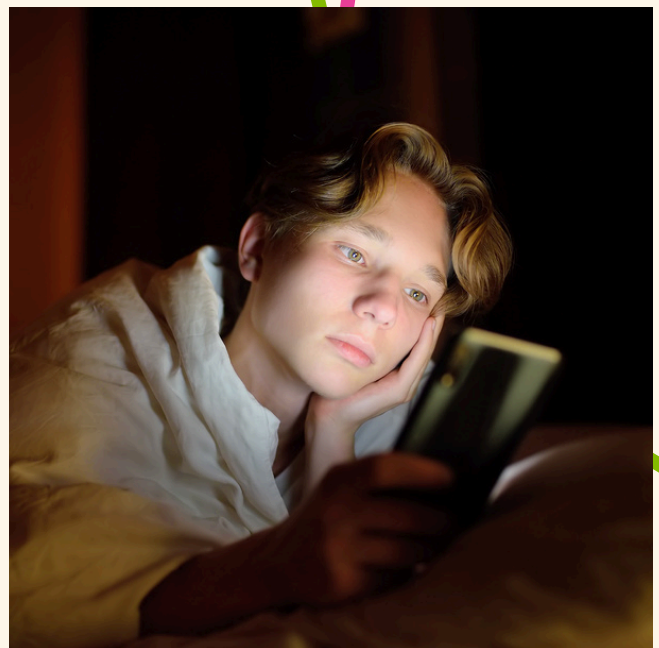


The Impact of Social Media on Young People

2026



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Your help and support has been greatly appreciated, and has provided the project with great insights.

[Click here to be directed to our website.](#)

Executive Summary

This combined research report draws together the findings from three strands of research into how young people and parents engage with health information on social media.

Our research was carried out through an online survey of 1,025 young people aged 12-25, an online survey of 44 parents and guardians, and facilitated in-person sessions with 167 participants across 27 community groups and engagement events.



1,025

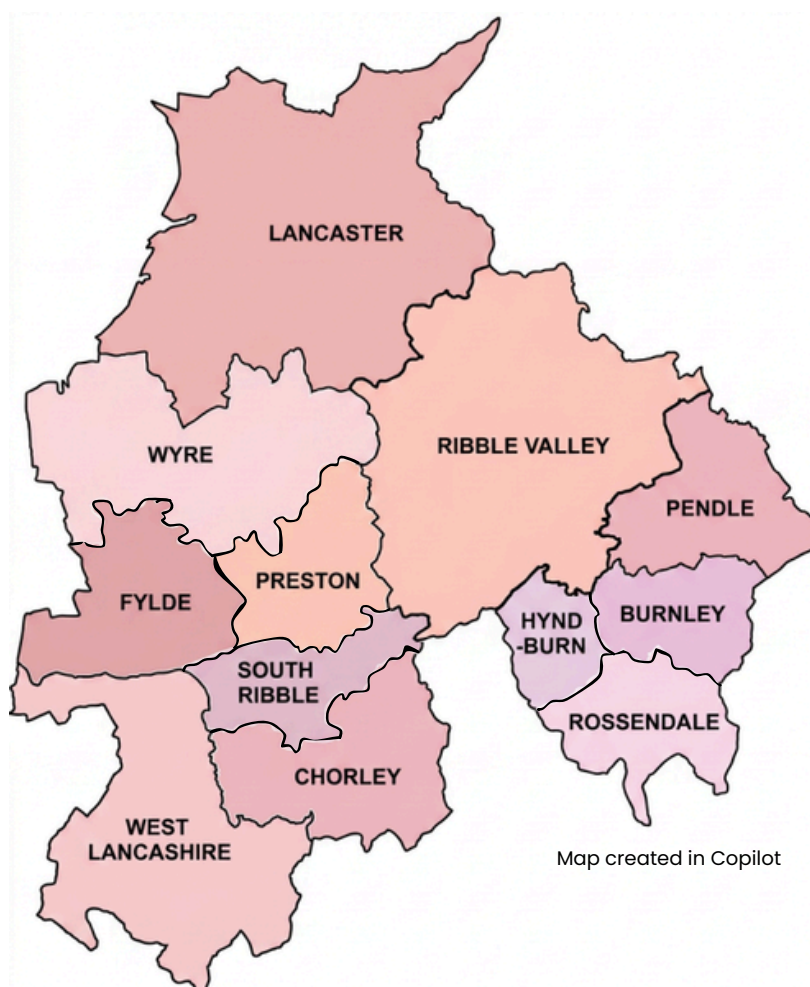
Young people
surveyed online –
ages 12–25

44

Parents and
guardians surveyed
online

167

In-person
participants
across Lancashire



Map created in Copilot

At a glance

- 67% of young people have used social media for health advice — with females significantly more likely (74.9%) than males (56.1%). TikTok is the dominant platform at 56%.
- 88% of young people have been taught about the dangers of misinformation, predominantly through school. However, awareness of AI-generated content is lagging well behind actual exposure.
- 51% of young people have encountered AI-generated health content online, with a further 18% unsure, suggesting the true figure could be higher. In-person feedback placed AI as the single most-mentioned theme.
- 17% of young people say social media influences the medication or supplements they take, most commonly in the fitness and supplement space. The majority defer to GPs and parents for prescription decisions.
- 61% of parents are concerned about their child's social media use, with misinformation being their primary worry. Yet parental conversations focus on stranger danger and account safety rather than on the quality of health content.
- In-person participants show a clear generational sentiment divide: young people are broadly neutral to balanced; parents are predominantly negative (56% negative sentiment).
- 25 seldom-heard participants were reached through in-person outreach, including 16 neurodivergent individuals, whose voices added perspectives that structured surveys cannot capture.

Across each strand of data, the following trends emerged: misinformation concerns; gendered patterns of engagement; and the rise of AI-dominated content.

About our research

This report combines our findings from three distinct but complimentary research strands, which were designed to capture a variety of views of how social media shapes young people's health-seeking behaviour in Lancashire.

We opted for two online surveys, one for young people and one for parents and guardians, along with in-person conversations as our data strands. We felt this was the best way to capture a large pool of views while also allowing in-person conversations to evolve naturally.

Some limitations of this approach were that the survey was quite rigid, with a lack of opportunity to expand on answers. In-person conversations fluctuated due to varying numbers of event attendees.

Feature	Young People Survey	Parent Survey	In-Person Engagement
Method	Online self-completion survey	Online self-completion survey	Facilitated groups & events
Sample Size	n = 1,025	n = 44	n = 167 (125 YP, 40 parents)
Format	Structured Qs, coded themes	Structured Qs, coded themes	Qualitative, open conversation
Sentiment Captured	No	No	Yes, per participant
Seldom-heard reach	Limited	Limited	33 identified participants
Geographic Scope	Wider regional	Wider regional	Across Lancashire communities
Strengths	Statistical scale & breadth	Parental perspective at scale	Depth, nuance, hard-to-reach voices

During our in-person engagement, data was collected through conversation rather than structured questions using a structured conversation guide to prompt discussion. The themes gathered reflect natural language and may encompass topics beyond health alone.

Young People's Survey

This section of our research report presents the findings from our young people's online survey completed by 1,025 people aged 12–25. It explores their social media use for health information, the platforms they are using, their exposure to misinformation and AI-generated content along with their strategies to evaluate what information they find online.

Characteristic	Category	Count	% of total
Gender	Female	581	56.7%
	Male	401	39.1%
	Prefer not to say	35	3.4%
	Non-binary	7	0.7%
Age group	13 – 16	293	28.6%
	12 – 21	709	69.2%
	22 – 25	12	1.2%
	12 or under	10	1.0%
Ethnicity	White British/English/Scottish/Welsh	565	55.1%
	Asian/Asian British: Indian	105	10.2%
	White: Any other White background	87	8.5%
	Asian/Asian British: Pakistani	61	5.9%
	Black/Black British: African	34	3.3%

Q1. Have you ever used social media for advice / information about your health?

67%

Yes used social media for health
687 of 1,025

33%

No have not used it
337 of 1,025

Gender Differences

A significant gender gap exists in health-related social media use. Females are considerably more likely to turn to social media platforms for information relating to health.

