

# **NHS YOUNG RESEARCHERS 2025-26**



# **ANALOGUE TO DIGITAL: RETHINKING THE DELIVERY OF HEALTH INFORMATION FOR YOUNG PEOPLE**

**Abigail Caplan • Uduakabasi (Udi) Asuquo  
Amina Malik • Muhammed Asif • Ashwin Sridhar**

# INTRODUCTION

## WHO WE ARE

The NHS Young Researchers are a group of young people aged between 16 and 25 from across England who are passionate about advocating for and improving the experiences of young people within the NHS. We are:

Abigail Caplan  
Uduakabasi (Udi) Asuquo  
Amina Malik  
Muhammed Asif  
Ashwin Sridhar

---

## EXECUTIVE SUMMARY

This report is focused on the shift from Analogue to Digital – one aspect of the NHS’s ‘Fit for the Future: 10 Year Health Plan for England’.

### Methods

This report uses data from a survey conducted on 13–25 year olds from across England, with questions around 4 key areas:

- Sources and formats of health information used
- Trust in sources of health information and what would increase this
- Likelihood to follow advice from and actions taken based on sources of health information
- Factors influencing engagement with health influencers

### Findings

- Official NHS sources including the website and app were the most used and trusted, as well as healthcare professionals, and young people were most likely to follow health advice from these.
- Young people trusted health information more when it came from either a government/ NHS source or a qualified individual, and were less skeptical of evidence-based media.
- Most young people had taken action based on health information online. Examples of this included researching symptoms and lived experiences of conditions and seeking further medical advice; specifically, changes in diet and exercise and purchasing supplements.

### Conclusions

Public health communication and education strategies should be adapted to align with young people’s use of the digital world. Strengthening inclusive research practices, expanding the NHS’s credible presence on social media, and improving digital literacy education are essential steps to ensure young people can access, trust, and critically evaluate accurate health information online.

# METHODS

An online survey form was circulated to young people aged 13-25 across England. It consisted of seven questions and one follow up question.

## **SOURCES OF HEALTH INFORMATION**

Participants were asked to indicate where they obtain health information by selecting all applicable options from a list.

## **TRUST IN SOURCES OF HEALTH INFORMATION**

Participants rated how much they trust each source of health information from the same list as the previous question, on a scale from 1 – 5.

## **LIKELIHOOD OF FOLLOWING HEALTH ADVICE FROM SOURCES**

Participants rated how likely they would be to take action based on health advice from each source in previous questions, on a scale from 1 – 5.

## **ACTIONS TAKEN BASED ON ONLINE HEALTH INFORMATION**

Participants were asked whether they had taken any action based on health information viewed online, with response options: Yes, No, or Unsure.

Participants who indicated that they had taken action were invited to provide a brief free-text description of what this action was.

## **FORMATS OF HEALTH INFORMATION**

Participants were asked which formats they usually use to inform their healthcare decisions, selecting all that applied from a list.

## **FACTORS INFLUENCING TRUST IN HEALTH INFORMATION**

Participants selected from a list which factors would make them more likely to trust a source of health information.

## **ENGAGEMENT WITH HEALTH INFLUENCERS**

Participants were asked an open-ended question about the qualities or characteristics that would make them more likely to engage with a health influencer.

