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	06/01/2026	To aid research	What can you tell me about Self Determination Theory?
	09/01/2026	To help form a bibliography	How would you reference this paper for a Harvard style reference list? https://www.unison.org.uk/content/uploads/2024/06/youth-services-final-FINAL.pdf

Critically evaluate the impact of outdoor adventure on the health and well-being of a specific demographic group in your local area and make recommendations for removing barriers to participation.

Recent local and national evidence highlights the growing prevalence of mental health difficulties among young people and raises important questions about the role of outdoor activity in promoting wellbeing. In Kent, these trends mirror national patterns, with an estimated 49,181 children and young people aged 8–16 living with a probable mental health disorder and increasing referral rates to Child and Adolescent Mental Health Services (CAMHS), indicating rising demand for support (Kent County Council, 2023). In England, approximately one in five young people aged 8–25 were identified as having a probable mental health disorder in 2023, including 20.3% of 8–16-year-olds and 23.3% of 17–19-year-olds (NHS Digital, 2023).

Alongside worsening mental health outcomes, participation in physical activity, commonly used as a proxy for engagement with outdoor environments (Gray et al., 2015), remains below recommended levels. Nationally, only 47.8% of children aged 5–16 achieve the recommended 60 minutes of daily moderate-to-vigorous physical activity, while 29.6% engage in less than 30 minutes per day (Sport England, 2024). In Kent and Medway, approximately 51% meet guidelines, meaning nearly half of young people remain insufficiently active (Active Kent, 2023). Informal outdoor play is also declining, with one UK study reporting that one in three children do not play outdoors after school and one in five do not play outdoors at weekends (Ferguson et al., 2025).

Over the past five decades, evidence base for outdoor adventure and nature-based interventions has expanded, suggesting benefits for emotional regulation, resilience, and social connectedness (Moyers-Kinsella, Kelley, and Abildso, 2024). This essay integrates established theoretical frameworks with local, national and international data to critically evaluate the impact of outdoor adventure on the health and wellbeing of young people in Kent with mental health difficulties. Particular attention is given to barriers to participation and strategies required to ensure equitable access to outdoor provision.

Biophilia Hypothesis proposes that humans possess an innate tendency to seek connections with nature and other forms of life (Wilson, 1984). This perspective suggests that emotional responses to natural environments, such as calmness, fascination, and a sense of belonging, are adaptive, supporting survival by encouraging engagement with resource-rich and safe environments (Marselle, 2019).

Empirical evidence supports this emotional dimension of biophilia. A meta-analysis found that exposure to natural environments produced medium-to-large effects on positive affect while reducing negative affect across multiple studies (McMahan and Estes, 2015). These findings align

with Wilson's claim that emotional affiliations with nature operate largely at a subconscious level, shaping mood, motivation, and behaviour without deliberate awareness (Wilson, 1984).

For young people experiencing mental health difficulties, the emotional component of biophilia provides a theoretical basis for nature-based interventions that support emotional regulation, psychological restoration, and feelings of safety. However, critics argue that biophilia risks biological determinism by assuming universal responses to nature, overlooking cultural, social, and individual differences in how environments are experienced (Joye & De Block, 2011).

Biophilic Design Theory seeks to operationalise principles of biophilia by embedding nature-connected features into built environments, such as schools, healthcare settings, and community spaces (Kellert, 2008). Patel et al. (2021) argue that while biophilic design is supported by growing evidence linking nature exposure to improved wellbeing, its application often prioritises aesthetic elements (e.g., natural materials, imagery) over deeper experiential engagement with nature.

Authors highlight inconsistencies in how biophilic principles are defined and measured, limiting their transferability across contexts. Despite these limitations, biophilic design remains valuable when grounded in psychological theory and evidence-based outcomes, particularly in youth and mental health settings where emotional safety and sensory engagement are important (Shepley et al., 2016).

Attention Restoration Theory (ART) proposes that natural environments support recovery of directed attention, a finite cognitive resource required for sustained effort (Kaplan and Kaplan, 1989). When depleted, this can lead to irritability, reduced concentration, and impaired task performance (Boksem et al., 2006). Cognitive restoration occurs when environments provide a sense of being away, stimulate effortless fascination, offer sufficient extent, and align with individual needs and preferences (Kaplan & Kaplan, 1989; Hartig et al., 1997). Through these mechanisms, exposure to nature facilitates mental recovery and improved cognitive function. Empirical research consistently supports ART, showing that time in green spaces enhances concentration, reduces mental fatigue, and improves attentional capacity (Berman et al., 2008; Bratman et al., 2012).