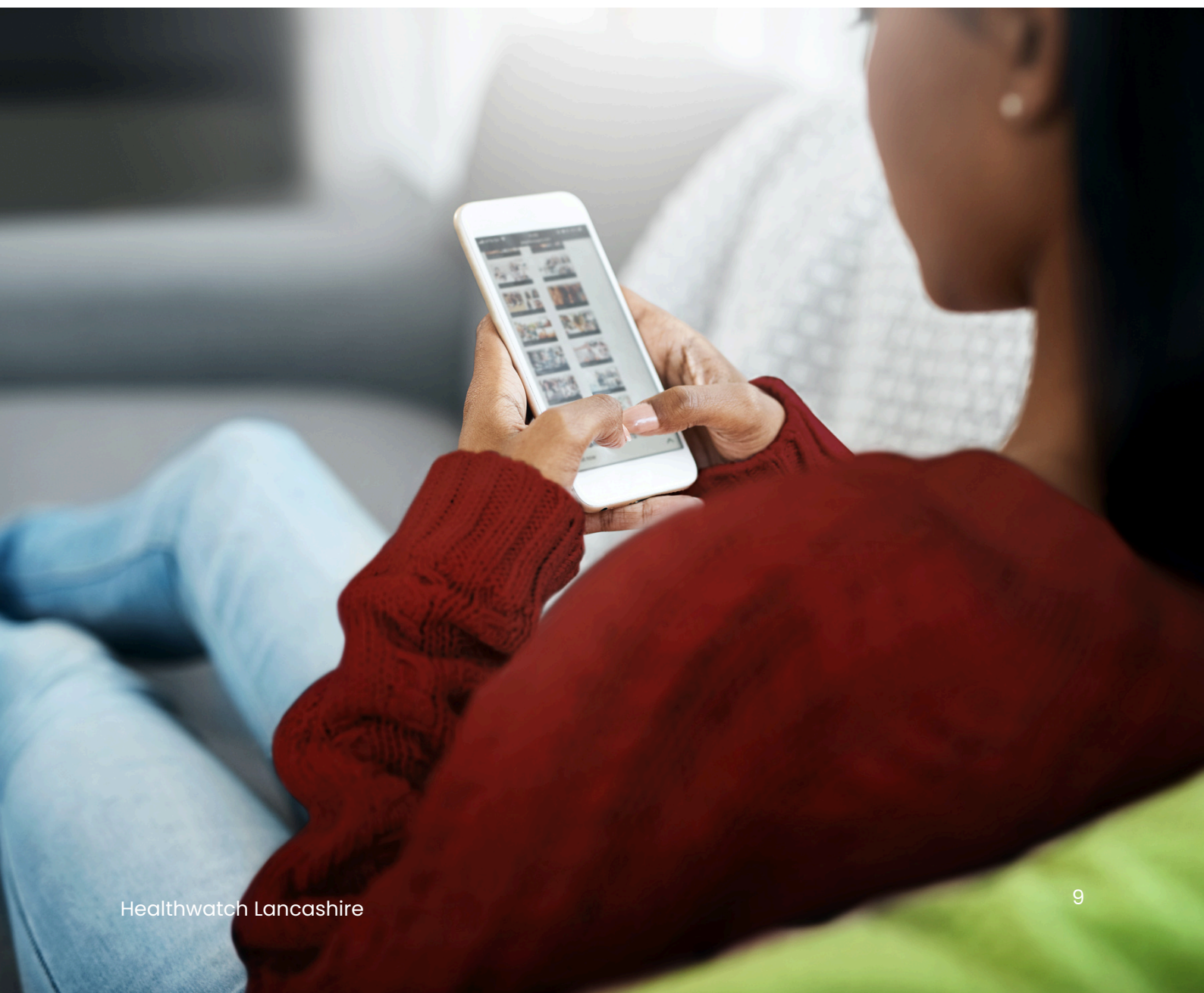
Gender	Yes	No	Yes (%)
Female	435	146	74.9%
Male	225	176	56.1%
Non-Binary	6	1	85.7%
Prefer not to say	21	14	60%

Female respondents were 18.8 percentage points more likely than males to use social media for health information (74.9% vs 56.1%).

Age differences

Usage is broadly consistent across age groups (60–68%), suggesting health-seeking on social media begins early and persists through young adulthood.

Age Group	Yes	No	Yes (%)
12 or under	6	4	60%
13 – 16	194	99	66.2%
17 – 21	479	230	67.6%
22 – 25	8	4	66.7%



Q2. Does social media affect your decision making?

44%

Yes affects decision making
~ 452 respondents

20%

Unsure
~ 202 respondents

36%

No
~ 337

Key survey themes from comments

Theme	Yes
Social media impacts decision making / yes it affects me	43
Double-check / confirm information elsewhere	31
Social media does not affect my decision making	30
Can influence people's thoughts (general)	28
Health advice gained from social media	28
Fitness content	14
Misinformation concerns	13
Information quality / access to information	13
Strangers / unknown sources	13
Trust in platforms / sources	10

A notable number of young people shared that social media influences their thoughts but also shared that they have a habit of verifying this information.

Females (45.8%) and non-binary respondents (85.7%) were more likely to report influence on decision-making than males (42.1%), according to our research. Older respondents (22-25) showed the highest rate (66.7%), though that data pool is small (n=12).

“ *Social media can affect decision-making in different ways, but what affected me was seeing other girls around the world who I think are perfect, and then I started changing things about myself to be like them and ignoring my own beauty, which results in constant self-sabotage.*

This is specifically for teenagers, as I wasn't mature enough to understand that everyone is unique and beautiful & human, but if it wasn't for social media, I wouldn't have been comparing myself to other people & damaging myself mentally & physically.

Female 13-16

”

“ *Social media has become the epitome of young people's mental health I believe it should be eradicated as I've become so much more self conscious my anxiety through the roof.*

Social media impacts the materialistic wants of every individual come to my college and everyone is wearing the same as they are too afraid to stand out and be judged. You have communication becoming almost gibberish with new terminology that will not positively impact their lives but just act as a separation for those who don't use it and have a life

”

Female 17-21

A notable number of young people shared that social media influences their thoughts but also shared that they have a habit of verifying this information.

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Social media helps to educate me on topics I'd otherwise know little about, and can help me make an informed decision. I can check whether my sources are reliable with further research and by using verified, trustable websites.

Female 17-21



A notable number of young people shared that social media influences their thoughts but also shared that they have a habit of verifying this information.

Females (45.8%) and non-binary respondents (85.7%) were more likely to report influence on decision-making than males (42.1%), according to our research. Older respondents (22-25) showed the highest rate (66.7%), though that data pool is small (n=12).

Q3. Which social media platforms do you use for health advice?

Platform	Total Users	% of All Respondents
TikTok	571	55.7%
Instagram	319	31.1%
Snapchat	194	18.9%
Pinterest	128	12.5%
Reddit	109	10.6%
Facebook	97	9.5%
Discord	66	6.4%
X / Twitter	55	5.4%
Threads	26	2.5%
Lemon8	8	0.8%
None / Do not use social media for health	300	29.3%

Gender differences

The most prominent gender split between each platform was on TikTok where 66.1% of females used this in comparison to 44.4% of males.

Gender	TikTok - Yes	TikTok - No	TikTok - Yes %
Female	384	197	66.1%
Male	178	223	44.4%
Non-Binary	2	5	28.6%



Q4. Have you been taught about the dangers of misinformation on social media?

88%

Yes, have been taught
~ 907 respondents

5%

Unsure
~ 52 of 1,025

6%

No
~ 65 of 1,025

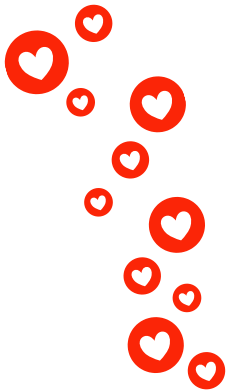
Source / Theme	Frequency
School (all mentions)	563
Parents / Family	223
College	77
Self-educated / Educated myself	42
Internet / Online research	36
Watching the News	14

Research shows that schools were the dominant source of education about misinformation, cited by over half of all respondents. Secondary to this was self-education, which was cited particularly among older respondents.

