

‘Do things with the information we tell you’

Supporting Quality Engagement with Children



Acknowledgements

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‘Do things with the information we tell you’

Supporting Quality Engagement
with Children

2023 Report



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Support contact page

Kids Helpline

Aged 5 to 25 years: Online and telephone counselling service.

Ph: 1800 55 1800 | Webchat: kidshelpline.com.au/get-help/webchat-counselling

Headspace

Aged 12 to 25 years: Support and counselling for young people.

Ph: 1800 650 890 | Online support: headspace.org.au/eheadspace

Lifeline

All ages: 24-hour crisis support.

Ph: 13 11 14

1800 RESPECT Australia

All ages: 24-hour telephone support for people affected by family, domestic and sexual violence.

Ph: 1800 737 732 or text 0458 737 732 | Online support: 1800RESPECT.org.au

Bravehearts

All ages: Child sexual abuse support and advice.

Ph: 1800 272 831 | Web: bravehearts.org.au

Blue Knot

All ages: information and support for anyone who is affected by complex trauma.

Ph: 1300 657 380 | Online support: blueknot.org.au

13YARN

All ages: 24-hour telephone support for mob who are feeling overwhelmed or having difficulty coping.

Ph: 13YARN (13 92 76)

Beyond Blue

All ages: Free mental health service offering counselling, coaching and online chat support.

Ph: 1300 22 4636 | Online support: forums.beyondblue.org.au

For more information on the **National Office for Child Safety**

You can email them: NationalOfficeForChildSafety@ag.gov.au

Contact them through their website: childsafety.gov.au/get-involved/contact-us

Join their mailing list: by emailing NationalOfficeForChildSafety@ag.gov.au to be kept up-to-date with other opportunities to express your views.

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Web: humanrights.gov.au

Acronyms and abbreviations

ACCos	Aboriginal Community Controlled Organisations
ACMS	Australian Child Maltreatment Study
AI	Artificial Intelligence
AIHW	Australian Institute of Health and Welfare
ANROWS	Australia's National Research Organisation for Women's Safety
CAMHS	Child and Adolescent Mental Health Services
DSS	Department of Social Services
GAD	Generalised Anxiety Disorder
LGBTIQ+	Lesbian, Gay, Bisexual, Transgender, Intersex and Queer (plus)
MDD	Major Depressive Disorder
NAP	National Action Plan
NAP 7	National Action Plan Measure 7
NAP 10	National Action Plan Measure 10
National Strategy	National Strategy to Prevent and Respond to Child Sexual Abuse (2021-2030)
NCC	National Children's Commissioner
NDIS	National Disability Insurance Scheme
NIAA	National Indigenous Australians Agency
National Office	National Office for Child Safety
OOHC	Out-of-home care
PTSD	Post Traumatic Stress Disorder
SNAICC	Secretariat of National Aboriginal Islander Child Care
SQE	Supporting Quality Engagement

Foreword

‘Do things with the information we tell you’.

This was the quick response of one young girl to my question: ‘What’s the most important thing you would like me to tell the Prime Minister if I get to meet him?’ This urgent plea echoes the sentiments shared in all our consultations with children and young people for this report.

These were often difficult conversations in which many children, who had themselves experienced maltreatment or had witnessed others being harmed, gave us wise advice about what works to prevent these problems and also to help children heal. These children want more than more ‘talk’, they are asking for action from those with the power to change things.

This is central to the ‘participation’ of children. This is not just about listening to what children and young people have to say. It’s about making sure the right people – the decision-makers in government – hear them and are accountable to them for action. Australia’s commitment to the UN Convention on the Rights of the Child requires not only that we listen to children, but that we act to protect their human rights. To do this, we need to elevate child wellbeing to be a national shared priority for our Federation.

In this report we focused on how to improve services and supports for victim and survivors of child sexual abuse, to inform the National Strategy to Prevent and Respond to Child Sexual Abuse 2021-2030. One of my key learnings from these consultations is that children and young people are fearless. Given a safe environment, they will explore difficult subjects. They told us what was working, as well as painting a picture of broken systems that are meant to help them. But they also offered solutions about how to start building a safe environment for all children, especially the most vulnerable.

The children and young people were impressive in their openness, energy, and generosity of spirit. They were ready to share their ideas and challenge my own. Now, we need to take their ideas forward; ideas that, if taken up by decision-makers in government, could improve the wellbeing and safety of victims and survivors of child abuse, their friends and peers and their families.

I’d like to thank our invaluable partner organisations who hosted our consultations and organised on-the-ground logistics, our reference group of experts who advised us on child safety in our consultations, the National Office for Child Safety and our other government partners, and the children and young people who participated in this important work. I hope we can meet their expectations of us.



Anne Hollonds

National Children’s Commissioner



Executive summary

1. What this is all about

The right of all children to be heard and taken seriously constitutes one of the fundamental values of the Convention on the Rights of the Child.¹ This right is not systematically realised across Australia.

Recent inquiries and the landmark Australian Child Maltreatment Study (ACMS) have demonstrated that child maltreatment is a widespread and pressing issue in Australia. Too many children and young people experience harm such as sexual abuse and some, such as those living with disability, have even greater vulnerability. Significant numbers of children and young people come into contact with child protection systems with disproportionately high rates of First Nations young people being impacted by these systems.

The ACMS provides compelling evidence that child maltreatment has enduring effects and is associated with mental health concerns. It is critical that children and young people have timely access to support that meets their needs in their help-seeking journey and recovery.

The Supporting Quality Engagement with Children (SQE) consultation project is undertaking consultation activities across five Key National Strategies² to elevate the voices of children, young people and their families in policies and services directly impacting upon them.

More broadly, this report aims to contribute to the evidence base built over the three years of the project, which identifies ways to embed the views of children, young people, and their families in the future development of policy and services. [Sections 3 and 4](#) inform us about what children and young people want; and [section 5](#) tells us about what they thought of our consultation methodology.

This report is informed by the focus of the individual strategy nominated by the Steering Committee for this first year, the [National Strategy to Prevent and Respond to Child Sexual Abuse 2021-2030](#) (National Strategy), with a specific focus on National Action Plan (NAP) measures to:

- deliver a website and helpline to assist victims and survivors access help and information (NAP 7), and
- set up a national support service for non-offending family members of child sexual abuse perpetrators (NAP 10).

While we focused on these measures, much of what children and young people shared broadly aligns with priorities identified under all five strategies, plans and frameworks.

In order to gather children and young people's views, small group consultations were conducted with 232 children and young people across all Australian jurisdictions between July and October 2023, including metropolitan, regional and remote areas. The project sought to include children and young people from a diverse range of backgrounds, including First Nations children and young people, children and young people living with disability, culturally and linguistically diverse children and young people and those with lived experiences of child sexual abuse. This was a qualitative study and disaggregation of data between demographic groups was not possible.

Figure 1: Where we consulted

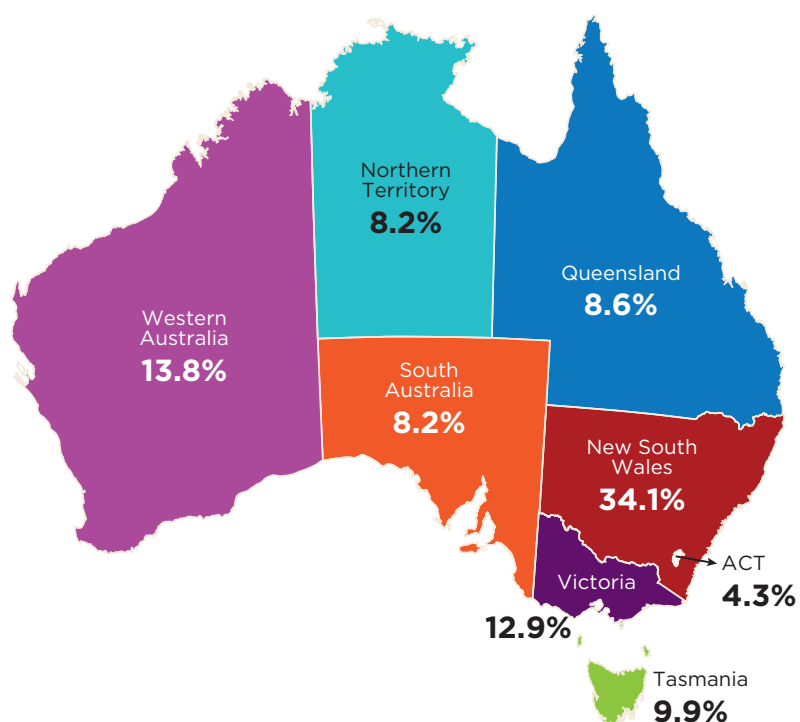


Figure 2: Age breakdown of participants

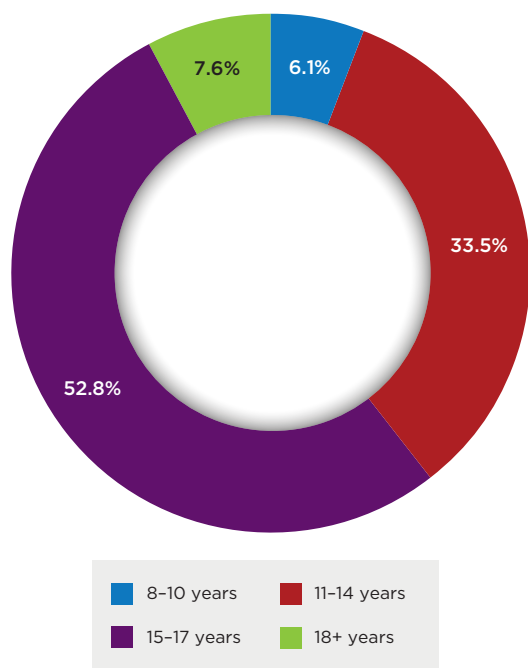
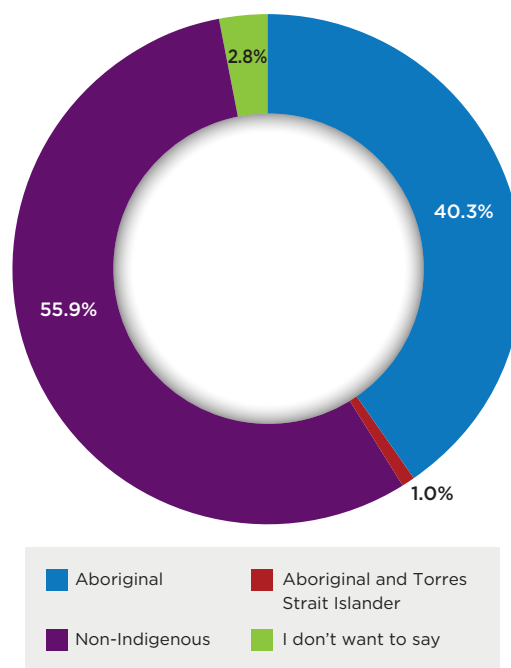


Figure 3: Participants by First Nations status



All consultations were conducted through organisations already providing services to children and young people, including mainstream schools. We asked children and young people about the people and places they turned to in tough times, such as when they experienced violence within their families, or were hurt and abused, including physical, sexual and emotional harm. This included family and friends, **support people**, such as teachers and sports coaches, **services**, including the partner organisations we worked with, and **information** about the issues they are facing and where they might get help. Consultations started with broad questions around service access and provision before discussing specific questions related to NAP 7 and NAP 10.

The voices of children and young people are included throughout the report. These are shown in inverted commas within the text and in popout boxes.

2. How children and young people start their help-seeking journey

Children and young people told us that they go through a number of stages before they engage with formal services.

Children needing support often started their journey **alone**, using personal resilience and their own resourcefulness to manage their circumstances. Some did not even know that they needed help. They indicated that when they experienced abuse for the first time, they did not necessarily know that it was wrong.

When children and young people realised that they needed help, they talked about how hard it was to ask for it, not knowing who to ask, or what to ask for.

When initially reaching out for help, they said that they mainly reached out to **family** and **friends**. They talked about the circumstances which informed this decision.

— “ —

I think if someone is wanting help then the first thing they would probably do is talk to their friends.

— ” —

While many reached out to **family**, this was not an option for those living with perpetrators or adults unable, ill-equipped or disinclined to help. Some children and young people faced marginalisation because of disability. Others faced cultural or language barriers, with families' understanding of mental health differing across cultures and generations.

Many children and young people identified **friends** as sources of support. Some worried that they didn't know how to guide a peer on their help-seeking journey.

Further details about these informal supports can be found in [section 2](#) of this report.

3. What children and young people want

Children and young people recognised that many of them require more than informal levels of support, and need to engage with formal services. They spoke openly about the helpful and unhelpful aspects of their own engagement with supports and articulated key principles to guide service provision for children and young people requiring help.

— “ —

We know it can get better, but it's hands on action we need.

— ” —

Children and young people identified four key requirements to successfully engage with services.

3.1 To feel safe

When seeking help or being helped, children and young people said they needed **to feel safe**. They wanted services to **prioritise building trust**, to **take their confidentiality seriously**, to **create safe spaces** and to **provide wraparound services** to meet all their needs.

— “ —

You can talk to someone you trust. Someone you know won't turn their back to you. Someone you're comfortable with.

— ” —

3.2 To be heard and understood

Children and young people said that they wanted to **be heard and believed**, for the complexity of their stories **to be understood**, and to be seen in the context of their environment. They wanted services to **actively listen**, **normalise help-seeking**, **provide specialist support** for groups that need it, and to **offer individual pathways** that reflect the learning needs, gifts and interests of all children and young people. They want **investment in services to cut waiting times** and **appropriate and sensitive responses** from frontline staff.

— “ —

She [counsellor] listens, not about to judge, she's not about to reword your words for you, what you said is what you said; she doesn't switch it up.

— ” —

3.3 To connect

Many children and young people described wanting to access services, supports and information in ways that could **connect** them with a range of trusted people. They wanted services to **make space for peers to learn from peers**, especially those who have lived experience, to **provide psychosocial support in schools**, to **provide help to families of vulnerable children**, and to **empower young people to connect to culture**.

— “ —

It would be good to connect with someone who's gone through the same things, someone your age ... maybe talking to someone who's been through the same stuff.

— ” —

3.4 To have choice and control

When asked about what helped them in tough times, children and young people talked about having **some control** or influence. They wanted services to **enable young people to have agency** so they can maintain control over their narrative, to **provide options and flexible service delivery**, and to **equip young people with knowledge** so they know about abuse and violence from a young age and how to access support.

— “ —

We need more support and different types of support, more variety ... different ways of supporting people.

— ” —

Further details about these conditions can be found in [section 3](#) in the main body of this report.

4. How children and young people want to access help and knowledge

Children and young people clearly identified their preferences in terms of accessing information about services as well as how they actually access them.

4.1 Preferences for accessing information about services

Children and young people identified a number of ways they found out – and would prefer to find out – about services available to them.

Word of mouth: Usually from friends and family, which made it more trustworthy.

— “ —
We find out a lot [about supports] from other children.
— ” —

School: Usually through assemblies or organised information days or sessions, posters around the school, or referrals from teachers and counsellors.

Billboards: Having a physical place where services and supports were advertised was easier than wading through information on the internet, and was fixed, so someone could easily go back to it.

Through other services: Referrals from trusted adults was a useful way to learn about other services, but that relied on already being within the service system.

An information centre about services and support: Much like a tourist information centre, this would be a physical space that directed children and young people to the service most appropriate to their needs.

Looking online: Websites and apps were a go-to for information, with young people suggesting strategic use of social media to advertise services. However, they were concerned about online safety.

— “ —
I wouldn't really go through websites or people I don't know.
— ” —

Further details about these preferences can be found in [section 4](#) of this report.

4.2 Preferences for accessing services

In all groups, there was a great deal of discussion around children and young peoples' preferences for service delivery. There was strong agreement that all **options needed to be made available**. Each child or young person is different and will want to seek help differently.

— “ —
The problem with instant services, you're not going to expect the best of them because they don't know you, don't know what you've been through, who you are, the things you like to do ...
— ” —

Meeting a service provider face-to-face:

Overall, children and young people emphasised that there was no substitute for speaking with someone in person. If they could see someone's face, it helped to build trust.

— “ —
Face-to-face is the best option. I feel like it just wouldn't be the same if it's over the phone, when you get to talk to the person I feel like you can explain more with your actions and stuff.
— ” —

Accessing services on the phone: Talking on the phone was the least preferred help-seeking method. Children and young people found it nerve-wracking, too formal and ‘awkward’, preferring to send text messages instead. Talking on the phone at home also felt unsafe.

— “ —
I hate talking on the phone.
— ” —

Getting help online: Online options are important for children and young people who were not comfortable engaging face-to-face. People felt less judged online and it was easier for young people to open up when they were typing and ‘you can take a break and think about it.’ The anonymity also offered ‘a safety net if you’re talking about something hard’. However, some children and young people expressed scepticism about online support, particularly around the use of artificial intelligence.

— “ —
I just prefer typing, no contact
with a human being.
— ” —

4.3. ‘One big website’ for children and young people

When asked about the value of providing a website and helpline to assist victims and survivors access help and information (NAP 7), many children and young people advocated for **a comprehensive and inclusive website**. They suggested that it be a ‘free, safe environment and space for all people [of all] cultures or genders or queer identity’. They said it should have specialist content for victims and survivors of child sexual abuse, while being set in the broader context of children’s and young people’s wellbeing needs.

— “ —
Made for young people by young people.
— ” —

However, they were concerned that a new website may replicate existing sources of information and support. Additionally, some were wary about the safety of online support. They voiced concern for some children and young people having **limited access** to technology, including younger children, children from lower socioeconomic backgrounds and young people in regional and remote locations. Some children and young people thought an app would be more accessible than a website, and that it should have very clear and unique selling points that would keep users coming back.

There was consensus that a website should be one of a number of support options available to young people, ‘A website is a really important part of the solution, but it shouldn’t be the only solution’.

