

CHAPTER 1: Introduction

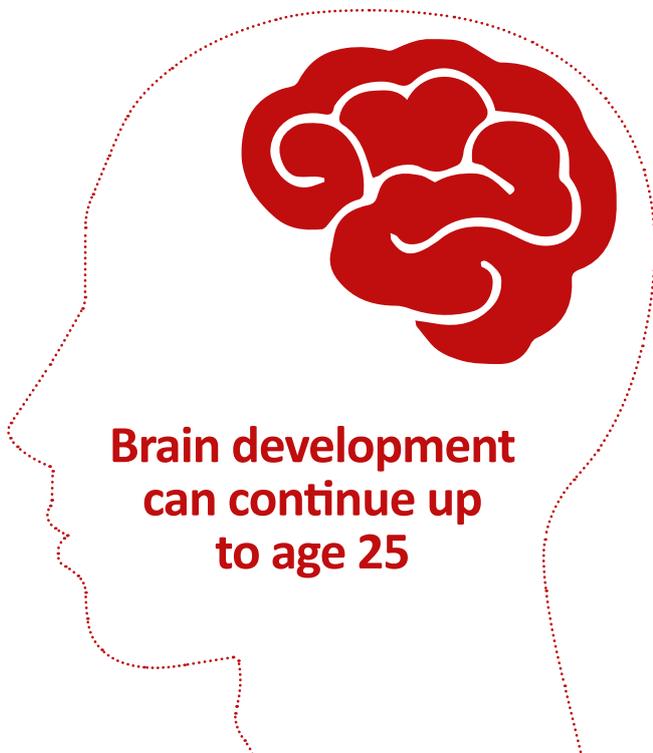
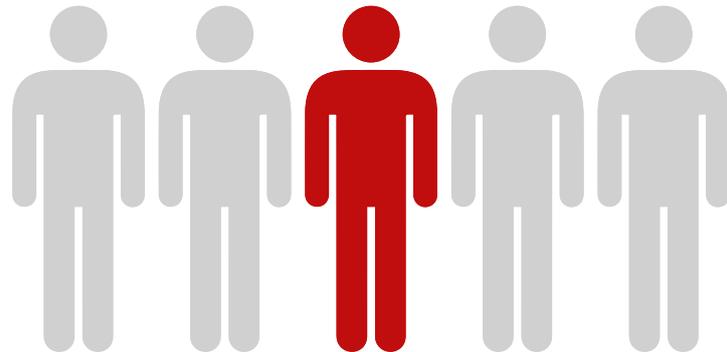
Definitions



Peak age for puberty
in the UK



One in five of the population
is aged 10-24



11.7m

young people in the UK
aged between 10 and 24

The effects of poor
health care in
adolescence can
last a lifetime

Introduction

The transition from childhood to adulthood is an important, fascinating period of life. Young people between the ages of 10 and 24 need particular support and special services, particularly those who may be marginalised. They have different patterns of need from younger children or 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 get an overview of what they need to reach their full potential and the services that need to be commissioned. *Key Data on Young People* (KDYP) brings together all the robust and representative information we can find to get a full impression of young people in the United Kingdom (UK).

The 'Key Data on Young People' series

This is the 11th edition of the biennial publication previously entitled *Key Data on Adolescence*. The first was published in 1997 by the Trust for the Study of Adolescence. That first publication represented a ground breaking attempt to pull together essential descriptive information about the lives and wellbeing of young people in the UK, separated out from the data on younger children or adults. Twenty years have passed since the first edition 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. And young people's lives are constantly changing so we try to distil data on the longer term trends as well as the current situation. Partly as a response to differences in how we think about the age group, with growing interest in young people into their early 20s, we have retitled the publication *Key Data on Young People* (KDYP).

KDYP is a collaborative exercise and all the volumes have involved contributions from a number of organisations. *KDYP* is currently produced by the Association for Young People's Health (AYPH). This edition was generously funded by the Health Foundation, as part of their inquiry into youth health. The Health Foundation is an independent charity committed to bringing about better health and health care for people in the UK.

