

Making the link: Health and Youth Exclusion

POLICY
PRÉCIS

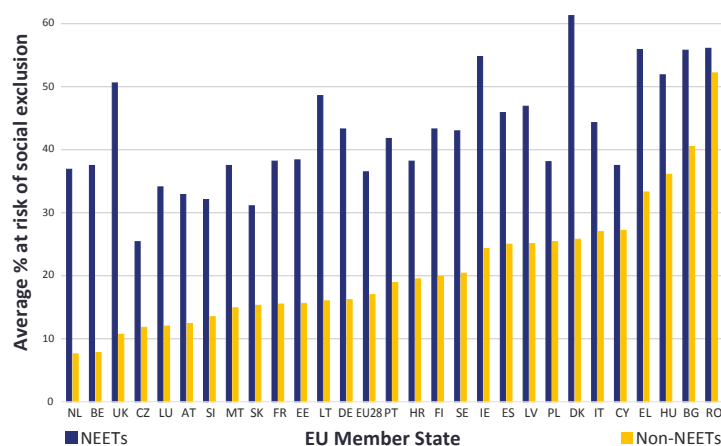
This Policy Précis takes stock of relevant EU policies and programmes relating to youth exclusion and health inequalities as well as looking at best practices and how progress can be made.

The Situation

In 2015, 14.8% of Europeans aged 29 or under were not in employment, training nor education - a total of nearly 14 million.¹ In 2016, the youth unemployment rate across the EU was more than double that of adults, at 18.4% compared to 8.3%.² Youth unemployment reached 43% in Spain and 48% in Greece. The number of unemployed under-25s and long-term unemployed young people has now reached 4.2 million.³

The cost of youth exclusion is high. Young people who are not in employment, education nor training, 'Young NEETs', cost €14,000 each per year in missed contributions and benefits payments.⁴ They are unable to fully contribute to society, putting the 'social fabric' and long term-economic growth in question.⁵ In light of Europe's ageing population, a lack of young people in the labour market and the associated social exclusion is a concern⁶.

Youth unemployment and inactivity is not only an issue of national expenditure, but also of public health. NEETs are at risk of marginalisation, exclusion, and lower well-being.⁷ Unemployed people experience lower psychological well-being than employed people. They suffer more from anxiety, depression, psychosomatic symptoms, lower self-esteem, and poorer life satisfaction.⁸ Unemployed people make significantly more visits to their physicians, take more medications, and spend more days in bed sick compared to those who are employed.⁹



NEETs and non-NEETs at risk of social exclusion, EU28, 2013
Source: Eurofound (2016) Exploring the Diversities of NEETs, data from Eurostat

Around two thirds of NEETs can be classified as principally vulnerable, facing a higher risk of marginalisation as they lack social, cultural, and human capital. The most vulnerable include the long-term unemployed, those who suffer from illness or disability, those who are hindered due to family responsibilities, and those who are discouraged from job search.

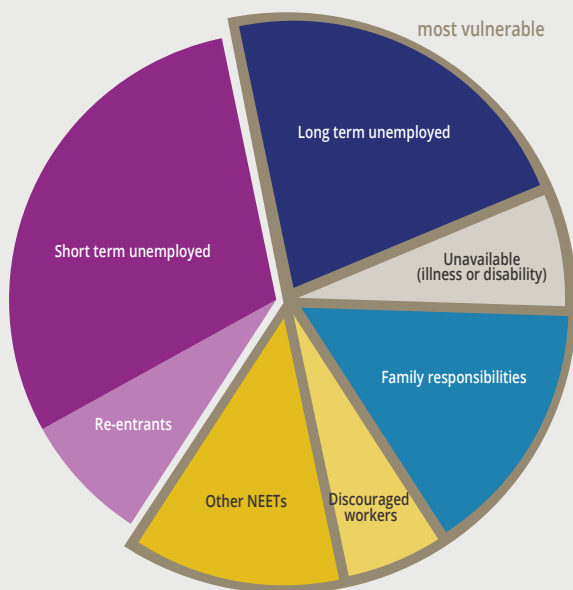
Inequalities are rising between advantaged and disadvantaged young people¹⁰, including health status and the social determinants of health, which are clearly linked to the existence and vulnerability of NEETs. These must therefore be considered in policies and interventions.