However, critics argue that ART prioritises cognitive restoration while underplaying emotional, social, and cultural dimensions of human–nature relationships (Korpela, Hartig and Staats, 2001; Bell et al., 2014). Some studies also rely heavily on short-term laboratory experiments, limiting ecological validity (Ohly et al., 2016). ART assumes relatively universal restorative responses, despite evidence that perceptions of nature vary across individuals and cultures (Buijs, Elands and Langers, 2009; Dallimer et al., 2012).

Stress Reduction Theory (SRT) proposes that exposure to natural environments produces rapid psychophysiological recovery from stress through subconscious, automatic processes (Ulrich, 1983; 1991). Rooted in psychology, SRT suggests that humans are biologically predisposed to respond positively to natural settings because they historically signaled safety and survival opportunities (Ulrich, 1993; Hartig et al., 2011).

Empirical studies demonstrate that viewing or spending time in natural environments can reduce heart rate, blood pressure, muscle tension, and stress hormones more effectively than urban settings (Ulrich et al., 1991). Unlike ART, SRT emphasises immediate emotional and physiological responses rather than cognitive restoration (Ulrich, 1991; Hartig et al., 2011).

Nevertheless, SRT has been criticised for its determinism and reliance on passive exposure to nature, often through image-viewing experiments with limited real-world complexity (Tyrväinen et al., 2014; Ohly et al., 2016). It also underrepresents the role of social interaction, meaning-making, and active engagement in restorative experiences (Bratman et al., 2019).

Although Biophilia, ART, and SRT arise from distinct theoretical traditions, collectively explain how nature exposure may support emotional regulation, cognitive recovery, and stress reduction (Bratman et al., 2019). Rather than being hierarchical or competing, these frameworks are best understood as complementary, offering a multidimensional account of how outdoor environments influence wellbeing (Bratman et al., 2019).

For young people with mental health difficulties, these theories suggest that outdoor adventure may support wellbeing by enhancing emotional safety, restoring cognitive capacity, and reducing physiological stress (Gray et al., 2015; Shepley et al., 2016). However, benefits are not universal and depend on contextual factors such as accessibility, cultural relevance, and individual experience.

Regular physical activity is widely recognised for its substantial physical health benefits. Consistent engagement in exercise is associated with improved cardiovascular health, enhanced musculoskeletal strength, increased mobility, and reduced risk of obesity and non-communicable diseases (Warburton et al., 2006; Lee et al., 2012; World Health Organization, 2020). Conversely, sedentary lifestyles are linked to higher risks of cardiovascular disease, type 2 diabetes, obesity, and premature mortality (Owen et al., 2010; Katzmarzyk et al., 2009; Biswas et al., 2015).

Globally, physical inactivity has been identified as a major public health concern, contributing to rising obesity rates in both developed and developing nations (World Health Organization, 2021). In the UK, obesity prevalence among children and young people remains high, reflecting broader trends in reduced physical activity and increased sedentary behaviour (NHS Digital, 2022). However, physical health benefits are not universally accessible. Individuals with physical disabilities, chronic illness, or injury often face significant barriers to participation, highlighting limitations in exercise-based health promotion strategies that rely on able-bodied norms (Rimmer & Marques, 2012; Smith et al., 2017).

Beyond physical outcomes, physical activity is strongly associated with improved mental health. Regular participation has been shown to reduce symptoms of depression, anxiety, and stress, while enhancing mood, self-esteem, and overall quality of life (Schuch et al., 2016; Biddle et al., 2019). As a result, physical activity is increasingly incorporated into mental health interventions, including social prescribing initiatives (Firth et al., 2020; Public Health England, 2019). Green social prescribing applies to referrals of individuals to nature-based activities including walking groups, gardening, and conservation work, with evidence indicating positive impacts on emotional wellbeing and resilience (Bragg & Leck, 2017; Husk et al., 2019).

Despite these benefits, engagement in physical activity is shaped by socioeconomic constraints, motivational barriers, and unequal access to safe outdoor spaces (Stalsberg & Pedersen, 2010; Bauman et al., 2012). For individuals with severe or complex mental health conditions, physical activity alone may be insufficient, reinforcing the need for integrated and personalised care pathways (Firth et al., 2017; Schuch et al., 2016).

