

Young people's suggestions for the assets needed in the transition to adulthood: Mapping the research evidence

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Abstract

The Health Foundation launched its Young people's future health inquiry in 2017, a first-of-its-kind research and engagement project that aimed to build an understanding of the influences affecting the future health of young people. At the beginning of the inquiry young people were consulted to reflect on what they felt were the most important factors in supporting a successful transition into adulthood, in their early 20s. They identified four key assets. In this paper, we explored the extent to which the existing research literature had addressed each of the assets, and if so, what it showed about the asset's role in a transition to adulthood.

The four key assets the young people had identified were:

- **Skills and qualifications:** 'How right my skills are for the career I want'. Existing research evidence confirmed that not having the right skills for employment is an increasing concern both for employers and for young people in the changing labour market. Issues included acquisition of minimal qualifications, suitability of qualifications for modern work, and risks posed both by under- and over-qualification. Plenty of evidence supports the importance of educational level to later health outcomes, but the implications of a skills mismatch at work are less clear.
- **Personal connections – access to relevant connections and social networks:** 'The confidence and connections to navigate the adult world'. Research evidence confirms the importance of social networks, personal connections and neighbourhood resources in setting the context for the transition to adulthood. The relationship between social capital and health outcomes is also supported.
- **Financial and practical support:** 'Having the support to achieve what I want from life'. Despite there being evidence on the importance of financial and practical assistance in improving education outcomes and socio-economic status for young people, research on the direct impact on their health outcomes in early adulthood is limited.
- **Emotional support:** 'People I can lean on emotionally'. Research confirms friends, family and romantic partners are critically important to young people's sense of wellbeing and connectedness. However, most of the research is set within the context of mental health problems, development of self-esteem, identity development and the role of peers in helping each other to manage situations such as college. There was little research on how emotional support can help emerging adults achieve their life goals or lead to better health outcomes.

Overall, this review suggested that the research literature has not paid as much attention to the transition to adulthood compared with experiences during the teenage years. Although all four of these areas receive a certain amount of research support in terms of

their role in helping young people navigate their early 20s, the evidence is not definitive and the approaches taken to date have not been as nuanced and holistic as the model the young people proposed themselves. The young people in the Health Foundation's future health inquiry have given us a set of plausible and legitimate hypotheses, and the next stage will be to further test these ideas in the quantitative data sets available to us.

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Introduction

A flourishing and prosperous society is dependent on healthy, educated young people with the life skills to become thriving adults. The factors that shape long-term health and wellbeing exert their influence from an early stage. Ensuring a thriving adult population in the future depends on providing the necessary support and conditions for young people in the here and now. The influence of social determinants on long-term health outcomes is largely accepted and understood by those working in health and social policy. However, the implications of this are less well understood by decision makers across other sectors and the wider public. The social determinants approach to health emphasises the importance of creating the conditions that promote good health across the life course and acting early in life to increase people's ability to build the foundations needed to thrive.

We know that early socio-economic status is linked to later health outcomes,¹ but we do not know much about how this works in the 12–24 age period, nor what happens when we focus directly on the assets that young people are accumulating during this life stage. Some of the more traditional supports and safety nets (such as a buoyant youth labour market and access to welfare benefits) are not as available to today's young people compared with previous generations. There is a sense that some of them may be transitioning into adulthood with fewer 'assets' or 'resources' to help them weather the storms as they age, and that this will be related to their later health outcomes as older adults.

The Health Foundation's Young people's future health inquiry

An interest in these questions, and in the broader social determinants of health, led the Health Foundation to launch an inquiry into young people's health. This represented a first-of-its-kind research and engagement project that aimed to build an understanding of the influences affecting the future health of young people. The 2-year inquiry, which began in 2017, aimed to discover whether young people currently have the building blocks for a healthy future, what support and opportunities young people need to secure them, the main issues that young people face as they become adults, and what this all means for their future health and for society more generally. The Health Foundation took as its starting point the work of Naomi Eisenstadt, *The life chances of young people in Scotland*,² and defined the foundations of a healthy life as:

- the potential to engage in good-quality work
- access to secure, affordable homes in flourishing communities
- a network of stable, supportive relationships and good social and emotional wellbeing, and
- established habits that promote and maintain good health.

An engagement exercise was then undertaken with approximately 100 young people aged 22–26 across the UK to identify the assets which they felt had contributed to their current situation across the four foundations. The exercise adopted a mixed-method and iterative research approach, which incorporated both qualitative and quantitative research methods. The Health Foundation also commissioned an online survey of a sample of 2,000 young people aged 22–26 to gather their views on the challenges they faced. More detail on the engagement exercise can be found in the Health Foundation’s 2018 report, *Listening to our future*.³

As a result of the engagement exercise, the key assets identified by young people were defined as:

- skills and qualifications – ‘how right my skills are for the career I want’
- personal connections – ‘the confidence and connections to navigate the adult world’
- financial and practical support – ‘having the support to achieve what I want from life’
- emotional support – ‘people I can lean on emotionally’.

Aims and methods

In this working paper, we take each of the four key assets in turn, explore how they have been conceptualised in the literature to date, and assess the available research evidence suggesting that they are indeed related to later health outcomes. This is a ground-clearing exercise, to establish what we already do and do not know. The young people have provided the basis for a set of hypotheses that we will be exploring through quantitative analysis of longitudinal data as part of the Young people's future health inquiry. This paper essentially provides the background to those analyses.

This paper provides an overview of evidence relating to topics raised by the young people in the early stages of the future health inquiry and highlights where there are gaps in existing research. As such, it is not a comprehensive or systematic review.

The paper provides a context for subsequent outputs from the Health Foundation's Young people's future health inquiry. It helps to formulate some of the questions that the inquiry will tackle, and provides a background for subsequent quantitative longitudinal analysis of how these assets may relate to outcomes for young people in their early 20s. It is one of a series of working papers that can be found on the inquiry's website. The inquiry will culminate in a policy analysis and development of recommendations in 2019.

Asset 1: Skills and qualifications: ‘How right my skills are for the career I want’

Summary

What the young people said

Young people told the Health Foundation that a key asset for their future health was developing the right skills and qualifications for the career path they chose.

Evidence suggests

- Nearly all young people now stay on in some kind of education or training until age 18, but significant proportions still do not get the minimum qualifications for entry to post-school education, apprenticeships or employment.
- Approximately a quarter of young people feel trapped in the wrong job.
- There are particular issues in accruing the right skills and qualifications for those who want to take a vocational pathway.
- There is a significant skills mismatch in the workplace for the 16–24 age group in the UK. Approximately 10% are ‘under-educated’ for their job, and 13% are ‘over-educated’.
- Employers consistently agree that young people need more skills, over and beyond straightforward educational qualifications.
- Educational level is clearly linked to later health outcomes, as are good working conditions. However, there is less evidence on the long-term health implications of a skills mismatch.

What the young people said

The young people interviewed for the Health Foundation inquiry emphasised that during their teens and early 20s it was critical for them to accumulate an appropriate level of skills and qualifications to pursue the career path of their choice. Their full definition of this ‘asset’ was:

‘Whether or not young people had acquired the appropriate type and level of skills and qualifications to enable them to pursue their preferred career. This referred to whether they had appropriate skills for a particular job/career, rather than their absolute level of qualifications, e.g. apprenticeships.’

The construct as identified by young people has overlap, but is not synonymous, with issues that have been investigated in the literature already. For example, there are quite clear differences between ‘skills’ and ‘qualifications’. There are also issues in deciding what a particular job or career actually means – at what point do we say we have ‘arrived’ in this

respect? By nature, early career paths may chop and change until people settle down. It is hard to decide when it is the right moment to assess whether the right skills have been accumulated; this may not be clear until much later in the process. The definition will also be framed by the current educational and qualification landscape that the young people are navigating. We take a look at this first, and then assess the extent to which existing research has already attempted to tackle this issue.

Background – recent changes to the educational context

There have been rapid changes in the education systems of the four nations of the UK in recent years, providing an important backdrop to young people's interest in gathering appropriate skills and qualifications. In England, for example, this has included the growth of the academy programme, the introduction of 'free schools', the extension of the age for compulsory participation in education or training to 18 years, and a raft of changes to the educational qualifications themselves. However, it is important to note that the countries of the UK have rather different educational and examination systems.

Almost all young people in the UK at age 14–16 start on a programme of study (sometimes referred to as Key Stage 4) that is expected to lead to qualifications. In England, Wales and Northern Ireland this is currently GCSEs; in Scotland it is now the 'National 5s' qualifications. From 16–18, the majority of young people in the UK now continue to stay on in some kind of education, including studying for A levels, BTECs and – in Scotland – the Highers and other options, although those in Scotland, Wales and Northern Ireland can still leave education at age 16. In 2018, 87% of English people aged 16 and 17 were in education.⁴ The newly introduced T levels ('Technical education') are not yet widely available, and will not be fully rolled out until 2020. In future years, however, they should be on a par with A levels and provide young people with a choice between technical and academic education post-16. The issue is that A levels were originally designed as a pre-university selection system for a small section of the cohort, but have evolved into being a national school-leaving qualification, a purpose they do not suit for those who are more vocationally inclined. The relationship of the new T levels to existing BTECs at this point is not clear. Like BTECs, T levels will cover sectors such as finance and accounting, engineering and manufacturing, and the creative and design industries. There are also various other existing vocational qualifications available to those aged 16–18 that offer routes into employment or higher education.

