TRANSITION INTO ADOLESCENCE

What’s the issue?

The transition between education and employment can be difficult for many young people, but especially so for young people who lack good working role models, have poor literacy and/or numeracy skills, do not feel confident about themselves and lack resilience to cope with changing circumstances. It is even more difficult for vulnerable groups such as those with learning disabilities or young people who have been in care and/or young people who do not have family support networks available to them. Young people with poor educational attainment are more likely to be not in education, employment or training (NEET) and more likely to become teenage parents. The teenage years are generally the time when young people experiment with unhealthy lifestyle behaviours such as smoking, alcohol consumption and using drugs, and this behaviour is more likely to be tried or sustained among vulnerable young people and those finding the transition into adulthood difficult.

There may be a change in services available to young people who are ill or have long-term medical conditions and diseases such as diabetes (www.hullpublichealth.org/jsna2017.html#c60), learning disabilities (www.hullpublichealth.org/jsna2017.html#c73) or mental ill health (www.hullpublichealth.org/jsna2017.html#c74). Continuity of care is important in order to facilitate a smooth transition into adulthood.

What’s our situation?

Due to the increased levels of deprivation in Hull, the majority of children are at an increased risk of not fulfilling their potential and having worse health than England as a whole. A higher percentage of children in Hull live in poverty (see the JSNA section on deprivation and poverty, www.hullpublichealth.org/jsna2017.html#7) and many young people have an immediate disadvantage in life due to their circumstances. Compared to England, there is a higher rate of emergency admission for accidents (see the JSNA section on accidents, www.hullpublichealth.org/jsna2017.html#35), and fewer children in Hull are ready for school and achieve five or more GCSEs at A-C level (see the JSNA section on schools and educational attainment, www.hullpublichealth.org/jsna2017.html#41). Children living in more deprived areas, are more likely to grow up thinking that poverty, poor housing, and unemployment are the norm, which could result in cyclic behaviours with these children behaving as their parents do as they reach adulthood. Compared to England, children more likely to have unhealthy lifestyle behaviours such as poor diets and low levels of physical activity (see the JSNA sections on behavioural and lifestyle risk factors, www.hullpublichealth.org/jsna2017.html#26). Children living in the most deprived areas are also more likely to be exposed to second-hand smoke and become smokers themselves. Children and young people living in the most deprived areas are more likely to have learning disabilities (see the JSNA section on learning disabilities, www.hullpublichealth.org/jsna2017.html#74), poorer physical health (see the JSNA section on general health and physical disabilities, www.hullpublichealth.org/jsna2017.html#21), poorer emotional health (see the JSNA section on emotional health and wellbeing, www.hullpublichealth.org/jsna2017.html#22) and poorer dental health (see the JSNA section on dental health, www.hullpublichealth.org/jsna2017.html#24). Whilst under 18 conception rates have fallen greatly in Hull over the last decade, they are still higher than England (see the JSNA section on under 18 conceptions, www.hullpublichealth.org/jsna2017.html#26). The percentage of people in Hull aged 16-18 years were NEETs was just over 10% in 2011 (November 2011 to January 2012) and 2012, and has almost halved to 5.7% in both 2013 and 2014 and had slightly risen to 6.2% for 2015 (England 4.2%) [26]. There are 570 16-18 year old NEETs in Hull in 2015.

For more detailed information, see the JSNA Toolkit: Children and Young People report.
What are the strategic needs?

It should be recognised that the transition between education and employment is difficult particularly for young people from vulnerable groups. The young people and their families should be given the support they need when they need it, to ensure that the young people can fulfil their potential, and have sustained well-paid regular employment. Successful coordinated approaches have been used in Hull in relation to changing repeating generational patterns of poor parenting, abuse, violence, drug use, anti-social behaviour and crime in the most troubled families (see the JSNA section on crime and domestic violence, [www.hullpublichealth.org/jsna2017.html#13](http://www.hullpublichealth.org/jsna2017.html#13)), reducing the under 18 conception rate (see the JSNA section on under 18 conceptions, [www.hullpublichealth.org/jsna2017.html#42](http://www.hullpublichealth.org/jsna2017.html#42)) and reducing the percentage of NEETs, and these need to be continued in order to maintain the momentum.

An early intervention/early help and prevention approach across the partnership which aims to reduce risks and build resilience, along with effective use of local data and performance management is vital to maximise the impact of provision and ensure children and young people receive consistent information and advice. In addition such an approach will ensure that areas with the highest rates/groups of young people most at risk are targeted and their needs met.

References