Focus on…
YOUNG PEOPLE

This factsheet combines two populations that are often considered separate: those who have typically grown up locally, and those who have moved into the borough for higher education or work.

Overall, young people in Camden are a highly, mobile and heterogeneous group. Many young people in Camden go on to continuing education or entering employment after secondary school. Inequalities in the early years such as educational and health inequalities persist into this period of life.

Key points of this factsheet are:
• There is a high turnover of young people in Camden, who make up about 15% of the population.
• Camden has the highest number of higher education institutions and the largest student population in higher education in London.
• Camden has the highest proportion of young people in education, employment and training in central London (92%).
• More than a third of young people in Camden report money worries, but 84% also report informal support that they can turn to for help.
• More than 10% of all carers in Camden are young people.
• There was in increase in the number of young offenders and first time entrants to the criminal justice system in 2015/16, but this seems to be slowing down in 2016/17.
• One in five young people have used more than one illicit drug.
• Young people in Camden seem to be more active than young people in London and England.
• Camden has the 13th highest rate of new STI diagnoses in young people in the country, and a very low rate of prescription of long acting reversible contraception.

Demographics

35,300 people in Camden are aged 16 to 24 (15%) in mid-2016 (1).

17,200 men (49%)
19,100 women (51%)

Projected ethnic breakdown of Camden’s population aged 16-24, 2016 (1)
Future projections

Camden’s population is expected to grow by over 20,500 persons by 2026 (+8.5%). However, the 16-24 population in Camden is expected to increase by only 1.7% (approximately 600 persons) (1). This is less than the increase expected for this age group in London (4%). This increase is expected to accelerate, with an estimated 3,200 additional 16-24 year olds in Camden by 2036 (1).

Although only a small increase is expected in absolute numbers, Camden typically experiences a high turnover of students each year coming to study in the borough from abroad and the rest of the country. Therefore there is a need to consider whether changes in the mix of young people are occurring and how this impacts on available types of housing.

Educational Attainment (16-18 year olds)

Why is this important?

Educational attainment is key to young people going on to employment, training or tertiary education. There they gain the skills and experience they need to maximize their future economic wellbeing.

83% of 16-18 year olds in Camden achieved ‘A’ level qualification or equivalent in 2014/15. This was lower than the London (92%) and England (91%) averages (2).

65% of 19 year olds qualified to Level 3 in Camden in 2015. 55% of Free School Meal (FSM) eligible 19 year olds achieved ‘A’ level qualification or equivalent in Camden in 2015 compared to 70% of non-FSM eligible students (3).

8% of 16-18 year olds in Camden achieved the best A level score (3 A* - A) in 2015/16, lower than the London (12%) and England (13%) averages (2).

Higher Education

Camden students in higher education. This is the largest student population in London; 49% are from overseas (4).

44% of 15 year olds pupils from state funded schools who were entitled to a Free School Meal (FSM) entered higher education by age 19 in 2013/14, compared with 49% who were ineligible. This is an increase from 29% in 2006/07 (5).

Of Camden students (32%) live in halls of residence or student properties, while 40% reside in the area south of Euston Road (4).

Higher education institutions in Camden. This is more than any other local authority area.
Leaving school

92% Of Camden young people aged 16-18 were in education, employment and training (EET) at the end of June 2016 - a record high for Camden and the highest proportion of young people in EET in central London by some margin (average 89%) (6).

198 16-18 year olds in Camden (4.6%) were estimated not to be in education, employment or training (NEETS) in Q1 2016/17. This was higher than the London average (3%) (6).

Although Camden is the borough with the highest percentage of NEETs in central London, this may be due to the record low numbers of young people in Camden with an unknown destination (3% as opposed to 8% in the rest of London). Low numbers of unknowns and high numbers of EETs indicate that early intervention work, alongside accurate tracking and a strong offer of careers advice and guidance in schools and the community is ensuring fewer Camden young people are facing unemployment.

Why is this important?
Continuing education or entering employment after secondary education are protective factors against ill-health. Not being in education, employment or training increases health risks, is associated with unhealthy behaviours such as smoking, alcohol consumption and low levels of physical activity, and it also consistently leads to poorer long term labour market outcomes.

