

## Scottish Parliament – Inquiry into the Health and Wellbeing of Children and Young People

### AYPH consultation response, December 2021

- **What are the key issues around health and wellbeing for children and young people in Scotland?**

At the Association for Young People's Health (AYPH), our vision is for all young people to have the best possible health and equal access to high quality youth friendly services. Our work focuses specifically on the 10-25 age group, representing the transitional period of life experienced by young people and adolescents. We recommend that the Scottish Parliament's Health, Social Care and Sport Committee recognise the unique health needs and experiences of young people within their inquiry.

Our youth health data hub website, *Key Data for Young People*, compiles a range of relevant data sources relating to young people's health and their wider life circumstances. Some data is UK-wide, but the key issues that emerge overlap across the four nations and are applicable to Scotland. In our summary report, we draw a number of relevant conclusions relating to the key issues for young people's health and wellbeing:

- **There are many positive trends in young people's health** – for example, there have been reductions over time in the number of young people smoking and falling pregnant.
- **Social factors are critical to youth health** – there are a number of worrying health inequalities trends within the data, including an increasing gap between the percentages of overweight / obese young people in deprived areas compared to young people in affluent areas. We are concerned about the number of homeless young people and young people claiming free school meals.
- **There are serious concerns about young people's mental health** – we are worried about rising trends in mental health rates that does not match with the capacity of mental health services to provide care for young people, causing an increase in waiting times for services and support.
- **We can do more to reduce youth mortality** – most deaths in young people are preventable, including from suicide, violence or accidents, and measures can be put in place to reduce these mortality rates.
- **Young people need youth friendly health services** – young people visit primary health care services regularly, despite often being seen as a "healthy" population group. Two thirds of young people aged 14-15 have visited their doctor in the past 6 months. However, young people are more likely to report negative experiences, such as poor communication, which can potentially have lifelong impacts on young people's engagement with services.
- **Policy changes makes a difference to youth health** – national policies and strategies (such as teenage pregnancy, smoking bans, sugar taxation) can have positive influences on young people's health outcomes. We have also seen the reverse of this where lack of policy investment has had negative impacts, such as reduced funding for youth services resulting in closures of youth clubs that provide valuable support to young people.
- **We still do not have all the data we need** – data on young people's health is often not broken down by age, ethnicity and deprivation which means that we do not have a full picture of health inequalities experienced by young people. We also do not have data on some of the most common health conditions young people face, such as acne, headaches and migraines.

We encourage the Committee to explore our data hub and the specific data relating to the Scottish context. Another excellent resource on young people's health and life in Scotland is the Health Behaviour in School Aged Children Survey (HBSC). The latest data from 2018 points to a number of key issues for young people's health and wellbeing:

- Less than one in five (17%) of adolescents in Scotland meet the current physical activity recommendations
- Just over a third of adolescents reported eating fruit (35%) or vegetables (36%) every day, while one in four (27%) eat sweets or chocolates every day
- Wellbeing and self-reported life satisfaction declines for young people as they age, with levels of confidence reported in 2018 the lowest seen in 24 years
- The most common health complaints reported by young people were sleep difficulties, feeling nervous and feeling irritable
- One in four young people said that they had been discriminated against based on their gender

We also know that young people have been disproportionately impacted by the Covid-19 pandemic. They have faced huge upheavals to education, examinations and university experiences; high rates of furlough and redundancy; and indications of increased loneliness and poor wellbeing. The full impact on young people's outcomes is not yet known, as many issues will take time to become fully visible. We have written in more detail about the impact of Covid-19 on young people in the UK in our briefing paper, linked below.

Different groups of young people have had unequal experiences of the pandemic. We worked with young carers, LGBTQ+ young people, and young people who identify as Gypsy, Roma or Traveller to find out more about their experiences. They highlighted how social factors and context can have a huge impact on health and the ability to access health services. For example, being at home for prolonged periods of time can provide positive and safe spaces for some but the opposite for others.