As part of these consultations, children and young people identified features and content that could be included in a website design. While these suggestions were made in discussions about a website under NAP 7, they are broadly applicable to any government website designed for children and young people. These included:

(a) Features

- **Children and young people should be involved in the design**, specifically young people with lived experience. Design would be a continuous process and the website should adapt and respond to the needs of children and young people.
- **Layout** should be welcoming, organised, with an **intuitive design**. The colour palette should be adaptable to the age of the user.
- The website should be **accessible** for culturally and linguistically diverse, neurodiverse and people living with disabilities, using audio and visual tools, including colour coding, pictures, voice-enabled supports, tele/text options and language options for the entire website.
- It should include an emotional **check-in system** at the top of the user’s website experience.

- **Enable personalisation** of the website to help filter information per the users' needs – including age and other characteristics – and to encourage return users.
- Find ways to make the user experience **anonymous** and **confidential**, while also being safe, giving the user choice as to how their information is used.

— “ —
In a tough time, they want help but they don't want anyone to know about it.
— ” —

- It should include **distractions**, such as games, quizzes, digital art and music, to help users 'take a break' and calm down.
- Include a **quick exit button** on every page that takes the user to another page so no one can see what page they have been on.
- Enable **interactive chat**, including supportive forums, with other young people who have shared experiences and cultures. A moderator could help to ensure the space remains safe.

— “ —
I think going online and getting to chat is very helpful for young people.
— ” —

- The chat could include **access to specialists** to make it easier to find support, such as integrating a helpline into the website, so that there was a package of support available.
- Clearly mark that the website has **security and Government endorsement** so that users know it is safe and trustworthy.

(b) Content

- Highlight **positive messages and lived experience stories**, including inspirational messages and success stories of people with lived experience who are doing well after tough times.
- Offer **'How to' guidance** for what to say in, and how to deal with, specific situations, including mental health episodes, life skills, and emergencies.
- Include **process information**, such as information for young people about what to expect when they engage with police and child protection systems, so they feel more prepared.
- **Information about child sexual abuse**, informed by research and evidence.

— “ —
I always wanted reassurance for my assault that it was assault. I like facts and reassurance. [We need] the classification of rape and sexual assault, definitions, and mental health supports.
— ” —

- **Links to other services**, including referral options, which should be kept up-to-date and filtered by location.
- **Emergency, crisis and acute** support, including an emergency button and emergency text options, both available 24/7. Also, options for urgent support for issues that aren't life-threatening, but need someone to talk to.

— “ —
It's okay to ask for help.
— ” —

(c) Audiences

Children and young people suggested content be split into age groups, which changed as the user aged. It should also help filter for victims and survivors and their friends who wanted to help them.

It should include information to help parents understand 'what their kids are dealing with' and how to access support. Parents may also need mental health support. Families of perpetrators may also need information because 'everyone's mental health is affected by assault'.

Children and young people also said that there should be a resource section for teachers and friends and 'anyone that wants to provide support'.

Further details about the website can be found in [section 4](#) of this report.

5. What children and young people thought about the consultations

In an anonymous survey following consultations, children and young people told us they appreciated being listened to and having their opinions validated, as well as discussing important topics and being open, without judgement.

— “ —
Our ideas and opinions were properly listened to and validated.
— ” —

— “ —
I got to say what I wanted to say and you guys listened.
— ” —

— “ —
Discussing how kids could be helped.
— ” —

— “ —
We felt safe.
— ” —

This feedback will contribute to building an evidence base which identifies ways to embed the views of children, young people, and their families in the future development of policy and services.

Further details about their responses can be found in [section 5](#) of this report.

6. Reflections

When service systems worked well, children and young people said that they felt safe, heard, understood, connected, and that they had choice. But most children and young people described fragmented, uncoordinated, and unresponsive service systems across Australia. They spoke of it requiring 'magic' for a child or young person to find out about a service and get the help they urgently needed.

Many reported an absence of services and support in their area, variable quality of available services and not being able to access the support that they really needed, especially for those in remote communities or from diverse cultures or circumstances. For example, some told us that mental health services for under 12-year-olds were virtually non-existent in some areas. Existing service systems are not meeting their needs.

Children and young people advocated for places that could address their multiple needs, such as integrated service hubs. They recognised that families and communities also need help to better support the children and young people in their care. They called for more and better trained frontline staff and improved quality of services. They also called for better promotion of information about what was available to them, and a greater voice in decisions that impact them, such as in mandatory reporting processes.

To do what children and young people suggested to improve supports, services and information requires a sustained commitment to systems reform from governments. Recommendations contained in this report offer ways to progress this in the short- to medium-term.

Children and young people have openly and generously shared their insights and experiences. In doing so they have identified gaps and needs which must be addressed as a matter of national priority. They have called Government to action, with their overarching message: 'Do things with the information we tell you'.

7. Recommendations

Recommendations have been divided into two sections. The first is a set of broad recommendations that draw together several of the key issues raised, intended to inform policies and programs across all five Key National Strategies. The second group of recommendations specifically address implementation of Measure 7 and Measure 10 of the [National Strategy to Prevent and Respond to Child Sexual Abuse 2021–2030](#).

Recommendations for all Key National Strategies

Under current Action Plans, agencies responsible for the five Key National Strategies should:

1. Place children's rights at the centre of policy and program design from the design phase through to and including evaluation. One approach to this could be by systematically using a *Child Rights Impact Assessment* (CRIA) tool.
2. Directly involve children and young people, particularly those with lived experience, in the design and implementation of policy and services, consistent with principles in the CRIA. This includes timely and authentic engagement, targeting groups most likely to be impacted by the policy or service, and providing feedback to these groups about how their input has been used.
3. Provide and expand mental health, drug and alcohol, and domestic, family and sexual violence services for the following priority groups:
 - children under 12 and their families
 - children and young people in remote and regional areas
 - children and young people from culturally and linguistically diverse backgrounds
 - First Nations children, young people and their families
 - children and young people with disability.
4. Coordinate and, where possible, integrate different services, such as through:
 - local community 'hubs', such as schools, youth 'drop-in' centres, health and community centres
 - providing 'whole-of-family' services
 - providing opportunities for peer-to-peer support
 - providing individual pathways so that children and young people have flexibility and choice in the services they use
 - providing quality 24/7 specialist support services – such as crisis counselling and 'safe space' services (see [section 3.4](#)) – that are responsive to children's and young people's needs
 - requiring service providers to co-design and evaluate their services with children and young people.
5. Expand child safety and wellbeing education to increase levels of community awareness and improve access to services, including:
 - developmentally and culturally appropriate school-based education on child sexual abuse and family and domestic violence for children and young people, building on Respectful Relationships Education – and starting in primary school

- community education, through media, schools, and services, on child sexual abuse and family violence – building on ‘One Talk at a Time’ – including culturally appropriate content developed in partnership with communities.
6. Require quality ongoing professional development and supervision for those who work with children and young people, such as teachers, service providers, first responders and volunteers, with a strong focus on empowering and involving children and young people so they have choice and agency. The *Minimum Practice Standards: Specialist and Community Support Services Responding to Child Sexual Abuse* (Minimum Practice Standards) should inform these efforts for specialised and community support services responding to child sexual abuse, and could be instructive for efforts across a broader range of services for children and young people.
 7. Promote the availability of services for children and young people in ways that are visible and freely available, including through:
 - billboards, posters and flyers, in community settings
 - websites, apps and streaming services
 - school excursions, incursions and Expo Days
 - referrals via other services
 - community outreach with First Nations elders and culturally and linguistically diverse leaders.
 8. Work in partnership with state and territory governments to expand specialist in-person services for victims and survivors of child sexual abuse, and for non-offending family members, to complement online services.

Recommendations for the National Office for Child Safety

Children and young people overwhelmingly talked about a preference for face-to-face services. This was particularly the case with young people using child sexual abuse services. Acknowledging this preference, it is recommended that Measure 7 in the [National Strategy to Prevent and Respond to Child Sexual Abuse 2021-2030](#) be considered within a suite of services – both online and offline – for children and young people. In developing a new website and helpline to assist victims and survivors of all ages, the National Office for Child Safety, should:

9. Make this resource inclusive and appropriate for children and young people who are victims and survivors by:
 - incorporating co-design with children and young people, particularly those with lived experience, building on the guidance contained in this report
 - including a process for ongoing review of website content and features, including modalities for user feedback and periodic consultation with a youth advisory group or reference group, comprised of children and young people with lived experience, and from marginalised groups
 - adequately resourcing it with subject matter expertise to ensure comprehensive coverage of, and quality provision for, children and young people nationally – this should include resources and measures to keep waiting times to a minimum
 - including and incorporating resources for victims and survivors of varying ages, their peers and families, including families of perpetrators (NAP 10).

1. What this is all about



“ States Parties shall assure to the child who is capable of forming his or her own views the right to express those views freely in all matters affecting the child, the views of the child being given due weight in accordance with the age and maturity of the child.

– Article 12, Convention on the Rights of the Child.

The right of all children to be heard and taken seriously constitutes one of the fundamental values of the Convention on the Rights of the Child.³ In Australia, there are opportunities for some children and young people to be heard, including initiatives at national and states levels, in schools, and within organisations in the non-government sector. However, this right is not systematically realised across the country.

While there is a growing awareness of the value of children’s voices, how to engage children and young people in a meaningful way that brings about change is still an evolving practice.

In 2023, the Australian Human Rights Commission and UNICEF Australia released Australia’s first national *Child Rights Impact Assessment* (CRIA) tool to help governments and service providers assess how children’s rights and wellbeing will be affected by new laws and policies. A child-centred approach, this includes the imperative to count children and young people as sources of information when developing and accessing policy and services. This can be complemented by a Child Rights Impact Evaluation (CRIE) process, to measure the actual impact on children and young people following implementation.⁴

Opportunities for vulnerable and marginalised children and young people to participate are extremely limited. This need has been acknowledged in the *Minimum Practice Standards*, recently released by the National Office for Child Safety (National Office), which call for ‘the participation of people with lived experience of child sexual abuse in relevant decision-making functions’.⁵

This project has sought ways to engage children and young people with lived experience in safe and trauma-informed ways.



1.1 Situation of children and young people

In recent years, the pervasiveness of child sexual abuse in Australia has been exposed. In 2017, the Royal Commission into Institutional Responses to Child Sexual Abuse (Royal Commission) examined extensive evidence of the failings of governments, organisations, communities, and individuals to protect children in institutional settings. The Royal Commission heard that many institutions where children and their families placed trust and looked to for guidance, including religious institutions, schools, out-of-home care settings, recreational and arts-based organisations, community organisations, and detention centres ‘did not have a culture where the best interests of children were the priority’.⁶

Adding to this picture, the Australian Child Maltreatment Study (ACMS), released in 2023, provided clear evidence that child maltreatment was widespread in Australia and was a pressing issue for our community. Going beyond institutions, the ACMS findings include child maltreatment in families and communities, showing the scale of the abuse. It showed that child maltreatment was endemic with prevalence rates showing physical abuse at 32.0%, sexual abuse at 28.5%, emotional abuse at 30.9%, neglect at 8.9% and exposure to domestic violence at 39.6%.⁷

Over one in four young Australians (aged 16 to 24) reported having experienced physical abuse (28.2%) or sexual abuse (25.7%).⁸ Out of the five types of child maltreatment, child sexual abuse and emotional abuse are attributed to the highest likelihood of self-harm, suicide attempts, cannabis dependence, smoking, and significantly increased odds of major depressive disorder (MDD), generalised anxiety disorder (GAD), and post-traumatic stress disorder (PTSD).⁹ A national gender disparity was evident in the study with females experiencing significantly higher rates of

sexual abuse, emotional abuse, and neglect, and comparable levels of physical abuse and exposure to domestic violence. The prevalence of multi-type maltreatment is also significantly greater in females.¹⁰

The 2021–22 Australian Institute of Health and Welfare (AIHW) Child Protection Data showed that around one in 32 children came into contact with Australian child protection systems. Approximately one in 124 were the subject of substantiated (investigated and concluded) maltreatment reports. Of these 13,600 were Aboriginal and Torres Strait Islander children (40 per 1,000 Indigenous children) and 30,500 were non-Indigenous children (5.7 per 1,000 non-Indigenous children).¹¹

In June 2022, 45,400 children were in out-of-home care (OOHC) and of these, 19,400 were Aboriginal and Torres Strait Islander children (57 per 1,000 Indigenous children) and 25,900 were non-Indigenous children (4.8 per 1,000 non-Indigenous children).¹² The Secretariat of National Aboriginal Islander Child Care (SNAICC) Family Matters Report 2023 states that Aboriginal and Torres Strait Islander children are 10.5 times more likely to be in OOHC than non-Indigenous children¹³ and are overrepresented in permanent care arrangements.¹⁴

The high and disproportionate rates of First Nations children in child protection systems are influenced by the complex and painful history of colonisation, policies of separation of children from family and culture, continued social disadvantage and inequity as well as intergenerational trauma.¹⁵ Being overrepresented in high-risk settings such as OOHC can place First Nations young people at further risk of maltreatment, and they can face additional barriers in terms of disclosing harm and engaging with services or support systems.¹⁶

People living with disability experience harm, such as sexual abuse, at higher rates than those living without disability. In Australia, 8.2% of children aged under 18 live with disability (around 450,000 children).¹⁷ The Royal Commission noted that, in general, children with disability were more than twice as likely to experience sexual abuse than children who did not have disability.¹⁸ Young people with disability can often face significant barriers in terms of accessing services and support systems.

Child abuse has enduring effects throughout life, with increased health service use, including a ‘massive mental health burden’.¹⁹ Due to the long-lasting, wide-ranging effects of abuse, ‘the strain on our health system is considerable’. Mental health disorders and health risk behaviours associated with child maltreatment crystallise early in life.²⁰ The Productivity Commission estimated the annual national cost of mental ill-health and suicide at \$200–\$220 billion,²¹ with child maltreatment contributing substantially to this national health and economic burden.²²

1.2 Supporting Quality Engagement

Increasingly, government is recognising the value of lived experience in the design and delivery of effective services. It is in this policy context that the Australian Government is providing \$2 million over three years (2023–2025) for the National Children’s Commissioner (NCC) to increase capacity to consult with children and young people on the effectiveness of Government programs.

The Supporting Quality Engagement with Children (SQE) consultation project is undertaking consultation activities across five **Key National Strategies**, including the associated action plans:

- [Safe and Supported: The National Framework for Protecting Australia’s Children 2021–2031](#) (Department of Social Services – DSS)
- [National Plan to End Violence against Women and Children 2022–2032](#) (DSS)
- [Australia’s Disability Strategy 2021–2031](#) (DSS)
- [National Strategy to Prevent and Respond to Child Sexual Abuse 2021–2030](#) (National Office for Child Safety – National Office)
- [National Aboriginal and Torres Strait Islander Early Childhood Strategy](#) (National Indigenous Australians Agency – NIAA).

The consistent priority across all five Key National Strategies is to elevate the voices of children, young people and their families, and recommend ways to embed them in decision-making for policy and programs.

The SQE consultation project draws on the lived experiences and views of children, young people, and their families, to contribute to the evidence base informing the design and implementation of Australian Government policies affecting them.

1.3 Year 1 Focus

The focus of consultations for each year of the project is determined in consultation with government partners. In 2023, the focus has been on the [National Strategy to Prevent and Respond to Child Sexual Abuse 2021-2030](#) (National Strategy), with a specific focus on National Action Plan measures to:

- deliver a website and helpline to assist victims and survivors access help and information (NAP 7), and
- set up a national support service for non-offending family members of child sexual abuse perpetrators (NAP 10).

As consultations progressed, they tended to focus on NAP 7. It was frequently difficult to shift the conversation from victims and survivors to non-offending family members, the focus of NAP 10 (see [section 10.7](#) on limitations). Children and young people told us that services should be comprehensive enough to cover all children, young people, their peers, their families and their communities who require help in these areas. Note that during the consultation process, the National Office broadened the focus of NAP 7 from a website to a 'national point of referral to help victims and survivors to access help and information'. Given that we spoke to children about a website service, we retain that terminology in this report. However, it should be noted that much of the feedback from children and young people remains relevant and will be very useful in the design of a service that meets people's diverse needs in a trauma-informed, culturally-safe and accessible way.

In addition, much of what children and young people shared broadly aligned with priorities identified under the remaining four strategies, most noticeably the [National Plan to End Violence Against Women and Children 2022-2032](#).

This report highlights the perspectives of children and young people, including those not yet engaged with service systems under any of the five Key National Strategies, as well as those who are engaged across the service system. It provides insights into how children and young people view their situation, how they seek information, and their preferences on accessing services and support. It makes recommendations, based on what children and young people told us about how policies and programs can be improved, and about how their lived experiences can be appropriately valued and incorporated into ongoing decision-making about matters that affect them.

1.4 The children and young people we consulted with

Small group consultations were conducted with 232 children and young people across all Australian jurisdictions between July and October 2023, including metropolitan, regional and remote areas.

All consultations were arranged through organisations already providing services to children and young people. These included schools and other educational programs (such as specialist and alternative schools), child sexual abuse and domestic violence services, disability services, ACCOs and other child and youth support services.

Consultations were conducted in small groups, limited to 10 children and young people, to ensure a safe and supportive environment. In some settings, support workers from the partner organisations were invited to co-facilitate sessions. All consultations were conducted in the presence of a trusted adult (such as a teacher, youth worker, case worker). This allowed for support to be available for children and young people both during and after the consultation.

We asked children and young people about the people and places they turned to in tough times, such as when they experienced violence within their families, or were hurt and abused, including physical, sexual and emotional harm. This included family and friends, support people, such as teachers and sports coaches, services, including the partner organisations we worked with, and information about the issues they are facing and where they might get help. Consultations started with broad questions around access and provision, focusing on:

- children and young people's awareness of services and supports and how to access these when needed
- ways children and young people want to find out about different services and supports
- children and young people's preferences for different types of services/modes of support and understanding why they have these preferences
- how awareness and preferences differ depending upon age and cultural background.

Consultations then 'drilled down' to specific questions relating to National Action Plan Measures 7 and 10 in the National Strategy.

