



Public Health
England

ayph | Association for
Young People's Health

Protecting and improving the nation's health

Improving young people's health and wellbeing

A framework for public health

About Public Health England

Public Health England exists to protect and improve the nation's health and wellbeing, and reduce health inequalities. It does this through world-class science, knowledge and intelligence, advocacy, partnerships and the delivery of specialist public health services. PHE is an operationally autonomous executive agency of the Department of Health.

Prepared by: PHE worked with the Association for Young People's Health to prepare this report. It was produced with the support and input from the Association of Directors of Children's Services, the Association of Directors of Public Health and the Local Government Association.

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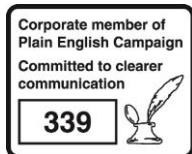
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Foreword

The age period of 10-24 years of age is an exciting one. It is also a period of increased risks which, if left unchecked, can worsen in adulthood with life-long consequences.

That is why we welcome this framework. It highlights the importance of ensuring that every young person has the right level of support to help them to maximise their full potential. It recognises the crucial role that parents, carers and families have in providing supportive, nurturing environments. And it draws on the evidence which shows that when local services work together to meet needs in a holistic way, they are more effective.

Across government we have implemented a wide range of actions and initiatives to improve young people's health and wellbeing. We have invested in schools and colleges not only to increase educational attainment, but also to build life skills which last a lifetime – such as increasing physical activity, eating healthily, and a sense of citizenship through volunteering. Central to all of this is resilience and emotional wellbeing.

Our children and young people's mental health and wellbeing taskforce is a cross-government initiative that is bringing services together to improve mental health outcomes for all young people.

Young people repeatedly tell us that they don't want to have to negotiate complex systems to access services – they need services that understand what it is like to be young, services which can either give them help directly, or to refer them to a service that can. Among all of this, young people want to have trusted sources of information and impartial advice. That is why we are endorsing the framework, to emphasise the importance of working together.

We trust that this framework will help you build on the work that you are already doing.



Sam Gyimah MP,
Parliamentary Under Secretary
of State for Childcare and
Education



Dr Dan Poulter MP,
Parliamentary Under
Secretary of State for
Health

An introduction from Public Health England

Over recent years we have seen reductions in the proportions of young people aged 10-24 who drink, smoke, and use drugs. Teenage pregnancies have also fallen significantly. These are good outcomes, led by local government working with health and other partners including young people themselves, their families, carers and friends.

But we can do better and there are strong arguments why we should:

- mortality and morbidity for this age group remain largely preventable and rates vary widely across the country
- this is a life stage of significant neural, emotional and physical development and when change is possible
- our 9.9 million young peopleⁱ have poorer health outcomes than those in many other developed nations
- inequality has a significant negative effect on health in adolescence
- keeping young people safe from harm is an important priority for all of us
- the consequences of poor health in this age period last a lifetime

This framework addresses the request by the chief medical officer in her 2012 Annual Report that PHE should consider the specific needs of this age group. It has been produced with the Associations of Directors of Public Health, Directors of Children Services and the Local Government Association. It gives practical support to councillors, health and wellbeing boards, commissioners, and service providers.

It sets out at a high level a way of thinking about young people's health, taking an asset-based approach, and focusing on wellbeing and resilience. We describe six core principles that will promote a more effective, integrated response to needs. We set out features of a local health and wellbeing offer for young people. To help local areas, we then pose some key questions for local leaders. Throughout, we place young people at the centre of service design and delivery, and I am grateful to the young people who informed this work. With this document we are making available key data and signposting other resources that you should find helpful.

Finally, later this year we will launch Rise Above, a national youth campaign that will focus on building young people's resilience and help them make positive health decisions. The campaign will reinforce the important role parents and carers have in helping prepare young people for life's challenges.