"Inactivity, poverty and exclusion do not strike evenly. Those starting life with fewer opportunities tend to accumulate disadvantages. ... Low educational achievers or young people with health issues are more likely to become NEETs." - Joint Report of the Council and the Commission (2015) Implementation of the Renewed Framework for European Cooperation in the Youth Field (2010-18)



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Composition of young NEETs (15-24), EU28 (2013)

The most vulnerable NEET sub-groups are:

- **Long-term unemployed NEETs** – at high risk of disengagement and social exclusion. Long-term disengagement damages young people’s employability, their human capital and their future employment outcomes; in some cases, the damage will last the rest of their lives.
- **NEETs with disabilities or health problems** – this group requires more social support because of their condition.
- **NEETs with family responsibilities** – a mixture of both vulnerable and non-vulnerable; the vulnerable cannot afford care services for their children, parents or other family members, whereas others voluntarily leave employment to take care of the family.
- **Discouraged NEETs** – mostly vulnerable young people at high risk of social exclusion who are very likely to experience poor employment outcomes over the course of their working lives and are at high risk of lifelong disengagement.
- **Other NEETs** – people at all extremes of the spectrum of vulnerability; the most vulnerable, the hard-to-reach, those at risk of being deeply alienated.

Source: Eurofound (2016) *Exploring the Diversities of NEETs*

EU Policies and Programmes

EU Health and well-being measures

The EU Youth Strategy (2010-2018) aims to support young people’s health and well-being by paying special attention to promoting co-operation between schools, youth workers, health professionals and physical activity organisations. It does so by making health facilities more accessible and attractive for young people, and by raising awareness of how sport can promote teamwork, intercultural learning and responsibility.

The Joint Action on Mental Health and Wellbeing (2013-2016) created a European framework for action on promoting mental health in schools and work, as well as integrating mental health in all policies. It is being followed up by *The EU-Compass for Action on Mental Health and Wellbeing (2015-2018)*, a web-based mechanism used to collect, exchange and analyse information on policy and stakeholder activities in mental health, including for younger and excluded people.

The strategy on nutrition, overweight, and obesity-related health issues (2012-2014) helps to reduce the risks associated with poor nutrition and limited physical activity. For example, the *EU Action Plan on Childhood Obesity (2014-2020)* sets out priority areas for action and a toolbox of measures to help keep track of progress. In parallel, the *EU Platform for Action on Diet, Physical Activity and Health* brings together businesses and organisations in commitments to tackle overweight and obesity trends.¹¹

Social inclusion measures

The **Annual Convention for Inclusive Growth (2015-2020)** brings together policy makers and civil society to discuss what the EU can

do to ensure that all citizens reap the benefits of truly inclusive growth. In 2017, youth and social inclusion is put in the spotlight. Plenary debates and workshops will tackle specific issues and lead to conclusions and policy recommendations pointing to concrete ways forward.

The European Knowledge Centre for Youth Policy provides information about young people’s living conditions.

The Erasmus+ programme supports education, training, youth and sport in Europe. The budget of €14.7 billion will provide opportunities for over 4 million Europeans to study, train, gain experience, and volunteer abroad.

The Inclusion and Diversity Strategy outlines the support and possibilities available in the Erasmus+ programme to include young people with fewer opportunities.

The Quality Framework for Traineeships enables trainees to acquire high-quality work experience under safe and fair conditions, and to increase their chances of finding a good quality job.¹²

Employment measures

The Youth Guarantee is a Member State commitment to ensure that all young people under 25 years should, within four months of becoming unemployed or leaving formal education, receive a good-quality offer of employment, continued education, an apprenticeship or a traineeship.

Investing in Europe’s Youth, an EC communication published in December 2016, promises renewed activity in three areas:

1) *Better opportunities to access employment*: national reforms will be supported in the EU Semester. The Youth Guarantee could be supplemented with €1 billion until 2020, financed by the **Youth Employment Initiative**.

2) *Better opportunities through education and training*: a **Quality Framework for Apprenticeships** is a proposal to improve apprenticeships. **ErasmusPro** is a proposal to help the long term mobility of apprentices and will be part of the Erasmus+ programme.

