

# Growing up in a digital world: responses from children and young people with health conditions

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**Author: RCPCH &Us, the children, young people and family network of the Royal College of Paediatrics and Child Health © 2026**

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## Why this matters

Children and young people (rights holders), need all who work within policy making and hold the power to make decisions and legislate (duty bearers) to protect and promote their rights under the United Nations Convention on the Rights of the Child.

Children and young people have a right to the best health and health care possible (UNCRC Article 24, 1989/General Comment 15 2013) and the right to have their voices heard in decisions that affect them (UNCRC Article 12, 1989/General Comment 12 2009) both individually and collectively, which should be considered in decision-making, policymaking and preparation of laws.

In addition to these rights, UN General Comment No. 25 states that children's rights apply fully in the digital environment, including rights to participation, information, protection and development. It emphasises that governments must both enable safe, equitable access to digital technologies and protect children from harm, while ensuring their voices shape policies that affect their digital lives (UNCRC General Comment 25, 2021).

Children and young people are passionate about having their voices heard in the discussions about their lives, health, digital and decisions that impact themselves and their peers. Nearly 25% of children and young people living in the UK have a physical health condition, a disability, long a term health condition or mental health condition (AYPH 2021, HSBC 2018, NISRA 2020, NHSE 2021, RCPCH 2020). RCPCH &Us has canvassed the voices of almost 300 children and young people with health conditions to present their views as part of this submission. This is to support them to have parity with those responding who do not have health conditions or experiences, so that they are able to help shape decisions that affect children and young people growing up in a digital world. We hope and expect these views to count.

We thank you for including children and young people in this consultation by design, including meeting their digital right to "express their views and offer training and support for children to participate on an equal basis with adults, anonymously where needed, so that they can be effective advocates for their rights, individually and as a group". The General Comment states that children should be involved in the development of relevant legislation (UNCRC General Comment 25), which through this submission includes their accounts of both the benefits and risks associated with digital spaces.

In our submission, we would like to take the opportunity to set out practical ways in which policy-makers can ensure that children and young people can be actively supported to have their rights met, especially in relation to their digital rights (UNCRC General Comment 25). Within the UNCRC, digital technologies are recognised as facilitating access to health services, information and support, including mental health and sexual and reproductive health (UNCRC General Comment 25, p16), for some children, particularly in crises or remote areas, digital access may be the only route to healthcare (UNCRC General Comment 25, p16). The General Comment is clear on the requirement that access must be supported by governance, be safe, secure and age

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appropriate, also setting out that there shouldn't be inappropriate access barriers, such as mandatory parental consent in some contexts, or overly broad restrictions in connectivity which risk undermining other UNCRC rights or access to information (UNCRC General Comment 25, p9, 10, 13, 16).

Whilst the duty is clear to protect children and young people from harms associated with digital access, it also highlights that safety measures should not unnecessarily limit access to information and that blanket restrictions are discouraged in favour of proportionate safeguards (UNCRC General Comment 25, p10). Across the submission, you will see views and insights from children and young people with lived health experiences in favour of both access and appropriate safeguards. Their views highlight the distinct needs of children and young people with health conditions to have connection to peers with similar conditions online, to manage their health using the digital world and how better to support their digital and media literacy.

As with all our work which is carried out in a rights based approach (UNICEF 1998), we encourage you to do more than consult with children and young people, but to explore the next stage, where they are involved in supporting the development, design, implementation and review of steps to grow up in a digital world safe, happy, and well. RCPCH &Us would be keen to explore this further with you and share our expertise in rights-based work with children and young people with health conditions through a Child Rights Impact Assessment process.

## Our engagement

As you will be aware, within UNCRC General Comment 25, there is an explicit expectation that children's lived experiences shape regulation and safeguards, this is why we felt it was important to lead and deliver a health focused engagement programme. Throughout April and May 2026, we connected with children and young people with lived experiences of being supported by the NHS for a range of physical health, long term chronic health and / or mental health conditions.

Almost 300 young people were engaged in total, through individual and group conversations held by youth workers/youth voice advisors from RCPCH/KZP or through briefings and materials provided to host organisations, as well as via an online survey. Materials created took their steer from the UK Government consultation materials (young people's survey) as well as including areas of interest for RCPCH or relating to children and young people's health.

Groups were contacted through networks including the RCPCH Engagement Academy, RCPCH officers, RCPCH &Us network, sector groups such as Generation R YPAGs, Health Based Youth Workers Network, Youth Participation National Forum, and through chain referral sampling. Two worker briefings were provided on teams, attended by 12 different organisations, as well as materials being shared by email including:

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- Slide deck
  - MS Forms link for individual survey
  - 3 versions of posters to use in clinics with the QR code to the individual survey
  - Small group work session plan
  - Engagement questions for individual conversations
  - Links to accessible images and the UK Government Consultation page

Responses were received from:

- 75 young people individually completing the online questionnaire
- 48 young people engaged in individual conversations
- 77 young people participated in 28 small group conversations
- 95 young people were engaged at the RCPCH &Us Youth Health Conference in May 2026 through a further 12 small group conversations

Individual and small group conversations were held with:

- 13 health-based youth forums/organisations
- 6 hospital youth forums
- 4 hospital outpatient/in patient areas
- 3 health-based research groups
- 2 universal groups

Across online and individual/small group conversations:

- Children and young people of all ages were engaged with 10% being under 11 years old, 50% between 12 – 15 years old, 30% aged 16 – 19 and the remainder being 20-25
- There were slightly more girls (58%) than boys (37%) who responded, with non-binary responses from 3% and 1% preferring to self-describe. 4% of total respondents identify as trans/transgender.
- The majority of responses were from England

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- Children and young people were spoken identified themselves from the follow board ethnic or racial groups:
    - 65% of them were White
    - 13% were Black
    - 12% were Asian
    - 10% self-identified as Mixed (8%) or other heritage (2%)
  - Almost all children and young people had lived experiences of health conditions: including long-term conditions, chronic health conditions, mental health conditions and a significant proportion having multiple health conditions or experiences.

*Note on demographics: please note the demographics are based on available data. Some responses were shared without indication of the number of participants or their demographics.*

**Thank you to all the children, young people, organisations, workers and everyone who supported this submission.**

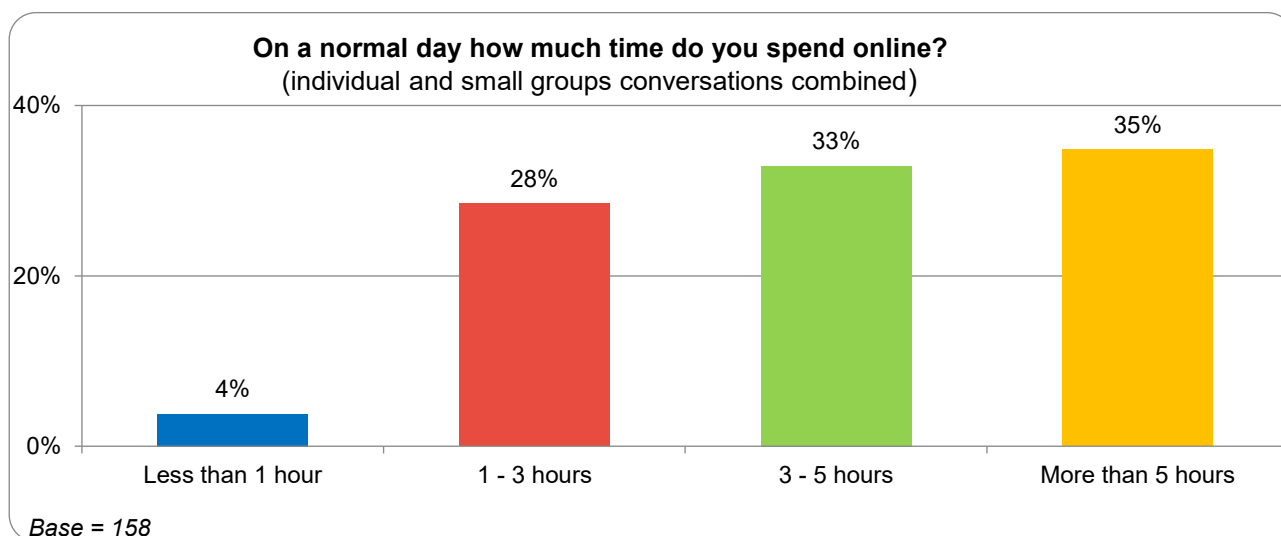
## Responses

The responses below highlight answers to questions that were posed through a range of different means, including an online survey, individual or group discussions that were delivered in person, or in online sessions. Not all questions were answered by all individuals or small groups, as sessions were adapted to meet the age and stage needs of the participants and to allow for them to focus on areas they were most interested in.

A data pack of the raw, anonymised data can be provided for further analysis by contacting [and\\_us@rcpch.ac.uk](mailto:and_us@rcpch.ac.uk).

## How much time do children and young people with lived health experiences spend online and how do they use social media?

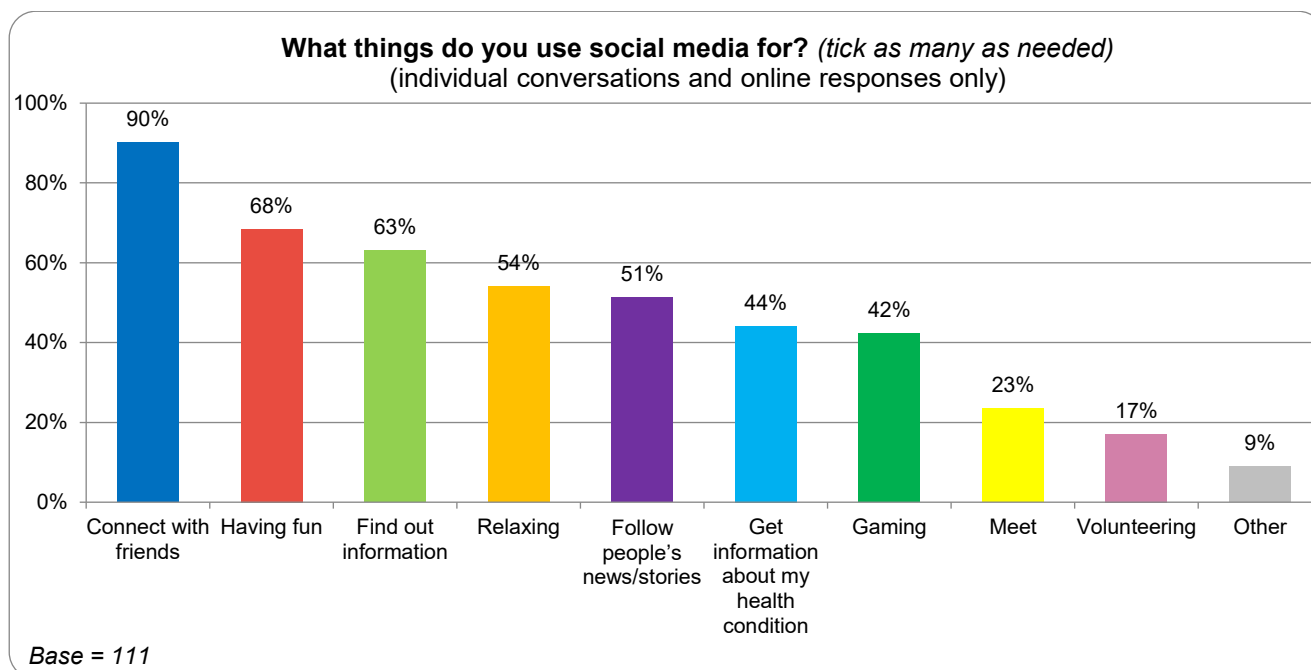
Children and young people with lived health experiences were asked how much time they spent online.



