

2024
2025

Director of Public Health
Annual Report



CITY OF
YORK
COUNCIL



Next Generation York:
the health of adolescents in our city

Contents



5 Foreword

8 Executive summary

12 How we produced this report

14 Who are the
next generation?
Painting a picture of
adolescence in York

14 Our diverse young people

30 The world our children will
grow up in

37 The state of young
people's health in York

37 Physical health

39 Mental health and wellbeing

51 SEND and Neurodiversity

55 Children with an experience
of care

Trends which are shaping health

60 COVID-19

64 Healthy behaviours

68 Commercial determinants
of health

74 The digital world

82 Wider determinants of
health in adolescence

82 Poverty

86 Housing

91 Education, employment
and training

93 Recommendations

97 Update on
recommendations from
2023 report

Foreword

From Peter Roderick, Director of Public Health for York

Thank you for taking time to read this annual report, my first as Director of Public Health for the City of York.

To tinker with an ancient phrase: *'the health of the next generation is the highest law.'* (Cicero)

It is a barometer of how well we are doing as a society. We rightly live with the expectation that the generation we are raising up after us should live with the resources and opportunities that we had (and indeed more) to help them live healthy and flourishing lives. Because of this, I am focussing in this report on the health of 'next generation York'; on the twenty-five



thousand or so adolescents in our city aged 10-19.

It's my belief that although young people in the city are some of our most vibrant and creative individuals – the movers, shakers, artists, scientists, mums, dads, entrepreneurs, politicians, public servants of the future – they are also a generation with huge challenges to their health: the generation perhaps most affected by the recent pandemic; the first generation facing worse living standards than their parents; and a generation who share many uncertainties around their future social,

technological, financial and emotional wellbeing.

This report seeks to strike a positive note throughout – how could you not be positive about our wonderful young people in York! – but it also shines a light on some of these issues, with the aim to prompt action and greater partnership working amongst all who work with young people so we can better tackle these challenges together.

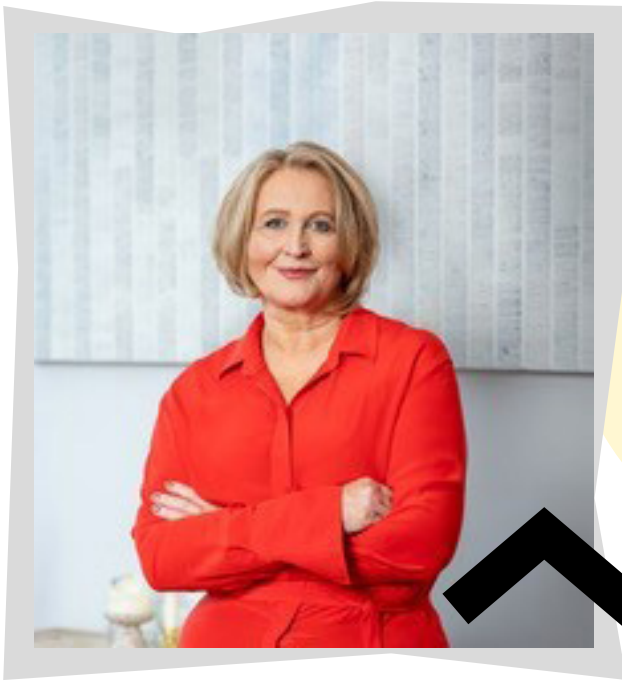
Finally, it's been important to me to get out and about in the city whilst writing this report, to meet and listen to young people and those who work with them. I've been thrashed in a game of ping pong by a 13 year old, heard stories of what it's like to live as a young carer, dropped in on a co-production session around mental health, talked to people passionate about healthy food and school

meals, spoken to head teachers and social care professionals.

Though I'd only had a tiny insight into the lives of our young people through this, I hope it informs the report you are reading – and I'd like to thank all who made it possible and all who I've talked to along the way.

I hope you enjoy my report, and that something (or maybe several things!) strike a chord and propel action.





Endorsement from Dame Anne Longfield, former Children's Commissioner for England and Director of the Centre for Young Lives

I welcome this report and its crucial focus on the health of adolescents in York. At the Centre for Young Lives, our vision is for Britain to become the best place in the world to grow up and to bring up children. But as this report makes clear, in York and beyond we are a long way from achieving that vision. From the fragile state of teenage mental health to the impact of the pandemic on physical activity

levels, the report you are reading lays bare the challenges we all have as partners locally, regionally and nationally to invest in the health of our younger generation. The evidence is clear that this type of investment pays off, and that when the health of children and young people are prioritised, every generation in our society benefits. I hope this document will galvanise action in York to improve child health and reduce inequalities across your marvellous and historic city.

Executive summary

This report has six main findings:

01. Our adolescent generation in York is currently peaking in size and will shrink slightly over the next decades. It is getting more diverse in its ethnic, gender identity and social mix, with higher levels of inequality.

02. Most young people are doing well, but a sizeable group are not; for instance 1 in 6 live with a mental health problem or addiction present in the family, 1 in 9 are in poverty, and 1 in 12 are referred to mental health services every year.

03. Young people in the city live in a real mix of family settings, have increasingly diverse education journeys, and while assets in our community are strong, the facilities and services which support young people are straining at capacity.

04. The mental health of our young people in York is extremely concerning. On average young people are less happy than they were in the past, and less happy than in other places. There are rising rates of both low-level and crisis mental health need. The pandemic played a part in this, but these trends have been clear for over a decade.

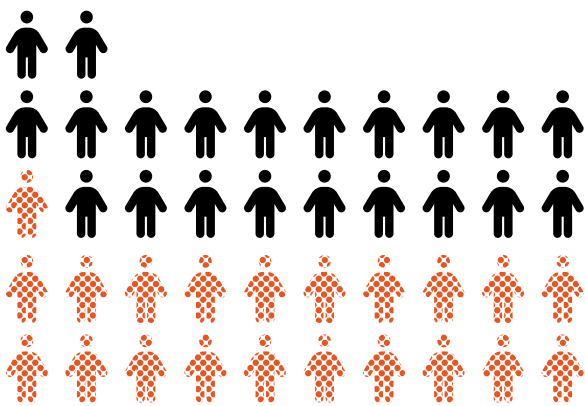
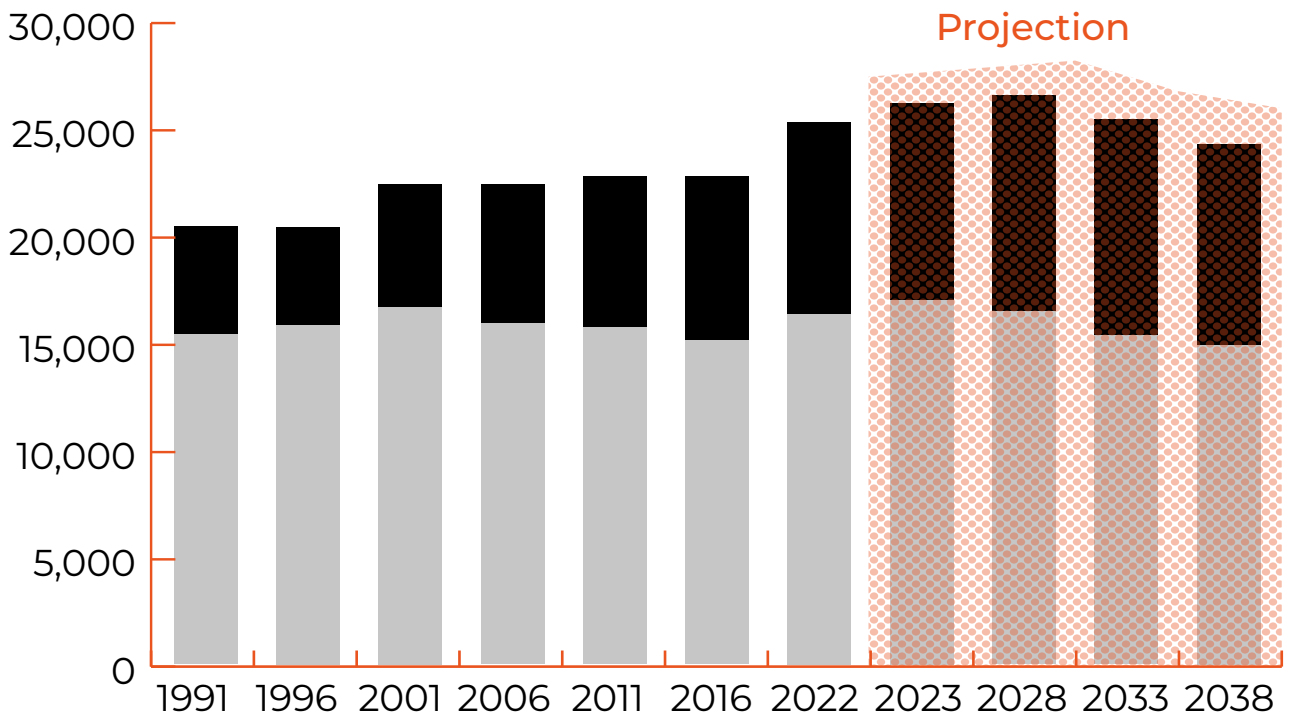


05. There are new and emerging challenges in the health risks our young people face: vaping has risen exponentially, drugs and alcohol affect directly and through harm to families, online gambling is more easily available, diets are still poor, exercise rates are low, smartphones pose a variety of risks, and safe relationships cannot always be guaranteed.

06. The pace of change in society, and issues like poverty, the climate crisis, housing costs, technological shifts and changes to future jobs and income, weigh heavily on the future of our young people.

The number of 10-19s in York, 1991-2038

Age 18-19
 Age 10-17



4,225 children and young people

were accessing community mental health services in the Vale of York area. **Nearly half of children seeking support for mental health issues wait over 12 weeks***

**data as of June 2024*

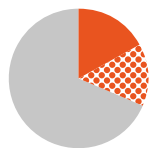
The average daily time that teens spend with friends has plummeted by **65%** since 2010.*

**According to SmartPhone Free Childhood*

Teenage use of digital



91% of secondary / sixth form pupils have a social media account.



Around 20% reported using the internet for more than 6 hours on a weekday, rising to 37% on a weekend day.



71% said that they had received messages from people that they don't know.



Around 25% said that they had been asked to do something that they didn't want to do online.

Adolescent wellbeing in York



York

York secondary / sixth-form pupils scored a mean value of 14.9 out of 35

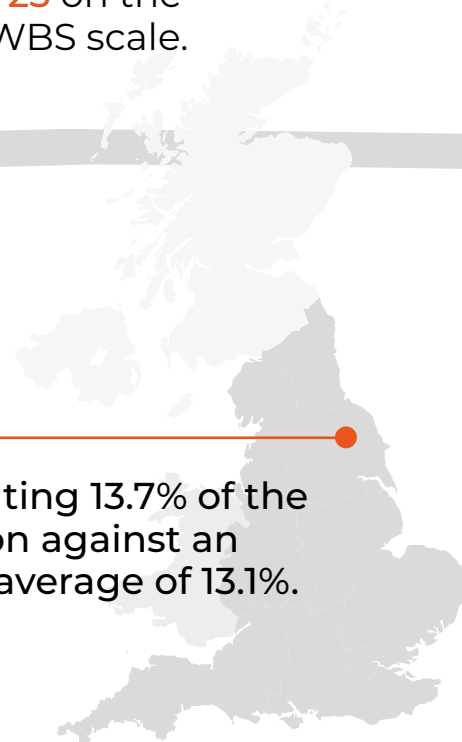


National average

national averages of around 25 on the SWEMWBS scale.



12,077 people were living in fuel poverty...

A grey map of England with a red dot in the north representing York. A line connects this dot to the text on the right.

Representing 13.7% of the population against an England average of 13.1%.

How we produced this report

I had the privilege of attending a number of groups and clubs which included young people in the city, including Show Me I Matter, Nothing About Us Without Us, York Mind's Yorchoice drop in, Door 84 and York Youth Council. Wherever I went, I took three questions with me to either ask directly, or explore in conversations (see overleaf).

I also visited a number of partnership groups and organisations working with young people in York, including the Youth Network, York Schools and Academies Board, the SEND improvement Board, York Parent and Carer Forum, The Island, Make Space for Girls.

We undertook a professional's survey, which was completed by around 40 different health, education and care staff in York, and commissioned the 'Core Connectors', a co-production approach which aims to better include the voice of young people into health and care services in the city.

Finally we used data from the Schools Health and Wellbeing Survey 2023, which is commissioned by public health and can be found in full on the council's [JSNA website](#).



DIRECTOR OF PUBLIC HEALTH



ANNUAL REPORT 2024/5



1

What is it?

The Annual Report highlights significant health issues in York and what we are doing to address them.



2

What's the theme?

This time the spotlight is on the health of adolescents – those aged 10–19. We'll dive into their world in York, uncover their take on health and happiness, and peek into our efforts to make York a great place for growing up healthy and happy!



3

What are we asking?

We want to ask young people:

What matters most to you when it comes to health?

What things most influence your health?

Is York a good city to be a teenager in?

What- if anything- would make it better?



We will only be taking anonymous written notes during this conversation, which means when the information is used in the annual report, it will not identify you or any individual. You can find out more about this in our [public health privacy notice](#).

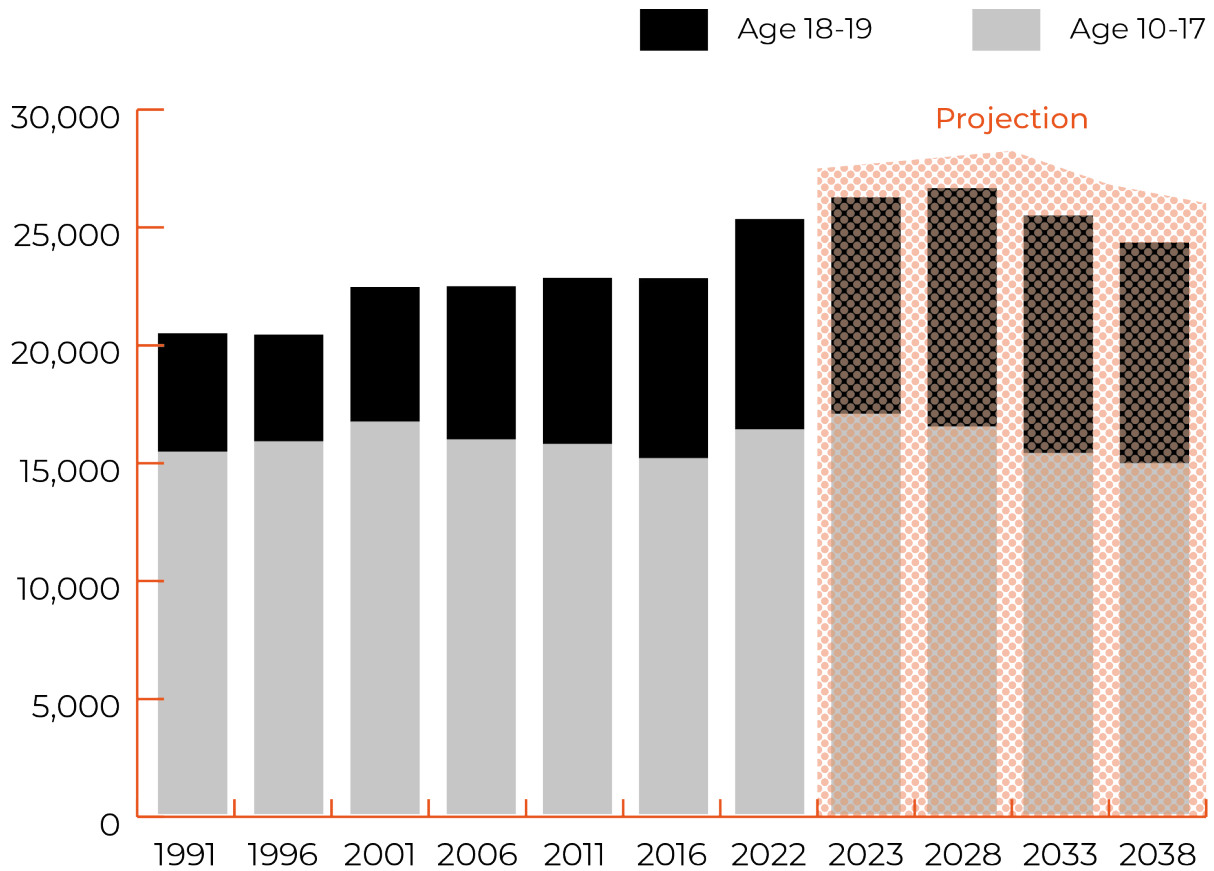
Who are the next generation? Painting a picture of adolescence in York

Our diverse young people

The most recent estimates are that just over 25,000 people aged between 10 and 19 live in York. This accounts for just over 10% of the total York population in the 2021 census, a growth of 1.5% over a decade. However, this rise will peak over the next few years and there will be an 8.4% decline over the next two decades, due to the low birth rate in the city compared to other areas of the country. Other factors, such as net migration into the city, may change this picture.

