#EssexYEAH!

YEAH!3 report

Young Essex Attitudes on Health and Social Care

2017 - 2018

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Foreword

When Healthwatch Essex came to talk to us about public health, our NCS cohorts were very engaged. As we can't vote, the session provided an opportunity for us to share our experiences and our opinions on what young people need, otherwise decisions are made without our say.

Healthwatch Essex were friendly and helpful, so it was great to voice our opinions to people who listened and wanted to use our experiences to create positive change. The sessions felt honest, natural and conversational, and everyone was given the chance to have their say.

It was great to discuss issues that impact young people like us, and voicing our opinions has made us feel more confident – it can feel hard as a young person to make your voice heard. We spoke about sensitive subjects, such as mental health and sexual health, that we don't usually get to speak openly about, and we got to learn from our peers' experiences, which challenged some of our views. The session was also informative as we received information some of us hadn't learned in school.

Talking about public health made us realise what we already knew and where we needed more information. We felt we needed to learn more about how to look after our physical and mental health, and we were able to share our ideas on how this could be achieved.

We spoke about how we could improve the chances of receiving the information we need. We believe these sessions will make a difference, because we realised how information could help us make decisions to work towards healthy futures.

YEAH! 3 participants

Abbreviations

CAMHS	Child & Adolescent Mental Health Services
EWMHS	Emotional Wellbeing & Mental Health Services
GCSE	General Certificate of Secondary Education
GP	General Practitioner
LGBTQ	Lesbian, Gay, Bisexual, Trans* and Questioning
NCS	National Citizen Service
NHS	National Health Service
PE	Physical Education
PSHE	Personal, Social and Health Education
STI	Sexually Transmitted Infection
TV	Television
YEAH!	Young Essex Attitudes on Health & Social Care

Contents

Introduction

In 2015, Healthwatch Essex published the first YEAH! Report, highlighting the health and social care lived experience of more than 400 young people across the county. This report was followed by YEAH! 2 in 2016, this time engaging with 865 Essex young people, expanding on themes of mental health and social care.

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These reports have gone on to achieve local and national impact across various health and social care sectors. For example, the Local Medical Committees of North and South Essex circulated YEAH! to all GPs for discussion within their practices and 111 providers IC24 acknowledged the need to inform young people of non-emergency and out of hours services, agreeing to run informative sessions during our YEAH! 3 study. Following the first report, Healthwatch Essex was approached by West Essex Clinical Commissioning Group to undertake a countywide scoping exercise on engagement around Child and Adolescent Mental Health Services (CAMHS) to inform the recommissioning of the Emotional Wellbeing and Mental Health Services (EWMHS).

Findings from YEAH! and YEAH! 2 also informed Essex County Council's Special Educational Needs and Disabilities programme; the 'Open Up, Reach Out' transformation plan for Essex; Essex County Council's Health Overview and Scrutiny Committee's task and finish group on young people's mental health; the Essex, Thurrock and Southend Suicide and Self Harm Prevention Working Group's recommendations day and the Youth Select Committee's national inquiry into mental health services for young people.

In response to the information young people told us they needed around health and care within these reports, Healthwatch Essex created the online guide to care, *essexyeah.org.uk*

The success of the YEAH! reports was recognised by the Patient Experience Network, becoming finalist in the Championing the Public category at 2017's Patient Experience Network National Awards. The project was also presented to the Health Select Committee by Healthwatch England, as evidence of best practice, and the National Citizen Service circulated YEAH! to national NCS providers as an example of how young people can input to and explore local issues.

With the aim to continue gathering young people's lived experience of health and social care, we partnered with Essex Boys and Girls Clubs once again to spend a third and final summer engaging with 717 young people participating in NCS. Our previous reports made it clear that young people did not always feel they had the information they needed to make informed choices around public health topics such as sexual health, drugs and alcohol and nutrition. Speaking to them about these topics, along with smoking, exercise and mental health, our YEAH! 3 findings create a snapshot of the information young people feel they need to take care of their health and how they wish to access it.

Collectively, over the three years and three reports, we have spoken to 1,996 young people in our county and hope that YEAH! 3 can continue to positively influence local and national health and social care policy, practice and commissioning. After three years, we recognise how our county engages with, and commissions for, young people has been changing for the better, and while there is still progress we can make, we hope the legacy of the YEAH! reports will have a long-lasting impact in the design and improvement of services.

How we engaged

In the first YEAH! report, Healthwatch Essex devised three principles that have proven crucial to our engagement with young people: Explain, Empower and Enjoy. We adapted these principles for use in YEAH! 3.

Explain

To gather young people's lived experience of public health topics, we first needed to explain what public health meant, how public health messages are prioritised and what public health information they may have already received. This allowed them to consider their own experiences and needs around such topics as nutrition, exercise, mental health, drugs and alcohol, smoking and sexual health. For the young people to open up about their experiences across these topics, which could sometimes be upsetting or uncomfortable, we made sure to explain the purpose of our study and the impact we had already achieved through collecting the voices of young people in the county.

"The session was good, and informed me what public health is. I think it made me realise I already knew quite a lot, but also highlighted lacking areas."

"It really made me think about information I had been given, and what could be improved."

"We talked about public health, sex education, food prices, respect and safety among young people. It was good seeing my cohort members so engaged in the talk."

Empower

Young people need to feel confident when sharing their experiences. By speaking to the young people in their NCS cohorts of five to fifteen participants, they felt encouraged by the presence of their peers and the rapport they had already developed as a group. With each group we sat in circles, away from other cohorts, so the young people felt comfortable sharing their experiences. By sitting in a circle we created a feeling of equality, where everyone could see and hear the person speaking and respond to those raising their hand to have a say.

These sessions were informal, and although we prompted discussion by introducing topics, the young people prioritised how much or how little we spoke about each topic as well as adding other topics they felt relevant to the discussion.

All participants were given feedback sheets at the end of the session to anonymously add to the discussion with discretion. The quotes used in this report are those written by the young people.

"It was good to have someone to talk to who I knew would try and make a difference with my opinion."

"We were able to get our voices heard, which is hard in this day and age."

"It was good that we could tell people what we need, not what they think we need."

Enjoy

It might be thought that speaking about topics such as mental health, substance misuse and body image would not be a positive experience for young people, but feeling heard and taken seriously proved to be rewarding and enjoyable to them. The more participants enjoyed our sessions, the more engaged they were, and often remarked on how quickly the session had gone. Furthermore, sharing lunch with participants, hearing about their NCS experiences and discussing their music and film tastes showed our interest in them beyond being participants in our study.

"I loved the discussion."

"I really enjoyed this experience and think we should all learn more about how to be healthy in terms of our bodies, and relationships. I also thought Healthwatch Essex was really informative and friendly."

"I talked about touchy subjects that I wouldn't usually talk about. I enjoyed it quite a lot. It was good that I had my say."