Physical activity also supports cognitive functioning. Evidence suggests that regular exercise enhances attention, memory, and problem-solving abilities through mechanisms such as improved cerebral blood flow and neuroplasticity (Hillman et al., 2008; Erickson et al., 2011). These cognitive benefits are relevant across life and may be valuable for young people experiencing academic pressure and cognitive fatigue.

Socially, group-based physical activity can promote social cohesion, teamwork, and interpersonal skills, contributing to reduced loneliness and greater social connectedness (Eime et al., 2013; Holt-Lunstad et al., 2015). However, benefits are context dependent. Competitive or performance-oriented environments may exacerbate anxiety or exclusion for some individuals, particularly those with mental health difficulties.

Integrating physical activity with natural environments has been proposed as a dual benefit approach. The Green Exercise Model suggests that combining exercise with exposure to nature can amplify psychological and emotional benefits beyond those achieved through indoor activity alone (Pretty et al., 2005). While emerging evidence supports this interaction, assumptions that

nature-based activity is universally beneficial must be critically examined. Outcomes vary according to environmental quality, individual preferences, and accessibility, indicating that nature contact is not inherently restorative for all participants (Barton & Pretty, 2010; Shanahan et al., 2016).

Young people in Kent experience disproportionately elevated levels of mental health difficulties alongside suboptimal physical activity engagement (Public Health England, 2022; Kent County Council, 2021). Recent estimates indicate that approximately 20% of children aged 8–16 in Kent were living with a probable mental health disorder in 2023, reflecting a significant increase from 12.5% in 2017 (Kent County Council, 2023). Referral rates to Child and Adolescent Mental Health Services (CAMHS) have also risen sharply, with extended waiting times reported across several districts, particularly in coastal and deprived areas (NHS Kent and Medway, 2023).

Alongside mental health challenges, physical activity participation remains uneven. Sport England data shows that only 45–51% of young people in Kent and Medway meet the recommended 60 minutes of daily moderate-to-vigorous physical activity, with lower participation observed among girls, young people from minority ethnic backgrounds, and those living in areas of socioeconomic deprivation (Sport England, 2024; Active Kent, 2023). Patterns mirror national inequalities but are compounded locally by rural transport limitations and uneven access to youth services (DCMS, 2021; Public Health England, 2022).

From a socio-ecological perspective, young people’s wellbeing is shaped by interactions between individual, social, and structural factors (Bronfenbrenner, 1979; Sallis et al., 2008). For those experiencing mental health difficulties, these influences are pronounced. Psychological symptoms including anxiety, low mood, and emotional fatigue can reduce motivation and perceived competence, while external barriers such as limited provision and financial constraints further restrict participation opportunities (Lubans et al., 2016; O’Brien et al., 2018).

Potential benefits of outdoor adventure for this demographic can be interpreted through Self-Determination Theory (SDT), which posits that wellbeing is enhanced when individuals’ needs for autonomy, competence, and relatedness are met (Deci & Ryan, 2000). Outdoor adventure activities that offer choice, achievable challenges, and supportive peer interaction may support intrinsic motivation and emotional regulation. Evidence indicates that physically active young people report lower anxiety, improved mood, and higher self-esteem than inactive peers (Biddle et al., 2019). In Kent specifically, Active Lives data shows that active young people report greater happiness and lower loneliness than less active counterparts (Active Kent, 2023).

Restorative environment theories support values of nature exposure for this group. ART suggests that natural settings can reduce cognitive fatigue, while SRT proposes that nature can lower physiological stress responses (Kaplan & Kaplan, 1989; Ulrich, 1991). These mechanisms may be

particularly relevant for young people experiencing academic pressure, social stress, and emotional dysregulation. Studies of green exercise indicate that adolescents often report greater mood improvements when physical activity takes place outdoors rather than indoors (Pretty et al., 2005).

However, benefits are unequally distributed, with young people from deprived communities and minority ethnic backgrounds facing persistent barriers to physical activity (Sport England, 2024). This suggests that psychological and social benefits of outdoor adventure could be mediated by structural conditions rather than being universally experienced through participation alone.

