The transition from childhood to adulthood is an important, fascinating period of life. Adolescents have different patterns of need from younger children and older adults. In 2018, the total number of young people in Tower Hamlets was approximately 34,000. This figure is expected to rise in the next 20 years.

<table>
<thead>
<tr>
<th>Priority Recommendation</th>
<th>Reason for this recommendation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consider reconfiguring the primary care offer to adolescents. For example a model similar to The Well Centre in Lambeth.</td>
<td>The current model of primary care is not well suited to young adults. Local surveys suggest that young people still don’t fully understand the offer in primary care and are not always comfortable accessing it. Local data also shows that when compared to England and London the adolescents in TH are not using services despite having high levels of need.</td>
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<tr>
<td>Continue to develop awareness and training for a broad range of professionals in contact with young adults to enable conversations to be started earlier, rather than when a problem has taken hold. Training should include current services available and the referral pathways into these services.</td>
<td>Young people services for both sexual health and substance use have very low referral rates. Abortion rates locally far exceed London average.</td>
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<tr>
<td>Develop and promote safe and relatively inexpensive places to exercise which are sustainable.</td>
<td>Promoting healthy lifestyles is very important in adolescence and early adulthood. This is a time when life-long health behaviours are set in place. Health behaviours can directly affect health outcomes. In the long-term these may include cancer, heart disease and Type 2 diabetes.</td>
</tr>
<tr>
<td>Explore how technology can be used to support the health and wellbeing needs of the adolescent population.</td>
<td>In 2015, 90% of 16-24 year olds owned a smartphone (Ofcom, 2015). Adolescents and young adults use technology to access information in their daily lives, but services have not yet successfully adapted to this.</td>
</tr>
<tr>
<td>Better understand the health needs of vulnerable adolescents and those with complex needs.</td>
<td>There is limited data available on the specific health needs of these populations, despite the fact that they have additional risk factors when compared to the general adolescent population.</td>
</tr>
</tbody>
</table>
Setting the scene: Adolescents

TH definition

The transition from childhood to adulthood is an important, fascinating period of life. Adolescents have different patterns of need from younger children and older adults. This JSNA will present much of its data in the groups below:

The adolescent years are a particularly fast time of change, including:

- **Physical development**. The 3 or 4 years of pubertal development. 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.

- **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.

- **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).

- **Social development**. Peer groups become of paramount importance and peer influences are powerful, although families remain very significant. 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 new 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.

(AYPH, 2018)
Setting the scene: Adolescents

National
In 2016, adolescents (aged 10-19) represented 12% of the total UK population.

21.5% of the population classified themselves as NOT being white British.


Locally
Adolescents (aged 10-19) make up approximately 10% of the population.

80% of the adolescent population are from the BAME population.

In 2018, the total number of young people in Tower Hamlets was approximately 34,000.

As the graph shows this figure is expected to continue to rise.
Setting the scene: Vulnerable young people

Young people in care are at an increased risk of poor health for a number of factors such as;

- The accumulative effect of abusive or neglectful parenting
- Lack of attention to routine health care e.g. immunisation, health education, health monitoring
- Negative experiences whilst in care e.g. through placement disruption; unmanaged behaviour problems that can result in health care being further disrupted

Young people in care

As of January 2016, there were 292 looked after children in TH. Children looked after in TH tend to be slightly older than children elsewhere in the country. Almost 8 in 10 the looked after children are older than 10 years of age compared to almost 6 in 10 nationally. There is also a greater proportion of young people 16 years and over in Tower Hamlets compared to other boroughs within inner London.

Whilst the number of Bangladeshi children is increasing, this group remains slightly under-represented against the local population. Children with a Caribbean heritage (or White/Caribbean) are overrepresented within this cohort.

Care leavers

The term ‘care leavers’ refers to a person aged 25 or under, who has been looked after by a local authority for at least 13 weeks since the age of 14. At age 18, a looked after child is no longer in care, but the local authority still has a responsibility to them as a care leaver until age 21, or up to age 25 if they are in full time education.

Local data suggests that in January 2016 there were 189 care leavers in TH. TH care leavers have a high percentage of young people who are not in education, employment or training: 38.5% of care leavers are NEET compared to 32.8% within our statistical neighbours.
Setting the scene: Vulnerable young people

Adverse childhood Experiences (ACEs)

Adverse childhood experiences (ACEs) are stressful events that occur in childhood and that may contribute to later health outcomes (Bellis et al, 2014). They include being a victim of abuse and/or living with adults with serious problems of their own. The long-term effects of adverse childhood experiences such as these have been studied for some time, and there is growing evidence to show impacts on both physical and mental health as an adult. Individuals with at least four ACEs in childhood have been shown to be at particular risk of later sexual risk taking, mental ill health, problematic alcohol use, and suicide (Hughes et al, 2017).