Key findings

Nutrition

Approximately 80% of participants told us the cost of food was a key factor in the nutritional choices they made

Around 50% of participants felt confused by the often conflicting nature of nutritional information in the media – for example, being told that fruit was good for them but also that it was too high in sugar

Roughly **30%** of participants felt they had a good knowledge of nutrition and the factors in a healthy diet

Many participants said that they found it hard to put nutritional guidance (such as eating five to seven portions of fruit and vegetables a day) into practice for reasons such as cost, convenience and not having a say in the meals prepared for them at home

30%

Exercise

All participants told us they understood the benefits of exercising

However, around 80% told us that age restrictions placed on activities, cost of activities and distance from their home were barriers to them exercising

While PE was the most common form of exercise for participants, around 75% felt PE was too competitive and could make them feel excluded

Fewer than 10% of participants said they met exercise guidelines of an hour of moderate activity a day

Body image

Participants observed that healthy bodies were always portrayed as thin bodies, which could contribute to negative body image, increased pressure around appearances and a sense of doubt around their ability to practice healthy behaviours

Initiatives in schools introduced to tackle obesity sometimes had unintended negative consequences on young people's body image as a result of feelings of fear and shame

Participants were concerned that PE teachers did not always understand the stigma around body image which could cause some participants to feel self-conscious or excluded from participating

The young people felt that while social media could be a good source of health information, they also felt it perpetuated body ideals and therefore increased the feelings of pressure or exclusion. It was felt that the ideal for females was to be thin and non-muscular, and the ideal for males was to be broad and muscly

Smoking

All participants in our study knew about the dangers of smoking on their health

50% of participants who did not smoke told us that smoking-cessation adverts on TV had deterred them from smoking

5

59 participants in our study told us they regularly smoked – most felt they did so because they had friends or relatives who smoked

Participants often wanted information on smoking to be relevant to their age group and not just focus on the long-term effects in adults

9

Drugs and alcohol

Approximately 75% of participants felt they had not received enough information on drugs and alcohol to make informed decisions and keep themselves safe

Around 60% told us that drug and alcohol sessions seemed focussed on deterring them, rather than giving them balanced information

Roughly half of participants told us they regularly drank at house parties

Approximately **20%** of participants said that cannabis smoking was prevalent in their age group

20%

Sexual health

Almost all participants had learned about sexual health, though their learning varied a lot depending on the school they attended

Although participants felt their sexual health learning seemed focussed on deterring them, they said that many in their age group were already sexually active and forming relationships

75%

Around **75%** of participants wanted to learn about the social aspects of sex and relationships such as consent, exploitation and abuse, and LGBTQ identities

Male participants often felt that men were portrayed as perpetrators of relationship abuse and sexual assault, which they felt could prevent them from realising they could be victims or seeking support

Mental health

All participants wanted to learn about mental health and felt it was important to be able to spot signs and symptoms and know how to access support

Participants told us that bullying and mental health problems were commonly experienced together with young people experiencing poor mental health as a response to bullying, or mental health stigma meaning young people with mental health disorders were more vulnerable to bullying

Around 25% of participants had learned about mental health during their education but often felt they had not received enough information

Participants of our study rarely knew how they could access support for their mental health

Recommendations

High quality engagement

Over the past four years Healthwatch Essex has engaged in face-to-face conversation with almost 2,000 young people, gathering their lived experience of health and social care topics. This has allowed Essex young people to set the agenda on their health and care priorities, tell us in their own words how things can improve, and share their own expertise on issues that impact their lives. For example, the young people who took part in this study allowed us to understand the pressures they face around academia and body image, and where they experience barriers or health inequalities. We have learned what the young people felt were effective public health messages, such as the NHS Stop Smoking adverts and what has been less successful, such as some anti-obesity initiatives.

We have been delighted to see the young people's voices from our previous reports embedded in transformation plans, being carried forward in the health and care landscape in Essex and even used as evidence in parliamentary work. We recommend that meaningful engagement with young people remains a priority in service design and commissioning, and current engagement methods continue to develop to ensure all young people have real and accessible opportunities to share their voice.

Parity and consistency

When discussing the learning they had received around various public health topics, the young people noticed their experiences of learning differed from school-to-school, which year group they were in when they received the information and the method in which information was delivered. For example, some of the young people who had not received sex education since the end of primary school had mostly learned about puberty, whereas participants who had revisited the topic later in their schooling had learned about the pregnancy, STIs and relationships. Participants whose schools had arranged a drug and alcohol talk from someone with previous substance misuse problems felt more informed on the subject than those who had received information from their regular classroom teacher.

While almost all participants had received sex education, all understood the benefits of exercise and the dangers of smoking, only 25% reported learning about mental health in school, and 75% felt they did not have enough drug and alcohol information to help them make informed choices.

Young people wanted access to the information they felt would benefit their needs, that was age-appropriate and delivered through what they judged to be the most effective methods. This is a sizeable challenge, given the complex educational economy that has seen an increase in academies and free schools, and removal of local education authorities. PSHE, where many young people would expect to learn about these topics, is also not a statutory subject within the curriculum and several participants told us that PSHE was substituted for exam revision or listening to music.

We recognise the pressures schools and teachers face in today's educational landscape with packed curriculums, budget pressures and growing pastoral responsibilities. At the same time, young people's voices can add evidence to local and national conversation around the value of health, wellbeing and life skills education and the place it holds in a rapidly changing world. Arguably, now more than ever, we need to listen to young people's views on the education they feel they need to set them up for a healthy and successful life in the society they will inherit.

Putting knowledge into practice

Being informed on health guidelines can only be meaningful if the young people receiving this information, and the homes they come from, have the means to put these messages into practice. Participants in our study often told us that less healthy food choices still outweighed and outpriced healthier options in their school canteens and on the high street, and that some sports clubs and gym memberships had age restrictions that prevented them from joining.

As dependent members of their households, young people also told us that they had a limited say in the meals prepared for them at home, limited finances to spend on activities or healthy foods, and limited modes of transportation to get them to clubs and activities. They recognised that young people from lower income families might find it harder to eat healthily and partake in exercise outside of school. While it could be argued that exercising outdoors is free and easy, young people told us that issues such as safety in built-up areas, self-consciousness could be barriers to exercising outdoors, as well as the fact that they found exercise most appealing when it could be sociable and entertaining.

The young people we spoke to often felt a lack of public facilities that were free to use and did not have age restrictions. They wanted the free facilities that did exist (such as outdoor table tennis or football pitches) to be protected, and for authorities to continue supporting similar schemes and initiatives. As well as this, the young people wanted to see the corporations that profited from them to make positive contributions to the community by making healthier foods more appealing and affordable, or funding wellbeing initiatives for young people.

While we continue to evaluate how to effectively educate young people on healthy choices, it is worth considering how we support them to put this knowledge into practice. Some of the ideas the young people suggested to reduce health inequalities included learning how to grow their own fruit and vegetables in a window box, school allotment schemes and tasting sessions that would allow them to try new fruits and vegetables, or recipes that could be easily replicated at home.

Trust and balance

Throughout their learning on topics such as sexual health, alcohol and nutrition, participants reported a feeling of expected abstinence that was enforced through 'scare tactics'. As they grew up and saw peers engaging in romantic relationships or drinking at house parties they felt a sense that the messages in their education had been exaggerated or unrealistic. Feeling patronised by the information they received from adults could cause them to feel disengaged and mistrustful, or motivated to rebel.

While it is crucial to inform young people about the dangers of the world around them, participants frequently told us that experimenting and risk-taking behaviours were part of being a teenager. Many of the participants had begun to encounter house parties and relationships and felt that simply being told to abstain was unrealistic. Instead, the young people told us that they wanted to feel equipped with information that would help them to stay healthy and safe in these situations. They felt that information on drinking safely, consent and mental health were often missed in their education, despite feeling that these issues were relevant to their everyday life.

The young people in our study appreciated honest conversation, and some who had been taught about drinking in moderation felt that being trusted with this advice caused them to treat drinking as a privilege that they needed to take responsibility for. This may also explain why the young people so strongly valued the talks they had from external speakers with lived experience in the subject matter. These talks were often praised for allowing an open environment where questions could be answered honestly, and where the subject was made relatable to them in terms of social and financial consequences.