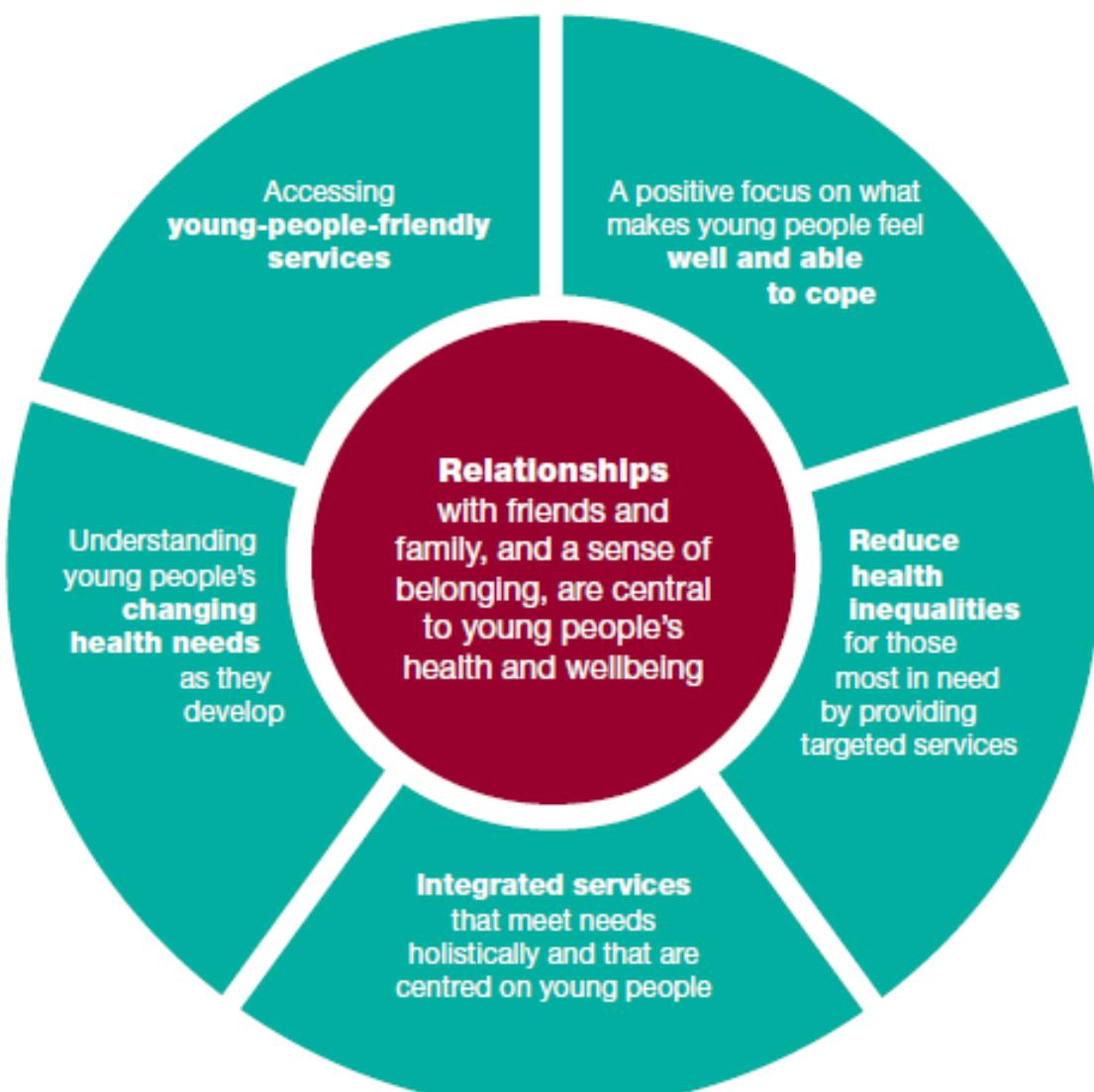


Duncan Selbie, Chief Executive

Six principles to shape our thinking about young people's health

The evidence tells us that treating different, specific health issues separately will not tackle the overall wellbeing of this generation of young people.² Young people's mental and physical health are intertwined, and at the heart of health and wellbeing³ are their relationships with others. Young people think about their health holistically. They want an integrated, youth friendly approach that recognises their particular needs, makes them feel supported, emphasises the positives and helps them to cope.⁴

Building on the research of what works for this age group, we have identified six core principles that cut across health topics to develop holistic approaches to meet needs. These build on concepts of resilience⁵ and are presented in a way that commissioners and service providers can use.



Putting relationships at the centre

Relationships are at the centre of young people's health and wellbeing.⁶ These will be with friends, family, romantic/sexual partners, teachers, role models, health professionals and others in the local community. Youth participation work has shown us how important relationships are in the health context.⁷ Relationships can help make them resilient, but they can also make them vulnerable. Recognising and supporting healthy relationships is central to improving young people's physical and mental health and wellbeing.

This means:

- empowering young people in educational settings by giving them the skills they need to develop healthy relationships – for example, by providing opportunities within the curriculum to teach relationship skills (partly through personal, social, health and economic (PSHE) education, and sex and relationships education)
- schools, colleges and higher education institutions' health services have a critical part to play in building positive health settings and health messages⁸
- promoting anti-bullying interventions to reduce short and long-term adverse consequences⁹
- providing an appropriate range of support for young people affected by violence, adverse childhood experiences and sexual exploitation¹⁰
- recognising the important protective effects of having an adult that the young person trusts
- supporting parents and carers of young people with general parental advice as well as advice on specific issues
- educating peer and staff groups to reduce stigma about mental health and promote positive emotional wellbeing¹¹

Focusing on what helps young people feel well and able to cope

We are more effective when we focus on the positives in young people's lives, helping them to feel safe and strong, preparing them to cope with adversities. What helps them get through tough times and navigate those risks liable to lead to poor outcomes? Key components of this are strengthening life skills, enhancing self-efficacy, nurturing their creativity and making sure external resources are available when they need to draw on them. It includes acknowledging and building on the positive contribution young people make to society, such as volunteering, working as unpaid carers, and being a source of support to each other. For example, a survey of participants in the National Citizen Service¹² volunteering programme for 16 and 17-year olds found positive outcomes in terms of breaking down social barriers, improving self-esteem and skills development.¹³

This means:

- providing a range of activities for young people including opportunities to participate in local communities
- supporting interventions that build young people's strengths and life skills, rather than just tackling individual health issues
- making sure education is a positive experience for all young people and builds self-esteem
- promoting good employment practice in the youth labour market, and recognising that employers value 'soft skills' such as communication¹⁴
- recognising the specific needs of disadvantaged groups

Reducing health inequalities

We should not let existing health inequalities from earlier childhood continue or worsen during this period. The current generation of young people also faces wider pressures, such as high youth unemployment, increasing debt, and increasing costs of renting or buying accommodation. These can have a negative impact on their health.

This means:

- achieving a balance between providing universal services to all young people (such as school health services) as well as focusing additional resources on vulnerable and marginalised groups
- supporting all young people and their families to use mainstream services, including primary care; and promoting pathways for onward referral into targeted and specialist provision as appropriate
- additional support for those affected by inequalities related to gender, ethnicity, sexual orientation and sexual identity, disability; and those living in care, in the youth justice system, and rural isolation
- reducing the numbers of young people not in education, employment or training¹⁵

Championing integrated services

Exploratory behaviours overlap – for example, early substance use is associated with risky sexual behaviour, antisocial behaviour and academic failure. The overlaps are stronger during adolescence than at earlier or later developmental stages.¹⁶

This is one of the key drivers for services to work effectively together, providing seamless connections so that young people do not have to navigate complex referral systems. Health and education, children's and adult's social care, housing, employment support and youth justice are some of the key services necessary to promote a 'no wrong door' approach. This involves services taking responsibility for effectively referring young people to other sources of help.