After age 18, the educational options are to progress to university (higher education), to do additional vocational qualifications (usually in further education), or to do an apprenticeship or equivalent (work-based learning with day release etc). The proportion of young adults staying on in higher education has risen in recent years, with 27% of 18-year-olds carrying on in England in 2015/2016.⁵ The Higher Education Initial Participation Rate (HEIPR) is an estimate of the likelihood of a young person participating in higher education by age 30, based on current participation rates. In 2015/2016, the HEIPR rose to 49% and has been

showing a steady rise, other than a mild fluctuation in 2012/2013, which coincided with the introduction of the £9,000 per year tuition fee.⁵ However, this still leaves a significant proportion of the 18 to 19 age group who do not go on to university – approximately two-thirds.⁶

In recent years there have been various attempts to promote a more viable vocational offer alongside university, particularly as university education now often results in extensive debt (although this varies across the countries of the UK). However, the options for those not following a higher education route are more confusing and limited, and it has proved hard to make this sector work. To tackle this, there have been recent moves to increase and improve the apprenticeship sector. Apprenticeships typically provide on-the-job training, and people earn money while they study. Apprenticeships take a practical approach, providing opportunities to apply skills immediately. In England, young people aged 19–24 accounted for 29% of new apprentice starters and those aged under 19 accounted for 25% in 2016/2017. However, in absolute numbers not many young people do apprenticeships. Estimates suggest this accounts for as little as 2% of the age group.⁷

Recent Department for Education research has also looked at the currency of Level 4 and 5 qualifications in England – that is above A levels but below a degree level. This might include Foundation degrees and Diplomas of Higher Education. Analysis concluded that studying at this level can increase earning potential and employability – students achieving a Level 4 or 5 qualification by age 23 had higher median wages by the time they were 26 and were more likely to be in sustained employment than students who achieved a Level 3 (A levels). Encouragingly, learners at this level often study part-time and come from diverse backgrounds, suggesting that this route may help promote inclusion. However, very small proportions of the age group follow this pathway, with only 4% holding a Level 4 or 5 qualification as their highest level by age 25 years.⁸

Another vocational education innovation is the new ‘degree apprenticeships’. Degree apprenticeships are a type of programme offered by some universities. Students can achieve a full bachelor’s or master’s degree as part of their apprenticeship. Degree apprenticeships were aimed at bridging the gap between education and employment. They can take between 3 and 6 years to complete, depending on the course level. Currently, the scheme is only available in a very limited way in the UK, but it may become a bigger part of the picture in the next few years.

The right qualifications and skills

Problems with qualifications and skills may relate to: (a) not having enough to get into the labour market in the first place, or (b) having a skills mismatch once in the market.

Obtaining minimum qualifications

The minimum qualifications that are often required to progress into further education or employment are GCSEs or their equivalents. In England in 2016, approximately half of the 16 years age group achieved the ‘benchmark’ of five or more GCSEs at grade A*–C including English and maths, which is the basic level to allow progression to A levels and university.⁹ Similar rates are found in the other countries within the UK. This leaves nearly half of the age group – sometimes referred to as ‘the forgotten half’¹⁰ – with far fewer options for progression.

Some groups are particularly disadvantaged. For example, only 14% of looked after children achieve this level of GCSE qualification. In 2018 in the UK, 11% or 790,000 young people aged 16–24 were not in education or training. Official unemployment for 16- to 24-year-olds stands at around 12%, which is about one in eight.¹¹ Many of these will be young people who dropped out of the educational stream without obtaining this minimum level of qualifications. A proportion may go on to enter higher or further education at a later time, taking a less direct route and following more varied pathways.

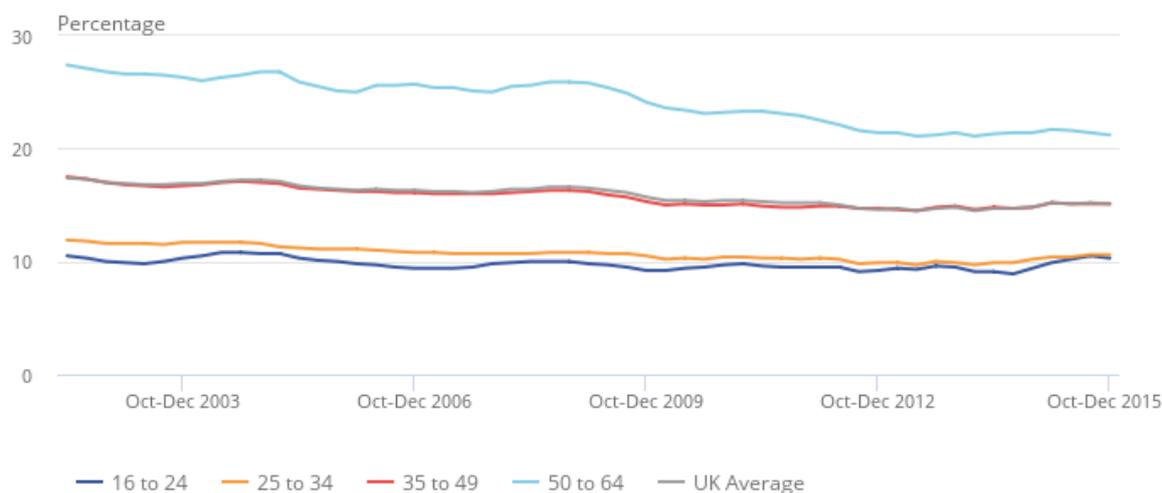
A levels or their equivalents (BTECs, for example) are increasingly being regarded as the minimum qualification by employers, now that education extends for longer.¹² Studies have detailed the earnings and employment returns for having A levels, concluding that there are strong positive wage returns to A levels irrespective of whether the student carries on into higher education.¹³ Overall, all levels of education and skills acquisition result in improved labour market outcomes that persist for many years post-attainment.^{14,15}

Skills mismatch

Although the data show that rates of unemployment for 16- to 24-year-olds are improving slightly, for those in work there is a concern over a mismatch between the skills obtained by young people and the skills that are required by their employers. This is a notion close to that raised by the young people in their own definition, given at the beginning of this chapter. Over a quarter of young people report feeling trapped in a cycle of jobs they did not want, or say that they had to take whatever job they could rather than focusing on their career.¹⁶ This skill mismatch or gap can go two ways: those who are under-qualified and those who are over-qualified. Generally, there is concern about young people not having enough of the right qualifications, but being over-qualified appears to be an increasing problem.

Figure 1 draws on Office for National Statistics (ONS) analyses showing that, in 2015 in the UK, 10% of those aged 16–24 in the workplace were defined as ‘under-educated’. These definitions are based on educational level achieved prior to employment.

Figure 1: Percentage of those in employment defined as ‘under-educated’ by age groups, 16 to 64, UK, 4 quarter rolling averages, April–June 2002 to October–December 2015

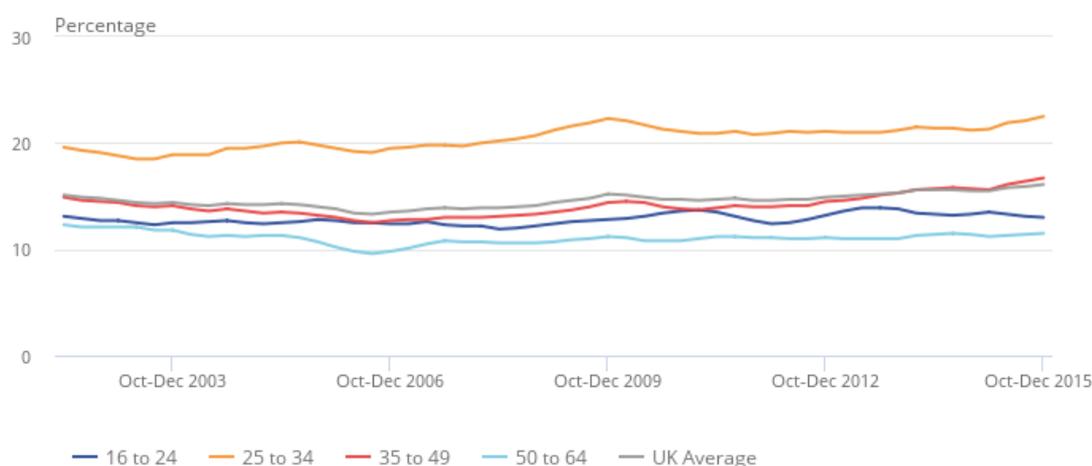


Source: Labour Force Survey.¹⁷

Under-education may also refer to other skills apart from qualifications. Research confirms that employers regularly identify a shortfall in soft skills such as communication and teamwork. Around half of businesses report that they are not satisfied with school leavers’ work experience, skills in communication, analysis skills and/or self-management.¹⁸ Skills shortage has been identified as the biggest risk for business.¹⁹ There is also evidence that disadvantaged young people are more likely to have lower levels of digital skills, which limit their employment opportunities.²⁰

In comparison, Figure 2 shows that 13% of those aged 16–24 were defined as ‘over-educated’. Rates are higher for those aged 25–34, and this age group has also shown a recent rise in this problem. The ONS estimated that around a fifth of this age group are entering jobs for which they are over-educated.²¹

Figure 2: Percentage of those in employment defined as ‘over-educated’ by age groups, 16 to 64, UK, 4 quarter rolling averages, April–June 2002 to October–December 2015



Source: Labour Force Survey.¹⁷

The ‘suitability’ of education for a particular purpose or career, rather than under- or over-education, is a rather different issue than under- and over-education, but clearly one that concerned the young people involved in the Health Foundation research. Again, there has been pre-existing research on this in the UK context, although the question that is usually asked is about the suitability of the system as a whole rather than about individuals and their unique careers. Whether our education system is ‘fit for purpose’ for our modern economy was a major focus of a number of reviews and commissions in the 1990s and early 2000s, such as the Nuffield Foundation review of 14- to 19-year-olds and the Wolf Report.^{22,23} The Nuffield review began with the interesting question, ‘What counts as an educated 19 year old in this day and age?’ It suggested that the focus of education needed to shift in order to prepare young people for the lives they were now being expected to live.