Raising awareness and reducing stigma

The young people displayed a mature and comprehensive awareness of the impact an individual's background could have on their health and did not accept health information that portrayed smokers as dirty, overweight people as lazy or people with substance misuse problems as bad or criminal. In fact, participants who were affected by these issues said that this negative portrayal of them, aimed at deterring others from engaging in these behaviours, often prevented them asking for help through fear of being judged negatively. Young people are self-conscious about their image, and while it might be advantageous to use negative portrayals as a deterrent, it further isolates young people who may have experienced a sexually transmitted infection, pregnancy, obesity, smoking, or any of the 'bad habits' warned against.

Young people in our study also spoke at length about the harmful impact of stigma on LGBTQ people, people with mental health conditions and male victims of domestic violence. We often heard from participants that these issues were some of those less discussed in their education, despite these people being some of the most invisible or misunderstood in our society. Therefore, participants wanted to see a raised awareness of sexual orientation and gender identity, mental health and male victims of domestic violence. Presently, they described sexual health sessions as focussing on heterosexual couples, and males being portrayed as the perpetrators in learning on sexual assault and relationship abuse.

The young people we spoke to felt that people in these less visible groups could be some of the most at risk of health inequalities. Learning about sexual assault or abuse that did not acknowledge the potential for victims to be male could perpetrate the myth that boys and men were not at risk, and only focussing on heterosexual sexual health could leave gay and bisexual pupils unaware of how to protect their sexual health. Participants felt that learning about these topics would be good for everyone, as increased awareness would foster understanding and acceptance and therefore reduce isolating or exclusionary behaviour.

1 Public Health

We asked participants what they understood the phrase 'public health' to mean, and apart from 14 participants (who understood public health in relation to personal hygiene), the young people did not know what the term meant. Therefore, we began each session by explaining public health to the young people through the government's definition,[1] and gave examples of public health messages they may have encountered through their schooling, the media and mainstream health services.

The young people commonly identified nutrition, exercise, sexual health, mental health, drugs, alcohol and smoking as the public health priorities of their age group, which formed our focus in this report.

When asked for their immediate thoughts on public health guidance, participants told us they felt overwhelmed by the contradictory nature of media information and felt the health information they received in school had not always equipped them with an understanding of the choices they could make in taking responsibility for their health. Participants said that while they sometimes learned about these topics in PSHE, the sessions were often disorganised or not taken seriously. Several participants told us their PSHE sessions were used as extra revision time for their exams or treated as a free period.

Whose responsibility?

YEAH! 3 participants, aged 15 to 19, were in a unique period of their lives; still regarded as children, but encouraged to develop skills for independence and make important decisions about their futures. We asked participants who they thought was responsible for their public health during this period of their lives.

Most said that as they were usually living in the care of their parents at this stage of their life, it was their parents' responsibility to keep them healthy. They felt this was because their diet, out-of-school activities and their living environment relied on their parents' choices and permission. Being financially dependent meant having little control over what foods were bought and requiring permission and funds to attend clubs or activities. They said that the health-related habits they developed often mimicked those of their parents.

"I know a lot of people who pass their eating habits down to their children."

Because of this, they felt there was a wider societal responsibility to equip parents with public health information as well as the means to turn guidance into practice. Participants acknowledged the need for parental guidance to be issued in a way that was positive and supportive, as opposed to accusatory.

"You have to look at people's individual circumstances and upbringing and change how they look after themselves or their families for the better, but people will be sensitive to that and feel you are intervening."

Some of the young people spoke about how their understanding of health-related topics had benefitted from having a parent they could talk to openly.

"I take more notice if it comes from my parents."

"My mum doesn't make you feel like she's lecturing you... she gives you information over the years, and she listens. She tells you how people can get away from peer pressure or bullying, little tips you don't think you need but it's good to know just in case."

Around 75% of participants felt that local and national government had a role to play in ensuring the information they and their parents received was accessible, relevant and up-to-date. They wanted protection of the facilities they used in their communities, such as playing fields and outdoor gyms, and continued investment in public health initiatives as well as assurance that food prices were regulated fairly.

[1] The Government says: "Public health is about helping people to stay healthy, and protecting them from threats to their health. The government wants everyone to be able to make healthier choices, regardless of their circumstances, and to minimise the risk and impact of illness." https://www.gov.uk/government/topics/public-health

50% felt that their school had a responsibility to educate them on health-related topics with honesty, allowing them to make informed decisions as they reached adulthood. This generation of young people no longer saw education as purely academic, but a vital source of learning skills for later life. As schools were trusted with providing quality information, and most of their week was spent at school, participants felt it made sense to receive health information in school too.

The young people also felt that large companies had a responsibility toward public health, such as chain restaurants, supermarkets and gyms. They felt that these companies could do more to promote healthy eating or make it affordable for young people to eat and exercise well.

"In the past everyone was healthier, but now our diets contain more bad ingredients. One place might reduce its salt, or fat, but what about everywhere else?"

The young people also recognised that they were the target audience for many media, clothing and cosmetic brands, and wanted these companies to advertise to them responsibly, without perpetuating beauty myths and unattainable standards connected to poorer body image, self-esteem and mental health in young people.

All participants agreed that from the end of their education, where they saw themselves as taking steps towards independence, that it was their responsibility to take care of their health based on the information they had been given.

"On a day-to-day basis, it's the responsibility of the individual to look after themselves."

Overall, participants concluded that responsibility for their health was shared by everyone: the individual, their parents, their schools, the government, and the corporations who profited from them. To enable young people to develop healthy attitudes, in their youth and in adulthood, these bodies need to take their fair share of responsibility in supporting the health of younger generations. Failure to do so could lessen the chances of young people's ability to maintain a healthy lifestyle and to become a healthy adult.

Reducing inequality

As part of the remit of Public Health England is to reduce health inequalities, we asked participants what they perceived as barriers to achieving healthy lifestyles, and how they imagined these barriers could be overcome.

More than 75% of participants felt that socioeconomic status was the biggest determinant of health inequality in Essex, claiming that young people from lower income families could be exposed to more risk in diet, environment, means to exercise and so on. Housing was also perceived as an important factor, as those living in built-up areas explained that there was not always the space, or sense of safety, to exercise outdoors. Participants considered poverty as a contributing factor to addiction, mental illness, poorer educational attainment and therefore poorer life opportunities. 15 participants went so far as to say that smoking cannabis was a cheaper recreational activity than annual membership of a sports club or gym.

"To me it seems the wealthier you are, the healthier you are."

The young people also felt that upbringing had a direct impact on their behaviours and the choices they made. If their parents didn't have access to, or the means to implement, public health guidance, everyone in the household was affected. They felt that everyone should be equipped to raise healthy children and instil healthy behaviours. Participants believed that young people in households where adults smoked, ate unhealthily and drank or took drugs would have fewer opportunities to develop healthy lifestyles. Yet more than 50% of participants felt that schools assume that their parents will discuss smoking, drinking and sexual health with them, despite this not always being the case. They felt that if health information was standardised across schools, all young people would have the same opportunities to learn healthy behaviours from a young age.

50% of participants also mentioned the expense of good quality fresh food, compared to fast food, as a contributing factor to health inequalities across economic backgrounds. They wanted healthy eating to be more affordable in the community, in school and in fast food restaurants. They also felt that schools could help reduce inequalities by providing breakfast clubs, opportunities to learn about healthy food preparation, and instilling students with the confidence to divulge personal struggles to staff. As participants were predominantly in full-time education and not employment, they felt that gym memberships or sports clubs were unaffordable, and while some had use of exercise equipment at school, this was usually restricted to P.E. classes. The young people wanted big corporations such as supermarkets, gym chains and fast food outlets doing more to alleviate health inequalities in the communities they were based in and profitted from (such as donating unsold food to those in need, or making gym memberships affordable to young people). Some participants also suggested that free activities should be available to allow people to engage in sports or exercise they hadn't tried before, as well as public facilities (such as parks, running tracks and football pitches) to be available in spaces that were well maintained and safe.