The following bar chart separates out 10-17 and 18-19 year olds, as the latter category includes a significant population ‘bulge’ in York due to the presence of two Higher Education settings – The University of York and York St John University. The growth in student numbers can explain the rising number of adolescents since 1991, whilst numbers of school-aged young people has remained constant.

York’s adolescents are a highly diverse group from a range of backgrounds including different social and ethnic backgrounds, and of different genders, and sexual orientations.



ONS estimates for the number of 10-19 year olds in York

In 2021, for the first time the Census asked a question around gender identity, and while the ONS does not classify this data as an 'accredited official statistic' (it is an 'official statistic in development'), in York within the 16-24 age range, 0.2% of people reported their gender identity was different from their sex registered at birth but no

specific identity was given, 0.2% identified as a trans woman, 0.3% as a trans man, and 1.0% as another gender identity.

The proportion of our ward population who are 10-19 years old varies considerably, as shown on the following map. Hull Road ward contains a significant number of students, leading to a third of

residents being an adolescent – other variations are explained by factors such as higher birth rates (Westfield, Clifton) higher student mix (Fulford, Heslington) and higher numbers of family housing (Rural West, Strensall).

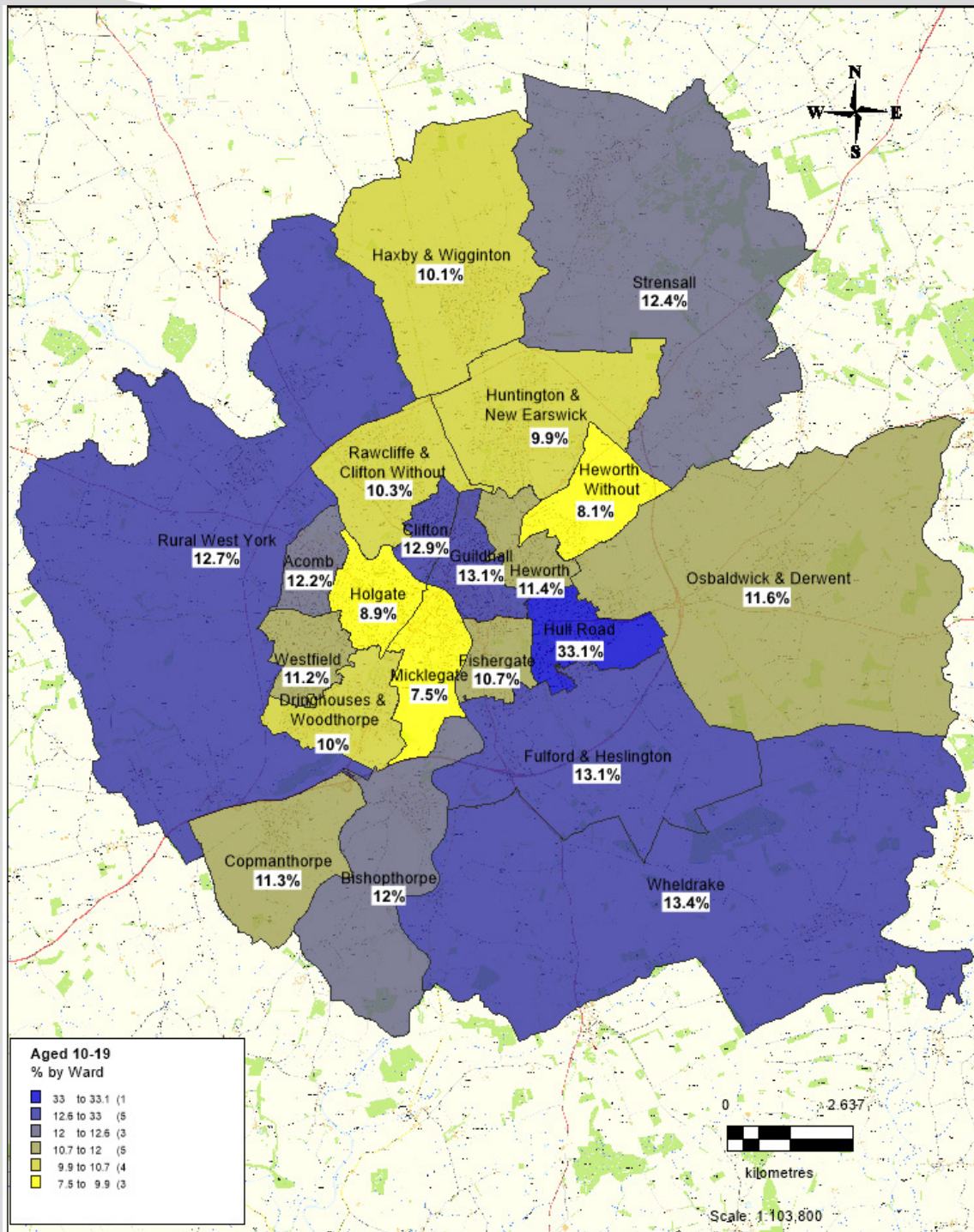
In terms of ethnicity, under 24 year olds in York are more diverse than the rest of the city, with 11.4% of this age range reporting their ethnicity as non-white in the census compared to 7.2% for all age ranges. The following bar chart shows the largest adolescent ethnic groups in our non-white population.

Of those that described their sexuality, over 20 % of 16-24 year olds in York are Lesbian, Gay, Bisexual, or Other (LGB+) Female and 11% are Lesbian, Gay, Bisexual, or Other (LGB+) Male; for both

genders, this is a much larger proportion of the population than other age ranges in York.

Due to a number of resettlement schemes over the past decade from countries such as Afghanistan, Syria and Ukraine, as well as asylum seeker contingency accommodation for families being stood up in the city, the number of refugee and asylums seeking young people in York is rising. All unaccompanied children come under the care of the local authority. On 30 September 2024, York had 15 young people in care. with 23 former UASC care leavers aged 17-25 years in the city.¹

¹ Data provided by CYC Business Intelligence

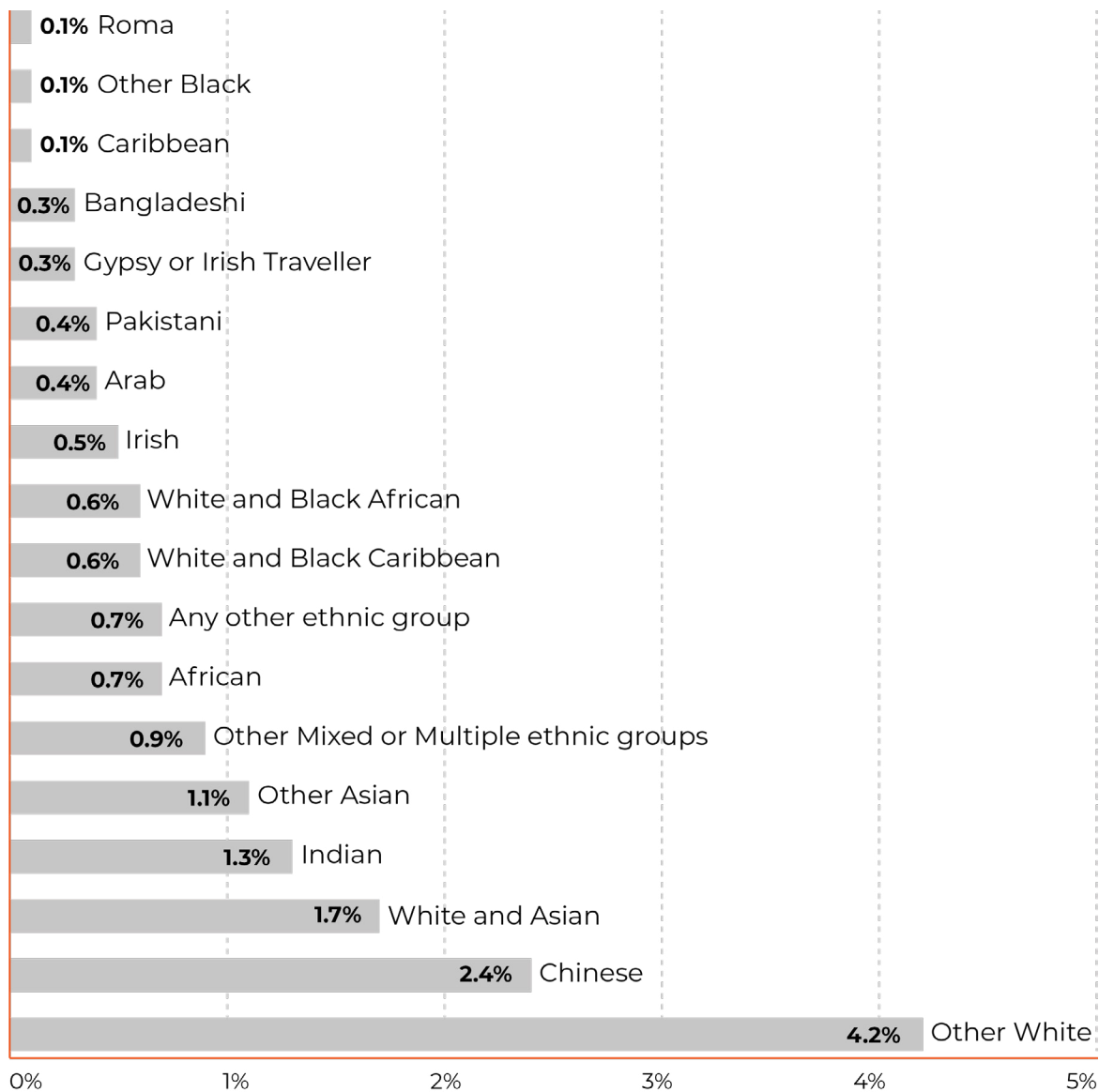


Produced by: Business Intelligence Hub06/11/2024

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Ordnance Survey: AC0000822532

Percentage of ward population aged 10-19

Next Generation York: the health of adolescents in our city



Age 24 and under in York by non-white ethnic group

Families

Families play an essential role within human health at every stage of life, and the quality of family life is far more important

than family structure, explaining 20% of the variance in childhood wellbeing (family makeup accounts for just 2%)². A loving and safe home, whatever its composition, can be a brilliant

2 https://www.basw.co.uk/system/files/resources/thegood_childhood_report_2018_0.pdf

resource to foster the health of a young person; in the words of the current Children's Commissioner Dame Rachel de Souza:

The influence of family reaches far and holds immense power. It is the prism through which we go on to discover the world, and the foundation for our path in life.³

Families are strong for health, according to research, due to four key protective factors:

- Emotional connection: love and joy
- Shared experiences
- Strong, positive, and enduring relationships
- The ability to depend on one another for practical and emotional support

In York, many organisations work to strengthen families, coming together under the Raise York banner.



³ [Family and its protective effect: Part 1 of the Independent Family Review | Children's Commissioner for England \(childrenscommissioner.gov.uk\)](#)

Case study: Raise York

Raise York is the name for York's Family Hub Network. We have been working together with families to transform how we work together to improve lives. Raise York is a network of people, places and online support. Families helped shape Raise York's purpose and values, resulting in a city-wide pledge for professionals to be caring, together, and trusted.

In the last two years we have developed new ways of working, such as the Raise York website, resources for new parents, new parenting programmes, improved

information and support, a "Team Around a School" model, multi-agency workforce tools and have strengthened family connections and early intervention pathways.

Looking forward, Raise York aims to build sustainability by scaling effective programs, developing a SEND Family Hub, and implementing new evidenced based support with families. We believe that all children and young people in York deserve the best start and the chance to thrive!



We do know however that families can be negative places for child wellbeing. It is notable that, in the strong evidence-base linking 4 or more 'Adverse Childhood Experience' (ACE) factors to poorer health and social outcomes, most of these factors are linked to the family, or are most likely to happen in a family setting.⁴ ACEs point to the potential impact of trauma, and those working closely with young people should be trained in trauma-informed practice, which is led in our area through the ICS Children and Young People's Trauma Informed Care Programme.

Schools

York has:

63 state-funded schools:

49 primary schools,

09 secondary schools,

03 special schools

York College provides post 16 education and a variety of courses up to degree level. A rising number of children in York are electively home-educated – over 200 children at the start of the 2023/4 school year, for a variety of reasons.

4 [adverse-childhood-experiences-summary.pdf](#)

The minimum statutory school week in the UK is 32.5 hours, meaning that children spend nearly a third of the average weekday in school. This is why the WHO has created the concept of a 'health promoting' school:

'a health promoting school is one that constantly strengthens its capacity as a healthy setting for living, learning and working'

As a setting, schools can have a huge influence on health. The way pupils travel to and from school will influence lifelong physical activity habits. The food environment in schools will shape trends in diet into adulthood. Friendships and relationships can become supportive safety nets but can also feed, through unkindness or bullying, into mental health and wellbeing. The pressures of learning can result in positive mental, emotional and intellectual growth but can also negatively impact mental health.

Public health in York is working to try and make the 'health-promoting schools' vision of the WHO reality, through the Health Schools Programme (page 24).



What do headteachers say?

As part of writing this report, I spent time with secondary school leaders through York Schools and Academies board, and they told me about their top worries and concerns around the health of the young people who come through their doors:

- The increase in vaping, and related discipline issues
- Harms around novel substances in vapes
- High levels of anxiety in secondary-aged children and young people
- Medicalising of the normal challenges of life
- A sense that COVID 19 has 'broken the taboo' around non-attendance at school / disengagement.
- The wellbeing of school staff
- A dysregulated relationship for pupils with food expressed either through unhealthy diets, use of energy drinks, and a rising number of children living with an eating disorder
- Concerns around the health and educational impacts of technology and screen time
- The toxicity of social media
- Poverty being a real challenge in York despite perceptions



Case study: The North Yorkshire and York Healthy Schools Programme

The North Yorkshire and York Healthy Schools programme supports schools to improve the health and wellbeing of pupils through an evidence based 'whole school approach' across four key themes: personal, social, and health education (PSHE) including the statutory relationship, sex and health education (RSHE); emotional health and wellbeing; active lifestyles; and food in schools. Pupil voice is a key part of the programme.

Since the programme launched in April 2023, a quarter of York schools have joined and 5 schools have achieved a Bronze, Silver or Gold award.

Healthy Schools also provides free PSHE Network meetings which support PSHE subject leads across the city.

"By engaging with the Healthy School Award it has allowed us to reflect on what we are doing well and where we can improve. We have already put in place some changes as a result of the feedback we have received and we aim to continue doing this and work towards the gold level over the next year."



Communities

As well as the family environment and the school setting, the wider community a young person grows up in is incredibly influential on their health. The ONS report that 16-25 year olds feel a lower sense of belonging to their local community than over 25s,⁵ and long-term cohort studies have shown how a weak sense of community belonging is associated with an increased risk in all-cause mortality⁶.

“We have to look at gender within planning decisions - facilities in parks aimed at teenagers have 90% male users. We need to engage with girls and co-design communities and green spaces accordingly.”

– *The Make Space for Girls project by the Friends of Rowntree Park*

“York is pretty unaffordable for any teenager who’s not well-off - it means there aren’t many places to go, and in winter a lots of teenagers in York walk about the streets in the freezing cold!”