The research showed that females cited a slightly higher rate of having been taught about misinformation (89.8% vs 87% for males). The youngest group of respondents (12 or under) noted that 90% had been taught, although this pool of respondents is small (n=10).

"Can't remember all the teacher's names. But I learned about this near the end of primary school and all throughout high school. Guests at school spoke about it."

Female 17-21

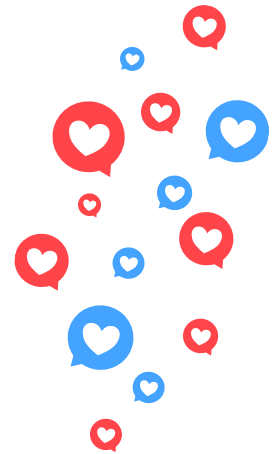


"I am just aware of it from being educated at school/work and family and not believing everything you read/see."

Female 22-25

"A very long time ago in college, it was briefly mentioned. I am very self-educated in the topic; I taught myself and learned from trial and error."

Male 17-21



"I informed myself on the dangers when my grades started slipping and my attention span was thinning, due to the consequences social media has on taking away every impact of your life. Everything need to be photographed and posted."

Female 17-21

Q5. Does social media influence the medication or supplements you take?

74%

No not influenced
~ 761 respondents

8%

Unsure
~ 84 respondents

17%

Yes, I've been influenced
~ 179 respondents

Key Themes

Theme	Frequency
Online reviews / videos influence product choices	32
Misinformation concerns / caution	16
Information about vitamins from social media	15
Would not believe social media for medication	9
Values online opinions on products	7
Would seek advice on other (non-medical) products	6

Fitness supplements represent the clearest area where social media is directly impacting consumer behaviour and triggering purchases. For prescription medication, the majority of young people prefer to seek advice or support from a GP or parents/family.

Gender differences

Despite females being more likely to use social media for health information overall, males showed a slightly higher rate of medication/supplement influence (19.5% vs 16% for females), likely reflecting greater exposure to content online regarding fitness supplement taking.

Older respondents (17–21) accounted for the majority of 'Yes' responses (135 of 179), reflecting greater autonomy and social media exposure.

Gender	Yes	No	Not Sure	Yes %
Female	93	441	47	16%
Male	78	286	37	19.5%
Non-Binary	4	2	1	57.1%
Prefer not to say	4	27	4	11.4%

I always avoid buying those type of stuff because sometimes you hear stories about how they don't actually work on social media, plus I only buy stuff I see on supermarket shelves

Male 13 – 16

"I wouldn't trust a source that isn't known to be well intentioned or regulated. Advertising is too common."

Female 17 - 21

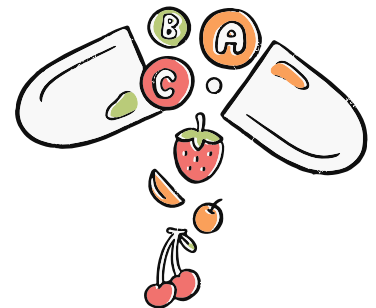


"I learned about creatine from the internet, which I take now for the gym."

Male 17 - 21

"I would maybe watch reviews to know the positive or negative effects of things before taking them."

Female 17-21



"No, supplements and medication should only be prescribed or suggested by trained medical professionals and you cannot prove someone's qualifications through a social media platform."

Male 17 - 21

Q6. Has social media taught you anything about your health?

59%

Yes learned something
~ 606 respondents

14%

Not sure
~ 141 respondents

27%

No
~ 277 respondents

Key Themes

Theme	Frequency
General advice / guidance	207
Fitness, healthy foods, nutrition	158
Identifying symptoms /conditions	90
Nothing / no learning reported	71
Self-care practices	55
Distrust of social media health info	52
Women's health topics	47
Managing illness	37
Mental health awareness	36
Conditions and deficiencies	36

Theme	Frequency
Information about supplements	20
Personal habits / lifestyle	20
Led to a diagnosis (self-identified)	14
Gut health	9
Sexual health	5
Oral care	3

Mental health, fitness and symptom awareness are the primary areas in which social media provides perceived health value. The emergence of women's health as a theme directly reflects significant discourse around PCOS, endometriosis, and hormonal health on platforms like TikTok and Instagram.

Gender and Age Differences

Females (61.8% yes) were more likely than males (55.4% yes) to report learning from social media health content. Female respondents exclusively cited women's health topics. The 13–16 age group showed a slightly lower 'Yes' rate (55.6%) compared to 17–21-year-olds (60.2%).

"When I have a question about my health, I go on TikTok, which sometimes answers some questions I'm wondering, but some are fake."

Female 13–16

Such stuff about female health and certain things as to whether things are normal or not (verified then by the NHS website).

Female 13-16

Usually, advice on socials now, even if it is helpful, just seems like a marketing scam to sell whatever product is being promoted now.

It's a new product every week, and the amount of content which is AI generated and of poor quality is ridiculous, so I stick to my own research. It does more harm than good because the rate of misinformation is wild, especially about mental disorders such as ADHD and autism, and has led to these disorders being seen as unserious, and also random companies claiming to have supplements that cure things like ADHD, which is worrying.

I think health-related misinformation should be an offence, as it can have devastating consequences on wellbeing, the healthcare system, etc, especially with the rise of people claiming their holistic products are better than medical treatment, leading to people choosing not to have vaccinations, which has a huge knock-on effect.

Female 17-21

Taught me to learn what endometriosis is and the signs, which I then went to the doctors and got diagnosed with endometriosis

Female 17-21

Q7. Have you ever come across AI-generated health information online?

51%

Yes, encountered AI content
~ 523 respondents

18%

Not sure
~ 186 respondents

31%

No
~ 315 respondents

Age Differences

Age Group	Yes	No	Unsure	Yes (%)
12 or under	6	2	2	60%
13 – 16 years	149	84	60	50.9%
17 – 21 years	363	226	120	51.2%
22 – 25 years	5	3	4	41.7%

Over half of all young people surveyed have encountered AI-generated health information online, yet a further 18% are uncertain whether they have. Given that AI-generated content is often indistinguishable from human-authored content, the true proportion exposed is likely to be higher than the survey suggests, as young people expressed some uncertainty when it came to distinguishing real from AI-generated content during in-person conversations.

Q8. How do you determine if health information is reliable?

Strategy / Theme	Frequency
General research / cross-referencing multiple sources	211
Identifying the source / checking credentials	201
Fact-checking (explicit)	154
Searching on Google	103
Consulting a medical professional	86
Checking account verification / blue tick	70
Own personal judgement	62
Reading comments on posts	54
Using NHS website or app	40
Many others agree / high engagement	40
Asking parents or family	28
Looking for AI captions / disclaimers	21
Consulting news articles	13
Number of followers	4

Most young people describe active, evidence-based approaches to evaluating health content online, which is reassuring. However, a minority rely on vanity metrics on social media such as follower counts, likes and peer agreement, which can carry significant reliability risks.

Things to note: 21 respondents mentioned looking for AI captions or disclaimers, which indicates a growing awareness of AI-generated content on platforms. The NHS app or website was cited as one of the most trusted sources by 40 respondents.

Depends on whether the account it was posted by is a reliable source and a trustworthy influencer; often, it's common sense.

Female 17-21

I take almost everything with a grain of salt. I hate AI, all these companies using it are unnecessary, generative AI is the main issue. I know some things regarding certain AI can actually be helpful to, say, blind people but overall it's a waste and can be really misleading about all sorts of topics.

Unknown 17-21

I don't, I just take it all with a pinch of salt. If the post was made by a doctor, then I'd be more trusting, but for me, any trace of generative AI would have me disregarding it immediately.

Male 17-21

Key conclusions from young people

1. **Social media is a primary health information source**

Our research shows that two-thirds of young people surveyed have used social media for health advice. This is particularly prevalent among females and older teenagers with TikTok as the dominant platform used by 56% of respondents for health content.

2. **There is a consistent gender gap**

Females are consistently more likely to use social media for health information and to report learning from it while engaging with a broader range of health topics, including women's health, mental health and self-care. Males in this research showed a higher susceptibility to more supplement-related content online.

