Background
From 1999, the English government pursued a systematic strategy to reduce health inequalities. For interventions affecting children and young people, intermediate indicators may be more useful for evaluating short/medium term impact than the mortality targets chosen. This article investigates trends in inequalities for self/parent-reported health and use of health services by children and young people between 1999 and 2009.

Methods
Throug the UK Data Archive (http://www.dataarchive.ac.uk/), data were accessed for the Health Survey for England 1999 (SN4365) (N=3022(0–12), 969(13–16), 451(17–24), 4160(25+)) and the Health Survey for England 2009 (SN6732) (N=3022(0–12), 969(13–16), 451(17–24), 4160(25+)). Self-reported health and General Health Questionnaire data (participants aged 15+) and parent/carer report of health (participants aged 0–12) were used, with appropriate binary outcomes created. Using logistic regression in SPSS (v19), adjusted odds ratios (AORs) for poor health were calculated between the highest and lowest socioeconomic tertiles, defined by occupation of household members. Analyses were stratified by age, adjusted for sex and weighted to be nationally representative. Hospital Episode Statistics on Finished Consultant Episodes were analysed by Index of Multiple Deprivation decile, derived from the patient’s postcode. Concentration indices of inpatient activity were calculated as: (P – p) / (0.5 – p), where P and p are observed and expected inpatient activity rates respectively.

Results
Low SEP across life was associated with high fat mass index: childhood SEP (mean difference in fat mass index comparing the lowest with the highest SEP (II) in males: 0.92kg/m², 95% CI –0.136 vs. –0.142). AORs for high General Health Questionnaire scores by age group showed a similar pattern.

Conclusion
Despite the policy importance given to tackling health inequalities, this decade saw inequality in parents’ reports of their children’s health widen significantly. Adolescent findings were mixed, with a non-significant increase in inequality for self-reported health but a reduction in inequality related to inpatient activity.