Young carers

Are defined by law as ‘a person under the age of 18 who provides or intends to provide care for an adult’ (children and families Act, 2014)

3,362

Young carers (aged 0-24) living in Tower Hamlets (2011 Census)

This makes up just above 17% of the carers population in TH and exceeds the London value of 10.4%
Setting the scene: Vulnerable young people

Special Educational Needs (SEN)
Nearly a million children (11.6% of the total pupil population) received SEN support at school. Fewer (236,805) had a formal statement of special educational needs or – as it is now known – an Education, Health and Care (EHC) plan. Autistic spectrum disorder is the most common primary type of need for pupils with a statement or EHC plan, accounting for more than 1 in 4 of those with a statement or plan. The number of children and young people with statements and EHC plans has increased each year since 2010. Of all those 11-19 year olds with a statement or EHC plan, those aged 11-15 account for the largest proportion (Hagell et al., 2017).

Speech language and communication need were identified as the greatest need amongst SEN secondary school pupils. 30.6% compared to 18.2% (average across All London borough).
Setting the scene: Living circumstances, education and employment

Children and young people (11-15) in low income families

The Marmot Review (2010) suggests there is evidence that childhood poverty leads to premature mortality and poor health outcomes for adults.

6.8% of 16-18 year olds in 2017 were not in education, employment or training (NEET). This is higher than the London figure (5.0%)

In 2017/18, 84 young people aged 16-24 were homeless (0.68 per 1000 young people). This meant that TH had a greater rate than rates in England (0.52 per 1000 young people).

Homelessness has a serious impact on both the young people affected and the wider society. Homeless young people are much more likely to be not in education, employment or training. They are also more likely to be victims of crime, as their situation puts them at risk of exploitation, particularly if they become homeless at a very young age (PHOF).

The relationship between employment and good health outcomes is well understood, and this link is particularly pronounced among young adults. Evidence suggests that unemployment is linked to premature death, deteriorating mental health and increased suicide risk (Allen & UCL Institute of Health Equity, 2014).
**Setting the scene: Living circumstances, education and employment**

**GCSE Attainment**

Most GCSE’s are now graded under a 9-1-points scale, with 9 being the top grade. All other unreformed GCSE’s are still graded from A* to G and these grades are converted to points for the calculation of the Attainment 8 and progress 8 measures.

The average Attainment 8 score for all LBTH pupils declined by 0.4 points compared to the previous year, but is still a better score than the England average. The LBTH trend was opposite to the England and both London region trends, which have all improved this year.

The percentage of LBTH pupils achieving a GCSE English and Maths grade 9 to 4 was 64.3%, a reduction from last year, inner London, London and England either remained the same or improved slightly.

<table>
<thead>
<tr>
<th></th>
<th>2016/17</th>
<th>2017/18</th>
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<tbody>
<tr>
<td>Tower Hamlets</td>
<td>65.2</td>
<td>64.2</td>
</tr>
<tr>
<td>London</td>
<td>66.1</td>
<td>64.3</td>
</tr>
<tr>
<td>Inner London</td>
<td>67.9</td>
<td>66.1</td>
</tr>
<tr>
<td>England (state-funded)</td>
<td>67.9</td>
<td>64.4</td>
</tr>
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</table>

First language English or Other

Attainment 8 score for those whose first language is not English is significantly better than those whose first language is English.

First language English 42.5%

First language NOT English 49.2%

Academic success has a strong positive impact on children’s subjective sense of how good they feel their lives are (life satisfaction) and is linked to higher levels of wellbeing in adulthood (PHE, 2014).
Setting the scene: Healthy behaviours and lifestyle

Promoting healthy lifestyles is very important in adolescence and early adulthood. This is a time when life-long health behaviours are set in place. Health behaviours can directly affect health outcomes. In the long-term these may include cancer, heart disease and Type 2 diabetes. Prevention and early intervention are not just relevant for young children; they are equally possible in adolescence (Hagell and Rigby, 2015).

Smoking is a major cause of preventable morbidity and premature death. There is a wealth of evidence that shows that smoking habits established early affects health behaviours later in life.

In 2014/15 it **3.2%** of the population aged 15 described themselves to be a regular smoker. This was less than the London figure (3.4%) and significantly less than the England figure (5.5%).

**4.3%** of TH 15 yr. olds described themselves as a current smoker. This is significantly lower than the London figure of 6.1%.

The number of adolescents aged 11 to 15 in England has been falling since 2001. In 2013, 16% of pupils reported that they had ever taken drugs and 11% said they had taken drugs in the last year, compared with 29% and 20% in 2001. The number of young people aged 16-24 in England and Wales who have taken any illicit drug in the last year has increased. 16.2% in 2012/13 to 18.9% in 2013/14 (Home Office, 2014)

**0.8%** of TH 15 year olds said they had taken drugs (excluding cannabis) in the last month. This was lower than the levels for London.

The local Pupil Attitudes Survey (PAS) found that most secondary students (88%) had never tried cigarettes. 4% said that they smoke ‘sometimes’ or ‘regularly’.

