

CHAPTER 1: Introduction

Key Data On Young People 1997-2019

The *Key Data on Young People* series brings together robust and representative information to give a full picture of the health and wellbeing of young people in the UK. This is the 12th edition. More than two decades have passed since the first edition was published and there is still a need for up to date, youth-specific data to inform the development of appropriate services for this age group.



Introduction

The transition from childhood to adulthood is an important, fascinating period of life. Young people between the ages of 10 and 25 need particular support and special services, especially those who may be marginalised. They have different patterns of need from younger children and older adults. Yet the data on young people are often bundled up with other age groups. The data are also frequently compartmentalised into topics such as youth justice, obesity, or mental health, which may present information in different ways or relate to different age breakdowns. Drawing connections between the topics can therefore be challenging, yet we need to view young people holistically. This is the only way to obtain an overview of what young people need to reach their full potential and the services that need to be commissioned.

The Association for Young People's Health's biennial *Key Data on Young People* series brings together all the robust and representative information we can find to get a full impression of young people in the United Kingdom (UK). This is the 12th edition. More than two decades have passed since the first edition was published (by the Trust for the Study of Adolescence) and there is still an ongoing need for up to date, youth-specific data to inform the development of appropriate services for this age group. As well as data on health outcomes, health behaviour and health service use, we also include contextual information about young people's lives and how these are changing.

Every new edition of *Key Data on Young People* is revised to reflect current issues and concerns about young people's health. In this edition we have added sections on the recent policy context, more indicators of poverty and hardship, some information on the overall burden of disease faced by this age group more on health inequalities and some international comparisons in key health outcomes. Where possible we have focused on the relevant drivers in the Public Health Outcomes Framework and the NHS Outcomes Framework (Health and Social Care Information Centre, 2016; Public Health England, 2016). This edition has also been informed by provisions for young people in the new longterm plan for the NHS (NHS Providers, 2018).

This edition was funded by the Health Foundation. The Health Foundation is an independent charity committed to bringing about better health and health care for people in the UK.

Overview of data sources

The countries of the UK undertake repeated national surveys such as the census, the Health Survey for England, the Scottish Health Survey, the Labour Force Survey, and the Annual Population Survey. However there are few that focus specifically on the experiences of the young people. One of the main tasks for this publication is to extract what we can that is directly relevant to the 10 to 25 age group from a range of publically available resources.

The main sources we rely on have had to meet some quality criteria. They need to draw on a significant sample size, result in generalised results to a known population, use reliable and valid survey instruments, and they need to adhere to the standards of ethical research methods. Where there are gaps in published data we have occasionally drawn on research undertaken with smaller sample sizes or in limited geographical areas. The text makes clear reference to the sources in all cases and we say if we have reservations about generalising from the data.

Unfortunately, despite efforts to fill the gaps, the data on many aspects of young people's health are inadequate. Statistics are frequently recorded in ways that make it impossible to draw sensible conclusions about our age group of interest by, for example, reporting data on those between the ages of 0-19 years, or from 16-59 years. Once again we wish to express our concern over this limitation and to emphasise that good commissioning depends on the availability of data relevant to the age group.

Supporting resources

An interactive version of this PDF document is available for free download from AYPH's website, where users will find hyperlinks to resources, and the facility to download Excel spreadsheets containing the data on which the charts are based. A PowerPoint slide set of all the charts in the report is also available free to download and use in your own presentations.

The AYPH website also has links to a number of resources to help in promoting young people's health, including toolkits for frontline practitioners, briefing papers, support for engaging young people and promoting their participation in designing youth-friendly services (www.youngpeopleshealth.org.uk/resources).

Policy context

There has been a welcome increase in policy activity around young people's health in the UK in recent years. Mental health has received an increased amount of attention, including the publication of the Children and Young People's Mental Health Taskforce report ('Future in Mind'), and a Green Paper on 'Transforming children and young people's mental health provision' (Department of Health and Social Care, 2015; Children and young people's mental health taskforce, 2017).

Physical health has not been ignored either, and this edition of *Key Data on Young People* follows publication of the new NHS England longterm plan (NHS England 2019). This emphasised children and young people's health as a priority with the introduction of a new transformation programme to oversee delivery of commitments for the next ten years, from bringing mental and physical care together to services for 0-25 years so that care is timely and continuous.