It was of utmost importance that children and young people felt safe to participate, so we provided choice as to how sessions took place. As a result, some children and young people chose to share their views in individual interviews. The group-based consultations and individual interviews were supplemented by a survey to collect demographic information and give children and young people an alternative way to give their opinions if they were uncomfortable to speak in a group setting.

Consultations were conducted around two key activities. For the broad questions around service access and provision, children and young people were invited to build a 'Tree of Supports'. They stuck leaves onto the branches of a tree to indicate services, supports and information that had been helpful during tough times. Services, supports and information that had been unhelpful were on leaves fallen to the ground, and services and supports they wished

had been available to them during tough times were in the sky. The second activity was focused specifically on NAP 7 of the National Strategy and involved children and young people designing a website and helpline for victims and survivors of child sexual abuse.

Some children and young people had lived experience of abuse and violence; some talked about the situations other children and young people had faced. Some children and young people talked about accessing services, while others had not engaged with formal services.

In this report, 'First Nations' is used consistently to refer to all Indigenous Australians. Where sources cited have used terms such as 'Aboriginal and Torres Strait Islander' or 'Indigenous', we have respected their terminology.

The term 'children and young people' is used to describe anybody under the age of 18, in line with the definition of a child in the Convention on the Rights of the Child.

Demographics and further information about how we consulted can be found in Appendix 1 and 2.

2. How children and young people start their help-seeking journey



Children and young people shared many stories with us, stories about themselves, their families and their peers. As they described their individual experiences of supports, services and information-seeking we heard that every child and young person started their help-seeking journey by themselves.

2.1 Self

In the first instance, many children and young people reported looking internally or to self-reliance as their key strategy in tough times. Some young people spoke about preferring to 'mainly keep to myself'. Others talked about how they tried to help themselves in difficult situations. One of the ways they identified was to look for information and ideas that they could implement by themselves.

Many children and young people were wary of looking for outside support with one young person commenting 'I know what's best for me'. Young people commonly spoke about knowing themselves better than anyone else and spoke about their resourcefulness and the various actions and strategies they adopted to try and improve their situation.

Some did not even know that they needed help. They indicated that when they experienced abuse for the first time, they did not necessarily know that it was wrong. As one young person said: 'How does someone know if it's abuse or an unhealthy dynamic if you've never seen anything else?' 'How would you know if you needed help?'.

When they did want to look beyond themselves for help and answers, children and young people said that they often did not know what help to seek. Many young people told us that it was daunting to reach out for information and support. They feared judgement. Young people felt embarrassed or fearful to seek support and were worried about what might happen if they shared their story with an adult.

Children and young people said they were not consistently provided with information about family violence, sexual abuse and mental health. They described help-seeking as not always normalised in their communities, with little role modelling from adults in their lives. One young person told us that 'it's very, very hard to do it by yourself as a kid without a parental figure'. This is further exacerbated when adults around the young person are unsafe and are the perpetrators of harm or abuse.

When children and young people realised that they did need help, they talked about how hard it was to ask for help, not knowing who to ask, or what help to ask for.

“ As a kid I didn't know about any services.



Children and young people discussed knowing they felt upset, but not being able to describe their problems, so 'you don't know what you need'. This was especially relevant for victims and survivors of child sexual abuse. Victims and survivors highlighted that 'no one talks about this, shows them the way' about sexual abuse,

nor did they see help advertised. Because of this, some children and young people said that young people may worry that experiences of abuse or harm were their fault.

Children and young people reported that younger children often had an even harder time accessing support. One young person recounted having been in a domestic violence situation from the age of seven years but did not know what support was available or have any information that could help her.

Children and young people with disability felt even further removed, with communication and other access barriers exacerbating their vulnerability. They were more reliant on others for guidance.

When initially reaching out for help, children and young people said that they mainly reached out to family and friends. They talked about the circumstances which informed their decisions, including the types of barriers they experienced on their help-seeking journey.

2.2 Families

Families are often the first supports that young people look to in difficult times and they have a significant influence on young people's access to services and how they begin their help-seeking journey. Young people spoke about the fact that families can facilitate, or alternatively restrict, access to services.

Family members often had complete control over whether young people had access to transport or wi-fi, whether they could afford services, or whether they were able to attend appointments. Sometimes families were unable or unwilling to meet young people's physical and emotional needs. Young people talked about situations of abuse, violence, substance misuse and other harm that made family situations unsafe, with one young person stating, 'a lot of my friends at school don't have safe homes to go to'.

Children and young people spoke openly about the fact that families were not always helpful and did not always keep young people safe, that 'it really depends on the family member and the relationship you have with them'. Sometimes, this was complicated by cultural and generational differences, with some young people from First Nations and culturally and linguistically diverse backgrounds saying that there could be misunderstandings within families. If a child came from a community or culture where abuse and mental health were not discussed or recognised, it was often difficult to find the language to explain what was happening, to identify the type of help required and to convey this in ways their family and community could accept.

“ My parents aren't from here. They grew up in a whole different background from me, they haven't experienced the things that are happening right now. It's hard for them to give me advice on something they haven't experienced, especially if they don't speak English.

Some children and young people also spoke about a sense of shame within their families and a reluctance to open up about difficult situations, such as experiences of abuse or mental health concerns. Some spoke of families being resistant due to previous negative experiences when help-seeking.



Where families were identified as being safe, some children and young people described them as being supportive when they were searching for answers. They described safe

families as having open communication, good mental health and wellbeing literacy. Some said that supportive family members could assist them to recognise when they needed help, and could help them to navigate service systems.

One young person spoke of her parent being a safe support to her wider peer group that mostly looked to one another for support. Having this type of relationship helped equip her to offer support to a friend and link them into other trusted adults.



2.3 Friends

Young people commonly turned to friends in their help-seeking journey. Children and young people consistently spoke of their friends as critical supports and sometimes the only people that they felt safe sharing information with.

Friends were often best placed to notice when things were not okay and when young people needed help.



I think if someone is wanting help then the first thing they would probably do is talk to their friends.

Young people described a sense of being known and accepted unconditionally by friends, with one young person stating, 'there are some things you can tell your friends that you might get into trouble for if you tell your parents'. Children and young people talked about friends being approachable and highlighted that it can be easier to relate to 'someone your age, they're going through the same things, they'll understand better'.

Young people reported making efforts to support their own friends. They spoke sensitively and empathically about the difficulties of other young people they knew and would 'talk to them and suggest places they could go'. Despite these good intentions, young people faced challenges in being there for a friend who experienced harm or abuse. They often felt ill-equipped to guide a peer on their help-seeking journey, especially if they didn't have a trusted adult available, or support themselves.

Some children and young people described feeling let down by friends who had failed to offer them the support they needed. Many children and young people talked about 'fake friends' who betrayed their trust. Some young people talked about friends who have breached confidentiality, teased them about personal experiences they shared, or been insensitive to their needs. They gave examples of peers who cut them off mid-way through a story or tried 'to one up you with their problems'. In these circumstances some young people turned to older friends or online friends who they perceived as more removed from their day to day lives, less judgemental, or more available to them at times they needed.



Up to this point, the help-seeking journey has been characterised by engagement with the familiar: self, family and friends. Support, where it was available, has been informal, or a child may have had no support from these sources and is now more vulnerable. Even though children and young people described informal supports as being helpful, they recognised there were times when they needed to engage with external services.

3. What children and young people want

Children and young people spoke openly about the helpful and unhelpful aspects of their own engagement with services and identified four key requirements to guide service provision.

“ We know it can get better, but it’s hands on action we need.

3.1 To feel safe

“ I know a lot of kids that go quiet out of fear ... you’re not told what to do.

When seeking help or being helped, children and young people said they needed to feel safe. Children and young people often described their family members as a safe haven, with trusted adults available to support them. They also said that friends provided a safe space to help them in tough times.

Some children and young people expressed a fear of authorities and were hesitant to reach out for help for fear of being on the radar of police and child protection. They feared being taken away from their homes and placed in worse situations.

Children and young people identified four key safety elements when engaging with services. These included:

(a) Prioritise building trust

Trustworthiness was imperative for children and young people to feel safe enough to engage with services. Building a trusting relationship was about making a connection and maintaining it so that they ‘keep your confidence’. In this relationship, ‘you can talk, they listen and don’t judge you’. Several

children and young people described trust as something that was instinctive – ‘you can sense if they are trustworthy because they have a vibe’ – and are ‘genuine, like they actually care’.

Knowing
there is people
who care

(b) Take confidentiality seriously

Children and young people felt that building trust with anyone required confidentiality. They said that they wanted to know that nothing would be shared with other people or that it wouldn’t be recorded. If they chose to seek help, they didn’t want ‘proof’ that they’d accessed services. For example, children and young people commented that some counsellors seemed to just write up a file before reporting the meeting to the principal and sometimes to parents, which some felt was a betrayal of trust and a violation of their privacy.

This was a key issue for children and young people who wanted support without their parents knowing. They said they needed to be able to access free health services, like Child and Adolescent Mental Health Services (CAMHS) and Headspace.

“ It’s [CAMHS] relatively easy to sign up for, you can sign up on your own if you’re over 16, and it’s helpful for friends whose parents aren’t as helpful with their mental health.

Some children and young people expressed concern about their parents and families knowing about their accessing services, and a desire for privacy and confidentiality. One young person spoke about her fear of accessing services via her phone as her parent routinely took her phone from her and checked her messages and online history. This young person disclosed that there was a history of difficulties within her family and if her mother found she had accessed a service for family violence or abuse, there would be repercussions for her, including potentially being kicked out of home.



Concerns about confidentiality were amplified for children and young people living in small regional and remote towns. In these areas, limited access to services was coupled with service providers knowing their families:

“Most of the people who run it, you know them ... it's local people and they might feel shy talking about their problems as most of the local people know their family.

(c) Create safe spaces

There was strong agreement that good counsellors and support people helped children and young people feel safe to open up. They did this by listening and helping ‘to make them feel safe coming to you, talking to you’ instead of ‘forcing or demanding the child to talk about their problems’.

Children and young people gave many examples of safe spaces that they have used and suggested more support for these spaces and buildings.

- Wellbeing spaces in school, such as a calm down space where kids can draw and colour in or listen to music. Some young people spoke positively about sensory rooms and silent rooms in school that students could use to unwind or decompress. One young person highlighted that they had control over accessing these spaces by using an ‘exit card’ in class to flag when they needed to take themselves off and ‘go to wellbeing’. ‘If I’m angry or in a bad mood or upset I can use it.’
- Some children and young people said that drop-in centres and youth centres offered a place for young people to connect, make new friends and ‘hang out’. For some, these centres offered a ‘safe welcoming environment, if you’re not safe at home’. Similarly, child protection and supporting non-government services were praised for providing a free and available safe space to go when home was not safe. These spaces were particularly important to victims and survivors who could not go home because the perpetrator was there.
- Children and young people said there should be community support for short-term crisis shelters and supported accommodation for victims and survivors. There was discussion about prioritising young mums. Some children and young people said that such housing should be available when it was needed, not after the victims and survivors had already been homeless. They also said that paperwork should be reduced. Ideally, information on accessing these resources would be available on advertising posters at school and through counsellors. A centre specifically for victims and survivors could also offer referrals to resources for young people who need sustained support and transitional or long-term housing for recovery.



- Some children and young people said that there could be a role for a community help service to support them. Instead of going to the police, 'it would be good if there were offices for kids to go that were safer', staffed with people who were specialised and understood abuse. These children and young people felt that police were too busy and specialists 'could consult you and be there for help'.

(d) Provide integrated services from one accessible location

Several children and young people took the concept of a safe space further, suggesting that because they felt safe in some spaces, these spaces could provide a platform for children and young people to access other services that helped them to thrive.

- Some children and young people pointed out that schools were the only formal service they could access and could be a gateway to other services. There were examples of schools enabling regular on-site access to doctors, nurses and Headspace counsellors, for example. Other children and young people spoke of being able to access support via teachers and even community police officers who were based in their school environments. These staff were also gateways to other resources and services that could help, as well as making referrals to other appropriate services. Some children and young people wanted schools to support out-of-hours educational support and tutor programs.
- Some children and young people came from schools that offered holistic supports, including social workers and support people, breakfast and lunch, support and education about mental health, family issues, abuse, and other helpful supports. Students said that these schools 'understand our situation', unlike mainstream schools. They felt that the biggest difference was that mainstream schools were too focused on outcomes, whereas their school focused on wellbeing. 'You can't really work on [your] education if you're not doing the best.'

- Other children and young people expanded on youth and drop-in centres. For many, youth centres were a place of safety that 'help you to stay away from trouble'. They were somewhere to hang out that was separate to family and friends from everyday life. 'I just want to go somewhere and let it out', playing sports, including basketball, ping pong and boxing, cooking, painting and playing Xbox or PlayStation. Some centres also provided food, clothing, health care checks, showers, and books, as well as arranging outings. Other drop-in centres or youth centres offered more structured activities, including help with homework, job searching, and drug and alcohol recovery programs.
- For children and young people in regional and remote areas, integrated and holistic supports provided through safe spaces were raised as especially helpful. Children and young people in remote communities who did not have access to such spaces expressed a strong desire for 'spaces where they can go and chill out', 'something to do' and 'somewhere they can go to get a feed'.

There is international and local evidence that supports the effectiveness of holistic and integrated service delivery for children and young people.²³



3.2 To be heard and understood

“ They [child protection workers] didn’t believe me, which is the one thing you should do.

“ No one listens, they think oh you’re a kid, that’s right, just deal with it.

Children and young people said that they wanted to ‘be heard’. They wanted space to express themselves, and for services to ‘actually listen to them and help them with their problems’. A critical part of this was to be believed and taken seriously, not have their problems and concerns minimised ‘because they are just kids’. One young person said that ‘all too often young people need to get help, but when they do, an adult interjects, which causes them to be doubted’. Children and young people did not want to be in a situation where ‘the adult’s words hold more weight than yours do’.



This also applied to mental health settings where children and young people wanted to direct the conversation and guide the worker through their story and their needs.

“ You’re meant to talk their ears off but instead they talk my ears off.

Children and young people had a strong sense of self and were able to clearly articulate their experience of the world and how they saw their place in it. There was a keen understanding that children themselves are not the source of the problems and challenges they face. Several

children and young people said that they did not want to be seen as the problem because ‘your problems aren’t you, you just need help’.

“ I am not someone to be fixed.

Children and young people felt that the help they needed should reflect the complexity of their stories. Too often services that purported to help them expected to solve their problems in a linear fashion. They described adults who were ‘frustrated or surprised or annoyed if you’re not able to be better straight away’, instead of acknowledging that ‘you might make progress, then have a setback’.

Furthermore, several children and young people explained how their problems and needs were heavily influenced by external factors and by their environment. They wanted to be seen and heard in context. There was frustration with existing services that ‘expect changes without anything actually changing in your life’. In response to therapeutic support that didn’t always seem to produce the results everyone else expected, one young person explained that ‘the problem didn’t change because nothing changed around me’.

The best service providers were the ones that acknowledged their circumstances and tried to ‘understand our situation’. For example, schoolteachers who wanted to understand why a student is late, acknowledging that this can be an indicator of difficulties that need help, not punishment.

They also said that they did not want judgement from service providers. This was important because for ‘some people it may be hard to get support and daunting to talk about things.’

“ She [counsellor] listens, not about to judge, she’s not about to reword your words for you, what you said is what you said; she doesn’t switch it up.

Children and young people identified five key elements required for them to be heard and understood. These included:

(a) Service providers need to actively listen and provide quality support

Children and young people said that they wanted to tell their story in their way. They wanted to be given advice only 'when it's asked for, when it's really needed'. Services were unhelpful when they asked '50 questions' and focused on areas that they did not want to prioritise, or were not ready to discuss. They felt that the focus was usually on the child or young person giving the service provider information, whereas it should have been on providing them with support. Some children and young people recounted examples of sharing their story, only to then listen to the service provider talk about something else or ask questions that were unrelated.

“ I felt worse because they were targeting something completely different to what I was talking about. You’re meant to talk about what I’m struggling with, not whatever you want to choose.

Some psychologists would 'talk more about how it works like in your brain, rather than advice', which was not helpful for some.

Children and young people were critical of some of the advice provided by services, especially helplines. They reported feeling as though they needed to 'fit the box to receive help' and described receiving platitudes and unhelpful comments at times of crisis.

“ You can call and hear the same stuff, like ‘Aw, you’re not feeling good? That’s a bummer. But things get better.’ It’s so clichéd.

They were also in agreement that the strategies offered by helplines such as ‘breathe’, ‘read a book’, ‘take a bath’ and ‘go for a walk’ were extremely unhelpful. ‘They told me to go for a walk at 12 at night. I was 12, I wasn’t really going to go for a walk at 12 at night.’ Children and young people suggested that counsellors,

especially on helplines, needed to be more empathic and responsive to their complex needs.



Children and young people said that a good counsellor would genuinely 'care about what they do', which should lead to personalised service, 'not just giving people the same advice'. When the support is good, 'you feel empowered to make the next step'. When service providers were focused on the individual and their environment and when they tailored responses to their clients, young people noticed. One young person said that 'when the staff care and remember stuff about you', they felt empowered. Another young person said that good counsellors provided an environment where they can be heard and validated, can see things from different perspectives and recognise that what has happened is not the young person's fault.

One young person spoke about the Police Liaison Officer at their school who tried to understand the causes of their behaviour and help with those causes. Another young person told us that the police ‘saved me a lot of times. They listened to both sides of the story’.



(b) Invest in services to cut waiting times

“ I had difficulty with Kids Helpline ... I was on hold ... I was suicidal and on hold for two hours. I was self-harming ... the minute they picked up I hung up. I was done.

Long wait times for all modes of support were frequently raised by children and young people as a problem. Children and young people told us that it was common to wait for over an hour for assistance and some spoke of giving up after long waiting times and not receiving any response at all. Some children and young people pointed out that ‘you couldn’t use it if you were in a crisis’.



The *Productivity Commission Report into Mental Health 2020* noted that phone line services often did not have capacity to meet the high demand they experienced, especially during the pandemic.²⁴ This is consistent with recent Kids Helpline data that showed that only two in five children and young people that contact the service are able to get through to a counsellor.²⁵

Children and young people discussed that mental health problems were often compounded by long wait times in combination with difficulty in finding the right help. Users might wait and then be assigned a counsellor, but ‘if you meet the counsellor and they’re not the right fit for you, you’re back on the wait list again’. During this time, children and young people said that their mental health significantly deteriorated.