95% of Camden 16-17 year olds participated in education and training, higher than the national average (92%), the 3rd highest in the Central London cohort and in the top 30 in the country (7).

98% Of Camden 16-17 year olds were made offer of an education place under September Guarantee compared to 95% nationally (Camden was 3rd in the Central London cohort and again, was in the top 30 in the country) (7).

Financial Resilience
Young people are slightly less financially resilient than Camden residents as a whole but are much more optimistic than average that their finances will improve.

415 economically active 18 to 24 year olds in Camden were unemployed in November 2016. This is slightly higher than in November 2015 (8).

34% of young people aged 18 - 24 surveyed in Camden in 2015 reported money worries in the last year, including not being able to keep the house warm, using a food bank, using a payday lender, or not being able to afford enough to eat (9).

49% reported high levels of concern about running out of money, having a major financial crisis, or taking out too many loans for daily expenses (9).

Young people reporting money worries were more than twice as likely to have poor mental health (9).

84% of young people surveyed reported some form of informal support that they could, if they needed, turn to in times of difficulty (9).
Young Carers

Although less than 3% of Camden’s young population are carers, this group represents more than 10% of all carers in Camden (11). The majority of Young Carers provided 1-19 hours of care per week, though a small but significant number (around 180 persons) provide over 50 hours support per week (10).

Why is this important?
Young carers under 18 years experience a range of physical and mental health problems that may be linked to interrupted sleep, stress, anxiety and lack of opportunities to take part in social or sporting activities.

Young Offenders and Victims

457 youth offences in Camden in 2015/16, a decrease from 614 in 2010/11, but an increase from 419 in 2014/15 (12).

Why is this important?
Young people involved in the justice system have at least three times the prevalence of mental health conditions and an increased risk of suicide compared to the general population. Young men make up the majority of young offenders in Camden and have higher rates of unemployment than young women.

The number of first time entrants (FTE) to the criminal justice system in Camden increased during 2015/16 and peaked in Q4 with 28 FTEs. Camden Council conducted a deep dive assessment with detailed reviews of recent FTE cases to review this peak, and since then, the numbers have gradually reduced. In Q2 2016/17 there were 18 first time entrants, compared to 23 last quarter (6).

The top five offences by young offenders in Camden in 2015/16 (12) were:
1. Violence against the person – 114
2. Drugs – 59
3. Theft and handling stolen goods – 52
4. Robbery – 36
5. Motoring Offences – 33

Child Sexual Exploitation:
114 people under 25 were identified as being at risk or vulnerable to child sexual exploitation in Camden in 2015/16. 47% of these were young people between the ages of 16 and 25. 85% of the total at risk population was female. The most prevalent model of exploitation for this 16-25 age group was an inappropriate relationship (15).

There was a reduction in the child sexual exploitation risk for 74% of young people identified as being at risk/vulnerable to Child Sexual Exploitation in 2015/16 through the provision of social work intervention, partnership working with Metropolitan Police, voluntary sector services and other partner agencies (15).
Lifestyles

18% of young people in England had used more than one illicit drug in the past year in 2015/16 (16). 19% of young adults surveyed in Camden in 2015 reported using either cannabis or other illegal class-A drugs over the past 30 days (9).

18% of Camden youth are overweight or obese as recorded by their GP (4,148) (17).

17% of Camden youth are recorded as smokers by their GP (28,359), of which 54% are female (17).

81% of 16 to 25 year olds in Camden are active (2013) compared with 69% in London and England (18).

62% of 16 to 25 year olds in Camden participate in sport at least once a week (2015/16) compared to 52% in London and 56% in England (25).

90% (18,911) of 16 to 24 year olds in Camden are low risk drinkers and non-drinkers (2%) . Increased risk (7%), and higher risk drinkers (1%) make up the remaining 8% (17).

Why is it important?

Teenage health and lifestyle choices are strong predictors of adult health. Teenagers from deprived areas show a higher prevalence of unhealthy choices, thus perpetuating the intergenerational transmission of health inequalities. Tackling these issues in teenage years can help break this cycle of inequalities.