3. **Online safety and misinformation education is widespread but still has flaws**

86% of respondents reported that they had been previously taught about the dangers of misinformation online, predominantly through school. A further 6% reported that they had never received this education, and 5% were unsure.

4. Social media influences behaviour and decision-making

While 74% of individuals reported that social media does not influence their choices to take certain medication, 17% shared that it does, and there was a particular emphasis on fitness supplements, including creatine and protein.

5. AI-generated content is widespread online

More than half of young people shared that they have encountered AI-generated health information, with a further 18% stating that they were unsure. This indicates that AI literacy may not have kept up with the rise of AI content and exposure facing young people today.

6. There is a variation of verification strategies

Most respondents described active verification strategies, including using the NHS website, asking an adult, or a medical professional. However, some do rely on social signals and vanity metrics, including follower counts, peer agreement and engagement metrics, which are unreliable indicators of health information quality and truthfulness.

Parent and Guardian Survey

This section presents the findings from a data pool of 44 parents and guardians during the online survey exploring their concerns, if any, regarding social media usage, online safety, their and their child's use of social media for child health information and advice, and safeguarding approaches whilst taking into consideration SEND (Special Educational Needs and Disabilities).

To note: the data pool for this research contains 44 pieces of feedback, and such should be treated as indicative and qualitative rather than statistically representative of all parents. Percentages and statistics have been included for clarity but should be interpreted with caution.

Characteristic	Category	Count	% of total
Gender	Female	34	77.3%
	Male	9	20.5%
	Non-binary	1	2.3%
Age group	31 – 35	5	11.4%
	36 – 40	6	13.6%
	41 – 45	9	20.5%
	46 – 50	11	25%
	51 – 55	8	18.2%
	56+	3	6.8%
Ethnicity	White British/English/Scottish/Welsh	37	84.1%
	White: Any other White background	3	6.8%
	Arab	3	6.8%

The largest groups of children are aged 11–15 (19 parents) and 16–20 (16 parents).



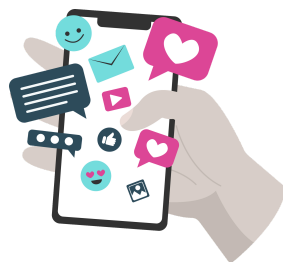
These age ranges are the most active on social media, which is likely the reason for engaging with this survey.



11–15

19

PARENTS



16–20

16

PARENTS



Q1. Do you have concerns about your child using social media for health advice?

61%

Yes, concerned
~ 27 of 44 respondents

16%

Unsure
~ 7 of 44 respondents

23%

No
~ 10 of 44 respondents

Key Concern Themes From Comments

Concern Theme	Frequency
Fake / inaccurate information being taken as fact	9
Body image and mental health concerns	5
Contact from unwanted individuals / strangers	3
Too much time spent on social media	3
Should only view info from trusted sources	2
Sharing personal information / activity online	2
Children can learn positives from social media	2
Bullying	1
Inappropriate content	1

A dominant parental concern in our research was misinformation – parents frequently described that they were worried their children would be accepting of social media content uncritically and were willing to accept adult guidance over what they see online.

Gender differences

Female parents (58.8% concerned) and male parents (77.8% concerned) both expressed concern at high rates. The slightly higher rate among male respondents should be treated cautiously given the small male sample (n=9).

The time spent on social media is challenging to manage at times, they can become secretive (pretending they are doing homework or watching a film whilst browsing social media). Interactions with others have caused damage on occasion.

Social media causes a disconnection from self and others in real life. They can be exposed to a range of things that can have a negative impact on their wellbeing.

Female, 41-45 with children 6-10 & 11-15

Young people can ask questions about relevant information about different subjects using social media and get correct advice and answers directly from companies. I do, however, have concerns about using general chat social networks, but that can be just the same as talking to friends face to face, where they can be given wrong information.

Female, 51-55 with children 16-20

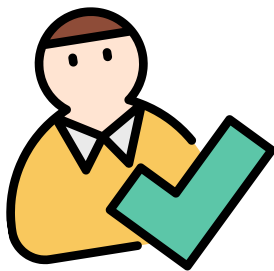
Q2. What conversations have you had / will have about social media safety?

Conversations Theme	Frequency
Parental control / account settings	10
Stranger danger / unknown contacts	10
Online safety (general)	9
Fake news / not trusting everything online	5
Unreliable information and advice	5
Mental health / emotional wellbeing online	2
Not sharing personal information	1
Education about platform algorithms	1
Health education / broader learning	1

Survey responses from parents surrounded productivity and safety-oriented tips, staying safe online, including strangers and general online safety. Fewer parents actually reference specific conversations around health misinformation despite signaling that this was a primary concern. This suggests a gap between worry and dialogue, which could be linked to parents' own knowledge and education of the online space.

"Often using case examples of inaccurate and dangerous info from influencers, making a point of teaching them how to get good information that is supported by evidence. Also showing what you can learn from YouTube too, for example. My daughter taught herself bag-making and improved her French from free YouTube tutorials."

**Female, 51-55 with children
16-20 & 21-25**



"To tell me if they have any concerns. Don't become friends with anyone you don't know. Don't share personal information."

**Male, 51-55 with children
11-15 & 16-20**

"We talk about the dangers on social media; they know they can bring anything to me to navigate. When school talk to them, I follow up on those conversations. I check what they are using on there, and we have open conversations about that."

**Female, 41-45 with children
6-10 & 11-15**



"I told both my daughters if they see something they feel uncomfortable with or are messaged or contacted by someone they don't know to tell their mother or me. That's because it's on social media doesn't mean it's real and to go to websites that are more trustworthy."

**Male, 51-55 with children
11-15 & 16-20**

Q3. Do you use social media for advice on your child's health?

64%

No, I do not
~ 28 respondents

36%

Yes, I do use social media
~ 16 respondents

How Parents Seek Child Health Information

Approach / Theme	Frequency
Conduct own research / cross-reference sources	10
Google search	6
NHS 111 / NHS website	5
Never used social media for this purpose	3
Prefer own judgement over social media	1
Talk with other parents	1
Video platforms (e.g. Youtube) are informative	1

Even amongst the data pool of parents who do not use social media for child health advice, most combine it with personal judgement or professional sources including NHS 111 or the NHS App.

Gender differences

Female parents accounted for the majority of our data pool and account for the majority of those who use social media for child health information (13 out of 16 yes responses, equaling 38.2% of females). Only 2 of 9 male parents (22.2%) during our report shared that they use social media for this purpose.

"I use it to gather information about people's lived experiences of certain health problems, but not as a diagnostic tool. I'm wary of what I read and use medical papers to cross-check any questionable information."

Female, 46-50 with children 16-20



"I do read information that I see about health on social media, but will always do my own research and not just accept what I read."

Female, 36-40 with children 0-5 & 6-10

"Mainly the NHS website, but I also use sites I trust for information and advice for my son's ADHD and autism."

Male, 36-40 with children 6-10



"I look on social media for information about conditions, looking at relevant sites, but not specifically for my child."

Female, 51-55 with children 16-20

Q4. How do you safeguard your child on social media?

Safeguarding Strategy	Frequency
Supervision (monitoring accounts and activity etc.)	20
Open communication, talking regularly about online activity	16
Restricting use (time limits, banned apps, agree restrictions etc)	11
Screen time / time limits (specific)	8

Supervision and communication are two of the most commonly used safeguarding strategies which reflect active parental engagement and support. A common strategy is a more restriction-based approach put in place by parents, which is widely used by parents with young children.

Age-dependent parental controls while young, teaching and working with them to explain about algorithms and how adverts are targeted. Lots of education about mental health and how ADHD brains are low in dopamine and more likely to get addicted to 'likes' on any platform.



Female, 51-65 with children 16-20 & 21-25

"I have limits in place, age restrictions and do not allow them on some platforms. Devices can be checked at any time. They know they can come to me at any time."

Female, 41-45 with children 6-10 & 11-15



"When my oldest daughter was at school, we checked her phone once a month. My youngest is very curious about social media, but we talk about anything she has seen if she is worried. I have a very close relationship with her, so I hope she feels able to talk to me about anything."