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Children and young people shared their views on what they use social media for.



Children and young people in small focus groups specifically shared how they use social media or apps to support them with their health conditions. 40 small group conversations spoke about this topic, with the following themes emerging:

- **NHS app and official services:** Children and young people said the NHS app is central to ordering prescriptions, booking appointments, accessing records and contacting clinicians, alongside NHS 111 for emergencies.
- **Condition-specific apps and wearables:** Children and young people listed Dexcom, Libre Linkup, Minimed, InPen and Simplera for diabetes; Flo for periods; Apple Watch and Fitbit for vitals; epilepsy seizure-alert watches; Visible for pacing; and AAC apps for communication (see Table in 'Health apps that young people use' section for listed apps mentioned in individual conversations).
- **Community with others who share their condition:** Children and young people said TikTok, Instagram, Facebook, Reddit and Discord help them connect with people who have the same condition, swap coping tips, feel less alone, and follow charities, lived-experience accounts and influencers.

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- **Mental health and self-care:** Children and young people said Kooth, Finch, Headspace, Calm, Young Minds, Mind and Stay Alive support coping, mood tracking and crisis help, and that online friends have helped some through suicidal thoughts and hospital stays.
  - **Research and self-advocacy:** Children and young people said they use TikTok, Google, AI tools and charity pages to research symptoms and prepare for appointments, and that this has helped some push for a correct diagnosis.
  - **Day-to-day health tracking:** Children and young people described step, calorie, water, sleep, mood and journaling apps, plus fitness content on TikTok and YouTube, as everyday wellbeing tools.
  - **Communication and connection:** Children and young people said WhatsApp, Snapchat, Instagram and Zoom are essential for keeping in touch with friends, family, youth workers and support groups, including for young carers and deaf children and young people using video calls.
  - **Concerns and limits:** Children and young people raised worries about school phone bans cutting off medical tools, the inadequacy of medical bracelets, risks of misdiagnosis online, and the mental health impact of curated feeds. Some children and young people said they don't use social media for their condition and prefer their doctors' advice.

*“I follow a page with a lot of women that have the same condition as me and we talk about things that we do / use to help us.”*

*“I find a community who experience the same problems and spread awareness about it. Help me find my own way to deal with the challenges.”*

*“I would be dead if social media was banned because a year ago I was really struggling with suicidal thoughts and my online friends helped me a lot.”*

*“So personally, I really started off using social media to support my health condition when I started getting most of my symptoms... without the resources I used, for example, NHS app, I used like Instagram to see if anyone has had similar experiences to myself... I've been misdiagnosed so many times now.”*

*“I personally, I stay off of all that. I take the advice of my doctors and the people that know me personally rather than people online... But what I do use is like medical apps. I have an Apple Watch to measure the rhythm of my heart and like the heart rate.”*

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*“NHS 111 is the most important. I have an Apple Watch to keep track of my vitals and need my phone to access my readings and my alerts and to share them with healthcare workers when needed.”*

*“As I’m deaf we can have a video call to support communication to one another.”*

*“Epilepsy watch — found out about it on social media, alerts family to seizures, family can step in quicker.”*

*“NHS working with influencers — can share things e.g. doctors debunking myths.”*

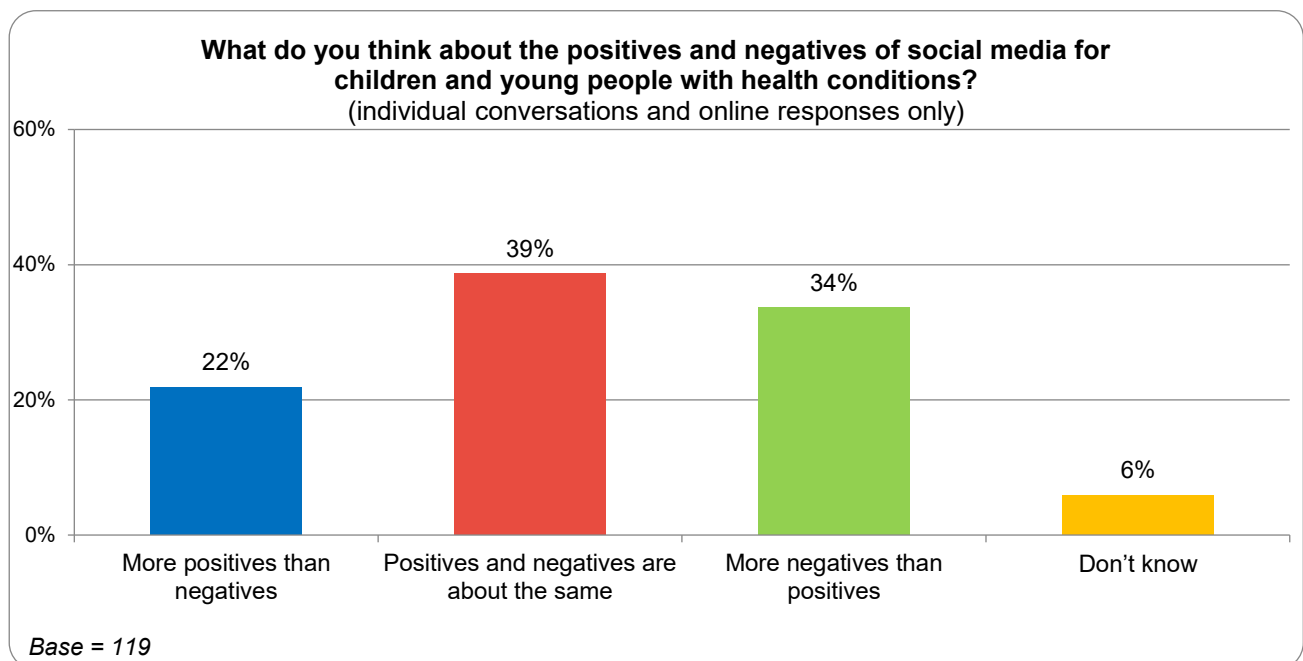
*“Medical emergency concept if phones are being banned in schools, where a password is not required. Medical bracelet — information is not as detailed enough and not a substitute.”*

*“With Autism + ADHD finding communities very useful... Being able to search out groups + people with same experience is validating.”*

*“More accessible info, not boring like the NHS colours!”*

## What are the positives and negatives of social media for children and young people with health conditions?

Children and young people shared their views on what they saw as the positive and negative aspects of using social media for children and young people living with health conditions.



The graph above refers to just over 1/3 of the overall numbers engaged in our engagement and should be read alongside the narrative below from the small group conversations. This question was a challenging one for children and young people to answer, as they were clear on the societal negatives and the personal health-based positives. Using a rights-based approach, we would recommend further engagement and consultation with underrepresented groups using a Child Rights Impact Assessment to understand the nuance for their group in relation to positive and negatives.

In small group conversations, children and young people were asked separately what they saw as the positive and negative aspects of using social media for children and young people with health conditions. The following positive aspects were mentioned in 41 conversations:

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- **Community and feeling less alone:** Children and young people said social media help them connect with others living with the same or similar conditions, including through Reddit, TikTok and group chats, which makes living with a condition easier and reduces isolation.
  - **Information, learning and self-advocacy:** Children and young people said platforms help them research their condition, hear lived experience from influencers and charities, understand symptoms, and feel equipped before seeing a specialist. Some said it helped them recognise their condition and push for a diagnosis.
  - **Mental health support and hope:** Children and young people said mental health apps and online communities offer crisis support, role models, escapism through entertainment, and hope, particularly for those with rare or long-term conditions.
  - **Awareness, representation and reducing stigma:** Children and young people said influencers, campaigns and lived-experience accounts raise awareness of conditions that are often misdiagnosed or overlooked and help families and peers understand them too.
  - **Practical health management:** Children and young people said apps support managing diabetes, tracking medication, booking appointments, ordering prescriptions, and transition tools like Ready Steady Go.
  - **Staying connected with friends, family and services:** Children and young people said social media keeps them in touch with friends, family abroad, hospital youth services and peer groups, and can be a lifeline in emergencies.
  - **Independence, accessibility and inclusion:** Children and young people said phones and AI tools give independence, support visually impaired and deaf users, help with navigation and safety, and provide accessibility features that some couldn't manage without.
  - **Entertainment, hobbies and self-expression:** Children and young people said social media offers entertainment, creativity, learning new skills like sign language or crochet, and a space for self-expression and fan communities, especially when stuck in bed or hospital.