"Nothing is free nowadays, that is the struggle."

2 Nutrition

Key findings

- Approximately 80% of participants told us the cost of food was a key factor in the nutritional choices they made
- Around 50% of participants felt confused by the often conflicting nature of nutritional information in the media – for example, being told that fruit was good for them but also that it was too high in sugar
- Roughly 30% of participants felt they had a good knowledge of nutrition and the factors in a healthy diet
- Many participants said that they found it hard to put nutritional guidance (such as eating five to seven portions of fruit and vegetables a day) into practice for reasons such as cost, convenience and not having a say in the meals prepared for them at home

Information

While most participants had learned about nutrition within the course of their education, provision of information varied from school to school (and in some cases from lesson to lesson). While roughly 30% of participants claimed they had received a good knowledge of nutrition within their schooling, slightly more than this told us they received very little information (for example, by only learning about one topic such as malnourishment or the five food groups) or no information at all. Some of the young people felt that it was assumed they would learn about nutrition at home, though this was not always the case.

Around 25% of participants said that although it was important for everyone to understand nutritional information, only those who had chosen GCSE topics such as Food Technology, Catering or Health and Social Care had the opportunity to learn about nutrition.

Participants were aware of the 'five-a-day' message, but were often unable to explain *why* it was important for them to eat five portions of fruit and vegetables a day, or why the recommended number of portions had recently increased. Not knowing the reasoning behind 'five-a-day' meant that some young people disregarded this guidance, feeling it had simply been "made up."

Over 50% of the young people told us media information could be misleading or contradictory, making it impossible for them to feel correctly informed about what to eat. It was pointed out, for example, that some sugary drinks claimed to count as a portion of fruit, but participants had also heard they needed to avoid sugar.

The young people felt apathetic or exasperated by the lack of clarity on nutritional messages and wanted a clear understanding of nutrition that would allow them to navigate their way through the confusing, and often conflicting, messages they picked up from the media. They wanted an understanding not only of what dietary choices were good for them, but *why* they were good for them, as well as an understanding of the differences between saturated and non-saturated fats and so on.

Around 10% of participants also wanted to learn how to apply healthy eating to a range of diets such as diabetic diets, vegetarian and vegan diets, and halal and kosher diets.

Making healthy choices

We asked participants how they applied nutritional information to the food choices they made, and found that even those who felt they had a good understanding of nutrition often struggled to put this knowledge into practice.

For more than 80% of participants, the cost of food was a large factor in the choices they made. These young people explained that healthier foods were more expensive than fast-foods such as pizza, burgers and chips. Some of the young people commented that some large food restaurants and retailers did little to make healthier options appealing through their pricing and marketing.

"You can buy several burgers for the price of one salad."

This was often said to be the case for secondary school canteens too, with participants claiming unhealthier options were cheaper than salads, fruit and other fresh foods.

"I always go for the cheapest choice."

A number of participants said their secondary school had tried to encourage healthier eating in the canteen by lowering salt, creating an 'eat well' plan or removing fizzy drinks. Yet these young people said that unhealthy food choices still outweighed and outpriced healthier options, and claimed that the prevalence of vending machines also made it harder to make healthier choices in school.

"When you have the option, and it's readily available and quicker, you take it."

Other participants pointed out that healthier foods expired sooner, which could make processed foods seem more appealing to families on a budget.

Owing to factors such as these, participants mostly failed to eat five portions of fruit and vegetables a day, and felt the recent increase on this guidance would be unattainable.

Young people wanting to practice healthy lifestyles felt inhibited by the prevalence and price of less healthy foods. They wanted to be supported in making healthy choices, through balanced pricing and an increase in appealing healthy choices.

Participants' thoughts

Participants told us they wanted to receive nutritional information from an earlier point in their education, before they became aware of conflicting messages in the media, and to give them the opportunity to embed healthy habits from a young age. A number of participants added that schools currently taught them more about alcohol and smoking than nutrition, but that poor dietary choices could negatively impact their health just as much as drinking and smoking.

Many felt that unhealthier choices were cheaper, more convenient and simply more enjoyable. They felt this could be counteracted through restricting unhealthy food choices in schools and using free tasting sessions to allow young people to try fruits and vegetables they had never tasted before. The young people explained that these ideas could help "retrain our taste buds" and make healthier foods more appealing.

Other ideas included governmental pressure on large corporations to make healthier choices more affordable and appealing, school allotment or window box schemes allowing people to grow their own produce and an increase in public water fountains at community facilities.

3 Exercise

Key findings

- All participants told us they understood the benefits of exercising
- However, around 80% told us that age restrictions placed on activities, cost of activities and distance from their home were barriers to them exercising
- While PE was the most common form of exercise for participants, around 75% felt PE was too competitive and could make them feel excluded
- Fewer than 10% of participants said they met exercise guidelines of an hour of moderate activity a day

Information

Unlike the confusion the young people described regarding nutritional guidelines, participants felt they had a clear understanding of guidance around exercise and its benefits. The only aspect participants felt to be missing was an understanding of the associated risks of *over*-exercising, and just as participants felt Food Technology students had better access to nutritional information, participants felt that GCSE PE students had a better understanding of exercise. While it is to be expected that these subjects would provide more detail on specific topics, participants wanted more of this information integrated into their core learning to assist them in managing their own exercise regimes.

Making healthy choices

While participants understood the importance of exercise, many told us that (as with nutrition) it was difficult to put into practice, and fewer than 10% of participants told us they regularly exercised.

In contrast to this, around 80% of participants felt that age restrictions, expense and distance from gyms and sports clubs made it difficult to exercise. While these participants were aware that exercise did not have to cost money, living in an unsafe or built up area made this difficult, as well as self-consciousness when exercising outside, and the privatisation of tennis courts and football pitches that had once been public and free to use.

PE was the most common form of exercise that the young people took part in (and for some the *only* exercise they took part in). From this, we can expect to see a decrease in physical activity among young people after they leave school. Yet 75% of participants felt that PE sessions were competitive, and excluded those who weren't athletic or talented in sport, which caused them to dislike, or even dread, exercise. Participants also told us that those who felt excluded were not encouraged to be active in PE classes, or taken seriously, which sometimes meant they could sit down away from the activity without being challenged to join in.

"There are always people who are better than you. It's embarrassing. It's over competitive."

Another factor felt to impact the ability to exercise was academic pressure – particularly toward the end of secondary education. Participants frequently told us that time previously spent on exercise was diverted to exam preparation. This was not just the case in the young people's personal lives, but also in school, as we were told that PE lessons had sometimes been substituted by exam revision classes.

Participants' thoughts

The young people largely felt that making PE enjoyable to those who were not athletic or gifted in competitive sport, would support them engaging in exercise. They felt this could be achieved by adding variety to the types of exercise they could take part in, the opportunity to exercise in smaller groups and being matched with people of similar ability, and to be commended on their willingness to partake, as opposed to their sporting ability.

"The way that PE comes across...people feel forced to do it. It would be better if it was made a little bit more enjoyable."

Participants also wanted exercise outside of school to be affordable to them; perhaps by offering discounted gym or club membership to those in full-time education. They felt that increased provision of free activities would also encourage young people to find an enjoyable way of exercising that suited their ability.

The young people also acknowledged the need for public facilities and equipment that were in safe and well-maintained areas, in order to pursue exercise beyond PE lessons.

As with nutrition, it is obvious we cannot expect young people to achieve recommended exercise guidelines without supporting them in doing so. With PE lessons being the first induction to exercise for many young people, we must work to engage those who shy away from sporting competition, or are not regarded as athletically gifted, by providing exercise opportunities for these young people that do not exclude or intimidate.