Overall, research tends to support the conclusions from a study by Education and Employers²⁴ that:

- the modern job market is markedly different from that a generation ago, with greater complexity and more barriers to participation
- school-to-work transitions are more fractured than they used to be, requiring considerable flexibility and skill beyond that taught in formal lessons
- ‘good’ employers are more demanding, wanting more creative problem solving and other personal skills.

Implications of a skills gap

Overall, there is plenty of evidence that level of education increases health literacy and health decision making, and enhances people's ability to marshal resources that affect health outcomes.²⁵ The health benefits of education accrue at the individual level in terms of the life skills people acquire and access to income, and at the community level in terms of the health-related characteristics of the environments in which people work and live as a result of their employment. Education is one of the strong social determinants of health.²⁶

Unlike the other topics covered, much of the evidence on the health impact of education relates directly to the 12–24 age group, as this is when a significant proportion of education takes place, particularly relating to qualifications that provide a gateway to higher-status jobs in the longer term. Cross-sectional surveys have shown that completing secondary education is associated with improved health outcomes in areas such as substance use and sexual health.²⁷ Over a number of years, longitudinal research from the Centre for Research on the Wider Benefits of Learning has found education to be beneficial across a range of health areas. Years of education and highest level of education predict later mortality, physical health and mental health. This includes effects on later depression, obesity, smoking and take up of preventative care.^{26,28}

As well as direct effects on the kinds of environments and activities people will later work in, education affects self-esteem, social support, civic participation and income inequality. At the upper end of the spectrum, an 'elite education' can benefit health; findings from the 1970 British Cohort Study have demonstrated that private school and attendance at high-ranking universities were related to better self-rated health, lower body mass index (BMI) and favourable health habits at age 42.²⁹ There could be a number of reasons for the link including, potentially, increased spending per pupil in private schools, providing more resources for health-enhancing activities such as sports.

However, when we look more closely at the exact asset definition as set by the young people, there is less evidence on how a skills mismatch per se affects later health outcomes. Where this does arise is in studies of the impact of underemployment, which have demonstrated that young adults who are both unemployed and underemployed are at higher risk of poor mental health outcomes,³⁰ and that underemployed workers report lower levels of health and wellbeing than adequately employed workers.³¹ Still, there is very little existing research that directly tackles the question of how not having the right skills and qualifications for your job might affect your health outcomes in later life.

Conclusion

Existing evidence confirms that not having the right skills for employment is an increasing concern both for employers and for young people in the changing labour market. The suitability of educational qualifications for modern work, the significant proportion of the age group who do not attain the minimum qualifications that provide currency in the workplace,

and the risk of being either under- or over-educated, all pose challenges for today's generation of young people. Plenty of evidence supports the importance of educational level to later health outcomes, but the implications of a skills mismatch at work are less clear. Finally, a conundrum is posed by this asset as defined by the young people, as young people in their mid-20s may not yet be in a position to evaluate whether they have acquired the right skills for their careers.

Asset 2: Personal connections: ‘The confidence and connections to navigate the adult world’

Summary

What the young people said

Young people emphasised the importance of having the right personal connections to help them get on in work.

Evidence suggests

- This definition is a subset of a broader construct of ‘social capital’. The young people’s interpretation is more personal and individualistic than the usual research definitions, which stress something more akin to ‘social fabric’ and ‘belongingness’ than ‘help to get ahead’.
- During adolescence important personal connections are built up in the family, at school, with friends and peers, in the community and neighbourhood and through contacts with advisors and work contacts.
- There is an increasing body of evidence on the importance of these kinds of positive social capital on young people’s later life experiences. This mostly relates to mental health outcomes and academic achievement but it also includes influences on risky health behaviours and development of career aspirations.

What the young people said

The young people interviewed by the Health Foundation for the inquiry emphasised the importance of having the right personal connections to help them on their way into their early 20s, particularly in relation to entering employment. Their definition of this ‘asset’ consisted of three elements through which personal connections helped with employment:

Advice: guidance through the job market, helping them identify what they wanted to do, the skills needed and how they get there

Networks: connections to networks that could unlock the door to finding a job or help them take their first step on the career ladder

Confidence: support to boost their confidence in their ability to achieve their goals. This is particularly important when applying for jobs and being able to handle new situations, especially in the workplace

How these constructs have been used previously in the literature

The key elements of the asset identified by the young people were relevant connections, social networks, and advice and guidance. Their definition stressed these specifically in relation to the labour market. Except advice and guidance, these are commonly regarded as elements of 'social capital', but they are only part of that construct. Social capital has been defined in a number of ways. Overall, and at the simplest level, it means the resources that people have as a result of their relationships. These relationships in young people aged 12–24 can be with their family, their peers, the community, their school or educational institution and later on with their work colleagues.

In one of the best known analyses of what social capital means, Robert Putnam described it as a resource possessed by collectives rather than by individuals. He described the key concepts on which relationships are based as the trust, shared norms and reciprocity.³² This makes it a broader notion than just 'useful personal connections'. Putnam also described two common types of social capital: bonding and bridging.³² Bonding social capital is usually about what happens within groups of people, with informal networks that enable the individuals to 'get by'. Bridging happens between groups, helping people to 'get on'.

Other definitions stress different elements. For example, in his book on the topic, David Halpern defined social capital as 'the social networks, norms and sanctions that facilitate cooperative action among individuals and communities.' (p. 39)³³ Thus, for Halpern, 'any social structure – short of a fully formal institution – that facilitates cooperation and trust between people can be viewed as a form of social capital' (p. 292).³³ According to Halpern, at the micro-level social capital consists of close ties to family and friends; meso-level social capital consists of links with communities and social organisations; and macro-level is state and national-level connections (like a shared language). This definition is a bit broader than many social capital scholars employ. Indeed, Halpern's version of social capital is virtually synonymous with 'social fabric'.

The ONS takes a more pragmatic approach, identifying four aspects of social capital: personal relationships, social network support, civic engagement and shared trust and cooperative norms.³⁴ Only the second relates directly to something you draw on to help yourself progress; the ONS defines this as 'the level of resources or support that a person can draw from their personal relationships'. It does also include a reciprocal relationship – what you do for others as well as what they do for you.

None of the practical measures in the ONS report on social capital quite reflect what the young people alluded to in the Health Foundation inquiry. In the ONS work, measures of

personal relationships reflect how many friends, relatives or work colleagues are available, and the individual's satisfaction with this relationship. Measures of social network support include whether there is someone to rely on when faced with a serious problem, or to borrow things from or exchange favours with, and whether there is anyone to whom the respondent gives help themselves. Neither tap into the way in which networks help you to 'get by' or 'get on' in Putnam's terms.

The young people's emphasis on 'advice and guidance' is not usually part of definitions of social capital, although it seems intuitive to think that advice and guidance might be one of the mechanisms by which social capital gets translated into some kind of advantage. Alternatively, advice and guidance is sometimes held up as a way of compensating for a lack of social capital among young people.³⁵ In this way, the young people's definition could potentially include mentoring, which is covered in a separate literature from that on social capital. Mentoring can include adult guidance, but it can also imply peer mentoring, which has a literature of its own. Overall, reviews of mentoring programmes tend to conclude that they can have a significant effect, but with a small effect size, and that they may benefit high-risk young people more than others.^{36,37} The positive effects may well include impacts on career and employment outcomes. However, there are a number of definitional and methodological issues with the mentoring research base, and it is hard to draw definitive conclusions.

The construct to which the young people refer, therefore, is a subset of a broader category of social capital, focusing specifically on quite individualistic elements; how much they can draw on others for particular, personal help. Their stress on the use of such networks to progress in life is covered in some pre-existing constructs of social capital but not others. Some writers – including Putnam and Halpern, for example – have noted an increase in the emphasis on this kind of individualistic social capital in the US and the UK in recent years.³⁸ It may be that the young people's perspective on what they need is being influenced by the way contemporary society frames these issues. Reviewing the research on societal values is beyond our scope here, but it may be relevant to the broader context for the young people's views on what they need. The young people's definition also draws in elements of advice and guidance that are not usually part of traditional notions of social capital, which centre more on shared, reciprocal relations of trust and cooperation between individuals or within groups.³⁹ This may simply be a reflection of their life stage and the pressure being put on them to move forward, achieve and find work.

Building social capital and personal connections during adolescence

A considerable amount of research evidence has accumulated on how young people build these kinds of social connections during adolescence. During this life stage, relationships outside the family become more important, with major influences of peers, wider social groups and the media becoming particularly strong. Adolescents may be particularly susceptible to social influences given their developmental stage and developing brain.^{40,41}

Secondary school as an environment (in addition to a source of qualifications) is the critical setting for many of these influences, but others – such as engagement in political, religious and social groups – may arise outside the school environment, as young people spend more time outside the parental home and beyond parental influence.