*“We can get advice from people that have the same condition as us. Can access the healthcare advice that relates to their condition. Can access advice from communities online (mind).”*

*“Helps those who may be feeling isolated because of their condition, find an online support network to help them feel less alone and feel more validated. On TikTok: also because if there is an influencer raising awareness / speaking about their experiences, it can cause there to be more research done into certain rarer conditions, which improves the treatment provided.”*

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*“I think that it's great for not only community, which you've talked about, but learning. I think it's great for either online learning or picking up skills like sign language or different languages or creativity when it comes to like art, music, writing, editing.”*

*“I think it would be quite good to like about learning if you have a condition, obviously not getting like diagnosed by someone on TikTok, but like maybe you might hear someone talking about their experience with it and you might think, oh, that's a bit like me, you might do some actual research and end up getting a diagnosis.”*

*“I recently found out there was like a whole like endometriosis campaign that supports like women feel heard when they're in like a hospital because a lot of the times that condition is often really seriously misdiagnosed... organisations, healthcare organisations that do campaigns are often online where you can like find like support materials and resources from their website specifically.”*

*“Phone gives a lot of independence — from A-B. Technology important — apps for visually impaired. Struggle without my phone — Phone is like an accessibility page. Without social media we can't communicate.”*

*“Learning hobbies when unable to leave bed — reading (book clubs), crochet.”*

*“Self discovery + self advocacy — so when you access a specialist you can be equipped. You get connection — you don't feel alone in your situation. Worked out from other comments that I had a particular condition.”*

*“Connection / relatability. Hope + role-modelling. Access to mental health. Empowering / educating young people. Used in the right way — transformative, especially with conditions with limited contact.”*

*“Give you other perspectives — not feeling alone — and seeing other people being able to do stuff is inspirational. Building community. Understanding symptoms.”*

*“You think it's just you that has it, but other people have it and maybe worse. People who don't have it can learn about it as well. Family members can understand it as well to help you.”*

The following negative aspects of using social media for children and young people with health conditions were mentioned in 38 group conversations:

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- **Misinformation and unreliable advice:** Children and young people said social media is full of misinformation about health, including outdated information, influencers posing as health professionals, and AI that gives wrong answers. Children and young people said this can lead to self-diagnosis, following advice that isn't right for them, or being misguided about their condition.
  - **Cyberbullying and trolling:** Children and young people said bullying, trolling, rude comments, catfishing and child exploitation are real risks, particularly for those who post about their health condition or are seen as vulnerable.
  - **Mental health:** Children and young people said comparing themselves to influencers' perfect, edited lives causes anxiety, low self-esteem, FOMO (fear of missing out) and doubt about their own experiences. Children and young people said social media can fuel health anxiety, depression and feeling that their condition holds them back.
  - **Algorithms, echo chambers and harmful content:** Children and young people raised concerns about algorithms pushing extreme or triggering content, echo chambers reinforcing hateful or false beliefs, and exposure to the manosphere, sensationalism and ideologies. Children and young people said platforms reward engagement over accuracy.
  - **Addiction / doomscrolling:** Children and young people said overuse, doomscrolling and constant consumption affect concentration, sleep, school engagement and face-to-face relationships, and can replace in-person connection with digital relationships.
  - **Stigma / judgement:** Children and young people said negative comments, mocking, and people self-diagnosing for clicks (e.g. autism, ADHD) trivialise real conditions and take support away from those who need it.
  - **Vulnerability and manipulation:** Children and young people said young people connecting while in a vulnerable state of mind can be manipulated, pulled into harmful suggestions, or exposed to people with bad intentions.
  - **Privacy and data:** Children and young people said selling of data, monetisation by influencers, and the financial agendas of private companies undermine trust, alongside AI that has "no morals" and isn't environmentally friendly.

*"They are bullies and ignorant!"*

*"Compare themselves to others → unrealistic expectations → build unnecessary pressure."*

*"Get the wrong information / get someone who want to bring down → there is a lot of negatives."*

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*“Information is stressful → it masks reality → people see things that are not real.”*

*“Meeting the wrong people online / argument / stay online late.”*

*“Cyberbullying and getting attacked.”*

*“Algorithm can be damaging. Selling data - no privacy / security.”*

*“Misinformation. AI not being reliable, bad for the environment.”*

*“Echo chamber - only hearing certain information - may feel more isolated. 'Likes' or engagement isn't always factual.”*

*“Normalisation of doomscrolling → TikTok → lack of breaks and school activities.”*

*“Influencers and monetising - is it authentic? Misinformation - posing as health professional peddling supplements - this could impact health.”*

*“Catfishing. Child exploitation / safeguarding. AI - lies. Manipulation?”*

*“Constantly evolving (trends) - difficult to keep up. Too much = harmful → need a balance → addiction.”*

*“Rewards engagement rather than information.”*

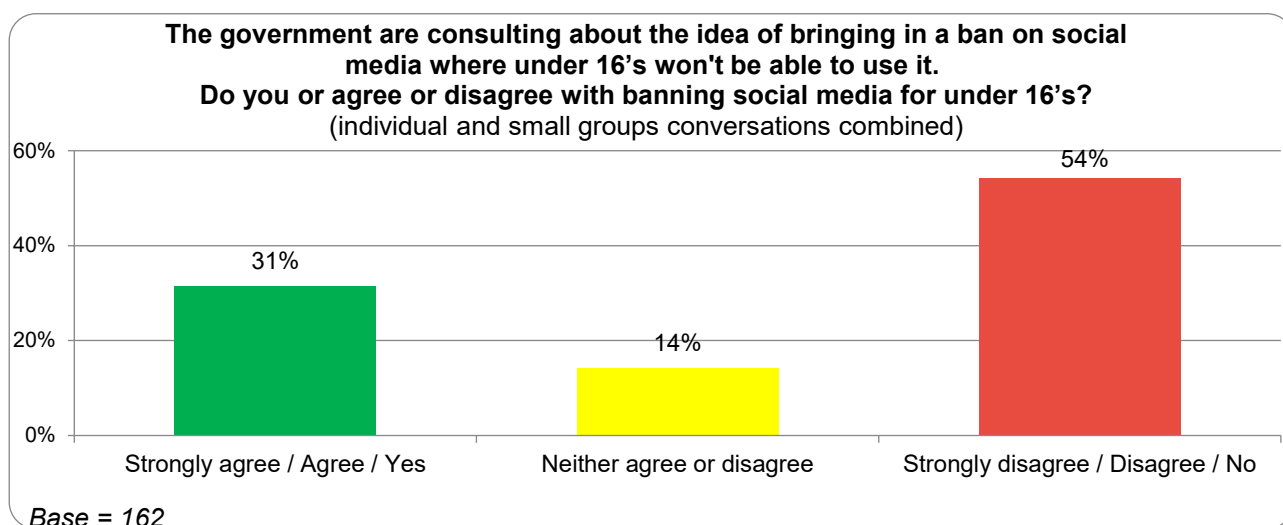
*“Sometimes if we ask for any advice about our health condition to the same people that have it, the wrong people may see it and make rude comments and troll.”*

*“Young and impressionable children can get influenced by misogynistic or extremist views which warp how they perceive reality or treat people around them.”*

*“A couple of years ago on social media everyone was self-diagnosing with autism and ADHD not via a doctor. Takes away from people that actually have conditions, some people are in it for the clicks.”*

## What are the thoughts of children and young people with health conditions on the potential ban on social media for under 16s?

Children and young people shared their views on whether they agreed with the idea of bringing a ban on social media for all under 16s (not specific to health experiences).



Small groups were asked to develop their responses about their views. Comments were made in 23 group conversations. Responses included:

- **Strong opposition to a blanket ban:** Children and young people said a full ban is the wrong approach and that regulation, restriction, or education would be preferable.
- **Banning would backfire:** Children and young people warned that taking social media away would push young people into riskier, sneakier behaviour or onto less safe alternatives, and that workarounds like VPNs and weak face-ID verification already get round existing restrictions.
- **Social media as a lifeline:** Children and young people said social media is essential for emergencies, contacting friends and family, and accessing peer support that isn't available elsewhere, especially for those with health conditions.
- **Educational and practical value would be lost:** Children and young people flagged how much they rely on platforms like YouTube and WhatsApp for learning, GCSEs, exam prep, staying informed, and socialising.

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- **Regulation, not prohibition:** Children and young people said the preferred alternative is tighter content regulation, better algorithm controls, stricter age verification (passport/driving licence rather than face scans), and parental controls.
  - **Concerns about younger children specifically:** Some Children and young people did want stronger limits for primary-aged or Year 7-8 children, who they saw as particularly vulnerable to grooming, addictive use, and inappropriate content.
  - **Acknowledgement of real harm:** Children and young people recognised the negatives, bullying, nudes, doomscrolling, mental health impact, exposure to inappropriate content, and felt something needs to be done, even when opposing a ban.
  - **A minority view in favour of a ban:** One comment argued that despite tech-company promises, regulation hasn't improved safety in practice, so a ban may be the more realistic option given the mental health crisis.
  - **Education and digital literacy as the long-term answer:** Children and young people said young people need to be taught to use social media safely rather than shielded from it.

*“Because of an emergency we need social media to contact someone.”*

*“Make it harder but do not just ban it.”*

*“It is more like yes/no but if I had to choose, I would go no, but apps for learning should be available.”*

*“It can be better, but it helps connecting, speak to your friend.”*

*“It really depends on the control level → to stop over usage.”*

*“I think maybe not a ban, but probably more regulations on the screen time and things. And if they did actually do a ban, I think some things shouldn't be banned, like YouTube, because when I was doing my GCSEs, I used like a lot of YouTube videos to help with that.”*

*“I agree that something needs to be done, but I don't agree with a full ban... when you take something away from children, it can result in the complete opposite. Like it can result in the children doing opposite and being sneaky and doing things that they shouldn't do.”*

*“I think that rather than it being totally banned, I think that there should be like education and like prevention... I also think there should be stricter rules on verification because there's AI verification*

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*at the moment where you just do your face. And if you glue a paper moustache to your face, you can easily bypass it. And so I think it should be done with a passport or a driver's licence rather than your face."*

*"It should be regulated more than banned because... some of that group use it as a lifeline or like to support themselves if they can't get support anywhere else."*

*"I feel like there should be a limitation as well for people under 16 because... a lot of people get phones at quite a young age, like primary school kids, and a lot of them tend to like be on Snapchat or TikTok... they meet the wrong people and they never know who's behind that screen."*

*"I'm going to play devil's advocate here and say it should be banned... a lot of big companies are the ones that benefit from that. And there's very little that young people benefit from when it comes to having like their kind of like their digital freedom taken away from them."*

*"No blanket ban, rather control or regulations that are enforced. Not a ban on young people, rather regulate social media platforms, people will find a way around it and go underground, using other alternative, more dangerous platforms."*