Outside of school, we must consider the challenges posed by finances and environment that may restrict young people from engaging in physical activity and target initiatives in areas where young people face the most challenges in this regard. Not all physical activity needs to be athletic or sport orientated, and can be made easier by appealing to young people's natural inclination for play and exploration of their environment.

4 Body image

Key findings

- Participants observed that healthy bodies were always portrayed as thin bodies, which could contribute to negative body image, increased pressure around appearances and a sense of doubt around their ability to practice healthy behaviours
- Initiatives in schools introduced to tackle obesity sometimes had unintended negative consequences on young people's body image as a result of feelings of fear and shame
- Participants were concerned that PE teachers did not always understand the stigma around body image which could cause some participants to feel self-conscious or excluded from participating
- The young people felt that while social media could be a good source of health information, they also felt it perpetuated body ideals and therefore increased the feelings of pressure or exclusion. It was felt that the ideal for females was to be thin and non-muscular, and the ideal for males was to be broad and muscly

The issue of body image and self-esteem repeatedly arose in our sessions, and had roots across topics such as nutrition, exercise, sexual health and mental health.

It was apparent that much of the young people's understanding of a healthy body had to do with perceptions of size, usually based on goals deemed unattainable to many, with participants claiming that young people were judged in two categories: as being either "too fat" or "too thin." The fear of being "too fat" most commonly affected female participants, who described feeling pressured to meet the ideal of slim and non-muscular. Male participants tended to be more concerned about being "too thin," and felt pushed towards the ideal of a broad and muscular physique.

While a number of measures had been implemented by authorities to reduce obesity, these initiatives could have the unintended consequence of causing fear and shame around body weight, and impacting self-esteem. For example, some participants recalled their school sending letters to the parents of overweight pupils, which caused feelings of guilt and embarrassment, and several said that all diet and exercise information seemed centred around losing weight and ignoring other aspects of being healthy.

Some participants commented that not everyone who looked overweight was necessarily unhealthy, but saw health consistently being attributed to thinness in the media and in school. They felt that presenting thinness and health as one discouraged people of other body types to give up on being healthy and also ignored the potential for thinness as a symptom of ill health.

While the internet can be a useful source of public health information, young people also encountered content that perpetuated body ideals and encouraged harmful behaviours - negatively impacting body image and self-esteem. Participants felt that social media also perpetuated these ideals by overwhelmingly exposing them to unrealistic standards. It was seen as becoming harder to discern what was achievable, and what was not, based on a decline in obvious advertising with the more subtle promotion of products through beauty, exercise and lifestyle vloggers. Perhaps as a result of this, sports wear and gym-going lifestyles were seen as the current fashion, which increased negative self-perception in those who did not conform to these ideals.

The combination of these factors was seen as becoming a self-fulfilling prophecy, with participants explaining that those who felt ashamed of their bodies were less likely to exercise due to self-consciousness. The young people felt that even if they tried, those not seen as conforming to aesthetic standards or physical ability were still stigmatised. Several young people told us they felt uncomfortable exercising in front of their peers, but felt that PE teachers did not understand negative body image and its impact on participation.

When designing messaging or initiatives around diet and exercise, we must consider the external social and media pressures that young people face, and be mindful not to inadvertently perpetuate harmful ideals. By listening to young people's multifaceted concerns around health topics, we can begin to balance the promotion of health outcomes with the promotion of positive body image and self-esteem, equally key to young people's right to happy and healthy childhoods and adulthoods.

5 Smoking

Key findings

- All participants in our study knew about the dangers of smoking on their health
- 50% of participants who did not smoke told us that smoking-cessation adverts on TV had deterred them from smoking
- 59 participants in our study told us they regularly smoked – most felt they did so because they had friends or relatives who smoked
- Participants often wanted information on smoking to be relevant to their age group and not just focus on the long-term effects in adults

Information

All participants were aware of the dangers of smoking, and the majority of participants were non-smokers, citing the increased risk of cancer, the unpleasant odour and the expense of cigarettes as reasons for not smoking. Around 50% of participants said that NHS Stop Smoking adverts on TV had discouraged them from smoking, and others said that constant reminders of the dangers prevented them from starting. While eight participants who smoked said that the warnings on cigarette packages had not discouraged them from smoking, 30 non-smoking participants said the visual impact of these warnings had deterred them from starting.

While a small cohort of participants told us they received no information on smoking in school, 13 said information was available if actively sought out. Others had learned a range of smoking-related health messages across different school subjects, which included learning about the dangers of social smoking or seeing videos of a smoker's lungs and the tar that collects in the lungs of a smoker. Several were aware that vaping carried fewer risks than smoking. However, one participant who had never smoked described become addicted to vaping, and felt it could be a gateway to cigarettes for some.

Just over 10% of participants wanted more information on smoking, particularly the avenues available in helping them quit. A small number told us that not knowing much about smoking made them feel curious to find out for themselves.

"Everyone says about the effects, but you don't know what it's like until you've actually tried it."

While rates of smoking among teenagers have fallen, those who smoke, or are at risk of starting, need awareness of the pathways available to help them quit.

Making healthy choices

Non-smoking participants gave a number of reasons for not smoking that, aside from the health risks, included the negative impact on sport performance, finances, personal hygiene, home life and having lost a relative to a smoking-related illness. As well as this, most participants said that smoking was no longer considered 'cool' among young people, and is seen as unattractive.

"Times have changed. Smoking used to be popular. Now you think "why would you do it?""

However, 59 participants did tell us they regularly smoked. 41 of these named pressure from peers, or having friends and family members who smoked, as their reason for smoking. 13 participants described themselves as 'social smokers,' who only smoked around other smokers. Five participants claimed they started smoking to relieve stress.

"Most of my family smoke, and I was with all my mates once and they got me to try it. It just lead to another, then another, and now I'm a smoker."

"My mum wants to quit. I think if she had quit earlier I wouldn't have started."

"If you come from a family where everyone smokes, it's harder for you."

25 of the participants who smoked said that they were aware of the health risks, but quitting smoking was incredibly hard. They felt the warnings on TV or cigarette packets could deter non-smokers from starting, but didn't impact those already addicted.

"No one who's a smoker looks at the pack of fags and thinks they don't want to smoke."

"My mates told me to try smoking, and I did. I looked back a few months afterwards, and it was harder to quit then."

"My support worker asked if I was addicted. I don't know if I am, but I had tried to quit before. I did manage to stop for about a month, though."

Three participants had successfully quit smoking with advice from a doctor, friend or partner, though others said that while they were young they felt they had ample time to quit in future.

It seems that for young people who already smoke, being warned of long-term dangers is not always the strongest incentive to quit. Tailoring smoking-cessation information to include more immediate side effects and consequences may benefit this demographic of smokers. Around 30% of participants named the expense of cigarettes as a reason for not smoking, so it may also be beneficial to highlight the cost of smoking to young people – most of whom have limited finances.

Young people in our study seemed more likely to smoke if they came from families or friendship groups of smokers, which could mean early intervention that targeted these young people could prevent them from starting to smoke.

Participants' thoughts

While some participants believed further increases to the cost of cigarettes would cause more people to quit, others felt that those addicted to cigarettes would still buy them but have less money for other essential items such as healthy food and suitable accommodation.

There were also discussions about the stigma that increasingly surrounds smokers as smoking becomes less socially acceptable. Participants who smoked told us that negative comments and "nagging" made them resist quitting, and they wanted people to understand that some smokers use cigarettes as a coping mechanism.