School networks

Education constitutes a vast and significant social institution with which young people are directly engaged for a great deal of time. School connectedness, relationships between young people and their teachers, and opportunities provided at school contribute towards increased engagement in school, easier transitions into secondary school, lower levels of health risk behaviours, and academic attainment.^{42,43,44,45}

Peer networks

In the transition to adolescence, young people's relationships with their friends and peers are more salient, grow more complex and have more influence.⁴⁶ Poor relationships with peers can predict lower educational attainment by age 18 and lower employment prospects.⁴⁷

Community and neighbourhood networks

Young people spend a great deal of time in their neighbourhoods, possibly more than anyone except mothers with young children and the elderly. There is growing evidence of the influence of neighbourhood networks on young people's health and wellbeing.^{48,49} Evidence from longitudinal studies also suggests that community networks can have an impact on employment prospects.^{50,51} Living in high-income neighbourhoods may improve employment prospects at least in the short term, while living in low-income or deprived neighbourhoods may have an effect on employment prospects that lasts longer, including an unintentional slide into long-term low-income work.⁵¹

Informal networks

Evidence from the UK shows that young people's informal networks, mainly from their parents and extended family, may have a greater influence on young people's transitions, career development and decision making than formal career guidance.⁵² A qualitative study that interviewed young people who were not in education and not in training 6 months after compulsory schooling reported that informal networks in the form of friends and family were very important in getting them out of inactivity.⁵³

Careers advice and early work connections

Careers advice and guidance are very important in making young people aware of the diversity of career opportunities and progression routes. It is particularly important for progression in the sciences and mathematics; a report from the National Audit Office has listed careers information and guidance as one of five critical success factors in improving take-up and achievement in science.⁵⁴ There is general agreement that access to high-quality careers guidance at the right time is essential for young people from the whole ability range.^{55,56}

Mentoring

A wide range of activities falls under the heading of mentoring, and definitions are fraught. Generally, the term is used for supportive relationships between two people with the aim of providing advice and guidance.⁵⁷ There are also distinct literatures on mentoring young people who may be at risk versus mentoring for business and occupational success. Overall, it is very difficult to untangle causality because of selection effects; mentoring is likely to work best when people 'opt in', but this means that we cannot properly separate out the impact of what the young person brings (motivation, enthusiasm, openness) versus what they get from the relationship. In terms of youth development, reviews have concluded that there are a number of factors associated with increased impact of mentoring, including appropriate training, understanding or similarity between mentor and mentee, and integration into a wider organisational context rather than being a stand-alone activity.^{36,37}

Evidence on the link between personal connections, employment and health outcomes

There is an ever-increasing body of evidence on the importance of these kinds of positive social capital on young people's later life experiences. This mostly relates to mental health outcomes and academic achievement. Overall, family, school and neighbourhood social capital has been shown to be associated with better mental health outcomes and reduced behavioural problems among young people aged 10–19.⁵⁸ Low school connectedness in year 8 (ages 12 and 13) is associated with increased risk of anxiety and depression later on in adolescence.⁵⁹

Positive effects on other aspects of health have also been noted, particularly in terms of reducing risky health behaviours such as substance use. There is evidence for this effect for positive parent–adolescent child relationships,⁵⁸ increased school connectedness⁵⁹ and neighbourhood involvement.⁶⁰ On the other hand, low levels of neighbourhood involvement are associated with lower likelihood of eating fruit and vegetables.⁶⁰ In high-income countries neighbourhood deprivation has also been associated with increased youth violence, teenage pregnancy, poor mental health outcomes and lower educational attainment.²⁷ There is some weak evidence that neighbourhood social capital may play an important role in contributing towards the social gradient in health outcomes in adolescents.⁶¹ However, further studies specific to the UK adolescent population are required.

Peer relationships, particularly in adolescence, have an influence on young people's health behaviours. Strong connections with prosocial peers can be protective from a variety of risk factors, such as violence and teenage pregnancy, and are also associated with increased wellbeing.⁶² Positive social norms among peers can be protective against risk-taking behaviour in adolescence, such as smoking, drinking and substance misuse.⁴² However, it is important to note that peer modelling can equally have a negative influence on health risk-taking behaviour in adolescence.⁶³

There is growing research interest in the role of social capital in developing career aspirations and workplace attainment. This suggests a role for both the positive influence social capital received from parents and school networks and the social capital young people generate for themselves through 'out-of-school' activities.^{64,65} In terms of other sources of advice and connections, there is also evidence to show that young people who have been in contact with professional employers four or more times while at school are five times more likely to transition to employment, education and training, and on average earn 16% more than young people who did not have similar opportunities.²⁴ In terms of mentoring, an evaluation of the UK programme Mentoring Plus, which recruited and engaged actively with a large number of young people who were at considerable risk of social exclusion, concluded that there were positive effects on (re)engaging with education and work.⁵⁷

Conclusion

The research literature provides good evidence to support the young people's original hypothesis that the kinds of social networks, personal connections and neighbourhood resources available to them during the teenage years are important in setting the context for the transition to adulthood. Research supports the importance of building social capital through the second decade of life, both for immediate effects on health, wellbeing and educational attainment, and also to build resources to draw on as young people move into the world of work. However, research on this topic tends to be disparate and siloed; relating peers to family, mentoring to the school setting or neighbourhoods to early work connections is beyond the reach of the current literature. The young people's more holistic approach that emerged from the Health Foundation's inquiry is not clearly reflected in the existing evidence base.

Asset 3: Financial and practical support: 'Having the support to achieve what I want from life'

Summary

What the young people said

Young people involved in the Health Foundation's engagement work stressed the importance of both a financial safety net and practical support, such as childcare, in their transition to adulthood.

Evidence suggests

- Financial assistance from parents is associated with higher education and improved living standards for young people.
- Up to a fifth of young people aged 18–30 rely on financial help from their families to get them through to the end of the month. Two-thirds of those buying property do so with gifts or loans from relatives. Lack of access to these funds is likely to entrench inequalities.
- Families also provide practical help with acquiring jobs and providing a roof over the young people's heads.
- There is limited information in the research literature on how adults other than those in the immediate family may offer practical support at this time, although youth services, mentoring and childcare support for young parents have all shown positive results.
- There is also limited information on the direct impact of financial and practical assistance on the health of young people as they transition to adulthood.

What the young people said

Young people involved in the Health Foundation engagement work stated that having a financial safety net was a key asset to achieving a positive destination in later life. They also identified the importance of practical support, such as childcare. Their definition of this asset was:

'Having the support to achieve what I want from life.'

Those lacking this kind of safety net found the experience particularly stressful as it limited their ability to take risks, such as returning to education after having a child.

The importance of financial and practical support through the teens and early 20s

Certainly, this is a key factor in the context of young people's lives. It is also an area where there has been considerable social change. Young people in industrialised nations are experiencing an elongated transition into adulthood, with more young people remaining in higher education for longer, living at the parental home for longer, and often combining education with employment.^{66,67,68} Recent decades have seen a reduction in the availability of state benefits for this age group, an increase in the cost of housing, and the introduction of charges and loans for higher education.^{69,70,71} It has been estimated that 'millennials', born between 1981 and 1996,⁷² will be the first recent generation to earn less than their predecessors.⁷³ In addition, the ratio of house prices to income has doubled in the past 20 years.⁷⁴ Growth in wages trails well behind house price inflation, increasing just 2.2% in the year to 2016.⁷⁵ A recent representative survey of 4,010 18- to 30-year-olds undertaken by the Young Women's Trust concluded that one in five young people are in debt all the time, and a quarter have worse debt levels now than in the previous year.⁷⁶

For young people today, financial support is unlikely to come from the state, but it may be available from families. Financial assistance from parents has been shown to be associated with higher education and improving living standards.^{77,78} According to the financial services company Legal and General, one in every ten renters in the UK (9%) will receive help from family and friends to pay their rent, while 6% have help with moving expenses and 5% with letting fees. Figures on contributions to mortgages are also significant; by money given or lent, the 'bank of mum and dad' rivals the UK's ninth biggest mortgage lender. Parents, family and friends put up £6.5 billion in 2017 to help their relatives onto the property ladder – a 30% increase on the previous year. Among property buyers under 35, nearly two-thirds (62%) purchased with help from parents.⁷⁵ Other surveys suggest that young people see their family as their main safety net. Of those aged 18–30, one in five rely on parents or carers to get them through to the end of the month.⁷⁶ Data from the US suggest that there have been significant increases in the receipt of parental financial support among 19- to 22-year-olds between the early 1980s and 2011.⁷⁹ The same is likely to be true in the UK, although comparative trend data are not available as far as we are aware, and there are considerable challenges in generalising from the very different US context.

Financial support during the transition from adolescence to adulthood is also thought to be an important mechanism in the intergenerational transmission of socio-economic status.⁸⁰ Not surprisingly, there is evidence to show that parents from lower socio-economic status are less likely or able to provide financial support to adolescents during their transition into adulthood.⁸¹ Others have noted that there is a gap in the social protection afforded to young adults in the UK, as state support for parents ends before their children are entitled to full support.⁷¹ With increasing inequalities in wealth, these factors could be important contributors towards exacerbating inequalities in access to good housing, education and good-quality work experience by young people aged 18–24.⁸²

Financial support may not simply mean availability of money, but may also imply ‘economic socialisation’ – support in learning the skills to become financially independent. There is a research literature on economic socialisation which suggests that this can make a difference to long-term financial outcomes; thus, for example, early access to savings accounts leads to better saving behaviour later, and improved economic wellbeing and advice may help lower-income young people lead better lives.⁸³

The Princes Trust has introduced a distinction between the ‘financial bank of mum and dad’ and the ‘social bank’ that family may also provide. Interviews with young people suggested that while the financial side of the equation was indeed important, so, too, were other more social kinds of support, such as help finding a job. More than one in ten (11%) of young people whose parents did not help arrange work or work experience are currently not in education, employment or training (NEET), compared with 6% of those whose parents did help. More than a quarter of those from a poorer background (27%) feel their family ‘did not know how to support me when I left school’.⁸⁴ Providing a place to live can also be a key parental contribution. The number of young adults living with their parents has reached an all-time high in the latest figures for 2017, with more than a quarter of people aged 20 to 34 still living at home, a rise of just over 21% since 1996.⁸⁵

There is much less information in the research literature on how adults other than those in the immediate family may offer practical support at this time. The exception to this is the evidence on the more formal role of youth services and mentoring. Mentoring has already arisen in the previous section on personal connections, and there is an overlap between personal connections for navigating the adult world and financial and practical support. Analysis of the UK Civil and Social Justice Survey has led to the conclusion that obtaining advice increases the chances of young people successfully resolving their social welfare problems and improving their wellbeing.⁸⁶ As we have noted, reviews of mentoring have generally come to mixed conclusions, but usually accept that caring and meaningful relationships with non-parental adults (or older peers) can promote positive developmental trajectories.⁸⁷ The evaluation of the Sure Start pilots in 20 areas of England during the early 2000s concluded that support for teenage parents led to better outcomes for parents and children and should be made available throughout the country.⁸⁸