3) *Better opportunities for solidarity and learning mobility*: The **Erasmus+** budget could be increased by €200 million until 2020. The EC will revise the **European Youth Strategy**. The **European Solidarity Corps** will be established, creating opportunities for young people to volunteer or work in solidarity related-projects that benefit communities and people around Europe.¹³

Making It Happen

Members and partners of EuroHealthNet are taking action. Here are a few examples:

France

The ICAPS study promoted physical activity by using a ‘socio-ecological model’, targeting the young person (knowledge, attitudes), their social/support networks, and their environment (availability/accessibility). By the end of the study, physical activity had increased, TV watching decreased, and participants were less likely to be overweight. Two years later participants, particularly those from a low social-economic background, continued to show healthier behaviour than before. In order to reinforce the implementation of physical activity initiatives in France, 15 pilot projects have been supported both methodologically and financially by The French National Public Health Agency. A partnership strategy was then set up to create links between local governments and associations, regional policies, and professionals and to support them in changing their practices – 2,700 of whom were reached with an online course developed with the ministry of education.¹⁴

Netherlands

The Medical Advice for Sick-reported Students (Medische Advisering van de Ziekgemelde Leerling – M@ZL) intervention aims to address school absenteeism attributed to sickness. It consists of an integrated approach in which schools, in direct collaboration with youth health care physicians, reach out to students and their parents to discuss aspects of the student’s medical absence, and to design and

monitor a management plan to optimise students’ health and maximise students’ participation in school activities. The role of physicians is to advise on the emotional and/or physical well-being of students and to provide care guidelines to them and their parents.

The introduction of this measure requires a partnership between the healthcare system and the education system. Although in the Netherlands this is not common on national level, the region West Brabant has agreed on such a partnership for the implementation of M@ZL. No additional registration systems are needed to implement M@ZL in schools, which allows it to fit easily into current administrative and operational school structures.¹⁵

Denmark

The programme ‘The Bridge to Better Health’ (Broen til Bedre Sundhed) is based on a partnership between Region Zealand, the communities within it, regional development bodies, and psychiatry and doctors associations. The aim of the programme is to improve health and reduce inequalities. One of the domains of interaction is ‘The adults of the future – healthy children will be healthy adults’. Here the focus is to create an integrated approach that supports children and young people in the best way from birth through to secondary education and the beginning of their working life. This helps ensure the best possible foundation for cognitive, emotional, and social development, i.e. looking into children’s early life, from gestation to school age. It also includes creating a health promoting school targeting socially disadvantaged children and young people who are at risk of developing poor health.¹⁶



The m@zl project • Source: West-Brabant (2016) M@ZL (Medische Advisering Ziekgemelde Leerling), available at: <https://www.ggdwestbrabant.nl/mazl>

Pathways To Progress

EuroHealthNet's mission is to help build healthier communities and tackle health inequalities within and between European countries. EuroHealthNet is working towards health equity and social inclusion for all ages through its participation in the EaSI Programme (2014-2017), plus the EU Horizon 2020 and Health Action Programme. To tackle youth and exclusion, these good practice pathways should become systematic:

- The evidence and practices identified by GRADIENT and DRIVERS (EuroHealthNet's EU co-funded studies) should be implemented. This includes:
 - ➔ Putting in place publicly funded occupational health services that **prioritise underserved occupational groups**, in order to increase the integration of disabled people or people with health problems into employment, using evidence based models.
 - ➔ Making sure that, within a universal system of social protection coverage, different kinds of **support are offered to people according to the type and level of risk they experience**. This includes access to high-quality welfare services and extensive active labour market programmes.
 - ➔ Encouraging access to – and uptake of – social protection. This includes providing **support to individuals and groups with complex needs or severe difficulties accessing the social protection** to which they are entitled.¹⁷

- **The EU Pillar of Social Rights** is an opportunity to highlight and strengthen the importance of health in youth inclusion, and to put health, wellbeing, equity and sustainability at the heart of EU policy making.
- Applying a **holistic integrated approach** is key. Youth policies should be planned in collaboration with and be complementary to fields such as employment, education, training, health, culture, digital media, sustainable development, citizenship, and physical activities. This can be done through local partnerships and the development of strategies that consider both the needs of the labour market and the appropriate service delivery.
- It is important to **comprehend the diversities of young people who are NEET** when designing policy and programmes. General youth employment data is insufficient; it should be disaggregated and integrated to include health and social indicators. The EU Labour Force Survey offers restricted number of socio-demographic variables when it calculates the NEET indicator, but improving the data sample at European and national levels could create the missing link in understanding young NEET behaviours and vulnerabilities. This would help in designing effective policy interventions.

EuroHealthNet actively participates in the EU Annual Convention on Inclusive Growth, which in 2017 focuses on the social inclusion of young people. EuroHealthNet is contributing evidence on mental wellbeing, health promotion and equity in partnership with other organisations and experts within the EU EaSI Programme.

Please see www.eurohealthnet.eu for all source information and links to our work in these fields.

FOOTNOTES

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