

Occupational Health and Young People's Participation in Employment, Education and Training

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Executive summary

The evidence we have collected shows that young people face persistently weaker labour-market conditions than prime-age adults, including higher unemployment, greater employment instability, and disproportionate exposure to precarious and low-quality work. Around one quarter of young people globally are not in employment, education, or training (NEET), with higher risks among young women, those from disadvantaged backgrounds, and those with health conditions. Early exposure to insecure work has long-term scarring effects on earnings, employment stability, and health.

Health, particularly mental health and neurodevelopmental conditions, is one of the central barriers to both entry into work and sustained participation. Young workers experience higher exposure to physical and psychosocial workplace risks while also having poorer access to occupational health services, especially in temporary jobs and small firms. UK data show that deteriorating health is one of the main drivers of intentions to leave work among those aged 16–24. Barriers are compounded by skills and experience mismatches, weak school-to-work transitions, and fragmented systems across education, health, employment, and benefits. Childhood adversity, family disadvantage, local labour-market conditions, and geographical factors further increase NEET risk through cumulative disadvantage.

The evidence on 'what works' is limited but clear in key respects. Organisations that invest in improving workforce mental health across all age groups are likely to create environments that are also more supportive of younger workers' health and wellbeing. However, younger workers, and particularly those at risk of NEET status, face distinct vulnerabilities related to early labour-market transitions, limited job security, and reduced power and control at work. This means that the timing, delivery, and integration of support are especially important for this group.

Standalone stress-management or "mental training" interventions should not be prioritised, as there is moderate evidence of no benefit for young workers. More promising approaches include:

- Interactive, skill-based occupational safety and health education delivered before or at entry into work.
- Integrated mental health and vocational models (e.g. supported employment and education, including IPS-type approaches) for young people with mental illness.
- Vocationally focused support at transition points for young people with chronic health conditions, despite modest effect sizes to date.

Overall, we conclude that improving young people's participation in EET requires earlier, integrated, and preventative approaches that address job quality, health, and system coordination. Occupational health therefore represents a critical but underused policy lever for

supporting both entry into work and sustained participation. This is particularly strong when embedded across education, health, and employment systems and supported by strong implementation and employer engagement.

Submission

Purpose - This submission addresses the call for evidence – specifically the role of occupational health (OH) in (i) *supporting young people to enter employment* and (ii) *supporting young people to remain in good-quality, sustainable work*. We have synthesised evidence from peer-reviewed academic literature, population-level reviews, UK and international labour market analyses, and occupational safety and health (OSH) research.

Detailed below, we examine how health, working conditions, and workplace support structures impact:

- young people's employment trajectories,
- participation in employment,
- education or training (EET), and
- longer-term labour market attachment.

In doing so, we focus on individual, structural and system-level factors, including:

- job quality
- occupational risk exposure
- access to occupational health services, and
- transitions between education, health, employment, and benefits systems

These factors shape young people's ability to enter and sustain participation in work.

Background - Young people's participation in employment, education, or training (EET) remains a persistent global and national policy concern. The International Labour Organisation (ILO) estimated that globally there are approximately 1.2 billion young people aged 15–24, most of whom are in education or training (42%) or in employment (36%) (Marelli & Signorelli, 2022).

However, according to the most recent ILO report (2025), around 25% of young people worldwide are not in employment, education, or training (NEET), equating to approximately 262 million individuals. According to the literature, young people experience structurally weaker labour-market conditions than prime-age adults. Youth unemployment remains approximately three times higher than adult unemployment globally, with particularly elevated risks among individuals with lower educational attainment, those from lower socioeconomic backgrounds, migrants, and women (Yeung & Yang, 2020; Wachter, 2020). The ILO Global Employment Trends for Youth (2024) reported NEET rates of 28.1% among young women, compared with 13.1% among young men. This highlights the intersection of labour market barriers with gendered roles and inequalities. Across most economies, young people continue to face structurally weaker labour market conditions than older adults. Although patterns may vary by region and institutional context, young people tend to experience:

- higher unemployment,
- greater employment instability, and

- more precarious job quality, alongside some emerging opportunities linked to structural transformation, digitalisation, and green growth (Rahmani et al., 2024).

These labour market conditions have important implications for both entry into work and longer-term labour market attachment. Evidence demonstrated that early employment experiences have a significant impact on shaping future employment trajectories. Insecure and low-quality work increases the risk of repeated unemployment, labour market exit, and disengagement from EET pathways (Yeung & Yeung, 2020). Against this backdrop, understanding the role of health, working conditions, and occupational health systems is critical to addressing barriers to participation and supporting sustained engagement among young people.

Question 1: What is stopping more young people from participating in employment, education, or training?