Reasons to invest in the health of 10-24 year olds

Good health for young people is central to their wellbeing, and forms the bedrock for good health in later life. There are a number of critical reasons for investing in young people's health including:

- The first signs of many serious longterm conditions emerge at this age, including three quarters of lifetime mental health disorders
- Adolescence is a time when risk taking behaviours begin and life-long health behaviours are set in place
- Young people's health is not improving enough compared to other age groups
- Young people are not getting the health services or information they require, and their accounts are often less positive than those of other age groups
- Health inequalities are widespread by the time of transition to adulthood, and some are widening
- Positive trends in young people's health behaviour, such as falls in teenage pregnancy, must be supported in order to continue
- Ignoring chronic adolescent disease costs money, and investing in adolescent wellbeing has benefits beyond just health outcomes
- Effects of poor healthcare in adolescence can last a lifetime
- Investment in adolescence maintains and reinforces successful health interventions delivered in early childhood

Visit <http://www.youngpeopleshealth.org.uk/our-work/research-evidence/why-invest-in-young-peoples-health> for a fuller version and supporting references

Developmental milestones age 10-24

Young people experience huge physical, psychological and behavioural changes as they mature from children to adults. All of the data in the following pages should be viewed through the lens of human development. They represent a snapshot for a group of people who are constantly changing. Some have support to help them make these transitions with ease, whereas others are subject to social determinants of health that may hinder their progress. The data tell us important things about the experience of young people in the UK today and suggest ways in which we can improve outcomes.

Definitions of age bands

AYPH's focus is on young people between their 10th and 25th birthday. Commonly used terminology for age groups falling within this include:



These age bandings map on to the United Nations General Assembly, Unicef, and World Health Organisation definitions (Unicef, 2011; World Health Organization, 2017; United Nations, 2018)

The adolescent and young adult years (between the ages of 10 and 25) are a particularly fast time of change, including:

- Physical development.** The three or four years of pubertal development include a growth spurt, maturing of the reproductive organs, development of secondary sex characteristics and menarche in girls. There is wide individual variation in the timing of the start and completion of puberty. Generally, evidence suggests a peak age of puberty in the UK of around 12-13 for girls, and 13-14 for boys (Patton and Viner, 2007). Muscle strength continues to develop in young men into their 20s (Haff and Triplett, 2016). Recent work has revealed that the brain undergoes a huge reorganisation and fine tuning in the adolescent years. Changes in anatomy and functioning seem to result in a brain that is more efficient and more adapted to the surrounding environment. There are important ongoing changes to the 'social brain', the part of the brain driving understanding and interacting with others (Blakemore, 2015). There is evidence from magnetic resonance imaging scans that brain development continues up to age 25 (Giedd, 2004).

- **Cognitive development.** During their second decade, young people become better at weighing up risk, learning from experience, and controlling impulses. They develop more complex and analytical thinking, start to question authority and society's standards, debate ideas and opinions, form their own code of ethics, consider their future goals and plans and think more about the longer term (Steinberg, 2005; Coleman, 2011).
- **Emotional development.** Key tasks of adolescence and early adulthood include firming up a sense of personal identity and self-esteem, developing autonomy and learning coping strategies for dealing with life events and challenges (American Psychological Association, 2002). Young people seek more independence and responsibility. Supporting the development of emotional health and wellbeing is a task for everyone who lives or works with young people.
- **Social development.** Peer groups become of paramount importance and peer influences are powerful, although families remain very significant (Brown and Bakken, 2011). Young people start to develop a sexual identity and seek more relationships outside the family. The transition to adulthood is more elongated and varied now than in the past (Arnett, 2006). Many major social transitions occur in the early 20s (Office for National Statistics, 2019). Through their late teens and early 20s young people renegotiate their relationships with their parents and caregivers, build their peer network, and try to find ways to become financially self-supporting.
- **Behavioural development.** Brain changes mean that adolescents are more likely than other age groups to seek out novel experiences and take risks. This can present some challenges in terms of taking care of their health, but is an important part of learning. Many life-long health behaviours are set in train during adolescence and early adulthood.

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