This means:

- having a local vision for the health of young people aged 10-24, including the specific needs of vulnerable groups. This should be supported by the health and wellbeing board and included in the joint strategic needs assessment (JSNA) and the joint health and wellbeing strategy¹⁷
- promoting cross-sector approaches by working on integrated models for service delivery, helped by bringing staff from different disciplines together with agreed information sharing protocols
- considering joint commissioning and development of an integrated health and wellbeing offer to young people in your area. The involvement of child and adult services is important as both will be part of the offer
- ensuring young people understand what is available and how they can shape services

"I have never made a complaint because I don't know how. It should be made clearer on how to do it"

#yphhealthbuzz February 2014

Understanding changing health needs as young people develop

To be effective, health and wellbeing services need to acknowledge the different approaches needed for young people of different ages. A 12-year old will require a different approach to a 17-year old, who will again differ from a 23-year old.

Transition points, such as between child and adult services around age 18, entering and leaving local authority care and moving to an adoptive family, are critical times for supporting young people. We need to support the professionals who deliver child services and adult services so that everyone has a shared understanding of the needs of young people.

This means:

- ensuring that local services have arrangements in place to manage transition to adult services safely and in cooperation with young people, using best practice.¹⁸ Particular focus should be given to more vulnerable groups including those in care
- ensuring all sectors have access to local data on young people's health and development (see resources)
- thinking differently about provision depending on age bandings – using five-year age bandings is a way of assessing and addressing the different needs across the 10-24 age group¹⁹
- understanding the demands of the changing world that young people are living in, including the role (positive and negative) played by social media and new technologies
- recognising that building good health behaviours at this life stage can prevent risky behaviour including unsafe sex and builds healthier adults

Delivering accessible, youth friendly services

Standards for youth friendly services are set out in the Department of Health's 'You're Welcome' document.²⁰ Young people want access to objective staff who are empathic, non-judgemental and understanding. They also want to be involved in a meaningful way in designing and commissioning services in a continuous improvement cycle.

This means:

- providing young people friendly services in accessible locations and targeting provision where necessary
- workforce training on confidentiality and communicating with young people (including a focus on the more vulnerable, knowing the lines between safeguarding and confidentiality)
- following young people's lead on the use of social media, developing applications for interactive self-management, texting alerts, etc
- putting mechanisms in place for young people's involvement in all aspects of the service including commissioning and evaluation

"I think that it should be easier to talk to people about health as it can be scary talking to doctors. So I think more needs to be taught on confidentiality to young people so they know when health professionals need to tell on them"

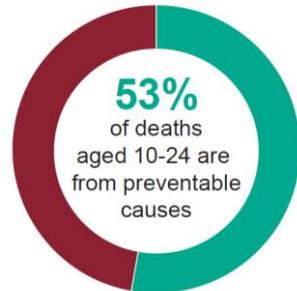
Young people's survey February 2014

Why invest in young people's health?

This section gives some of the reasons why investing in young people's health makes sense in the short and long term. The research we point to shows the impact of health on other aspects of life, including relationships, educational attainment, employment and engagement in society.

Much mortality and morbidity in young people remain preventable:

- mortality among 10-19 year olds is the highest in childhood excluding the new-born period.²¹ Yet the majority of young people's deaths are from external causes that may be preventable, such as road traffic collisions²²
- anxiety disorders are among the most prevalent mental ill health problems affecting adolescents.²³ Helping young people manage crises by bolstering resilience,²⁴ promoting wellbeing and access to a range of talking therapies can reduce anxiety^{25 26}
- for young people this is a period of sexual exploration and exposure to health risks – for example, there were more than 139,000 diagnoses of chlamydia among 15-24 year olds in 2013²⁷



We still have poorer outcomes for our young people than many other high-income nations:

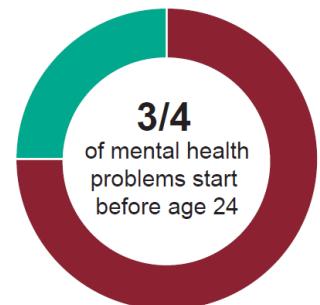
- despite significant reductions since 1998, teenage birth and abortion rates in the UK continue to be among the highest in Europe²⁸
- the proportion of children in the UK drinking alcohol remains well above the European average. We continue to rank among the countries with the highest levels of consumption among those who do drink, and British children are more likely to binge drink or get drunk compared to children in most other European countries. The UK has one of the highest alcohol abuse rates in 11-15 year olds despite the recent downward trends^{29 30}
- unemployment rates for under 25s are not the highest in Europe and have been falling in recent years, but there were still 460,000 unemployed 16-25 year olds actively seeking work between May-July 2014 (16.6%)³¹

Poor health outcomes are more common among the poorest young people and inequalities persist:

- the indicator with the strongest association with under-18 conception rates was the overall deprivation rank for a local authority³²
- young people in the poorest households are three times more likely to have poor mental health than those in wealthier homes³³
- health outcomes are worse for certain groups of young people including those in local authority care and those in the youth justice system
- inequalities based on ethnicity, gender, disability and other factors such as homelessness have profound effects both in the present and into adulthood^{34 35 36}

The consequences of poor health in adolescence last a lifetime and cost us all in the long run:

- more than one in three 11-15 year olds in England are obese or overweight.³⁷ Overweight and obese teenagers are more likely to become overweight adults and to then suffer associated poor health including a significantly increased risk of dying early³⁸
- 14% of boys and only 8% of girls aged 13-15 meet recommended physical activity levels³⁹
- almost two-thirds of adult smokers begin before they are 18.⁴⁰ A report published in 2010 estimated that the social and medical costs of smoking is £13.7bn a year⁴¹
- one in seven young people have chronic long-term health conditions including asthma and diabetes.⁴² Helping them manage their conditions before they become independent and leave home will support their wellbeing, future health and use of services
- 10% of school pupils (5-16 years) suffer from a diagnosable mental health disorder – approximately three children in every class⁴³
- half of all mental illnesses (excluding dementia) start by age 14, three quarters by age 24.⁴⁴ By 2026 it is estimated 8.25 million adults will have at least one of a range of mental health disorders including depression, anxiety and eating disorders but excluding dementia.⁴⁵ Yet we have information on effective interventions for young people's mental health problems⁴⁶
- many young people will go on to become parents. Breaking the cycle of adverse childhood experiences is an important opportunity for public health⁴⁷