Every new edition of *KDYP* is revised to reflect current interests and concerns about young people's health. In this edition we have added a chapter on inequalities in health, highlighting groups of young people whose health may need extra resources and investment. This may be for reasons to do with deprivation, but also may arise from the impact of adverse childhood experiences or the overlap between physical and mental health. In this edition there are also new sections on sexual identity, bullying, and learning disability. Where possible we have focused on the relevant drivers in the Public Health Outcomes Framework and the NHS Outcomes Framework (PHE, 2016; Department of Health, 2016).

Why does *Key Data on Young People* go up to age 24?

The data presented in this publication relate primarily to young people in the second decade of their lives, aged between 10 and 20. However, with an increasingly elongated transition into adulthood and the challenge of transitions from children's services into adult services, and from one stage of education to another, it has been important where possible to extend this range to age 24. It is important to cover the distinct needs of young adults as well as younger adolescents, a point becoming more widely acknowledged (for example, Chief Medical Officer for England, 2012). These age bandings map on to the United Nations General Assembly, Unicef, and World Health Organisation

definitions of adolescence (10-19 years), youth (15-24 years) and young people (10-24 years) (Unicef 2011).

There is a growing awareness of the supports needed while making the shift to taking responsibility for personal health care, particularly for those with longterm conditions. Although there remain important challenges in the transition from child services to adult services in healthcare, more and more agencies appreciate that age 18 is not a magic marker for adult status. For example, in 2014 in England, significant legal reform obliged local authorities to support every young person who wanted to stay in foster care until their 21st birthday, extending this up from age 18.

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 all represent a snapshot for a group of people who are constantly changing. Some have support to help them make these transitions with ease – 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.

The adolescent years (usually taken to be 10-19) are a particularly fast time of change, including:

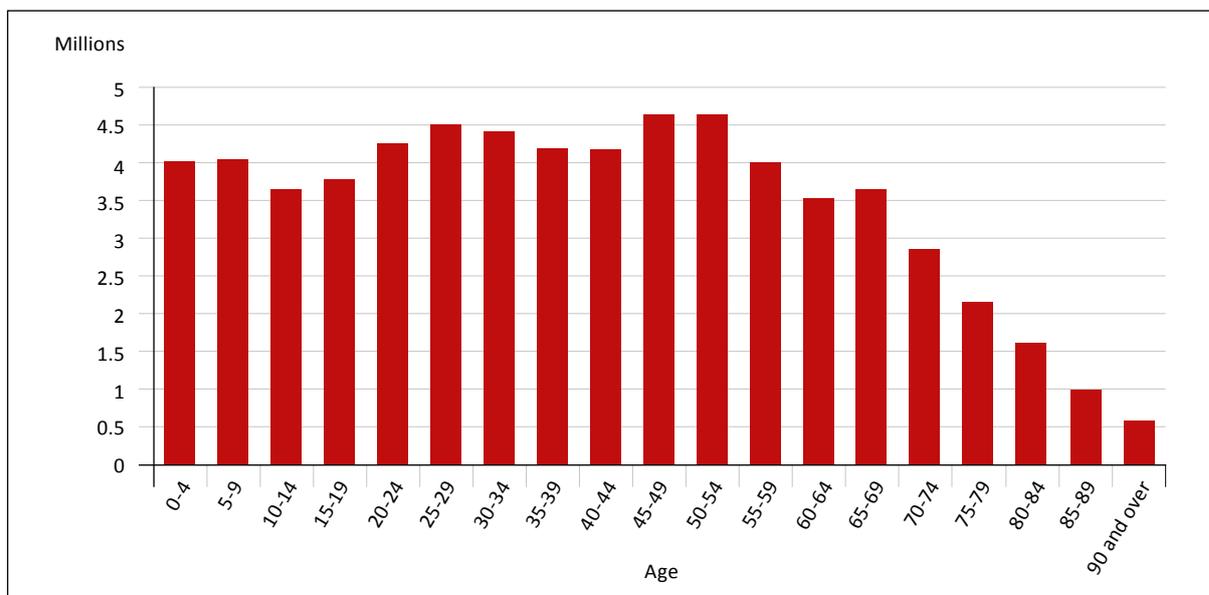
- **Physical development.** The three or four years of pubertal development include a growth spurt, maturing of the reproductive organs, development of secondary sex characteristics and menarche in girls. There is wide individual variation in the timing of the start and completion of puberty. Generally, evidence suggests a peak age of puberty in the UK of around 12-13 years for girls, and 13-14 for boys (Patton and Viner, 2007).
- **Cognitive development.** 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. During their second decade, young people become better at weighing up risk, learning from experience, moral thinking, political thought and at controlling impulses (Coleman, 2011; Steinberg, 2005). There are important ongoing changes to the ‘social brain’, the part of the brain driving understanding and interacting with others (Blakemore, 2011).
- **Emotional development.** Key tasks of adolescence 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, 2010). Young people start to develop a sexual identity and to seek more relationships outside the family.
- **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.