– *Member of Nothing About Us Without Us*

5 [Neighbourhood belonging and community engagement by age group - Office for National Statistics \(ons.gov.uk\)](#)

6 [A national cohort study of community belonging and its influence on premature mortality | Journal of Epidemiology & Community Health \(bmj.com\)](#)

A number of 'living-environment' factors influence the health of adolescents in York, and paint a positive picture:

- The average distance to a green or blue space in York is a third of a km, compared to 1km nationally.
- Our air in York is generally cleaner than many other areas, and improving⁷
- We have higher rates of cycling and walking – for instance, the schools survey showed 59% of secondary/sixth-form pupils actively travel to school versus a rate of 49% nationally in the National Travel Survey

Another factor of community health, which was regularly raised in our professionals'

survey, was the extent to which young people have somewhere to go / something to do.

“A lot of activity for youth in York happens outside of the expensive city centre – its too hard to book venues. But the transport networks do not align with this model, so for example someone coming to an event at Moor Lane Youth Centre who lives in Huntingdon has an hour's journey on two bus routes plus walking”

– York Youth Network

Youth provision in York has reduced over the last decade, in line with national trends (the LGA report that youth services have been cut by 69 per cent

7 [2024 Air Quality Annual Status Report \(ASR\)](#)

since 2010/11). But there are some fantastic organisations in York such as innovative mentoring charities The Island (page 28), drop in spaces such as Door 84, countless sports, arts and activity provision and of course the work of the UK's largest youth movement, the Scouts and Guides. To harness this energy and make the best of limited resources, partners have recently come together to publish a Youth Strategy.⁸



Case study: The Island

The Island work with children and young people aged 8-19, up to 25 with SEND. They are referred for a wide variety of reasons ranging from low-self-esteem, anxiety, bereavement, bullying, school avoidance, young carers, trauma, looked after children, challenging behaviour, domestic violence, family breakdown, learning and education difficulties, neurodivergence and much more. The core service is 1-1

mentoring that takes place typically over 52 weeks. Each young person is matched with a volunteer mentor who takes them out once a week to engage in community based activities. The Island has previously run a number of services including group-based mentoring, youthwork outreach/detached, food bank, counselling, tuition, work experience, education well-being support and alternate education.



What do professionals say?

A survey to help us understand adolescent health and wellbeing in York was sent out earlier in the year. 37 responses were received from professionals working in education, health, local authority, youth justice, and charity sectors.

When asked what key drivers affected health and wellbeing, the use of social media was the leading response comprising nearly a fifth of answers. Peer pressure, and concerns such as poverty, availability and accessibility of community activities were also felt to have adverse impacts.

The **top three** main areas of concern for adolescent health were:

- **mental health (16%)**
- **access to support services (14%)**
- **vaping (7.5%)**

Other respondents listed poor sleep hygiene, social media activity, physical activity and obesity, bullying, and substance use as other areas for concern.

Respondents were asked to write one recommendation for action to improve teenage health. Recommendations for improved access to mental health support formed made up a fifth of these .

Overall health service provision and more engagement with young people were other key recommendations.

The world our children will grow up in

One of the things which motivated this report was the sense that young people are emerging into a world where the social circumstances which we know most influence health are changing at an unprecedented rate.

Housing affordability

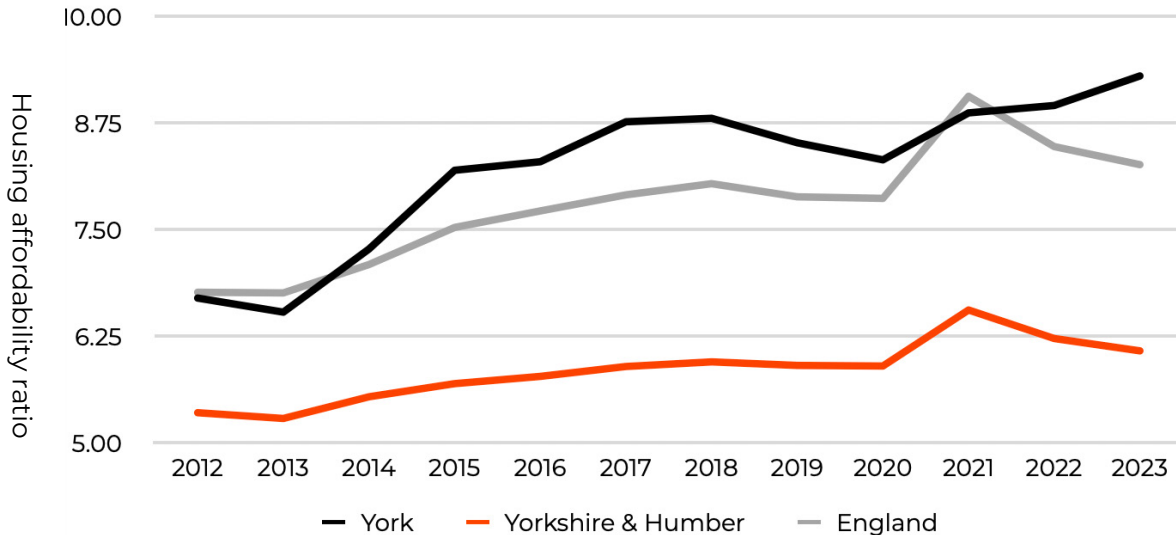
Housing was identified in the 2010 Marmot Review as a hugely important determinant of health.⁹ The affordability and the changing patterns of housing tenure our

adolescents face as they grow into their twenties presents a huge challenge: 39% of 25- to 34-year-olds owned their home in 2023, from a peak of 59% in 2000.¹⁰ The average property price in England has risen by 173% after adjusting for inflation since 1997, compared with increases in real incomes of 25- to 34-year-olds of only 19%.¹¹ The following graph shows York's affordability ratio, and demonstrates that it is higher than regional and national comparators and rising, now meaning that the median house price is 9.3x the average annual earning.

9 [*Fair Society Healthy Lives full report*](#)

10 [*Homeownership for young adults has recovered to its 2010 level | Institute for Fiscal Studies \(ifs.org.uk\)*](#)

11 [*Barriers to homeownership for young adults | Institute for Fiscal Studies \(ifs.org.uk\)*](#)



Housing affordability ratio 2012-2023

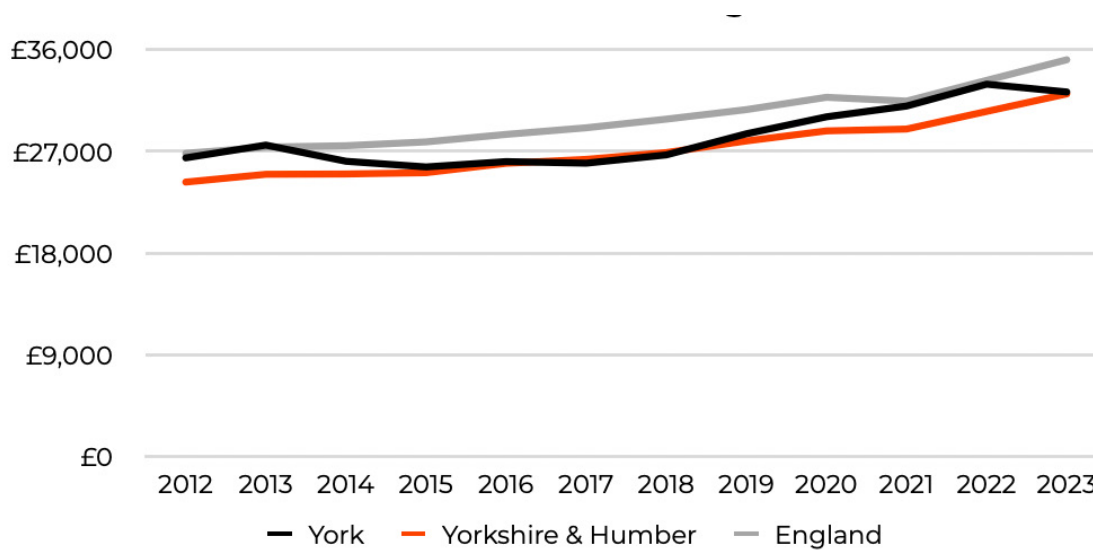
Renting is also expensive in York: on average £1107 a month in September 2024 vs a regional average of £798. Nearly three quarters of private renters in more deprived areas spend more than 30% of their income on rent, versus less than half of social-renters and a third of mortgagors.¹²

The dream of ‘owning your own home’ has been replaced for many of our adolescents and young adults with the prospect of more expensive and less stable renting or living with parents (7,225 households in York have non-dependent children) and this is increasing inequalities.



12 [English Housing Survey 2022 to 2023: headline report - GOV.UK](https://www.gov.uk/government/statistics/english-housing-survey-2022-to-2023-headline-report)
(www.gov.uk)

Next Generation York: the health of adolescents in our city



Median annual earnings 2012-2023

Income and jobs

Income is another determinant of health, with 44% of people on the lowest incomes (bottom decile) rating their health as fair, bad or very bad, vs 12% for those on the highest incomes (top decile).

Median annual earnings in York have risen slowly over the last decade, and are at a par with the regional average but below the national average.

In York, our highest employing sectors are retail, health, hospitality and food. This means the level of part time work is higher than in other cities, and is highest of all at the start of the working life. While this means that economic inactivity of our 16-34 year olds due to unemployment was low at the 2021 census in York (2.6% vs 4.6% regionally and nationally), many younger people may be in less stable and poorly paying jobs. So with York an expensive city to live in, we need to consider how we will keep and retain our young people in the city into their 20s.

Quality of life

Over the last century, it has become common to assume that quality of life and living standards will rise for the majority of people, But the Resolution Foundations' Intergenerational Audit suggests that:

'young people today are struggling to match lifecycle milestones that earlier generations enjoyed, such as a secure job and a home that they own ... the evidence of the economic challenges facing younger generations today has led us to believe that millennials could be the first generation to do worse than their parents.'

For the first time in generations, the life expectancy our young people can look forward to is static and in some groups (especially females and those from poorer

areas) is falling. So squeezed finances, owning a home later, and poorer quality of life, are real possibilities for our adolescent generation in the city.

"We see a big effect of social changes on people's mental health in our drop ins"

"No one expects to own a home, no one has a baby"

"Living standards will be poorer"

"Retirement age is increasing so fast I'll work until I drop – so no point having a pension"

"I might as well live with my parents and spend all my disposable income enjoying myself"

– *Voices from York Mind's Yorchoice drop in*

The world of work

Beyond employment and income, the types of jobs our young people will take up are changing. Academics from MIT have shown that about six out of 10 jobs people are doing at present didn't even exist in 1940.¹³ Many commentators have developed lists of jobs which didn't exist a decade ago, for instance:

- App developer
- Social media manager
- Driverless car engineer
- Cloud computing specialist
- Big data analyst/data scientist
- Drone operators
- Millennial generational expert ¹⁴

The challenges and opportunities within the emerging jobs market include the future automation of jobs which currently our young people may be training for, the need for new skills in data and coding, and the rise of Artificial Intelligence which may have varying effects on current jobs and professions, but seems to be most threatening to service-industry and-or knowledge jobs which can be performed with little physical or social interaction.

Climate change

Climate change is, according to a global commission convened by the Lancet journal, the biggest threat to human health of the 21st

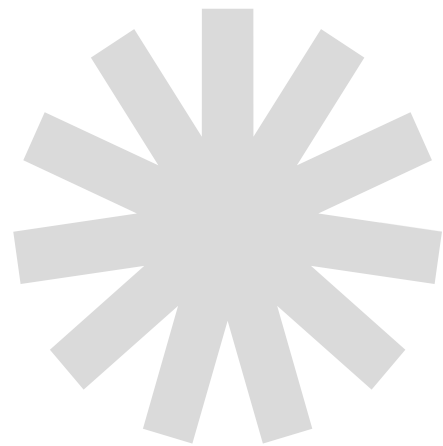
¹³ [*Most work is new work, long-term study of U.S. census data shows | MIT News | Massachusetts Institute of Technology*](#)

¹⁴ [*10 Jobs That Didn't Exist 10 Years Ago | World Economic Forum \(weforum.org\)*](#)

century, so it is inevitable that the next generation of York's adults are looking on anxiously at how the world responds to the pressing need to preserve ecosystems and avert catastrophic global heating.¹⁵ Over four in ten (42%) of 16–34 year olds say climate change will affect whether they have children, while more than half (56%) say it will impact where they decide to live.¹⁶

Climate change will bring health risk into the future lives of our young people, which they will suffer from disproportionately to older generations who are responsible for the majority of the emissions. Positively, collective

action on climate may offer an opportunity for development of skills, forging community around the opportunity to achieve real meaningful change. For instance, when York declared a climate emergency in 2019, young people were at the forefront of the voices calling for action, and there is evidence that 'climate activism is associated with resilience and positive development'.¹⁷



15 [*The Lancet Countdown on health and climate change*](#)

16 [*COP28: Climate change - only a quarter \(26%\) of the UK feel optimistic about the world young people will inherit | The National Lottery Community Fund \(tnlcommunityfund.org.uk\)*](#)

17 [*The Effects of Climate Change on Child and Adolescent Mental Health: Clinical Considerations - PubMed*](#)

However eco-anxiety is emerging as a well-recognised phenomenon amongst young people. A global survey conducted by the Lancet Planetary Health Commission found that:

...more than 50% reported each of the following emotions: sad, anxious, angry, powerless, helpless, and guilty...more than 45% of respondents said their feelings about climate change negatively affected their daily life and functioning¹⁸

So the challenge is to protect our young people from the worst effects of eco-anxiety, turning the threat of climate change into an opportunity of empowerment and engagement.



¹⁸ [Climate anxiety in children and young people and their beliefs about government responses to climate change: a global survey - The Lancet Planetary Health](#)

The state of young people's health in York

Physical health

The majority of adolescents in York enjoy physical good health. The best proxy for this is the census question on self-reported health status. When asked, 95.1% of 10-19s in the city described their health as being either very good or good. This was, however, slightly lower than the national proportion of 10-19s reporting either very good or good (95.5%), and below the proportion in York in 2011 (97%). Within this data, males report slightly better health than females (95.7% vs 94.4% very good or good health).



Next Generation York: the health of adolescents in our city

Health Status	York 10-19s (2011)	York 10-19s (2021)	England 10-19s (2021)
Very Good	74.8%	70.8%	74.6%
Good	22.2%	24.3%	20.9%
Fair	2.5%	4.0%	3.6%
Bad	0.4%	0.9%	0.7%
Very Bad	0.1%	0.1%	0.2%

Many young people will at some stage experience a number of short-term physical health problems, whilst a small number will live with long-term physical conditions. The most common long-term conditions in teenage are Asthma, type 1 diabetes, and epilepsy. Using GP data extracted

from 8 out of 11 practices in York,¹⁹ 5.6% of the 10-19 population (1,359) were registered as having one of these long-term conditions, which is predominantly driven by the number of asthma diagnoses.

¹⁹ *Priory Medical Group, York Medical Group, Haxby Group, MyHealth, Jorvik Gillygate, Unity Health, Front Street, Old School, data extracted September 2024*

Across the age range, asthma diagnoses tend to peak in late primary age and for some, symptoms resolve and they are removed from registers in adolescents, whereas for Type 1 diabetes and epilepsy, more conditions are detected as adolescent progresses, so register numbers rise.

Patterns across sex, ethnicity and deprivation did not show any clear variance or inequality within the data, aside from a slightly higher proportion of 10-19s living with asthma in the 50% more deprived areas compared to the 50% less deprived areas (5.3% vs 4.8%)

Mental health and wellbeing

Mental wellbeing and mental health issues affecting our young people were raised more regularly in the production of this report than any other health or social issue. It was the top-rated issue in the professional survey and was raised in every focus group we hosted. It seems there is a strong consensus that mental wellbeing is the most challenging health issue facing adolescents in York.

The WHO report that depression, anxiety and behavioural disorders are among the leading causes of illness and disability among adolescents, and that suicide is the fourth leading cause of death among 15-29 year-olds.²⁰

20 [Mental health of adolescents \(who.int\)](https://www.who.int/mental-health/adolescents)

Evidence shows that 50% of mental health problems are established by age 14 and 75% by age 24²¹, meaning that lifelong mental health issues are often rooted in childhood and – put more positively – adolescence offers an opportunity for early identification and support, leading to recovery and prevention of longer term issues.