Young people are at a life stage when change is possible:

- adolescence is the fastest changing period of development after infancy.⁴⁸ It can represent a crossroads in life and a time of setting new and positive norms. It is an important life stage for intervention

- adolescence is a time of learning and most young people are in education, so it is an ideal time to promote positive health behaviour. Yet this is also a time when services are often seen to fail young people, particularly in the transition to adult services⁴⁹

Brain development
continues up to
age 25

"We need to be taken more seriously – less judgement and no turning us away"

#yphealthbuzz Feb 2014

Identifying the most critical health outcomes

The Children and Young People's Health Outcomes Forum⁵⁰ and the chief medical officer⁵¹ have both looked at how well existing outcomes frameworks work for young people. Below we have set out some of the key public health outcomes for young people. This section is supported by data resources developed by the National Child and Maternal Health Intelligence Network (ChiMat) – see the resources section for more information.

Improving the wider determinants of health:

- **reduce the number of young people living in poverty:** ensure that young people who are unemployed and not in education get the support they need to avoid poverty. Those not in education, employment or training are more likely to be young people who are disabled, were eligible for free school meals or had a baby⁵²
- **provide targeted support for vulnerable groups,** eg, those in local authority care,⁵³ youth custody, care leavers, young carers, homeless young people, asylum seekers or excluded from education and teenage parents. It has been estimated that more than 40% of young people on community service orders have emotional and mental health needs and the prevalence of mental illness among children in custody and in care is higher.⁵⁴
- provide young people in further education and training who have **special educational needs or disabilities (SEND) the same rights and protections** as those for children with SEND under 16⁵⁵
- **target support for parents and families** to those who need most help, recognising their critical role in young people's outcomes, and linking with the Troubled Families programme⁵⁶
- **improve safety:** young people consulted in this report listed safety among their most important concerns.⁵⁷ This includes freedom from sexual exploitation, domestic and interpersonal violence, accidents and psychological safety (including managing social media, bullying and homophobic bullying)

Health improvement:

- **reduce smoking, drinking and drug use:** evidence suggests that some groups of young people facing disadvantage or under particular stress continue to have higher rates of poor health for these risk factors than the general youth population⁵⁸
- **continue to reduce under-18 conceptions:** there are significant variations in conception rates across the country
- **improve sexual health by de-stigmatising asking for advice:** rates of sexually transmitted infections in those aged 15-24 are much higher than in all other age groups⁵⁹ and HIV transmission remains a concern

- **increase levels of physical activity and fitness:** physical activity declines across adolescence, particularly for young women⁶⁰
- **encourage healthy eating and weight, as well as positive body image:** young people need support to improve nutrition (including cooking skills), reduce obesity and prevent eating disorders. The prevalence of obesity and overweight in children aged 10-11 in the poorest households is double that of the most affluent,⁶¹ and there is an association between poor diet and nutrition and obesity with deprivation
- **improve access to mental health services:** this applies across the population but particular attention should be given to more vulnerable groups of young people
- **reduce self-harm and suicide:** surveys and research suggest that between 6%-20% of young people may have self-harmed.⁶² Although suicide is rare and rates are decreasing, it remains a significant cause of death of young people.⁶³ Critically, certain groups of young people may be significantly more at risk of self-harm or suicide, including lesbian, gay, bisexual, transgender and questioning young people⁶⁴
- **encourage health literacy:** knowing where to go and how to ask for help will build resilience and mean that services are used more effectively
- **promote positive self-image:** adolescence is a time of identity development, so promoting positive self-esteem, healthy body image, confident health choices and a sense of belonging will all contribute to wellbeing and resilience
- **support young people with long term conditions** to maintain their independence and good health, with the minimum disruption to their education and learning

Health protection:

- young people are supported to develop the confidence to protect their health, to self-manage wherever possible and seek help when necessary
- champion the recommended vaccination schedule for adolescents, particularly those from marginalised and vulnerable groups. Enlist carers' support in encouraging young people aged 11-18 to have the vaccinations, and design inoculation opportunities around adolescents' use of other services

"If it's something common with my age group, I want to know about it and have advice"

Young people's survey February 2014

Healthcare public health and preventing premature mortality:

- **reduce depression and anxiety:** mental ill health is the largest single cause of disability in the UK.⁶⁵ At any one time, around 5% of young people aged 11-15 have diagnosable emotional disorders such as depression and anxiety⁶⁶
- **manage long-term conditions, chronic disease and disability:** one in seven young people aged 11-15 has a long-term medical illness or disability affecting many aspects of their life.⁶⁷ The transition from child to adult services needs to be carefully planned with the young person

What can we do now to make a difference?

Developing a health and wellbeing offer

The transfer of public health responsibilities to local authorities presents an important opportunity for local areas to improve health and wellbeing outcomes for young people and to reduce inequalities.

Below we set out a recommended health and wellbeing offer to young people. This offer encourages all local areas to tackle the needs of their young people aged 10-24 by promoting good health, preventing poor health and providing targeted services when they are needed – it focuses as much on building resilience as it does on addressing specific health concerns.

Details of the offer will vary locally but it should embrace these central principles and build on what is working well locally:

- a holistic health and wellbeing offer which addresses all factors affecting the young person rather than single health issues
- a focus on prevention as well as intervention
- support to help build their resilience and life skills working with others including schools, families and communities
- provision of appropriate levels of support across universal, targeted and specialist services
- a ‘no wrong door’ service approach so that young people may access or be referred to the service they need regardless of which organisation/service they initially contact
- that staff and organisations are trained and are delivering services in age appropriate, young people friendly settings

Different local authority areas will require different configurations of services for their young people. Below we set out questions that will help local health and wellbeing leaders assess their capability to drive improvement based on the evidence of what works. These questions have been developed with councillors and local authority directors of children services and public health.