Male 51-55 with children 11-15 & 16-20

"We have open discussions about what they see on social media, and they come to me if they want to question anything. My 17-year-old rarely uses social media, my 18-year-old uses it regularly (way too much!) Both are open about what they see on read/see."

Female 46-50 with children 16-20



"We checked our oldest daughter's phone while at high school and checked in with both of my daughters regularly."

Male 51-55 with children 11-15 & 16-20

Q5. Are you a parent/guardian of a child with SEND?

52%

Yes

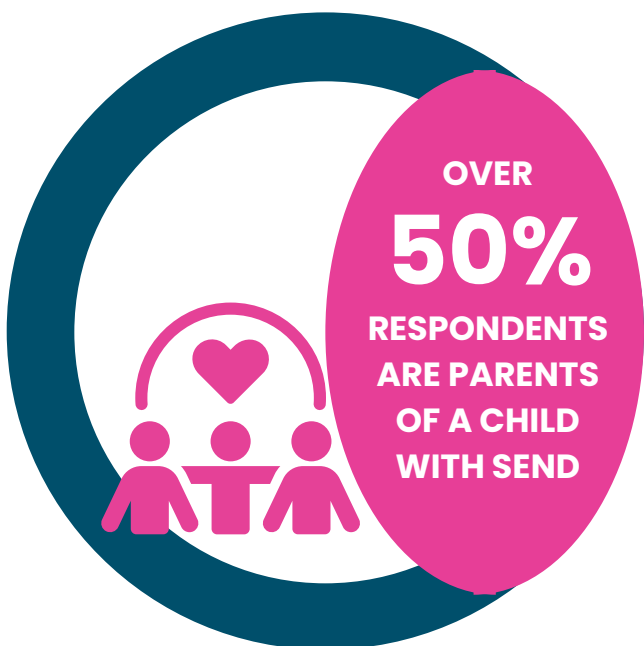
~ 23 of 44 respondents

48%

No

~ 21 of 44 respondents

More than half of the respondents in our survey reported being parents of a child with Special Educational Needs and Disabilities (SEND).



This is a notably high proportion which likely reflects the channels used to advertise this survey and our online audience.



Parents of children with SEND may have heightened awareness of their child's online vulnerabilities.

My 15-year-old has autism, uses ChatGPT for everything, and this causes problems with his medication and advice. He will use that to ask questions, and then he will fight with me about what he's heard and his views. Which isn't helpful, as he is now stopping medication and not listening to advice because of it. I still don't use social media as a parent, and it worries me that there's no support or guidance out there for parents around social media and support, and I feel this needs improving.

Female, 41-45 with child 13-16

Key conclusions from parents and guardians

1. Most parents have expressed concern over the content available on social media

61% of parents expressed some concern about the content and health information available online for their children. The key concern centres on misinformation, with children simply accepting the information they find online as accurate and resisting any parental guidance. Parents are also particularly concerned about body image and mental health factors.

2. Online safety concerns primarily focus on protection and less on health literacy

Parents most commonly shared that they have discussions with their children around three key forms of online safety: strangers online; enforcing their own parental controls; and general online safety.

3. Parents do turn to social media for health information but do so with caution

Over a third of parents in our survey shared that they use social media for health advice for children, but emphasised that they used personal judgement, Google or NHS resources in order to not rely on social media as a whole.

4. The main safeguarding tools used are communication and supervision

Parents openly shared that monitoring activity and maintaining open communication are their most widely used safeguarding strategies.

5. The high SEND rate has shaped our data pool's perspective

52% of respondents in our survey are parenting a SEND child (Special Educational Needs and Disabilities); this sample size could reflect a group with above-average engagement for online safety issues and support from professional support networks. Our findings may also reflect more structured safeguarding practices than the general parent population.

In-person engagement feedback

This section of our report presents the findings gathered from in-person engagement conversations at groups, schools and in-person sessions across Lancashire, talking with 167 participants.

Unlike our online survey, this data was collected through face-to-face conversations at youth groups, focus groups, school visits, health events, SEND roadshows and community hubs. We have identified participants via postcode rather than named event in order to reflect the various and community-embedded engagement conducted by our team.



The data on the following pages differs from the online surveys, as our team recorded responses at in-person events rather than typed-out answers. The themes reflect the natural language people use across our communities and include topics beyond health, giving us a broader view of how young people are engaging with social media online in Lancashire.

Participant profile

Characteristic	Category	Count	% of Total
Respondent Type	Young People	125	74.9%
	Parents / Guardians	40	24%
	Unclear / Not recorded	2	1.2%
Gender	Female	99	59.3%
	Male	43	25.7%
	Non-Binary / Gender-fluid / Trans / Other	4	2.4%
	Prefer not to say / Not recorded	21	12.6%
Young Person Age	12 or under	13	10.4% of YP
	13 – 16	36	28.8% OF yp
	17 – 21	72	57.6% of YP
	22 – 25	4	3.2% OF YP
Parent Age	31 – 35	8	20% of Parents
	36 – 40	8	20% of Parents
	41 – 45	15	37.5% of Parents
	46 – 50	3	7.5% of Parents
	51 – 55	5	12.5% of Parents
	Over 65	1	2.5% of Parents

Participant profile

Ethnicity	White: British/English/Northern Irish/Scottish/Welsh	84	50.3%
	Asian/Asian British: Indian	8	4.8%
	White: Any other White background	4	2.4%
	Black/Black British: African	3	1.8%
	Other / Not stated	68	40.7%
Neurodivergent	Yes	20	12%
Seldom-Heard	Identified as seldom-heard	33	19.8%

Geographical area

Participants were drawn from across Lancashire, identified by postcode area. The spread reflects broad community reach across urban, suburban, and some rural locations.

Postcode Area	Participants	Approximate Location
PR1	24	Preston (central)
PR2	19	Preston (north/west)
PR5	5	South Ribble
PR7	26	Chorley
PR25	4	Leyland
LA1	20	Lancaster
LA3 / LA5	9	South Lakeland / Carnforth
LA4	10	Morecambe
L39 / L40	7	West Lancashire (Ormskirk area)
FY7	10	Fleetwood
FY8	9	Lytham St Annes
BB4 / BB6 / BB7	8	East Lancashire (Example: Rossendale / Hyndburn / Clitheroe)
Other (PR3, PR4, PR6, WN8, OL13, BB1, BB5, BB10)	15	Various Lancashire

Overview of themes

These themes were categorised from participant responses during facilitated sessions, and the table below gives a good scope of the themes identified across the full dataset of 167 participants.

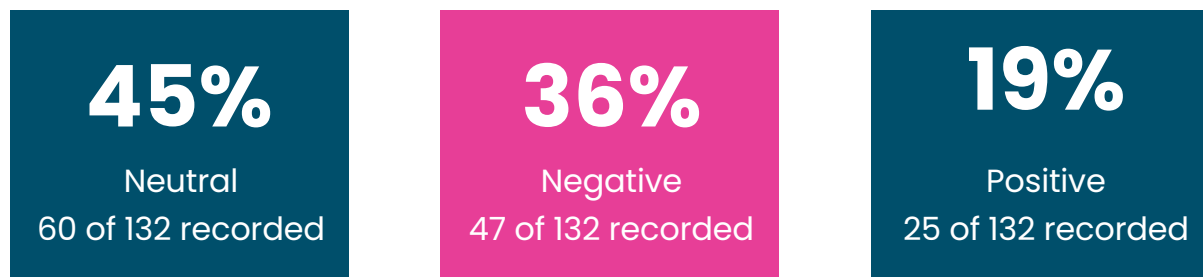
Theme	Total Mentions	Primary Group
AI (artificial intelligence)	45	Young people & parents
Health Advice	33	Young people (17–21)
Online Safety	26	Parents & younger children
Communication	22	Young people & parents
Information (quality & access)	21	Young people
Mental Health	21	Young people (females)
Trust (in sources/platform)	19	Young people (17–21)
Fitness	14	Young people (17–21, males)
Addiction	13	Females
Parental Control	12	Parents & 12-and-under
General Health	9	Across groups
Bullying	9	13–16 year olds
Misinformation	8	Young people & parents
Ban / Age ID	8	Parents & Younger Children

Overview of themes continued

Parental Advice	7	Young people
Weight Loss	7	Females
GP	5	Young people
News / Current Affairs	5	Older young people
Privacy	4	Young people
Education	4	Young people
Algorithms	4	Young people
NHS App	3	Young people
Verification	3	Young people
Toxicity / Strangers / Scams	7	Young people
Confidence / Relationships / Medication	5	Young people

Sentiment analysis

These themes were categorised from participant responses during facilitated sessions, and the table below gives a good scope of the themes identified across the full dataset of 167 participants.