Evidence indicates that NEET status tends to arise from a combination of individual, family, and contextual disadvantages. According to the findings of a recent systematic review and meta-analysis, which included 43 papers from 12 countries (including the UK), a number of factors sharply increase the risk:

- low educational attainment,
- childhood and family adversity,
- poor health,
- poverty, and
- gendered care roles

Conversely, higher education and stable families may be protective. (Rahmani et al., 2024). Additionally, Rahmani and Groot (2023) reported that NEET youth showed higher risks of suicide, criminal behaviour, and unemployment later in life.

1. Changing Nature of the Labour Market and Work

Young workers often transition into the labour market with insufficient prior work experience and job-related skills to meet labour-market demands. This increases the risk of repeated unemployment and later NEET status, as demonstrated by both international and UK studies (Backman & Nilsson, 2016; Rahmani & Groot, 2023; Ripamonti et al., 2023).

At the same time, young workers are disproportionately exposed to precarious employment, occupational hazards (e.g. physically demanding tasks such as heavy manual handling and exposure to hazardous substances), and psychosocial stressors, such as job insecurity, low job control, and bullying or harassment, compared to older workers, contributing to higher rates of occupational injury and poorer mental health outcomes (Descloux et al., 2019; Hanvold et al., 2018; Samano-Rios et al., 2019; Shields et al., 2021; Sundstrup et al., 2025). Evidence on the work and health expertise provided by occupational health (OH) professionals for this group is growing but remains fragmented, particularly regarding OH support during labour market entry and access to OH services for those in temporary contracts and small firms (Dragano et al., 2018; Okun et al., 2016; Sundstrup et al., 2024).

1.1. Elevated unemployment and NEET rates

Young people experience unemployment rates that are typically two to three times higher, reflecting both demand-side and supply-side vulnerabilities. Globally, around one in five young people are not in employment, education, or training (NEET), indicating substantial underutilisation of youth labour and human capital (Marelli & Signorelli, 2022; Yeung & Yang, 2020; Wachter, 2020). High NEET rates are particularly concerning because prolonged detachment from both education and work is associated with long-term negative impacts. These include lower lifetime earnings, recurrent unemployment, and poorer health and wellbeing outcomes.

1.2. Precarious and low-quality employment

When young people do enter work, they are disproportionately concentrated in temporary, informal, low-paid, or low-skill roles. Fixed-term contracts, gig work, and casual employment are more common among young workers than older cohorts. These types of employment often offer limited job security, weaker employment protections, and restricted access to training and progression (Marelli & Signorelli, 2022; Yeung & Yang, 2020). This concentration in precarious work may render young workers more vulnerable during economic downturns, as they are typically the first to lose jobs when firms adjust employment in response to shocks (Wachter, 2010).

1.3. Negative effects of labour market entry during downturns

A robust body of evidence demonstrates that initial labour market conditions have persistent effects on young workers' careers. Entering the labour market during a recession was associated with earnings losses of approximately 10–15%, which can persist for 10 to 15 years after labour market entry (Wachter, 2020). These scarring effects may operate through multiple mechanisms. Young workers are more likely to start in:

- lower-quality jobs,
- less prestigious occupations, and
- lower-paying firms, which can permanently alter career trajectories.

Importantly, these penalties are larger and longer-lasting for less-educated workers, ethnic minorities, and those from disadvantaged socioeconomic backgrounds, reinforcing existing inequalities (Marelli & Signorelli, 2022; Yeung & Yang, 2020).

2. Aspirations and Attitudes of Young People and Skills/Experience Mismatch

Young workers often face an “experience trap”. Employers tend to demand prior work experience, yet opportunities to acquire such experience are limited. In parallel, many labour markets exhibit persistent skills mismatch, where the competencies developed through formal education do not align with employer needs. This mismatch contributes to underemployment, overqualification, and inefficient use of skills, even among highly educated young people (Marelli & Signorelli, 2022). Weak school-to-work transition systems and insufficient integration between education providers and employers may exacerbate these problems, particularly in countries with underdeveloped vocational training and apprenticeship pathways.

Persistent skills mismatch is evident across labour markets, where competencies developed through education did not align with employer needs. This resulted in underemployment and overqualification, even among highly educated young people (Marelli & Signorelli, 2022).