Questions for councillors

1. How is the council ensuring that it understands the needs of young people aged 18-24 as well as under 18s? How is it building resilience of young people?

2. To what extent do the different council services (including housing, education, safety and crime prevention, youth services, social care and leisure provision including parks) demonstrate a shared culture of values about supporting positive youth development? What role can you play in this?
3. How effective are the links between the briefs for those leading for children and those leading for adults? How do you know whether young people are making safe transitions between services?
4. Are you confident that your local system has robust safeguarding protocols to ensure that young people are kept safe?
5. As a corporate leader locally, are you making sure that looked after young people, including care leavers, are receiving a high standard of care?
6. Does the council, and its key partners, have a meaningful mechanism for engaging directly with young people, including those most vulnerable to poor outcomes?

Questions for health and wellbeing boards

1. Is the board setting aspirations for health and wellbeing outcomes for young people based on the best performing local authorities? How is it using national and regional comparative benchmarks?
2. How does the joint strategic needs assessment demonstrate a specific focus on 10-24 year olds? Does this include disadvantaged groups such as looked after children, children adopted from care and care leavers? If it doesn't, what plans are there to address this?
3. How is the board assured that services are working together to ensure those vulnerable to poor outcomes or who's safety is at risk, including sexual exploitation, are identified and supported as early as possible?
4. How does the board identify local health inequalities and inequity of provision for this age group and how is it measuring improvement?
5. How is the board assured that there is sufficient investment in youth provision to meet universal, targeted and specialist needs?
6. How do young people help shape the board's plans and review progress?

Questions for commissioners and service providers

1. How are services linked up to each other to ensure that there is a 'no wrong door' approach? How is this tested and how can it be improved?
2. Do health services meet 'You're Welcome' quality standards? Do linked services also meet such standards?
3. Are services provided to meet the physical and mental health needs of the population of looked-after young people, including care leavers and those adopted from care?
4. What services are offered to carers of young people where additional parenting support may be needed?
5. How do carers, young carers and young people (including those most at risk) find out about services in your area? What can you do to extend the take-up of services?
6. How effectively are young people involved in helping to shape the commissioning and delivery of services that best meet their needs?
7. How do commissioners and providers ensure they are using the latest evidence base to inform commissioning, planning and delivery (to maximise use of cost effective interventions, avoid duplication, pool resources and expertise, and allow sectors to learn from each other)?
8. Are you making full use of NICE guidance? (See resources)

Questions for commissioners:

1. How confident are you that your commissioned services are located in the settings most appropriate to the needs of the targeted groups? Are lead commissioners fully conversant with the latest evidence base on young people's health and wellbeing? What sources of data and evidence are you using?
2. When making general decommissioning decisions, is the impact on young people fully considered?
3. Are you making full use of national schemes (like the National Citizen Service, Duke of Edinburgh award scheme, nationally run job schemes, apprenticeship

"I would have been happy with any support but was never told about any other options, unfortunately"

#yphealthbuzz, February 2014

bursaries, and social action programmes) to empower vulnerable young people and offer opportunities for them to be active and productive?

Questions for service providers:

1. Is resilience a part of the conversation about what you want to achieve for young people and do you know how to provide this? If not, where could you get support and training?
2. How is your service connecting with other services locally to support the principle of 'no wrong door'? Are you meeting 'You're Welcome' standards?
3. What is in place to ensure the workforce has the necessary skills, knowledge and understanding to support the varying needs of young people at different ages? Do staff working with young people have training in adolescent health and development?
4. What barriers to data and information sharing exist between partners? How could these barriers be overcome to enable information to be shared more effectively – ensuring timeliness, accuracy, avoiding inappropriate referrals to other services, reducing delays, and protecting confidentiality but also protecting young people from harm including sexual exploitation?
5. Do all services provide health promoting messages as well as reacting to needs?

Questions for all education and learning settings

1. Do you have an accurate assessment of health and wellbeing needs of your population, including identifying those who need extra support? Are schools making use of existing advice, including identifying early mental health problems?^{68 69}
2. How do you influence the commissioning and provision of high quality education setting health services and messages to pupils and students based on your local needs? How is the local authority supporting this work in line with national guidance?⁷⁰
3. How are you ensuring that personal, social and health education (PSHE) and sex and relationships education (SRE) are embedded across the curriculum and culture of the organisation, and is equally about building skills as well as knowledge? Are parents involved as well?

4. How is the school/college helping young people know where to go for health advice and support?
5. Are you making full use of your school, college or university health service both for public health work as well as a first point of contact for young people?
6. How is the school supporting all pupils to meet the recommended levels of physical activity as described by the chief medical officer,⁷¹ and to provide healthy foods on campus?

“Online counselling and resources are amazing right now, this support should be advertised in schools and GP surgeries”

#yphealthbuzz, February 2014,

Conclusion

This framework has shown the importance and benefits of taking a specific focus on young people's health and wellbeing. They have different needs to those younger and older than them.

Promoting and strengthening young people's resilience and ability to cope are just as important as delivering services that deal with problems once they've arisen. This approach builds individual capacity that lasts into adulthood.

Learning from what works, we have seen that an effective approach is to start with a holistic, integrated model of health and wellbeing, without losing focus on the importance of specific health outcomes.

Fairly simple things can be done to change the focus and make the case for investment and we have given examples of these – further information is in the resources section and on our website.

Improving young people's health is a collective endeavour between young people, their families, local leaders, commissioners and providers across the statutory and voluntary sectors. As we move forward we intend to provide more tools to support local areas.