A public health approach to mental wellbeing looks to the underlying causes of such a pronounced rise in morbidity at a population level. It emphasises the fact that teenagers in York will find themselves at any one time in one of a number of ‘states’:



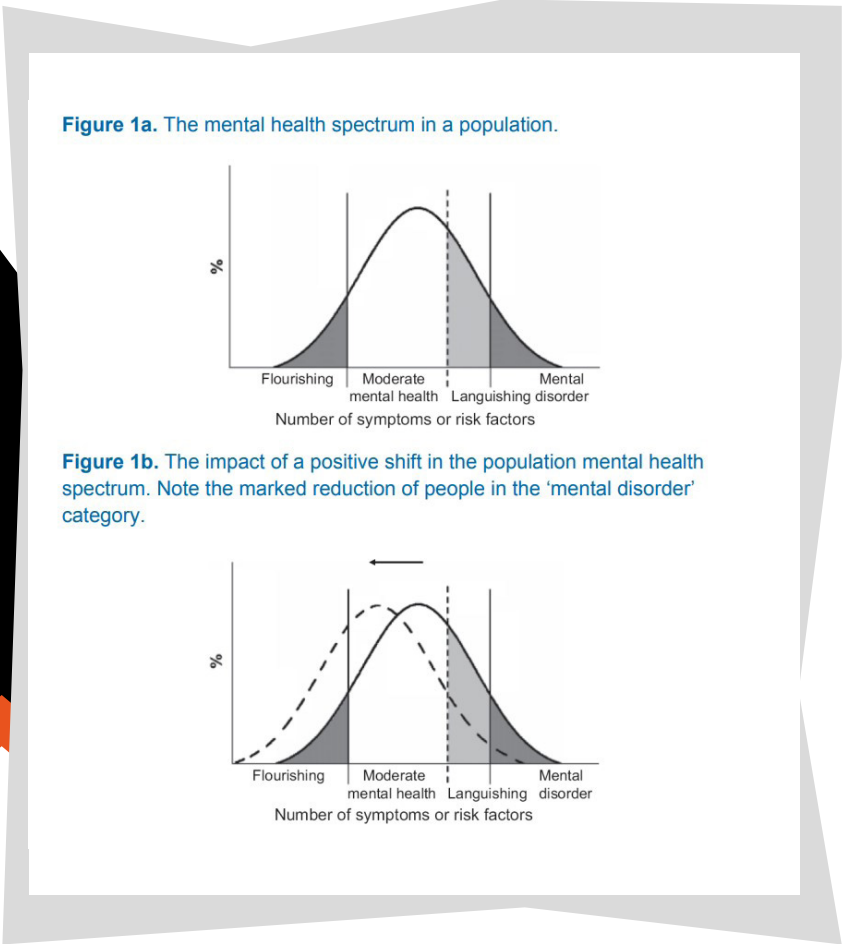
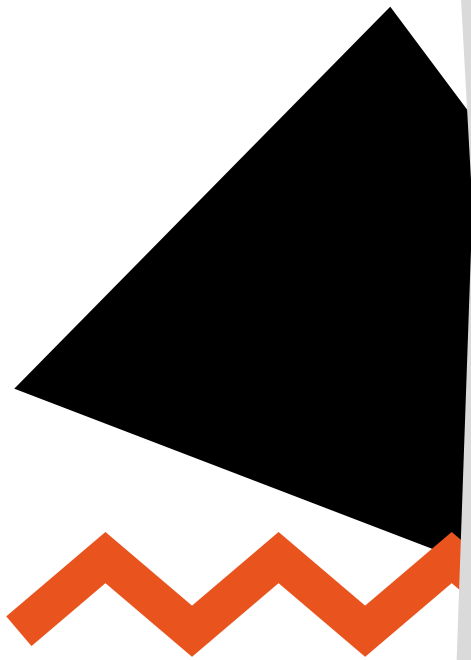
Generally happy and mentally well

Showing early signs of mental distress

Severe and enduring mental illness

Experiencing mental health crisis

21 [*Children and young people: statistics | Mental Health Foundation*](#)



Whilst medicine rightly most focus on treating those with a diagnosis, a focus on the wider determinants of ill health will keep the majority of the population towards the left hand side of this spectrum, and outside of clinical care (the ‘upstream’ approach).

The diagram in the inset box from Huppert (2009) shows graphically how even a relatively small positive shift in population mental health can have a large impact on the need for clinical interventions²².

22 [Psychological Well-being: Evidence Regarding its Causes and Consequences† - Huppert - 2009 - Applied Psychology: Health and Well-Being - Wiley Online Library](#)

Adolescent happiness in York

*'We continue to see a decline in the overall wellbeing of our country's young people. This is of grave concern – behind these numbers and statistics are real children feeling unhappy about their life.'*²³

National trends in adolescent happiness and wellbeing are concerning. The UK is now the country in Europe with the lowest life satisfaction scores at age 15.²⁴ In our York Health and Wellbeing Schools Survey, we have been able to ask pupils questions on mental health and wellbeing twice, in 2021 and 2023.

In 2021, we found that overall, 56% of pupils were happy or very happy with their life, but this trend

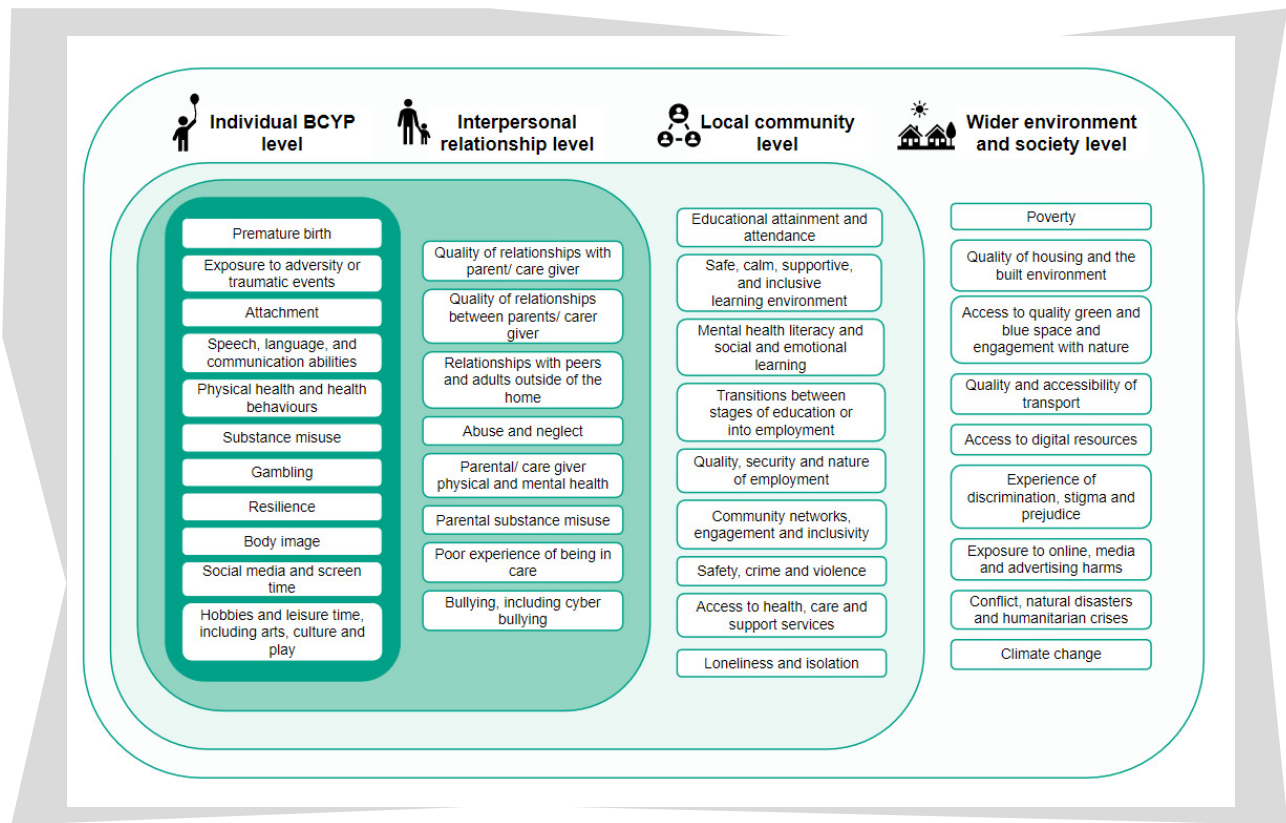
declined through the year groups surveyed (years 4,6,8,10 and 12).

In 2023, The Short Warwick-Edinburgh Mental Wellbeing Scale (SWEMWBS) was used to measure the mental wellbeing of secondary/sixth-form pupils. York secondary/sixth-form pupils scored a mean value of 14.9 out of 35. Nationally, the top 15% of scores range from 27.5-35.0 and the bottom 15% from 7.0-19.5²⁵, whilst a 2017 study of 8,000 secondary school pupils in Scottish and northern Irish schools, showed a mean SWEMWBS score of 25.43 (northern Ireland) and 24.55 (Scotland). This suggests that the mental wellbeing of York pupils in 2023 was significantly worse than similar populations.

23 [Good Childhood Report-Main-Report.pdf \(childrenssociety.org.uk\)](#)

24 [Good Childhood Report-Main-Report.pdf \(childrenssociety.org.uk\)](#)

25 [Collect, score, analyse and interpret WEMWBS \(warwick.ac.uk\)](#)



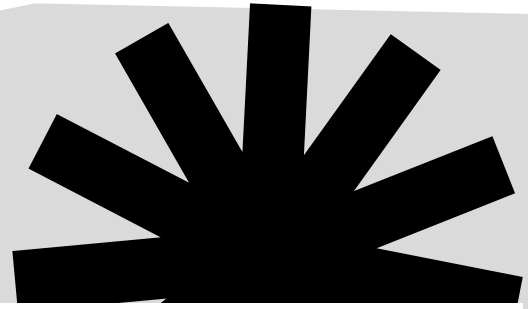
The 2023 survey also found that:

- boys reported a slightly higher mental wellbeing score (15.7) compared to girls (14.1),
- The things that secondary/sixth-form pupils report worrying about the most are ‘what might happen to them in later life’ and ‘their appearance and how they look’.

- 86% of secondary/sixth-form pupils said that they ‘have someone to talk to if they had a problem or were worried about something.’

In the graph above, The Office of Health Improvement and Disparities (OHID) identify the key modifiable factors which partners should focus on to improve the picture of mental wellbeing in young people in York²⁶.

26 [Improving the mental health of babies, children and young people: a framework of modifiable factors - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/publications/improving-the-mental-health-of-babies-children-and-young-people-a-framework-of-modifiable-factors)



Case study: York Mind support to LGBTQ+ young people

August 2023 saw the start of York Mind delivering a one-year mentoring project offering individual wellbeing support to LGBTQ+ young people aged 16-25, funded by public health. Seven volunteer mentors were recruited, 57 face to face and 20 remote sessions were held, in addition to 5 group outreach sessions. Examples of goals set included, 'to help me improve my self-esteem and better understand my identity' and 'to talk to someone about how I'm feeling about myself'. The next phase of the service,

the LGBTQ+ Group Support Project, starts in November 2024 and is for York residents aged between 12-18 years (25 for vulnerable and/or looked after children) who identify as having a sexuality which is not heterosexual, who are experiencing gender dysphoria/ gender distress, or who identify as transgender. The project will involve school awareness sessions (6 per year), outreach sessions (8 per year), one to one support (approx. 65 people) and group work, involving elements of peer support, psychoeducation, and creativity (in 6 week blocks).

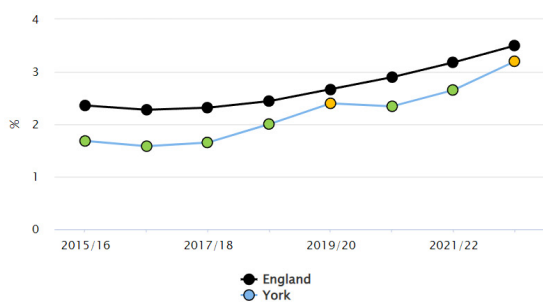


Social, emotional and mental health needs in York schools

SEMH is a categorisation used in education to describe a range of challenges related to emotional well-being, social interactions, and mental health for an individual.

The graph below shows a rapidly rising trend in children with SEMH needs being identified and supported in York schools. This trend was accelerated by the COVID-19 pandemic (see separate chapter), but was apparent before 2020, and appears to be more rapid than national rises.

School pupils with social, emotional and mental health needs: % of school pupils with social, emotional and mental health needs (Secondary school age)



Recent trend: ↑ Increasing & getting worse

Period	Count	Value	York		England
			95% Lower CI	95% Upper CI	
2015/16	167	1.7%	1.4%	2.0%	2.4%
2016/17	160	1.6%	1.4%	1.8%	2.3%
2017/18	170	1.7%	1.4%	1.9%	2.3%
2018/19	211	2.0%	1.8%	2.3%	2.4%
2019/20	260	2.4%	2.1%	2.7%	2.7%
2020/21	261	2.3%	2.1%	2.6%	2.9%
2021/22	297	2.7%	2.4%	3.0%	3.2%
2022/23	361	3.2%	2.9%	3.5%	3.5%

Source: Department for Education

[Indicator Definitions and Supporting Information](#)

This means that in the 2022/23 academic year, social, emotional and mental health needs account for nearly a quarter of all primary special educational needs and disabilities (SEND) provision in York, the highest proportion of any factor.

“CAMHS pushes so much of the support after diagnosis to schools, but they are not trained to actually understand the diagnosis and the support needed, and education and health do not talk to one another”

– *Parent at Parent Carer Forum*

Within the city, the tiered approach to support in schools includes universal offers such as curriculum support through the Healthy Schools Programme and School nursing, as well as School Mental Health and Wellbeing

workers and Wellbeing in Mind teams who are able to offer individual level support; however professionals report that this provision is buckling under the strain of growing levels of demand, and the offer is not consistent across all settings in the city.

“There feels like that is a severe case of compassion fatigue across a lot of services. As a young person I get a lot of “eyerolls” from professionals, and I am not taken seriously. To make it better – take a genuine interest in what we have to say!”

– *Nothing About Us Without Us participant*

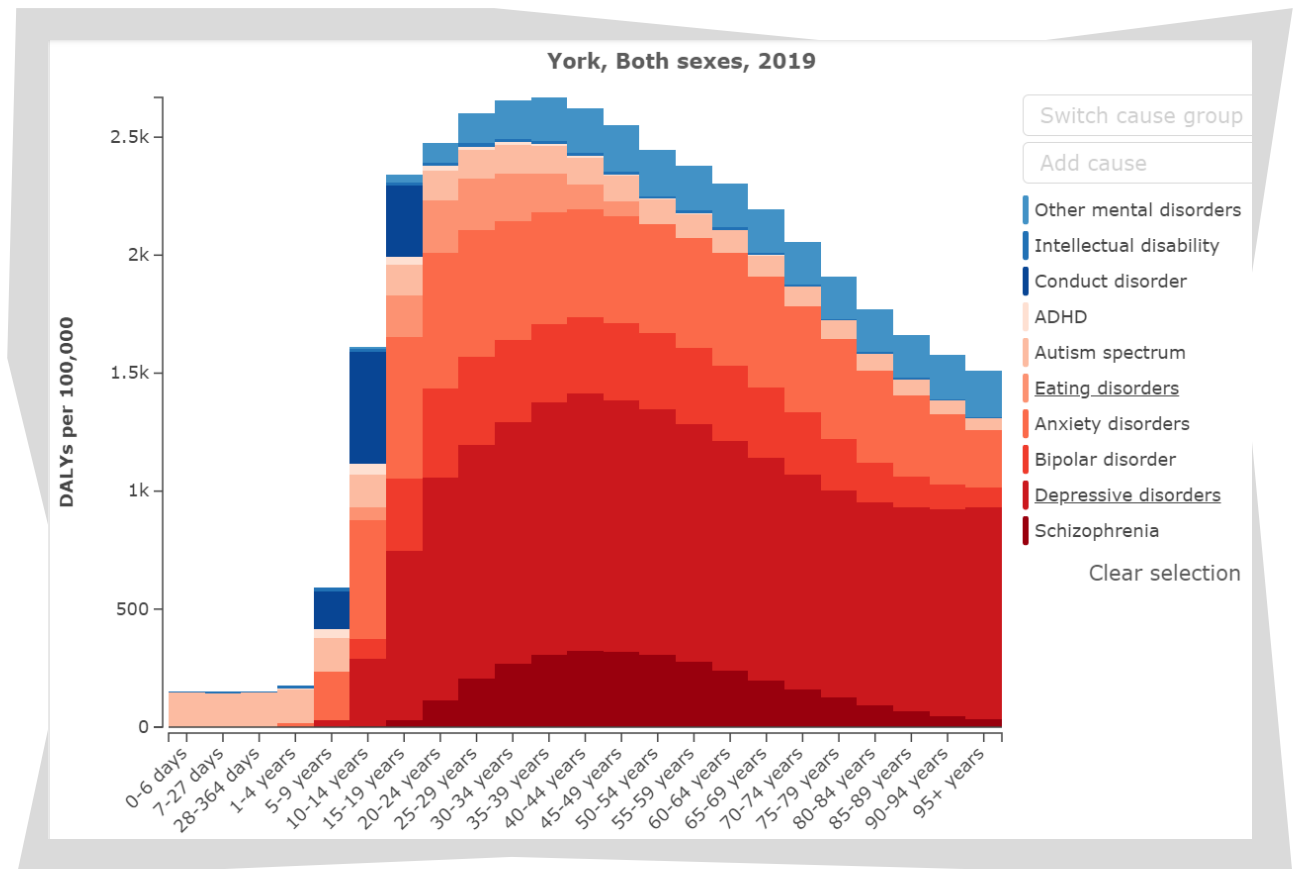
Assessment and diagnosis in York

The assessment and diagnosis of a mental health condition such as anxiety in a young person in York is done by the Childrens and Adolescent Mental Health (CAMHS) Team; this will then lead to support through a number of clinical pathways including eating

disorders and early intervention in psychosis services.