“ Waiting is so detrimental ... there is so much that can happen in three to six months ... we know how much early intervention can reduce the time it takes to overcome and deal with difficulties and yet the wait lists are so long.

(c) Provide specialist support

Children and young people reported positive experiences with services that provided specialist support for vulnerable and marginalised groups. They advocated for centres or support groups for specific cohorts, including for Lesbian, Gay, Bisexual, Transgender, Intersex and Queer (LGBTIQ+) people, single parents, and people with lived experience of abuse. For example, one young person highlighted CAMHS as extremely helpful because they provided specialist staff for specific issues. They said that staff are ‘really educated, they know what they’re talking about. They actually understand your issue’.



Children and young people said more sexual assault services should be available, including access to specialists with the right expertise and skill. Children and young people with lived experience of family violence and child sexual abuse reported that specialist services such as SAFV, Orange Door, Rosie’s Place, Laurel House and women’s health centres were critical in helping them work through their trauma.

Accessing responsive services is also important for children and young people with disability. These need to be tailored to their access and communication needs, with appropriately trained service providers who understand how disability can compound vulnerability to abuse and violence.

One group of First Nations children and young people called for more mental health services in remote Indigenous communities. They asked for trained counsellors living in the communities, because 'there are kids out there struggling'. Some children and young people highlighted how supportive Aboriginal Liaison Officers or Aboriginal Support Officers can be, because they're 'someone we can go to, to speak to'. They strongly felt that these officers needed to be First Nations people.

Children and young people from diverse cultural backgrounds also discussed that helplines needed to be more accessible to them by offering different language options.

(d) Normalise help-seeking

While there have been significant gains in recent years to reduce the stigma associated with mental illness, children and young people said that there was still a way to go towards normalising help-seeking. They discussed peers feeling embarrassed to ask for help, thinking that their problems were their own fault and fearing that people would make fun of them. Children and young people noted a clear gender divide, reporting that it was harder for males to seek support and their peers may not offer them enough support; 'girls more easily open up whereas guys don't'.

Children and young people emphasised that more needs to be done to normalise the use of services, including mental health, domestic violence and child sexual abuse services. They wanted it to be standard to seek help from these places. Part of this discussion was around timing: when to seek help and not waiting until things reach crisis point. For example, one young person said that it is commonly believed that helplines are for absolute emergencies, and they are marketed to help children and young people in crisis, but rather should be seen as a normal and common way to seek help.

“ You don't need to be dying to access it, you can just be a normal person but need a bit of support.

Indeed, children and young people agreed that it was much easier to access help when they were in a crisis. They reported they would like to see greater investment in prevention and early intervention services.

“ The crisis point is easy to access, but not the build up that gets you there.

For children and young people, normalising help-seeking also meant ensuring their trusted adults were equipped to help them on a daily basis. For example, the National Office recently launched the 'One Talk At A Time' campaign, which is designed to help meet this need by encouraging adults to have proactive conversations with children and young people.

Children and young people emphasised the importance of teachers having a greater understanding of mental health and finding ways to support students with mental health issues. One young person commented that teachers 'didn't know what to do' and lacked training in mental health, calling for all teachers to be trained as mental health first responders. Another student added that this needed to include training on brain development and learning disabilities.



(e) Offer individual learning pathways

Children and young people gave several examples of services that actively seek to understand users and shape themselves around their needs. These included the availability of Flexible Learning Options, such as a modified timetable, or help with transportation and food, which helps some students to engage more effectively in school. Children and young people said that flexi schools provide a community 'like a family', with youth workers and trainers fostering respect and providing one-to-one support. A critical component of flexible schools was that education and services were tailored to the child or young person, catering to how the individual learns 'instead of having 30 people in one room all doing the same thing'. One young person said that their flexible school 'helps students stay off the street'. Children and young people said that the types of support offered in flexi schools should also be available to those in mainstream school settings.

Many children and young people spoke favourably about peer support groups, particularly if they felt they had something to learn from older peers. They discussed the benefits of being around children and young people with similar experiences, who let each other 'just be' and did not judge. Part of the value of drop-in centres, for example, is 'young people talking to other young people' who might be dealing with the same issues.

Some children and young people noted that older students 'had more experience than me'. One young person spoke about a peer who 'passed on messages that he wished someone told him at my age. Being able to talk to someone with that experience helps during difficult moments.' Having a peer mentor like this in school helped with their self-confidence and emotional support.



3.3 To connect



It's all about the people.

Many children and young people described feeling isolated and not able to access services. Part of their desire to access services and supports was to be able to connect with a range of trusted people: peers, those with shared lived experience, families, teachers and service providers.

Children and young people identified four key elements required for them to be able to connect.

(a) Make space for peers to learn from peers



It would be good to connect with someone who's gone through the same things, someone your age ... maybe talking to someone who's been through the same stuff.

The responsibility to be a good support for their friends was something young people took seriously. Some children and young people shared worries about their friends in difficult situations. They spoke about the pressure to support a peer and expectations that they should be able to provide 'the best advice. It's kind of frustrating. It's nerve wracking.' Young people talked about feeling ill-equipped and unsure about what to do, how best to help and where to go for information and support.

Children and young people discussed difficulties they faced, such as keeping confidentiality, especially if they have concerns for their friend's safety. One young person articulated this dilemma: 'if they don't want you reaching out and getting help it can put the friendship on the line'. Young people spoke

about sometimes having to weigh up whether their peer needed a friend or help more.

Being equipped with information, and feeling supported themselves, was important to young people in these situations. One young person spoke about positive experiences with peer mental health training, including Zero2Hero and Safetalk, which teach young people how to respond safely to peers with mental health concerns. This young person suggested that these types of programs should be made available to many more young people.

Some young people were part of online chat groups, which sometimes provided a 24-hour chat service, where they could speak with young people with shared experiences. They found this to be extremely helpful, 'talking with other kids who've really lived it'. Those that had not attended such groups, expressed a desire to do so.

“ We don't like being pressured to share with adults, but would rather discuss in a casual setting with other children.

“ It would help a lot, seeing someone the same age as you, maybe gone through the same experience as you talk about it and it could make you feel very less alone, more understanding of yourself and could help you get more help.

(b) Provide psychosocial supports in schools

School was one of the few places young people could regularly access a safe environment and trusted adults. For this reason, schools can play a critical role in a young person's help-seeking journey. However, there was a lot of feedback from children and young people that 'there is a shortage of help at schools and teachers don't have time'.

Children and young people agreed that they needed teachers to build connections with students, to listen to them and be more

responsive to their needs. Those teachers and counsellors who were perceived as supportive, were helpful and understanding, and treated them as an individual, 'not just another school child'. It was important to these young people that the school counsellor made an effort to get to know them, remember their name and listen.

“ It can be really helpful to have someone to open up to at school, because some people don't feel safe.

They thought that teachers were at their most supportive when they offered help and reassurance. Among children and young people who talked about this support, there was consensus that teachers had a role to play in child wellbeing. One young person gave the example of a school that fostered that in all teachers: 'they always check on me if I feel down in class, they always ask me to take time out of class if I need it, they are aware of any mental health issues and they always say there's nothing to be ashamed of ... and I appreciate that'.



One young person pointed out the ease of access for students when there was a social worker on staff: 'It's been a really great resource here because I don't have to pay, you're right there, and it's so easy to set up an appointment'. Children and young people called for full-time school access to trusted adults – social workers, youth workers, school counsellors, psychologists and wellbeing workers – to 'give guidance' and 'help to resolve stuff'.

(c) Help children by helping families

Children and young people told us that if families could get access to services and supports, that would help them. This can extend from financial support for carers to meet children's basic needs to extra assistance with transport and costs of counselling, to specialised family counselling services, mental health, drug and alcohol treatment for parents, and domestic and family violence services for adults.

Providing support to family can be an important way to assist young people. One young person commented 'family needs help as well it's not just the kids. If a kid has a problem, it's probably something to do with the family as well. Most kids have problems because of the family'.



Finding ways to support young people within their family system and community was described by many children and young people as crucial. 'Getting the family help as well as the kid is a really good idea.'

“ My parents went and got help, not only to support me but to support themselves as well. I know it's tough when your child's going through something especially if they don't talk to you or if you don't know anything about it.

Ensuring that holistic family support has a child focus and is safely and sensitively tailored is critical to preventing children and young people feeling their needs are overshadowed or lost. This is consistent with evidence that supports working with children in a holistic way, using a systemic or ecological model. Therapeutic work that is relational and locates children within their family and community can be effective

in addressing trauma and promoting healing.²⁶ Family and community support is a key focus of the National Children's Mental Health and Wellbeing Strategy.²⁷

Young people gave many examples of how helpful it was when family works alongside the young person to assist in getting their needs met. One young person spoke about their mother being a strong advocate with their application for National Disability Insurance Scheme (NDIS) support, without which it would have been much more difficult to gain access to resources. Similarly, a young person in kinship care spoke about their grandmother linking them into a helpful mentor program. Another child spoke of their parent researching specialist sexual assault counselling for them. These young people all spoke of really appreciating having a trusted adult assist them to navigate systems to get the help they needed.

Many First Nations children and young people spoke of the importance of connectedness and belonging and how families could support them, including facilitating time on country and 'out bush'.

(d) Empower young people to connect to culture

First Nations children and young people mentioned how helpful they found Big Sister and Big Brother mentors. Another child identified 'BroSpeak', which is a program to connect First Nations children with Aboriginal culture. It also helped with time out when children and young people have sorry business.

For some young people from culturally and linguistically diverse backgrounds, it was easier to connect with people from the same culture and background. This was important in terms of access, but also for their involvement with community or youth groups to be allowed or accepted by their parents.

Children and young people emphasised the importance of culturally appropriate education on mental health, particularly for diverse communities, suggesting that 'you could bring

someone from that culture to explain to them what mental health is'. One young person said that if it was somebody who was not from their culture or language 'they wouldn't believe it ... If the government said "mental health ... this is how it is", they wouldn't take much into account'. Someone from the community who speaks their language would be 'more convincing' for the older people. Children and young people suggested that having safe conversations, facilitated in a culturally sensitive way, might be helpful in increasing connection and common understandings.

“ In my community there is no such thing as mental health, like we don't have a word for that ... we don't have any mental health understanding.

3.4 To have choice and control

Young people spoke about the importance of having options when they were going through a tough time, because young people needed different things, and 'not everyone is going to take the exact same supports'. They said that services must 'cater to the demographic of the people', because preferences are conditional on the young person's family background, culture, gender, sexuality, age and upbringing.

When asked about what helps them in tough times, they commonly reported focusing on aspects of their life over which they have some control or influence. These included self-care strategies like spending time meditating, reading, or playing and listening to music. One young person said that 'music is our generation's free therapy', stating that when they are faced with a difficult situation they put on their headphones and tried to block out the world. Another commented 'I would more than gladly blare my music than talk to someone'. Having time alone, time in silence and time outdoors were also raised as helpful by some young people.

Children and young people identified three key elements required for them to have choice and control:

(a) Enable young people to have agency

Children and young people made clear that they wanted to maintain control over their own narrative. This is consistent with the findings of other consultations where children and young people said that participation in decision-making was crucial to their sense of control over the direction of their lives.²⁸ Part of this was being able to control who knows about their issues, so that parents should not be automatically informed. For example, counsellors inspired wariness because of mandatory reporting rules. Some children and young people said that they understood that mandatory reporting was to help ensure their safety, but when it happened, they lost control of their story and the process. They wanted to be able to talk about their experiences without anything further happening. The children and young people who raised this said that they would not necessarily want child services involved, they just wanted to be able to talk about their issues with someone. They said that sometimes their issue may be too small for the police, but the school may not offer help because they think the problem is too big.



Children and young people also spoke about adults often acting as the gatekeepers to services. Children and young people can be dependent upon adults to facilitate their access, especially to paid services. Sometimes, adults' help could be useful, but if it was the only way to access services, it could be limiting. The need for parental consent was raised in several groups as a barrier to accessing services, most commonly among children and young people with lived experience of child sexual abuse. Parental consent was also limiting when seeking mental health services. Children

and young people reported that if their parents did not think they needed help or didn't believe there was a problem, they were deprived of assistance. Others said that the Family Court stops young people from accessing services because the parent-perpetrator will not allow it.

Children and young people called for more freely accessible information, education and service availability for children and young people who were isolated and wanted to access information and services by themselves. If young people knew that choices were available, it could be less anxiety-inducing, leading them to be more confident to seek help when they really need it. Some young men in the consultations suggested that it could be useful if such information included accounts from others, such as role models, which could normalise help-seeking.

(b) Provide options and flexible service delivery



We need more support and different types of support, more variety ... different ways of supporting people.

Generally, children and young people called for more services. This was particularly pressing in regional and remote parts of the country.

Children and young people spoke very positively about services that provided different options. This included providing a variety of services in the one place and different modes of support, such as GPs, counsellors, weekly programs, LGBTIQ+ support groups and fun activities like gaming groups, ping pong, pool and art competitions. Headspace was one example provided and it is noted that the Headspace model is deliberately designed to provide holistic primary care and support to young people.²⁹ Young people liked that there are both face-to-face and online options, and that support is offered across a range of issues like mental health, sexual violence and domestic violence.

Children and young people benefited greatly from flexible services. This included home and

school visits and taking them out for sessions in less formal environments. There was agreement that it was less intimidating to meet outside than attend an office. One young person told us that her worker 'would pick me up from my house ... we have lunch and talk. Instead of sitting in a room ... the informality makes it easier'.

Many young people did not have easy access to transport. Also, 'some people don't feel like going out of the house', because of illness or fear. Some children and young people suggested that 'home visits are good' and 'they should come out to you every now and then'. This would also mean that young people remain in a familiar, hopefully safe, environment. This was especially true for children and young people in remote areas. Some young people said that both the lack and cost of transport made it impossible to get to appointments, and services were too far away. They appreciated outreach services that came to where they were, such as Headspace, that goes to see them at their school and the community police that 'go around houses and check the kids are alright.' Children and young people in regional and remote areas also highlighted the need for out of hours services, because 'it's too hard to wait if you are really upset about something' and it was difficult to 'fit in appointment times around school'. They spoke positively about organisations that 'look after the kids 24/7', offered activities like Friday night basketball and did night patrol to 'try and get the kids off the streets'.

Children and young people wanted more mental health services to be made available to them, and to younger children too. For example, some children and young people said that services like Headspace should be available for children under 12 years of age.

Children and young people wanted a variety of service options and for these to be delivered in flexible ways, including activity and arts-based therapies. They also wanted more outdoor options, sport-related therapy, mental health professionals who 'have been through similar experiences so they understand what

young people are going through' and more peer-to-peer support options. Survey results showed that these options appeared to be especially important for males. Indeed, several children and young people wanted to see more specialised counselling services for boys and young men.

Young people also wanted options with regards to mental health professionals. They wanted counsellors or therapists to be the 'right fit' for them, someone they could talk to and trust. This included being able to choose the gender of their therapist and having more professionals from the same cultural background as they find them easier to connect with and feel better understood.

(c) Equip young people with knowledge

Some children and young people felt strongly that children should have access to 'more awareness at a younger age'. One young person said that 'child sexual abuse is more common than we think', and younger children 'need to understand' before they even get to high school. Several young people felt that schools could be doing more to inform students about sex, sexuality and their bodies. One young person described school as a 'missed opportunity' to inform and support young people going through tough times. Another young person called for annual education about sexual abuse and violence that evolves as students progress through the years. Several children and young people said, 'I thought I was the issue'. Young people suggested that having accessible information and education about matters such as abuse at an early stage, perhaps at a younger age, would have been helpful to them. While some children and young people were not sure if they would have had the capacity to understand at a younger age, there was agreement that sex education classes should include information about sexual assault,

abuse and consent. This would increase their understanding of their situation and assist them to identify avenues for support should they need it.



They discussed education as the way to encourage children and young people to seek help early. Many wished that they had had 'more understanding as a child' of mental health, violence and abuse and that these concepts had been explained to them.



I feel like there could be more emphasis, if you are having a tough time, if these kinds of things are happening to you, this is where you can reach out because I mean you're so young you wouldn't know to talk to someone or if there was a problem.

Schools have an important role to play in providing wellbeing education and primary prevention programs such as Respectful Relationships Education. Providing integrated education on issues such as child safety and wellbeing within educational settings has the potential to reach young people who may otherwise be unable to access information and support about these issues. A recent study undertaken by Australia's National Research Organisation for Women's Safety (ANROWS) indicates that students value integrated prevention education, and such programs have potential to influence attitudes and behaviour around issues such as gender-based violence.³⁰

4. How children and young people want to access help and knowledge



Children and young people clearly identified their preferences in terms of accessing information about services as well as how they actually access them.

4.1 Preferences for accessing information about services

Children and young people identified several ways they found out – and would prefer to find out – about services available to them.

Children and young people wanted to be able to freely, independently and easily access information and resources, in their own time and space. They suggested that it would be helpful if information were widely available in the community, as well as trustworthy and easy-to-access online confidential modalities. This sometimes leads them to feel more comfortable accessing further services in the future.