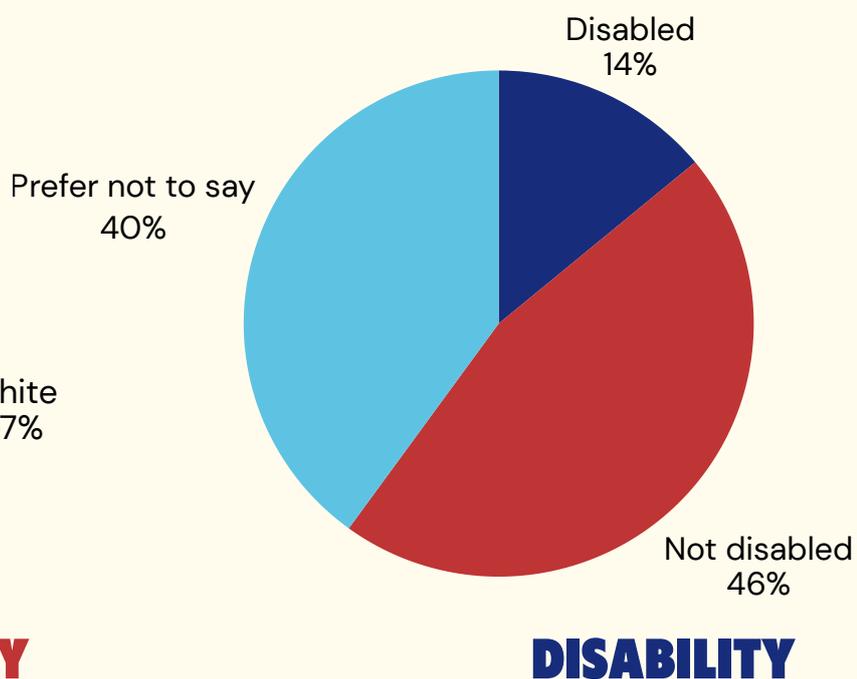
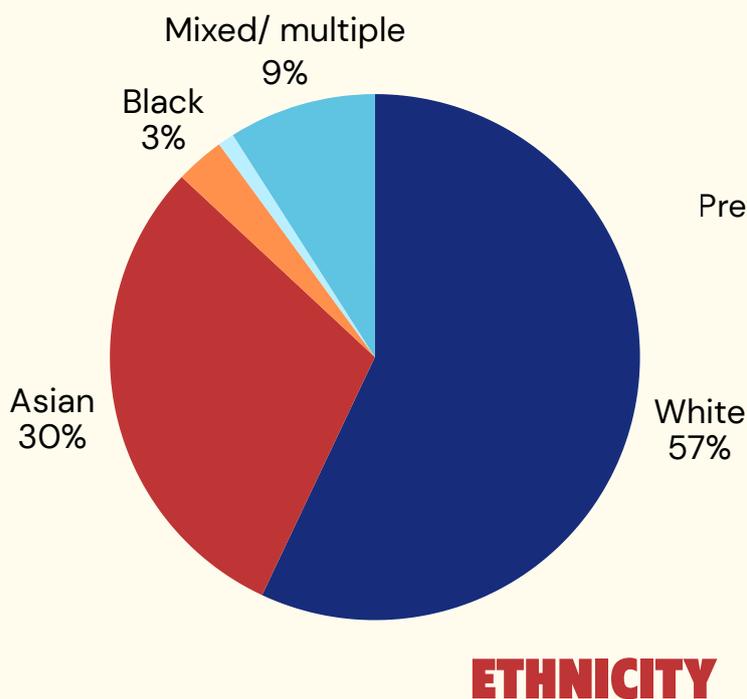
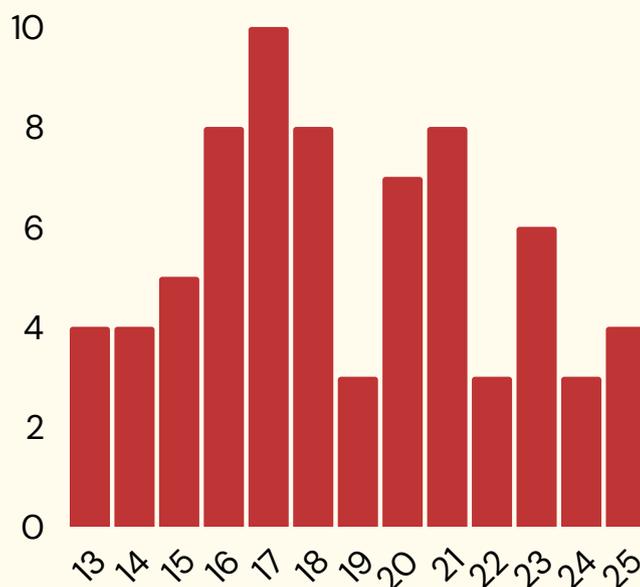
# DEMOGRAPHICS

The survey received 73 responses from young