As we found when discussing drugs, alcohol and sexual health within our study, young people felt that smokers were portrayed negatively as a way to deter this behaviour. Young smokers felt that portraying people who smoke as "disgusting" or "scummy" prevented them from admitting their habit, and therefore accessing support in quitting. Balance is needed to ensure that while smoking is not perceived as desirable, it does not ostracise those who smoke and could benefit from feeling comfortable enough to disclose their habits and find support to quit.

6 Drugs and alcohol

Key findings

- Approximately 75% of participants felt they had not received enough information on drugs and alcohol to make informed decisions and keep themselves safe
- Around 60% told us that drug and alcohol sessions seemed focussed on deterring them, rather than giving them balanced information
- Roughly half of participants told us they regularly drank at house parties
- Approximately 20% of participants said that cannabis smoking was prevalent in their age group

Information

Although most participants had learned about drugs and alcohol at some point during their education, the information and learning methods they received varied across schools, year groups and lessons. For instance, some participants had received drug and alcohol information as recently as Year 11, while others had not covered this topic since Year 7.

Over 75% of participants felt they did not have enough information to make informed choices, while some participants said they didn't know what drugs looked like, and would not be able to identify them. Participants told us that risk-taking behaviour was common among teenagers, and without adequate information they may choose to learn through experimentation.

Many participants also felt they received more information on drugs than on alcohol, with some saying alcohol was not covered at all. Several felt that alcohol was not treated as a priority, despite it being easier to encounter and obtain than drugs.

Participants usually received this information from their regular teacher, in PSHE, Science, Life Skills or Citizenship. Others had learned from a person in recovery from a substance misuse problem, drama performances, substance misuse professionals, peer-to-peer sessions or external speakers. Learning from a person in recovery from a substance misuse problem was the most popular method among the young people, who felt lived experience authenticated the information and covered the impact of substance misuse on health, finances, family and social life.

Participants told us that classroom learning had involved various teaching methods including shocking images, myth-busting sessions, PowerPoint presentations, film showings, assemblies, leaflets and self-research. The content of drug and alcohol sessions varied, ranging from topics such as side effects, legality and abstinence to criminal sentencing, addiction and ingredients. Yet 60% of participants told us that their sessions simply discouraged them from drinking or taking drugs, using what they described as 'scare tactics.' They felt that exaggeration and focus on the most extreme side effects actually caused participants to doubt the validity of the information.

"Don't just tell us we'll go to prison, or die."

"Extreme situations are casualised."

20% of participants told us they had learned about drinking safely, and in moderation, which they felt had allowed them to make informed choices.

"They respect us enough to tell us how to do these things, so they trust us to do it safely."

"Drinking is a privilege, so we have to do it responsibly."

50% of participants said that teenagers are going to drink regardless of if they are taught how to be safe. They felt that without formal education, they relied on word-of-mouth tips about drinking safely, despite acknowledging that this method was unreliable.

"People are going to do it anyway, so they should inform us on it and make us aware of the consequences."

As we mention in other parts of this report, participants found it difficult to relate to messages that focused exclusively on long-term health risks.

"Our generation makes snap decisions. Like Facebook, everything's instant. No one thinks 40 years into the future. No one thinks I might get a brain tumour because I drank too much when I was 18."

"I think they should focus more on safe drinking."

Yet participants who had attended a drink-driving session, that focused on the perspective of young drivers, said the session had an instant impact and would change their lives for the better regarding the choices they made.

Almost unanimously, participants wanted a 'common sense' approach that acknowledged that most young people would go on to try drinking, and may be exposed to drugs. Therefore, rather than using 'scare tactics' in the hope of creating abstinence, they wanted to learn how to make safer choices when coming across these substances.

"We want them to say, 'These are the dangers, here's how you avoid them.'"

"They scare you off, but they don't help you."

"Loads of people at our party got their drinks spiked."

Participants wanted this information to cover an awareness of drink spiking, personal safety, unit guidelines, drinking in moderation, and the side effects of drink and drugs, including the potential impact on their mental health. Other topics considered important included the social consequences of drug taking, 'legal highs,' and services they could access to learn more, or address issues and concerns.

"It would be helpful to know what it does to your brain, and how it makes you feel."

"I know some legal drugs people take to do sports, but we aren't taught about those."

Making healthy choices

Approximately 50% of participants told us they frequently drank alcohol at house parties, with some saying there was social pressure to partake in drinking, and to be able to drink large quantities of alcohol in a short space of time ('binge drinking').

20% of participants said the use of cannabis was prevalent in their peer group, and some knew peers who used cocaine or ecstasy. Participants felt cannabis was smoked more frequently than cigarettes, and told us it was common at house parties. As well as peer pressure, the young people said that the affordability of the drug compared to other recreational activities had been a factor in their use of cannabis.

"Smoking is no longer cool. It's moved on to drugs. Drugs are a big thing now, like weed and pills."

"Pills are more casualised now. A lot of people are taking them."

"We tried drugs before. We celebrated our rugby team winning with a spliff."

12 participants said that it was difficult to stop using cannabis once it became habitual, but felt young people aren't as informed about the risks as they are about cigarettes. While participants acknowledged that cigarette-smoking is no longer seen as 'cool,' they felt that cannabis use was now seen as 'cool' instead, and said there was a need to combat peer pressure with learning.

"People need to learn it's not uncool to say no."

Participants' thoughts

Several participants felt that their age group could be influenced by reality TV shows portraying young people binge drinking for entertainment. Therefore, they wanted their formal education to balance this perception. 48 participants felt their classroom learning had been beneficial because the session gave them balanced information, which answered their curiosity about why people took drugs to begin with.

"In our drugs lesson we actually learned some of the positives."

Participants who learned from a person in recovery from a substance misuse problem favoured this method because of the speaker's authentic experiences, a direct understanding of the consequences, and an honest approach in responding to questions. Over 50% of participants wanted this opportunity to learn about the health, social, financial and familial consequences from someone with lived experience of substance misuse.

Participants felt it was important to understand *why* people used drugs. They told us their education portrayed drug users as weak or criminal, but were not informed of the circumstances that could make people vulnerable to substance misuse, other than peer pressure. Participants told us they were often shown pictures of people before and after drug use, but were not given insight to the events that may have made them susceptible to drug use, and several told us the stigma of shame and criminality would prevent them accessing support.

Nearly all participants felt the information they received was often repetitive, and focused on extreme cases, so was often not taken seriously.

"It is helpful, but it can sometimes be lengthy and you tend to switch off."

Participants also stated the importance of receiving drug and alcohol information before they came across these substances at parties, and so on. Many participants explained they did not get this information until Year 11, but for some this was seen as too late.

"By Year 11, me and others had already smoked weed."

Our discussions showed that the young people desired an honest education about drugs and alcohol, but currently felt that sessions patronise or misinform them, using shock and fear as deterrents rather than balanced facts.

Young people in our study wanted to be entrusted with information that made them aware of the health, social and financial risks, but also the knowledge of support that could be accessed, how to keep themselves safe, and an understanding of the circumstances that might make people particularly vulnerable to substance misuse problems.

7

Sexual health

Key findings:

- Almost all participants had learned about sexual health, though their learning varied a lot depending on the school they attended
- Although participants felt their sexual health learning seemed focussed on deterring them, they said that many in their age group were already sexually active and forming relationships
- Around 75% of participants wanted to learn about the social aspects of sex and relationships such as consent, exploitation and abuse, and LGBTQ identities
- Male participants often felt that men were portrayed as perpetrators of relationship abuse and sexual assault, which they felt could prevent them from realising they could be victims or seeking support

Information

All participants, but 39, had received sexual health information. As we found with drug and alcohol information, sex education classes varied in their content and form. For example, some participants had received information as recently as Year 11, explaining the focus had been on preventing pregnancy and STIs. Others told us they last learned in primary school, and the focus had been on puberty.