Not all young people have family to fall back on as they transition to adulthood. At least 300,000 young people in the UK live independently on benefits – amounting to 1 in 25 of all 16- to 24-year-olds. Many of them have no choice but to live independently due to circumstances outside their control. They may, for example, be care leavers without any close family or unable to live at home because they are at risk of abuse or violence.⁸⁹ Analysis of the 2008–2009 National Longitudinal Study of Adolescent Health in the US revealed that a quarter of young adults lacked an active relationship with at least one parent.⁹⁰ However, translating findings from the very different US context to the UK needs some caution. Finally, the role of ‘trusted adults’ has received some limited attention in the

literature to date. Some of this research has arisen in the child protection and early trauma domains, as part of a search for ways to promote resilience and encourage help seeking.⁹¹

Evidence on the link to health outcomes for this age group

Despite evidence on the roles of financial and practical assistance in improving education outcomes and socio-economic status for young people, the evidence on the direct impact on their health outcomes is limited. A Joseph Rowntree Foundation review of the evidence on money and health set out some potential links.⁹² These included material mechanisms (ability to buy necessities and avoid 'toxins'), psychosocial pathways (stress of low income, feelings of lower status, other social factors) and behavioural links (healthy behaviours are more expensive, less investment in long-term outcomes). There is some support for all these pathways. The same limitations apply to research on other aspects of practical support, such as the role of trusted adults. For example, while recent research review protocol suggested that important choices relating to health and education are made during the adolescent period, the authors suggested there is little formal evidence relating to the impact of trusted adults on such outcomes.⁹³

Overall, evidence relating specifically to our age group is limited. Some robust but isolated studies of adolescents have shown that parental financial assistance is positively associated with changes in depressive symptoms.^{78,94} In addition, the US National Longitudinal Study of Adolescent to Adult Health has shown that young adults who did not have parental ties faced disadvantages such as lower levels of education, poorer health and more depressive symptoms, pointing to compounding disadvantages.⁹⁰ However, we are wary of generalising too far from US samples given the rather different experience and meaning of socio-economic status in the US context.

Conclusion

Parental financial and practical support for young people is extensive. It is also potentially increasing as the external financial pressures on young people grow – including housing costs, reducing state benefits and burgeoning student loans. Young people without access to these financial and practical safety nets may be particularly disadvantaged. However, only very limited research examples exist in the UK context specifically tackling the hypotheses set by the young people in the Health Foundation inquiry, namely that these kinds of supports are necessary as a building block to a healthy early adulthood.

Asset 4: Emotional support: ‘People I can lean on emotionally’

Summary

What the young people said

Young people talked of the importance of having someone trusted to talk to and be open and honest with, which could include parents, partners and friends as well as mentors.

Evidence suggests

- Family connectedness (which draws in many constructs such as interest, support and control) is a critical factor in young people’s later outcomes. However, there seem to be very few studies looking directly at how parents’ emotional support during the transition to adulthood directly contributes to young adults’ goal achievements.
- In the existing research literature, the role of mentors and trusted adults has been explored in relation to compensation for lack of family support, particularly in relation to educational achievement.
- Peers are also clearly an important source of emotional support, but research on the impact of this is usually framed in terms of wellbeing rather than achievement of life goals.
- Overall, although we know that emotional support is implicated in a range of future health outcomes, there is less concrete evidence about how it helps to achieve other kinds of life goals such as good jobs, further education or more stable living arrangements. There is also a lack of information on how different relationships (with parents, mentors, friends etc) can be considered as part of a portfolio of emotional support, rather than just as separate assets.

What the young people said

Young people who spoke to the Health Foundation’s inquiry stressed the importance of emotional support as an asset to help them achieve their life goals. Their definition of this asset was:

‘Having someone trusted to talk to and be open and honest with, who supports your goals in life, which could include parents, partners and friends as well as mentors.’

There is clear overlap between this asset and several of those already discussed, particularly ‘personal connections’, but also including ‘financial and practical support’. Here we pull out some main points specifically in relation to emotional support. This is not an

overview of all research on the topic, but instead we try to focus particularly on the sources of support raised by the young people. This means that we have not covered, for example, the role of the state in providing what might be termed emotional support in the form of child and adolescent mental health services, or the role of social work and youth justice interventions in this context. Emotional support could also potentially be provided by participation in sport or cultural activities; again, this may be critically important but was outside the scope of what the young people suggested as their particular hypothesis.

Family relationships and connectedness

Parents of young people are key in providing emotional support during this stage of development, despite there being an increase in peer relationships and influence. Surveys suggest that parents and their emerging adults get along well, much better than they did when the young people were adolescents.⁹⁵ In *Working Paper 1* in this series we reviewed the literature on the links between family relationships and concurrent and future physical and mental health outcomes.⁹⁶

In summary, decades of research have identified key elements of good relationships between adolescents and their parents. Emotional support is a key part of this. ‘Authoritative’ parenting styles – endorsing family connectedness and sharing norms and attitudes – have been shown to protect young people against poor health outcomes in adolescence and promote prosocial behaviour, greater school achievement and greater self-confidence.^{97,98} Overall, parental support has been found to have a protective effect on health, with parental support and control linked to lower tobacco and marijuana smoking⁹⁹ and lower substance use overall. Familial violence, lack of cohesiveness and conflict within the family have been associated with depression and internalising problems in adolescence.^{100,101}

Longitudinal studies have also suggested that the quality of the parental relationship in adolescence is modestly related to later psychosocial functioning in adulthood.¹⁰² Parents’ interest in their child’s schooling has been associated with improved self-rated health in young adults.^{103,104} Positive parental relationships are also connected with a lower risk of obesity and diabetes in adulthood.¹⁰⁴ Family connectedness (which draws in many constructs such as interest, support and control) seems to be one of the most important factors in young people’s later outcomes.²⁷

The young people involved in the Health Foundation’s inquiry, however, stressed the role of others in helping them achieve their goals, rather than as routes to better health outcomes. Here the research is less clear, although there is a growing interest in the topic given evidence that parents are more involved with their adult offspring for longer.⁶⁷ It has been suggested that students receive more support from parents than non-students, and thus perhaps the increase in parental involvement is a reflection of the fact that more young people continue to be students for longer. Co-residence in the same house into the early 20s is also likely to be a factor.¹⁰⁵

In terms of achieving life goals, the issue here is the extent to which parental emotional support helps adolescents and young adults to become more resourceful and to improve their problem solving. Others have described this as a process of helping young people to learn how to self-regulate.¹⁰⁶ Reviews of the literature regularly conclude that there are associations between self-control and self-regulation (and similar concepts) in childhood and many domains of adult life, including mental health, life satisfaction and overall wellbeing, qualifications, income and labour market outcomes, crime, measures of physical health, obesity, smoking and mortality.¹⁰⁷ The building blocks for this are probably put in place earlier, although there may be scenarios where parents were not very engaged when children were younger, but then relate to them better as they get older.

There seem to be very few studies looking directly at how parents' emotional support during the transition to adulthood directly contributes to young adults' goal achievements. One exception to this is a study from the US on a large, nationally representative and longitudinal sample, which suggested that positive parenting behaviours during adolescence were positively associated with young adults' career outcomes, including career satisfaction, career autonomy, career commitment and income.¹⁰⁸ There is also emerging evidence that effects may vary by gender, and that family capital may be more important for young men than young women's achievements.¹⁰⁹

Mentors and trusted adults

As well as their parents, young people aged 12–24 also go to other sources for emotional support, which may include mentors or trusted adults. Both have already been shown as relevant in previous sections, reflecting the range of functions they may play, including as role models, as practical supporters and as emotional support.

Focusing here more on emotional support, the role of mentors and trusted adults has been explored in relation to compensation for lack of family support, particularly in relation to educational achievement. For example, several studies have shown that mentoring young people in foster care, through the transition from care to adulthood, leads to improved mental health outcomes and increased resilience.¹¹⁰ An evaluation of the Big Brother, Big Sister (BBBS) mentoring programme in Ireland found that there were enhanced benefits for those taking part in the BBBS mentoring programme in addition to an existing youth work programme. Those who were mentored showed higher levels of hope or optimism across the study period and their feeling of being supported was increased.¹¹¹

Another source of emotional support for young people during this transition phase is a trusted adult outside the household. A 'trusted adult' is usually described as someone who is not formally assigned to provide support to a young person but rather an adult that the young person has 'chosen' to trust. A trusted adult is therefore someone a young person will risk opening up to because they know the person will be open, honest and look out for their best interests. Young people who receive support from a trusted adult are more likely to engage

in education,¹¹² more likely to be employed¹¹³ and have more progressive careers.¹¹³ One qualitative study found that trusted adults provided emotional support, encouragement and role modelling to young people as they transitioned to adulthood. Many young people identified trusted adults as providing practical assistance, for example, signposting to useful resources. The role this support played on employment prospects was dependant on the level of the young person's engagement in education and employment. For example, for young people who were at low risk of dropping out of education, this support augmented their prospects.¹¹⁴ On the other hand, as we have already noted, there is little formal evidence relating to the impact of trusted adults on health outcomes.⁹³

Other research has linked this kind of support to health outcomes, particularly to risky health behaviours. In one study, adolescents who have an adult mentor were less likely to participate in smoking more than five cigarettes a day, weapon carrying, substance misuse and/or having multiple sexual partners.¹¹⁵ Receiving support from a trusted adult also has positive effects on young people's physical and mental health, with less health-risky behaviours^{112,116} and higher self-esteem and resilience reported in young adults with a trusted adult.¹¹⁷

Emotional support from friends and peers

Clearly, their friends and romantic partners are of critical importance to young people's sense of wellbeing and connectedness, and there is an extensive literature review on the importance of peer relationships at this age.