Many children and young people spoke about it requiring luck and even ‘magic’ to find out about available services. They asked for more promotion of services. This is consistent with information from the 2022 Youth Survey, undertaken by Mission Australia (the largest annual survey of young people aged 15–19 in Australia) which indicated a need to improve young people’s awareness of available supports and reducing barriers to access such as stigma and fear.³¹

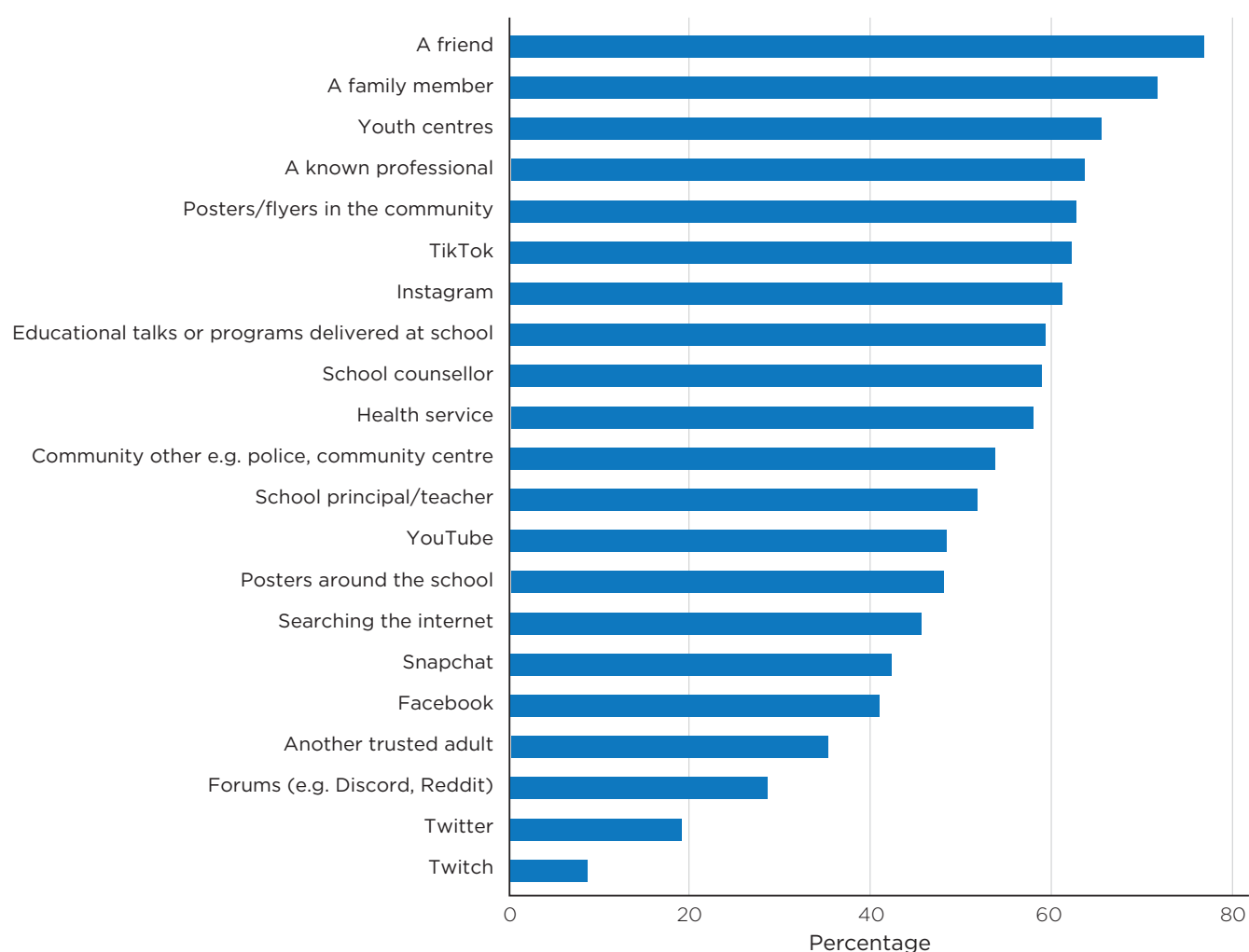
Being able to
share your
experiences

Figure 4 shows the survey results to the question asking how children and young people would like to find out about available services. Results were relatively consistent with consultation findings. Referrals from friends and family members were mentioned most frequently. Schools, posters in the community and other trusted adults were also commonly reported. TikTok and Instagram were the most frequently reported social media platforms.

There were several notable differences among groups of children and young people in relation to the ways they would like to find out about existing services. Females were more likely than males to want a range of options, including seeking out information by themselves and finding out from people they knew, such as friends and family members. Males, on the other hand, were most likely to say they would want to find out about services mainly from people they knew, rather than searching for options themselves.

The survey findings also showed that First Nations children and young people were more likely to use the specific social media platforms TikTok and Snapchat to find out about services. This was also true for 12–14-year-olds, in comparison with 15–17-year-olds, with this younger age group also more likely to want to use YouTube to find out about services.

Figure 4: Ways to find out about services



In the consultations, children's and young people's preferences for accessing information broadly fell into the following six categories.

(a) Word of mouth

Many children and young people said that they find out about services they might need by word of mouth, usually through family and friends. Children and young people frequently commented that they had greater trust in services they were referred to 'from people we already know personally' than if the referral came from 'a random person'. This reinforces the importance of making information and support universally available to children and young people in an easily accessible manner. As one person commented 'we find out a lot [about services] from other children'.

(b) School

Some children and young people shared that school has been a great source of information for various services. Some said that their schools promoted Kids Helpline. Schools have also helped to recommend counsellors, put posters about services on bathroom walls and have hosted incursions and sexual health clinics to give talks to students about puberty and sexual health. For some, especially isolated children and young people, this may be the only way they can learn about services, 'apart from Google'. More visits from external organisations would be useful.

One young person also had an example of a school organising a 'Wellbeing Expo', which showcased several resources and organisations available, via stalls and talks. Another young

person commented that they had learned via school that there were specialist organisations available: ‘if you want to talk about sexuality there’s a company for it, and if you’ve got another problem, then it’s directly targeted at it’.

Schools should hand out information to students and talk to them about available services, especially those that are free. This should include advertising about services available within schools, such as counsellors. Children and young people said that something as simple as a poster with a list of services would be a good start.

Children and young people felt that school was a critical link in accessing information about sex, sexuality and abuse, ‘because schools are the only safe space some kids have’. It can be a ‘non-judgemental, safe environment. Like a second family’.

(c) Billboards

All around Australia, several children and young people suggested that billboards were, or would be, a good way for them to find out about services; ‘or a big massive poster where everything is listed’. There was something compelling about having information in a physical place where you can’t ‘swipe past the ad online’. ‘If you have something on a board, it’s always there.’

This could include a bulletin board at school that has some information that students can read about, then look up the places later in their own time. This could go beyond school to other places young people use, including drop-in centres, cafes, medical centres, public toilets, bus stops and community centres. Flyers in these spaces could also be a good way to reach children and young people. Posters ‘without too many words’ would be eye-catching.

Someone pointed out how useful a poster would be ‘if you can’t access a phone ... and not everyone has internet’.

Some children and young people also said that using a physical advertisement would be a good way for them to find out about a website. It ‘should be advertised as well – even putting ads on TV – so it’s engrained in people’s minds. Then you would know where to go for help.’

(d) Through other services

Children and young people who were already accessing some kind of service said that they could find out about other forms of help ‘through other people who have expertise in helping children’. Already having access made other services more accessible: ‘Once you’re involved in one service, sometimes that service connects you to another service as well’.

The trusted adult came up, such as the doctor who ‘knows how people think and communicates with children on a regular basis’. Indeed, many children and young people reported that GPs had been helpful in referring them to specialist services. Children and young people also described social workers, case workers, disability services and police as being useful in telling them about the services they can access.

(e) An information centre about services

In keeping with the idea of seeking some control over how they are helped, children and young people wanted services to be more connected to each other. Again, they envisaged a physical place. One young person asked everyone to imagine tourist information centres. They said that there should be something like this for children and young people, a Help Centre that could ‘help connect you and work with you to see what would be the best suited place [service]’. Someone else highlighted the personnel side, suggesting working with someone ‘who could help cater something for you so you’re not walking into five different places ... someone to help filter out what is and isn’t going to be helpful’.

(f) Looking online

Use of technology and online resources ranged widely amongst children and young people. One young person used their iPad for everything – ‘work, watching and listening’, while another said they didn’t ‘use websites or apps’.

‘I don’t think I’d go to an adult, honestly, I think Google is easier or even TikTok.’ Broadly, that was a go-to response for young people who said they would favour finding out about services online. Search terms would include ‘abuse helpline’, ‘assault helpline’, ‘youth mental health helplines’, ‘help for kids’ or ‘supports’, or simply ‘I’d write what I’m going through’.

This was similar for TikTok searches, but with the caveat that ‘you should never read the comments’ because ‘you get people posting who are ill-informed’. Children and young people expressed the desire for quality information about services, inferring that they wanted something they could trust and rely on.



Some children and young people said that services could use YouTube or Spotify for ads or even social media advertising – TikTok, Snapchat, Instagram and Facebook – while others disagreed, saying that they usually swipe past or ignore the ads. One young person suggested a middle ground and ‘find ways to promote it on all different types of platforms’ to satisfy different audiences. At the other end of the scale, someone suggested a blanket text message from the Government about available services, ‘similar to the text messages that get sent out when someone goes missing’.

Children and young people felt that advertising for services could be more strategic, with online ads targeting specific issues. For example, during stressful exam periods, social media could have ads for ‘a service that knows how to deal with it’. This could also work for Mental Health Week and similar themes. Another young person said that the ads could include links to ‘take you to emails and phone numbers for reputable mental health places in the area’.

There were some mixed feelings about using the internet to help with tough times, with trust and safety coming up as main concerns. ‘I wouldn’t really go through websites or people I don’t know.’ However, other children and young people felt that sometimes they could only trust their online friends.

Some children and young people said that online is a good way to find out about services, provided everyone has internet access. Critically, there need to be accessible options, such as different languages, because ‘not everyone is good at speaking English’. Another young person said, ‘I can’t search for stuff in my language’.



4.2 Preferences for accessing services

In all groups, there was a great deal of discussion around children and young people's preferences for service delivery. There was strong agreement that all options needed to be made available. Children and young people said that every child or young person is different and would want to seek help differently.

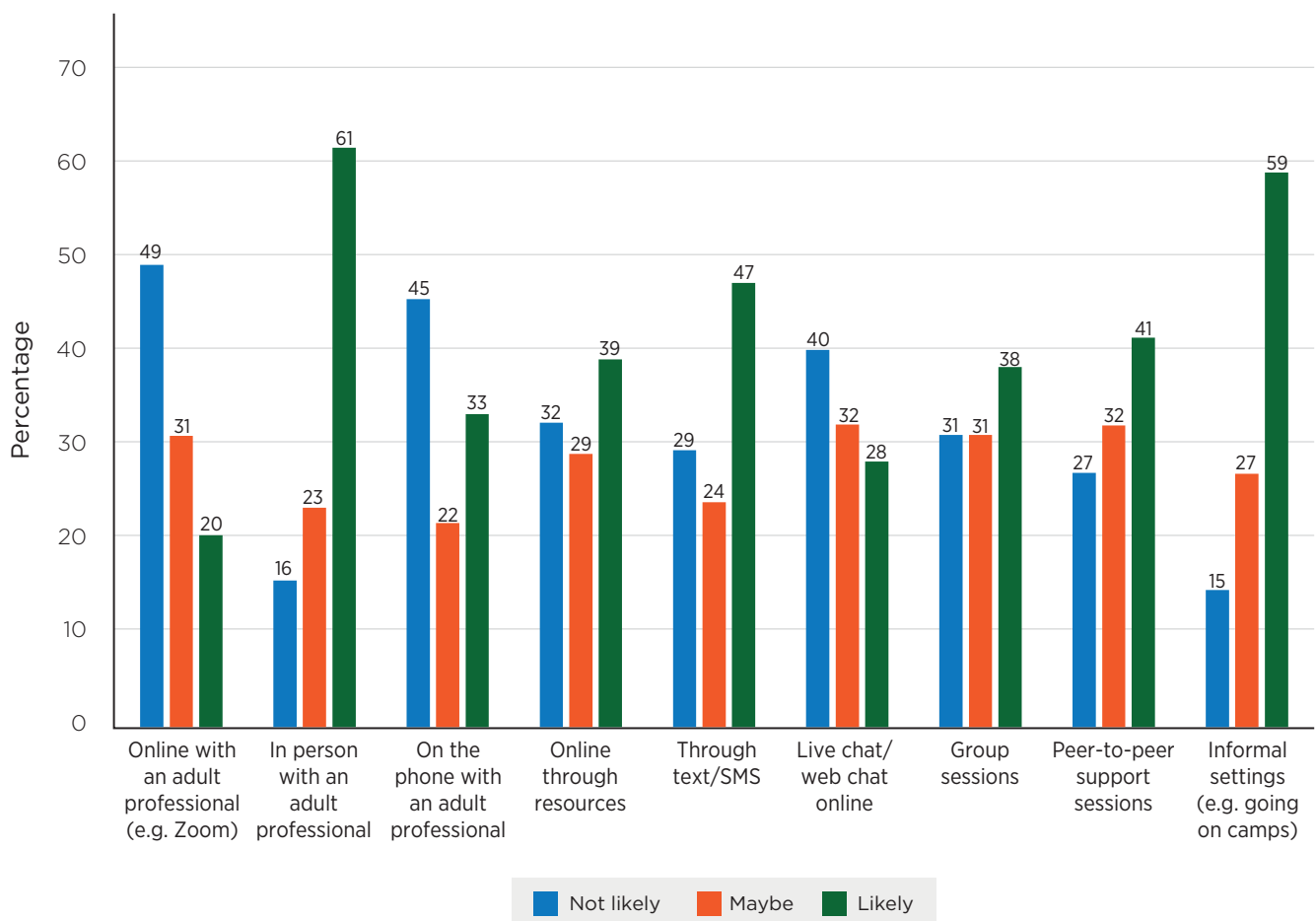
The figure below shows the survey results to the question asking how likely children and young people were to engage with each type of service.

Consistent with consultation findings, children and young people reported that they were most likely to engage in person with an adult professional (61.3%). This was closely followed by engaging with services in informal settings, such as going on camps and playing sports (58.7%).

When this question was further analysed by gender, males were slightly more likely than females to say they want to engage with services in informal settings and in peer-to-peer support. Males also reported being less likely to use online resources as a form of help.

First Nations children and young people reported being less likely to engage with a service in person than all other children and young people. Children and young people in the early years of high school (12-14 years) also reported being less likely to engage with a service in person than older adolescents (15-17 years); but were more likely than older adolescents to engage with a service through text or SMS.

Figure 5: Services children and young people are most likely to engage with



In the consultations, children and young people identified three main ways that they preferred to access services.

(a) Meeting a service provider face-to-face

“ Face-to-face is the best option. I feel like it just wouldn't be the same if it's over the phone, when you get to talk to the person I feel like you can explain more with your actions and stuff.

Overall, children and young people emphasised that there is no substitute for speaking with someone in person. This was seen as critical for making connections and developing trust because 'I know someone's actually there, an actual person, that I can trust them because they are there for a reason'.

Children and young people highlighted the idea of sharing with another human being, not Artificial Intelligence (AI), also explaining that this would be enhanced further if they could speak directly to someone from the same nationality, same cultural background, 'at least I could share my experience'.

Young people commented that it was important to see people's facial expressions to build trust because 'you can see if they care enough'. Other young people reported that engaging face-to-face felt more private and was more comforting. There was also discussion about face-to-face options sometimes providing safety for children and young people. They said in these instances it was better to be out of the home meeting with a support person as this can take them away from a dangerous situation at home, being out of earshot of others.

This preference for accessing services face-to-face echoes the 2022 Youth Survey with around 70% of all young people reporting a preference for mental health support to be provided in person.³²

Several children and young people pointed out the pros and cons of face-to-face and online contact. This young person summed up the dilemma:

“ Face-to-face is the best [mode of service delivery] that I've found. I don't find telehealth as useful because it's a bit harder to connect over the screen, but then it also can be really anxiety-inducing having to go to a place and talk to people face-to-face. I don't know ... I guess both are beneficial.

(b) Accessing services on the phone

“ I hate talking on the phone.

Children and young people were largely in agreement that talking on the phone was their least preferred help-seeking method. They found it to be nerve-wracking, too formal and 'awkward', preferring to send text messages instead. One young person explained that 'I don't want people to hear me crying'. A number of children and young people raised safety as the main issue because 'there's no space to make a call safely in a bad home'.

“ I couldn't be in my bedroom and on a call because my parents were next door and could hear ... whereas texting I could do anytime.

One young person also raised concerns about helplines voice recording conversations. They felt that young people should have a choice as to whether the call was recorded. For that reason, they chose to message over call.

“ Text is the best, if they answer.

(c) Getting help online

“ I just prefer typing, no contact with human being.

There was widespread acknowledgement that online options were important for children and young people who were not comfortable engaging face-to-face. Discussions centred on this form of service delivery being ‘good for people who are too shy to communicate with people face-to-face ... good for them to be able to talk anonymously’, which offers ‘a safety net if you’re talking about something hard’. It was also a popular choice because it can be a way for children and young people to get help without parents knowing.

Children and young people also agreed that people felt less judged by online services and that it was easier to open up to a stranger who will offer ‘no judgement’. They also said that ‘if something is really hard to talk about, it’s sometimes easier to type’, explaining that if you’re texting ... you can take a break and think about it’. There was an element of controlling how others see them, as well as retaining control over the story and therapeutic process: ‘you can be crying but still present an “I’m okay” front’.

While recognising a need for online services, there was also a great deal of distrust expressed by children and young people in relation to online video calls. One young person said that they were online with their counsellor, ‘but didn’t feel comfortable. She’d always face her screen up so I couldn’t see what she was doing, typing’. Some children and young people also described ‘generic and unhelpful’ advice coming from helpline counsellors, as if they were reading from a script. They described being unable to tell at times if they were speaking to a real person or a robot. This made it difficult to trust the advice on offer. Young people were critical of the response they received in times of crisis.

There was also some scepticism around AI and chatbots. Some children and young people were concerned that ‘AI might be scamming you. You don’t know if they are doing the right thing, if they are giving correct, responsive help’. Even established helplines were unable to offer a useful connection for a lot of young people because ‘they all just had the same type of deal where the answers were automated like a robot’. In at least two groups there was also discussion around the limitations of webchat time on Kids Helpline. Children and young people reported that chat times were limited to 50 minutes. This is difficult when typing and reading messages, which can slow you down, particularly if the child or young person has literacy issues.

“ The problem with instant services, you’re not going to expect the best of them because they don’t know you, don’t know what you’ve been through, who you are, the things you like to do ...