The Lancet Global Burden of Disease study shows that the impact of diagnosable mental health conditions in York (measured through Disability-Adjusted Life Years (DALYs) lost) rises rapidly in the 10-14 and 15-19 year age bands:

Graphic source: Global Burden of Disease Study



As of June 2024, 4,225 children and young people were accessing community mental health services in the Vale of York area. Nearly half of children seeking support for mental health issues wait over 12 weeks, and nationally nearly 40,000 children experienced a wait of over two years. This is in line with issues affecting CAMHS services nationally, where an estimated 8% of the under 18 population is referred to CAMHS each year.²⁷

This is compounded by the fact that CAMHS are also responsible for the assessment and diagnosis of neurodiverse conditions such as autism and ADHD, which are another huge demand pressure on the services. Taken together, it is likely that our adolescents in

York with early signs of mental ill health or growing and concerning problems are experiencing harm due to these waits and delays, will find access to medication and support arrives later than needed, and will also find that universal and school-based services are insufficient and not equipped to 'hold' the level of need.

“We are painfully aware of the lack of resources so we almost feel like “what is the point?”

– *Nothing About Us Without Us* participant

²⁷ [Children's mental health services 2022-23 | Children's Commissioner for England \(childrenscommissioner.gov.uk\)](#)

Crisis and inpatient mental health care, self harm and suicide in York

The number of children experiencing mental health crisis is increasing; since the pandemic, the charity YoungMinds estimates that the number of urgent crisis referrals to CAMHS has risen threefold²⁸, and typically between 10 and 20 children have an inpatient stay in a mental health ward in York every year.

Self-harm is when a person deliberately hurts or injures their body. It is more common in adolescence and usually occurs when a young person experiences negative feelings. Our schools survey shows that 23% of secondary-aged pupils reported that they had 'self-harmed in the

past year', girls (30%) were more likely to say that they had 'self-harmed in the past year' compared to boys (14%), and 44% of pupils said that they had asked 'no one' for support for their self-harming.

In 2022/23, there were 75 emergency admissions for self-harm of young people 10-19 in York – this trend is actually declining over the last decade, and is now below the English average.

Children and young people dying by suicide is a rare but hugely tragic event, often signifying the culmination of a high level of trauma and/or mental health need. Our local 2023 Suicide Audit showed that there were 17 deaths in York within the 15-24 year age band in the six year review period (2015-2021).

28 [Number of children in mental health crisis at record high in England | Mental health | The Guardian](#)

Case study: Nothing About Us Without Us

Nothing About Us Without Us is a mental health advisory group of children and young people aged 10-25 with lived experience from across Humber and North Yorkshire.

The group represents our diverse communities especially those more at risk of poor mental health e.g. young people who are care experienced, young carers, LGBTQ+, neurodivergent, and from minoritised ethnic communities etc.

The group have coproduced a number of consultations on improving access and experience of mental health services and support, and are working with professionals to coproduce solutions to their 50 recommendations.

The Nothing About Us Without Us group has enabled a shift from consultation to true co-production enabling services to embed lived experience in service developments and improvements.



SEND and Neurodiversity

Living with a special educational need and/or a disability (SEND) can affect a child or young person's life in a number of ways, for instance their:

- behaviour or ability to make socialise and make friends
- reading and writing
- ability to understand things
- concentration levels
- physical ability²⁹

“Most of the support I've access for my son is from charities – and it is limited”

– Parent Carer forum

In legislation, young people with SEND are placed into four categories.

- communication and interaction needs.
- cognition and learning difficulties.
- social, emotional and mental health difficulties.
- sensory and physical needs.

In 2022/23 there were 4,011 children and young people in York with a special educational need. There continues to be a year-on-year rise in the total number of children and young people in York with SEND, and there are now 902 more children and young people with SEND than there were in 2015. This is a 29% rise, and follows the national picture. There

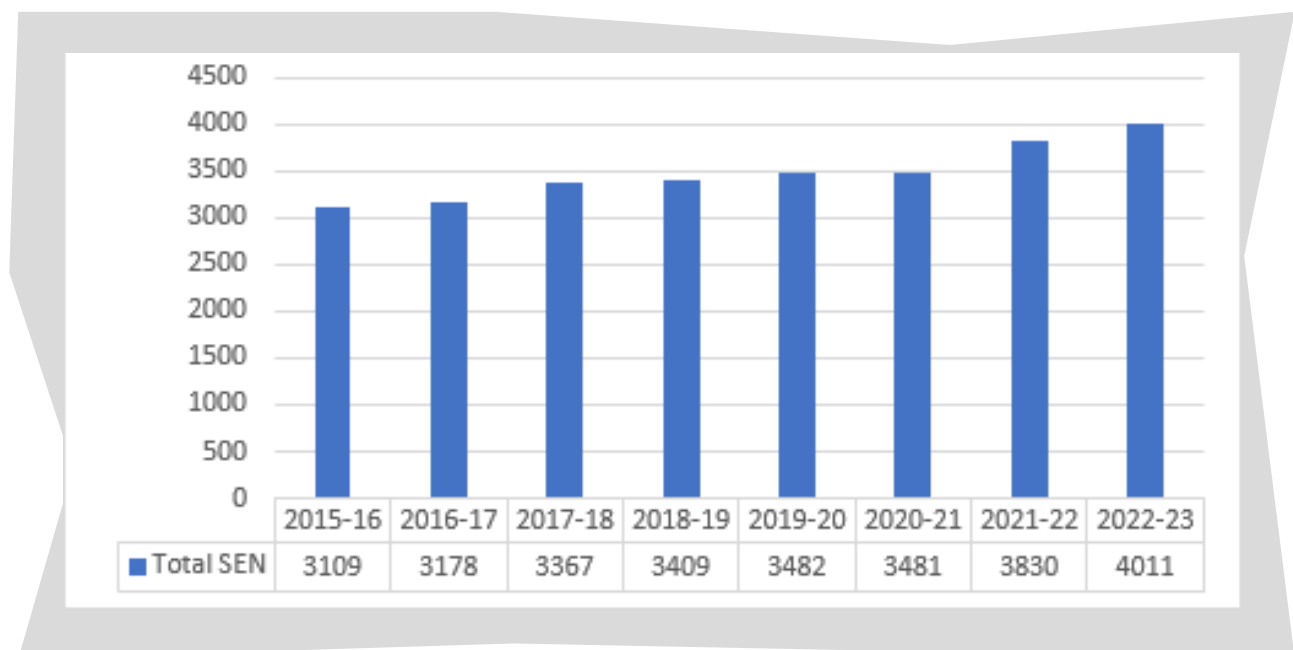
29 [Children with special educational needs and disabilities \(SEND\): Overview - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/overviews/special-educational-needs-and-disabilities/special-educational-needs-and-disabilities-overview)

are three specific need types where the prevalence is growing: autism and speech, language and communication are growing rapidly, whilst social, emotional, and mental health need is the biggest type of need overall and is growing at a moderate rate.

“The city centre of York, especially at a weekend, is a frightening place for our neurodivergent young people to go”

– York Youth Network

Total number of children with all types of SEN by academic year 2015-2023



What are our Core Connectors saying

Core Connectors are young people aged 16–25 who volunteer with Healthwatch York. They help other young people have their voices heard. Core Connectors listen to people's experiences. By capturing and sharing what is working and what isn't, they can help make a difference to local services.

Healthwatch recently sent a survey to their Core Connectors group, which was completed by 98 young people.

Some felt access to healthcare in York was simple and that they were listened to by

professionals. Others however found the length of waiting lists or ease of seeing the right professional very challenging. Issues were raised in registering with a dentist, and in one case, access to mental health support was so difficult that they "gave up" finding it "entirely inaccessible."

The increases in cost of living had a big impact for over half of respondents. Food and travel costs affected health with many speaking of the massive strain on mental health such as feeling a sense of shame. Many felt embarrassed to ask parents for financial or grocery support as they knew they were equally struggling. Some had to access food charities for help, whilst

others also mentioned the cost of other items such as prescription lenses and no free eye appointments.

The most negative impacts on health and wellbeing were found to be access to healthcare, and changes to lifestyle and behaviours caused by external factors. Poor sleep routines, lack of exercise, online gaming which was considered addictive were examples given. The COVID-19 pandemic was responsible for a loss of routine in some instances and increasing isolation due to lockdown measures. Others listed academic pressures from exams and the transitions to adulthood when at university. Some listed social media is a

key stressor especially when body image was affected.

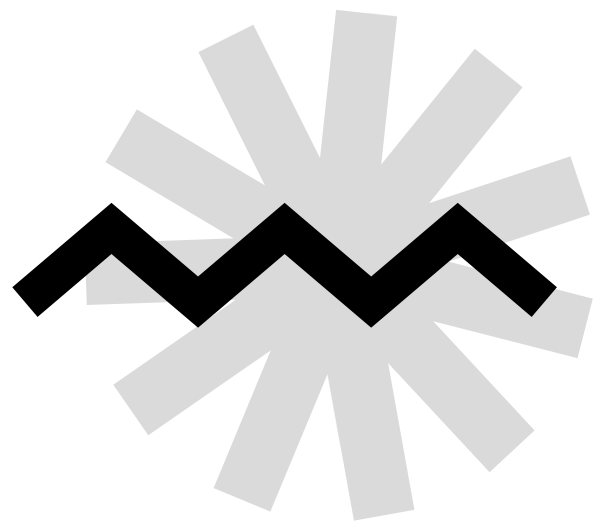
When asked about more positive aspects, keeping busy and active was the most common theme for this question. Many enjoyed social interaction and support as being key drivers in good health and wellbeing. Nearly 70% of people believed York to be a good city to be a healthy teenager in.

Children with an experience of care

One of the key groups in the city whose health deserves particular attention are those who are currently (or who have been) in the care of the local authority. At the time of writing, there were 240 looked after children in York, in a variety of foster and residential placements, as well as a larger number of children now living in adopted families, and adults who experienced care as children and young people, to whom the council has a corporate parenting duty.

There is evidence that health inequalities exist for people who are “care experienced”, including an increased risk of poor health,

both physical and mental, mortality, poverty and educational attainment – and these gaps in health outcome persisting into later life. There is a 3.6x raised rate of premature mortality for those who have spent time in care as a child, and care leavers are more likely to report their health as ‘not good’ compared with ‘good’ as adults.³⁰ However health, education and employment outcomes are varied across the care leaver population and there is nothing deterministic about having been in care.



30 [The-lifelong-health-and-well-being-of-care-leavers.-Nuffield-Foundation-and-UCL-policy-briefing.-Oct-2021.pdf](https://www.nuffieldfoundation.org/publications/the-lifelong-health-and-well-being-of-care-leavers-nuffield-foundation-and-ucl-policy-briefing-oct-2021.pdf)
([nuffieldfoundation.org](https://www.nuffieldfoundation.org))

Next Generation York: the health of adolescents in our city

In 2023, the U Matter survey run by the Speak Up Children's Rights and Advocacy service found the following around health in young people in care:

Only 58% of care leavers are registered with a dentist whilst the majority of care leavers are registered with a GP (94%)

The majority of young people in care feel safe (95%) and happy (86%) where they are living, as do the majority of care leavers (safe 92%, happy 86%)

The majority of care leavers know who to talk to if they needed support for their emotional health (85%) and would feel comfortable asking adults around them for support to gain information or to access health services (76%).



Health priorities identified by Show Me That I Matter and I Still Matter have shaped the City of York Council's corporate parenting strategy.³¹ In addition, as of 2024, experience of care is now regarded as if it were a protected characteristic in York.³² NHS partners in the city have also responded to the Care Leavers Covenant³³ (signed nationally by the NHS in 2023) through a recent workshop and set of actions around, for example free prescriptions and eye tests for those who are care experienced.



31 [*Corporate Parenting Strategy*](#)

32 [*Report Template*](#)

33 [*CLC Intro Leaflet \(mycovenant.org.uk\)*](https://mycovenant.org.uk)

Case study: Yorks Children in Care Council and Care leavers Forum

York's Children in Care Council and Care Leavers' Forum, known individually as Show Me That I Matter and I Still Matter, are a group of Young People who represent the voices of Children and Young People in Care and those who have left care up to the age of 25 in the City of York.

The groups exist to make sure that all children and young people who are cared for (or were previously cared for) by City of York Council have the chance to share their views, with the aim of helping shape and influence the services which affect them and other young people with care experience.

This includes:

- Campaigning to raise awareness of the rights of children and young people in and leaving care,
- developing ideas and projects that aim to improve the lives of children and young people in and leaving care.
- advocating for children and young people in and leaving care.
- Being consulted on the design, delivery and evaluation of projects and services.
- Influencing change in services accessed by children and young people and leaving care through having a seat at the table of the Corporate Parenting Board.

Trends which are shaping health

COVID-19

In 2022, the York Director of Public Health annual report focussed on the impact of the COVID-19 pandemic, concluding that:

‘COVID-19 has taken the lives of [hundreds of] York residents and left many others with long term symptoms and illness, while the consequences of lockdown have affected mental health and have had massive economic and social implications which will take a generation to recover from.’³⁴

Whilst less likely to be directly harmed by the virus, the mitigations put in place to protect health – including educational closures, lockdowns and restriction in social contact, exam cancellations – had a devastating impact on the teenage generation in our city and beyond. In a reversal of the usual order of things, children were asked to make sacrifices on behalf of adults and older generations during this period. This has now been shown to be at the detriment of social, educational and health outcomes in national data:

³⁴ [York: Pandemic Years Annual Report of the Director of Public Health 2020-2022 \(nyresourcing.co.uk\)](https://nyresourcing.co.uk)

COVID and physical health

Nealy 30,000 under 18s were admitted to hospital due to COVID, with **1710 admitted to critical care** and very sadly, **70 deaths**.³⁵

Up to one in seven (14%) children and young people who caught COVID may have symptoms linked to the virus 15 weeks later, with certain long covid symptoms more common in school-age children.³⁶

Waves of other infection – for instance pertussis, scarlet fever, and measles, related to reduced immunity due to lockdown / social distancing, and reduced uptake of key childhood vaccination programmes.

An exponential growth in the number of young people on waiting lists for physical and mental health issues.³⁷

35 [Hospital admissions linked to SARS-CoV-2 infection in children and adolescents: cohort study of 3.2 million first ascertained infections in England | The BMJ](#)

36 [NIH-funded study finds long COVID affects adolescents differently than younger children | National Institutes of Health \(NIH\)](#)

37 [Growing problems, one year on: the state of children's health care and the Covid-19 backlog | Nuffield Trust](#)

Educational and social impact

At least 9 months of in-person school attendance lost for most of our young people in 2020 and 2021.