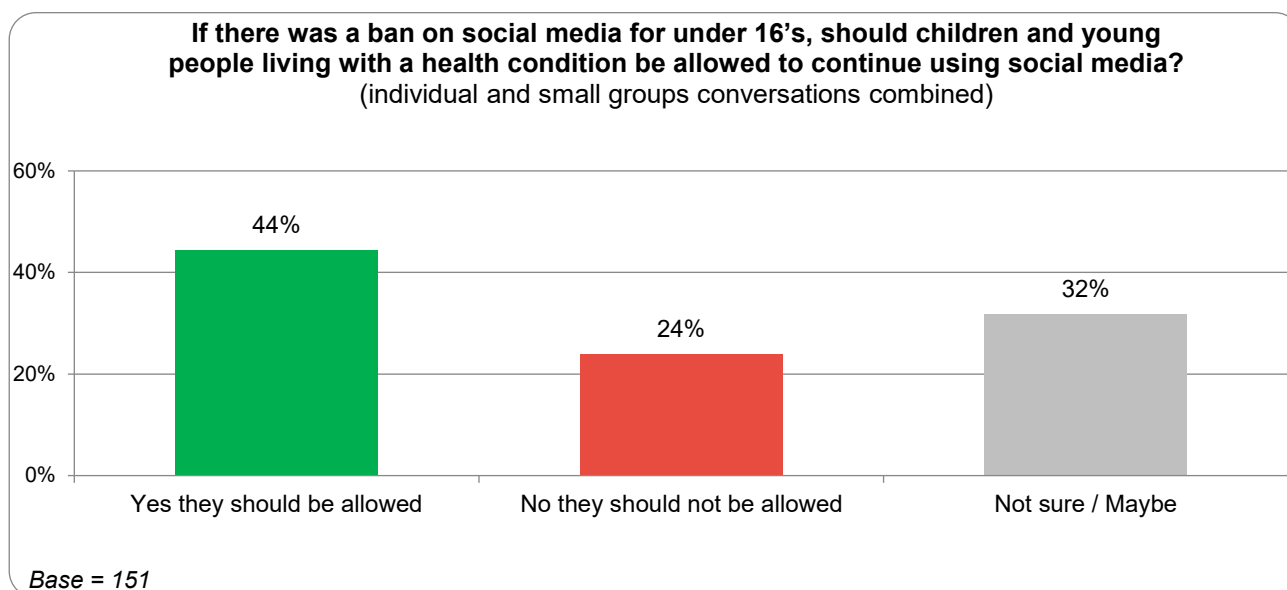
*"Young people should be educated to use social media safely, that's how to change it."*

*"Because young people are good at finding things that isn't right for them to be looking at / and they can find things and over think about it."*

*"You can search things and find out information that is useful / people can learn from social media."*

## Should social media be allowed for children and young people with health conditions?

Children and young people shared their views on whether they thought children and young people living with a health condition should be allowed to continue using social media, in a case where there was a ban on social media for under 16s.



Additional comments and explanations to this question were made in both individual (105) and small group conversations (21). The responses can be summarised under the following themes:

- **Access to health information and managing the condition:** In 29% of conversations, Children and young people described using phones and apps to learn about their conditions, find coping strategies, and monitor their health (e.g. diabetes apps, NHS app). Several said their phone is essentially a medical device.
- **Connection with others who share the same condition:** in one in four (25%) conversations, Children and young people shared that social media helps them find and connect with others who understand their experience, reducing isolation, especially for rare or hidden conditions.
- **Staying in touch with friends and family, especially when isolated:** in about one in five conversations (19%), Children and young people told us they use social media to keep up with friends during hospital stays, when bed-bound or off school, and to contact family in emergencies.
- **Need for nuance, guidelines and supervised use:** in 13% of conversations, Children and young people called for differentiating by platform, age, purpose, and supervision/regulation rather than applying a single rule to everyone.
- **Risks of harmful content, bullying and misinformation:** equally, in another 13% of chats, children and young people raised concerns about cyberbullying, exposure to harmful content

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(including pro-eating-disorder material), and health misinformation. Some said young people with health conditions are especially vulnerable.

- **Mental health – both helped and harmed by social media:** in some conversations (9%), children and young people described social media as both a lifeline that supports their mental health and a driver of anxiety and comparison. Some held both views at once.
- **Same rules for everyone – no special treatment:** in 8% of conversations, children and young people argued that carve-outs for those with health conditions would be unfair, hard to enforce, and could lead to others falsely claiming conditions to gain access.
- **Bans don't work and many make things worse:** in a small number of conversations (2%) children and young people felt bans would be hard to enforce, easy to bypass, and could push young people to less regulated platforms.
- **Other comments:** other comments that didn't quite fit into any of the above themes were made in 25% of conversations held with children and young people. These were often an addition to their previous comments, sometimes to reiterate that there shouldn't be a ban on social media, or questioning the feasibility of a regulated/nuanced ban. A small number of comments mentioned alternatives to social media, such as guidance from parents and/or health professionals instead of social media. A small number also mentioned that social media was simply entertaining for them.

*“Kids who have to stay in hospital for a long time need to be kept in with the world; yes online may be a danger but it's got positives. As someone who has cancer my phone was the only way to keep in and to see my friends online.”*

*“As someone who's autistic, has mental health issues and PCOS, I'm basically bed bound. I can't see people much in person so I rely on talking online; without it my loneliness would be horrific.”*

*“I have been able to feel validated rather than feeling alone by finding others with similar experiences to me. I have met friends who understand me and I wouldn't have met otherwise. The internet has many resources and support regarding different long-term conditions, and it could all be thrown away if the social media ban goes ahead.”*

*“I honestly don't even know if I'd still be alive if it wasn't for my online circle bringing me joy, connection and comfort.”*

*“If there is a social media ban with those living with health conditions exempt, it will likely lead to people claiming they have health conditions they don't in order to use social media. I think this will have disastrous consequences, and health conditions won't be taken seriously as a result.”*

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*“Children's viewpoints can be easily swayed. For instance, if someone was posting about how to manage a condition and it was the wrong information then a child could follow this. Some of the hate comments under long-term health condition videos are horrific and a child should not have to see or read them.”*

*“Social media can have both positive and negative effects on children and young people with health conditions. On the positive side, it can help them feel less alone by connecting with others who have similar experiences. However, there are also risks. Social media can increase anxiety, comparison, and exposure to harmful or inaccurate information about health.”*

*“I am strongly against a social media ban as it won't tackle the root cause, and it is inevitable people will get around it but onto worse, more unregulated sites.”*

*“A lot of the time to avoid ambiguity, there should be guidelines and rulings as to what health conditions are acceptable in terms of using a phone and whether it's like limited to certain health apps.”*

*“If someone is in a hospital, how can they speak to their family and friends, especially if they are there for a long time?”*

*“I feel like people with health conditions are just as vulnerable as anyone else. And even though they may not like have a health condition and so say it was like an issue or whatever, people that didn't have a health condition, like they could develop severe like mental health problems if they are not seeing that they're being treated fairly or equal.”*

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## How could the online world be made safer for children and young people?

Children and young people shared their views on what could make the online world safer for them. Views were shared in 106 individual and 40 small group conversations, with various themes emerging. The percentages below represent the percentage of conversations (either individual or small group) where the theme was present.

- **Content moderation and filtering** (39%) was the most common theme. Children and young people wanted the removal of harmful material such as gore, violence, hate speech, bullying and misinformation, and to use a combination of AI and human moderators to filter content before it spreads. Some felt current moderation doesn't work in practice, citing experiences of reporting harmful posts only to be told they didn't breach guidelines.
- **Age verification** (27%): Children and young people called for stricter age checks, ranging from photo ID and facial recognition to tiered systems modelled on film ratings (12+, 15+, 18+). A recurring frustration was that current checks are too easily bypassed, with some specifically wanting verification extended to VPN providers. A smaller number raised data-protection concerns about handing ID to social media companies.
- **Education and digital literacy** (22%): Children and young people emphasised teaching young people how to use the internet safely rather than only what to avoid, including recognising scams, spotting AI-generated content, and understanding risks from predators. Several made the point that children and young people are told what not to do but rarely shown what they should do.
- **Parental controls and supervision** (15%): Children and young people wanted passwords, parental locks and monitoring of children's activity. Several also called for parents to be better educated to recognise warning signs such as depression, anxiety, suicidal ideation and grooming, a recurring point being that many parents currently don't know what to look for.
- **Dedicated young-people-friendly platforms** (14%): Children and young people suggested safer spaces for under-16s, often modelled on YouTube Kids, with restricted messaging and age-appropriate content. Some called for separate apps or feeds for different age bands. Others acknowledged that children and young people -only platforms tend to go unused because young people see them as uncool.
- **Platform accountability and government regulation** (12%): Children and young people wanted companies held legally responsible for content on their platforms, with tougher sanctions, fines and regulation. This was closely tied to frustration that companies currently fail to act on reports.

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- **Screen time / usage limits** (11%): Children and young people suggested daily caps, built-in time limits and curfews to prevent doomscrolling. Several framed this as preferable to outright bans, with some wanting limits that actually work and cannot be overridden.
  - **Restricting adult–child contact** (7%): Some Children and young people wanted to prevent over-18s from messaging under-18s, disable chat functions for younger users and more tightly monitor adults contacting children online. One young person shared a personal account of a friend being contacted by a stranger, illustrating why several saw this as a priority.
  - **Outright bans / heavy restrictions** (7%): Some Children and young people called for banning social media for under-16s (or under-12s) or banning specific platforms like Instagram and Snapchat for younger users. Others suggested banning individual users who behave hatefully. Several acknowledged a ban is a blunt tool but felt the negatives currently outweigh the positives.
  - **Other comments** (18%) included a mix of other ideas. Children and young people suggested tackling the addictive design of platforms (removing algorithms, stopping monetisation, ending disappearing messages), apps co-produced by young people, a “social media licence” earned through an online safety course, Government-run age verification rather than third parties, AI watermarks, clearer T&Cs, and stronger factchecking by platforms. A few raised wider concerns, including screen time delaying younger children’s speech development, and teaching Children and young people not to feel ashamed when they see something harmful, so they talk to an adult.