However, other young people found chatbots and AI to be helpful and less intimidating. One young person said they had used AI for support more than anything else, commenting that they ‘just text and it responds. It’s always nice and will give you options’.

4.3 'One big website' for children and young people

When asked about the value of providing a website and helpline to assist victims and survivors access help and information (NAP 7), many children and young people advocated for a comprehensive and inclusive website, catering to a wide range of needs, wants and audiences. While children and young people appreciated the importance of having specialist content for victims and survivors of child sexual abuse, feedback clearly indicated that this should be set in the broader context of children's and young people's wellbeing needs. These suggestions are also broadly relevant to any website designed for children and young people.

As one young person put it, 'have one big website' with information and links to everything a child might need. 'If it was all there, life would be easier.' There was a preference for this to be as inclusive as possible, to 'make it free; a safe environment and space for all people, whether its cultures or genders or queer identity'.

“ There needs to be information dedicated to different types of people, people are very different and writing one article won't always work for everyone.

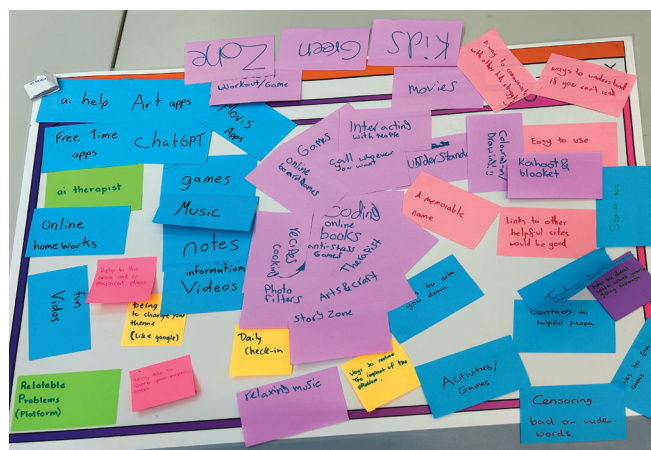
Several children and young people questioned whether a website per se was a good idea – 'websites are a pain you have to look it up every time' – preferring an app because 'an app is always on you and you can have notifications'.

“ A lot of websites are built for computers, and it is very annoying to view them on a mobile phone.

Finally, the website/app should have a clear unique selling point. Children and young people implied that potential users will be very discerning and will want to know why they should use the website/app.

“ People who download the app download it for a reason, there's shared experience. It should make you want to be on the app.

The ideas offered by children and young people in the consultations are below. We have divided them into three main areas – features, content and audiences – with each area divided further to reflect their specific ideas. This section closes with reflections from some children and young people on the problems they perceived with a website, as proposed under the [National Plan](#).



(a) Features

Young people expressed a vast array of ideas for features on the website, which are detailed below. Broadly, it was clear that children and young people expected a multimedia experience with this website – everything from reading material to short podcasts to chat rooms to interactive therapeutic services – highlighting that they wanted choice and for the website to cater to different needs and tastes. Their ideas are as follows:

(i) Children and young people involved in the design

Many children and young people told us that a website should be 'made for young people by young people'. They suggested that having young people involved in the design and

development would make the website feel like a safer and more relatable space.

If it was only designed by adults, there was a risk of it becoming 'just another help site' which may not resonate with young people.

Children and young people argued that if the website is aimed at young people, then they should be the ones who shape it and determine the content and look. Young people told us that 'this generation understand this generation - adults don't'. It's important that the content appeals to children and young people and this is more likely to occur if the website design is informed by children and young people themselves.

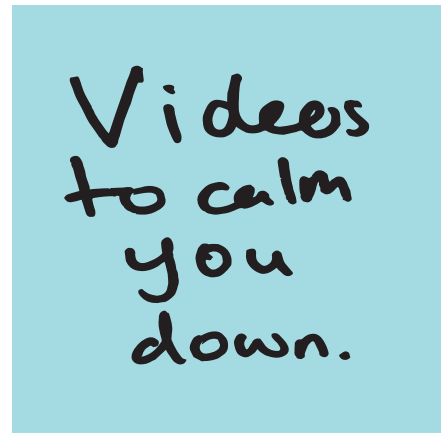
Some children and young people emphasised that it was important that adults work with young people on the site, perhaps in a co-design process. They appreciated that adults may have technical skills and experience in design which would be helpful, 'as long as it's made by people ... who care and have experience and not some faceless, mindless, eyeless shoeless entity'.

It was important to young people that those with lived experience of child sexual abuse be involved in the design. This was considered important as it can be powerful to hear the stories of other young people with similar experiences. Children and young people told us that those with lived experience have a better understanding of the type of services that are helpful and useful.

We heard that it is important young people's involvement is not just a one-off event and that they should be involved in a continuous process of improving the website.

Children and young people suggested that there should be ways that young people can add to the website and make sure that it adapts and responds to the needs of young people. There should be provision for young people who use the website to add their ideas, improvements and have some influence over what content is included.

One young person suggested that young people who use the site could add games or videos.



Others suggested that children and young people could give ratings and reviews of services listed on the website (such as trip advisor reviews) which could help others know what to expect on their help-seeking journey. One young person said that it would be useful to hear from young people about how the website has helped them and which aspects were the most useful.

(ii) Layout and design

The website should have a welcoming homepage that is visually interesting and 'easy on the eyes'. While children and young people suggested that a lot of different information should be available, it should be organised well, with a simple, intuitive design for kids to use. Users should be able to 'easily find what you are looking for'. It should also be visually interesting, but not too busy. 'If you're really depressed, too much info can be overwhelming.'



Whenever someone raised the colour palette of the website/app, they mostly said that there should be 'bright and happy colours', not 'depressing ones'. One young person thought that it should 'have a colourful theme, positive emojis, and fun for kids' because the subject matter will be heavy. The website could be 'positive and serious at the same time'.

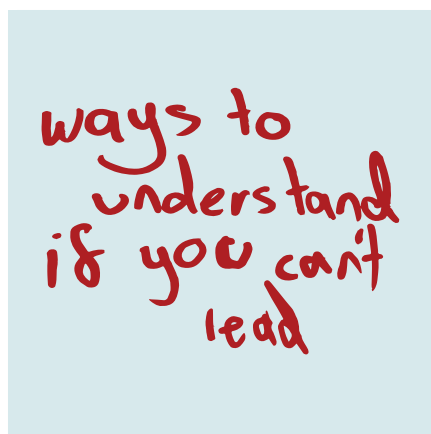
Alternatively, some children and young people felt that the colours should be 'less interesting so it doesn't jump out as much, make it less visible', in keeping with concerns about safety and other people noticing what the user is looking at. One young person thought that bright colours could be overwhelming at first, so you could 'make it start darker and then as you scroll down the colours get happier'. Another perspective was that the colour palette could be 'different for different age groups' (note ideas around personalisation below). Some children and young people expanded on this, commenting that some well-known websites that target teenagers had 'cheesy graphics' such as unicorns and rainbows that seem to be for a younger demographic.

One young person said that 'a lot of government websites are generic looking and not enticing'. However, some children and young people felt that this could be a positive feature, 'so if using it in public, it's not obvious what it is and children and young people will feel safe to use it'. These children and young people also said, 'the name of the page [should be] something not so suspicious so that it doesn't look obvious in internet search history' and it should have a discreet logo.

(iii) Accessibility

The website should be accessible for culturally and linguistically diverse, neurodiverse and people with disabilities. It should be clear that the website is for everyone, all people, all the time, as child sexual abuse is something that can happen to anyone. It should be easy to use as 'some children can't read or write and how can you get help to kids who can't exactly use a normal website'. Options suggested include:

- 'have visual stuff and audio too ... have videos as well'
- language or translating options, including 'ability to change the language of the whole website'
- colour coding
- pictures
- voice-enabled options for people who have trouble typing/spelling
- tele/text and call options.



Some children and young people also wanted to ensure that the website/app would be free so that all children could use it, and that it could be a 'default app' for young people who do not have reliable access to wi-fi. Several children and young people spoke about the importance of being able to access the website/app without wi-fi as young people may have limited access to data or internet connectivity. They suggested that it should be as easy to access as 000 and be accessible on all devices, Apple, android, watch and iPad.

(iv) Check-in system

Some children and young people suggested having an emotional check-in system at the beginning of the user's website experience, and each time they use it, that could help to filter the information they access. This could include:

- send messages and ask users to do surveys to check in about their feelings. 'What's on your mind today?'
- a 'how are you feeling?' button that takes you to relevant information that corresponds with that feeling, or to where you can make an appointment to speak with someone
- a menu bar with different challenges that people go through, which could be a good way to organise the information
- a chatbot in which you could 'write what you're feeling, and it could suggest options to help you'.

One young person suggested there could be a 'digital pet' attached to the website so users would be motivated to check into the site regularly to connect with their pet.

(v) Enable personalisation of the website

Several children and young people advocated for a facility that could allow you to personalise the website. This could be done by various filtering options and/or by enabling users to set up their own profile. The primary motivations for this were:

- to minimise the number of times the child or young person would need to tell their story and impart details about themselves
- to help users simplify the content they need to access.

This could help to make the user experience more active and engaging. There were several ideas about how to personalise the website experience:

- A quiz. 'Kids might not even know what their situation is or what kind of abuse it is', so a quiz could help to identify that and 'help you narrow down what help is most useful'. For example, do you need support for emotional or physical harm? If the user sets up a profile from the beginning, the website could recognise them next time 'so you don't have to redo the quiz every time'.
- Enable login through an existing social media account, to make it simpler, easier and more accessible to young people.
- It could help facilitate connections to real people. 'Some young people don't want to reach out themselves, so people could reach out to them'.
- Allow users to customise the site 'to create your own background, avatar so it feels more personal and you feel more connected with what you are doing and are more inclined to use those resources'.
- Be able to filter by your location/postcode so users know up front what services are accessible to them.
- Capacity to filter information by age, providing simpler advice for younger children and more complex for older age groups.
- Service providers could access whatever details the young person allows them to access so even if a therapist changes the young person doesn't have to retell their story. Users could also add notes about themselves for the therapist to read beforehand, such as 'I don't like bright rooms'.
- A profile could help to personalise the support the service provides: 'Writing about your situation so they can match you with someone who is experienced with your problem in general'.
- Include profile information to 'customise their interests - music, sport - and then their role models could appear with inspirational messages'.
- With the check-in system, a profile would help the user to track the history of how they have been feeling, set goals and receive progress reports. This could extend to other personal goals too.

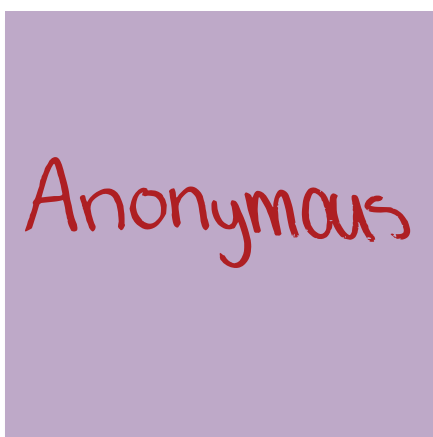
- Also with the check-in feature, if the user hasn't been active for a few days, the website/app could check in. 'Some young people don't want to reach out to support people, so the website could reach out to them.'

It is important that opting-in to any personalisation process is straightforward and simple. One young person commented that 'the whole process of creating an account is confusing and annoying' for young people, so making sure that users have simple and clear instructions on how to personalise their account is critical.

(vi) Confidentiality

“ In a tough time, they want help but they don't want anyone to know about it.

Children and young people also spoke at length about the importance of a website being anonymous and confidential. Children and young people said that it can be liberating for young people to speak about their situation to someone who doesn't know who they are. They reported that young people shouldn't have to use their real name on the website if they don't want to. The website should 'make it clear that their issues will be kept private'.



Young people spoke about the importance of a website looking discrete and not being immediately identifiable as a service. There shouldn't be taping or recording of things like online chat without permission, as some young people may worry about there being 'proof' of

them accessing this kind of service. Young people should know that they can get help without worrying about their parents finding out.

Young people should, as much as possible have choices about how their information is used. The website should include options for young people to stay anonymous if they want or give personal details if that is what they prefer.

There was recognition amongst children and young people that in dangerous situations, website support staff may need to take action to keep young people safe as 'child safety needs to be first priority'. Children and young people stressed that, where possible, young people should be involved in these decisions and be given clear information about what might happen next. One young person spoke about a positive experience with an online support worker seeking her permission to arrange support. The worker contacted a local hospital to arrange admission during a mental health crisis and another time contacted the young person's usual counsellor to arrange follow up support.

(vii) Distractions

Several children and young people said that having content and features that were directly related to mental health or child sexual abuse would be very important, as well as distraction activities to 'take a break'. Some described it as a strategy to help with mental health and 'grounding'. These distractions could be:

- spaces to draw or links to drawing apps (including digital art/colouring in)
- fun surveys and quizzes
- hands-on activities, such as games – these could be both fun educational games about mental and physical health ('use games as a way to actually teach children information in an engaging way') and include online board games
- mindfulness activities or meditations
- the five senses strategy
- pictures of animals
- lists of fun facts

- music tab – ‘music works for us’
- links to Netflix or YouTube.

Sometimes young people want to take their mind off their problems, and it helps if the site is engaging and interactive. ‘If you just put a bunch of words in a kid’s face, they’re not going to want to read it.’ Having some fun elements on the website, such as Tik Tok and Instagram videos, pictures, riddles, workouts and games that can lift your mood, is ‘fun and it helps you calm down’. It is important that these are targeted to the age cohort however, as what may be appealing for a younger demographic, may drive older groups away.

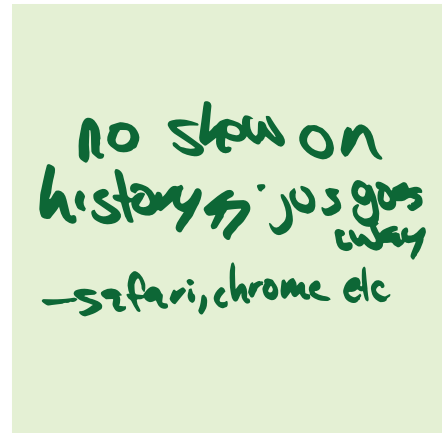
As noted in other sections, children and young people offered several ideas for interactive help on the website. They all said that there should be short wait times for the help. However, some children and young people suggested that, if you have to wait for a long time for help, there should be a button to press – a ‘gets too much’ button – that takes you to a meditation video ‘that can help you calm down ... a guided, really long meditation to help while you are waiting’.

(viii) Quick exit button

The website needed a ‘quick exit’ or ‘quick escape’ button in the corner of the website – and on every page – that takes the user to another page, such as a news website. Children and young people said this was important, so children and young people aren’t ‘caught’ using the website, especially those living in family violence or domestic abuse situations – particularly those who only have access to a shared family computer. Additions and variations to this idea include:

- a button deleting your entire search history
- a timer on the website so that it shuts down or redirects if the website hasn’t been used for several minutes, to avoid being found by someone else
- a timer on the website that send a message asking if the user is okay. If the user responds with ‘no’, it could send their location to the police.

Several children and young people reported using websites with this sort of facility before and thought it was a good idea for the safety of children and young people.



(ix) Interactive chat



I think going online and getting to chat is very helpful for young people.

Overwhelmingly, young people preferred to use a website which allows connection and interaction over one which simply has information. Children and young people suggested that the website should be an opportunity for children and young people to access help, without the pressure or inconvenience of meeting face-to-face.

Young people agreed that having options to interact in different ways was important. Some young people preferred text options while others wanted to talk to someone. Some children and young people expressed a clear preference for online chat with a trained professional, while others spoke of preferring AI. A critical benefit of a chat option would be that someone is always available to talk.

Children and young people had mixed views about the usefulness of AI or chatbots on a website. Some young people spoke of routinely using Snapchat AI, Chat GPT or Siri as a source of positive affirmation. They spoke of the AI being responsive and reliable and sometimes providing helpful suggestions and strategies. For example, ‘you could tell them how you

are feeling, and they give you a list of places to call or websites to go for support'. These young people spoke of a chatbot being less intimidating than dealing with a person. 'Having an AI therapist which is free, they give valid advice and you don't have to worry about burdening the person either.' For these young people AI provided an accessible and non-judgemental form of support. Other young people stressed the importance of wanting 'a person, not a bot'. They raised concern about the advice AI may give young people - 'make sure it's using credible sources for its information, AI takes things from all sorts of places'.

A website should allow young people choice. For example, if there was a wait to speak with a trained worker, young people could be given the option of switching to AI support. One young person suggested that after a waiting period of five or 15 minutes an option could pop up on the screen asking if the young person wanted to switch to advanced AI support.

Some children and young people expressed wariness about interactive chat options. They expressed mistrust regarding the advice through online chat and said that writing/typing was overwhelming in a situation of stress. Some told us it was no substitute for more personal connection, commenting that text is fine but 'sometimes you just want someone to talk to'. One young person made the point that sexual abuse victims had an overwhelming sense of loneliness because no one wants to talk about it.



On the other hand, chat rooms were good for people with anxiety, and were relatively quick, compared to waiting for someone to become available on the phone. For a victim and survivor 'who is younger and hasn't come out and talked to people about it' chat might be a good option because it was less confronting. Likewise, if the abuse perpetrator is in the same family or the same household, 'it's not always safe to be on the phone', so a chat option would be important.

Email was raised as a potential option for contact when phone and face-to-face wasn't feasible, but some children and young people were concerned about the loss of anonymity in sharing an email address. They reiterated that it is 'easier being behind the screen with a chat option'.

Some children and young people also wondered if a website could be good place for students and teachers to interact, or for police officers to check in with children and young people to make sure they're okay.