However it does not all stop at age 19. Development on all these fronts continue long into the 20s. The transition to adulthood is more elongated and varied now than in the past (Arnett, 2004). There is evidence from MRI scans that brain development continues up to age 25 (Giedd, 2004). Many major social transitions occur in the early 20s. The average age of leaving home, for example, falls at around 24 years. Through their late teens and early 20s young people renegotiate their relationships with their parents and caregivers, build their peer network, and find ways to become financially self-supporting.

Population of young people in the UK

Young people form a significant proportion of the population. **Chart 1.1** shows that of the UK population in 2016, 7.4 million were 10-19 year olds, and 11.7 million were 10-24 year olds. There were slightly more aged 20-24 and 15-19 than aged 10-14.

Chart 1.1: Usual resident population in the UK, by five-year age groups, 2016

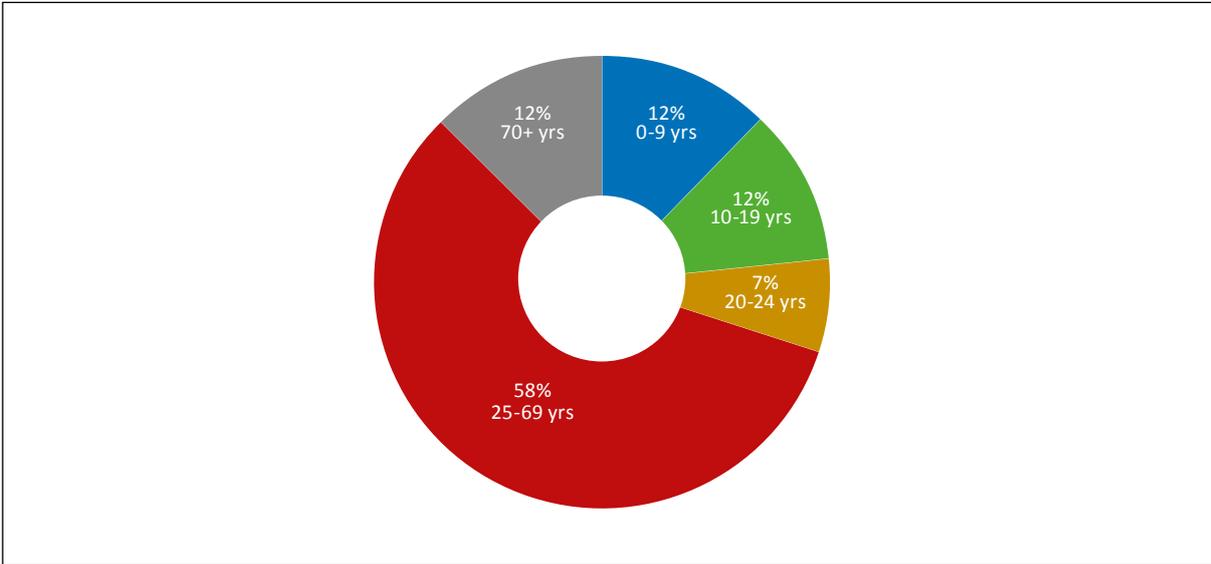


Source: Office for National Statistics (2017) Annual mid-year population estimates: 2016 [DOWNLOAD DATA](#)