The PAS found that 94% of secondary pupils had NOT taken drugs in the past. There were no significant differences by gender and ethnicity of pupils.
Setting the scene: Healthy behaviours and lifestyle

Research shows that underage drinkers are more likely to suffer from a range of health issues including weight loss, disturbed sleep, headaches. Additionally, during the adolescent years the brain is still developing. Alcohol can affect memory function, reactions, learning ability and attention span which are all important aspects during an adolescents school years (Drink aware, 2019)

1.0% of TH 15yr olds described themselves as a regular drinker. The London figure was 3x higher.

In a local survey 76% of secondary school pupils said they had never drank alcohol. Bangladeshi pupils, at only 1 per cent, were by far the least likely to have tried alcohol. White pupils were the most likely, with 48 per cent reporting that they have had an alcoholic drink in the past.

In TH 9.3% of people aged 15 reported being physically active for at least one hour a day seven days a week. This is lower than the levels for London (11.8%)

56% of 15 year in TH eat the recommended 5 portions or more of fruit and veg per day. This is similar to the London
Setting the scene: Crime and Violence

There is a well evidenced link between crime and safety, and health and wellbeing (P. S. M. Marmot, 2010). This applies to young adults both as being a victim of crime, as well as perpetrators, and particularly the issue of gang life and the risk of violence for this age group. Drug and alcohol misuse has a significant impact on violent crime.

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 (PHE, 2014).

Locally the number of first time entrants into the youth justice system has fallen. From 2017-18 to the current year, FTE rates have deceased by 35%. Considering that the previous year TH had the highest FTE rate, the current achievement is very impressive.

This being said, the public perception of crimes in such as knife crime is remains high. In London the perception of knife crime increased to 26% compared with 20% a year earlier (MOPAC weapon enabled crime dashboard).
Tower Hamlets is a young, diverse borough, with almost half of our residents between the ages of 20 and 39 and we have the largest Bangladeshi population in the country. Although domestic abuse does not discriminate and reaches every corner of society, we recognise that younger women, women with disabilities and black, Asian and minority ethnic women face added barriers in accessing support. We know that gender inequality and negative attitudes towards women and girls are at the root of VAWG. We also know that the impacts of VAWG are far reaching and can be seen across a wide range of council services, including community safety, education, housing, employment and health.
Setting the scene: Sexual Health and identity

Developing a sense of sexual identity is a key task of the transition to adulthood. Staying safe, healthy and happy through the process is important. As a result, the sexual health and behaviour of young people is a huge topic in adolescent public health.

**STI**

Young people (15-24 years) in the UK have higher rates of sexually transmitted infections than older groups. In 2017, TH had the 6th highest rate (out of 326 local authorities) in England of new STIs excluding chlamydia diagnoses in 15-24 year olds. 2,268.5 per 100,000 residents, compared to 794 per 100,000 in England.

28% of diagnoses of new STIs in TH were in young people aged 15-24 years (compared to 50% in England) (Laser, 2017). Young people are also more likely to become re-infected with STIs, contributing to infection persistence and health service workload. In TH, an estimated 8.7% of 15-19 year old women and 8.5% of 15-19 year old men presenting with a new STI between 2013 and 2017 became re-infected with an STI within 12 months.

TH had the 5th highest rate (out of 326 local authorities in England) for gonorrhea, which is a marker of high levels of risky sexual activity. 445.9 per 1000,000 (compared to 78.8 per 100,000 in England).

Teenage pregnancies (girls aged 19 and under) in Tower Hamlets have been falling since 2009 and are lower than the England average.

In 2016, the rate of under 18 contraception's was 12.6 (per 1,000) in TH and 18.8 (per 1,000) in England. Under-18s conceptions,

Almost 8 in 10 lead to abortion. This is higher than in England (5 in 10). This may be contributing to our high abortion rates (LASER, 2017).
In 2015, **1.7% of the UK population identified themselves as lesbian, gay or bisexual. This rose to 3.3% in young people aged 16-24, the largest rate in any age group.** This is likely to be an underestimate, as some respondents chose to respond “other” or “don’t know”, or did not give an answer (4.5%) (Hagell et al, 2017).
Setting the scene: Wellbeing and Mental Health

Mental health disorders in the adolescent years are surprisingly common. Those most common in the adolescent years include anxiety and depression, eating disorders, conduct disorder (serious antisocial behaviour), attention deficit and hyperactivity disorder (ADHD) and self-harm. This age group also witnesses the early emergence of rarer psychotic disorders such as schizophrenia (Green et al, 2005).

1 in 10 children in TH aged 5-16 have a mental health disorder

This is the highest in London

As well as mental ill health, the general wellbeing of adolescents is important. Wellbeing is not the opposite of poor mental health (you can have a mental health problem and high wellbeing) but it is a part of general mental state. It is important to note that low wellbeing may be a contributing factor to the development of later mental health problems.

As a general rule of thumb young people usually rate their own overall wellbeing as fairly high.

The chart shows wellbeing measures for 13-15 year olds by gender in England (in 2015)

Self-harm (usually deliberate cutting and scratching) is a key part of the picture of mental health for young people as the majority of people who self-harm are aged between 11 and 25 years (Mental Health Foundation, 2006; Association for Young People’s Health, 2013).