(x) Access to specialists

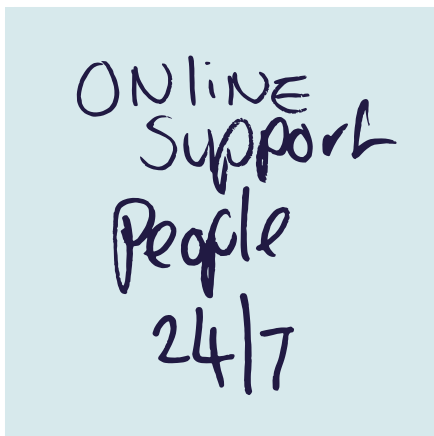
One of the most popular ideas was for the website to 'connect you to people in real time', such as a therapist or a mentor. These people 'should be friendly and kind, they should talk to you and welcome you', they should be well-educated, and above all, they should be 'people who can listen'.

Some children and young people felt that online therapy was very important so that characteristics of good services could be replicated online for people who can't get to good face-to-face services, including family counselling. Apart from ease of access, children and young people said that online therapy sessions were good because sometimes it was hard to reach out in person. As noted elsewhere in this report, some young people don't like physically going in to talk to people face-to-face.

“ If they can’t see your face, they can’t see your emotions ... and then you can’t see them, so you don’t have this anxious thought in your head ‘oh they’re judging me, they don’t care’ you just know that they’re there and they care.

Confidentiality arose again because having online therapy meant ‘someone to talk to over the internet without people knowing’. While the preference for a real person was overwhelming, some children and young people pointed out that a bot could help to access therapy in other languages.

Ideas for how online therapy could work included having a link you could press to sign you up for counselling, with the caveat of keeping options for anonymity, or simply providing emails and phone numbers for reputable mental health places in the area. One young person cited the example of ‘Better Health’, which they had seen advertised and offered ‘therapy online for free’. Several children and young people spoke of this as a helpline option, which would be available through the website.



Young people made the point that even online, a good connection between the client and the therapist was important. If the young person felt that the therapy wasn’t working for them,

then they could try other therapists. There would need to be a profile of the therapist, including a photo and a biography, ‘then you know you can talk to them’.

Drilling down a bit further on the therapy available, they said that ‘young people should be matched up with a person trained in the specific problem they are experiencing’. For example, if it is domestic violence, the young person should be given a specialist in domestic violence as their support person. There should also be the option to specify a preference for a support person of a particular gender, especially if it’s for sexual violence. ‘If you’re reporting sexual assault, you might just want to talk to that gender.’

Children and young people also said that young people should be able to talk to people that ‘come from the same background as you and live in your area too’. Several children and young people said that they wanted access to First Nations support people for culturally appropriate help. Some children and young people went as far as to say that the people on the helpline should also have the same experiences – in terms of the subject matter and/or cultural background as the user – so they can relate to you.

To help give a sense of a supportive environment, several children and young people said that when a young person reaches out on the website, this should be followed up with a check-in a week later or they could mail care packages to young people, with supportive messages.

The website could also include a specialist who could help ‘filter out what is and isn’t going to be helpful’ and guide users to appropriate services, ‘so you’re not walking into five different places’. One young person suggested that it would be helpful if the online specialist could make warm referrals for the young person, acting as a supportive adult to facilitate contact with other services.

(xi) Helpline

Discussion around a designated helpline indicated that children and young people saw the helpline as part of a package with the website. They saw texting, chat option and phone contact as all part of the same service, similar to the services currently available through Kids Helpline and Headspace. On that note, several young people asked, 'how would a new helpline be different?'

If there is to be a new helpline, children and young people suggested some improvements:

- An option for an extended time that you can be on the phone. Kids Helpline has a 50-minute cut-off, but some young people 'have so much on their minds'.
- Not too many questions to get help. 'Kids Helpline has too many questions, like "do you want to give us information?" when the answer is "no, I'm here for the support!"'.
- Have a text option as well because not all young people want to talk over the phone to a stranger.
- Reduce wait times as current services are not responsive enough. As one young person commented 'They have really, really long hold times, I've heard of people being on hold for like two hours and not getting any helpful things and it would be frustrating'. If that is not possible, use a friendly AI chatbot 'to help calm you down in the queue'. It should be clear whether you are talking to a human or a bot. It should give options, such as a game to play or breathing exercises. Users could 'give it a funky characterisation, not just some nameless, impersonal AI'. 'It should say something like "Hi! I'm going to be your virtual buddy while you are waiting. Please give me a name."'.
- It should have 'a catchy number like 1800HELPM, so it's easy to remember'.

(xii) Access to other young people

“Some kids find it easier to talk to someone closer to their age and can relate to things.”

Many children and young people advocated for the website to include a group chat function. These could be supportive forums for young people to connect with others who have shared similar experiences. It was suggested that young people could drop into a forum to talk about something if they want to, and there could be groups organised for certain days and times so young people know when to join.



It could be helpful if the website has provision for various groups or circles that young people can join. A young person spoke about the Kids Helpline groups on a range of issues such as bullying, mental health and relationships. They explained that a moderator monitored the posts to ensure safety. Having a moderator was considered helpful as young people could be vulnerable in such contexts and one young person shared a negative experience of accessing group chat - 'I hate group chats now since I got told to off myself (on a group chat)'. Other children and young people expressed concern about adults impersonating young people in such forums to gain access to vulnerable young people. One young person articulated this concern 'how would we know that random adults are not going on this site reading about kid's problems' and 'imagine someone goes on to the website and says something to upset someone? Need to monitor

it'. Having a moderator, or a way to check the age of children and young people, could be useful.

Being able to connect with other young people from the same culture or background was identified as useful. Having groups for a wide range of young people would allow them to feel less isolated and more supported.

(xiii) Security and Government endorsement

Having grown up surrounded by technology, young people are often discerning consumers of information and online resources. With prolific use of the internet, 'most of us have had pretty bad experiences with a lot of sites and sources'. Many young people expressed concerns about the security of a website or online services, stressing that information security needed to be a critical feature of any website designed to help vulnerable young people. 'If you don't trust it, you won't use it.'

A number of young people suggested that a website would be viewed more favourably if it was endorsed by Government.

“ I don't know if I'd 100% trust it if it's something that comes out of nowhere ... I probably wouldn't trust it. If it was like a Government endorsement then I think I might trust it, but I don't know.

Some children and young people said that they would specifically look for a sign or symbol that a website was made by the government, such as a 'sign at the bottom' of the site. Others advised 'you should look in the search bar forgov.au'. They felt that this endorsement would give them confidence that the systems were secure, their data would be protected and the information available would be up-to-date and relevant. Without reassurance that the website was safe and secure, young people expressed doubt it would be widely used.

Some young people raised concerns about doing online searches on Google and being directed to 'hack websites' or ones which are based overseas and not relevant. There was

further concern that some websites could be vulnerable to 'hackers' or could put you in contact with 'scammers'. This was especially raised in the context of any interactive element of a website such as online chat.

Children and young people stressed that there needed to be ways to keep the site secure as they will be wary about adults misusing the system, trying to make contact or access information about vulnerable children.

Children and young people generally expressed the view that if a website was made by the government, it would have greater authority and young people could trust that it was well-designed, accurate and had security features to ensure that it was safe to use as 'Government is more trustworthy than other places'. They considered that it would be more likely to be properly resourced. Some young people suggested that the website could be widely promoted as a core government service and a place to safely seek information. The website being promoted by other trusted professionals was also considered important. Children and young people indicated that if the website was recommended by trusted and respected adults, such as psychological specialists, then they would know it was trustworthy.

(b) Content

Children and young people shared lots of different content ideas for a website to help children and young people get through tough times, particularly victims and survivors of child sexual abuse. These ideas included some broad notes for consideration:

- Any articles should not be too long or children and young people will stop reading them. Information on the website should be 'bite-sized' so as not to 'overload it'.
- Include pictures and other visuals to help understand the text and information, especially to help access for people with dyslexia or English as a second language.

- The website should have inclusive content, for all cultures and genders. One female-identifying young person was keen to point out that the website should be inclusive for males, because child sexual abuse happens to boys too and the content needs to make males comfortable to seek help.
- They felt that if the Government is going to have a website, it really needs to have 'different types of languages', because 'this generation looks on the internet', so it needs to cater to everyone.



Specific content ideas included:

(i) Positive messages

“How can you make the website a bit of a happier place – so you don’t just go on and everything there is depressing? So it’s not just going to a website and all you see is information about really hard to tackle and sometimes depressing subjects.”

Children and young people said that, because of the serious subject matter and the possible mental and emotional state of the children and young people most likely to access this website, there should be positive messages for them, showing light at the end of the tunnel.

Children and young people said that it should be clear from the first hit on the website that ‘it’s okay to ask for help’. Some felt a slogan could help, such as ‘helping kids who are desperate in need’, or ‘don’t be afraid to reach out’.

Some children and young people also thought that the website could include inspirational messages or notifications with quotes ‘to make your day positive’. This could include famous quotes, as well as quotes or messages from famous people. This would also work towards normalising help-seeking behaviours.

There were also some ideas about highlighting success stories. These would go beyond people simply sharing their stories of abuse and describing how they changed their situation and what helped them. As one person described, it would be relatable to hear from other people who have had similar experiences ‘but you’re not just discussing *having* the same problem, you’re discussing one person living through it and the other person *has lived* through it’. One group thought that videos of people helping each other would be positive, helpful content to include on the website.

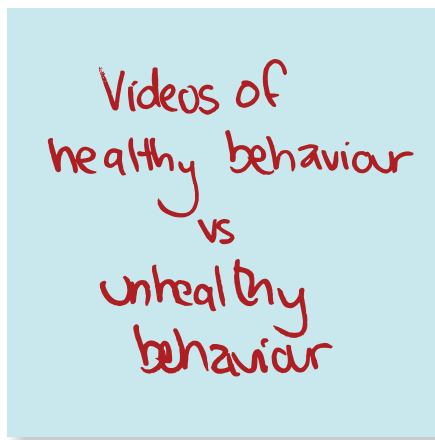
(ii) ‘How to’ guidance

Children and young people felt that the website needed to offer practical advice and solutions for those looking for help. Some children and young people thought this was especially important for those who do not have reliable adults in their lives to help them find the right service.

This section should include ‘strategies and constructive ideas’ for what to say in, and how to deal with, specific situations, such as:

- emergencies and crisis situations
- anger management and ways to help you calm down
- mental health issues or episodes
- family, financial and homelessness problems
- life skills, such as budgeting, buying your first car, how to finance a home and all the skills you need to become an adult
- suicide prevention information
- ‘videos about healthy relationships’ to help them understand their own. How does someone know if their relationships are abusive, or if there is an unhealthy dynamic, if they’ve never seen anything else?

- videos that teach you how to do things, like how to swaddle a baby and recognise different cries
- articles can be better than videos 'like how you get out of this mood ... you're not going to watch a video, you would want to read about it' – so you need both
- YouTube videos that are educational, so young people know what to do when they don't feel safe, for example how to apply for a restraining order
- how to support someone who can't leave their situation yet.



As with other content and features, children and young people felt it would be powerful if these sections included answers from people who are experienced in the subject matter. In addition, the information should be simply presented, understandable and age appropriate. They want to know what their options are for different situations.

Another young person suggested that this section could be structured as categories – 'if these things happen to you' – and users could choose from a list, which then guides you to a phone number to call or support group to go to, and a step-by-step process of what and how that would look like.

(iii) Process information

Children and young people said that a website should include helpful information for them about what to expect when they engage with systems such as police, child protection, counselling and criminal justice. This would assist young people to feel more prepared and able to make informed decisions about the action they want to take after experiencing sexual violence.

Several young people with lived experience of child sexual abuse said that it would have been helpful had they been better prepared for what to expect when dealing with police or counselling processes. They called for a 'briefing about what the interview experience would be like, [including] a rough idea of the sorts of questions' that would be asked. Recollection of traumatic events can be difficult and 'with all of the provoking questions for police trying to find answers, I think I would have liked to know those sort of things beforehand so I could not take it to heart and understand they were just trying to do their job.'

“ I was also kind of thinking about the interview process with police, that can be a really hard experience and ... things could be changed with it. I found personally it felt quite dismissive when I went in for my interview. I know they're just trying to get facts ... [but] it can be really triggering and upsetting to be dismissed by police who are meant to be on your side. It feels like the tables have really been turned against you when you have to talk about all the vulnerable things that happened to you and that you were exposed to.

This could also include information about mandatory reporting, and limitations to confidentiality. Some children and young people saw the website as a possible safe space that they could get information and talk things through. They spoke about wanting to use the website to talk about their experiences, without necessarily being at the stage of formally

wanting to report them to authorities. One young person commented ‘help young people understand what they experienced and what realistic actions they can take for what they feel comfortable’. ‘Let them make their reports and respond correctly to avoid permanent damage’. Many young people expressed concern about mandatory reporting and that it can be a deterrent for children and young people disclosing and accessing the help they need.

(iv) Subject matter information

Children and young people wanted to make sure that the website had information about child sexual abuse, so that users could understand it and have their questions answered. Some wanted to make sure that the information was informed by research and evidence.

To start with, one young person said that ‘people might be naïve to what sexual assault actually is’ and this needed to be addressed. They thought that as well as text, there could be an ‘online person’ to help give more understanding. Children and young people felt that ‘all the different types of abuse should be defined. I found that helpful when I was trying to figure it out.’ They said examples could be used ‘to gauge whether what you are experiencing is or is not abuse’. Some children and young people wanted it to be clear that victims and perpetrators could be from all genders. ‘I did not know that it was abuse [that I experienced] until I actually looked into it, because a lot of it [available information] talks about male perpetrators, but this happened to me, with a female’.

“ I always wanted reassurance for my assault that it was assault. I like facts and reassurance. [We need] the classification of rape and sexual assault, definitions, and mental health supports.

Children and young people also wanted to see information about consent. This should include definitions and scenarios, but also guidance on how to negotiate consent, particularly in intimate situations.

“ If you say yes at the start and then you don’t feel like it anymore, are you allowed to say no? People think you have to continue once you’ve started it.

To help children and young people learn about this subject matter, some children and young people suggested using surveys, tests and quizzes to make the learning more engaging.

Children and young people said all subject matter information should come with clear warnings for potential triggering subjects. Also, to help avoid topics you don’t want to read about, the content could be organised by category – ‘abuse, rape, stalking, etc’ – so ‘you can go directly to the bit that is relevant to you’. Some children and young people suggested using ‘headings and subheading and little blurbs so young people can see if they are interested in reading each section or not’.

(v) Links to other services

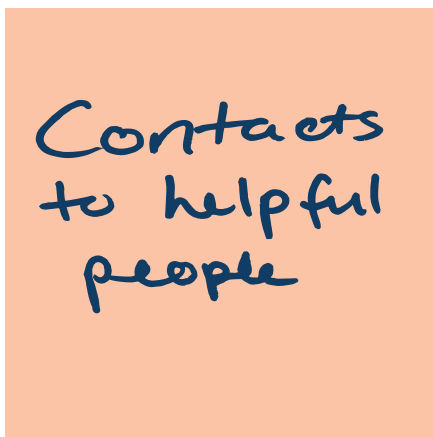
One of the most useful aspects of a website is the potential to connect young people to other helpful services. Several children and young people spoke about wanting referral options to be included on the website and stressed that the information listed should be accurate and relevant. It was suggested that the website should check the quality of referral information and give up-to-date details, including the geographical area covered by a listed service, gender and culture of counsellors and contact details.

Children and young people going through tough times often found it confusing and stressful to work out what services are available at a state and national level. They suggested that the website could help with this by filtering ‘all the things you are eligible for and it’s all in the one place’ with hyperlinks to relevant service websites. Having clear descriptions or ‘bios’ of what each service or program does is useful. Some children and young people went further and suggested the website should be a one stop shop of services with links to all sorts of assistance a young person could need,

including housing, support services, mental health, even clothing.

Being able to search the website by your local area would be useful to see which places you could access near you. A young person suggested a feature similar to that which is available on Google for 'restaurants near me' whereby the website could 'show you places where you can get confidential services, places where you can get professional help and places that are known to be a safe space and you're not going to come to harm there'. It would be useful if there were advertisements and notices about local events happening. Some children and young people suggested that the website could be a portal for local service providers to 'take you out for the day to give you a break from your problems at home'.

The website should include phone numbers for other helplines and counsellors. Having options for online bookings with face-to-face services nearby would be useful so young people can see straight away if there are appointments available at a service and this would avoid them having to make further enquiries. Having reminder messages set up would also assist.



The website should include information for First Nations young people about where they can find culturally appropriate services. It could include links to programs, like Bro Speak, for students to learn from First Nations men, teachers and each other.

(vi) Lived experience stories

It can be powerful for children and young people to see stories of others who have been through similar experiences. This can assist young people to feel less alone. Children and young people told us that they want to hear 'success stories' about what has assisted other young people. This can give them a sense of hope and direction. Hearing what coping mechanisms and strategies have worked for other people their age is useful. They can also gain insight from other young people with lived experience of abuse about what it is like to engage with different services.

Young people suggested that it would be important to include trigger warnings for young people so that they are aware the stories could be confronting or upsetting.

(vii) Emergency, crisis and acute services

The website should have a very clear section about what to do in an emergency, including emergency contact details. This should highlight 000 and be supplemented by a list of additional services and organisations to contact for help in specific situations. Some children and young people suggested this could include an emergency text option that is available 24/7. For a direct route to emergency services, there should also be an emergency button – if there is suicide risk, for example – that you can press to get help immediately; a 'quick pick up and response'. Also, in cases of abuse, the website should have ways to contact authorities without the abuser knowing.

Several children and young people suggested options for urgent help, rather than emergency help, which might be required in an acute moment. For example, some young people may be having suicidal thoughts and need someone to talk to. They may not want to call 000 – because they don't want someone to come to them – but they don't want to wait 15 minutes to talk to someone 'because it could be life or death'. Another young person suggested a number on the website that you can call late at night 'if you feel unsafe and they stay on the phone with you until you feel safe'.

They said that sometimes children and young people want to go on a helpline 'to vent really quickly', and other times they wanted detailed information and support. To help filter, they suggested a 'quick one-minute survey option' with questions:

- What are you struggling with now?
- Do you need immediate help or an in-depth longer session?

It can then refer to a specialist for a longer session at a later time for 'more targeted stuff' or have a brief session immediately. If you 'desperately need to talk' and don't want to wait, there could be an AI option.