Sentiment was not recorded for 35 participants. The percentages above are calculated from the 132 participants where sentiment was captured.

Sentiment by respondent type

These themes were categorised from participant responses during facilitated sessions, and the table below gives a good scope of the themes identified across the full dataset of 167 participants.

Group	Positive	Neutral	Negative	Dominant Sentiment
Young People (n=94 recorded)	22	47	25	Neutral (50%)
Parents (n=36 recorded)	2	12	22	Negative (61%)

Parents' negative sentiment is almost double that of young people (61% vs 27%). Young people hold a more balanced view, acknowledging risks while also recognising the value of social media for connection, information and health learning.

Sentiment by gender

Female participants expressed a notably more negative sentiment (44%) than males (29%), which reflected a higher consumption of health content and greater exposure to appearance-based pressure, social media addiction and mental health themes.

Gender	Positive	Neutral	Negative	Neg (%)	Pos (%)
Female (n=82 recorded)	11	35	36	44%	13%
Male (n=31 recorded)	10	12	9	29%	32%

I have come off social media, I previously struggled with an eating disorder, and I saw too much negativity on social media, especially around things like weight loss including the jabs. I find that GPs are also using the weight loss jabs as a fix. I also think, with everything going on in the world, social media is negative. We are privileged to be able to turn off content and disengage but seeing it is so negative sometimes.

Female 17-21

I use Facebook and TikTok to learn about my condition, I feel the use of AI is making it more difficult now as you don't know what to trust. I feel some things with AI are dangerous including body image as people will see something unrealistic and think they should be like that.

Female 13-16

Themes – Young People

Theme	Mentions (YP)	Notes
AI (artificial intelligence)	41	Dominant theme; schoolwork, health content, verification concerns
Health Advice	26	Seeking health information and guidance online
Information (quality/access)	19	Concerns about accuracy; how to find reliable sources
Mental Health	18	Awareness of mental health content; wellbeing impacts
Trust	18	Evaluating whether sources and creators are credible
Communication	17	Using social media to connect with friends and family
Online Safety	14	Particularly prominent among 13–16 year olds
Fitness	13	Gym, nutrition, and body-related content, especially 17–21 males
Addiction	12	Concern about social media overuse and compulsive behaviour
Weight Loss	6	Exposure to weight loss content, primarily among females
Misinformation	6	Exposure to inaccurate health and general content
Bullying	6	Online bullying experiences and concerns

I found a really good mental health app on social media, called The Seven Cups, where you can talk to people about your day and mental health. I do personally feel that social media is so dangerous. I have a niece and nephew who are 12 and 13, and I worry about what they are seeing on social media.

Female 22-25

I use Snapchat quite often, and I feel it's an upgrade from WhatsApp. I like to keep updated with my friends, and I find this is the best platform to use. I am not sure how to tell the difference between AI and real, which I think is quite scary.

There is a lot of hate on TikTok, and I don't like that. I prefer not to use it because of that. The school scheduled sessions for us, but the TikTok group was created at the school, so it wasn't very helpful. I think it should be banned for over-16s. I don't like using it, and I think it's a really bad place to get bullied.

Female 12 or under

I struggle to tell what's real and what isn't at the moment. I hear so much about Mounjaro, the weight medication, and it's a mixture of positive and negative. I am lucky as my auntie is a nurse, so I ask her about what I see and if it's truthful or not. If I didn't have her, I would really struggle to know what is real and what isn't real. I do find it really affects your mental health as you are seeing things you wouldn't necessarily want to see.

Female 17-21

Themes – Parents and Guardians

Theme	Mentions (YP)	Notes
Online Safety	12	Most prominent parental concern across all sessions
Parental Control	7	Desire for more control tools and platform accountability
Ban / Age ID	6	Calls for age verification or bans on certain platforms
Health Advice	5	Concerns about children following unverified health content
Communication	4	Maintaining open dialogue with children about social media
AI	3	Raised less frequently by parents than young people
Bullying	3	Online bullying as a concern for their children
Misinformation	2	Fake or misleading health content
Mental Health	2	Concern about social media's impact on children's wellbeing

I have an 8-year-old and a 15-year-old, and I worry about them being on social media. There's so much out there now; I just don't know what they are seeing. I have used social media to gain support for my child as they are on the pathway to a diagnosis.

I mostly use Facebook, though, as I know they have groups that are vetted and ensure it's only people who need it who can access it. I can't really say that about other social media platforms, as I don't trust them as much as Facebook. I think AI is scary; you really can't tell what's real and what isn't.



Female 41-45

As a parent, I think social media is very dangerous. Mine are 5 and 7, but I am already worrying about what will happen when they do go on it. I don't think they are regulated enough, and I feel people can see things they shouldn't be seeing.

I see videos on my personal social media that I don't want to see, never mind my children. My nephew is on social media, but he has a good relationship with his parents, where they check his phone every so often to check he is safe and what platforms he is using. He is happy for that to happen as well, which is good, but I feel more needs to be done to educate the parents and young people around social media use.



Male 36-40

12 and Under (n=13)

Female participants expressed a notably more negative sentiment (44%) than males (29%), which reflected a higher consumption of health content and greater exposure to appearance-based pressure, social media addiction and mental health themes.

Theme	Mentions
Communication	5
Parental Control	4
Ban / Age ID	3
Online Safety	2
AI	2
Mental Health	1
Algorithms	1
Bullying	1
Privacy	1

I don't have social media as my mum has told me about how negative it can be and what is shown on social media that I shouldn't be seeing. I know that there are so many groups out there that are negative as my friend who is 9 has social media and she has been at the middle of hate groups before and its so horrible to see. I do have a phone but its more for safety and messaging my family and friends.



Female 12 or under

13 – 16 Years (n=36)

AI has become the top theme for this age group, with online safety and mental health closely behind. The theme of bullying also emerged, which may be a reflection of the social pressures facing young teens online. This particular age group is starting to engage with health-related content but is also having to navigate significant risks around misinformation, AI and harmful social dynamics.

Theme	Mentions
AI	15
Information	7
Mental Health	7
Online Safety	7
Health Advice	6
Addiction	5
Trust	5
Bullying	4
Parental Advice	3

I use TikTok & Snapchat and I think it's really hard to spot AI images at the moment; they are becoming more real. I would normally check everything I see, as you don't know who has put it up. I use it [social media] for gym workouts, so I will look for someone similar to me, and I will use what they are using. I think there's a lot of positive & negative on social media, and I'm fine with moving past the negative stuff.

Female 13-16

17-25 Years (n=72)

The oldest and largest group expressed a more sophisticated approach to social media engagement. Health advice, information, quality, fitness, trust in sources, and additional all featured predominantly in conversation alongside AI.

Theme	Mentions
AI	23
Health Information	19
Trust	13
Information	12
Fitness	10
Mental Health	9
Communication	8
Addiction	7
Health	5
Online Safety	5

Our research indicates a key development arc as young children require some adult supervision and support, mid-teens are wrestling with AI, mental health and bullying; young adults focus on health content quality, trust in online sources and risks over over-subscribing to online content.

”

I have had a lot of appointments at Whalley surgery recently, and it feels like they are fobbing me off all the time. I have literally had to fight to get up out of bed in the morning, and I am 17!

I have to look up my symptoms in order to prepare for appointments so that I can ask the right questions of my dr. I have used information from Facebook groups where I can talk to people in similar situations.