**Suicide is the second leading cause of death among 15-29 year olds worldwide** accounting for 8% of all deaths. **In the UK, suicide is the leading cause of death in young people, accounting for 14% of deaths in 10-19 year olds and 21% of deaths in 20-34 year olds.** Over half of young people who die by suicide have a history of self-harm (HQIP, 2017)

Academic pressures and bullying were more common before suicide in under 20s, while workplace, housing and financial problems occurred more often in 20-24 year olds.

**suicide-related internet use** in 26% of deaths in under 20s, and 13% of deaths in 20-24 year olds, equivalent to 80 deaths per year.

This was most often searching for information about suicide methods or posting messages with suicidal content.
Mental health and Wellbeing

Loneliness
Loneliness is a feeling that most people will experience at some point in their lives. However, when people feel lonely most or all of the time, it can have a serious impact on an individual’s well-being, and their ability to function in society.

The Good childhood index survey looked at loneliness in adolescents aged 10-15 in the UK. When asked the direct question, “How often do you feel lonely?”, Just over 1 in 10 adolescents reported that they often felt lonely (ONS, 2018).

Cyberbullying
Is bullying that occurs online through social networking sites, instant messaging and through use of mobile phones and tablet.

An English survey in 2014, reported that 1 in 10 of boys and almost 2 in 10 girls aged 15 had experienced cyberbullying in the past couple of months in 2014.

Results from the local Parent Attitude Survey found, almost 1 in 4 parents and carers report that their children have been bullied in the past year.
Setting the scene: Long term conditions: Obesity

First signs of many serious long-term conditions emerge in the adolescent years. The overall burden of disease is the years lost to disability and early death, from all illnesses. This is expressed in ‘disability-adjusted life years’ (DALYs) per 1,000 or 100,000 population (World Health Organization, 2014b). One DALY represents the loss of the equivalent of one year of full health. If the whole population lives to the standard life expectancy in perfect health, then the DALY would be zero.

The UK had a relatively high rate of DALYs in 2016, The poorest-performing age group was 10- to 14-year-olds, for whom the UK ranked 16th out of 19 (Hagell et al, 2017).

Overweight/Obese children aged 10-11.

TH: 42.5%
London: 38.5%

Obesity in adolescence is associated with a wide range of serious health complications and an increased risk of the premature onset of illnesses, including diabetes and heart disease (Franks and others, 2010). There is strong evidence to show that obese adolescents are more likely than not to continue being obese into adulthood (Wright and others, 2001).

Figure 1: A comparison of our 19 high-income countries, using the IOTF BMI cut-off for obesity, in 2015. According to this measure, the UK had the highest proportion of 15- to 19-year-olds (8.1%) who were obese among the European comparator group and the fifth-highest proportion among all 19 countries included in the analysis.
Asthma

Is a long term condition of the airways

31,500 children and young people under the age of 19 have diabetes in the UK.
In 2017, it was estimated that 1 in 11 children and young people have asthma.

In 2017/18 TH had one of the lowest admissions of young people (aged 10-18) being admitted to hospital. TH ranked 13th best in London.
Research has shown that there are a number of barriers to successful management of asthma in this age group which need addressing in order to improve young people’s outcomes still further, including concerns related to side effects (weight gain for example), social stigma and feelings of embarrassment and exclusion (Simoni et al, 2017).

Diabetes

is a serious life-long condition, where the amount of glucose in the blood is too high because the body unable to use it properly.

The peak age for Type 1 diabetes is between 10 and 14.
Type 2 diabetes is 9x more common in children of South Asian origin than white children, and 6x more likely in African Caribbean children.

In TH admissions for diabetes for young people aged 10 to 18 in 2016/17 was similar to London levels but ranked 19th out of the 33 London boroughs.
The transition from adolescence to adulthood represents a particularly vulnerable period for the development of the young person. Although, it is recognised transitions between developmental stages differ greatly between individuals preparation for adulthood should happen from age 13 or 14. Adolescents with health and wellbeing needs eligible for support can receive it until they become an adult, whereupon they transition to services designed for adults. The transition from children’s services to adults’ services is often very challenging for young people irrespective of their health needs. It often combines a change of services and professionals at the very time when the young person is often negotiating wider changes to their life, for example in their educational circumstances.
Policy context: current guidelines and legislations

Consensus is emerging through legislation and guidance that the needs of children and young people do not end at age 18, and a number of recent legislative changes and likely future legislative changes use the upper age limit of 25.

**National**

- **Future in Mind report** (Department of Health & NHS England, 2015) - advised the age limit of children’s mental health services should extend to age 25.
- **The Keep on Caring strategy** (HM Government, 2016) - will extend the government duty to care leavers up to age 25 (see chapter 6).
- **NSPCC report** (Bazalgette, Rahilly, & Trevelyan, 2015) - described the withdrawal of CAMHS at 18 as a “cliff edge”, and recommended that local authorities and health services should work together to provide mental health support for care leavers up to the age of 25.
- **Children Act 2004** - to make provision about services provided to and for children and young people by local authorities and other persons;
- **Crime and Disorder Act 1988** - which ensures that provisions are made for dealing with offenders e.g The Youth Offending Team
- **Education Act 2011** - An Act to make provision about education; to make provision about schools and the school workforce, institutions within the further education sector and Academies.