Participants said that while they were taught about preventing STIs, they had not been taught what to do if they did contract an infection. Similarly, some participants were taught about preventing pregnancy, but not what to do if they did become pregnant. Others mentioned that people who caught STIs were portrayed as shameful and disgusting, as we also learned from our discussions about drugs, alcohol and smoking, which created stigma and therefore a sense of shame around accessing treatment.

Almost all participants received sexual health information from their classroom teacher in subjects such as Science and PSHE. Many felt that sex education was repetitive, and not always taken seriously – often because of the focus on the negatives of sex, and extreme cases.

"There are never any positives, it's all negatives."

"When someone says 'don't do it' you think, why not? It makes you curious."

Roughly 25% of participants explained their learning seemed focused on deterring them from sex. The young people explained that many peers had already formed romantic relationships, and were becoming sexually active. However, they felt that sex education was often aimed at dissuading young people from having sex in the first place, as opposed to issues they felt important such as looking after their sexual health, overcoming social pressures and safeguarding against abusive relationships.

Participants told us that in the media, film and television, and among their peers, sex was portrayed as an intimate part of romantic relationships, which did not align with the negative focus in their learning. The young people felt that acknowledging the positives of healthy, safe and consensual relationships could better equip them in spotting abusive, pressurising or exploitative behaviours.

Participants learned about sexual health through a variety of teaching methods including pictures of STIs, educational films, PowerPoint presentations, posters and textbooks. Participants often felt sessions did not provide the necessary information, or answer their questions, acknowledging that their teachers were not trained sexual health experts.

"If you were to talk to a teacher to ask for advice it isn't really what they'd know. They only have their own experience to go on. They might not know how to answer your questions, or be up to date with the latest STI information. They're trained on the subjects they teach like geography or maths."

"We could ask questions, but if my teacher didn't know the answer, he didn't know the answer, and that was that."

"They know they're expected to teach this topic, but if someone approached them with a problem they wouldn't necessarily know what to talk about. They might say 'can we do this another time?'"

Less than 10% of participants had received sexual health information from external speakers (such as sexual health nurses). Some participants commented that sex education in their school had greatly improved since the school began inviting external organisations to present these sessions, which explored the topic from a young person's perspective.

Making healthy choices

Participants explained that the information they received seemed to presume they would not be sexually active for years to come, but said it was not uncommon for young people in their age group to be sexually active and forming relationships. The young people felt they were already exposed to pressure, exploitation and abusive behaviour and did not feel equipped to deal with these situations. Several told us that they or a friend had been in an abusive relationship, but did not know what to do.

While aware of how to prevent STIs and pregnancy, they felt less aware about the social and relational aspects of sex.

"No one tells us what helplines we can call."

Others said that it was common to be touched without consent, but felt unable to report this behaviour through fear of getting someone in trouble. As well as this, they were unsure if 'less serious' harassment or assault was even against the law. This caused them to view sexual assault as a spectrum of severity, with 'non-severe' incidents almost being seen as an annoyance they had to endure.

"If nothing major has happened you can get them in a lot of trouble."

"You like them, they might be your friend, so you don't want to get them in trouble."

"It happens so much at parties, but it isn't rape, so what can you do?"

A number said they felt hesitant to report inappropriate behaviour through fear of being disparaged for the clothes they wore, and also explained that sexual threats were common on social media.

87 male participants felt that men were exclusively portrayed as perpetrators, and that male victims therefore found it hard to speak out either because of a lack of awareness about available support, or because of negative stigma.

More than 50% of participants also felt LGBTQ peers still faced inequality, and that information relevant to same-sex couples did not feature in sexual health information, perpetuating a sense of exclusion as well as leaving some people without relevant information.

"When I was in sex education they only talked about straight people. I was like 'What happens if two women are together? How do STIs get transmitted then?'"

It was felt that a lack of information for LGBTQ people lead to ignorance and stigma, particularly towards young trans people, who 95 participants claimed were treated poorly by students and staff.

"There was a trans boy in our school, but he left because of how he was treated. The teachers made him do girls' PE."

85 participants said that homophobic jokes and insults are still commonplace in school, and 93 participants said that a lack of awareness around LGBTQ issues caused isolation.

"I tried to set up an LGBT Society at my school, but the head teacher told me if I went ahead with it I'd be excluded."

Participants who spoke to us openly about identifying as gay or bisexual told us that in school they felt excluded, fearful or uninformed about their own identity and sexual health. Participants said that while an overall message of equality and acceptance was being taught across schools, this was not always backed up by inclusive practice.

Information wanted

Participants wanted the information they received to be balanced, acknowledging the positive aspects of sex and relationships and not just the negatives. Only 80 participants told us their learning had included relationships or abuse.

"Tell us the good and the bad and we can make our own decisions."

"Don't just tell us not to have sex – tell us that if we do there are ways of being safe, and ways of making sure it is meaningful and consensual."

75% felt the social issues surrounding sex needed to be explored, such as relationships, exploitation and social pressure. These participants wanted parity of information: for boys to learn that they too can be vulnerable to abuse and exploitation, and for LGBTQ people to learn about healthy relationships and safe sex. They felt that this would begin to negate stigma that prevents people from asking for information and support when they needed it.

Most participants wanted to learn about consent, including teaching people not to assault others, rather than simply teaching people how to avoid being targeted for assault. They also wanted a clear understanding of consent, in order to avoid crossing boundaries out of ignorance.

"Teach both sides of the coin: don't put yourself at risk of assault, but also don't carry out assault."

"You could get in trouble for something you were doing that you didn't know was wrong."

Although 10% had learned about consent from a short film, other participants explained that they were told not to give into pressure, but weren't necessarily aware of what pressure looked like. They pointed out that the pressure to have sex was not always put on them by an individual, but also by society (through the media, social media and the entertainment industry).

"I think you're more likely to experience being pressured into sex than to get an STI, so we need to learn about these issues too."

60% thought it was important to learn about relationships and abuse, saying this could help them spot signs of abuse and understand how they could seek support. They said they needed an awareness of non-violent abuse, such as verbal, emotional and financial, as they are mainly taught about physical abuse. Several participants also said that without an understanding of abuse, they could be at risk of carrying out abusive behaviours themselves.

"You could be abusive without realising, and ruin someone's life."

"We can't afford not to educate on this. I think it might be more common than STIs. You need to be shown it's not normal, it's not acceptable."

Fewer than 10% had learned about LGBTQ identities, relationships and sexual health, but approximately 75% said they wanted this information. These participants felt this would combat stigma, and reduce isolation and poor health outcomes (such as STIs).

"It's all about a guy and a girl, that's pretty much it."

"It could prevent a lot of suicides."

"The gay community has a higher risk of HIV. So it isn't okay to not discuss it."

Participants also wanted to enhance their existing knowledge on physical sexual health, such as learning how to check themselves for symptoms, and understanding side effects of birth control.

Put simply, the young people wanted to feel informed at the stage they begin to enter relationships. We should seize this opportunity and engage with young people around these serious topics at a formative time in their lives. Learning through experimentation was regarded as part of teenage life, and young people in our study had reached an age where they were becoming aware of various aspects of their identity. Their need from educators and advisors is information that will keep them safe while they come to terms with romance, sexuality and relationships. We must provide this guidance equally, and not omit anyone from our efforts to preserve their health and safety.

Our duty extends beyond physical, practical aspects of sex such as STI and pregnancy prevention, and includes relational issues: consent, abuse, love and happiness. Participants told us that without these facts, they could be vulnerable to entering unhealthy relationships, or risky situations, and that our silence on these issues does not dissuade them, but only fuels curiosity and feelings of rebelliousness.