Teenage Pregnancy and Sexual Health

In 2014, the conception rate per 1,000 females aged 15 to 17 years in Camden was 16.8 while in England the rate was 22.8 per 1,000 (19).

66% reduction in the under 18 conception rate in Camden between 1998 and 2014, compared to a 51% reduction in England (19).

Women under 25 had 325 abortions in Camden in 2015, one third of all abortions. 30.2% had had a previous abortion, higher than the proportion in England (26.5%) (20).

Rate of prescription of long acting reversible contraception (LARC) per 1,000 people of all ages in Camden in 2014, significantly lower than England (50.2 per 1,000 people) (21). Across London in 2015/16, the age group with the highest rate of LARC prescription was 25-34, followed by 35-44 and then 20-24 (22).

Camden has the 13th highest rate of new STI diagnoses* in 15-24 year olds in the country, indicating that Camden young people may be engaging in riskier sexual behaviour (19). *all STI diagnoses, excluding chlamydia

new HIV diagnoses in Camden in 2015, across all ages. The diagnosed HIV prevalence was 8.2 per 1,000 population aged 15-59 years (compared to 2.26 per 1,000 in England) (19). Groups at highest risk include men who have sex with men (MSM), young adults and black ethnic minorities.

Across North Central London, including Camden, 13% of new HIV diagnoses in 2015 were in people under 25 (23). Between 2013 and 2015 in Camden, 24.2% of HIV diagnoses were made at a late stage of infection, a significantly lower proportion than England (40.3%) (19).
**Mental Health**

1,594 individuals between the ages of 16-25 in Camden had a history of depression and 164 individuals had serious mental illness (defined as psychoses, schizophrenia and other psychotic disorders) (17).

When surveyed in 2015, 19% of young adults in Camden reported likely mental health difficulties, broadly comparable to the national average (21%) when the same instrument is used. Although this was not a formal diagnosis, it includes those young people who reported multiple symptoms of poor mental health (9). Three quarters of people who will develop any mental health condition in their lifetime will have done so by age 24 (24).

**Why is it important?**

During the period of major transition from adolescence to early adulthood, changes affecting cognitive and psychological functions coincide with major life and social changes such as leaving school and the parental home, starting employment, further training or education, developing new intimate and personal relationships and a changing role and relationship with families and peers. The early onset of mental health problems disrupts a young persons’ capacity to achieve a successful transition from adolescence to adulthood and can impact on lifetime outcomes in employment, relationships and self-sufficiency.

Cumulatively, these changes can contribute to the onset of mental illness or alcohol and substance misuse disorders, particularly in young adults where there are vulnerabilities. By understanding these changes, we can target efforts both to reduce risk and support the protective factors most relevant to young adults. Protective factors include education, employment, relationships and physical health.

The risk for adult mental health conditions is greater if conditions are untreated in childhood and youth. Early intervention after the first episode of psychosis (FEP) can improve recovery and reduce the severity of relapses, improving the quality of life.

30 people with suspected FEP were referred to the early intervention in psychosis pathway in Camden between September and November 2016. 84% of these people waited two weeks or less, higher than the national average of 66% (25).

**Groups at high risk of mental health conditions:**

Young women have high rates of common mental disorders (CMD), self-harm and positive screens for post-traumatic stress disorder and bipolar disorder. Of the total population of Camden residents aged 16 to 25 with a history of depression, 69% were women.

In England, individuals aged 16-24 years are the least likely to receive mental health treatment (6%) compared to older age groups (16% for 55 to 64 year olds) and within this age group, women are more likely to receive mental health treatment than men (8% and 3%, respectively) (26).

Lesbian, gay and bisexual (LGB) people are at higher risk of mental health conditions, suicidal thoughts, alcohol and substance misuse, and deliberate self-harm than heterosexual people. Rates in LGB people are between 1.5 and 2 times the rate in the general population. These risks are particularly high in adolescence and early adulthood. Camden has one of the largest lesbian, gay and bisexual populations in the country, with 5,857 residents aged over 16 years, in 2014 (26).
Sources

17. Camden Public Health GP dataset 2015