**Local**

- TH community plan
- TH Children and families plan
- TH Strategic plan
- HWB strategy
- Suicide prevention strategy
- Mental Health strategy
- Substance misuse strategy
- Children and young peoples mental health transformation plan
- Youth Justice Plan
- Early help strategy
- Commissioning for BWGW and THT
- Tower hamlets' Neglect Strategy
- SEND strategy
What works: effective interventions

There is general consensus that interventions with young people should be provided in line with ten principles that were originally developed by SCODA and the Children’s Legal Centre (Standing Conference on Drug Abuse (SCODA)/The Children’s Legal Centre, 1999).

These state that:
1. A child or young person is not an adult.
2. The overall welfare of the individual child or young person is of paramount importance.
3. The views of the young person are of central importance and should always be sought and considered.
4. Services need to respect parental responsibility when working with a young person.
5. Services should recognise and co-operate with the local authority in carrying out its responsibilities towards children and young people.
6. A holistic approach is vital at all levels, as young people’s problems tend to cross professional boundaries.
7. Services must be child-centred.
8. A comprehensive range of services needs to be provided.
9. Services must be competent to respond to the needs of the young person.
10. Services should aim to operate, in all cases, according to the principles of good practice.
What works: effective interventions

Substance Misuse

NICE has produced which focuses on reducing substance misuse among vulnerable under-25s. The guidance recommend that local authorities develop a local strategy that will help them to reduce substance misuse in vulnerable young people in their area. Services and professionals should identify young people who are at risk of using drugs, and refer them to services that can support them. These services should include family based support and parental skills training. Psychosocial interventions (‘talking therapies’) such as CBT and motivational interviewing, which explore the underlying causes of the substance misuse and seek to change the young person’s attitude and behaviour towards drugs and alcohol, are considered to be most effective.

Sexual health

In 2011 the government published You’re Welcome - Quality criteria for young people friendly health services. These standards are largely in line with the NICE guidance on contraceptive services for the under-25s (NICE, 2014). The Department of Health Framework for Sexual Health Improvement for England (Department of Health, 2013) sets out ambitions for improving sexual health outcomes for 16-24 year olds. These criteria include assurances of confidentiality for young people (as far as safeguarding allows) and the routinely offered opportunity for patients to be seen without a parent or carer present. It is advised that staff receive training on young people’s health needs, and in supporting young people to make their own, informed choices about their health and care. Vulnerable groups (including care leavers and UASC) may also need specialist services made available to them according to their particular needs.

Transition

Ready, Steady, Go and Hello to adults is a set of resources designed to deliver high quality transition for young people across all specialities. It addresses the full range of issues for good transition, aiming to empower young people, to manage their healthcare confidently and successfully in children’s and adult services. Ready, Steady, Go and Hello to adults helps deliver on all transition planning as recommended in the NICE guidance: NG43, and it will encourage education, health and social care to work together, in an integrated way, to ensure a smooth and gradual transition for young people, where required.
Local actions: what is being done to address the issue?

**Living circumstances education & employment**

**Tower Hamlets Careers Service (WorkPath):** Helps young people aged between 13 and 19 (up to age 25 if with a learning difficulty or disability). They offer help with things like:
- 1-1 careers guidance to identify aims and explore available opportunities
- Support into education, work, apprenticeships or training opportunities
- Information on college, university and alternatives to higher education
- Help with CVs and interview preparations

**City Gateway:** Provide support services, training courses, Traineeships and Apprenticeships for young people, readying them for the workplace.

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**Healthy behaviours and lifestyles**

**Healthy Families courses and Healthy Families Ambassador programme** - Healthy eating and physical activity sessions delivered in schools and community venues by practitioners and parent volunteers

**Fast food outlet restrictions**
The council have introduced a number of planning policies which are aimed at limiting the proximity of new fast food outlets to Schools, Youth clubs and Authority Centres.

**Free cycle training:** Provided by TH council for adults and families who live or work in the borough.

**Designated gym times for 11-16 year olds:** Available at all leisure centres after school and on the weekends.

**Youth hubs:** All our venues offer indoor games and activities and many have outdoor spaces and sporting activities as well as opportunities to volunteer and gain additional skills and qualifications.
Local actions: what is being done to address the issue?

Crime and violence

**Streets of growth**: offer a range of programmes and projects to disrupt the cycle of gangs, criminality, violence and hopelessness, and ensure young adults socially and economically thrive out of harms way.

The ‘pre-court’ service: provides intervention work from the YOT for young people who would have otherwise just received a police caution and thus have been more likely to reoffend and then become a ‘first-time entrant’ into the youth justice system.

34 refuge spaces are provided at any one time, including 19 spaces for those from black, Asian and minority ethnic backgrounds.

A weekly domestic abuse ‘One Stop Shop’ is run from an Idea Store in Whitechapel. We have also published a directory of support services to help people find out what support is out there and how to get it.