As **Chart 1.2** illustrates, young people aged 10-19 years old represent 12% of the total population of the UK, the same as the proportion aged 0-9. If we include those up to age 24, those aged 10-24 account for 19% of the population. We hear a lot about the increasing numbers of elderly people in the UK but the proportion of over-70s is also 12% – the same as 10-19s, and considerably smaller than the 19% for 10-24 year olds.

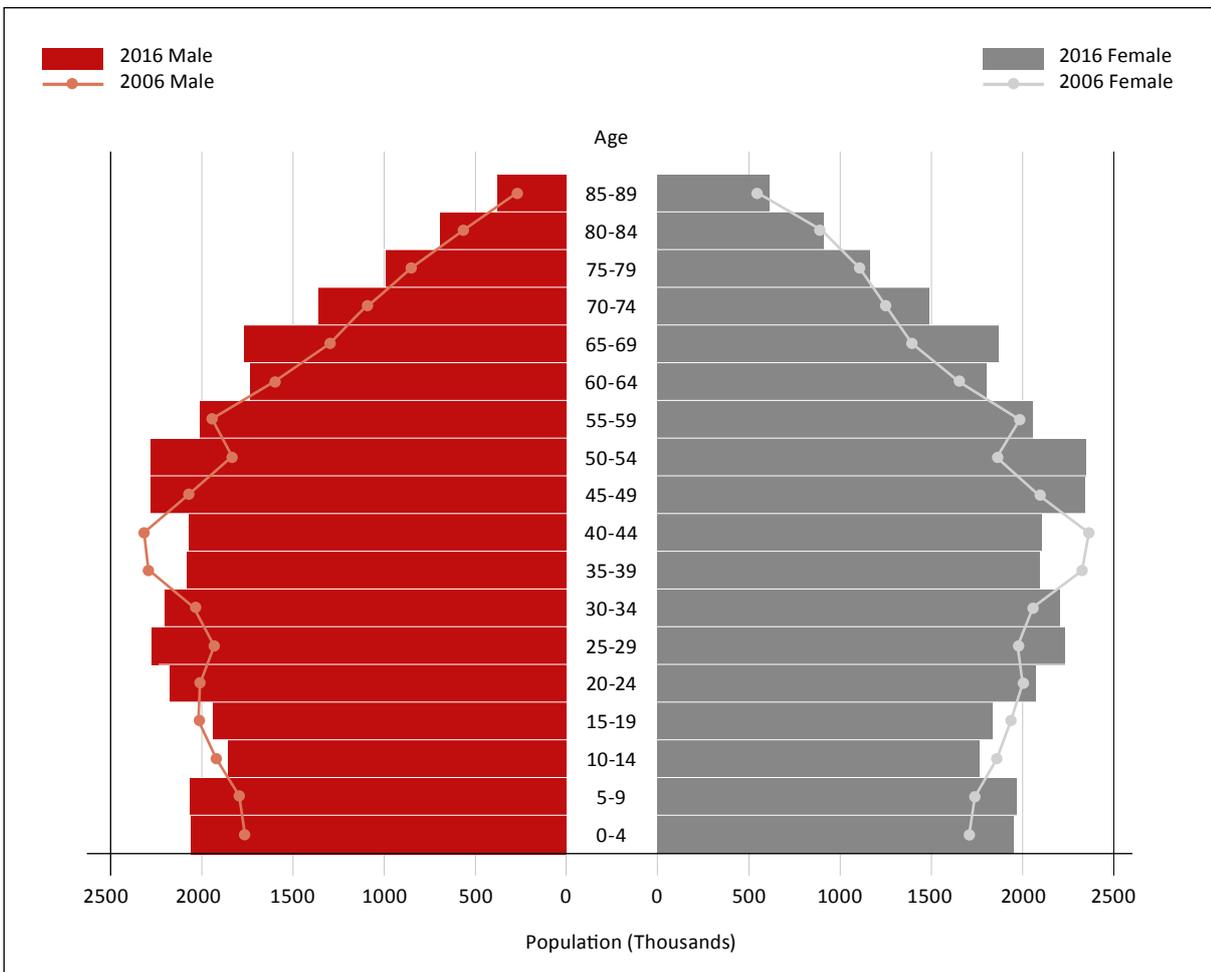
Chart 1.3 presents the recent historical trend in population of England and Wales, plotting the 2005 population figures against the current population pyramid from the 2015 population estimates. Adolescents may represent a falling proportion of the whole population because of extended longevity in older groups. But it is important to note there are still as many young people in absolute numbers as there were 10 years ago and there will be similar numbers in the next 10 years. In fact the numbers of 0-4 and 5-9 year olds have expanded in recent years, and will push through into adolescent services in the next ten years. This has clear implications for service delivery needs.

