

Literature Research Report

United Kingdom

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This literature review will provide a brief overview to health promotion interventions and initiatives within the UK that target disadvantaged youths and those not in education, employment or training (NEET)

1. Methodology

Initially we conducted a widespread web based search for relevant information and papers relating to the topics of health promotion, young people between 16- 20 years old, and physical activity interventions aimed at this target audience.

The search terms that we focused on were:

- “Health promotion for unemployed 16-20 year olds”
- “Health among unemployed 16-20 year olds”
- “NEET (Not in Employment, Education or Training) health promotion”
- “NEET health promotion physical activity”
- “Interventions for young not in employment”
- “Health improvement interventions for young people not in employment”
- “Physical activity interventions NEET”

Our search included UK based newspaper articles and features. We also searched for journals and access to free research reports via Google Scholar.

2. Results

2.1 Headline data for 16-20 year olds that are NEET

The Department for Education (DfE) reported on data that illustrates at the end of 2009 9.6% of 16-18 year olds were NEET. They also reported that this figure varies widely throughout this age group and rates seem to rise with age.¹

AGE	% NEET
16	4%
17	7.4%
18	16.9%

We are able to compare this basic data from 2009 with more updated information relating the prevalence of the young in being NEET.

NEET rates for different age cohorts²

AGE	Quarter 1 - 2009	Quarter 1 - 2010	Quarter 2 - 2011
16	6.5%	5.0%	5.0%
17	10.0%	8.8%	7.9%
18	17.1%	16.6%	12.0%
16-18	11.2%	10.1%	8.3%
19-24	17.6%	17.8%	18.5%
16-24	15.5%	15.5%	15.3%

NEET in Scotland and England (16-18 years old)³

	NUMBER NEET	%NEET
Scotland	27,000	13.9%
England	202,000	10.4%
United Kingdom	249,000	10.7%

NEET in Scotland and England (16-19 years old)⁴

	NUMBER NEET	% NEET
Scotland	35,000	13.7%
England	288,000	11.3%
United Kingdom	354,000	11.6%