people with a wide range of backgrounds.

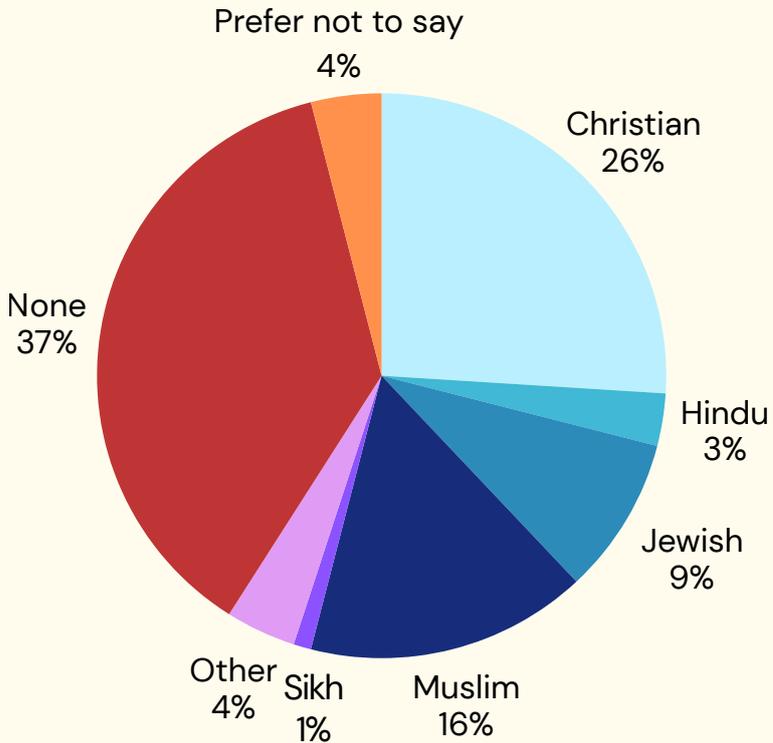
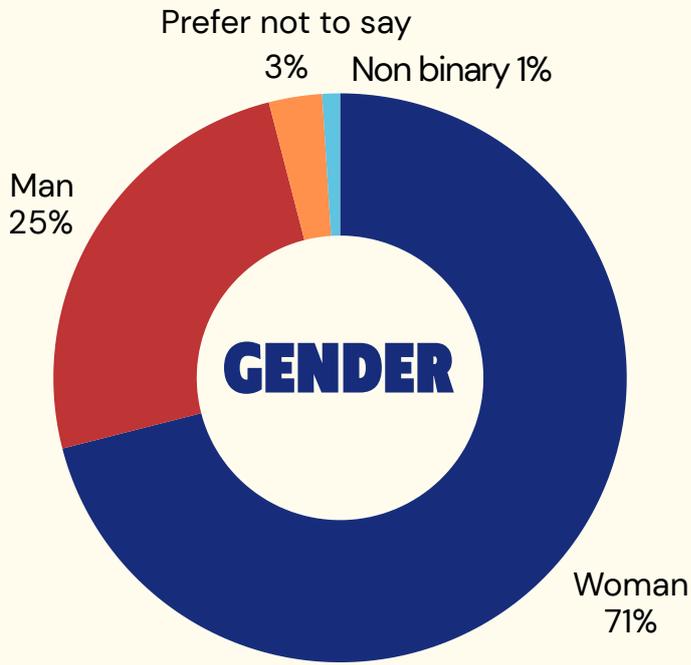
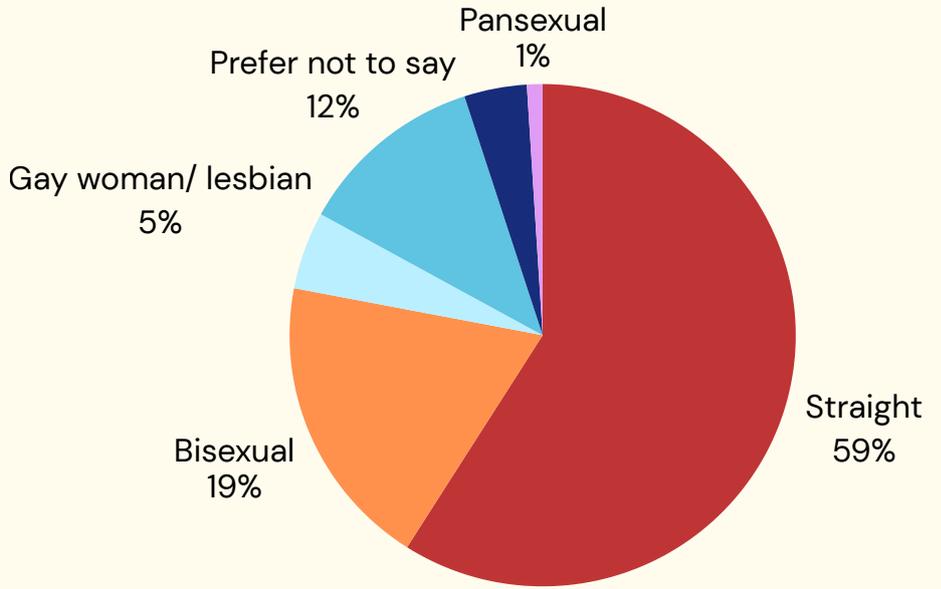
## REGION