Chart 1.2: Proportion of population accounted for by different age groups in the UK, 2016



Source: Office for National Statistics (2017). Annual mid-year population estimates: 2016 [DOWNLOAD DATA](#)

Chart 1.3: Population in the UK, by age and gender, 2006 and 2016



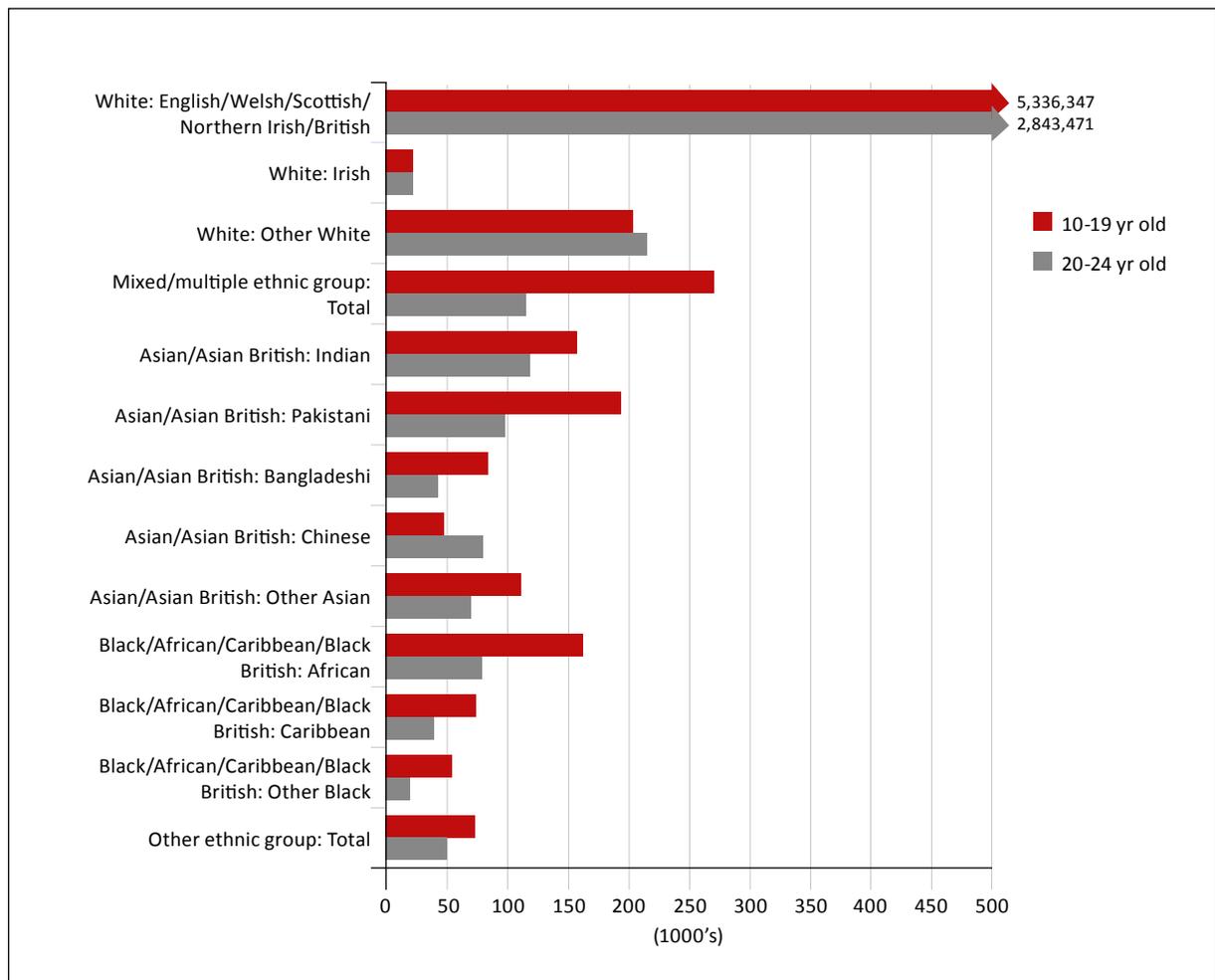
Source: Office for National Statistics (2017) Annual mid-year population estimates: 2016 [DOWNLOAD DATA](#)