**Strengthening Families, Strengthening Communities parenting programmes**: a violence prevention programme delivered in English Bengali and Somali

Sexual health and identity

**Safe East**: provides sexual health and substance misuse support for people aged 10-19.

substance misuse: information, advice and support
sex: issues around consent and relationships, contraception, testing and treatment for STIs.

**Reversal service for female genital cutting**: Also known as female genital mutilation – FGM

**LGBTQ+ Offer**: delivered by the organisation called Step Forward. The offer includes 1-2-1 sessions and small friendly group sessions

**Family Nurse Partnership (FNP)**: A voluntary home visiting programme for first time young mums, aged 19 years or under. A family nurse visits the young mum regularly, from the early stages of pregnancy until their child is two.

The FNP programme aims to enable young mums to:
- Have a healthy pregnancy
- Improve their child’s health and development
- Plan their own futures and achieve their aspirations

**Speakeasy Parenting programme**: supporting parenting to talk about sex and relationships with their child
Local actions: what is being done to address the issue?

**Mental Health and Wellbeing**

**Mental health in Schools trailblazer project**: a model of early intervention on mild to moderate mental health and emotional wellbeing issues, such as anxiety, behavioural difficulties or friendship issues, as well as providing help to staff within a school and college setting.

**School health service**: Every child and young person attending mainstream school or a Pupil Referral Unit (PRU) in Tower Hamlets has a named school nurse who works as part of the skill-mixed school health team to support the health and wellbeing of children and young people aged five to 19 years

**Emotional First Aid parenting programme**

*Please refer to the Children and Young Peoples Emotional and mental health and Wellbeing JSNA for a full list of local actions.*

**Vulnerable young people**

**Young carers project**: gives young people who are carers the opportunity to take a break from the responsibilities of being a carer, socialising and engaging in sports and activities with other young carers.

**Early Help Transition Service**

The Early Help and Transitions Service (EHTS) work with hard to reach young people to promote education as a valuable pathway, and offer services that will enable strength based model of Whole Family Work.

The EHTS is particularly effective at helping to improve attendance, behaviour and outlook, and engaging young people in positive activities, and are proud of their track record.

**Tower Hamlets Youth Service: SEND Offer**

The project operates every Thursday evening (6-9pm) and offers access to a selection of Club based activities using our sports hall, games room, multi-use games pitch, art and music facilities along with our well-equipped kitchen to young people who are registered with a mild disability.

**Renaissance foundation**: group activities for young carers

**Tower Project Job, Enterprise and Training Service (JET)** East London’s leading provider of supported employment and training services for young people and adults with Learning Disabilities / Autism.
Impact on indicators: evidence we are making a difference

For many of the indicators, there is a **downwards trend** (i.e. we are doing better). This suggests that our current services are improving the health of residents.

There are however indicators that remain the same **therefore** suggesting that we need to do more to tackle these issues. For example:

- The number of exclusions of secondary students
- Admissions for asthma for young people
- Hospital admissions as a result of self-harm