## AGE



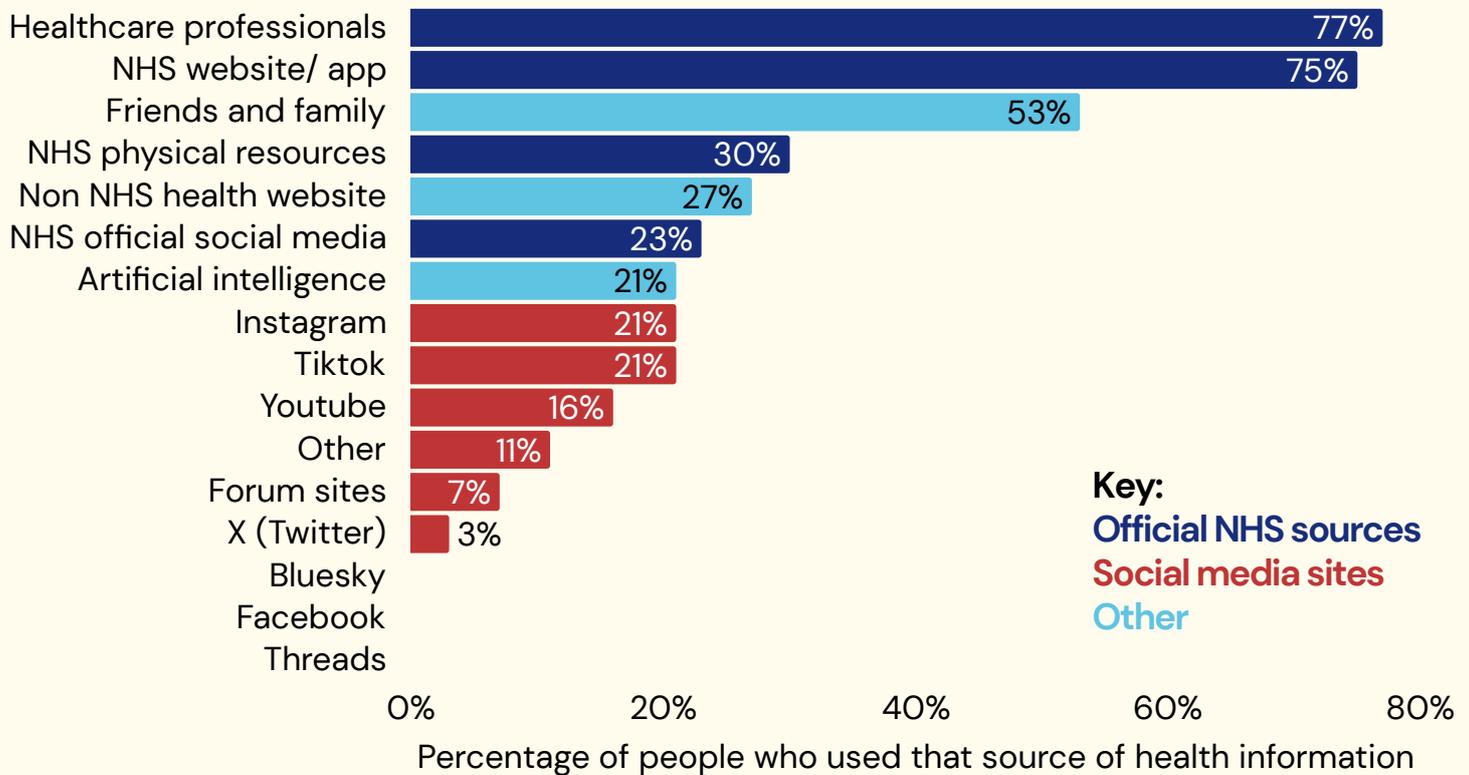
# SEXUAL ORIENTATION



# RELIGION

# KEY FINDINGS

## SOURCES OF HEALTH INFORMATION



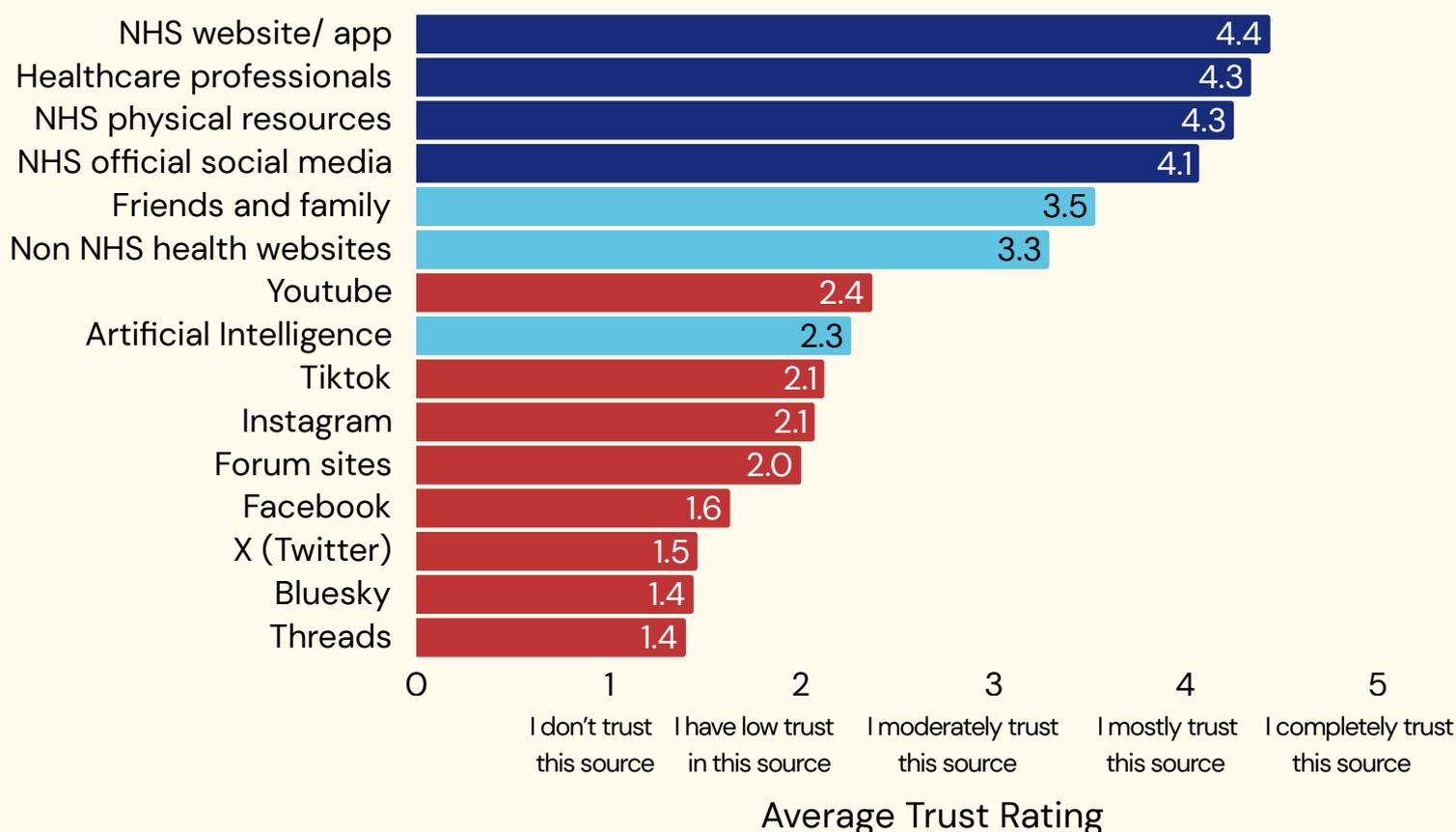
The most used sources of health information were healthcare professionals and the NHS website/ app. Bluesky, Facebook and Threads were not used by any of the young people surveyed for health information.

### Demographic analysis:

- Women used friends and family 11% more than men did, but used Tiktok 11% less than men.
- People who identified as disabled used non NHS websites 18% more than people who identified as not disabled. However, AI and Tiktok were used 15% less.
- People who were 18 and over used Instagram 15% more than under 18s, and also used healthcare professionals more by 18%.
- There was very little regional variation within the responses to this question.