*References:*

<https://www.youngpeopleshealth.org.uk/>

<https://ayph-youthhealthdata.org.uk/key-data/>

[https://ayph-youthhealthdata.org.uk/wp-content/uploads/2021/11/KDYP\\_OverviewAndPolicyImplications.pdf](https://ayph-youthhealthdata.org.uk/wp-content/uploads/2021/11/KDYP_OverviewAndPolicyImplications.pdf)

<http://www.hbsc.org/membership/countries/scotland.html>

<https://www.youngpeopleshealth.org.uk/young-people-and-covid-19-where-are-we-up-to-2>

<https://www.youngpeopleshealth.org.uk/what-challenges-have-young-people-who-face-inequalities-experienced-during-the-covid-19-lockdown>

- **What are the current challenges with improving the health and wellbeing of children and young people over the next 5 years?**

One of the main challenges for improving the health and wellbeing of young people is the growing health inequalities experienced by different groups of young people. We recommend that the Committee approach young people's health and wellbeing outcomes through a health inequalities lens, to consider the increasingly divergent health outcomes for different groups of young people.

At the Association for Young People's Health, we are committed to producing guidance and resources that support the reduction of young people's health inequalities, through our dedicated Health Inequalities Programme. We would welcome an opportunity to work with the Committee on how the challenge of young people's health inequalities in Scotland could be best tackled. Please contact: [rachael@youngpeopleshealth.org.uk](mailto:rachael@youngpeopleshealth.org.uk)

When considering inequalities, it is important to recognise and acknowledge the different experiences of different groups of young people. We recommend using the lists of protected characteristics and inclusion health groups to inform this approach, as these jointly represent a range of groups and experiences.

Protected characteristics:

- Age
- Disability
- Gender reassignment
- Marriage and civil partnership
- Pregnancy and maternity
- Race
- Religion or belief
- Sex
- Sexual orientation

Inclusion health groups:

- Poverty and financial hardship
- Homelessness and insecure accommodation (including Gypsy / Traveller)
- Understanding the system (language barriers, learning disabilities, mental health barriers)
- Refugees, asylum seekers and migrants
- Criminal justice system
- Unable to access services as a result of abuse (domestic abuse, modern slavery, trafficking)
- Ill health (physical or mental)
- Those who are marginalised or feel stigmatised (gender, LGBT, HIV positive)

It is also important to acknowledge that any interventions taken in the present to improve young people's health and wellbeing could take a considerable length of time to see positive trends or changes within the data. The impact of preventative and early intervention work in youth is vital but will not be seen in short term periods. We recommend that the Committee takes a view that is broader than the upcoming five year period when thinking about the challenges within children and young people's health.

*References:*

<https://www.youngpeopleshealth.org.uk/health-inequalities-programme>

<https://www.equalityhumanrights.com/en/equality-act/protected-characteristics>

<https://www.gov.uk/government/publications/inclusion-health-applying-all-our-health/inclusion-health-applying-all-our-health>

## **What offers the best opportunity for improving the health and wellbeing of children and young people over the next 5 years?**

The best opportunity for improving the health and wellbeing of young people lies in addressing the health inequalities experienced by different groups of young people. As part of our dedicated programme of work looking at young people's health inequalities, we have developed a conceptual model of the causes, inputs and outcomes that influence the likelihood of young people having poorer health compared to their peers. Through this modelling, we have identified specific "levers" whereby "social determinants" are translated into health status. The process identifies specific intervention points where action and resources should be targeted to make a difference to improve young people's health. We will discuss each of these intervention points below.

### **Accessing services and support**

Young people from disadvantaged backgrounds are more likely to face barriers to accessing support services that they require. Delayed access to care and support can worsen health outcomes and prevent opportunities to intervene early. We take a holistic view to young people's needs, so it is important that services view young people's lives in the whole and do not just focus on their health and wellbeing. We support models of care that reach young people where they already are in their local communities. Our suggested interventions:

- Holistic health, wellbeing and advice services that are co-designed with young people and receive youth friendly accreditation.
- Multidisciplinary professional teams are co-located within one service (e.g. youth services, mental health and physical health). An example of where this has worked particularly well is Healthspot service within Spotlight in Tower Hamlets, London.
- Investment in the delivery of youth social prescribing programmes.

### **Experience of services and support**

This point links to our first point on accessing youth friendly services. Young people's experiences of services will impact on their likelihood of trusting and re-engaging with services throughout their life. It will also impact on their self-management techniques of their health conditions. Young people frequently tell us that communication with professionals is poor and that they do not feel listened to or respected. Our suggested interventions:

- Training for health professionals on how to communicate effectively with young people.
- Quality standards for youth friendly health services that are co-produced with young people, such as the refreshed version of the You're Welcome standards.