The impact of the fear of the virus, containment measures such as masks, outbreaks response, being identified as a 'contact', and COVID-19 testing routines increased the level of health anxiety in the teenage population. ³⁸

A rise in the proportion of secondary school children in York who are persistently absent from school – this is still higher than pre-COVID, at 25% in 2023/4.³⁹ Children with an Education Health and Care Plan (ECHP) and children in receipt of frees school meals have much higher rates of 43.3 and 46.4% respectively, indicating deep inequalities.

38 <https://acamh.onlinelibrary.wiley.com/doi/10.1111/jcpp.13973>

39 [CEC Scrutiny Report Behaviour and Attendance September 2024.pdf \(york.gov.uk\)](#)

COVID and mental health

As a 2023 survey from York St John University found, the majority of pupils in York reported that the COVID-19 pandemic and associated lockdowns had affected their daily routine and school life with consequent effects on their mental health and wellbeing.

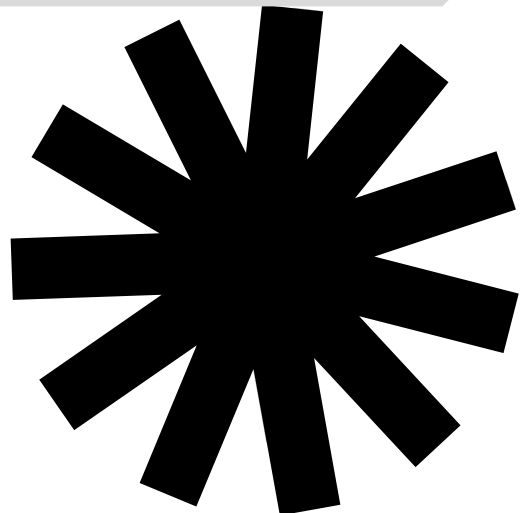
There was a strong feeling of learning loss, isolation due to remote learning, and challenges due to individual personal or family circumstances.

“Since COVID, more students than ever have become disengaged from school, then reclusive, and the often not attending – and this process seems to have become more socially acceptable”.

– York Headteacher

Almost 30% of participants reported that they were still affected by the COVID-19 pandemic. Reporting of a continuing effect was greater amongst girls (37%) than boys (24%).⁴⁰

40 <https://ray.yorks.ac.uk/id/eprint/9231>



Healthy behaviours

The health behaviors of our young people in the city are influenced by a variety of factors, and shaped by social norms, advertising, and the availability of healthy and unhealthy products. Nationally, we have worsening levels of obesity and sedentary activity compared to OECD countries, as well as similar

levels of daily smoking, alcohol and cannabis use which are, positively, improving over time.⁴¹

York's School Health and Wellbeing Survey, initiated in 2021 and repeated in early 2024, surveyed nearly 2,000 adolescents aged 11-17 in the city and gives a deeper local picture on health behaviours.⁴²

Some positive improving trends

Oral health **84%** Of people brushed teeth twice daily

Smoking cigarettes Most secondary school pupils (**90%**) have never smoked

Emotional health and wellbeing The majority (**86%**) of secondary/sixth-form pupils said that they have someone they can talk to if they have a problem or were worried about something.

41 https://www.nuffieldtrust.org.uk/sites/default/files/2019-02/1550657729_nt-ayph-adolescent-health-report-web.pdf

42 [Secondary and Sixth Form School Health and Wellbeing City Report](#)

Some areas of concern

Diet	34% met a 5-a-day fruit & veg goal, a decrease from 2021
Physical activity	20% met daily exercise recommendations
Sleep and sleep hygiene	29% went to bed after 11pm; 35% reported inadequate sleep; 58% reported poor sleep hygiene
Alcohol	66% had tried or consumed alcohol; 60% reported that their parents or carers knew, similar to 2021; 60% usually drank alcohol at home. 30% were given alcohol, down from 38% in 2021; 20% said alcohol was available at home, down from 29% in 2021
Drugs	32% were offered drugs, increasing to 56% in year 12, up from 19% in 2021. 13% had taken drugs increasing to 25% in year 12 up slightly from 2021
Sexual health	73% of sexually active young people used contraception (2021-68%). 20% had unprotected sex
Healthy relationships	84% agreed that violence and sharing photos were wrong; fewer felt that controlling behaviours were always wrong
Vaping	25% used e-cigarette, increased from 19% in 2021. 3% vaped daily
Self-harm	25% self-harmed in the past year; 46% of those never sought help or support

Some emerging trends

Diet

Nearly **25%** skipped breakfast; 10% skipped lunch

Internet Use

91% had social media accounts; 20% used the internet for over 6 hours on school days, 37% at the weekend. 71% received messages from strangers; 25% experienced unwanted online requests

Gambling

16% had gambled. 25% of these young people took money to gamble without permission; 14% had conflicts with family or friends over gambling; 70% spent money on gaming items; 50% were unaware of support for gambling.

“Nearly everyone I know in York has struggled with drugs in some form”

– *Nothing About Us Without Us* participant

“We need a much clearer message on vaping. It seems a contradiction we are giving out vapes to smokers but trying to stop teenagers from taking it up. And we need to understand the underlying cause of the vaping rises – anxiety, self-medication, peer pressure?”

– *York Youth Network member*

Case study: health trainers and vaping

The Public Health team are concerned about the rising number of children vaping, and the availability and affordability of e-cigarettes in the city. Our message is clear: vapes are quit aids for smokers – if you don't smoke, don't vape.

To tackle this, we have developed a schools education and teacher package alongside the National Centre for Smoking Cessation Training (NCSCT). This includes both classroom and teacher PowerPoint presentations, a short, York specific, animation voiced by a York child, a theatre package for assemblies, and posters

and leaflets. These can all be found on our website resources area <https://www.york.gov.uk/HealthTrainersToolkit>. We also offer support for people aged 13 and over to quit vaping and smoking 'Help to stop smoking and vaping for teenagers'.

As well as this, York has been at the forefront of the regional Centre for Excellence in Tobacco Control, which itself has been a strong voice calling for legislative change and shaping the Tobacco and Vapes Bill which at the time of writing is going through parliament, and includes a ban on disposable vapes, increased taxes on ecigarettes, and restrictions on marketing and flavourings which appeal to young people.

“The oral health of my autistic child is a real concern – COVID made it worse, and then when we finally got back in to see a dentist, they said because of my child’s diagnosis we need a longer appointment in community dentistry – waiting list two years!”

– York Parent Carer
Forum parent

Commercial determinants of health

The commercial determinants of health are the ‘systems, practices, and pathways through which commercial actors drive health and equity’. They influence

our health through the products which surround us every day, sold in our shops and online.⁴³

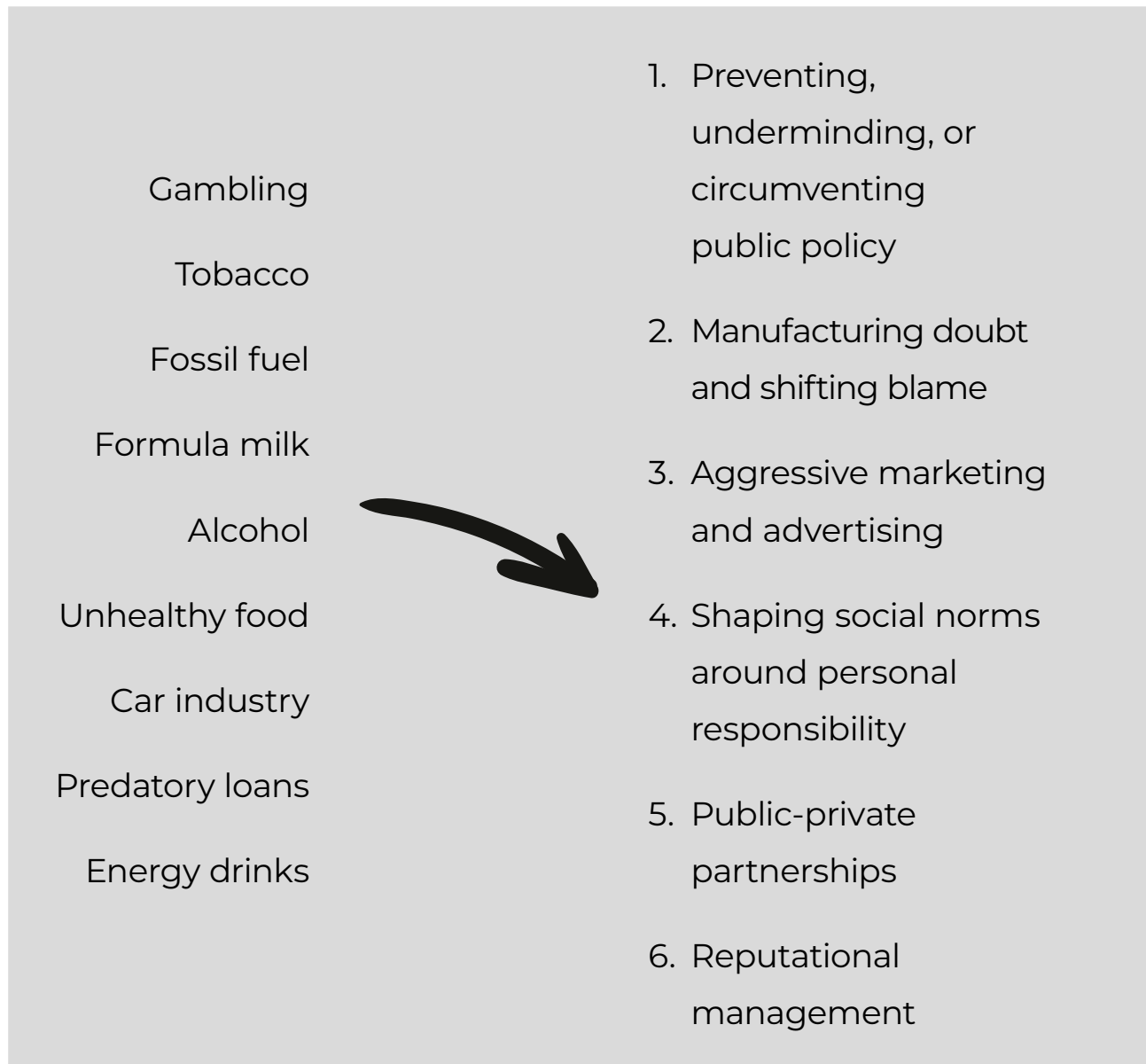
Just four industries – fossil fuel, tobacco, alcohol and ultra-processed food – cause more than a third of all global deaths, and 45% of deaths from non-communicable diseases. That is the equivalent of an estimated 240 deaths each year in York alone. The wage penalty, unemployment and economic inactivity caused by tobacco, alcohol and obesity costs the UK economy £31bn.⁴⁴

43 [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(23\)00590-1/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(23)00590-1/fulltext)

44 [Holding us back: tobacco, alcohol and unhealthy food and drink - ASH](#)

**Unhealthy
commodity industries:⁴⁵**

Common tactics:



45 Material sourced from [adph-cdoh-statement_final_060324.pdf](#)
([yhphnetwork.co.uk](#))

“McDonalds is the only place that teenagers seem to go in the city centre – nowhere else is affordable or not filled with students and tourists.”

– York Youth Network member

There is strong evidence that the actions of unhealthy commodity industries capitalises on the receptivity of young people.⁴⁶ It means that:

- Every second, almost 500 online junk food ads are shown to UK children⁴⁷. The advertising budget of Coca Cola in 2022 (£3.1bn) was similar to the entire public health grant in England (£3.5bn)
- An Advertising Standards Association study found adverts for products high in fat, sugar or salt on 49% of children’s websites and 71% of YouTube channels aimed at children⁴⁸

46 [Advertising and Young People’s Critical Reasoning Abilities: Systematic Review and Meta-analysis - PMC \(nih.gov\)](#)

47 [Home - Bite Back \(biteback2030.com\)](#)

48 *ibid*

✿ Of the top Instagram UK child influencers (those with the largest % of followers aged 13-17), more than half have posted with junk food in the last year⁴⁹

✿ Community Alcohol Partnerships have been set up across the UK, with the stated aim of reducing alcohol harm in children and young people. However lying behind CAPs is significant alcohol-industry funding, including Diageo and Heineken. A review found 'no convincing evidence that CAPs are effective in reducing alcohol harms or ASB. Their

main role may be as an alcohol industry corporate social responsibility measure which is intended to limit the reputational damage associated with alcohol-related ASB.'⁵⁰

Recent research has recommended that awareness and activism by young people is a powerful force in countering the work of unhealthy commodity industries and supporting tighter national regulation to protect from harm.

⁵¹ A good example of this is the BiteBack campaign, which uses regional young activists to

49 *ibid*

50 [Under the influence: system-level effects of alcohol industry-funded health information organizations | Health Promotion International | Oxford Academic \(oup.com\)](#)

51 *Health Promot Int, Volume 39, Issue 1, February 2024, daad185, <https://doi.org/10.1093/heapro/daad185>*

create imaginative campaigns exposing the dangers of unhealthy food marketing.⁵²

Locally, the Yorkshire and Humber Association of Director of Public Health have produced a Position Statement on the Commercial Determinants of Health.⁵³

“It really matters to me about what food companies are doing and what gets into our food, we need access to more healthy stuff and a fast food ban.”

– *Nothing About Us Without Us* participant



52 [Home - Bite Back](#)

53 [adph-cdoh-statement_final_060324.pdf \(yhphnetwork.co.uk\)](#)

Case study: removing junk food advertisement in York

In 2024, City of York Council's Executive approved an advertising and sponsorship policy which restricts the advertising or marketing of a number of different products on any council-owned or controlled space. This includes tobacco, vaping products, alcohol, gambling, unhealthy food or drinks defined as high saturate fat, salt and/or sugar (HFSS), and loans and speculative financial products.



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Junk food adverts banned from York council billboards and bus shelters

19 April 2024



GETTY IMAGES

York's director of public health said the council's decision to ban junk food adverts for children's health and well-being

The digital world

One of the most significant societal changes over the last two decades is the rise of the smartphone. The digital world has migrated from a computer in the corner of the family living room into the pockets of most people, and by age 12, smartphone ownership is near universal in the UK, and almost two thirds of 8-11 year olds already use social media. ⁵⁴

“I was given unrestricted internet access at the age of 10. That did not go well.”

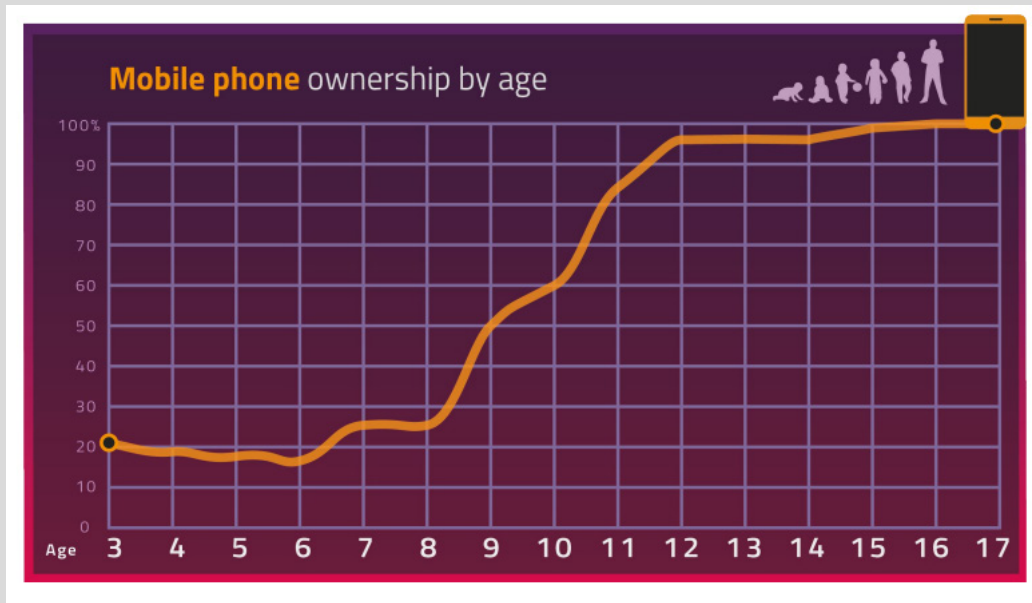
– *Nothing About us Without Us* participant

In our school survey, the majority (91%) of secondary/sixth form pupils in York said that they have a social media account. Around a fifth reported using the internet for more than 6 hours on a normal school day, rising to 37% on a normal weekend day. 71% said that they had received messages from people that they don't know online and about a quarter said that they had been asked to do something that they didn't want to do online.