Participants' thoughts

Participants told us they would prefer to receive sexual health information from someone external to their school, who had specialist knowledge and could adequately answer their questions, or someone with personal experience of the topic rather than a familiar teacher.

"If it comes from an expert you're more likely to take it seriously."

Other participants said the need for a discreet and non-judgemental setting meant that learning in smaller, more select groups, could empower them to speak freely and ask questions with confidence.

When it came to their physical health, participants felt that discussions about STIs came with negative connotations of irresponsibility and 'dirtiness.' They wanted the subject to be spoken about in a non-judgemental way,

"If we had more sex education it would be talked about more freely, and it would be less awkward to go to a doctor and say I've got something wrong with me."

"When I was in year 7 and 8 we had PSHE classes where the teachers would talk to us, and they would arrange the school nurse to speak to anyone who needed any extra information. Then I moved schools, and there were things I was worried about, but there was nothing like this available."

As young people begin to form romantic attractions and relationships they want to understand healthy relationships, consent and sexual orientation. To do so, they said, would begin to protect them from risk. Young people in our study were equally concerned about their emotional health as their physical health.

As with drugs and alcohol, young people feel they are often not given the full picture when it comes to sexual health. Not only can this result in gaps in their knowledge, but a sense of confusion or mistrust when it comes to health information.

8 Mental health

As mental health was a primary focus for our YEAH! 2 report we did not make it central to this study, although the topic of mental health was raised by the young people frequently in our discussions.

Key findings:

- All participants wanted to learn about mental health and felt it was important to be able to spot signs and symptoms and know how to access support
- Participants told us that bullying and mental health problems were commonly experienced together with young people experiencing poor mental health as a response to bullying, or mental health stigma meaning young people with mental health disorders were more vulnerable to bullying
- Around 25% of participants had learned about mental health during their education but often felt they had not received enough information
- Participants of our study rarely knew how they could access support for their mental health

Getting information

Unlike other public health topics such as drugs, smoking and sexual health, most participants had not received information on mental health. Of the almost 25% who had, we were told that information varied, with some learning about one specific illness such as anorexia, and others learning about support groups but with no concept of what mental health was, and how mental health problems could affect them.

Several participants told us the onus was placed on the individual to reach out to members of pastoral staff, or school nurses, if they wanted information on mental health.

Awareness of mental health services was low, with a handful of participants aware of services such as nine who knew of ChildLine, five who knew of CAMHS (now EWMHS) and one who mentioned Samaritans.

Making healthy choices

Some participants spoke about their own mental health diagnoses, and others commented on the prevalence of mental illness in their school. In particular, it was felt that eating disorders and self-harming are particularly prevalent, but usually not discussed.

26 participants said that as a result of a lack of awareness, people self-diagnosed or speculated about the mental health of others, which was felt to trivialise mental health problems.

Participants felt stigma still surrounded mental health issues, and that negative stereotypes existed among staff and students in school, such as the misconception that people experiencing mental illness being were attention-seeking or following a trend. Participants said stigma prevented people from seeking help, which could worsen their illness, or lead to isolation and shame.

Participants also stated that bullying and mental health conditions among their age group were often experienced side-by-side. They said that bullying was a factor that could cause mental illness, but also that people with mental illness were often bullied as a result of the stigma.

The young people often speculated that mental illness was becoming more common among their age group, and had heard that boys were at particular risk of suicide. They also felt that mental illness was increasing alongside the pressure to meet beauty standards and ideals.

"There are a lot of people in school nowadays going through it."

Participants also mentioned the pressure to excel in exams, feeling that without excellent exam results they would face difficult and unhappy futures. Despite these pressures, they felt that mental health issues affecting their age group were dismissed, or attributed to hormones.

However, several participants noted that while the stigma still existed, some attitudes were beginning to change.

"There are more cases coming about, because people are less scared to speak out."

15 participants knew they could speak to a GP if they had mental health problems, but felt this was not enough in itself. They felt that GPs didn't always take them seriously, and that making the step to see a GP already required an existing knowledge of mental health. Five knew of CAMHS, but were unsure of current service provision, having heard it had changed. For four others, they had found mental health services for young people too slow and difficult to get into.

Other participants were aware of school counselling or pastoral support in schools, but were concerned about the perceived lack of confidentiality. Participants also commented on the seeming lack of services, or the delay to be admitted to a service, and felt it was asking a lot of them to put themselves through the process of accessing support.

Information wanted

All participants said it was important to learn about mental health. They wanted to know about coping mechanisms and support services, signs and symptoms of mental illness, an understanding of good mental health, potential stressors or contributors to poor mental health and how to approach someone for support. The young people said this would make the topic less intimidating, would reduce stigma and would help them to offer appropriate support to others.

Participants' thoughts

Some participants wanted to learn about mental health from people with lived experience, as opposed to a teacher who may not be trained in mental health - although many participants also wanted mental health training available for teachers.

"You've chosen to talk to that teacher, not whoever it is they then refer you to."

Participants wanted to learn about mental health in smaller groups, to make it less intimidating to discuss and ask questions.

Even without a focus on mental health within this study, the topic was raised constantly by the young people, as well as in relation to other topics such as nutrition, drugs and alcohol.

Concluding thoughts and next steps

As ever, the young people engaged in our study were enthusiastic about sharing their experiences of the issues impacting their lives, and where they felt potential solutions lay. Not only did they demonstrate valuable insight to issues unique to their age group, but also to broader, national topics such as mental health support, the impact of economic background on health inequalities, and the needs of marginalised groups such as LGBTQ people, people experiencing substance misuse problems and people experiencing relationship abuse.

However, the young people in our study were not old enough to vote, their stake in the future of our health and social care is arguably the biggest simply based on the fact that the majority of their lives lay ahead of them. We therefore owe it to young people to listen to the issues they feel most pertinent to their lives, and, where possible, make decisions that will create positive change to the health and care systems they will inherit.

While this is the last report in our series of YEAH! reports, first published in 2015, it is not the end of our engagement with young people. We now turn our focus to seldom-heard groups of young people, and our forthcoming SWEET! 3 report will focus on the lived experience of young people receiving inpatient mental health care.

We hope that the legacy of this trilogy of reports will be a continued commitment to gathering the views of our young people in our county and look forward to the work our health and social care colleagues undertake to ensure young people's lived experience is at the heart of services designed to respond to their needs.

Acknowledgements

We would like to say a huge thank you to the 717 young people who so generously shared their voices in this YEAH! 3 report. Your lived experience has formed a compelling snapshot of how young people currently receive public health information, and how this could be improved.

Thanks in general to the 1,996 young people who took part in our YEAH! reports over three consecutive summers. So much has already been achieved using the power of this voice, and none of these achievements would have been possible without your time and input.

A huge thank you to our longstanding partner across all YEAH! reports, Essex Boys and Girls Clubs, who facilitated our access to these inspiring young people.

Thanks also to Jo Lambert-Smith for support in the editing of this report.

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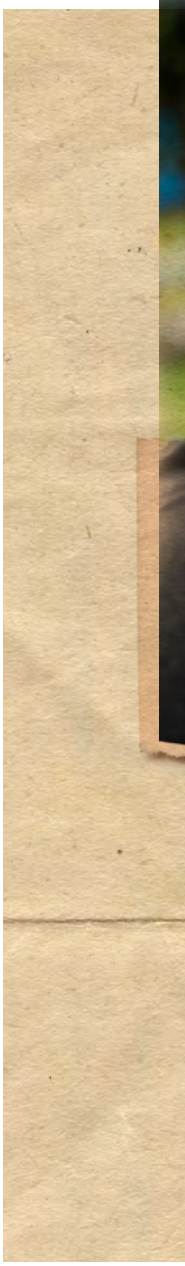

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