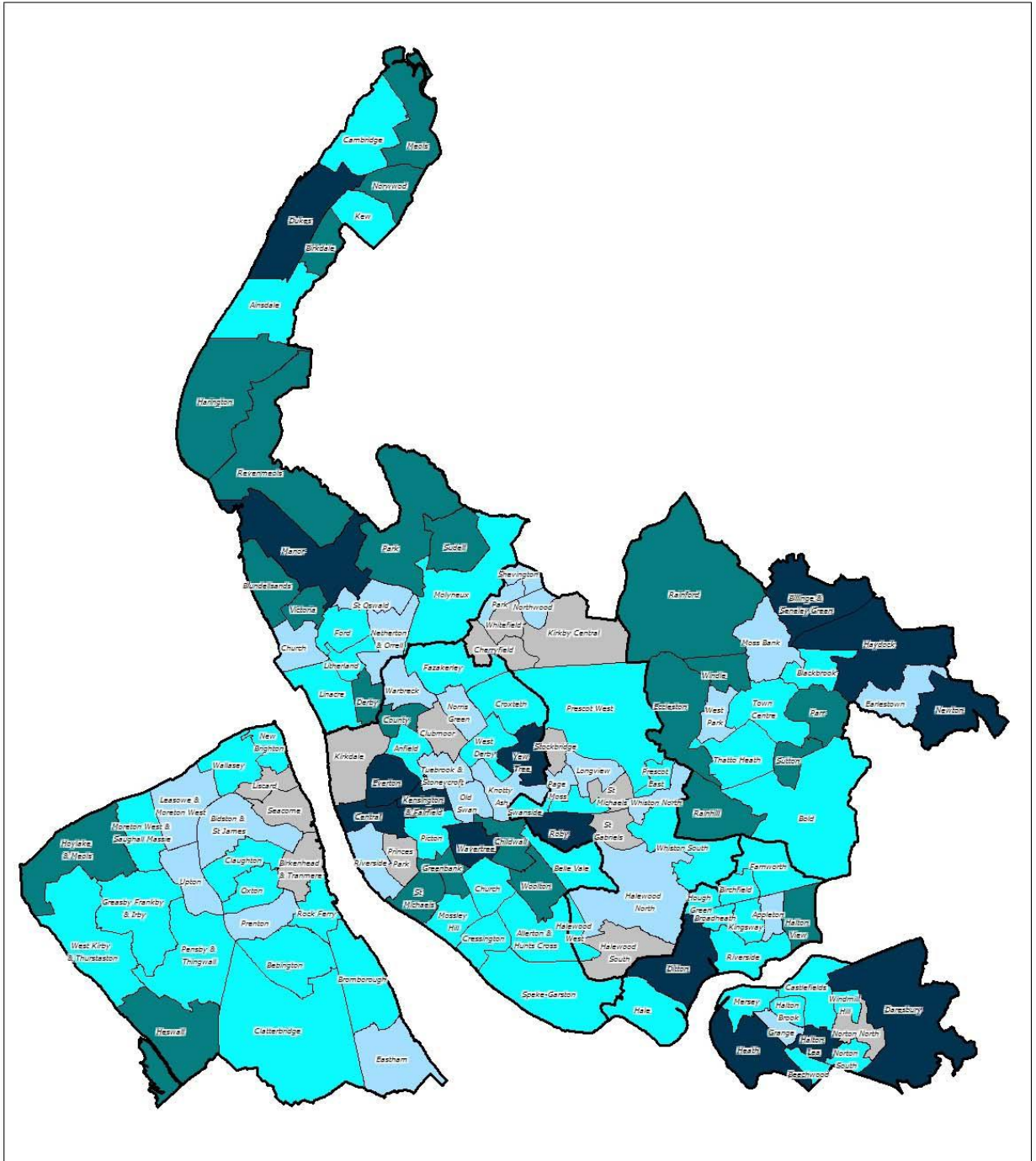
NEET in Greater Merseyside⁵

	NUMBER NEET in 2005	% OF 16-18 POPULATION NEET
Greater Merseyside	4839	9.3
Liverpool		11.8

A 2006 report by the Merseyside Social inclusion Observatory found that in 2005 Greater Merseyside had the 5th highest rate of NEET in the UK. Specific wards with high percentages of NEET within Greater Merseyside, were Everton in Liverpool, the percentage of 16-18 year olds NEET was 21.2%, with 23.4% 16 year olds identified as NEET in this area.⁶


WARDS WTH HIGHEST % NEET	DISTRICT	% NEET
Everton	Liverpool	21.2
Parr	St Helens	21.1
Central	Liverpool	19.2
Speke – Garston	Liverpool	17.7
Kensington and Fairfield	Liverpool	16.3
Linacre	St Helens	16.1
Picton	Liverpool	16.0
Norris Green	Liverpool	16.0
Town Centre	St Helens	16.0
Halton Lea	Halton	15.9

*Adapted from Greater Merseyside Connexions, 2005



Source : Greater Merseyside Connexions (November 2005)
 Note : The total cohort figure used in these calculations excludes those young people who have moved out of contact or did not have their ward listed.

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The best start in life for every young person

Greater Merseyside Wards by Percentage Point Change in 16-18 NEET (July to November 2005)

- 1.2 to 4.4% point Increase in NEET
- 0.0 to 1.1% point Increase in NEET
- 2.2 to 0.1% point Decrease in NEET
- 4.7 to -2.3% point Decrease in NEET
- 9.3 to -4.8% point Decrease in NEET

Note : Greater Merseyside average decreased by 1.6% points.

The DfE state that the characteristics of young people who are NEET are diverse. Listing the risk factors of becoming NEET as those individuals with:

- Few or no qualifications
- A health problem
- A disability
- Low aspirations.