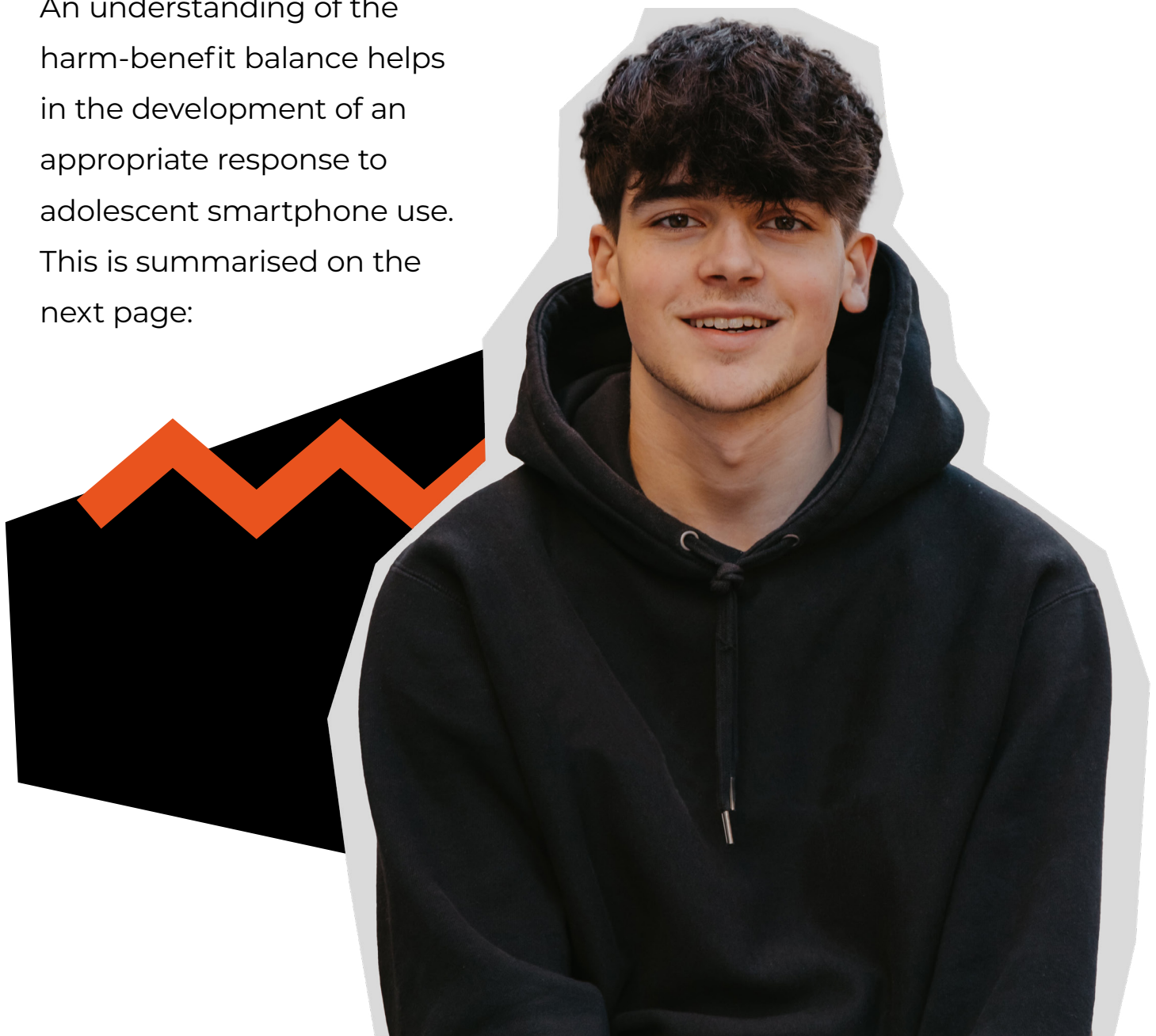
“Social media is proving toxic for our youth around their diet – particularly the way it encourages unhealthy relationship to food which can end up with eating disorders.”

– *York Youth Network* member

54 [Children and Parents: Media Use and Attitudes 2023 \(ofcom.org.uk\)](https://www.ofcom.gov.uk/consult/condocs/children/children_parents_media_use_and_attitudes_2023/children_parents_media_use_and_attitudes_2023.pdf)



An understanding of the harm-benefit balance helps in the development of an appropriate response to adolescent smartphone use. This is summarised on the next page:



Health benefits of smartphones for teenagers

Access to information and skills	A UNICEF report found that 'Done right, internet use among children can increase learning opportunities and build digital skills' ⁵⁵
Play and leisure	There is some evidence that e.g. video games can improve adolescent's executive functioning ⁵⁶
Connection with friends	Pew Research Centre found that the majority of teens credit social media with strengthening their friendships and providing support ⁵⁷
Peer support	There is some evidence that social media provides collective platforms for e.g. those who are LGBTQ ⁵⁸
Support with health	Many online resources have been shown to be effective at supporting good health and wellbeing in adolescence ⁵⁹

55 [Done right, internet use among children can increase learning opportunities and build digital skills \(unicef.org\)](#)

56 [Improving high school students' executive functions through digital game play - ScienceDirect](#)

57 [Teen Life on Social Media in 2022: Connection, Creativity and Drama | Pew Research Center](#)

58 [Can Social Media Participation Enhance LGBTQ+ Youth Well-Being? – Shelley L. Craig et al. 2021 \(sagepub.com\)](#)

59 [An early economic evaluation of Kooth - PMC \(nih.gov\)](#)

Health harms of smartphones for teenagers

Cyber bullying, and risks of grooming / sexploitation	Ofcom research suggests that four in 10 children aged 8-17 (39%) have experienced bullying, either on or offline ⁶⁰
Exposure to harmful content	BBFC data shows that a quarter (24%) of 14 year olds say they see harmful content on a daily basis ⁶¹
Internet addiction	UCL research found that teenagers with a formal diagnosis of internet suffered from negative behavioural and developmental changes ⁶²
Effects on sleep	There is strong evidence of a dose-response relationship between internet use and the likelihood of reporting sleep problems ⁶³
Academic distraction	There is weak evidence that smartphone use while studying may negatively impact on academic performance ⁶⁴

60 [Prevalence of online bullying \(anti-bullyingalliance.org.uk\)](https://www.anti-bullyingalliance.org.uk)

61 [Half of children and teens exposed to harmful online content while in lockdown | BBFC](#)

62 [Internet addiction affects the behaviour and development of adolescents | University College London](#)

63 [The association of smartphone screen time with sleep problems among adolescents and young adults | BMC Public Health | \(biomedcentral.com\)](#)

64 [The effects of smartphone addiction on learning: A meta-analysis - ScienceDirect](#)

Health harms of smartphones for teenagers (contd.)

Negative impact on mental health

A KCL study found that teenagers with problematic smartphone use are twice as likely to have anxiety⁶⁵

Given this, it seems right to recommend what a BMJ editorial calls a 'precautionary approach' to smartphone use in teenagers in the city⁶⁶, which would involve:

Taking a 'fully engaged'

approach: This means encouraging and supporting parents and carers to be fully engaged in the developing habits around smartphones, including talking openly about risks, modelling good phone use behaviour themselves, boundaries around amount of use daily, and use of parental controls.

Do it together: This means fostering joint action rather than expecting individuals and families to 'opt out' of a trend which has high levels of 'peer pressure' around it, through supportive policies in schools, support for parent/carer action groups, and using advocacy to call for stronger national regulation of online platforms to protect young people from harm.

65 [*Teens with problematic smartphone use are twice as likely to have anxiety – and many are eager to cut down*](#)

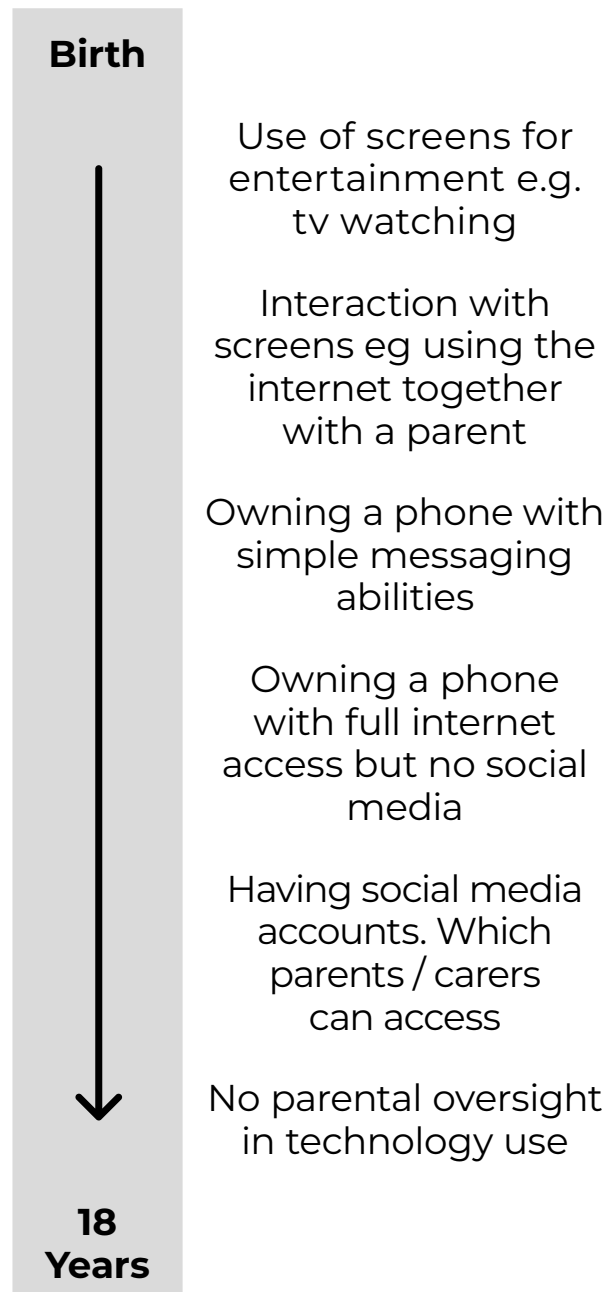
66 <https://www.bmj.com/content/385/bmj-2024-079828>

Follow a Digital 5 a day:

This means using a fantastic resource from the Children’s Commissioner for England which is built on the strong evidence behind ‘5 ways to wellbeing’ – adapted for smartphone use – that connecting, creating, giving, being active and being mindful are effective at improving mental health and wellbeing.⁶⁷

Using the principle of ‘gradual exposure’:

This means that we should encourage our children and adolescents to hold off at each stage for as long as possible; there should be no ‘big bang’ where all boundaries are removed, but a series of stages negotiated within families where new skills can be learnt and problems / harms addressed early:



67 <https://assets.childrenscommissioner.gov.uk/wpuploads/2019/06/childrens-commissioners-office-digital-5-a-day.pdf>

Case study: Fishergate Primary School

In 2022 we introduced a smartphone and smartwatch ban. We are committed to supporting the school community in this challenging area, providing advice and workshops for parents. This is part of our commitment to support the wellbeing of our children, based on growing evidence about the harms of smartphones.

Over the last three to four years, we have had an increasing number of incidents in school that have been caused by children with access to apps that they do not yet have the maturity to navigate successfully. This has led to friendship fallouts and in the most disturbing cases children being befriended by adults that have been unknown to them – leading to police involvement.

delay smartphones.

RECLAIM CHILDHOOD

delaysmartphones.org.uk
@delaysmartphones



At the start of this academic year we asked all of our parents to pledge not to buy their child a smartphone during their time at Fishergate. We asked parents of children in Y5/6, who like the reassurance of a phone as they walk to and from school independently, to consider buying a basic communication device with no internet access.



Wider determinants of health in adolescence

Poverty

The cost of living increased significantly across the UK in late 2021 and 2022. Inflation reached a 41-year high of 11.1% and affected the affordability of everyday essentials such as food and bills. This is pulling more and more residents into poverty, and this will disproportionately affect the health of young people, given 7% of residents in our 20% most deprived areas are children, vs 3% of adults. The Children's Society found that 1 in 10 British children aged 10-17 reported have low wellbeing due to the cost-of-living crisis, with two in five

saying they were "very" or "quite worried" about rising costs.⁶⁸

The health impacts of the rising cost of living were explored in a needs assessment for York in 2023.⁶⁹ It found that 1 in 9 children in York live in poverty, and if this ratio is applied to our adolescent cohort, equates to over 2,500 young people between 10 and 19.

In terms of food poverty, York Foodbank reported a 20% increase in referrals through agencies for foodbank vouchers in 2023, along with a rise in repeat voucher requests. The schools survey reported that

68 [*The Good Childhood Report 2024*](#)

69 [*York Cost of Living Health Needs Assessment*](#)

around a quarter of secondary/sixth-form pupils 'never usually eat breakfast on a normal school day', and 37% report that 'school food is too expensive'. The York Hungry Minds project is aimed at creating a cross city alliance to address disadvantage and the cost-of-living crisis through provision of free school breakfast and lunch.⁷⁰

Fuel poor homes are at much higher risk of health harms to their residents. In York in 2022, using the Low Income Low Energy Efficiency (LILEE) fuel poverty metric, which combines low income data with EPC (home insulation) data, 12,077 people were living in fuel poverty, representing 13.7% of the population against an England

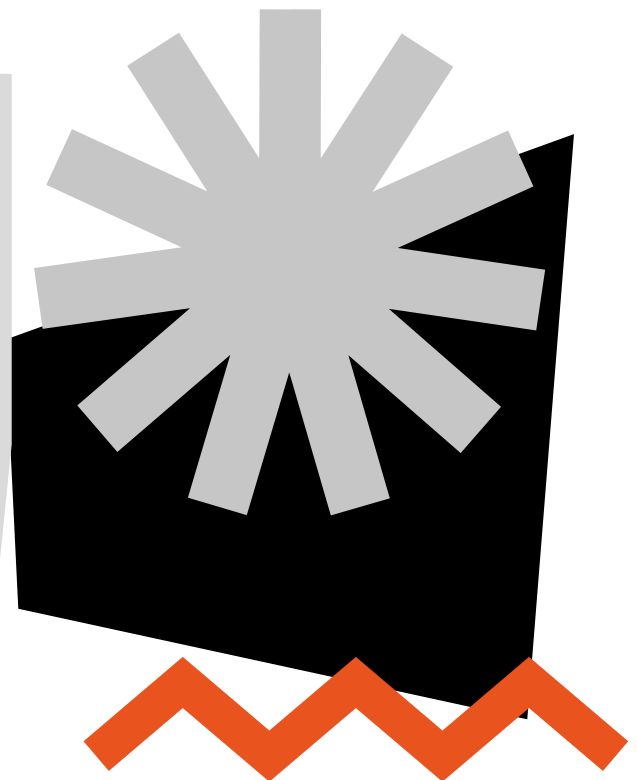
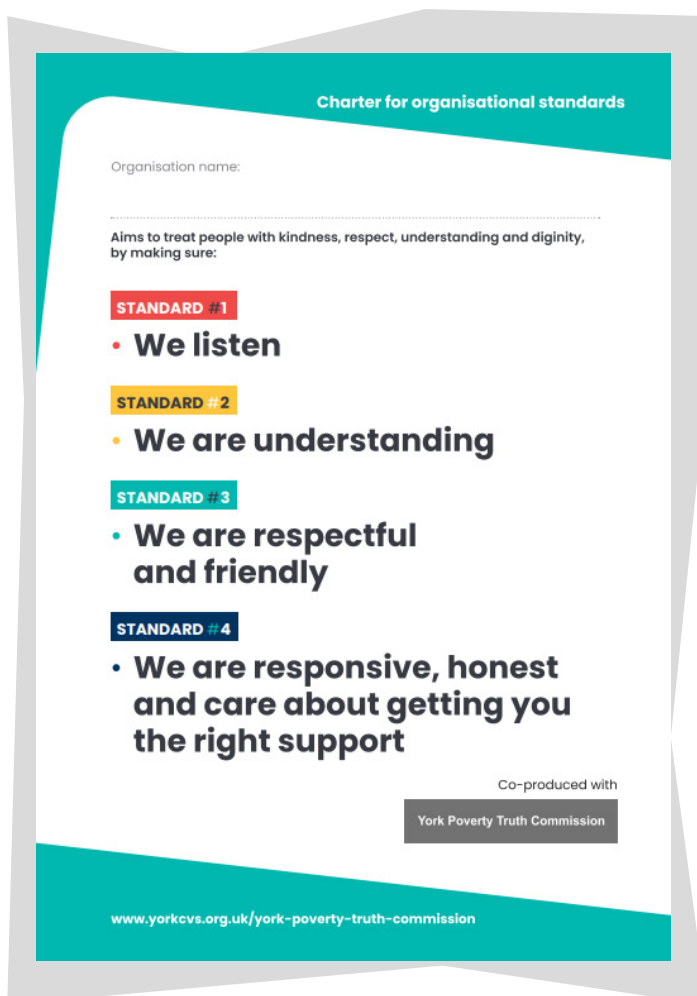
average of 13.1%. Areas in which fuel poverty were highest in the city include the Middle Super Output Areas (MSOAs) in Tang hall (24%), Clifton North (20%), Heworth South and the Groves (19%) Fulford South and Clementhorpe (19%), Holgate East (16%) and Holgate West (15%). Whilst data is not available on the ages of people living in fuel poor homes in York, our data presented above on the numbers of adolescents in York suggest that until student age bands, there are approximately 2,000 people in each secondary school age cohort in York, equating to between 200 and 300 secondary school students living in fuel poverty in each year group in the city.