**Official NHS resources were used more than any other sources.**

# TRUST IN SOURCES OF HEALTH INFORMATION



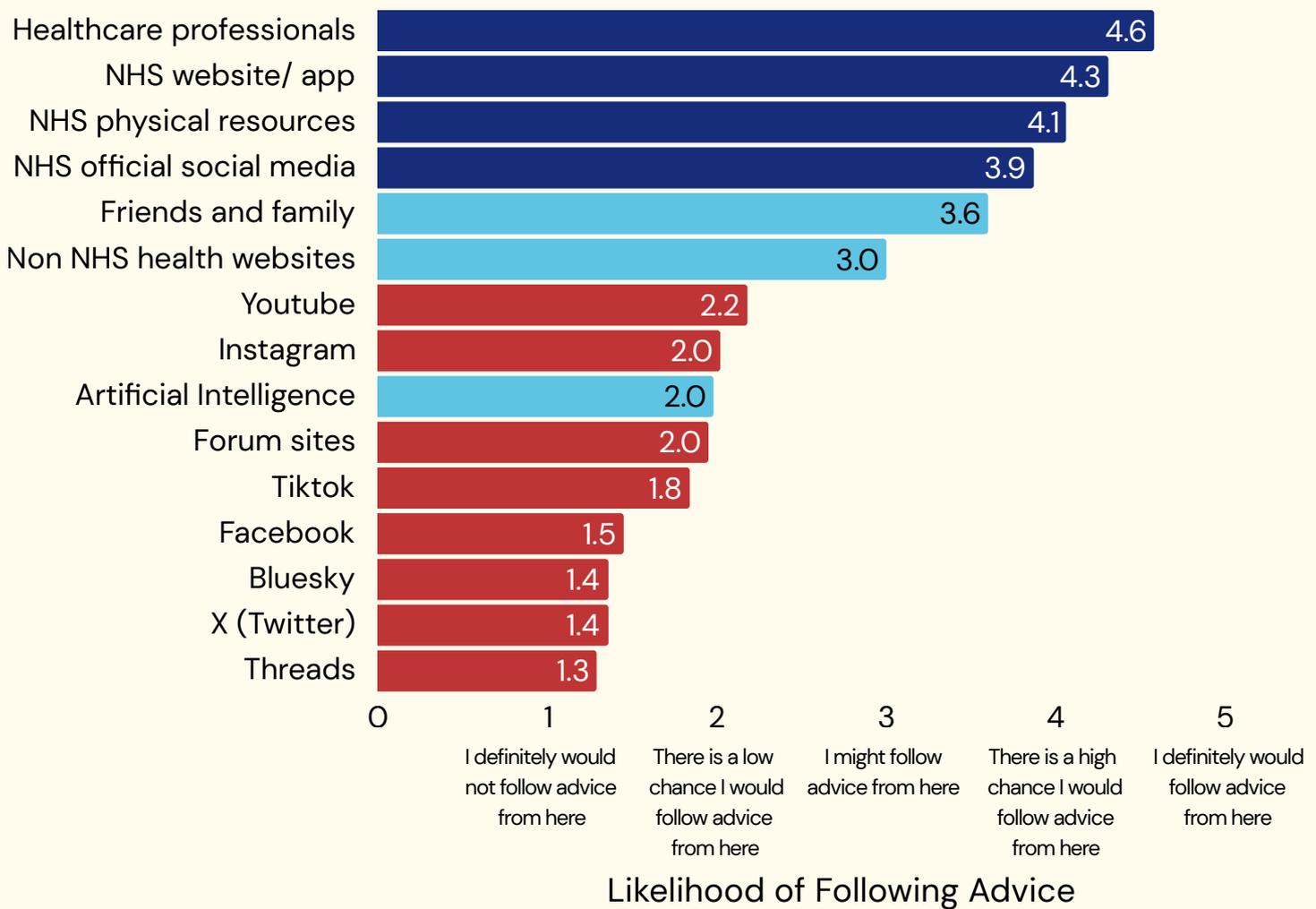
The most trusted source of health information is the NHS app and website. There is a large trust gap between official NHS sources and social media sites: the most trusted social media platform (Youtube) is trusted on average 47% less than the NHS website or NHS app. NHS social media was trusted less than the NHS website or app.

The most used sources of health information tended to be the most trusted, and *vice versa*. However, NHS social media, NHS physical resources and Youtube moved higher in the rankings, whilst AI moved down. In addition:

- Those who identified as men were on average more trusting than women.
- Those who identified as disabled were more skeptical of all the sources we analysed than those who identified as not disabled; people who identified as LGBTQ+ were also consistently less trusting.
- Trust ratings remained fairly consistent between different regions, as well as between different ethnic groups and between different age groups.

**Official NHS resources were trusted more than any other sources.**

# LIKELIHOOD OF FOLLOWING HEALTH ADVICE FROM SOURCES



Young people were most likely to follow health advice from official NHS sources, but were fairly unlikely to follow advice from various social media sites.

There were not any consistent differences between any demographic groups for this question.

The sources that had a higher trust rating also had young people ranking a higher likelihood of following health advice from those same sources.

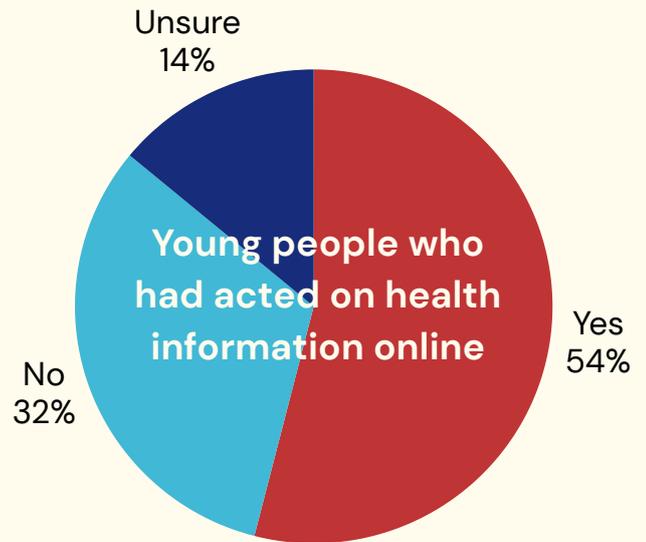
**Young people were most likely to follow health advice from official NHS sources.**