*“Utilise AI on social platforms and messaging media to filter and block negatively associated wording including discriminatory, insulting or inciting content.”*

*“Stop allowing hate crimes against minorities to be on social media. A lot of young people are going down the extreme right rabbit hole because there’s no consequences for them.”*

*“Apps should have more checks... apps should be checked to see if they actually perform removing harmful content.”*

*“Moderating comments sections so hate comments are removed... I do think a ban would be good as it allows children to not have to grow up so fast.”*

*“More age checks, not just 18+ but possibly 15+ and 12+ like films.”*

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*“Ban or include age verification checks on VPN providers - Many children try to go around bans by utilising VPNs to access age restricted platforms.”*

*“Different Apps or Accommodations for different age groups, e.g. YouTube and YouTube Kids.”*

*“They could make a social media for young people so they don't use TikTok... they can still post but they can't message people that are not their age.”*

*“Set a screen time in place on social media so people don't spend hours doomscrolling.”*

*“Children are told what NOT to do online but they aren't taught how to use it safely / what they SHOULD do.”*

*“Teach parents how to adequately safeguard their children, and notice the signs of depression, anxiety, and suicidal ideation stemming from social media.”*

*“Banning social media. I have it because all my friends do and there is peer pressure, but I think the negatives outweigh the positives every day.”*

*“Impose tougher sanctions and fines/penalties on social media companies with more rigorous regulations and policies.”*

*“Restrict people 18 and over from talking to under 18's.”*

*“I don't think much online can be done. Instead, things should be done in the real world - encouraging children to play outside... investment in youth clubs.”*

*“Remove algorithmic/addictive element of social medias. Hold social media companies to account.”*

*“What about the concept of having a social media licence for young people? They've got to do some kind of online course when they pass it, they then fit to access social media.”*

*“Snapchat disappearing messages stop because that is where bullying happens.”*

*“More age-appropriate apps created by other young people, so they know what's suitable (Co-produced!).”*

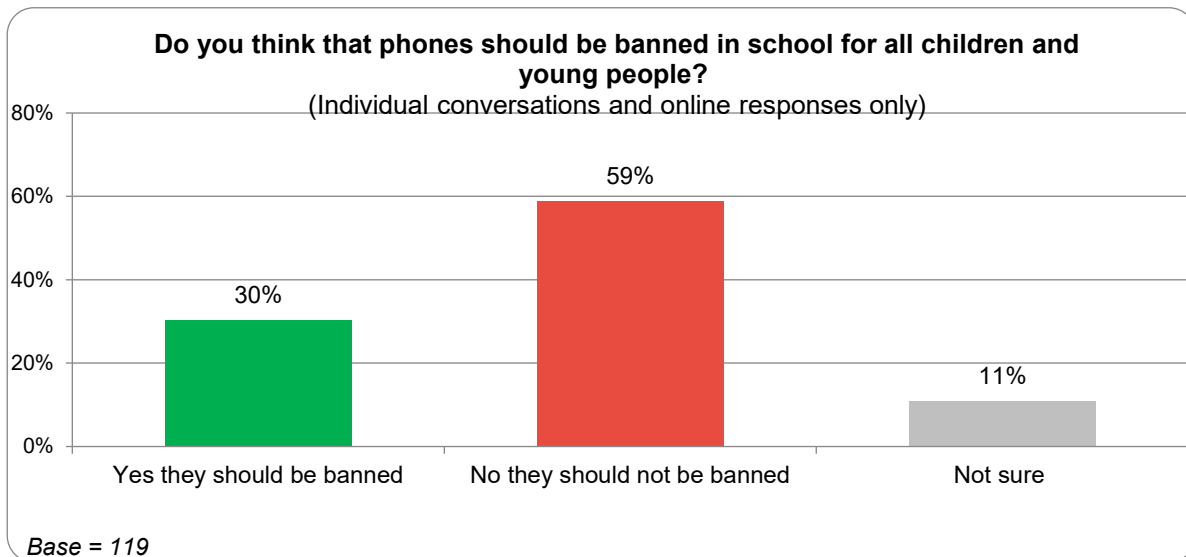
*“The government need to make their own age verification platform to keep data.”*

*“Screens for young children can be really damaging to their development... there's an increasing problem with children being speech delayed.”*

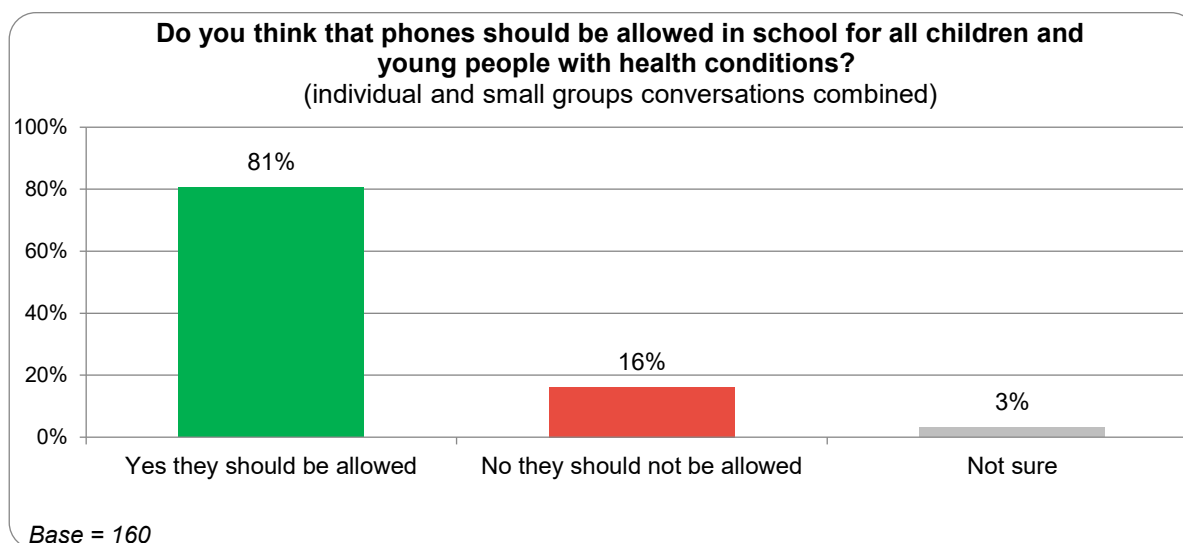
*“Teaching kids and young people not to be ashamed if they have seen something harmful... open up about it rather than hiding it.”*

## Thoughts regarding phones in school for children and young people

Children and young people shared their views on whether phones should be banned in school for all children and young people.



Children and young people shared their views on whether phones should be allowed in school for all children and young people with health conditions.



Additional comments and explanations were shared in 106 individual and 22 small group conversations. The responses can be summarised under the following themes:

- **Phones as essential medical devices:** Children and young people shared that phones function as medical devices for many conditions, particularly Type 1 Diabetes, where phones connect to CGMs, insulin pumps and apps to monitor blood sugar. Some said taking the phone away would be life-threatening or against their human rights.
- **Contacting parents and emergency services:** Children and young people told us they need their phones to contact parents, carers or emergency services when they feel unwell, have a flare-up, or face a medical emergency. Several said the school's own contact systems are too slow or unreliable.
- **Mental health, anxiety and feeling safe at school:** Children and young people described their phone as a source of reassurance and comfort, especially for those with anxiety or mental health conditions. Some said knowing they can reach their parents helps them stay in school at all.
- **Accessibility tools and condition management:** Children and young people highlighted that phones support a wide range of needs beyond emergencies: medication reminders, text-to-speech, calming tools, and accessibility apps for sensory impairments or neurodivergence.
- **Same rules for everyone and concerns about being singled out:** Some Children and young people raised that having a phone when others don't would make them feel different, draw unwanted attention, or risk bullying. A few said they'd rather not stand out and would prefer a universal approach.

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- **Risk of misuse and others claiming conditions to get access:** A counterview from some children and young people that allowing phones for those with health conditions would lead to others falsely claiming conditions, cause arguments, and ultimately undermine the policy. A few argued phones should be banned for everyone with no exceptions.
  - **Need for clear rules, supervision and limits on use:** Children and young people called for nuance e.g. phones allowed for medical use but with rules around when and how they can be used, supervised access in lessons, pouches or teacher-held storage, and clear policies that prevent misuse while protecting those who need them.
  - **Distraction and harms of general phone use in school:** Some children and young people agreed phones are a distraction in lessons and a source of online bullying or social pressure, supporting restrictions for general use, while still arguing for exceptions for those with medical needs.

*“Phones act as medical devices for children and young people with illnesses, and it could be a massive struggle if phones are banned.”*

*“Young people with health conditions need to contact their parents in an emergency. For diabetes a phone may deliver insulin or monitor blood glucose so is a vital lifesaving medical device. It simply goes against human rights to take it away.”*

*“I don’t agree with the ban as even if they allow children with medical conditions to have their phone it will be another thing that makes them stand out as different when all they want is to be accepted and be the same as their friends.”*

*“For me, having a phone in school makes me feel safer. As someone who finds school a difficult place, knowing I can contact my parents at any time brings me comfort.”*

*“From experience I can only speak for mental health, but I was severely mentally unwell at school. I often had to message my mum. The school weren’t meeting my needs properly and I needed my phone when in crisis. Phones are lifelines for some students.”*

*“Phones can be a vital accessibility tool or act as a medical device. Eg phones can be required as a health monitoring device such as CGMs managing blood sugar and insulin. Also, technology is vital for some children with sensory impairments, which without it they may not be able to engage with or participate in the learning.”*

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*“Phones are increasingly more important in how young people monitor and look after their health condition and even limiting their use or reducing accessibility to phones (in pouches or boxes) may discourage young people looking after themselves because they are the only ones allowed their phones.”*

*“Phones should be allowed for children and young people with health conditions when they are needed to support their health, wellbeing, safety, or accessibility in education. Schools can still have reasonable boundaries around phone use, but policies should be flexible and take individual needs into account rather than applying blanket bans.”*

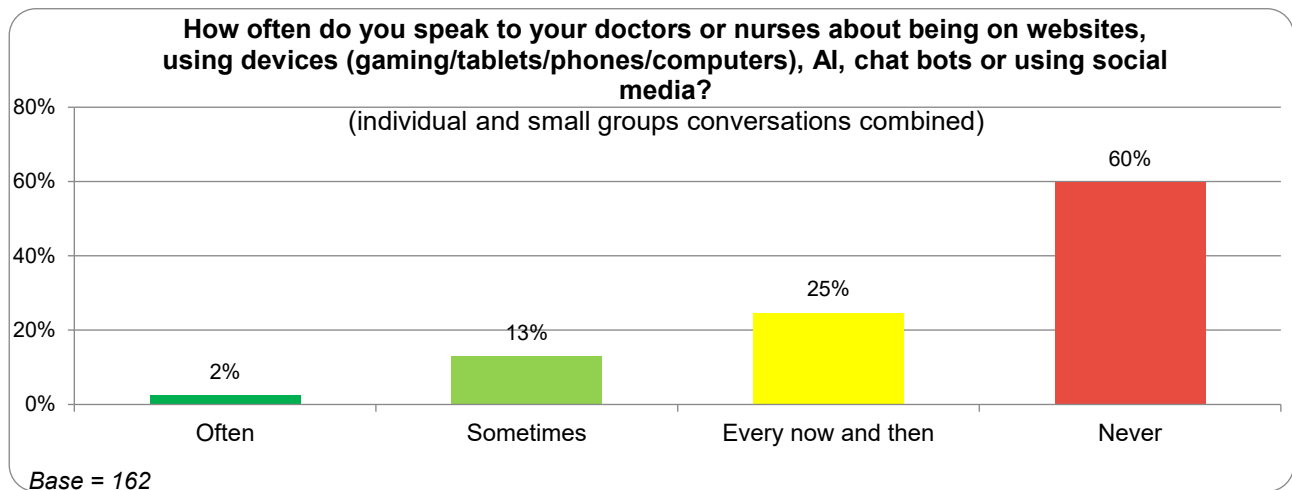
*“Yeah, I would only say no just because... I think some people might take advantage of that. And obviously, that's not fair to say everyone would, so that's why it shouldn't be a thing. But also, other children may get jealous. And then unless there's like a form where they have to show their medical stuff of why they definitely need a phone, they might start lying.”*