3. Health Trends, Including Mental Health, and Neurodevelopmental Conditions

Health is one of the central determinants of labour market participation and early exit among young people. In their systematic review study of 41 studies involving almost 9 million workers, Lindblad and colleagues (2024) highlighted that mental disorders (including depression, anxiety, and behavioural problems) and some physical conditions are strongly associated with NEET status. For example, in their study Ose and Jensen (2017) found a range of relatively common health conditions reported to impact on young NEETs. These included:

- back discomfort
- migraine/headache
- pain
- other musculoskeletal issues,
- mental health conditions, such as eating disorders, social phobia, obsessive compulsive disorder, and bipolar disorder
- neurodevelopmental conditions such as attention deficit hyperactivity disorder (ADHD), and autism spectrum disorder (ASD)

Additionally, according to the recent evidence, young workers are at higher risk of exposure to physical hazards and work-related psychosocial risks (e.g. low job control, bullying, harassment) compared to older workers (Descloux et al., 2019; Dragano et al., 2018; Hanvold et al., 2018; Samano-Rios et al., 2019; Shields et al., 2021; Sundstrup et al., 2025; Zhou & Zheng, 2022).

Similarly, UK survey data indicated that 20% of workers reported poor health (Navani et al., 2025). This is consistent with population-level evidence from NHS England (2025). They reported that according to the findings of their Adult Psychiatric Morbidity Survey (APMS) 2023/2024, approximately one in five adults in England meets criteria for a common mental disorder. Additionally, 6% of workers in the UK with poor health reported that they were considering leaving work due to health, and 43% of workers aged 16–24 reported that deteriorating health may affect their ability to remain in employment (Navani et al., 2025).

Taken together, this evidence suggests that poor mental and physical health is not only prevalent among young people in the UK but this also directly constrains their capacity to enter, sustain, and progress in employment. Early exposure to hazardous and poor-quality work appears to accelerate health-related disengagement from the labour market, increasing the risk of unstable employment trajectories and transitions into NEET status. This underscores the importance of preventive, age-sensitive occupational health and mental health interventions that support young people's sustained participation in the UK labour market.

4. Benefits, Employment Support Systems, and Transition Points

Young people navigating health issues frequently encounter fragmented care pathways and discontinuities across benefits, healthcare, education, and employment support, with inadequate provider follow-up, prolonged wait times, and a lack of youth-specific training undermining continuity of care and coherent support transitions (Cooper et al., 2025; Rodgers et al., 2018).

Evidence further indicates that formal integration across sectors is limited and rarely coordinated by a designated lead professional, contributing to disjointed experiences for young people with complex needs (integrated care literature; multi-agency transition research). Finally, mental health services often lack a strong vocational focus, with young people entering treatment demonstrating high levels of disengagement from education and employment compared with peers, highlighting the need for targeted vocational integration within clinical pathways (Cooper et al., 2025).

5. Childhood Factors, Family, Community, Geography

As reported above, childhood factors, family and community, and geography may impact the NEET status of young people. For example, workplace discrimination can adversely affect workers across age groups. However, evidence suggests that living in disadvantaged areas, exposure to discrimination at work, and weak local labour markets are particularly associated with an increased risk of NEET status among young people, even when compared with peers with similar individual characteristics (Backman & Nilsson, 2016; Lindblad et al., 2024; Lovaglio & Berta, 2025; Warburton et al., 2024). Additionally, regional disparities are also pronounced: informality and working poverty dominate youth employment in many low- and middle-income countries, while young workers in high-income contexts face polarisation between high-skill, high-reward jobs and insecure low-skill employment (Warburton et al., 2024). Similarly, low parental education, workless households, and family adversity were found among the most critical predictors of NEET (Backman & Nilsson, 2016; Kingsbury et al., 2025; Tayfur et al., 2022)

Question 2: What would make the biggest difference to support more young people to participate?

The evidence based on “what works” specifically for improving young workers’ health, safety, and sustained participation in employment remains limited and often of low to moderate quality. Nevertheless, existing systematic reviews and intervention studies point to several practical directions for occupational health (OH) and policy, while also clearly identifying approaches that were unlikely to be effective if implemented in isolation.

1. Workplace Interventions for Young People

The comprehensive 2024 systematic review by Sundstrup et al. examined 33 medium- to high-quality studies of workplace interventions targeting young workers aged 15–29. Overall, the review concluded that there is insufficient evidence to identify any “best-buy” workplace interventions for young workers’ health, safety, or work environment. However, one finding was particularly robust: there was moderate evidence that generic mental training interventions (e.g. mindfulness, relaxation, stress-management courses) did not reduce stress among young workers (Sundstrup et al., 2024). This suggested that standalone stress-management programmes are unlikely to improve mental health or retention in this group.

Other intervention types showed mixed or limited effects. Psychoeducational and attitude-based interventions demonstrated only limited evidence of benefit for mental health outcomes. Behaviour-based interventions are defined as interventions directed at modifying individual work-related behaviours. These typically involve skills training, feedback, coaching, and behavioural rehearsal to improve anxiety management and how workers respond to job demands or stressors (Sundstrup et al., 2024). Overall, behaviour-based interventions showed

limited positive effects on anxiety symptoms. However, effects were more evident when interventions were tailored to the specific occupational context and task demands of young workers and focused on practical, skills-based components rather than generic content.