From a social identity perspective, outdoor adventure groups can foster belonging and peer connection, which are critical for adolescent development (Haslam et al., 2009; Cruwys et al., 2014). For young people with mental health difficulties, who may experience social withdrawal, structured group activities can reduce isolation and enhance social confidence. Yet, environments perceived as competitive or performance-focused may exacerbate anxiety and reinforce exclusion (Eime et al., 2013).

Overall, evidence suggests that outdoor adventure holds significant potential to support mental, social, and cognitive wellbeing of young people in Kent. However, its effectiveness depends on inclusive design, cultural relevance, and equitable access (Rickinson et al., 2004; Marselle et al., 2019). Without addressing broader social and structural barriers shaping participation, benefits of outdoor adventure risk remain unevenly distributed across the county.

Young people in Kent face multiple, interconnected barriers to engaging in outdoor adventure and physical activity, spanning systemic, sociocultural, individual, and environmental domains. Barriers are particularly significant for those experiencing mental health difficulties, as psychological distress can compound existing inequalities in access and participation (Batty & Cole, 2010; Blanden & Machin, 2013).

Systemic barriers include uneven funding, limited provision, and fragmented service integration. Although county-wide initiatives such as Move Together aim to increase activity opportunities, implementation remains inconsistent, particularly in deprived districts where youth services have been reduced over the past decade (Kent County Council, 2023). Cuts to youth provision in coastal areas like Thanet have removed important non-formal spaces that previously offered safe environments for physical and social engagement, limiting accessible pathways into outdoor activity (Bachelor, 2025). These reductions reflect wider austerity-driven contractions in public services that disproportionately affect disadvantaged young people (UNISON, 2024).

Sociocultural barriers restrict participation. Young people with mental health difficulties are more vulnerable to stigma, social withdrawal, and fear of judgement, which can make unfamiliar outdoor or group-based activities feel intimidating (Corrigan & Watson, 2002; Gulliver, Griffiths & Christensen, 2010; Lubans et al., 2016). Girls and young people from minority ethnic backgrounds in Kent are significantly less likely to meet physical activity guidelines, reflecting

broader national patterns shaped by gender norms, cultural expectations, and unequal representation in sport and outdoor leadership (Sport England, 2024). These disparities align with social exclusion theory, which emphasises how structural discrimination and cultural marginalisation shape leisure participation opportunities (Silver, 1994; Shields & Wheatley Price, 2002).

Individual barriers namely low motivation, emotional fatigue, anxiety, and body image concerns are particularly salient for young people experiencing mental health difficulties (Lubans et al., 2016; O'Brien et al., 2018). From a biopsychosocial perspective, psychological symptoms can reduce perceived competence and autonomy, limiting likelihood of initiating or sustaining engagement (Engel, 1977). Depression and anxiety may also increase avoidance behaviours, reinforcing a cycle in which inactivity worsens wellbeing and reduces participation (Biddle & Asare, 2011; Lubans et al., 2016).

Environmental barriers remain prominent across Kent's urban and rural landscapes. Although the county has extensive green spaces, access is uneven. Young people living in deprived or highly urbanised areas often report fewer safe, attractive outdoor options, while rural transport limitations restrict access for those without private transport (Active Kent, 2023; Boone et al., 2009). National research also indicates declining opportunities for informal outdoor play due to curriculum pressures and reduced play spaces, limiting everyday nature engagement for young people (Brussoni et al., 2015).

Critically, while individual motivation is frequently emphasised in policy discourse, evidence suggests that structural and environmental barriers are more influential determinants of participation inequality (Bauman et al., 2012; Stalsberg & Pedersen, 2010). Without addressing funding, transport, service provision, and cultural inclusion, interventions focused solely on behaviour change are unlikely to achieve equitable engagement among young people with mental health difficulties (Priest & Gass, 2018; Dillon et al., 2006).

Historically, outdoor adventure and sport provision has often prioritised able-bodied, psychologically resilient, and socially mainstream young people, resulting in underrepresentation of those with mental health difficulties. Traditional models of outdoor education frequently emphasised physical challenge, competition, and performance, which may have inadvertently excluded individuals experiencing anxiety, low confidence, or emotional vulnerability. This legacy of exclusion is ethically significant, as it has contributed to unequal access to physical, social, and psychological benefits associated with outdoor environments (Priest & Gass, 2018; Dillon et al., 2006; Rickinson et al., 2004).