⁷⁰ [York Hungry Minds Project Update - Free School Meal Pilot Year Review.pdf](#)

In 2022, a Poverty Truth Commission was launched in York, and by 2024 the commissioners - a mix of civic leaders and people with lived experience of poverty – have launched a ‘charter for organisational standards’:

“I can think of 5 or 6 streets in York where some of these social issues are more pronounced – it really compresses the problem, and York has some real need.”

– Youth Network member



Case study: Door 84

Door 84 is a Youth & Community Centre based in The Groves in central York. It delivers a range of sessions for a variety of different groups, creating bridges between young people, families and caregivers. For young people, Door 84 delivers three different open access youth clubs each week, facilitated by Youth Workers and volunteers. The 'Community Sparks' project delivers two sessions a week,

providing social activities for adults with disabilities or additional needs, including arts & crafts and a weekly disco. Door 84 also opens their Community Café on a Wednesday afternoon, where people can access free food and discounted food, and enjoy a hot drink with community members. Professionals from local services often call in at the Community Café, including ward councillors and local area coordinators.



Housing

Housing is an enormously important determinant of health.

As the WHO states:

Improved housing conditions can save lives, prevent disease, increase quality of life, reduce poverty, and help mitigate climate change⁷¹

There are risks to an individual's physical and mental health associated with living in:

- ❁ a cold, damp, or otherwise hazardous home (an unhealthy home)

- ❁ a home that doesn't meet the household's needs due to risks such as being overcrowded or inaccessible to a disabled or older person (an unsuitable home)
- ❁ a home that does not provide a sense of safety and security including precarious living circumstances and/or homelessness (an unstable home)

A report by BRE suggests that in 2011 cold and damp homes cost the NHS an estimated £864m in first year treatment costs.⁷²

They contribute to excess winter deaths and illnesses, particularly from cardiovascular and respiratory disease.

71 [WHO Housing and health guidelines](#)

72 [BRE report finds poor housing is costing NHS £1.4bn a year \(bregroup.com\)](#)

As of January 2025, of the 1440 council-owned social homes with adolescents in within York, 25 do not meet the Decent Homes Standard.

Overcrowding is also known to be bad for physical and mental health, and in York at the 2021 census 4.4% of all homes had 1 or more fewer rooms than people, against 6.3% of all homes in England. Hull Road (10.9%), Guildhall (9.8%) and Fishergate (7.2%) wards all had higher rates of overcrowding than the national average. The WHO Housing and Health Guidelines note the negative correlation between overcrowding and educational attainment.⁷³

Housing pathways for young people aged 16-25 are a crucial safety net for some of our most

vulnerable young people. The York resettlement pathway for 16-25s has evolved over the last years. In the current pathway there are principally two options for young people who become homeless at 16 - 25 as a transition towards a tenancy through resettlement: they are placed either through Safe and Sound Homes (SASH) in supported lodgings or in Howe Hill Hostel. Those who are 16/17-year-old are provided with joint housing and child in need assessment, whilst care experienced young people in the council's care have a managed transition to independence with the help of the Pathway team. All young people at risk of homelessness are supported by the Community Wellbeing and Support Service.⁷⁴

73 [*WHO Housing and health guidelines*](#)

74 [*Report Template \(york.gov.uk\)*](#)

Safety and violence

Promoting safety in adolescent health involves creating environments where teenagers can learn, thrive, and make informed choices. Safe spaces and supportive networks, including family, schools, public parks and green spaces, and healthcare providers, are essential.

“We’re not encouraging girls to be in the public space – they suddenly drop out of view after primary school as they don’t feel welcome, and this tracks through into adulthood in lower activity levels. We need to create a space to them to ‘play’; teenage play is just as valid as toddler play, but its different!”

– *The Make Space for Girls project by the Friends of Rowntree Park*

Violence, abuse, and bullying can be experienced by adolescents. Those from more deprived households, minority groups, living with disabilities, and those who identify as LGBTQI are especially vulnerable to violence and abuse according to a UNESCO report.⁷⁵



75 [*School Violence and Bullying: Global Status Report, 2017*](#)

There is strong evidence that being witness to, or directly experiencing abuse in adolescence can increase the risk of long-term physical and mental health problems, truancy, engagement in risky behaviours⁷⁶

In this year's Schools Survey, a quarter of secondary and sixth-form pupils reported that they had been bullied due to their appearance. 16% reported bullying due to "size or weight." Boys (47%) were more likely to say that they have 'never been bullied' compared to girls (37%). Around a fifth of those bullied online said that it was 'by someone that they knew'. Boys (73%) were more likely to say that they have 'never been bullied online' compared to girls (62%).

In the Schools' Survey, the majority -yet not all- of teenagers believed that 'hitting or kicking' 'demanding undressed or sexual photos of you' 'sharing undressed or sexual photos of you with someone else,' and 'forcing you to do something you don't want to do,' was always wrong in a boyfriend/girlfriend/partner relationship. Indeed, evidence suggests that relationship abuse amongst young people is common. It is therefore essential that young people are equipped with the knowledge and confidence to speak out when things are not right.

In the past year, a total of 85 calls to the Police⁷⁷ were to victims

⁷⁶ [Moylan, C., \(2010\), The Effects of Child Abuse and Exposure to Domestic Violence on Adolescent Internalizing and Externalizing Behavior Problems, J Fam Violence.2010 Jan;25\(1\):53-63](#)

⁷⁷ *Data from North Yorkshire Police (restricted access)*

of domestic abuse who were in the 10-19 age group. Over half of victims were female. The Domestic Abuse Act 2021 recognises that children who are exposed to abuse in the home are also now classed as victims of domestic abuse. In York in 2023, 70 domestic abuse perpetrators were aged between 10-19 years. 70% of perpetrators were male.

Recent analysis from the Office of National Statistics (ONS) suggests that over half (51%) of adults who experienced domestic abuse as a child will experience abuse as an adult. Women who were survivors of child abuse were more likely than men to experience abuse as an adult (57% compared with 41% of men).⁷⁸

“York struggles with a provision of safe spaces for adolescents to go and be outside of the home – it means we don’t have equitable access to services for our vulnerable kids.”

– *York Mind’s drop in staff member*

“Our neurodivergent children need safety and freedom for being bullied – neurodiversity and bullying / isolation are a big issue.”

– *York Parent and Carer Forum parent*

78 [*Crime Survey for England and Wales*](#)

Education, employment and training

Education and health are highly related. This can, for instance, be seen in the way many health outcomes we routinely measure across the life course – when disaggregated by educational attainment – consistently show that the higher the educational status, the better the health outcomes.

In York, we have one of the most highly educated and skilled populations in the country, with 38.8% of residents in the 2021 Census reporting holding a qualifications at level 4 or above, vs 33.8% nationally. However some of this will be the result on a net import of people with those skills through our large higher education sector. Our secondary

school pupils do achieve a slightly higher 'Attainment 8' standard at age 16, with 48.6% of pupils achieving the standard vs 46.2% nationally in the latest year for data (2021/22). However this is significantly reduced, and York performs worse than nationally, for children eligible for Free School Meals (38.1% vs 39.1%) and children in care (17.6% vs 20.3%)

Young people should remain in some form of education or training until the end of the academic year in which they turn 17. Those who are not in education, employment or training (NEET) are at greater risk of a range of negative outcomes, and by the age of 21, people in this group are more likely to be unemployed, low paid, have no training, a criminal record, and

suffer from poor health and depression.⁷⁹ In York in 2022/23, 4.1% of 16 to 17 year olds (152 people) were in NEET, against 4.8% nationally.

The WHO suggest the education sector can help create healthier people and communities by:

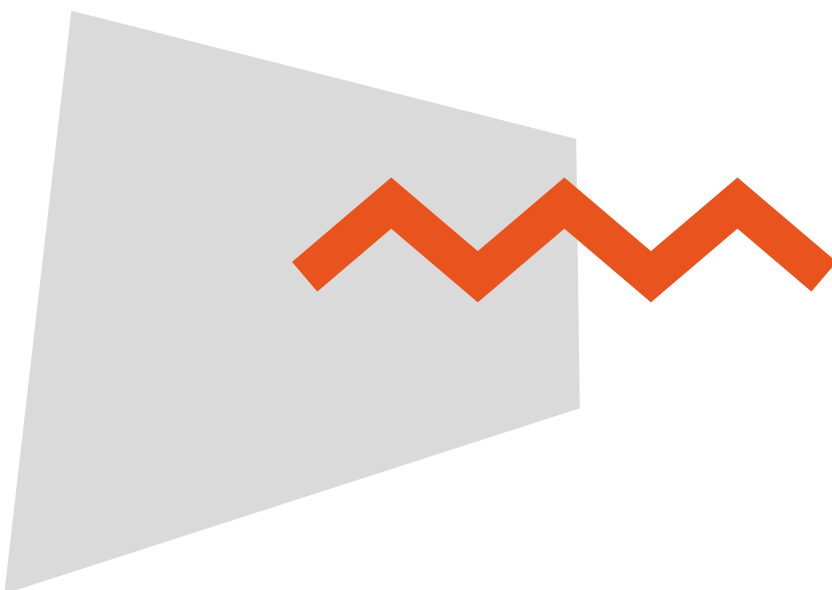
- ensuring availability and access to meaningful lifelong learning opportunities
- creating learning environments that are both safe and supportive and focus on the development of the whole person
- improving health literacy and strengthening essential life skills
- encouraging civic engagement and social inclusion
- supporting individuals in accessing the labour market
- working with the health sector to reduce gender-based inequalities⁸⁰

79 [Review3_NEETs_health_inequalities.pdf \(publishing.service.gov.uk\)](#)

80 [Health 2020: Education and health through the life-course - en \(who.int\)](#)

Recommendations

This report has covered a huge range of issues around the health of young people in York. The recommendations I am making are targeted at a number of areas I have highlighted and are addressed first to partners working with young people, and then to young people themselves as well as their parents and carers.



To partners...

01. Carry out a Children and Young People's Poverty Truth Commission, to increase the voice and influence of our young people in work around the cost of living and poverty, and to work with them to co-produce solutions.

02. Coordinate the response to the deteriorating mental health of our young people by establishing a Children and Young People's mental health partnership in York, reporting to the all-age Mental Health Partnership.

03. Target local health inequalities funding through the ICB and public health towards some of the issues raised in this report.

04. Maintain the York Healthy Schools Programme, leading to more schools gaining awards and being supported in becoming health-promoting settings.

05. Carry out a new Health and Wellbeing Survey in 2025 in collaboration with academic partners, with more students taking part.

06. Endorse the Yorkshire and Humber Directors of Public Health consensus statement on the Commercial Determinants of Health at the York Health and Wellbeing Board, encouraging all organisations who work with young people in the city to resist sponsorship and marketing from unhealthy commodity industries.

To young people and their parents / carers...

07. There are some simple things which can be done to keep mentally healthy through adolescence. Take 30 minutes every September to use the evidence-based '5 ways to wellbeing framework', planning how you will give, learn, be active, connect and take note over the next year. [5 steps to mental wellbeing - NHS](#)

08. If you don't smoke, don't vape. [CYC Health Trainers – City of York Council](#)
But... be aware that the old boring-but-true things are still the most harmful by far for your health: smoking tobacco, drinking alcohol, using substances, and having unprotected sex.

[Quit smoking - Better Health - NHS](#) | [Honest information about drugs | FRANK](#) | [YorSexualHealth - Home](#)



09. Gambling is emerging as a real and substantial new threat to young people's physical and mental health, and whilst support is available for people with serious dependency, setting good boundaries in the first place including an open culture of conversation is key. [How To Help A Young Person Who Gambles - GambleAware](#)

010. Evidence is becoming clearer that social media and smartphone use impacts negatively on health in adolescent, despite bringing some benefits. Delay getting a smartphone until as late as possible, and set clear boundaries for social media use. [Smartphone Free Childhood](#)



Update on recommendations from 2023 report

Last year's Director of Public Health Annual Report (2023) focused on domestic abuse. This important subject is associated with significant and long-lasting impacts of victims' emotional, mental, and physical health. As such, the World Health Organization (WHO) warranted domestic abuse to be a "major public health problem." A series of recommendations were made in the last report and these, along with updates on each can be found overleaf.

01. Develop a new domestic abuse strategy which is informed by the work of the Local Partnership Board across York and North Yorkshire.

Action: A joint [City of York and North Yorkshire Domestic Abuse Strategy](#) was launched in February 2024 focusing on four key priority areas: prevention and early identification, authentic and inclusive support for all, driving change together and accountability. The strategy contains a series of recommendations based on a comprehensive needs assessment, and forms the current Domestic Abuse delivery plan. This work is governed by York's Domestic Abuse Local Partnership Board.

02. Increase awareness of domestic abuse and introduce targeted learning to young people about abusive behaviours

Action: Two Domestic Abuse Engagement Officers were recruited to raise awareness of domestic abuse amongst the local population. This work included co-producing a healthy relationship pack with secondary schools, aimed at helping young people recognise unhealthy behaviours, an issue that was identified through the Healthy Schools Survey.

Grant funding supported the University of York's All About Respect programme, creating open and honest dialogue within student communities about healthy relationships and delivery of Bystander Intervention training.

03. Accountability:
We will focus on challenging and addressing perpetrator behaviour, holding individuals to account, and providing support that facilitates the development of health relationship behaviours. We must recognise the impact of perpetrator behaviours on families as a whole and it is vital that we understand more about perpetrators if we are to understand how to prevent abuse and change their behaviour.

Action: In April 2024 we recommissioned our perpetrator services to enable those engaged in abusive behaviour to recognise, acknowledge, and change their behaviour.

MARAC and MATAAC arrangements have been strengthened with better attendance from key

agencies and specialist training delivered to colleagues in both adult safeguarding and housing teams. Work has continued with the White Ribbon accreditation, including the launch of our Domestic Abuse Champions programme.

04. Work to capture the voice of domestic abuse victims to help inform service provision and local partnership working. This will be developed over the course of 2024.

Action: Our new residents survey aims to capture citizens' views and perceptions of domestic abuse. Case studies from partner agencies are shared at the Domestic Abuse Local Partnership Board and our Survivor Voice Network will be launched in October 2024.



With thanks to the schools, professionals, data suppliers, charities, policy experts, public health team (in particular Heather Baker, Amy Oliver and Debbie Manson), community groups, youth clubs, clinicians, and especially the young people and carers, for all their assistance in the production of this report, and a huge thanks to partners for the work that they do day-in, day-out to keep young people healthy and safe in York.



If we get it right for our teenagers in the city in the future....

"This generation will have the chance to break the cycle and create the future that they deserve."

"we see happy, fulfilled and confident young people who feel able to achieve their full potential."

"...we have a generation of young people who are confident to be themselves, who know how to look after their minds and their bodies, and can show others how to do the same."

"Happy Minds, Happy Heart, Happy Life!"

– From professionals working with young people in York in 2024

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