# ACTIONS TAKEN BASED ON ONLINE HEALTH INFORMATION

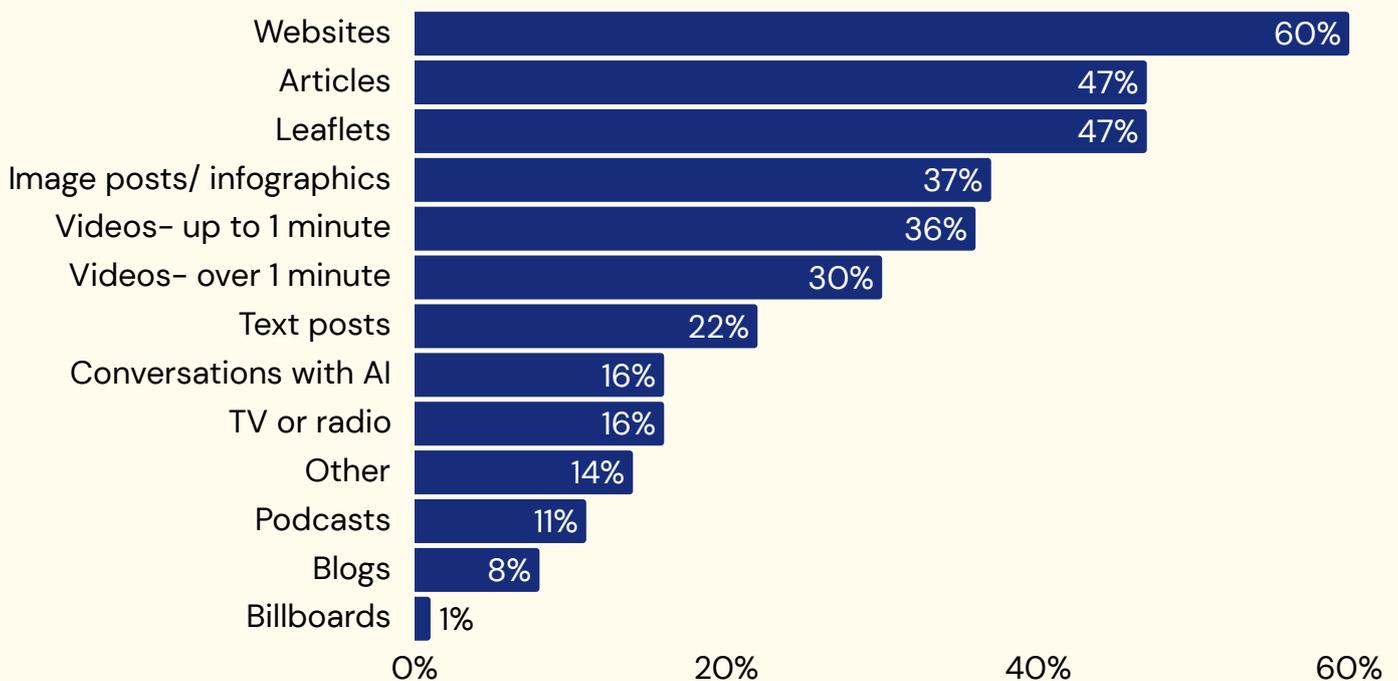
Over half of young people reported that they had taken action based on health information they saw online.

Some young people described using social media sites to research other people's lived experiences of health conditions, or inputting symptoms into artificial intelligence, sometimes using those to lead to a diagnosis for themselves or seeking further medical advice such as from GPs or NHS 111. This included both long-term conditions such as PCOS, asthma and ADHD, as well as short-term onset conditions such as tonsillitis, strokes and cysts.

Young people described information online helped them to make improvements in their physical health through changing or increasing their exercise routines, and also helping them in changing their diets to lose weight.



# FORMATS OF HEALTH INFORMATION



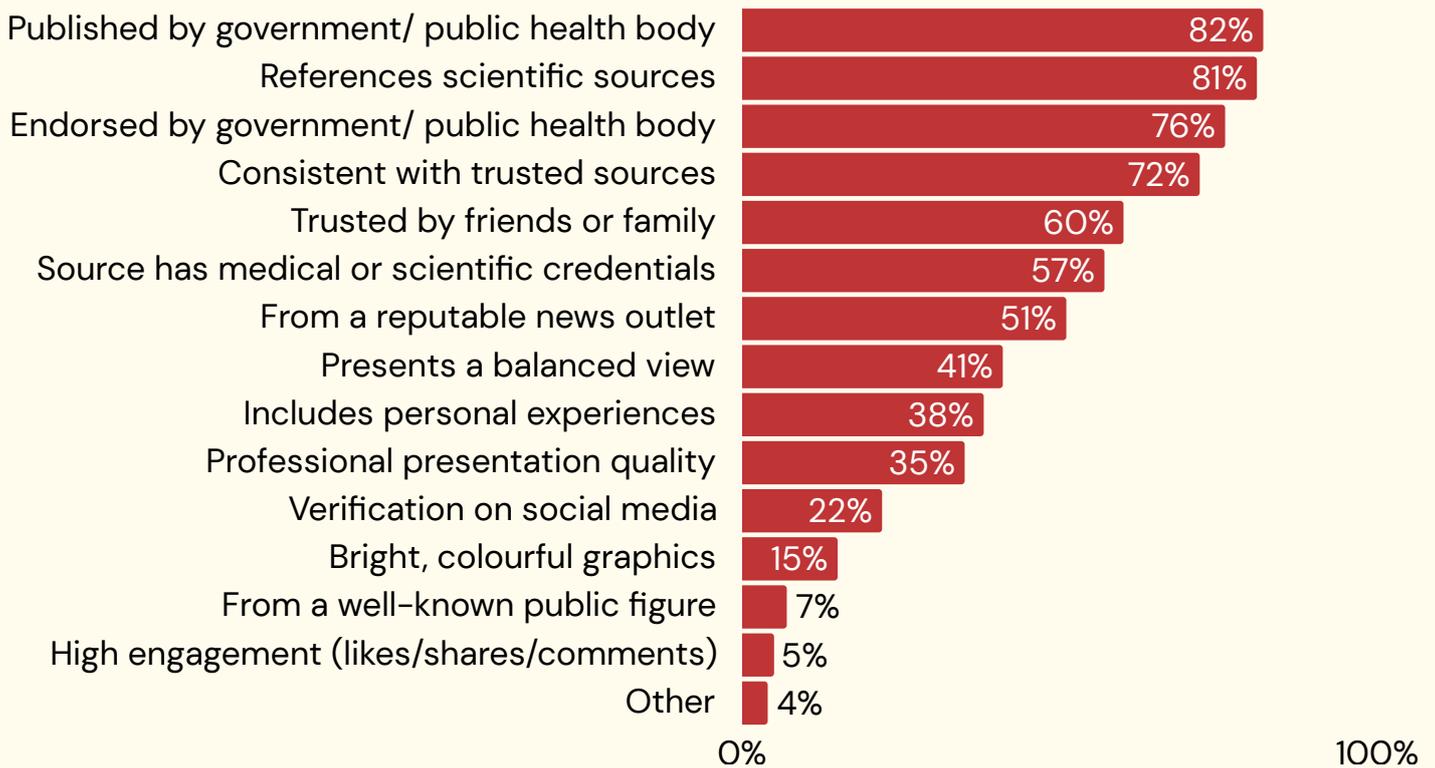
The most frequently used format of health information was websites. Billboards were very infrequently used. Examples of other formats given included research papers and private healthcare apps.