In a House of Commons Report, The National Audit office illustrates some further characteristics of young people that fall into the NEET category:

- A higher proportion of white young people than among most ethnic minority groups
- Children who are in local authority care
- 16/17 year olds are more likely than their peers to have engaged in smoking or vandalism and other risky behaviours by the age of 13/14
- Disadvantage of early life.⁷

NEET in the UK

It is important to note that the general trends for levels of young people who are NEET are declining among 16-18 year olds, although are increasing in 19-24 year olds. However, the current proportion is much lower than in the 1980's in the UK, when the figure for 16-18 year olds was at a peak of 19%.⁸

Across the UK the rates of 16-18 year olds that are NEET are varied, for example there is a rate of 15% in Knowsley (North West), 13.3% in Stoke-on-Trent (West Midlands) and 2.6% in Richmond upon Thames (Greater London).⁹

There are many policy programmes and interventions in the UK that attempt to target NEET populations. There is a reasonable balance of different policy initiatives that are spread over the 5 themes of:

- Employability
- Information, advice and guidance
- Financial support policies
- Policies removing practical or logistical barriers
- Widening choice at pre 16 level.¹⁰

Most UK NEET based policies are designed with the objective of getting 'NEET into EET (Education, Employment or Training). However insufficient evidence of the outcomes of policies may suggest that there are risk factors present that prevent young people who are NEET from becoming EET. Some evidence¹¹ points more to the use of 'holistic' approaches and interventions, however some programmes developed with this remit are yet to be evaluated, and therefore conclusions cannot yet be made.

2.2 Physical Activity and Exercise in 16-20 year olds

With changes to infrastructure and the environment we live in, it is estimated that today's young people on average expend between 600 and 700 kcal per day less than their counterparts 50 years ago.¹²

The growth of obesity in the UK and other developed societies can be closely related to changes in proxy measures of physical activity such as car ownership, computer use and television viewing rather than measuring household food consumption.¹³

Mean time (hours) each week spent doing each activity out of school¹⁴

ACTIVITY	Secondary Years 12-16 year olds		
	Boys	Girls	All
Watched TV/DVD	11.8	10.4	11.1
Taken part in sport/exercise	10.3	5.6	7.9
Used a computer/internet	5.4	4.3	4.8
School homework	3.6	4.8	4.3
Part time job	8.9	8.7	8.8

Physical activity

When practiced with some regularity physical activity (PA) is a health enhancing behaviour and is known to reduce the risk of chronic diseases.¹⁵ Many young people are not engaging in the recommended levels of PA and some longitudinal studies have shown that a steep decrease in levels of PA occur in adolescence.¹⁶ Evidence suggests that PA levels that are established in childhood and adolescence are carried forward into adulthood.¹⁷

Effects of exercise on mental health

In general terms the literature indicates that healthy forms of exercise can play a role in the promotion of mental health, and most significantly among those with a predisposition towards mental illness.¹⁸ Several reviewers have confirmed that various psychological dysfunctions can benefit from an involvement in physical activity, including:

- Depression – in young people exercise may help to treat the symptoms of depression. However, an exercise regime may be difficult to put in place given some of the symptoms of depression include feelings of chronic pessimism, worthlessness, sadness and inability to derive pleasure from previously enjoyable activities. Despite this fact, studies still reveal that clinical depression shows the most positive response to physical exercise.¹⁹ With aerobic exercise and repetitive activities such as walking, jogging, cycling and circuit training, regimes extending over several months yielding the most positive effects.
- Anxiety –the nature or type of exercise does not seem to be crucial in terms of its benefits, and this gives people the freedom to exercise at a self selected level of intensity. For

adolescents this flexibility may be especially valuable in encouraging adherence to any exercise regime.

- Self-esteem – research suggests a positive link between exercise and self-esteem, especially among those whose self esteem is relatively low already, including adolescents.²⁰ However, some suggest that exercise will do little to improve levels of low self-esteem if it is primarily absent from other areas of life such as education, employment, emotional and behavioural problems or a lack of social skills.²¹

There is a wealth of research into the links and relationship between physical exercise and health, and whilst the overview is generally positive, there is a need to proceed with caution and take other external issues surrounding individuals into consideration when prescribing exercise.²² With young people and those who are NEET, it is especially important to consider all the benefits and any disadvantages to exercise as an intervention.