I am pretty sure that I suffer from anaemia, but all the doctors will do is just give me a blood test, and when that comes up "inconclusive", they just tell me that I'm fine and there's nothing to worry about. I've done all my own research on the condition, and I know that my symptoms point to me having something.

I have to make sure I have the facts, and the only place that has given me any sort of decent information has been online. Whenever I get a certain doctor, I ask to have the appointment with someone else because they just disregard what I have to say.

”

Female 17-21

”

I use social media mostly to connect with my friends but I do use it for mental health support as well. I do find it very useful and it has helped me in the past. I don't fully believe everything I see though and if its something medical I will check it on the NHS website or i will ask my parents.

”

Female 17-21

Themes by Gender – Female Participants (n=99)

Theme	Mentions
AI	25
Health Advice	18
Online Safety	17
Mental Health	15
Information	13
Addiction	11
Communication	11
Parental Control	10
Trust	9
Weight Loss	7
Bullying	7
Health	7

I don't use social media for health a lot as it's more for keeping in contact with my friends as they live far away. I have used it in the past a few months ago for advice and guidance around my condition, I didn't feel I had a lot of information from the doctor so I reached out to people my age going through a similar thing.

Trans Woman 17-21

Themes by Gender – Male Participants (n=43)

Theme	Mentions
AI	16
Communication	9
Online Safety	6
Trust	5
Health Advice	4
Fitness	4
Information	4
NHS App	3
Mental Health	3
GP	2
Toxicity	2

I am on TikTok and Snapchat, and I don't really see much about health other than fitness, and I do personally feel that it's helpful. I see videos of people vaping, and I really don't like that, as I feel that is very negative. I don't believe anything I see on social media. There's so much fake content, and it's not always easy to see what is fake and what is real.



Male 13-16



Female participants expressed weight loss (7) and mobile phone addiction (11) as themes far more than males (0 and 1, respectively). This mirrors the findings from the online survey, where females showed a greater susceptibility to appearance supplement-based content.

Seldom-heard groups

33 participants were identified as seldom heard, which includes those who may face additional barriers to engagement and whose perspectives are largely underrepresented in standard survey data. This includes but is not limited to neurodivergent young people, LGBTQIA+ community members, carers, refugees, and those with long-term conditions.

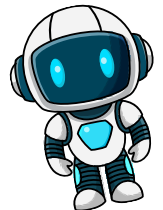
Group	Count
Neurodivergent	20
None of the above (seldom-heard by other criteria)	14
Prefer not to say	1
LGBTQI+	1
Live in a rural/isolated setting	1
Long-term health condition	1

Note: individual participants may have more than one characteristic; the total, therefore, exceeds 33. The ‘none of the above’ category reflects participants identified as seldom heard through other means, which could include engagement channels, lived circumstances, or facilitator assessment.

The in-person format was particularly effective at reaching neurodivergent young people (n=20) who frequently referenced AI content, mental health and trust in online sources.

"People revert to AI too often. I am on a creative course at college, and it ruins the course when someone uses AI to make something; it wrecks the ethos of the classes. I don't trust AI or anything that I see online because it's getting harder to see if it has been made up."

Female 13-16



"I have been homeschooled, so I didn't get any online awareness training, but I think it would have been helpful for me personally. I have only just got social media recently, as I have only just been able to get a phone, so I use it mostly to communicate with my friends. I use Snapchat mostly, and I feel that's the most commonly used platform for people my age. I think AI is getting harder to spot, but on platforms like TikTok it does tell you that it's AI, so that's helpful."

Non-Binary 17-21



"I suffer from type 2 diabetes, and I am fed up with the doctors and professionals using clinical language. They talk down to me because I have this condition, which means that my life will be severely impacted. I have to use online tools to research what they are saying to me. When I do that, they look at me as though to say, "We know more than you." They judge and condescend to me because I am a young person. Having the information there to help me is the only way that I can put my point across to them."

Female 17-21

Key Conclusions From Parents and Guardians

1. AI is a defining issue for young people right now

AI dominated conversation with 45 mentions across 167 participants. Young people expressed how they are using AI frequently for schoolwork and fact-checking, whilst also encountering AI health content and questioning its reliability. However, few young people shared confidence in frameworks to identify it – this was a common theme across all age groups, genders and geographic areas.

2. Parents and young people see social media differently

The data captures a real generational divide as parents express a predominantly negative (61%) view. Young people share a more neutral view (50%) and acknowledge the risks whilst also valuing connection, information and community.

3. Health engagement deepens with age

Young children have discussed safety and parental control. Teenagers referenced navigating mental health and bullying. Young adults actively expressed seeking health information.

4. Female participants carry a disproportionate burden of health-related risk

Across AI concerns, weight loss content, social media addiction, mental health and negative sentiment, female participants in this research showed greater exposure and harm, which aligned with our online survey findings.

5. In-person engagement reached groups the online survey could not

The presence of 33 seldom-heard participants in this research, which includes 20 neurodivergent individuals, is a direct result of the in-person engagement undertaken. The voices of these participants are essential and should be weighed accordingly in the future of service design and will be considered within our recommendations.

Comparing The Data

In this section of our report, we will draw together our findings from all three of our data pools to identify the differences, similarities and paint a full picture of the relationship young people and parents have with social media and health.

At-a-Glance

Dimension	Young People Survey	Parent Survey	In-Person Engagement
Sample	n = 1,025 Ages 12–25	n = 44 Parents/guardians	n = 167 Across Lancashire
Method	Online, structured	Online, structured	Facilitated conversation
Top Concern	Misinformation / fake news	Misinformation / fake news	AI content (45 mentions)
Top Platform	TikTok (56%)	Google / NHS 111 preferred	Not platform-specific
AI Exposure	51% encountered AI health content	Rarely raised	Single biggest theme across all groups
Gender Gap	18.8pp (females higher)	16pp (females higher)	Females: more risk themes, more negative; males: more positive
Sentiment (YP)	44% say SM affects decisions	–	Neutral dominant (50%); Negative 27%; Positive 23%
Sentiment (Parents)	–	61% concerned	Negative dominant (61%)
Misinformation Education	88% taught — mainly school	Not directly asked	School cited; AI literacy gaps highlighted
Seldom-Heard Reach	Limited	Limited	33 Identified Participants

Where The Data Strands Agree

Despite using different methods to gather the data, there are several emerging themes that showcase consistency across all 3 strands. The following conclusions draw on the themes that carry the strongest weight across our research as a whole.

1. Misinformation fears are common across all generations

Throughout our online survey, both young people and parents expressed concerns about fake or inaccurate health information online, which was subsequently reaffirmed by our in-person engagement. During the parent survey, misinformation was the top stated concern, and amongst the in-person sessions, it was among the top themes raised during our conversations. The consistency of this concern resulted in misinformation being our most common and robust finding across this research project.

2. Females engage more but pose a higher risk

Across all 3 data sets, more females shared that they were more likely to use social media for health purposes than men. This was also common across the in-person data, where they expressed a higher negative sentiment. The gender gap remains consistent throughout this research, both quantitatively (18.8% gap in the young people's survey) and qualitatively (female-dominated themes of weight loss, phone addiction and mental health) during in-person engagement.

3. Schools and parents are the primary sources of online safety education

88% of young people shared that they had been taught about misinformation, which commonly took place at school (563 respondents). Parents cited that open communication with their children was used as their main safeguarding tool. In-person engagement participants frequently referenced how online safety was educated in schools but has not kept up with the pace of platform evolution and AI. This information solidified the importance of school systems developing their online safety education in order to cover online adaptations and ensure young people and parents are prepared to deal with social media usage and growth.

4. People still place emphasis on what professionals tell them

Across all datasets GP guidance, NHS resources (website and app), and parental advice are prioritised over social media when it comes to medical advice. In the young person's survey 74% said social media does not influence their medication choices. In-person engagement participants shared similar views with NHS and GPs noted as trustworthy sources. For parents, their preference is also clearly for professional guidance over social media sources.

Where The Data Strands Disagree

The most revealing insight from this research is the differences between each data set. The most prominent differences are between what young people say, what parents fear and what emerges during in-person conversations.