*“So that everyone is treated fairly and we don't want to chat to teacher we have an alternative option / if we need we have alternative.”*

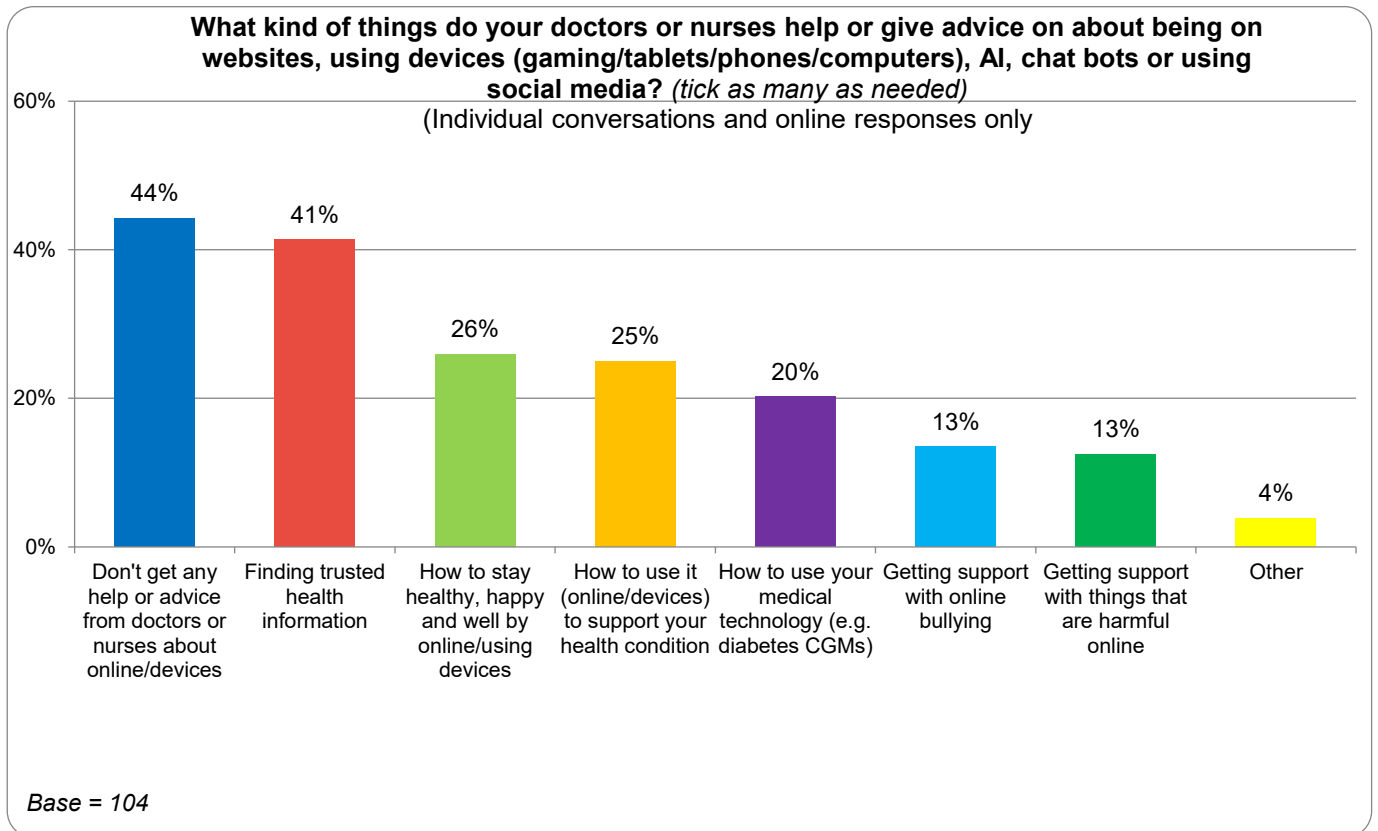
*“Depending on the condition if the request is reasonable, (but not to do Doom scroll), yes because for diabetics it is a medical device.”*

## Are children and young people speaking to doctors and nurses about their digital world?

Children and young people shared how often they speak to doctors or nurses about being on websites, using devices (gaming/tablets/phones/computers), AI, chat bots, or using social media.



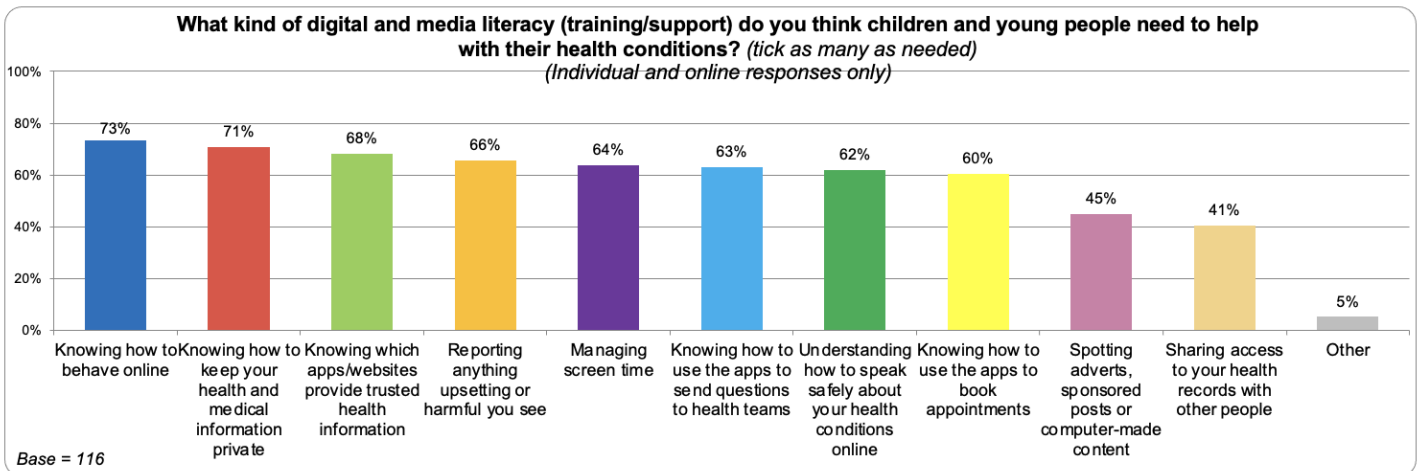
Children and young people shared the kinds of things their doctors and nurses help with or give advice on about being on websites, using devices (gaming/tablets/phones/computers), AI, chat bots or using social media.



In thinking about digital literacy support, it's important that health workers are also seen as part of the workforce to receive further information, advice and guidance on how to inform, educate and support children and young people. For those with long term health conditions, their access to education may be limited, spending time in hospitals or going between health appointments, so may miss out on scheduled curriculum inputs on digital and media literacy.

## What digital and media literacy do children and young people need?

Children and young people shared their views on what kind of digital and media literacy (training/support) they thought children and young people needed to help with their health conditions.



	No. people - individual questionnaires	% individual questionnaires (incl. online)
Knowing how to behave online	85	73%
Knowing how to keep your health and medical information private	82	71%
Knowing which apps/websites provide trusted health information	79	68%
Reporting anything upsetting or harmful you see	76	66%
Managing screen time	74	64%
Knowing how to use the apps to send questions to health teams	73	63%
Understanding how to speak safely about your health conditions online	72	62%
Knowing how to use the apps to book appointments	70	60%
Spotting adverts, sponsored posts or computer-made content	52	45%
Sharing access to your health records with other people	47	41%
Other	6	5%
<b>Total</b>	<b>716</b>	<b>617%</b>
<b>No. people answered</b>	<b>116</b>	

This was discussed as an open question in small group conversations. The following suggestions were made in 31 conversations:

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- 
- **Critical thinking and spotting misinformation:** Children and young people said young people need to be taught to make judgements, distinguish fact from fiction online, identify trusted health sources, and spot deepfakes, clickbait, sponsored posts and AI-generated content.
  - **Internet safety and online behaviour:** Children and young people said schools should teach how to use the internet safely, how to behave online, how to keep their medical information private, how to report harmful content, and how to manage screen time.
  - **A trusted health hub or app:** Children and young people said a single NHS or Government-backed health hub bringing together trusted information, charities, campaigns and peer support would help, alongside an NHS-style app that combines professional advice with day-to-day lived experience.
  - **Young-person-led and peer-delivered content:** Children and young people said health information is more engaging when delivered by young people with lived experience, including real-life stories, video content, and platforms for live conversations between peers with similar conditions.
  - **Practical app skills:** Children and young people said young people need to know how to book appointments, message health teams, share access to health records, and use journaling, tracking and accessibility tools (including voice for those with mobility issues).
  - **Parental and family education:** Children and young people said parents need support to understand the platforms their children use, the dangers, and how to report issues, and that schools could host sessions to help.
  - **Schools as a key delivery route:** Children and young people said schools should teach about social media, invite outside speakers, and not rely on social media for learning, but should educate young people about it.
  - **Platform regulation and design:** Children and young people said platforms should provide clearer descriptions before download, introduction videos about risks, better moderation, age-appropriate access, AI watermarks, regulation of hate and discrimination, and a multi-agency approach involving Government, educators and social workers.