To date, much of the research on peer support has been set within the context of mental health problems, development of self-esteem, identity development, and the role of peers in helping others find help and manage situations such as college. However, there is very little evidence that we could find on the role of emotional support from peers as an asset in helping emerging adults to achieve their life goals. There is some tangentially relevant work which shows that young people with good peer relationships have better educational outcomes,⁴⁷ which have been linked with better employment prospects, but nothing that specifically addresses the hypothesis set by the young people taking part in the Health Foundation's inquiry.

Conclusion

The emotional support of others is a key human need. Bonding with friends, caregivers, romantic partners, teachers and others has been shown to be important for a range of positive outcomes during the transition to adulthood, although the focus in the literature has been largely on psychological health.¹¹⁸

The young people in this inquiry raised a nuanced and complicated issue, with which research has not quite caught up. Although we know that emotional support is implicated in a range of future health outcomes, there is less concrete evidence about how it helps to

achieve other kinds of life goals, such as good jobs, further education or more stable living arrangements. It seems intuitive to assume it is connected to young adults' ability to achieve their life goals. Connection and attachment to others potentially bring confidence, additional information, new perspectives, encouragement and new strategies. However, emotional support is different from practical support – which we dealt with in a separate chapter – and the evidence on the role of emotional support in the way the young people phrased it is more limited. There is also very little that looks at emotional support in the round, comparing and contrasting the different roles played by different actors. The exception to this is limited research on how friendships can to some extent compensate for poor family functioning, or how parents can compensate for some negative peer influences, but again this work is framed in the context of wellbeing and adjustment, rather than achievement of life goals.

Some links in the chain are beginning to be filled in, such as evidence that peer relationships may be related to educational outcomes. The quantitative analysis being undertaken for the inquiry will provide important new information on other ways in which emotional support may be linked to the foundations for a positive adulthood.

Conclusion

The young people consulted at the outset of the Health Foundation's future health inquiry identified four assets that they felt they needed to help them achieve a successful transition to adulthood:

- the right skills and qualifications
- access to relevant connections and social networks
- financial and practical support
- access to emotional support.

In this paper, we explored the extent to which the existing research literature had addressed each of the assets, and if so, what the literature showed about the asset's role in transitions to adulthood.

Although all four of these areas benefit from a certain amount of research support in terms of their role in helping young people navigate their early 20s, the evidence is not definitive and the approaches taken to date have not been as nuanced and holistic as the model the young people proposed. Four particular challenges are noted.

- Overall, this review suggested that the research literature has not paid as much attention to the transition to adulthood as it has to experiences during the teenage years. Some of the issues raised, such as the importance of appropriate skills, have received more attention than others.
- The issue of the relationship of these factors to positive health outcomes in early adulthood has been largely neglected. Where health outcomes have been explored, the focus has usually been restricted to risky health behaviours and mental health problems.
- There is very little in the way of a holistic approach to understanding this age period. There are siloed questions about parents or about finances, or about the role of mentors, but very little that draws them all together into a comprehensive picture of assets and supports. On the other hand, there was quite a lot of overlap between some domains – it was hard to extract emotional support from parents as a separate factor from practical support, for example. In that sense, the issues raised by the young people were more nuanced and complex than those addressed in the literature to date.
- Although there will be universalities in the social determinants of health relevant for this age group, there will also be cultural differences. Much of the research on our age group is situated in the US, but there are limitations in how this translates to young people growing up in the particular UK context.

The young people in the Health Foundation's inquiry have given us a set of plausible and legitimate hypotheses, and the next stage will be to further test these ideas in the quantitative data sets available to us.

For more information on the Health Foundation's Young people's future health inquiry, see www.health.org.uk/FutureHealthInquiry

Other publications from the inquiry to date:

Kane M, Bibby J. *A Place to Grow: Exploring the Future Health of Young People in Five Sites Across the UK*. Health Foundation; 2018.

Kane M, Bibby J. *Listening to Our Future: Early Findings from the Young People's Future Health Inquiry*. Health Foundation; 2018.

Hagell A, Shah R, Viner R, Hargreaves D, Varnes L, Heys M. *The Social Determinants of Young People's Health: Identifying the Key Issues and Assessing How Young People are Doing in the 2010s* (Working Paper). Health Foundation; 2018.

References

-
- ¹ Warren JR. socioeconomic status and health across the life course: A test of the social causation and health selection hypotheses. *Social Forces*. 2009; 87: 2125–53.
- ² Independent Advisor on Poverty and Inequality. *The Life Chances of Young People in Scotland: A Report to the First Minister*. Scottish Government; 2017.
- ³ Health Foundation. *Listening to Our Future: Early Findings from the Young People's Future Health Inquiry*. Health Foundation; 2018.
- ⁴ Office for National Statistics. AO6 SA: Educational Status and Labour Market Status for People Aged from 16 to 24 (Seasonally Adjusted). ONS; 2018 (<https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/employmentandemployeetypes/datasets/educationalstatusandlabourmarketstatusforpeopleagedfrom16to24seasonallyadjustedao6sa>).
- ⁵ Department for Education. *Participation Rates in Higher Education: Academic Years 2006/2007 – 2015/2016*. Department for Education; 2017 (gov.uk/government/statistics/participation-rates-in-higher-education-2006-to-2016).
- ⁶ Hagell A, Shah R, Coleman J. *Key Data on Young People 2017*. Association for Young People's Health; 2017.
- ⁷ OECD. *Society at a Glance 2016: OECD Social Indicators*. OECD; 2016.
- ⁸ Department for Education. *Review of Level 4 and 5 Education: Interim Evidence Overview*. Department for Education; 2018 (https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/733433/Review_of_level_4_and_5_education_interim_evidence_overview.pdf).
- ⁹ Department for Education. *Revised GCSE and Equivalent Results in England 2016–2017*. Department for Education; 2018 (https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/676596/SFR01_2018.pdf).
- ¹⁰ Birdwell J, Grist M, Margo J. *The Forgotten Half: A Demos and Private Equity Foundation Report*. Demos; 2011 (demos.co.uk/files/The_Forgotten_Half_-_web.pdf?1300105344).
- ¹¹ Office for National Statistics. UK Labour Market: August 2018 Estimates of Employment, Unemployment, Economic Inactivity and Other Employment-Related Statistics for the UK. ONS; 2018 (<https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/employmentandemployeetypes/bulletins/uklabourmarket/august2018>).
- ¹² YouGov. Perceptions of A Levels, GCSEs and Other Qualifications in England – Wave 14 (An Ofqual commissioned report). YouGov; 2016.
- ¹³ Conlon G, Patrignani P. *The Earnings and Employment Returns to A Levels: A Report to the Department for Education*. London Economics; 2015 (london-economics.co.uk/wp-content/uploads/2015/03/London-Economics-Report>Returns-to-GCE-A-Levels-Final-12-02-2015.pdf).
- ¹⁴ Patrignani P, Conlon G. *The Long Term Effect of Vocational Qualifications on Labour Market Outcomes*. Department for Business Innovation and Skills; 2011 (https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/32326/11-1035-long-term-effect-of-vocational-qualifications.pdf).
- ¹⁵ Belfield C, Britton J, Buscha F, Dearden L, Dickson M, van der Erve L, et al. *The Relative Labour Market Returns to Different Degrees*. Institute for Fiscal Studies; 2018.
- ¹⁶ Princes Trust. *Princes Trust Macquarie Youth Index 2017*. Princes Trust; 2017.
- ¹⁷ Office for National Statistics. *Labour Force Survey. Analysis of the UK Labour Market – Estimates of Skills Mismatch Using Measures of Over and Under Education*. ONS; 2015 (<https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/employmentandemployeetypes/articles/analysisoftheuklabourmarketestimatesofskillsmismatchusingmeasuresofoverandundereducation/2015>).
- ¹⁸ Young Enterprise. Youth unemployment and the skills gap [webpage]. *Young Enterprise*; 2018 (<https://www.young-enterprise.org.uk/about-us/research-and-evaluation/youth-unemploy/>).
- ¹⁹ British Chambers of Commerce. *Quarterly Economic Report – Q1 2018*. British Chambers of Commerce; 2018 (https://www.britishchambers.org.uk/media/get/QES_Report_Q1_2018.pdf).
- ²⁰ Maguire A, Lyons C. *Basic Digital Skills UK Report 2017*. Ipsos Mori; 2017 (<https://www.ipsos.com/ipsos-mori/en-uk/basic-digital-skills-uk-report-2017>).