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<tr>
<th>Indicator</th>
<th>Period</th>
<th>THamlets</th>
<th>Region England</th>
<th>England</th>
</tr>
</thead>
<tbody>
<tr>
<td>16-17 year olds not in education, employment or training (NEET) or whose activity is not known - current method</td>
<td>2017</td>
<td>360</td>
<td>9.0%</td>
<td>6.0%</td>
</tr>
<tr>
<td>Children and young people in low income families aged 11 to 15</td>
<td>2013</td>
<td>5,810</td>
<td>12.0%</td>
<td>10.0%</td>
</tr>
<tr>
<td>First time entrants to the youth justice system</td>
<td>2017</td>
<td>118</td>
<td>66.1%</td>
<td>68.0%</td>
</tr>
<tr>
<td>Children in care</td>
<td>2013</td>
<td>295</td>
<td>32.5%</td>
<td>19.0%</td>
</tr>
<tr>
<td>Homeless young people aged 16-24</td>
<td>2017/18</td>
<td>84</td>
<td>68.8%</td>
<td>66.0%</td>
</tr>
<tr>
<td>Secondary school fixed period exclusions: rate per 100 pupils</td>
<td>2016/17</td>
<td>865</td>
<td>5.3%</td>
<td>7.8%</td>
</tr>
<tr>
<td>Hospital admissions due to substance misuse (18-24 years)</td>
<td>2015/16 - 17/18</td>
<td>75</td>
<td>56.6%</td>
<td>62.0%</td>
</tr>
<tr>
<td>Under 16 conception rate / 1,000</td>
<td>2016</td>
<td>6</td>
<td>1.3%</td>
<td>2.4%</td>
</tr>
<tr>
<td>Under 15 conceptions</td>
<td>2016</td>
<td>53</td>
<td>12.6%</td>
<td>17.1%</td>
</tr>
<tr>
<td>Teenage mothers</td>
<td>2017/18</td>
<td>11</td>
<td>3.3%</td>
<td>4.0%</td>
</tr>
<tr>
<td>Hospital admissions as a result of self-harm (10-24 years)</td>
<td>2017/18</td>
<td>87</td>
<td>14.5%</td>
<td>20.9%</td>
</tr>
<tr>
<td>HPV vaccination coverage for one dose (adolescents 12-13 years old)</td>
<td>2017/16</td>
<td>1,276</td>
<td>87.6%</td>
<td>81.0%</td>
</tr>
<tr>
<td>Chlamydia detection rate / 100,000 aged 15-24</td>
<td>2017</td>
<td>820</td>
<td>1,930</td>
<td>2199</td>
</tr>
<tr>
<td>Admissions for asthma for young people aged 10 to 18</td>
<td>2016/17</td>
<td>36</td>
<td>126.6</td>
<td>125.9</td>
</tr>
<tr>
<td>Admissions for diabetes for young people aged 10 to 18</td>
<td>2016/17</td>
<td>25</td>
<td>87.9</td>
<td>77.8</td>
</tr>
<tr>
<td>Admissions for epilepsy for young people aged 10 to 18</td>
<td>2016/17</td>
<td>20</td>
<td>70.3</td>
<td>50.5</td>
</tr>
<tr>
<td>Hospital admissions for asthma (under 15 years)</td>
<td>2017/18</td>
<td>136</td>
<td>192.9</td>
<td>188.1</td>
</tr>
<tr>
<td>Hospital admissions as a result of self-harm (under 15 years)</td>
<td>2017/18</td>
<td>9</td>
<td>52.1</td>
<td>100.3</td>
</tr>
<tr>
<td>Hospital admissions as a result of self-harm (under 18 years)</td>
<td>2017/18</td>
<td>36</td>
<td>236.0</td>
<td>341.0</td>
</tr>
<tr>
<td>Hospital admissions as a result of self-harm (under 18 years)</td>
<td>2017/18</td>
<td>40</td>
<td>148.7</td>
<td>180.0</td>
</tr>
<tr>
<td>Admission episodes for alcohol-specific conditions - Under 15 years</td>
<td>2015/16 - 17/18</td>
<td>36</td>
<td>18.0</td>
<td>18.0</td>
</tr>
</tbody>
</table>
Public perspective  Healthy behaviours and lifestyles

28 young people took part in semi-structured interviews about their diet.

Key finds were that:

½ ate fast food at least once a week

Almost 2 out of 3 ate sweets daily

Just over ½ preferred soft drinks to water

Around a quarter of respondents mentioned peer pressure/socialising as a factor that influences their fast food consumption and saw going to fast food shops with friends as a social occasions

Around two thirds of respondents agreed that fast food and takeaway restaurants that provide cheap, readily available food lack healthy options, but the majority were resigned to it or didn’t mind.

“At almost every local PFC there are no healthy options such as salads, it’s just fatty foods. I don’t really care about options as I do order the same thing every time anyway.”
Public perspective

As part of Health Week this year, 15 young people took part in a workshop about engaging and interacting with health services. The key findings:

• All participants felt that they were either “sort of confident” (6 out of 15) or “very confident” to access health services on their own.
• They also had poor awareness of health services, such as Step Forward, that exist specifically for young people.
• Generally, participants strongly felt that while apps and websites could be useful for broad advice, they cannot substitute specific advice from a medical professional— a role that they associated primarily with GPs.

Insight from 3 projects have all been undertaken within Tower Hamlets over the last two years indicated that:

• Services need to be culturally relevant: young people felt that services needed to consider how young people from all cultural groups can be reassured that services will understand and meet their needs.
• Universal entry point: young people need to be able to initially access the health service without needing to be able to clearly articulate their problem or need e.g. they can have an initial general health assessment.
• Integrated: Primary health services need to be integrated into this wider community of youth provision so that trusted adults can encourage and support young people to access help and young people can have a ‘warm transfer’ across services, rather than having to navigate the local health system alone.
• Informal: people want to receive health information and care in environments that look and feel familiar to them, for example within the youth centres available across the borough that are accessed by young people from all local population groups, or in places that look and feel like these centres.

Opinion of primary care services (94 issues)

- Positive: 66%
- Neutral: 27%
- Negative: 7%
Public perspective Crime and violence & Sexual health and identity

Young people (youth council members) were asked (in 2015) to sort cards with areas of safeguarding concern/abuse on, and list their top concerns. Their top concerns were:

- Exploitation of children/forcing young people to do sexual acts/forced to have sex/Forcing or enticing a child or young person to take part in sexual activities/rape
- Taking drugs
- Parent/carer failing to provide adequate food and clothing
- Children running away
- Self harm
- Verbal abuse (eg racist or homophobic remarks, threats, name calling)
- Made to join a gang
- Emotional abuse (such as threatening or intimidating someone)
- Failing to protect children from harm/making children feel they are not worth anything
- Assault
- Involving children in looking at or in the production of pornographic material
- Serious bullying causing children to feel frightened

Sexual health and identity

Feedback from 20 service users aged under 25 on sexual health services

- staff were praised for their professional and sensitive attitude.
- The booking system was generally found to be user-friendly but waiting for appointments and test results was found by some to be long
Public perspective  Wellbeing and mental Health

Healthwatch surveys conducted between 2018 and 2019 highlighted the following:

The vast majority of young people believed that thinking about and planning their future can be stress-inducing and that providing better support for planning their future would improve their mental health.