*“Learning in making judgement and critical thinking.”*

*“Maybe teach parents on things children are exposed to and how they can report it.”*

*“Maybe support parent learning so that they can support children in return.”*

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*“Promote social media use as well as its negatives → to go to where people are using it.”*

*“Let’s share our own experience → this can help others avoid past mistakes.”*

*“Teach young people about internet safety.”*

*“Teach about why social media → In schools we should learn, trained → Do not rely on social media for learning, but school need to.”*

*“I think it should be a, you know, like a health hub where parents can get like information that they need regarding like their child like condition. And I think that that should be specifically rolled out in schools as well.”*

*“I personally think that I know it’s not technically the school’s job to provide help to parents, but I feel like it would be really good if schools had like meetings with parents to maybe give them more of an understanding about the dangers of social media.”*

*“Platform where information about health conditions is discussed and delivered by experienced young people. Health education content which shows real-life stories.”*

*“Specific support to help identify the correct health sources of information, help identify accurate information.”*

*“Hard on social media to distinguish fact from fiction — who should regulate this? Regulation of hate / discrimination online. Fact socials are unregulated → harm.”*

*“NHS support app — an app that both gives professional advice and also day to day relatable experiences and opinions.”*

*“Knowing which apps/websites provide trusted health information. Spotting adverts, sponsored posts or computer-made content. Understanding how to speak safely about your health conditions online.”*

*“A proper way to find doctor and health professional endorsed facts, in the current moment it’s hard for children and young people to differentiate between clickbait articles and the real things.”*

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*“Public perception: understand the risks. Age-appropriate access. Better moderation of content: AI agent to filter things out. Multi-agency approach.”*

## What training or support will help children and young people with health conditions whilst online/using devices?

61 individual children and young people (either online or in person) shared whether there was anything that would be helpful to train or support children and young people with health conditions to help them online or when using devices.

- **Online safety, education, digital literacy (20%):** The most common theme was children and young people asking for broader online safety education covering safe social media use, password security, handling messages from strangers and spotting scammers. Several called specifically for tailored training for young people with SEND, and a few suggested online courses.
- **Help finding accurate and reliable information (16%):** Children and young people wanted to look up their conditions without encountering false or frightening content. Suggestions included clearer signposting to trusted health sites, reassurance that information won't cause panic, easier ways to contact GPs, and curated YouTube videos.
- **Recognising misinformation and AI content (15%):** Children and young people wanted help spotting fake or AI-generated content and being cautious with links. Several noted that social media hides people's real lives, and one suggested watermarks on AI content.
- **Parental / trusted adult awareness, involvement, and support (11%):** Some wanted parents and trusted adults to be more informed and involved, including knowing what their children are doing online. Several emphasised the value of talking to a trusted adult rather than strangers, with a few mentioning tools like Family Link.
- **Using devices and apps to manage health conditions safely (10%):** Children and young people wanted training on how phones and apps can actively help them manage their conditions, including mental health apps and digital tools for organisation and wellbeing, alongside guidance on using these safely.
- **Improving online behaviour (8%):** some comments focused on teaching kindness, positive behaviour and understanding how their comments affect others, framed as how Children and young people themselves should conduct themselves online.

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- **Screen time (3%):** A smaller theme around balancing screen use with offline activities like being outside or reading, rather than cutting it out entirely.
  - **School support structures (3%):** Suggestions that schools should recognise how devices can support medical or neurodivergent needs, and provide trusted staff, wellbeing support and quiet spaces for students who become overwhelmed.
  - **Other (8%):** A mix of off-topic responses, alongside one-to-one personalised training and a comment that current online filters are too limited. Another comment suggested that underage apps should be blocked for younger children.

*“I think maybe some more online safety training and how to use social media safely and how to find reliable information for young people with SEND.”*

*“How to keep passwords secure, how to communicate struggles.”*

*“Finding out about their health conditions without finding false or scary information.”*

*“Being able to contact [their] GPs easier or other health care workers. For chronic conditions you need support quite often and waiting for an appointment can take too long.”*

*“There should be some sort of watermark for AI created content. How to recognise fake content and how to not randomly click things.”*

*“Awareness that not everything you see is perfect and people hide real lives on social media.”*

*“Update your parents so they know what you’re doing on your phone especially on social media.”*

*“I think it is important to learn how your phone can help you manage your condition.”*

*“How to be kind and spread positivity online.”*

*“Make the online consultation services such as Amina, be monitored more frequently and actioned more effectively. As of now, requests submitted to these apps are not actioned at all.”*

*“Understanding that although screen time can be beneficial it’s important to balance that with being outside and engaging in other activities such as reading.”*

*“Guidance for schools and teachers on understanding how devices can support different medical or neurodiverse needs... having access to trusted staff members, wellbeing support, and quiet spaces in schools.”*

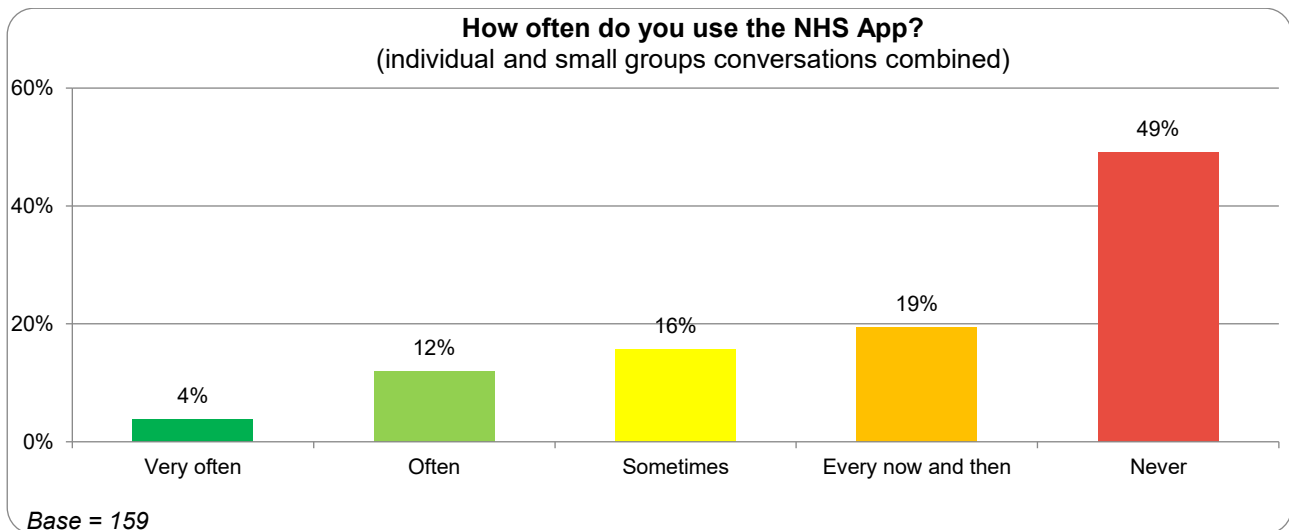
*“Block underage apps for young children.”*

*“One-to-one training, personalised.”*

*“Yes. I think additional training and support around safe, healthy, and accessible device use would be very beneficial for children and young people with health conditions. This could include guidance for schools and teachers on understanding how devices can support different medical or neurodivergent needs, rather than viewing phone use only as a distraction.”*

## Which health apps do children and young people use?

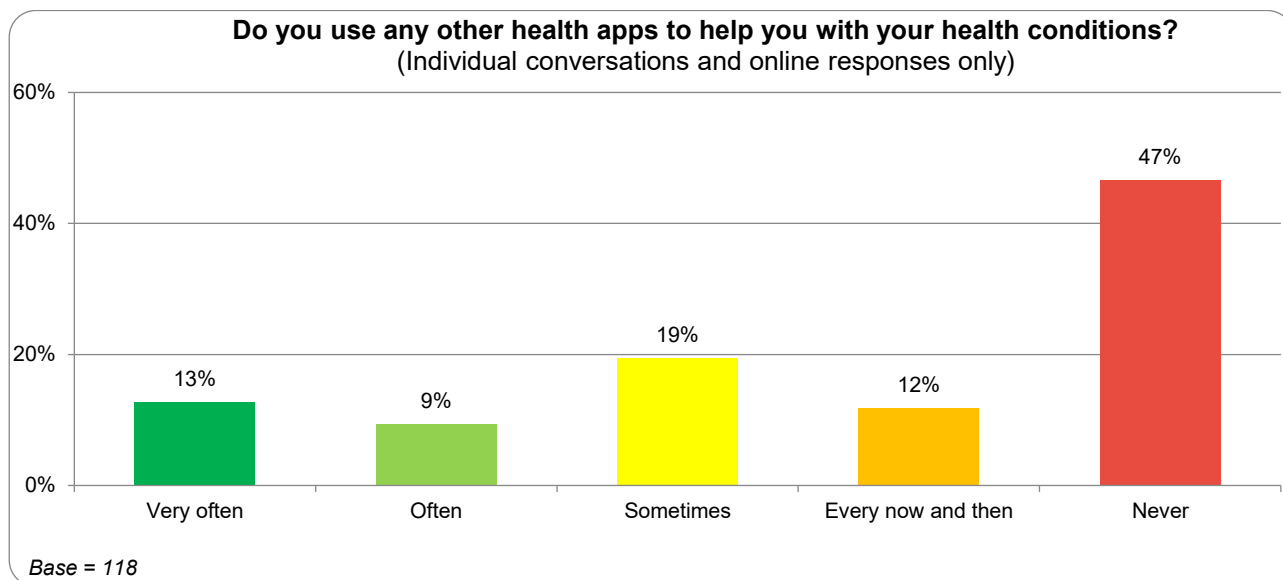
Children and young people were asked how often they use the NHS app.



Children and young people were asked if they use any other health apps to help them with their health conditions. It is important to recognise that whilst the message through the consultation asked responders to not take into account education apps, children and young people also need their health apps to be understood and recognised going forward, so that messaging can be clear as to the parameters of any future policy, and for this to be shared in an age and stage appropriate way.