Ethically responsible practice with young people experiencing mental health difficulties requires safeguarding frameworks that prioritise informed consent, psychological safety, and risk-sensitive programme design (Checkoway et al., 2003; Priest & Gass, 2018). Adolescents may have fluctuating capacity for decision-making due to emotional distress, making clear communication, choice, and autonomy essential (Checkoway et al., 2003). Interventions must avoid coercive participation models and instead support young people's right to withdraw or adjust engagement based on needs.

Trauma-informed practice is particularly relevant for this demographic. Many young people accessing mental health services have experienced adverse childhood experiences, which can influence perceived risk, authority, and unfamiliar environments (SAMHSA, 2014; Butler & van Hoorn, 2016). Trauma-informed approaches emphasise predictability, trust, empowerment, and emotional safety, reducing likelihood of re-traumatisation and disengagement (SAMHSA, 2014; Butler & van Hoorn, 2016).

Cultural sensitivity is also essential. Outdoor adventure has historically reflected dominant cultural norms, often marginalising minority ethnic groups through limited representation, inaccessible programming, and Eurocentric activity models (Waterton & Watson, 2018; Gray & Bryce, 2012). Ethical provision therefore requires inclusive leadership, culturally relevant activities, and community consultation to ensure that outdoor spaces are welcoming rather than alienating.

Risk equity represents another key ethical issue. While outdoor adventure involves managed risk that can support confidence and resilience, risk should neither be disproportionately imposed on vulnerable young people nor removed entirely in ways that undermine autonomy and learning (Priest & Gass, 2018; Brown, 2008).

Finally, sustainability is an ethical concern. Short-term, underfunded interventions that collapse can damage trust and reinforce disengagement among young people who already experience instability in support services (Gray, 2011; Hart, 2014). Ethical practice therefore requires long-term investment, continuity, and meaningful youth participation in programme design.

Addressing barriers faced by young people in Kent with mental health difficulties requires a multi-level approach that recognises interaction between individual, social, organisational, and structural influences on behaviour. Ecological models of health behaviour emphasise that sustainable engagement is unlikely to result from isolated interventions and instead depends on coordinated action across systems (Bronfenbrenner, 1979; Sallis et al., 2015).

At individual level, interventions should prioritise psychologically safe, non-competitive outdoor activities that allow for gradual engagement with nature. Nature-connection activities such as guided woodland walks, conservation tasks, and adventure play can support stress reduction and

attentional restoration without placing performance pressure on participants (Kaplan & Kaplan, 1989; Et al., 2005). Skill development should be incremental, enabling young people to build confidence and a sense of competence, which aligns with SDT emphasising on autonomy and mastery (Deci & Ryan, 2000).

Subsidised or free programmes are essential for reducing financial barriers, particularly in deprived areas of Kent where cost is a key determinant of non-participation. Removing fees has been shown to increase uptake among disadvantaged youth and can prevent outdoor adventure from becoming an exclusionary privilege (Sport England, 2024; Coalter, 2013). Importantly, participation should be framed around enjoyment and connection rather than treatment, avoiding deficit-based narratives that may reinforce stigma (Hattie et al., 1997; Ungar, 2012).

At community level, partnerships between outdoor providers, schools, youth clubs, charities, and mental health services can strengthen referral pathways and normalise engagement in outdoor activity. School-linked programmes are especially valuable, as schools offer familiar, accessible environments where outdoor adventure can be integrated into wellbeing provision (Gray, 2011; Rickinson et al., 2004). Community-led adventure groups promote social belonging by embedding activities within local networks, which is particularly important for young people experiencing isolation.

Representation initiatives also play a critical role. Employing diverse instructors and youth ambassadors can challenge perceptions that outdoor adventure is not for underrepresented groups, a belief commonly reported among marginalised groups. Social identity theory suggests that seeing oneself reflected in valued social spaces enhances belonging and motivation to participate (Haslam et al., 2009; Cruwys et al., 2014).

At organisational level, practitioner training is essential to reduce exclusionary practices. Instructors should receive education in trauma-informed, inclusive, and culturally competent approaches to ensure that programmes are psychologically safe for young people with mental health difficulties. Trauma-informed practice emphasises choice, predictability, and trust, reducing risk of re-traumatisation and disengagement (Butler & van Hoorn, 2016; Priest & Gass, 2018).