Physical training and ergonomic capacity programmes showed limited evidence of no benefit for musculoskeletal outcomes. This means that while the available medium-quality studies predominantly reported no effect, the overall evidence base remains insufficient to draw firm conclusions about effectiveness.

Safety education interventions, including safety training and teaching-based approaches aimed at improving safety knowledge, awareness, or attitudes, demonstrated some improvements in knowledge or perceptions in individual studies. However, the overall evidence was insufficient to demonstrate consistent effects on injury rates or health outcomes (Sundstrup et al., 2024).

The most consistent, though still limited, evidence of benefit came from multifaceted individual-level interventions, such as programmes addressing hand eczema that combined education, behavioural guidance, and elements of organisational support. However, there was a notable lack of evidence on interventions that modify work organisation or working conditions, highlighting a significant gap in the current literature (Sundstrup et al., 2024). These findings aligned with a scoping review of occupational safety and health (OSH) interventions for young workers. This found that most evaluated programmes focused on individual behaviour or education, with very little attention to environmental or organisational change, and a substantial lack of evidence from low- and middle-income countries (Sámano-Ríos et al., 2019).

Qualitative evidence further indicates that intervention success may depend heavily on implementation quality and organisational context. This would include visible management support, fit with existing workflows, and manageable workload demands (Sundstrup et al., 2025).

Taken together, these findings do not indicate that workplace interventions for young workers are ineffective per se, but rather that the current evidence base is limited and uneven. This highlights an urgent need for investment in the co-design, development, and rigorous evaluation of theory-informed, multi-level workplace interventions that address both individual and organisational determinants of health and retention among young workers.

2. Preparing Young People Before Labour Market Entry

Some of the strongest and most consistent evidence related to OSH education was delivered before or at entry into work, particularly in schools and vocational training settings. Curriculum-based and vocational programmes using interactive, skill-based, and psychologically informed approaches have been effective. These have included training related to coping skills, how to cope with job-related stressors, and anxiety management. These have been shown to improve OSH knowledge, attitudes, self-efficacy, and behavioural intentions related to safe work practices (Guerin & Toland, 2020; Nykänen et al., 2021). These findings suggested that preparing young people prior to exposure to hazardous or challenging working environments may be a promising and under-utilised strategy, particularly given the elevated injury and risk exposure experienced by young workers.

3. Integrated Mental Health and Vocational Interventions

For young people whose main barrier to employment is having a mental health condition, the evidence base is comparatively stronger. A systematic review found moderate to strong evidence that supported employment and supported education models (including individual placement and support (IPS)-type approaches) improve employment and educational outcomes for young people with serious mental illness (Read et al., 2018).

More recent studies indicated that integrated models combining clinical care with individualised vocational support, long-term follow-up, and, in some cases, peer support can improve employment outcomes, quality of life, and engagement. Although not all studies found statistically significant effects, the overall pattern of findings consistently favoured integrated approaches over standard vocational rehabilitation (Liljeholm et al., 2020; Simmons et al., 2023; Pedersen et al., 2025). Overall, the evidence suggested that rapid, person-centred, and integrated health–vocational models may be more effective than “train-then-place” approaches for young people with mental illness.

4. Young Adults with Chronic Physical Conditions

Evidence for vocational interventions targeting young adults with chronic physical conditions remains limited. A controlled trial of the “At Work” vocational rehabilitation programme in the Netherlands found no significant between-group effects on employment or work ability, although trends suggested potential benefits for self-efficacy and longer-term participation, particularly among disadvantaged starters (Bal et al., 2023). This indicated that vocationally focused occupational health or occupational therapy input may be helpful for some young people. However, robust evidence of large effects is lacking, with more research required.

5. Broader Workplace Health Promotion and Training Evidence

Broader workplace health promotion evidence (not youth-specific) indicated that stress-management and mindfulness interventions produce small to moderate effects on stress and some mental health outcomes (Virtanen et al., 2025). Meanwhile, multicomponent programmes yield modest improvements in selected health behaviours. However, evidence quality was generally low to moderate, and effects were small at the individual level (Virtanen et al., 2025).

Also, it may be that organisations which are willing to implement stress-management approaches may also be ones that invest in other known positive practices such as having effective managers and purposely fostering psychologically safe working environment. Evidence on OSH training for workers showed that training strongly improves safety knowledge and attitudes, moderately improves behaviour, but has only small effects on health outcomes. Interactive and blended approaches outperformed traditional classroom training, and there was a clear need for more age-tailored research focused on workers under 29 years (Ricci et al., 2016).

Contact details

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