCG names have been abbreviated for readability.

SOURCE: RF analysis of NHS Digital, Additional statistics to support the measurement of waiting times into children and young people’s mental health services 2021-22 dataset.

The average waiting time between referral and treatment for secondary mental health, learning disabilities and autism services stood at 41 days across England as a whole, but this fell to as low as 13 days in Leicester City and West Leicestershire Clinical Commissioning Groups (CCGs), but rose to a high of 80 days in Sunderland CCG.¹⁸ Spending for children and young people’s mental health services varies widely too: in 2021-21, the average spend per child ranged from a high of £141 in NHS Norfolk and

¹⁵ L Murphy, *Not working: Exploring changing trends in youth worklessness in the UK, from the 1990s to the Covid-19 pandemic*, Resolution Foundation, June 2022.

¹⁶ NHS England, *Mental health support in schools and colleges*; University of Birmingham, *Children and Young People’s Mental Health Trailblazer programme*, January 2023.

¹⁷ D Campbell, *Swamped NHS mental health services turning away children, say GPs*, The Guardian, April 2022.

¹⁸ Clinical Commissioning Groups (CCGs) replaced Primary Care Trusts in April 2013. They are the NHS bodies responsible for the planning and commissioning of health care services for their local area. There are around 200 CCGs in England.

Waveney CCG, down to a low of £34 in NHS Doncaster CCG.¹⁹ Standardising the quality of mental health services across the UK should be a policy priority.

This postcode lottery also exists for adult mental health services, where again there is huge variation in waiting times between places when it comes to NHS talking therapies for anxiety and depression.²⁰ For example, in 2021-22, the average waiting time between referral and second treatment for adult support varied from 291 days in South Sefton CCG in Merseyside down to just 30 days in Wigan Borough CCG. Moreover, while every young person with health issues deserves good support, much of the current debate focuses on university students alone: the Government recently pledged up to £3 million over the 2022/23 academic year, for example, to ‘prioritise student mental health’ and bridge the gaps between university and NHS mental health services.²¹ But young people in full-time study start from a better place when it comes to mental health than those who are workless due to ill health (among 18-29-year-olds, 29 per cent compared to 65 per cent respectively have a common mental disorder).²² Students also benefit from the free counselling services their institutions provide on top of existing NHS support: in 2022, it was estimated, for example, that universities spent an average of £39 per student on mental health support.²³

... and second chances when it comes to education

As well as action to address the underlying health issues that workless young people experience, policy makers must also ensure those who struggled at school or college due to poor health have a ‘second chance’ to gain qualifications in early adulthood. Figure 10 above showed clearly that four-in-five young people who are out of work due to ill health do not have qualifications higher than GCSE level. This should be of particular concern to policy makers, since it means that even if young people access health support, they will remain disadvantaged in the labour market due to their low levels of skills.

Efforts to increase the number of young people attending university or doing apprenticeships will not solve this problem. Instead, policy makers must work to create clear and viable pathways to achieving GCSE and A Level skills (Levels 2 and 3) after people have left compulsory education. A clear barrier at the moment is the lack of

¹⁹ Children’s Commissioner, [Children’s mental health services 2021-2022](#), March 2023. See also: Royal College of Psychiatrists, [Analysis: Child and adolescent mental health services: How much is spent in your region?](#), September 2017.

²⁰ House of Commons Library, [Research Briefing: Mental health statistics: prevalence, services and funding in England](#), March 2023.

²¹ DfE and DHSC, [Gaps in student mental health services to be tackled](#), June 2022.

²² L Murphy, [Not working: Exploring changing trends in youth worklessness in the UK, from the 1990s to the Covid-19 pandemic](#), Resolution Foundation, June 2022.

²³ BACP, [University mental health funding will only scratch the surface for support](#), June 2022. Of course, there remain problems with the quality and consistency of university-provided mental health services, which can be disjointed from NHS services. For example, see: S Weale, [Parents outline ‘woeful’ mental health support for students at UK universities](#), The Guardian, June 2023; Office for Students, [Mind the Gap: Improving student mental health support through higher education and NHS partnerships](#), July 2022.

(statutory) funding for Level 2 and Level 3 qualifications for those aged 24 and above.²⁴ Furthermore, even when funding is available to cover the cost of training itself, the lack of guaranteed maintenance support for non-university training acts as a barrier, particularly to those on low-to-middle incomes.²⁵

Finally, given that many young people require both mental health support and educational support at the same time, efforts should be made to create and expand better joined-up support services, for example by learning from Individual Placement and Support (IPS), employment advisers in NHS Talking Therapies, and through DWP Youth Hubs.²⁶

Conclusion

There are real reasons why policy makers should be concerned about the rising trend of young people being out of work due to ill health, even if this issue is not of the same size as youth unemployment or worklessness due to ill health among older adults. There are 185,000 young people out of work due to ill health – to put this in context, the policies announced in the Chancellor’s recent multi-billion-pound Spring Budget are expected to boost labour supply by 110,000.²⁷ These young people deserve better: policy makers should work to support young people at an earlier stage, in school and college, to prevent them from becoming workless due to ill health upon leaving compulsory education. At the same time, we should not give up on young people whose experience of school or college was disrupted by poor health – we must make it easier for these young people to have ‘second chances’ at achieving GCSEs and A Levels in early adulthood. Doing so would both benefit the health and wellbeing of our young people and boost the size of the UK’s workforce.

²⁴ www.qualifications.education.gov.uk, accessed 2 June 2023; www.cityandguilds.com/delivering-our-qualifications/funding/adult-education-budget, accessed 2 June 2023.

²⁵ K Handscomb, L Judge & H Slaughter, [Listen up: Individual experiences of work, consumption and society](#), Resolution Foundation, May 2022.

²⁶ L Murphy, [Not working: Exploring changing trends in youth worklessness in the UK, from the 1990s to the Covid-19 pandemic](#), Resolution Foundation, June 2022.

²⁷ OBR, [Economic and fiscal outlook – March 2023](#), March 2023.

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