It may be worth considering the social aspect that sport and exercise will bring to its participants, particularly in the 16-20 NEET target group. Adolescent and youth sport is generally a social activity performed in the company of, or competing against, fellow participants and under the instruction of coaches or teachers. If participation is encouraged then attendance may lead to a realisation and sense of affiliation with others, in particular the peer group. With a group that may feel social exclusion such as those NEET, this group affinity should aim to increase levels of inclusion and increase self-esteem and many other factors relating to mental wellbeing.

Health promotion for young people

Number/percentage of types of health promotion studies in young people in the area of physical activity, before 1990 as compared to the period from 1990 onwards²³

TYPES	<1990	≥1990	TOTAL
Descriptive studies	150 (90%)	173 (86%)	323 (88%)
Outcome evaluations	17 (10%)	28 (14%)	45 (12%)
Total	167 (100%)	201 (100%)	368 (100%)

Little is known about the effectiveness of programmes based on the promotion of sport and leisure activities throughout community, youth and leisure settings.²⁴ Facilities must be made available to young people at a reasonable cost, and not designed exclusively for the use of adult-sized people.²⁵

Interventions are more cost-effective when focused on specific target groups rather than on young people in general. Targeting those young people who are NEET and then identifying their activity patterns would enable contrasting with more active groups to illustrate and compare activity related psychology.²⁶

Interventions

It has been difficult to find many interventions that focus solely on young people 16-20 NEET and health promotion in the UK.

There are many projects, strategies and local frameworks to tackle the number of young people who are NEET via various methods.

An example of a strategy that has been delivered is:

- The Luton NEET Strategy 2007-2010 – a strategy for tackling NEET and preventing disengagement and reducing and removing barriers to engagement in employment, education and training across Luton. This strategy demonstrates how the wide range of activity for all young people aged 13-19 will lead to an increase in young people participating in education, employment and training. Equally it shows how this activity will impact on rates of disengagement and youth unemployment. It includes:
 - Client tracking – developing and using data systems to share data with partner organisations
 - Delivery of advocacy, brokerage and information, advice and guidance
 - Effective early interventions – working with vulnerable people in the community, and working with schools and colleges to improve support and develop retention schemes
 - Financial incentives – promoting benefits of higher education and clear information about financial funding and support.

An example of a project being delivered is:

- The 040 Project – this group of young people are those who fall into the ‘More Choices, More Chances (NEET) remit, they meet twice a week in a community setting where they work with development workers and a Carer Scotland worker who helps to develop confidence and increase their skills. They also conduct activities relating to addressing key issues around health and health promotion. The issues they believe are most relevant to them are smoking, alcohol consumption and drug use. Obesity and mental health were also seen as important.²⁷ This group has created ideas and interventions they believe will address these health issues, and include:
 - The availability of gyms in the evenings free of charge to them
 - Access to alcohol counselling
 - Availability of nicotine patches at no cost.

Summary

There is a reasonably high percentage of young people between 16-20 years in the UK that are not in employment, education or training (NEET). The average figure has declined over the last 20 years, and this may be attributable to social changes, policy interventions, support systems and other environmental factors. Despite this reduction in the rate and the level of interventions in practice, the risk factors for becoming NEET remain constant:

- Deprivation
- Financial exclusion
- Low attainment
- Weak family
- Weak support groups, such as peer groups

- Stigma and attitudes of others
- Debt-adversity.²⁸

Owing to risk factors associated with those who are NEET remaining relatively constant, this means that they should not be overlooked when designing future interventions and programmes to tackle the numbers of young people in this situation. Interventions should attempt to address the social aspects of NEET and any health and wellbeing issues that may be present in individuals in this group.

Increasing physical activity is undoubtedly a tool to improving the health of individuals, both physically and psychologically. Prescribing physical activity to both engage people and as an approach to social inclusion is a valid option in the targeting of young people at risk of becoming or already NEET.

Sharing practice with other European countries to assess how their policies and initiatives affect the level of NEET may offer excellent opportunities to share best practice, and give valuable insights into effective interventions that may be transferable to be used back in the UK.²⁹

As a proposed pilot site for further work we have chosen to focus on Liverpool as an area, with particular focus on Everton, due to high % of NEET. Unfortunately there are no comparative studies or programmes from which to draw evidence of effectiveness.

References and further reading

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