Alongside this publication we have made available additional information for local areas which includes localised data as well as the evidence base – this is available as a topical report at atlas.chimat.org.uk/IAS/dataviews/youngpeopleprofile

"Very often there's no help available until the problem has become totally unmanageable. There isn't help for me to be able to manage things myself and stop health crises"

Young people's survey February 2014

Annex 1

Young people's perspectives on health and wellbeing: results of participation exercises

Importance of young people's participation

There is a growing body of work on young people's participation in the design and delivery of health services. We have drawn on this, and we have also undertaken two specific pieces of participation work to inform the development of the framework. This has included a survey of young people's views on what matters in health and wellbeing, and a series of hosted Twitter 'discussion hours'.

In our own participation work, we have focused on linking with more vulnerable groups, as their voices are often less heard. The Association for Young People's Health (AYPH) facilitates a network of youth participation workers who engage with difficult-to-reach groups such as those affected by sexual exploitation, eating disorders, transgender young people and others. We drew on these contacts to publicise the participation exercises.

Public health services for young people will not work unless they are designed with young people. Understanding young people's views on health and wellbeing and how they like to solve health problems is central to intervening successfully.

A survey of young people's views on what matters in health and health services

A short survey was designed consisting of seven closed questions about health, wellbeing and services, one open-ended question about "anything else you think we should know", and a question about age. The link for the survey was publicised on the AYPH Twitter account, and was retweeted by a number of organisations including the Office of the Children's Commissioner, voluntary organisations in the Department of Health Strategic Partnership, NHS England, etc. It was also sent direct to voluntary sector partners working with young people affected by sexual exploitation.

Fifty-one young people completed the survey, two aged 10-14, 20 aged 15-19, and 29 aged 20-24. We cannot assume they are representative of either young people as a whole or vulnerable young people. However, they all have a view and their answers provide some guidance on what might be useful and important to them. Key results include:

- the most important things about staying healthy were said to be "How I feel", "Staying safe", and "Life at home", all of which were rated as very important (on a four-point scale) by over 60% of respondents
- young people ask for help when they have an issue that they can no longer deal with on their own (50%) or that is negatively affecting their lives (42%)
- the people they feel best understand their health needs are themselves (42%), followed by their doctors (25%)
- older young people (20-24) are stopped from getting help primarily from shame or being judged, and embarrassment. Younger age groups (15-19) were most likely to say they were stopped because they didn't know where to go
- the favourite source of advice on health issues was the internet (61%). Younger groups' second choice was parents (55%). The older group chose friends (52%)
- the older group was most helped by their friends (70%), closely followed by family (67%). The younger group was most helped by family (65%), followed by friends (45%)
- the two most popular activities that helped coping were talking to family (53%) and doing something creative (49%)

A series of Twitter 'discussion hours'

Young people were invited to take part in a series of five live Twitter chats about health, using the hash tag #yphehealthbuzz.

These one-hour weekly online chats took place in the evening in January and February 2014. Young people were asked for their views "for an important new framework to make sure health services meet the needs of young people". The chats were mostly publicised through AYPH's links with youth participation organisations and health system partners. Guidelines for participation were available on the AYPH website at www.ayph-behealthy.org.uk/live-tweet/. In the final session, two representatives from PHE joined the chat. A small number of young people joined in each week.

The discussions were published online each week in a 'storify' bulletin. The main messages were that they:

- felt they had not been taken seriously, especially concerning mental health issues at school or with health professionals
- wanted access to objective staff who were friendly, empathic, non-judgemental, honest and understanding
- valued the contribution of youth workers, and that of community counselling and therapeutic services
- felt there should be more specialist services for young people (eg, substance misuse and services for lesbian, gay and transgender youth)
- encountered unfriendly staff at health service receptions

- valued long-term contact with services for keeping them healthy after they emerged from a crisis
- did not know how to complain or ask to see a different doctor if they were unhappy
- felt there was a lack of provision for under-16s who were seeking help without their parents' consent

In their final message to PHE, one young person said "Asking for help is a massive thing for any young person. But adults seem to see it as a simple task. Please do something about it. It's time that this changed. We need help."

Existing reports on young people's views on health and the health system

Giving a voice to young people in designing and implementing the new health system has been a priority for a number of organisations. Important reports on young people's participation in strategic health decision-making have been published by the Children's Commissioner,⁷² National Children's Bureau,^{73 74} and Department of Health⁷⁵ among others. The majority of these participation exercises draw on young people who are already involved with organisations such as the British Youth Council or existing youth advisory boards or forums. They vary in whether they intend to represent the views of children *and* young people, or just young people.

Other important studies have looked at young people's health concerns, for example, the secondary analyses of messages to the UK-based Teenage Health Freak website.⁷⁶

Bringing together the main messages

The messages from pre-existing work on young people's views of health and services, and from our own small-scale participation work to support the design of the framework, are fairly consistent:

How young people think about health. The importance of:

- overlap between mental and physical health, and the impact of health on other aspects of life (such as college)
- the centrality of relationships in how young people think about health
- the role of families in providing support and advice
- the positive role of peers, particularly around mental health

How they think about services. The importance of:

- confidentiality and a non-judgemental approach
- appreciating the challenge for young people in seeking help

- easy access to generic, accessible community-based services but also topic specific targeted services
- the need to reach out and engage with all young people, including particularly vulnerable groups
- the need for prevention and early intervention, as well as crisis care and follow-up support
- the need to think about young people as a separate group with their own voice and views
- the need to train staff to be young person friendly and provide age appropriate services
- the potential for drawing more on the possibilities of the internet and social media

Annex 2

Resources

The National Child and Maternal Health Intelligence Network's Knowledge Hub – Young People provides easy access to a range of information, evidence and knowledge relating to all aspects of young people's health: www.chimat.org.uk/youngpeople

Young people's profiles for local authorities and for England are at atlas.chimat.org.uk/IAS/dataviews/youngpeopleprofile

This includes links to benchmarking data, local profiling on adolescent health indicators and links to Public Health Outcomes Frameworks and NHS Mandates. All other resources from the ChiMat Health Intelligence Network are at www.chimat.org.uk/youngpeople

PHE has a dedicated schools page on the www.nhs.uk/C4LSchools which hosts all our C4L resources for schools. We also have a Campaign Resource Centre which has materials and information on all our campaigns including the youth programme, which is www.campaigns.dh.gov.uk/category/youth-health/

PHE has produced a young people's substance misuse: JSNA support pack www.nta.nhs.uk/healthcare-JSNA.aspx

The **Association for Young People's Health** has a resources section at www.youngpeopleshealth.org.uk/3/resources/

The **Local Government Association** has a dedicated web resource for children and young people's health at www.local.gov.uk/childrens-health and a specific commitment to children and young people at www.local.gov.uk/documents/10180/5854661/Our+ambition+for+children+and+young+people+publication.pdf/5b859db0-792e-4b9c-b8ab-a6804455a5ef

The **Department of Health** has produced a series of tools and other professional guidance for nurses and health professionals who work with school aged children and young people: www.gov.uk/government/collections/developing-the-public-health-contribution-of-nurses-and-midwives-tools-and-models.