-
- ²¹ Office for National Statistics. *Analysis of the UK Labour Market – Estimates of Skills Mismatch Using Measures of Over and Under Education: 2015*. ONS; 2016.
- ²² Pring R, Hayward G, Hodgson A, Johnson J, Keep E, Oancea A, et al. *Education for All: The Future of Education and Training for 14-19 Year Olds*. Nuffield Foundation; 2009.
- ²³ Wolf A. *Review of Vocational Education: The Wolf Report*. Department for Business, Innovation & Skills and Department for Education; 2011.
- ²⁴ Mann A, Huddleston P. What do recruiters think about today's young people? Insights from four focus groups with a response by Kevin Green, CEO of the Recruitment & Employment Confederation. Introduction: education and employment in the twenty-first century. *Research in Post-Compulsory Education*. 2013; 19(1): 1–17.
- ²⁵ Shankar J, Ip E, Khalema E, Couture J, Tan S, Zulla RT, et al. Education as a social determinant of health: Issues facing indigenous and visible minority students in postsecondary education in Western Canada. *International Journal of Environmental Research and Public Health*. 2013; 10(9): 3908–29.
- ²⁶ Feinstein BL, Sabates R, Anderson TM, Sorhaindo A, Hammond C. What are the effects of education on health? In: OECD, *Measuring the Effects of Education on Health and Civic Engagement: Proceedings of the Copenhagen Symposium* (pp. 171–354). OECD; 2006 (<http://www1.oecd.org/education/innovation-education/37425753.pdf>).
- ²⁷ Viner RM, Ozer EM, Denny S, Marmot M, Resnick M, Fatusi A, et al. Adolescence and the social determinants of health. *Lancet*. 2012; 379(9826): 1641–52.
- ²⁸ Feinstein L, Budge D, Vorhaus J, Duckworth K. *The Social and Personal Benefits of Learning: A Summary of Key Research Findings*. Centre for Research on the Wider Benefits of Learning; 2008 (discovery.ucl.ac.uk/10003177/1/Feinstein2008thesocialreport.pdf).
- ²⁹ Bann D, Hamer M, Parsons S, Ploubidis GB, Sullivan A. Does an elite education benefit health? Findings from the 1970 British Cohort Study. *International Journal of Epidemiology*. 2017; 46(1): 293–302.
- ³⁰ Crowe L, Butterworth P, Leach L. Financial hardship, mastery and social support: Explaining poor mental health amongst the inadequately employed using data from the HILDA study. *SSM Population Health*. 2016; 9: 407–15.
- ³¹ Friedland DS, Price RH. Underemployment: consequences for the health and well-being of workers. *American Journal of Community Psychology*. 2003; 32: 33–45.
- ³² Putnam RD. *Bowling Alone: The Collapse and Revival of American Community*. Simon and Schuster; 2000.
- ³³ Halpern D. *Social Capital*. Polity Press; 2005.
- ³⁴ Office for National Statistics. *Measuring Social Capital*. ONS; 2014.
- ³⁵ Christie F. Careers guidance and social mobility in UK higher education: practitioner perspectives. *British Journal of Guidance and Counselling*. 2016; 44: 72–85.
- ³⁶ Dubois DL, Holloway BE, Valentine JC, Harris C. Effectiveness of mentoring programs for youth: A meta-analytic review. *American Journal of Community Psychology*. 2000; 30(2): 157–97.
- ³⁷ Hall J. *Mentoring and Young People: A Literature Review*. The SCRE Centre, University of Glasgow; 2003.
- ³⁸ Putnam RD. Bowling alone: America's declining social capital. In: Crothers L, Lockhart C (eds.). *Culture and Politics: A Reader* (pp. 223–34). Palgrave Macmillan; 2016.
- ³⁹ Brook K. Labour market participation: the influence of social capital. *ONS Labour Mark Trends*. 2005; 113–23.
- ⁴⁰ Steinberg L, Monahan K. Age differences in resistance to peer influence. *Developmental Psychology*. 2007; 43(6): 1531–43.
- ⁴¹ Blakemore S-J. Development of the social brain in adolescence. *Journal of the Royal Society of Medicine*; 2012; 105(3): 111–16.
- ⁴² Resnick MD, Bearman PS, Blum RW, Bauman KE, Harris KM, Jones J, et al. Protecting adolescents from harm. *JAMA*. 1997; 278: 823.
- ⁴³ Klem AM, Connell JP. Relationships matter: linking teacher support to student engagement and achievement. *Journal of School Health*. 2004; 74(7): 262–73.
- ⁴⁴ Semo R. *Longitudinal Surveys of Australian Youth: Briefing Paper 26 – Social Capital and Young People*. National Centre for Vocational Education Research; 2011 (<https://files.eric.ed.gov/fulltext/ED524652.pdf>).
- ⁴⁵ Whitlock J. *Fostering School Connectedness: Research Facts and Findings*. Youth Upstate Center of Excellence Cornell University; 2003.
- ⁴⁶ Brown BB, Larson J. Peer relationships in adolescence. In: *Handbook of Adolescent Psychology* (pp. 74–103). John Wiley & Sons; 2009.
- Young people's suggestions for the assets needed in the transition to adulthood: Mapping the research evidence**

-
- ⁴⁷ Woodward LJ, Fergusson DM. Childhood peer relationship problems and later risks of educational under-achievement and unemployment. *Journal of Child Psychology and Psychiatry and Allied Disciplines*. 2000; 41(2): 191–201.
- ⁴⁸ Curtis S, Pain R, Fuller S, Khatib Y, Rothon C, Stansfeld SA, et al. Neighbourhood risk factors for common mental disorders among young people aged 10-20 years: A structured review of quantitative research. *Health & Place*. 2013; 20: 81–90.
- ⁴⁹ Jones R, Heim D, Hunter S, Ellaway A. The relative influence of neighbourhood incivilities, cognitive social capital, club membership and individual characteristics on positive mental health. *Health & Place*. 2014; 28: 187–93.
- ⁵⁰ O'Regan KM, Quigley JM. Where youth live: Economic effects of urban space on employment prospects. *Urban Studies*. 1998; 35(7): 1187–1205.
- ⁵¹ Andrews D, Green C, Mangan J. Spatial inequality in the Australian youth labour market: The role of neighbourhood composition. *Regional Studies*. 2004; 38(1): 15–25.
- ⁵² Semple S, Howieson C, Paris M. *Young People's Transitions: Careers Support from Family and Friends* (Briefing no. 24). Careers Scotland; 2002 (https://www.ces.ed.ac.uk/old_site/PDF%20Files/Brief024.pdf).
- ⁵³ Siraj I, Hollingworth K, Taggart B, Sammons P, Melhuish E, Sylva K. *Effective Pre-school, Primary and Secondary Education 3-16 Project (EPPSE 3-16): Report on Students who are Not in Education, Employment or Training (NEET)*. Institute of Education, London and Department for Education; 2014.
- ⁵⁴ National Audit Office. *Educating the Next Generation of Scientists*. National Audit Office; 2010.
- ⁵⁵ Careers and Enterprise Company. *State of the Nation 2017: Careers and Enterprise Provision in England's Schools*. Careers and Enterprise Company; 2017.
- ⁵⁶ Department for Education. *Careers Guidance and Inspiration in Schools*. Department for Education; 2017.
- ⁵⁷ Shiner M, Young T, Newburn T, Grobe S. *Mentoring Disaffected Young People: An Evaluation of Mentoring Plus*. Joseph Rowntree Foundation; 2004.
- ⁵⁸ McPherson KE, Kerr S, McGee E, Morgan A, Cheater FM, McLean J, et al. The association between social capital and mental health and behavioural problems in children and adolescents: An integrative systematic review. *BMC Psychology*. 2014; 2: 7.
- ⁵⁹ Bond L, Butler H, Thomas L, Carlin J, Glover S, Bowes G, et al. Social and school connectedness in early secondary school as predictors of late teenage substance use, mental health, and academic outcomes. *Journal of Adolescent Health*. 2007; 40: 357.e9–18.
- ⁶⁰ Morgan A, Haglund BJA. Social capital does matter for adolescent health: evidence from the English HBSC study. *Health Promotion International*. 2009; 24: 363–72.
- ⁶¹ Vyncke V, De Clercq B, Stevens V, Costongs C, Barbareschi G, Jónsson SH, et al. Does neighbourhood social capital aid in levelling the social gradient in the health and well-being of children and adolescents? A literature review. *BMC Public Health*. 2013; 13: 65.
- ⁶² Resnick MD, Bearman PS, Blum RW, Bauman KE, Harris KM, Jones J, et al. Protecting adolescents from harm. Findings from the National Longitudinal Study on Adolescent Health. *JAMA*. 1997; 278: 823–32.
- ⁶³ Jaccard J, Blanton H, Dodge T. Peer Influences on risk behavior: An analysis of the effects of a close friend. *Developmental Psychology*. 2005; 41: 135–47.
- ⁶⁴ Chesters J, Smith J. Social capital and aspirations for educational attainment: A cross-national comparison of Australia and Germany. *Journal of Youth Studies*. 2015; 18: 932–49.
- ⁶⁵ Fuller C. Social capital and the role of trust in aspirations for higher education. *Educational Review*. 2014; 66: 131–47.
- ⁶⁶ Fussell E, Gauthier AH. American women's transition to adulthood in comparative perspective. In: Settersten R, Furstenberg F, Rumbaut R (eds.). *On the Frontier of Adulthood: Theory, Research, and Public Policy*. University of Chicago Press; 2008.
- ⁶⁷ Arnett JJ. Emerging adulthood: what is it, and what is it good for? *Child Development Perspectives*. 2007; 1(2): 68–73.
- ⁶⁸ Furstenberg FF. On a new schedule: Transitions to adulthood and family change. *Future of Children*. 2010; 20(1): 67–87.
- ⁶⁹ Crawford C, Crawford R, Jin W. *Estimating the Public Cost of Student Forms*. Institute for Fiscal Studies; 2014.
- ⁷⁰ British Medical Association. *Cutting Away at Our Children's Futures: How Austerity is Affecting the Health of Children, Young People and Families*. BMA; 2016.
- ⁷¹ Stephens M, Blenkinsopp J. *Young People and Social Security: An International Review*. Joseph Rowntree Foundation; 2015.