1. AI: invisible in surveys but dominating conversation

During the online survey, limited information on AI was captured, although 51% of young people indicated that they had encountered some AI health content online, but the parent survey rarely flagged this as a concern. However, during the in-person engagement sessions, AI was by far the most common theme (45 mentions across 167 participants), and it emerged organically across every age group we encountered. When young people are given the space to talk freely, they share that AI is a concern at this moment, which is a critical finding from this research that the survey questions cannot fully capture.

2. Pattern concern vs reality for young people

The parent survey and in-person parent sentiment data revealed a more cautious approach to social media, which was not fully reflected in how young people describe their experiences. 61% of parents revealed that they are concerned, and 61% of in-person parents expressed a negative sentiment. Young people in contrast, offered a more balanced perspective with 67% using social media for health information and many reporting that they have took some learning from it[SW1] . The level of parental concern in comparison to the reality young people are sharing with us suggests that interventions and parental control based solely on parental anxiety may not resonate with young people.

3. Parents' concerns vs conversation

The parent survey data revealed a gap between the concern and action taken by parents and guardians. Misinformation is the top worry for parents, yet the conversations they are having with their children are more surrounding strangers online, parental control and general online safety, which does not cover health misinformation specifically. The in-person engagement data reinforces this as parents' most dominant themes through conversation included online safety (12 mentions) and parental control (7 mentions), not misinformation (2 mentions) or health advice (5 mentions). Parents and guardians of young people across Lancashire may not yet have the language, confidence or the tools to translate their concerns into specific conversations about health content quality.

4. Seldom-heard voices offer a unique perspective

The in-person conversation data reached 33 individuals who naturally fell into seldom-heard groups, which included 20 neurodivergent people; some of these individuals may not have had the means to complete an online survey and shared their views. The responses from these individuals, in particular, added themes and perspectives that were absent from the quantitative survey data and exposed specific challenges in identifying AI content when processing data.

The Future

AI literacy and education require urgent attention for both young people and parents. Young people are encountering AI-generated health content online but education and strategies for identifying it haven't kept up. The 45 organic mentions of AI across in-person sessions, alongside 51% online survey exposure makes this the clearest priority emerging from our research.

The school-based education that 88% of young people report to receive is a solid foundation to build on but it requires substantial updating to specifically address AI generated content and new platform developments.

Female targeted health content online carries significant risks around body image and weight; targeted support and platform-level accountability are some relevant responses.

Parent engagement should inform more conversations about health content quality, not just general online safety. Parents and guardians currently lack sufficient tools and education to have conversations and bridge the gap between their knowledge and dialogue with young people.

Seldom heard groups particularly neurodivergent young people require more tailored, in-person outreach to understand their experience of health information online. Online surveys alone will not reach them, which has been demonstrated by this research.

5. Appendix

Engagement Event	Area
Preston College	Preston
Inspire Youth Zone Chorley (2 Visits)	Chorley
SEND Roadshow	Chorley
Barnado's Young Carers	Chorley
Cardinal Newman College	Preston
Ribbleton Family Hub	Preston
Our Lady's High School Focus Group	Preston
Gujurati Centre Health Mela	Preston
Edge Hill Pop-Up	Ormskirk
Moor Nook Youth Council	Preston
First Kicks Youth Group	Penwortham
Lancashire Fire and Rescue Cadets	Morecambe
JoyFest	Fleetwood
The Listening Lounge	Carnforth
Schools Out (Carnforth Family Hub)	Carnforth
St Bedes high school	Lytham

Engagement Event	Area
SAFE Prop Up Project	Morecambe
Runshaw Volunteer Fair	South Ribble
East Lancashire Youth Councils	East Lancashire
Burnley Hospital CYPMH Group	East Lancashire
LTH Focus Group	Preston
Lancaster and Morecambe College (2 visits)	Lancaster



Recommendations

Local Councils	- Local councils to review online safety in schools, investigate the possibility of extending this to social media safety, and make this relevant. Ensuring there is adequate training for professionals providing the training. - Local councils to review online training offering for parents and guardians to ensure they feel confident supporting their children and young people.
ICBs & Councils	ICBs and Councils to further engage with Seldom-heard groups in person in order to understand their views, needs and experiences when it comes to accessing health information online.
NHS & Local Councils	NHS and Council to utilise young people to support with campaigns and content so young people feel they can relate to the people presenting information to them.
All	- NHS/ICB/Council to utilise findings to support upcoming campaigns and use this feedback to help with future online presence. - NHS/ICB/Council online platforms to establish more of a presence on social media platforms that young people are using.

Lancashire and South Cumbria Integrated Care Board Response

Thank you for sharing The Impact of Social Media on Young People 2026 report and for inviting NHS Lancashire and South Cumbria Integrated Care Board to respond to the recommendations. We welcome the report and the insight it provides from young people, parents and guardians, including the additional depth gained through in-person engagement with seldom-heard groups.

The findings highlight the increasing role of social media in how young people access health information, alongside clear concerns about misinformation, AI-generated content, body image, mental health and confidence in judging what is reliable. We also note that young people continue to value trusted NHS, GP and parental advice, which provides an important foundation to build on.

The ICB supports the broad direction of the recommendations and will use the report to inform future communications and engagement activity with children and young people, parents, carers and partners. We agree that trusted health information needs to be clear, accessible and visible in the places young people already use, while remaining clinically appropriate, evidence-based and safe.

This aligns with work the ICB has already undertaken. In recent years, the ICB worked with pupils from four Lancashire secondary schools to co-produce a social media mental health campaign aimed at 11-18 year olds. This targeted work was followed by broader engagement of young people, parents and carers, and education staff through online questionnaires. Further information is available on the ICB's dedicated young person website: [Healthy Young Minds :: Mental health campaign engagement](#).

The report will be shared with relevant ICB leads so that the learning can be considered in planned work. This includes opportunities to strengthen signposting to trusted NHS information, support conversations about misinformation and AI-generated content, and work with partners who already have strong relationships with young people.

We recognise that simply producing more social media content is not the only answer. Our focus will be on making trusted information easier to find, making sure young people's voices shape relevant communications, and supporting parents and carers to feel more confident discussing online health information with children and young people. We expect moving forward, this will be a key part of organisations working together in partnership in neighbourhoods where we can consider local issues for young people and work with local partners who are best placed to connect and work with young people.

We are grateful to Healthwatch Lancashire for undertaking this work and for ensuring that young people's experiences are reflected. The ICB looks forward to continuing to work with Healthwatch Lancashire and system partners to help young people access reliable health information, build confidence in evaluating online content and know where to go for trusted NHS advice and support.

Lancashire County Council Response

Co-deliver social media safety and AI literacy education within youth provision	Social media safety and digital awareness are already incorporated within a range of Youth Service programmes, including online safety, cyber bullying and wellbeing work. We recognise that delivery is currently variable and will work to strengthen the consistency and visibility of AI literacy and digital awareness across youth provision.
Provide parent education and support programmes around AI literacy and social media	• The Child and Family Wellbeing Service will explore opportunities to incorporate AI literacy, social media awareness and online safety within its wider groupwork and family support offer, building on existing partnerships and information-sharing activity with families.
Undertake engagement with seldom-heard groups	• Engagement with seldom-heard groups is already supported through detached youth work and Family Hubs on the Move, providing opportunities to gather views and experiences from a diverse range of young people and families. We will continue to review the effectiveness of our approaches.
Use Lancashire Youth Challenge and District Youth Councils to shape campaigns	• Youth voice is central to the development of our Youth Services, with District Youth Councils providing established mechanisms for co-production. We will explore with young people whether they wish AI to be a focus of their work locally and could build on previous work, including the development of a social media guide for adults led by Preston Youth Council.

Expand messaging through popular social media platforms	• We will continue to review how key messages are communicated to young people and consider greater use of the digital platforms most commonly used by them, ensuring information on wellbeing, online safety and support is accessible and relevant.
Strengthen work on online harm, cyber bullying and misinformation	• The Child and Family Wellbeing Service already delivers programmes covering mental health, wellbeing, online safety and cyber bullying, alongside work with health partners to promote accurate information. We will explore opportunities to further strengthen this activity, particularly for young people with SEND and autism, and increase our focus on challenging online misinformation and health myths

[Click here to be directed to our website.](#)



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