The **Big Lottery Fund** is piloting new service models to improve mental health and resilience of 10-14 year olds through its Fulfilling Lives: HeadStart programme: www.biglotteryfund.org.uk/global-content/programmes/england/fulfilling-lives-headstart

- ¹ ONS (2012) *Population Estimates for England and Wales, Mid-2012*. England only Table 4 accessed at: www.ons.gov.uk/ons/publications/re-reference-tables.html?edition=tcm%3A77-310118
- ² Age band 10-24 based on the UNICEF definition of 'young people' and the recommendation from the Chief Medical Officer (2013) *Prevention pays: Our children deserve better*. London: Department of Health
- ³ Term here used as general wellbeing: see Department of Health (2014) *Chief Medical Officer's Annual Report 2013 – Appendix 1*. London
- ⁴ See Annex 1
- ⁵ Sapienza, J.K. and Masters, A.S (2011) cited in DH (2014) Annual Report of the Chief Medical Officer. Op cit
- ⁶ WHO (2014) *Health for the World's Adolescents – a second chance in the second decade*. Geneva: WHO
- ⁷ See Annex 1
- ⁸ Department of Health (2013) *Maximising the school nursing team contribution to the public health of school aged children*.
- ⁹ ESRC (April 2014) *Evidence Briefing – The long term cost of bullying* Swindon
- ¹⁰ Ofsted (2014) *The sexual exploitation of children: It couldn't happen here could it?* Accessed at www.gov.uk/government/publications/sexual-exploitation-of-children-ofsted-thematic-report
- ¹¹ Department for Education (2014) *Mental health and behaviour in schools*. London
- ¹² National Citizen Service www.ncsyes.co.uk/
- ¹³ Natcen Social Research (2013) *Evaluation of National Citizen Service* London
- ¹⁴ Demos (2011) *The forgotten half*. London www.demos.co.uk/files/The_Forgotten_Half_-_web.pdf?1300105344
- ¹⁵ IHE and PHE (2014) *Reducing the number of young people not in education, training and employment*.
- ¹⁶ Hawkins, J. D., and K. Monahan (2009) *Adolescent behavior, risk-taking, and public policy*. Presentation at the Workshop on Understanding and Preventing Adolescent Risk Behaviour: Integrating Findings Across Domains of Influence, National Academies, Washington, DC.
- ¹⁷ Children and Young People's Mental Health Coalition (2013) *Overlooked and Forgotten*
- ¹⁸ Royal College of Nurses (2013) *Lost in Transition – moving young people between child and adult health services*. London:RCN acccessedSeptember 2014 at www.rcn.org.uk/__data/assets/pdf_file/0010/157879/003227_WEB.pdf
- ¹⁹ 5 year age bands recommended by the Children and Young People's Health Outcomes Forum 2012 report
- ²⁰ Department of Health (2011) *Quality criteria for young people friendly health service*. Accessed at: www.gov.uk/government/publications/quality-criteria-for-young-people-friendly-health-services
- ²¹ Viner R (2013) Chapter 8; Lifestage Adolescence, in Chief Medical Officer Annual Report: Our children deserve better - prevention pays. London DH
- ²² Patton et al (2012) Health of the world's adolescents: a synthesis of internationally comparative data. *Lancet*, 379, 1665-1675
- ²³ Green et al (2005) *Mental health of children and young people in Great Britain 2004*. London: ONS
- ²⁴ Department of Health (2014) *Annual report of the Chief Medical Offier, 2013: Public Mental Health Priorities – Investing in the evidence*. London
- ²⁵ NICE Guidelines CG28 at www.nice.org.uk/guidance/CG28
- ²⁶ All Party Parliamentary Group (2014) *Character and Resilience Manifesto*. London
- ²⁷ PHE (2014) Table 1.1 at www.chlamydiascreening.nhs.uk/ps/resources/data-tables/CTAD%20Data%20Tables%202013%20Annual%20data%20%20for%20publication_FINAL130614.pdf
- ²⁸ Eurostat. Population, Demography, Fertility www.epp.eurostat.ec.europa.eu/portal/page/portal/statistics/search_database Accessed on: 01/07/2014
- ²⁹ Hagell, Aldridge, Meier, Millar, Symonds and Donmall (2013) Trends in adolescent substance use and their implications for understanding trends in mental health. In Hagell A (Ed) *Changing Adolescence: Social trends and mental health*. Bristol: Policy Press
- ³⁰ Hibell B, Guttormson U, Ahlstrom S, et al (2012) *The 2011 ESPAD report: substance use among students in 36 European countries*
- ³¹ ONS (2014) *Statistical Bulletin Young People Not in Education, Employment or Training – August 2014*. London
- ³² www.ons.gov.uk/ons/rel/regional-trends/area-based-analysis/conceptions-deprivation-analysis-toolkit/conceptions-deprivation-measures--2009-11.html
- ³³ Murali V and Oyebode F (2004) *Poverty, social inequality and mental health*. *Advances in Psychiatric Treatment*, 10, 216-224
- ³⁴ Department of Health (2009) *Statutory guidance on improving the health and wellbeing of looked after children*. London: DH
- ³⁵ Department of Health (2012) *Healthy Children, Safer Communities* London: DH