## Demographic analysis:

- Women used articles 17% more than men did, websites 19% more and videos over 1 minute 12% more. Women used TV or radio 7% less than men, and image posts 15% less.
- Those who identify as disabled used conversations with AI 20% more than not disabled people, but used leaflets 39% less.
- 18 and overs used image posts 36% more, leaflets 38% more and websites 53% more. 28% of under 18s used videos under 1 minute, which decreased to 19% for videos over 1 minute, in contrast for 18s and older 45% used videos under 1 minute and 42% used videos over 1 minute.
- Those in the South West used blogs at least 20% more than all other regions. Those in the South East and the Midlands used image posts at least 27% more than other regions. Those in London used both videos over and under 1 minute between 17 and 39% less respectively than other regions. Those in the South West and London used TV or radio at least 21% more than other regions.

**The most frequently used format of health information was websites.**

# FACTORS INFLUENCING TRUST IN HEALTH INFORMATION



Participants tended to trust evidence-based health information more than content that was popular on social media. Information that came from, or was endorsed by, government or public health organisations was seen as more reliable. Many participants felt that having clear scientific evidence and references mattered more than whether the person sharing the information had medical qualifications.

Social media popularity, such as likes, shares, or verification badges, had little impact on trust. While friends and family were still used as sources of health information, they were generally seen as less trustworthy than information supported by strong evidence or official organisations.

**Young people placed greater trust in scientific evidence and official institutions than in social media.**

# DESIRED CHARACTERISTICS OF A HEALTH INFLUENCER

Responses were analysed using an iterative thematic analysis which identified several recurring themes and sub-themes. These themes reflect how young people assess credibility, trustworthiness, and relatability in health-related content online.

## DELIVERY, RELATABILITY AND PRESENTATION

**How** information is communicated was found to be **the most influential factor**.

- Engaging delivery: Use of anecdotes, confidence, and clear communication are vital.
- Relatability & lived experience: Shared identity or personal experience increase trust
- Accessibility: Simple explanations, avoiding patronising or overly clinical language and using a supportive rather than a lecturing tone were important to participants.
- Personality: Kind, approachable, professional, relatable, confident, and humorous.
- Setting: Professional and context-appropriate environments (e.g. hospitals for adults, upbeat settings for children)

## EXPERTISE AND EXPERIENCE

Expertise and experience were the second most mentioned factors.

- Qualifications: Strong preference for medically qualified influencers (e.g. doctors, dietitians, physiotherapists); a lack of qualifications reduced trust.
- Experience: Real-world clinical or healthcare experience is highly valued, particularly in the NHS or recognised healthcare organisations.

## EVIDENCE-BASED INFORMATION

Young people want evidence-based content from healthcare influencers.

- Young people want creators to back up their claims with research, statistics or journal articles.
- Clear citations should be included in the videos, descriptions or comments
- Information should be consistent with health information from trusted sources like the NHS.
- Creators should encourage viewers to verify information independently.

## TRANSPARENCY AND ETHICAL CONDUCT

Transparency is crucial to develop credibility in the healthcare space.

- Avoiding product promotion and corporate sponsorships: Strong resistance to any form of product promotion such as supplements as young people state this undermines the credibility of the influencer.
- Balanced perspectives: creators should provide the pros and cons of any arguments made.
- Avoiding 'click-bait' content: Young people feel strongly against making intentional fear-based or absolute claims with no evidentiary basis.
- Addressing misinformation: Some participants valued influencers who challenge myths or explain misleading content.

## SCEPTICISM TOWARDS INFLUENCERS

Importantly, a minority of young people stated that they would not engage with healthcare content on social media.

- A small number expressed complete distrust or disengagement from health-related social media profiles
- This highlights the limits of influencer-based approaches and the need for multiple communication strategies.

## WHAT YOUNG PEOPLE LOOK FOR IN A HEALTH INFLUENCER

The word cloud below displays the most frequently occurring terms across participant's responses.