Chart 1.3 also shows the population distribution separately by gender. In the 10-19 age group there are 95 girls for every 100 boys. By the time the population is aged 70 and above, this has shifted to 122 women for every 100 men.

In the population as a whole there are more young people from ethnic minority groups than older people from these groups. Overall, the proportion of the population of England and Wales who classified themselves in a group other than white British is 19.5% (Office for National Statistics, 2012). These data have not been updated since the 2011 census.

Chart 1.4 shows the ethnic group of all those aged 10-19 in England and Wales, again from the 2011 census. Overall the proportion of this age group who classified themselves as not being white British was 21.5%. Younger people are more likely to come from ethnic minorities than older people.

Chart 1.4: Ethnic group of those aged 10-19 years in England and Wales, 2011



Source: Office for National Statistics, census data 2011 [DOWNLOAD DATA](#)

Reasons for investing in young people's health

Health is important at all ages, but we need a strong voice for young people's health to ensure that adequate resources go to adolescence and young adulthood. Good health for young people is central to their wellbeing, and forms the bedrock for good health in later life. The box presents a number of critical reasons for investing in young people's health including:

Reasons to invest in young people's health

- The first signs of many serious longterm conditions emerge at this age, including three quarters of lifetime psychiatric disorders
- Adolescence is a time when risk taking behaviours begin and life-long health behaviours are set in place
- Adolescent health is not improving enough compared to other age groups
- Ignoring chronic adolescent disease costs money for many years into the future
- Young people say they are not getting the health services or information they require, and their accounts are often less positive than those of other age groups
- The effects of poor healthcare in adolescence can last a lifetime so it is critical to get it right at this time
- Investing in adolescent wellbeing has benefits that extend well beyond health into many other aspects of life

Source: Association for Young People's Health (2017)

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

Overview of data sources

There is a wealth of data about young people from decades of research around the world. The countries of the UK have undertaken repeated national surveys such as the census, the Health Survey for England, the Labour Force Survey, and the Annual Population Survey. But there are fewer large scale data sets that tell us about adolescent experiences across all of the UK's constituent countries.

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 the sources in all cases and we say if we have reservations about generalising from 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 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 is available for free download from AYPH's website, where users will find hyperlinks to all key documents, and the facility to download Excel spreadsheets containing the original data on which the charts are based. A PowerPoint slide set of all the charts in the report is also available for 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, and much more (www.youngpeopleshealth.org.uk/resources).

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