- ³⁶ Depaul UK (2013) *Making it matter: improving the health of young homeless people - Putting it into practice: help and guidance for commissioners, health and wellbeing boards and providers*. Available from: www.depauluk.org/_uploads/documents/research-publications-and-reports/putting-it-into-practice-final.pdf
- ³⁷ PHE (2014) Child Weight Key Data Factsheet www.noo.org.uk/NOO_pub/Key_data -2nd factsheet in series – see Table 2
- ³⁸ Singh, A. et al (2008) *Tracking of childhood overweight into adulthood: a systematic review of the literature*. In *Obesity Reviews* (9: 478-488)
- ³⁹ PHE (2014) *Child Physical Activity Key Data Factsheet* www.noo.org.uk/NOO_pub/Key_data -6th factsheet in series – see Figure 1
- ⁴⁰ HSCIC (2012) Statistics on Smoking in England 2012. London: HSCIC
- ⁴¹ Nash, R. and Featherstone, H.(2010) *Cough up: Balancing tobacco income and costs in society*. London: Policy Exchange
- ⁴² Brook F et al (2011) *HBSC England National Report: Health Behaviour in School Aged Children (HBSC) World Health Organisation Collaborative Cross National Study*. Hatfield: University of Hertfordshire
- ⁴³ Green, H., McGinnity, A., Meltzer, H., et al. (2005). *Mental health of children and young people in Great Britain 2004*. London: Palgrave
- ⁴⁴ Kessler R et al (2005) *Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the National Comorbidity Survey Replication*. *Arch Gen Psychiatry*, 62, 593-602
- ⁴⁵ King's Fund (2008) *Paying the price – the cost of providing mental health care in England to 2026*. London
- ⁴⁶ Chief Medical Officer (2013) *Annual Report 2012 – Our children deserve better – prevention pays*. London: DH
- ⁴⁷ Bellis et al (2014) *National household survey of adverse childhood experiences and their relationships with resilience to health-harming behaviours in England*. *BMC Medicine*
- ⁴⁸ Coleman J (2011) *Nature of Adolescence*. Routledge: Sussex
- ⁴⁹ Singh et al (2010) *Process, outcome and experience of transition from child to adult mental healthcare: multiperspective study*. *British Journal of Psychiatry*, 197, 305-312
- ⁵⁰ Children and Young People's Health Outcomes Forum
www.webarchive.nationalarchives.gov.uk/20130805112926/
www.gov.uk/government/uploads/system/uploads/attachment_data/file/216852/cyp-report.pdf
- ⁵¹ Chief Medical Officer (2013) *Annual Report 2012 – Our children deserve better – prevention pays*. London: DH
- ⁵² Department for Education (2011) *Longitudinal Study of Young People in England*. London
- ⁵³ Association of Directors of Children's Services (2013) *What is Care for - Alternative Models of Care for Adolescents*
- ⁵⁴ Newman R et al (2012) *Turning young lives around*. Prison Reform Trust / Young Minds
- ⁵⁵ Department for Education (2014) *Increasing options and improving provision for children with special educational needs (SEN)*. London
- ⁵⁶ Department for Communities and Local Government (2014) *Health bulletin on troubled families*. London
- ⁵⁷ See Annex 1
- ⁵⁸ Howe L, Lawlor D and Propper C (2012) *Trajectories of socioeconomic inequalities in health, behaviours and academic achievement across childhood and adolescence*. *Epidemiol Community Health* 67, 358-364
- ⁵⁹ PHE (2014) *Health Protection Report Vol.8 No.24*
www.gov.uk/government/uploads/system/uploads/attachment_data/file/345181/Volume_8_number_24_hpr2414_A_A_stis.pdf
- ⁶⁰ PHE (2014) *Everybody Active, Every day: an evidence-based approach to physical activity*. London
- ⁶¹ PHE (2013) *Social and economic inequalities in diet and physical activity*. London
- ⁶² AYPH (2013) *Self-harm and suicide*. London: AYPH
- ⁶³ Windfuhr K, et al (2013) *Suicides and accidental deaths in children and adolescents*. *Arch Dis Child* 2013
- ⁶⁴ METRO Youth Chances (2014) *Youth Chances Summary of First Findings: the experience of LGBTQ young people in England*. London: METRO
- ⁶⁵ Department of Health (2011) *Mental health promotion and mental illness prevention: the economic case*. London
- ⁶⁶ Green et al (2005) *Mental health of children and young people in Great Britain 2004*. London: ONS
- ⁶⁷ Brooks F et al (2011) *HBSC England National Report: Health Behaviour in School Aged Children (HBSC) World Health Organisation Collaborative Cross National Study*. Hatfield: University of Hertfordshire
- ⁶⁸ Department for Education (2014) *Mental health and behaviour in schools*. London
- ⁶⁹ Department of Health (2013) *School health service: briefing for councillors*. Accessed at school-health-service-briefing-for-local-council-members
- ⁷⁰ Department of Health (2014)
www.gov.uk/government/uploads/system/uploads/attachment_data/file/303769/Service_specifications.pdf
- ⁷¹ PHE (2014) *Everybody Active, Every day: an evidence-based approach to physical activity*. London

⁷² Office of the Children's Commissioner (2013) *We would like to make a change: Children and young people's participation in strategic health decision-making*. London: OCC

⁷³ NCB (2010) *'Nothing about us, without us? Young people and the future of the NHS*. London: NCB

⁷⁴ NCB (2011) *Healthy Lives, Healthy People: Young people's views on being well and the future of public health*. London: NCB

⁷⁵ Department of Health (2012) *Getting it right for children, young people and families: Maximising the contribution of the school nursing team: Vision and call to action*. London: DH

⁷⁶ University of Nottingham (2012) *Am I Normal? What adolescents want to know about health?* Nottingham: University of Nottingham