Over $\frac{1}{2}$ of survey respondents had considered accessing mental health support due to this stress, but only just over $\frac{1}{3}$ actually did.

Young people were most likely to talk to close friends about their mental health and well-being. Around a third never discussed it with anyone.

A GP surgery or integrated youth health centre are the places where young people would feel most comfortable talking to a professional about their mental health.

Surveys in a number of youth centres across the borough highlighted the following around their wellbeing:

- Just over 4 in 10 young people said they would go to the GP for help/advice and support for their physical health.

For mental health many young people said they would go to their family and friends for support. Only 7% of respondents said they would go to the GP.

- Just under 7 in 10 believed that parents/carers were allowed to see medical records without their permission.
Knowledge gaps: what more do we need to know?

Young people in their adolescent years have needs which differ from younger children or older adults. Yet the data on young people in their adolescent years is 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.

The use of technology: In 2015, 90% of 16-24 year olds owned a smartphone (Ofcom, 2015). Adolescents and young adults use technology to access information in their daily lives, but services have not yet successfully adapted to this.

The impact of cyberbullying and how we can potentially tackle this.

LGBTQ+ adolescents: The data surrounding this group is far from robust and contains a number of gaps. We don’t have a clear indication of how many adolescents are LGBTQ+.

Vulnerable young people: We do not have a good understanding of the health needs of vulnerable adolescents. Most especially those with complex needs (ones who do not have an Education and health Care plan but have other complex needs requiring practical health interventions) such as CYP with cystic fibrosis; CYP who are tube fed or who need oxygen; children who need regular catheterisation during the day).

Sexual health unknowns: TP, high abortion rates, low service use.

Child Exploitation: Do we know how to support young people who have been exploited?

The impact of ethnicity and young people and how they access services.
Priorities: what are the priorities for improvement?

**Primary Care**
The current model of primary care is not well suited to young adults consequently, the adolescent age group would benefit from GP services configured to their health needs, such as at The Well Centre in Lambeth.

Note: This has been recognised in TH and consequently the Adholistic health approach being developed. This approach will take primary health care to young people in youth centres.

**Strategy development**
Develop a local strategy to reduce substance misuse among vulnerable and disadvantaged under 25s as recommended by NICE (2007)

**Awareness raising**
Continue to develop awareness and training for a broad range of professionals in contact with young adults to enable conversations to be started earlier, rather than when a problem has taken hold. Training should include current services available and the referral pathways into these services.

Work with young people’s services, GPs and hospitals to embed effective pathways and interventions which target those most at need.

**Healthy lifestyles**
Promoting healthy lifestyles is very important in adolescence and early adulthood. This is a time when life-long health behaviours are set in place. Health behaviours can directly affect health outcomes. In the long-term these may include cancer, heart disease and Type 2 diabetes. Prevention and early intervention are not just relevant for young children; they are equally possible in adolescence. Therefore it is vital to consider how we support healthier lifestyles in the adolescent years. For example safe and relatively inexpensive places to exercise which are sustainable
Priorities: what are the priorities for improvement?

Transition points, such as between child and adult services around age, 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.

A coordinated approach needs to be taken to the care of CTYP who have complex healthcare needs.

Make adolescent health more prominent within the life course.

Strengthen the voice of adolescents through greater engagement in the identification of health issues and development of appropriate solutions.
Key contacts and stakeholder involvement

- This publication was produced by Abimbola Lucas, Public health Programme Manager and approved by Katie Cole, Associate Director of Public Health in August, 2019
- This publication was signed off by the JSNA PMO group in August 2019
- Any queries regarding this publication should be sent to abimbola.lucas@towerhamlets.gov.uk
- Stakeholders who contributed to this publication include: London Borough of Tower Hamlets, Tower Hamlets CCG, Tower Hamlets NHS, Tower Hamlets Healthwatch, GP Care Group and Tower Hamlets Voluntary Community Sector

JSNA DEVELOPMENT:
1. Scoping: review previous JSNAs in the topic area. Bullet point key messages into the template. Carry out stakeholder mapping; link with key people and discuss the scope
2. Generate project plan to bring to JSNA PMO group.
3. Data collection: look at available sources for quantitative and qualitative evidence; ask for input from stakeholders
4. Complete first draft and take to sponsor group. Determine questions for Community Researchers using input from sponsor group and advice from JSNA PMO group
5. Analyse findings and update the draft
6. Formulate recommendations with sponsor group

JSNA APPROVAL:
1. AD sign off and share with PH SMT for information
2. Sponsor group sign off (with named leads for action on recommendations)
3. JSNA and System Information group (presentation to board or virtual sign off as determined by JSNA PMO)
4. PHIM ensures publication on website
Appendices

References