### **Health behaviours**

Health behaviours are a result of the environment in which young people live in. Interventions should promote healthy places, which consider the social determinants of health. We would like to see a focus on health promotion behaviours (such as diet and exercise), rather than a focus on "risky" health behaviours (such as substance misuse). Our suggested interventions:

- Increased access to good quality housing, green / outdoor spaces, cycle lanes and youth friendly transport.
- Supporting schools to deliver age appropriate health education to improve young people's health literacy.

## Relationships with others

Trusting relationships with professionals and adults can impact young people's health outcomes. But not all young people have positive relationships or role models, which reinforces the importance of professionals providing positive experiences for all young people. Some groups of young people will require targeted interventions and support, such as care experienced young people. Young people's health is also likely to be impacted by the health and wellbeing of their parents / carers and siblings, so interventions should take a whole-family approach. Our suggested interventions:

- Consider specifically the needs of young people from inclusion health groups and with protected characteristics, to provide targeted support measures.
- Adopt and promote whole-family packages of care.

Underpinning this model, we recommend investment in public health services that young people already engage with young people in their communities. This includes youth clubs / services, sexual health services, smoking cessation services and violence reduction units. Public health teams play a vital role in young people's health promotion.

### References:

<https://wearespotlight.com/news/health-spot-has-landed/>

- **How does addressing poverty lead to improved health and social care outcomes?**

Economic inequalities in society underpin health inequalities. Differences in access to economic opportunities or living in more deprived areas, can lead to inequalities across a range of social, economic and health outcomes. Financial resources provide access to services and goods that can improve health and allow participation in social activities that improves mental wellbeing.

Austerity policies have resulted in cuts across government budgets, including to local authority, public health, legal aid and welfare, which have had a direct impact upon young people. Rising income inequality has had a particular impact on children and young people, limiting their life chances and making them more vulnerable to poorer outcomes (OECD, 2019). UK child poverty rates are currently at the high rate of 31% of the population and are projected to rise.

Young people may or may not be shielded from economic insecurity depending on the "safety net" that is provided by their family and friends during periods of instability. This makes it difficult for some young people to "break the cycle" without external support. During Covid-19, young people have reported that it was more difficult to rely on familial financial support as incomes generally had been negatively impacted (Health Foundation, 2021).

Social factors affecting young people are also important drivers of health inequalities. Broadly these have been referred to as the "wider / social determinants of health", the conditions in which young people live, learn, work and socialise, or the "causes of the causes" of health (Marmot *et al.*, 2010). We have not come across a complete list of the social determinants of health that affect young people, as they are complex, multiple and overlapping factors within an individual's life. Change in one aspect of a young person's life may have knock-on implications on other social aspects, meaning that there can be a build-up or a clustering effect of the social determinants on health. We see the following as particularly important "social determinants" of health relating to young people:

- Education

- Employment
- Geography and the physical environment
- Housing
- Transport

We recommend that the Committee adopt an approach to addressing poverty in Scotland, as this will improve young people's health and reduce health inequalities. We support measures that take a "proportionate universalism" approach, whereby they are accessible to all, but targeted to the area of greatest need. Given this, there should be more services and support for all young people, which keep the needs of the most deprived young people living in Scotland in mind. Such as, increased provision of youth clubs and services is a means to provide safe spaces and support for young people to thrive.

We support the Scottish Government's strategy and commitment to reducing child poverty by 2030. We also support the recent announcement to double the Scottish Child Payment, which will see low income families receiving £20 per week per child from April 2022 – we support the commitment to roll this out to all children under the age of 16 by the end of 2022. We recommend that the Scottish Government incorporates the needs of young people ages 16-25 in future strategies for reducing poverty and improving health.

*References:*

Organisation for Economic, Cooperation and Development (OECD). 2019. *Changing the Odds for Vulnerable Children: Building Opportunities and Resilience*. Paris: OECD Publishing.

Health Foundation 2021: <https://health.org.uk/news-and-comment/news/young-people-say-their-prospects-are-dwindling-and-wellbeing>

Marmot, M. *et al.* 2010. *The Marmot Review. Fair Society, Healthy Lives: Strategic Review of Health Inequalities in England post-2010*. ISBN 978-0-9564870-0-1. London: Institute of Health Equity.