**Young people look for health influencers who are qualified, use evidence, have lived experience and present information well.**

# DISCUSSION

## SOURCES USED BY YOUNG PEOPLE

When it comes to looking for health information, young people **use NHS official resources more than any other source** we analysed, especially **healthcare professionals** and the **NHS website/app**. **75%** of young people use the **NHS website and app** for their health information, showing young people are aware of the NHS's digital resources and prioritise them when looking for health information. In some cases, young people described using NHS online resources to decide whether to contact 111 or their GP about their symptoms, resulting in a diagnosis by a professional. As the primary provider of healthcare in the UK, it makes sense that the NHS would be the place young people turn to when looking for answers to specific questions about their health.

Whilst not as popular, physical resources such as **NHS leaflets** were used by **30%** of people surveyed, but were used less by disabled participants – reading-heavy formats such as leaflets could be inaccessible to some disabled young people.

**Unpopular** platforms for accessing health information included Bluesky, Facebook, Threads, X, and forum sites (e.g. Reddit ). Comparison with results for similar studies could reveal whether different age groups may prefer using different social media platforms, or whether people do not trust the health information on certain platforms, as well as whether young people actually use the platforms they trust on a regular basis so that they stay updated with the latest health information.

## FORMATS USED BY YOUNG PEOPLE

The NHS also has to deliver information to young people as part of its public health campaigns, however the formats it uses currently limit its visibility to young people: very few young people got health information from billboards, blogs, TV or radio, the most traditional and longstanding methods of advertising for the NHS. Meanwhile, **over 30%** of young people used **short videos and image posts**, and **most** young people used **websites**, highlighting where the NHS needs to increase its presence. On the other end of the spectrum, very **few** young people used **AI** to get health information; the NHS aims to integrate it into existing digital platforms for health advice like the NHS app, but young people may not respond positively to this given the current sentiment with AI.

## SOCIAL MEDIA, HEALTH INFORMATION AND THE NHS

The factors that **increased trust most** for young people when viewing social media content was **who the source was and where the information came from**. Young people surveyed commonly mentioned trusting influencers with **medical degrees**, and those with **scientific evidence and references**.

Young people can find lots of useful health information on social media, for example in **skin care** recommendations, or in diagnosing, **supporting, understanding and managing** long term and often under-researched conditions such as **ADHD and PCOS**. Where symptoms are not always obvious or are faced with long waits for assessment and diagnosis. Turning to social media and other online spaces may help young people make sense of their experiences, feel less alone and find the language to explain their concerns to others, especially if waiting for access to care.

However, social media can generate **harmful and dangerous health misinformation**, with real consequences for young people and the NHS. Recent examples include false claims around the safety of taking paracetamol during pregnancy, misinformation around vaccines contributing to the reduction in uptake of them and dangerous trends such as the 'blackout trend' leading to multiple injuries and even deaths. Given the speed at which content spreads and goes 'viral', it is important that marketers within the NHS **monitor trending misinformation** and use the NHS's platform to help counter it. By '**debunking**' and providing accurate and relevant counterpoints, the NHS can help protect young people and support informed health decisions.

Engagement with NHS social media (likes, comments and reposts) is typically quite low. However, some of its recent Instagram posts have gained much more traction, including a post raising awareness about cervical screening linked to Harry Styles and his new album; another using a graphic similar to Spotify Wrapped; and a post about the functions of the NHS app presented using Taylor Swift's engagement photo. These posts were **culturally relevant/trending** at the time, and an example of '**reactive marketing**' and as a result had significantly **more reach** than usual, making them great examples of what the NHS should be posting on all of its socials if it wants to increase its reach.

**NHS social media was trusted less than the website:** young people may simply not be familiar with its social media as with the website. The two platforms seem to be rather detached as well: there is no mention of NHS social media on the NHS website's homepage, and NHS social media posts rarely link directly to sources outside of 111. Evidence emerged as a key indicator of reliable health information for young people, so providing links between the NHS website, app and social media, as well as linking to reliable articles or publications where relevant, would add significant credibility to social media posts.

An anomaly in these patterns was young people's opinion on advice from family and friends: it was, on average, rated as more important than the source having medical qualifications or presenting a balanced argument: perhaps they are more familiar and trustworthy to young people than NHS media.

# CONCLUSION/ RECOMMENDATIONS

## For researchers:

- Future research should involve larger, more diverse samples, including older age groups, greater male participation, and broader regional representation.
- Further studies should examine whether everyday social media use influences how and where young people seek and trust health information from.
- Research findings should be made more accessible and actively promoted, particularly studies addressing issues relevant to young people.

## For NHS advertising teams:

NHS public health campaigns should prioritise a strong and consistent social media presence, to reach young people's who rely on these platforms for information.

## For NHS social media:

- Health content aimed at young people should focus on platforms they already use, such as Instagram and TikTok, and engage with relevant trends while maintaining accuracy.
- NHS social media content should be authentic, evidence-based, and delivered by qualified or experienced individuals to build trust.
- Social media should be used to disseminate urgent public health information, as young people are less likely to access NHS websites.

## For schools and curriculum developers:

- Schools should regularly update online safety education to reflect current digital trends.
- Young people should be taught critical thinking skills to evaluate information sources, recognise misinformation, AI-generated content, and political bias.
- Education should also highlight reliable sources of information and how to access them

*For more information about the NHS Youth Forum and Young Researchers,  
visit <https://www.barnardos.org.uk/nhs-youthforum> or email us at  
[NHSYouthForum@Barnardos.org.uk](mailto:NHSYouthForum@Barnardos.org.uk)  
This project was supported by the Barnardo's Voice and Influence Team.*