Programme design should also be flexible, offering adaptable intensity levels, optional attendance structures, and clear communication of expectations, which has been shown to increase engagement and reduce anxiety in outdoor education settings (Hattie et al., 1997; Ewert & Yoshino, 2011). Risk communication is particularly important; while outdoor adventure involves managed risk, overly alarmist messaging can heighten anxiety for young people and their caregivers (Priest & Gass, 2018; Brown, 2008). Transparent, youth-friendly explanations of safety procedures can reduce perceived danger while maintaining safeguarding standards (Priest & Gass, 2018; Gray, 2011).

At structural and policy level, sustainable funding is necessary to prevent reliance on short-term provision. National Lottery grants, local authority commissioning, and partnerships with NHS services through green social prescribing schemes offer viable funding routes (Coalter, 2013; Public Health England, 2022). In Kent, aligning outdoor adventure programmes with social prescribing pathways could increase referrals from CAMHS, schools, and primary care, ensuring that young people with mental health difficulties are systematically supported.

Transport integration represents another important policy aspect. Subsidised travel, mobile provision, or locating activities near schools and community hubs can mitigate access issues across Kent's rural and urban areas. National physical activity guidelines and green prescribing frameworks provide policy legitimacy but must be implemented flexibly to reflect local needs and youth voices (Boone et al., 2009; Public Health England, 2022).

Existing initiatives illustrate transferability of these strategies. The Green Gym model developed by The Conservation Volunteers combines physical activity, nature engagement, and social connection in a non-competitive format that could be adapted for younger participants in Kent. The Outward Bound Trust has demonstrated positive impacts on youth confidence, resilience, and social connection through adventure-based residential programmes, including targeted provision for vulnerable young people. Internationally, ParkRx programmes in the United States provide structured referrals to nature-based activities through healthcare providers, offering a transferable model for strengthening green social prescribing locally (Outward Bound Trust, 2019; Natural England, 2018; ParkRx Foundation, 2020).

Ethical practice must underpin all interventions. Informed consent, safeguarding, and age-appropriate risk assessment are essential when working with young people experiencing mental health difficulties. Risk equity should be maintained so that risk is neither disproportionately imposed nor entirely removed in ways that undermine autonomy and learning. Long-term sustainability is also an ethical concern; unstable provision can damage trust and reinforce disengagement (Priest & Gass, 2018; Gray, 2011; Butler & van Hoorn, 2016).

Key challenges include funding constraints, practitioner capacity, community skepticism, and policy inertia. These can be mitigated through diversified funding, ongoing staff development, co-production with young people, and robust evaluation demonstrating impact. Embedding interventions within existing community and health infrastructures enhances resilience and scalability.

Literature suggests that outdoor adventure can support mental, social, and physical wellbeing via mechanisms aligned with SDT, ART, and SRT. These frameworks explain how nature-based activities enhance emotional regulation, cognitive recovery, and stress reduction, while also fostering autonomy, competence, and social connection.

However, benefits are neither universal nor automatic. While many young people experience improved mood, reduced anxiety, and greater social belonging, others may find unfamiliar environments anxiety-provoking or culturally alienating. This challenges assumptions that contact with nature is inherently restorative. Individual experiences are shaped by prior exposure, cultural identity, perceived safety, and social context, highlighting the need for inclusive, flexible programme design.

Analysis of Kent shows how structural inequalities, including socioeconomic deprivation, transport limitations, service fragmentation, and reduced youth provision, significantly mediate access to outdoor opportunities. These findings support ecological models of health behaviour, which emphasise that participation is shaped more by environmental and social conditions than by individual motivation. For young people with mental health difficulties, whose confidence and autonomy may already be limited, these structural barriers are particularly restrictive.

Insights suggest that outdoor adventure should be seen not as a single intervention but as a socially embedded, context-sensitive practice. Its effectiveness depends on balancing managed risk with psychological safety and autonomy with structured support. Trauma-informed, co-produced, and culturally inclusive models are therefore essential for equitable access and meaningful outcomes.

Outdoor adventure has significant potential to contribute to youth mental wellbeing in Kent, but only when barriers to participation are actively addressed through coordinated, ethical, and evidence-based strategies. Future research and practice should prioritise long-term, place-based interventions that centre young people's voices and reflect the diversity of lived experience across the county.

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