-
- ⁷² Pew Research Center. *Defining Generations: Where Millennials End and Post-Millennials Begin*. Pew Research Center; 2018 (www.pewresearch.org/fact-tank/2018/03/01/defining-generations-where-millennials-end-and-post-millennials-begin/).
- ⁷³ Resolution Foundation. *A New Intergenerational Contract: The Final Report of the Intergenerational Commission*. Resolution Foundation; 2018.
- ⁷⁴ Office for National Statistics. *Statistical Bulletin: Housing Affordability in England and Wales: 2017*. ONS; 2018 (<https://www.ons.gov.uk/peoplepopulationandcommunity/housing/bulletins/housingaffordabilityinenglandandwales/2017>).
- ⁷⁵ Legal and General. *The Bank of Mum and Dad*. Legal and General; 2017 (https://legalandgeneralgroup.com/media/1077/bomad_report_2017_aug.pdf).
- ⁷⁶ Young Women's Trust. Debt despair: third of young people expect to borrow beyond 40, says Young Women's Trust (press release). *Young Women's Trust*; 28 August 2018 (https://www.youngwomenstrust.org/what_we_do/media_centre/press_releases/843_debt_despair_third_of_young_people_expect_to_borrow_beyond_40).
- ⁷⁷ Swartz TT. Family capital and the invisible transfer of privilege: intergenerational support and social class in early adulthood. *New Directions for Child and Adolescent Development*. 2008; 119: 11–24.
- ⁷⁸ Johnson MK, Benson J. The implications of family context for the transition to adulthood. In: Booth A, Brown SL, Lansdale NS, Manning WD, McHale SM (eds.). *Early Adulthood in a Family Context*. Springer; 2012.
- ⁷⁹ Wightman P, Patrick ME, Schoneni RF, Schulenberg JE. *Historical Trends in Parental Financial Support of Young Adults*. Population Studies Centre, University of Michigan; 2013.
- ⁸⁰ Henretta JC, Wolf DA, Van Voorhis MF, Soldo BJ. Family structure and the reproduction of inequality: Parents' contribution to children's college costs. *Social Science Research*. 2012; 41(4): 876–87.
- ⁸¹ Henretta JC, Grundy E, Harris S. The influence of socio-economic and health differences on parents' provision of help to adult children: A British–United States comparison. *Ageing Society*. 2002; 22(1): 441–58.
- ⁸² Rauscher E. Passing it on: Parent-to-adult child financial transfers for school and socioeconomic attainment. *The Russell Sage Foundation Journal of the Social Sciences*. 2016; 6: 172–96.
- ⁸³ Friedline T, Elliott W, Chowa GAN. Testing an asset-building approach for young people: Early access to savings predicts later savings. *Economics of Education Review*. 2013; 33: 31–51.
- ⁸⁴ Princes Trust. *40 Life-Changing Years*. Princes Trust; 2016.
- ⁸⁵ Office for National Statistics. Dataset: Young Adults Living with Their Parents. ONS; 2017 (<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/families/datasets/youngadultslivingwiththeirparents>).
- ⁸⁶ Kenrick J. *The Outcomes and Impact of Youth Advice – The Evidence: Key Research Evidence on the Difference Made to Young People's Lives by Social Welfare Advice Services*. Youth Access; 2011 (www.youthaccess.org.uk/downloads/theoutcomesandimpactofyouthadvice-the-evidencefinal1.pdf).
- ⁸⁷ DuBois DL, Portillo N, Rhodes JE, Silverthorn N, Valentine JC. How effective are mentoring programs for youth? A systematic assessment of the evidence. *Psychological Science in the Public Interest*. 2011; 30(2): 157–97.
- ⁸⁸ Wiggins M, Rosata M, Austerberry H, Sawtell M, Oliver S. *Sure Start Plus National Evaluation: Final Report*. Institute of Education, University of London; 2005.
- ⁸⁹ Social Security Advisory Committee. *Young People Living Independently: A Study by the Social Security Advisory Committee* (Occasional Paper No. 20). SSAC; 2018.
- ⁹⁰ Hartnet C, Fingerma K, Birditt K. *Without the Ties that Bind: Young Adults Who Lack Active Parental Relationships* (Report 16-870). Population Studies Center; 2016 (<https://www.psc.isr.umich.edu/pubs/pdf/rr16-870.pdf>).
- ⁹¹ Bellis M, Hardcastle K, Ford K, Hughes K, Ashton K, Quigg Z, et al. Does continuous trusted adult support in childhood impart life-course resilience against adverse childhood experiences – a retrospective study on adult health-harming behaviours and mental well-being. *BMC Psychiatry*. 2017; 17: 110.
- ⁹² Benzeval M, Bond L, Campbell M, Egan M, Lorenc T, Pettigrew M, et al. *How Does Money Influence Health?* Joseph Rowntree Foundation; 2014 (<https://www.jrf.org.uk/sites/default/files/jrf/migrated/files/income-health-poverty-full.pdf>).
- ⁹³ Pringle J, Whitehead R, Milne D, Scott E, McAteer J. The relationship between a trusted adult and adolescent outcomes: A protocol of a scoping review. *Systematic Reviews*. 2018; 7: 207.

-
- ⁹⁴ Kirkpatrick Johnson M. Parental financial assistance and young adults' relationships with parents and well-being. *Journal of Marriage and Family*. 2013; 75: 717–33.
- ⁹⁵ Arnett JJ, Schwab J. *Parents and Their Grown Kids: Harmony, Support, and (Occasional) Conflict*. Clark University; 2013.
- ⁹⁶ Hagell A, Shah R, Viner R, Hargreaves D, Varnes L, Heys M. *The Social Determinants of Young People's Health: Identifying the Key Issues and Assessing How Young People are Doing in the 2010s* (Working Paper 01). Health Foundation; 2018.
- ⁹⁷ Laursen B, Collins WA. Parent-child relationships during adolescence. In: Lerner RM, Steinberg L (eds.). *Handbook of Adolescent Psychology: Contextual Influences on Adolescent Development* (pp. 3–42). John Wiley & Sons; 2009.
- ⁹⁸ Lim SA, You S, Ha D. Parental emotional support and adolescent happiness: Mediating roles of self-esteem and emotional intelligence. *Applied Research in Quality of Life*. 2015; 10: 631–46.
- ⁹⁹ Borca G, Rabaglietti E, Roggero A, Keller P, Haak E, Begotti T. Personal values as a mediator of relations between perceived parental support and control and youth substance use. *Substance Use & Misuse*. 2017; 52(12): 1589–1601.
- ¹⁰⁰ Reinherz HZ, Paradis AD, Giaconia RM, Stashwick CK, Fitzmaurice G. Childhood and adolescent predictors of major depression in the transition to adulthood. *American Journal of Psychiatry*. 2003; 160(12): 2141–7.
- ¹⁰¹ Morgan Z, Brugha T, Fryers T, Stewart-Brown S. The effects of parent-child relationships on later life mental health status in two national birth cohorts. *Social Psychiatry and Psychiatric Epidemiology*. 2012; 47(11): 1707–15.
- ¹⁰² Raudino A, Fergusson DM, Horwood LJ. The quality of parent/child relationships in adolescence is associated with poor adult psychosocial adjustment. *Journal of Adolescence*. 2013; 36(2): 331–40.
- ¹⁰³ Hertzman C, Power C, Matthews S, Manor O. Using an interactive framework of society and lifecourse to explain self-rated health in early adulthood. *Social Science & Medicine*. 2001; 53(12): 1575–85.
- ¹⁰⁴ Thomas C, Hyppönen E, Power C. Obesity and type 2 diabetes risk in midadult life: The role of childhood adversity. *Pediatrics*. 2008; 121(5): 1240–9.
- ¹⁰⁵ Fingerman KL, Cheng Y-P, Tighe L, Birditt KS, Zarit S. Relationships between young adults and their parents. In: Booth A, Brown SL, Landale NS, Manning WD, McHale SM (eds.). *Early Adulthood in a Family Context* (pp. 59–85). Springer Science & Business Media; 2012.
- ¹⁰⁶ Rosanbalm K, Murray D. *Co-Regulation From Birth Through Young Adulthood: A Practice Brief* (OPRE Brief #2017-80). Office of Planning, Research, and Evaluation, Administration for Children and Families, US. Department of Health and Human Services; 2017 (<https://fpg.unc.edu/sites/fpg.unc.edu/files/resources/reports-and-policy-briefs/Co-RegulationFromBirthThroughYoungAdulthood.pdf>).
- ¹⁰⁷ Goodman A, Joshi H, Nasim B, Tyler C. *Social and Emotional Skills in Childhood and Their Long-Term Effects on Adult Life*. Institute of Education University of London; 2015.
- ¹⁰⁸ Gordon MS, Cui M. Positive parenting during adolescence and career success in young adulthood. *Journal of Child and Family Studies*. 2015; 3: 762–71.
- ¹⁰⁹ Waterman EA, Lefkowitz ES. Are mothers' and fathers' parenting characteristics associated with emerging adults' academic engagement? *Journal of Family Issues*. 2017; 38: 1239–61.
- ¹¹⁰ Osterling KL, Hines AM. Mentoring adolescent foster youth: promoting resilience during developmental transitions. *Child & Family Social Work*. 2006; 11: 242–53.
- ¹¹¹ Dolan P, Brady B, O-Regan C, Canavan J, Russell D, Forkan C. *Big Brothers Big Sisters (BBBS) of Ireland: Evaluation Study*. Child and Family Research Centre, National University of Ireland. Galway; 2011.
- ¹¹² DuBois DL, Silverthorn N. Natural mentoring relationships and adolescent health: Evidence from a national study. *American Journal of Public Health*. 2005; 95: 518–24.
- ¹¹³ McDonald S, Erickson LD, Johnson MK, Elder GH. Informal mentoring and young adult employment. *Social Science Research*. 2007; 36: 1328–47.
- ¹¹⁴ Meltzer A, Muir K, Craig L. The role of trusted adults in young people's social and economic lives. *Youth & Society*. 2018; 50: 575–92.
- ¹¹⁵ Beier SR, Rosenfeld WD, Spitalny KC, Zansky SM, Bontempo AN. The potential role of an adult mentor in influencing high-risk behaviors in adolescents. *Archives of Pediatrics and Adolescent Medicine*. 2000; 154: 327.
- ¹¹⁶ Greenberger E, Chen C, Beam MR. The role of 'very important' nonparental adults in adolescent development. *Journal of Youth and Adolescence*. 1998; 27: 321–43.

-
- ¹¹⁷ Rhodes JE. Older and wiser: Mentoring relationships in childhood and adolescence. *Journal of Primary Prevention*. 1994; 14: 187–96.
- ¹¹⁸ Lee TY, Lok DPP. Bonding as a positive youth development construct: a conceptual review. *Scientific World Journal*. 2012; 1–11: 481471.