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Below is a list of all health apps mentioned that children and young people use:

<b>Nutrition / fitness tracking</b>	<b>Period / cycle tracking</b>	<b>Diabetes / blood glucose management</b>	<b>NHS / health record / clinical apps</b>
<ul style="list-style-type: none"> <li>• Carbs and Cals</li> <li>• NutraCheck</li> <li>• MyFitnessPal</li> <li>• Calorie counter (unspecified)</li> <li>• Ocado</li> </ul>	<ul style="list-style-type: none"> <li>• Flo</li> <li>• Period tracker (unspecified)</li> </ul>	<ul style="list-style-type: none"> <li>• Dexcom G6 app</li> <li>• Dexcom G7 app</li> <li>• Dexcom One+</li> <li>• Dexcom Follow</li> <li>• Dexcom Clarity</li> <li>• DigiBete app</li> <li>• Omnipod 5</li> <li>• Glooko</li> <li>• MyLife</li> <li>• Diabetes M</li> <li>• Libre 2 app</li> <li>• LibreLinkUp</li> </ul>	<ul style="list-style-type: none"> <li>• NHS app</li> <li>• NHS website</li> <li>• PatientAccess</li> <li>• Patient Knows Best</li> <li>• MyChart</li> <li>• Bupa</li> </ul>

		<ul style="list-style-type: none"> <li>• MiniMed</li> <li>• Enhance-d</li> </ul>	
<b>Mental health / wellbeing /</b>	<b>Addiction recovery</b>	<b>Symptom / condition tracking / general health</b>	<b>Accessibility / other</b>
<ul style="list-style-type: none"> <li>• Finch</li> <li>• Chill Panda</li> <li>• Wellbeing tracker (unspecified)</li> <li>• Samaritans</li> </ul>	<ul style="list-style-type: none"> <li>• I Am Sober</li> <li>• Recovery Record</li> </ul>	<ul style="list-style-type: none"> <li>• Bearable (symptom tracker)</li> <li>• Apple Health / iPhone Health app</li> <li>• Blood glucose monitoring app (unspecified)</li> <li>• Health app to set reminders (unspecified)</li> <li>• My medical record (unspecified)</li> <li>• Seizure alarm (unspecified)</li> <li>• InfoKidney</li> <li>• Sickle cell group (unspecified app/group)</li> <li>• F10 (unclear what this is)</li> <li>• MMP (unclear what this is)</li> <li>• Ridepal (unclear health relevance)</li> </ul>	<ul style="list-style-type: none"> <li>• Magnifier app</li> <li>• Training app (unspecified)</li> <li>• Physical health app (unspecified)</li> <li>• "Watch App about exercise"</li> <li>• My Calendar</li> <li>• More accessibility apps (unspecified)</li> </ul>

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## What do children and young people want to tell the UK Government?

Children and young people shared their views on what should be shared with the Government about growing up in a digital world as a child or young person with a health condition. Several themes emerged. The writeup below summarises conversations that took place with 82 individuals and in 25 small groups.

- **Importance of online safety and positive online environment (26%)** was the most common theme. Instead of banning social media, children and young people wanted a safe and positive online space, with tighter restrictions on 'toxic' content, certain language and online bullying (including ableism aimed at young people with health conditions). Several emphasised that the digital world will grow more important, so making it safe matters more than restricting access.
- **Digital tools are essential for managing health (19%)**: About one in five children and young people stressed that phones and digital tools are vital for managing conditions like diabetes (CGMs, pods), tracking symptoms, accessing the NHS app and attending digital GP/hospital appointments. Several pushed back against framing phones as inherently negative, arguing that for many young people with health conditions they are safety-critical, not optional.
- **Pushback against bans and over-restriction (19%)**: There was a strong feeling that blanket bans are the wrong response. Children and young people argued bans don't work (people find workarounds), feel like control rather than safeguarding, and would cut off young people with health conditions from tools they rely on. Several framed education as the better alternative to restriction.
- **Online connection with others in similar situations (17%)**: Children and young people described the value of finding others going through the same thing, sharing tips, and feeling less isolated with their condition. Some said that social media is one of the few places they can talk openly, and for those who are physically restricted it can be a lifeline. Others described needing social media to communicate more generally with friends and family.
- **Balanced view of positives and negatives (16%)**: Children and young people wanted Government to recognise that the issue isn't black and white: there are real harms but also significant benefits, and policy should preserve the good while addressing the bad.
- **Mental health and emotional impact (13%)**: Some children and young people wanted the Government to understand the mental and emotional toll of growing up online with a health condition, including feeling overwhelmed, feeling inadequate compared to others, and the pressure of algorithms pushing harmful content as they get older.

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- **Include young people in decisions (10%):** Children and young people wanted to be consulted on digital policies affecting them, with several stating directly that their views and experiences differ from other young people and need to be heard. “Listen to us” and “we have an opinion” were recurring sentiments. A further question was asked about this (see following section).
  - **Accessibility and disability overlooked (7%):** A smaller number felt that the accessibility role of technology (reducing barriers for people with health conditions and disabilities) is consistently missing from the debate, and that policy decisions risk overlooking it.
  - **Moving away from a digital world (6%):** A few children and young people argued that we should move away from a digital world to a more in-person world, suggesting things like more youth groups, in-person communities, getting outside, etc.
  - **School recognition of digital needs (3%):** A small number said that schools need to recognise that children and young people with health conditions need instant access to phones and devices at all times, and that digital tools support independence, organisation and equal access to learning rather than just being a distraction.
  - **Other (16%)** comments included a mix of responses. Ideas included:
    - Having cheap or free access to apps and devices for those who can't afford them
    - Creating health communities away from social media
    - Removing the digital ID system
    - Teaching parents how they can help young people to use platforms safely
    - The importance of social media for spreading awareness about health conditions

*“Young people with health conditions like diabetes need access to mobile phones from a very young age. They use them to monitor their condition, and it is a vital piece of technology to keep them safe. It shouldn't always be spoken about like it is the devil and the root of all bad things.”*

*“Having a CGM and pod has transformed my life, and this would not be possible without a phone and Wi-Fi/Bluetooth.”*

*“To make sure it is AS SAFE as possible, as it will play a major role in future generations.”*

*“The ableism online can be hard to navigate especially if you're young.”*

*“It's not a black and white issue; there's a lot of grey.”*

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*“There are good things, not just bad things. Keep the good things, stop the bad things.”*

*“Don't just censor things if you actually care about online child safety and do research instead of just banning it because to me that's a form of control and the UK isn't a dictatorship.”*

*“Restriction is a punishment, education is development.”*

*“It is so important to have access to information and to have connections and the ability to see others with similar difficulties surviving and thriving and learning from their tips and tricks.”*

*“Some people's only place to talk is social media.”*

*“There are many positive effects on mental health: being able to connect with others who go through the same experiences as you.”*

*“When you're younger it's about games; as I got older the algorithms pushing stuff at me isn't good, I don't like it.”*

*“The Government should ensure that children and young people with health conditions are included in decisions about digital policies, because their experiences and needs may differ significantly from those of other students.”*

*“A vital positive that is not talked about so much is the accessibility implications of technology. Technology plays a massive role in reducing accessibility barriers for people with health conditions and that must be factored into decisions.”*

*“Schools need to realise children with health conditions need instant access to phones and devices at all times.”*

*“Make the apps easier to use.”*

*“But I think that, like, in real life, not digital alternatives should be what we go to first. I think if we're looking for social groups and communities, I feel like we should look for in-person alternatives first. I think that is what should be default, like offered. I don't think we should all immediately resort to online options.”*

*“Some YP can't physically socialise because of their health condition. The digital world is their life line.”*

*“One rule doesn’t suit everyone - Some of us need the digital world to survive e.g. Type 1 diabetes.”*

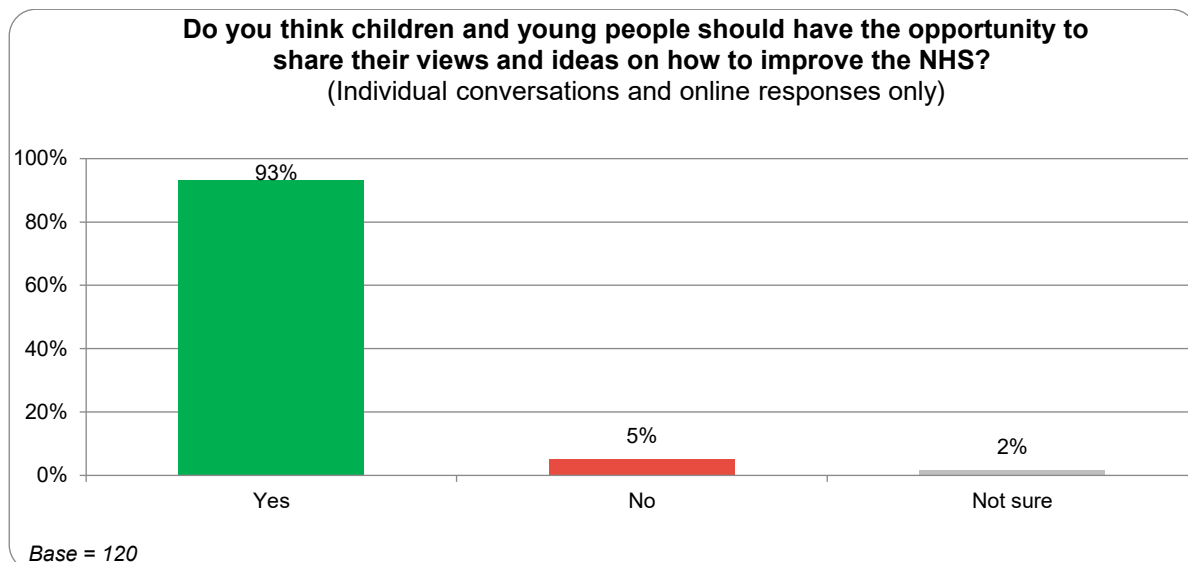
*“Welcoming community of likeminded people who are going through the same thing. Legit sites/educational videos for them to use.”*

*“Cyber Bullying can be worse than physical bullying – it lingers, more people can see it, being online is addictive, mistakes that are made stay forever; you can’t do stupid stuff that teenagers do anymore without everyone knowing and it affects your whole life.”*

*“How do we continue making the digital space a safe place to be in, ultimately supporting children and young people?”*

## Should children and young people be involved in sharing their views to improve the NHS?

Children and young people were asked if they thought they should have the opportunity to share their views and ideas to improve the NHS.



Further information about the involvement of children and young people in shaping services and policy can be found in their report, [Voice of the Nation](#), representing the views of 3000 children and

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young people across the UK published in 2025 in response to the Change NHS / NHS 10 year plan work, and in the [RCPCH Engagement Standards](#). The standards have been developed by children, young people, families, paediatricians, nurses and health services to provide a framework for supporting children and young people with health conditions to engage in policy making and service shaping. We are currently piloting a Child Rights Impact Assessment (Health Lens) framework that will be available later in 2026.

**A data pack of the raw, anonymised data can be provided for further analysis by contacting [and us@rcpch.ac.uk](mailto:and_us@rcpch.ac.uk).**