Along the lines of urgent help, some children and young people said an advice line – 'something really fast' – for people in sexual situations would be useful. Someone may need to check about what they are being asked to do by someone sexually or how to say certain things in sexual situations. While a live option is preferable, a Q&A section on this theme would be useful too.

If location services were enabled on the website or app, and a user put in their postcode, they could quickly find physical places that might be able help. For example, 'if there's something going on at home – abuse or you've been kicked out – they should be able to search for a nearby place that can put a roof over my head'. With links to shelters and services for crisis housing, the website/app should have live information, showing if space is available at the time.

Location services could also be used to access immediate help with an emergency button, which could send your location to get help. Children and young people said that young people may not want to call police for mental health matters because there are people in life threatening situations that need them more, so having this button would call specialists to come to you. This process should include a guaranteed follow-up.

Some children and young people thought that there should also be a way to give an address anonymously, so it immediately goes to police. However, they were also concerned that this could be abused for a prank.

With all of these proposals, young people felt strongly that this should be a 24-hour-a-day service. Tough times are unpredictable, but 'most teenagers seem to get the worst' at nighttime, 'so a 24-hour website is really important'.

(c) Audiences

Children and young people broadly felt that 'there should be one website for everyone', which guides and filters the different users to the pages that are relevant for them. For example, one young person suggested that it should have three sections: one for kids who are actively struggling, one for parents/adults who recognise their children are struggling and one for friends who recognise that their friend is struggling. One young person suggested that having one website for all different audiences would make it less stigmatising to use as it would be recognised as a generally helpful site for a wide range of people. Children and young people had ideas for specific audiences. These included:

(i) Children and young people

Overwhelmingly, ideas focused on victims and survivors and the features and content they would need. Children and young people felt that the information needed to be divided 'into age groups so you can dive deeper and give options' that were age appropriate. To educate effectively, the way the information is presented as well as the content itself should be 'graded by years'. One young person said that 'you just learn the same things, but you need more intense awareness the older you get'. As per the filter idea to help personalise the website, children and young people said that a filter could help age-targeting of content. One young person suggested that, if you could personalise the website, including your age, the information

available to you could ‘evolve as you age’. For example, ‘younger kids respond better to active therapy than talk therapy’, so this could be reflected in the information they can access.

Some children and young people wanted to ensure that the website was a safe space for young people, so advocated for age verification. They discussed various challenges to this approach, including preferences for anonymity, misuse of the system by adults and the possible need for a moderator.

(ii) Parents and family

‘Parents need to know what their kids are dealing with. It’s hard for kids to communicate this to their parents; they can’t express certain things to their parents’, so a website could help to provide this kind of information. Children and young people felt that parents need to understand the resources available to their children and how to meet their children’s needs. This should include guidance on how to comfort a child, what to do and what to say to a child.

Some parents may also be concerned about asking for help and the problem escalating. For example, ‘Say you’ve found your young children doing sexual things together and you don’t know what to do or where to go without being judged [or risking them call] Child Safety’. Some parents may just need advice on how to deal with sensitive situations.

Several children and young people also said that parents and family members of victims and survivors might need support themselves: ‘Even if it’s not about them it still affects them’. Children and young people suggested that there are ‘generational differences in terms of dealing with mental health issues’, which the website could help address. There should be a separate space for family on the website, which could include:

- information about what can help them
- family counselling ‘to help understand what everyone is thinking’

- options for where to go for mental health support
- information and service options for siblings of victims and survivors.

“ When I was at my worst, it was just my mum keeping me alive. It’s affected her mental health. Most carers do feel alone. It’s so overlooked. The carers are equally important.

Some children and young people discussed families of perpetrators (as per NAP 10), particularly if the perpetrator is within the family of the victim and survivor because ‘everyone’s mental health is affected by the assault’. One young person said that their sibling ‘had mental health problems’ when one of their parents was imprisoned for abusing her (the young person) because ‘she thought she couldn’t talk to anyone at all’.

When discussing other services that non-offending family members of perpetrators might need, there was some agreement that these could be incorporated into the NAP 7 website and helpline.

“ They’re still going to have trauma and be scared that might happen to them so they might want to use the same website.

Children and young people reported that the website should include the following for non-offending family members:

- access to immediate, priority services
- reassurance of confidentiality so that the perpetrator does not find out family members are accessing help
- ways for children, young people and families who have been through the same experience of having a family member as a perpetrator to share their experiences.

“ I feel like they should be with other families who also deal with that situation ... there’s a lot of shame and judgement.

On the other hand, some children and young people said that families didn't need support 'because nothing happened to them' and it should be 'mainly focused on the kid'. One young person said that as a child it would be scary to use such as service and it would be better to have someone in schools dedicated to this need.

(iii) Friends and other support people

Children and young people also said that there should be a resource section for teachers and friends and 'anyone that wants to provide support' to those who have experienced child sexual abuse. One young person said that 'something like 80% of young people would rather talk to a peer than an adult in their life'. Others suggested a survey focused on 'what are things you can do to help' and 'teaching people what to say and how to help'.

(d) The problems with a website

Young people had mixed views about the overall usefulness of a website. Some suggested an app might be more accessible for young people as this could be viewed via their phone. 'I mostly use apps - don't really use websites.' Other children and young people spoke about it being more difficult for younger children to download an app without adult permission and raised concern about an app being more visible on a device. Having both a web and app version was suggested. This would enable young people to choose which worked best in their situation.

Some children and young people spoke of having limited access to technology (including phones). A number of young people in regional/ remote locations raised concern about this, suggesting that the National Office 'think about kids who don't have electronics or anything, like kids who live out on farms that don't have electronics that work or kids that aren't allowed electronics'. We heard that

younger children may face further barriers in accessing online help. Adults may restrict their access to technology or monitor their use, raising possible safety concerns.

Some children and young people expressed wariness about online help. They spoke of having had negative experiences with websites in the past and were sceptical about the help that a website could provide. Children and young people commented 'there's still going to be wait times and having had so many bad experiences, having a new one is just going to make it worse', 'we've had so much bad experience with previous ones', while another young person said 'how will you talk about your problems with a stranger? Young people want to talk to people they know and trust'.

One young person expressed concern about the challenges they would face using a website 'with my dyslexia, I wouldn't understand it, same with my Autism. Whoa, there's a lot of words, they're all muddled up. I don't understand'. Another young person suggested that, rather than a website, helpful information could be put on social media in bite-size chunks.

Other children and young people expressed concern that a website may just replicate existing services. They highlighted that services such as Kids Helpline are already well promoted and known by young people and questioned the point of difference with this website. 'There's already like Kids Helpline and stuff out there, you can contact them whenever you need.' One young person commented that they had used Kids Helpline in the past and 'you're kind of just copying what other people are doing'.

While there was diversity of opinion amongst children and young people as to the value of a website, young people agreed that a variety of options are needed. One young person said: 'a website is a really important part of the solution, but it shouldn't be the only solution'.

5. What children and young people thought about the consultations



An anonymous survey was conducted with children and young people after the consultation session to ask them for their thoughts about the ways that we conducted the consultations. This information is critical for the bigger picture of contributing to building an evidence base which identifies ways to embed the views of children, young people, and their families in the future development of policy and services.

We asked children and young people to write down what they thought was the best part of the consultation. Of those that provided a response, the most common were:

- being listened to and having their opinions validated (20.1%)
 - ‘Our ideas and opinions were properly listened to and validated.’
 - ‘I got to say what I wanted to say and you guys listened.’
- talking/discussing important topics (17.1%)
 - ‘Discussing how kids could be helped.’
 - ‘Talking with other kids about relevant issues.’
- food (17.1%)
- the activities (tree and website) (14.6%)
- being open without judgement (12.2%)
 - ‘How open and honest we all were.’
 - ‘Not being judged.’
- that staff provided a safe and comfortable environment (9.8%)
 - ‘I felt very heard, safe and comfortable in the environment.’
 - ‘How the staff made sure we were comfortable.’
 - ‘We felt safe.’

We also asked children and young people what they thought was the worst part of the session and how sessions could be improved. While over half of the children and young people that provided a response said that nothing was bad or that they didn’t know (60.3%), eight children and young people said that they were too nervous or shy to speak in a group setting and seven children and young people said that there was too much talking. This speaks to the importance of offering activity-based consultation methods and options for individual interviews. Most children and young people did not offer suggestions as to how to improve future consultations. Of those that did, five respondents asked for more activities and games and a further four suggested going around the group to give each person a turn to share their opinions.

Following each consultation, children and young people were sent a summary of the session via the partner organisation. This aimed to show them that they had been heard and to show how their views had been represented.

All the feedback from children and young people will be used to inform consultations in the coming years, and over the three years of this project will be used to build an evidence base which identifies ways to embed the views of children, young people, and their families in the future development of policy and services.

6. Reflections



Discussing the people and places that helped them, children and young people invoked a strong sense of the environments in which they were growing up. The children and young people did not seem to compartmentalise their various needs for support, expressing a desire for help and knowledge that self-evidently understood them, who they were and where they were at in life. They expressed a clear preference for their needs to be met holistically and comprehensively.

Children and young people described a child safety and wellbeing service system that, at its best, responded to them in a timely and caring way. It listened to, and viewed, them in their environment – in their families and communities – and understood their unique experiences.



But children and young people also described a fragmented, unresponsive system across Australia, where they did not have control over decisions affecting them. The stories we heard suggested flaws in systematic service provision that did not hear them. They spoke of it being ‘magic’ when a young person finds out about a service and can receive timely and responsive support. Positive experiences were often described in a way that implied they were reliant on the individual strengths and personality of the service provider, such as an excellent teacher or committed social worker.

Several children and young people compared their positive experiences with services to the negative experiences of peers or other young people they knew, aware that they were simply fortunate to access a quality service in their area. Similarly, children and young people in remote and regional areas reported severe limitations as to availability, choice and accessibility of services in their areas, compounded by an awareness that age-mates in other parts of the country enjoyed greater variety and reliability.

When children and young people told us about the absence of services in their area; when they told us about the variable quality of available services; when they told us that they could not always access the support that they really needed, they were collectively describing a safety and wellbeing system that is fragmented, and, in parts, broken. Their thoughts and ideas have systemic implications for all jurisdictions.

The Australian Centre for Child Protection, which developed the *Minimum Practice Standards* for the National Office for Child Safety, also identified this issue, referring to the ‘complex and seemingly unrelated mix of services across Australia that respond to individuals who have experienced or been impacted by child sexual abuse’.³³

The Royal Commission into Institutional Responses to Child Sexual Abuse recommended that ‘Australian Government should create a ministerial portfolio with responsibility for children’s policy issues’,³⁴ with responsibility for the National Framework for Child Safety among other initiatives. That recommendation has not been acted upon.

Children and young people advocated for places that could address their multiple needs, such as integrated service hubs. They recognised that families and communities also need help to better support the children and young people in their care. They called for more and better trained frontline staff and improved quality of services. They also called for better promotion of information about what was available to them, and a greater voice in decisions that impact them, such as mandatory reporting processes.

The implementation of the *Minimum Practice Standards* will go some way to addressing many of the gaps and solutions identified by children and young people, as will committed listening to, and acting upon, children's and young people's ideas. However, shoring up child safety and wellbeing for future generations demands sustained commitment from Government and systems reform.

One young person said to us that 'I don't want to be seen as the problem'. A systems approach moves away from viewing children themselves as issues, to acknowledging the complexity of their environment and relationships,³⁵ so that policies and practices can address the root causes of problems, not just the symptoms.



The problem didn't change because nothing changed around me.

Rather than treating child safety and wellbeing concerns in isolation, the systems approach promotes a holistic view of children and child protection, which engages the full range of actors involved in protecting children's rights.³⁶ Taking a systems approach means strengthening families, communities, service providers, and wider social systems so that they can create safe and supported environments for children to grow.³⁷ Children and young people seem to know this instinctively. Policy needs to catch up.

System-wide reform positions the best interests of the child within all government departments, not just those with expressly stated child-related mandates. Helping children and young people realise their rights demands a whole-of-government approach. As an initial step, all government departments could start using a *Child Rights Impact Assessment* (CRIA) tool to embed child rights and interests in the policy making process. This will help to focus decision-making and put children at the centre of systems.

While a systems approach would advance child wellbeing in Australia, it requires long-term investment and commitment at the highest level. Whether this discourse would focus on a roadmap for children and young people, or child rights-informed Wellbeing Budget, or a Federal Minister for Children, following the examples of Sweden, Norway, Ireland, Canada and several Australian states is a matter to be scrutinised by the Government, the community and, most importantly, children and young people in the coming years.

For now, children and young people have identified gaps and needs, and they must be addressed as a matter of priority.

7. Recommendations

The children's and young people's ideas presented in this report are applicable not only to the National Office, but also to the five Key National Strategies (see [section 1.2](#)). All of the issues and suggestions raised by children and young people during these consultations contribute to the evidence base for stakeholders to improve and expand services and information for child safety and wellbeing across Australia. They are broadly in line with the *Minimum Practice Standards*, offering perspectives that could help to enrich the implementation of these Standards by all relevant partners.

Recommendations have been divided into two sections. The first is a set of broad recommendations that draw together several of the key issues raised, intended to inform policies and programs around child wellbeing. The second are specific recommendations to inform implementation of Measure 7 and Measure 10 of the [National Strategy to Prevent and Respond to Child Sexual Abuse 2021-2030](#).

7.1 Recommendations for all Key National Strategies

Under current Action Plans, agencies responsible for the five Key National Strategies should:

1. Place children's rights at the centre of policy and program design from the design phase through to and including evaluation. One approach to this could be by systematically using a *Child Rights Impact Assessment* (CRIA) tool.
2. Directly involve children and young people, particularly those with lived experience, in the design and implementation of policy and services, consistent with the principles in the CRIA tool. This includes timely and authentic engagement, targeting groups most likely to be impacted by the policy or service, and providing feedback to these groups about how their input has been used.
3. Provide and expand mental health, drug and alcohol, and domestic, family and sexual violence services for the following priority groups:
 - children under 12 and their families
 - children and young people in remote and regional areas
 - children and young people from culturally and linguistically diverse backgrounds
 - First Nations children, young people and their families
 - children and young people with disability.

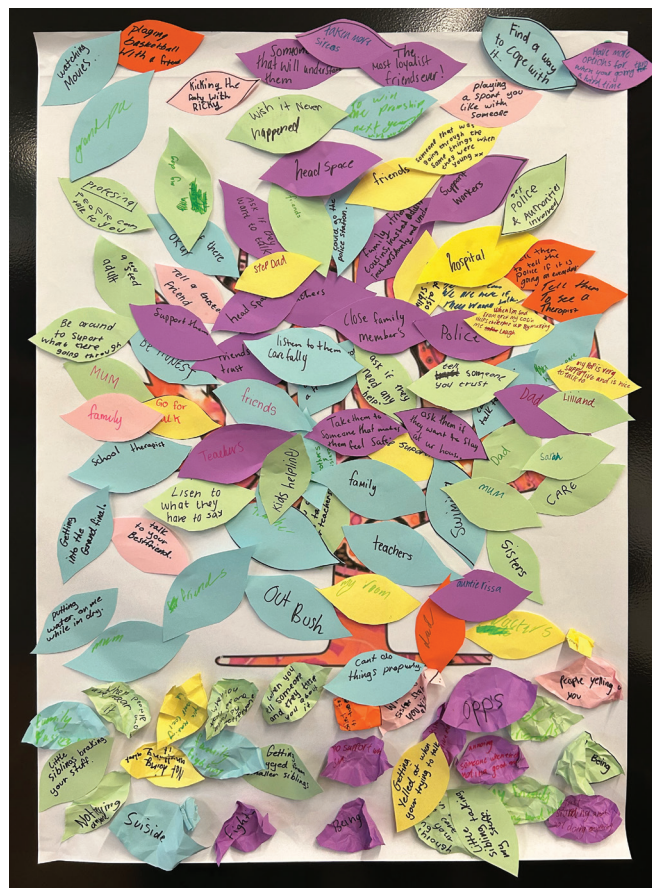
4. Coordinate and, where possible, integrate different services, such as through:
 - local community ‘hubs’, such as schools, youth ‘drop-in’ centres, health and community centres
 - providing ‘whole-of-family’ services
 - providing opportunities for peer-to-peer support
 - providing individual pathways so that children and young people have flexibility and choice in the services they use
 - providing quality 24/7 specialist support services – such as crisis counselling and ‘safe space’ services (see [section 3.4](#)) – that are responsive to children’s and young people’s needs
 - requiring service providers to co-design and evaluate their services with children and young people.
5. Expand child safety and wellbeing education to increase levels of community awareness and improve access to services, including:
 - developmentally appropriate school-based education on child sexual abuse and family and domestic violence for children and young people, building on Respectful Relationships Education – and starting in primary school
 - community education, through media, schools, and services, on child sexual abuse and family violence – building on ‘One Talk at a Time’ – including culturally appropriate content developed in partnership with communities.
6. Require quality ongoing professional development and supervision for those who work with children and young people, such as teachers, service providers, first responders and volunteers, with a strong focus on empowering and involving children and young people so they have choice and agency. The *Minimum Practice Standards: Specialist and Community Support Services Responding to Child Sexual Abuse* (Minimum Practice Standards) should inform these efforts for specialised and community support services responding to child sexual abuse, and could be instructive for efforts across a broader range of services for children and young people.
7. Promote the availability of services for children and young people in ways that are visible and freely available, including through:
 - billboards, posters and flyers, in community settings
 - websites, apps and streaming services
 - school excursions, incursions and Expo Days
 - referrals via other services
 - community outreach with First Nations elders and culturally and linguistically diverse leaders.
8. Work in partnership with state and territory governments to expand specialist in-person services for victims and survivors of child sexual abuse, and for non-offending family members, to complement online services.

7.2 Recommendations for the National Office for Child Safety

Children and young people overwhelmingly talked about a preference for face-to-face services. This was particularly the case with young people using child sexual abuse services. Acknowledging this preference, it is recommended that Measure 7 in the [National Strategy to Prevent and Respond to Child Sexual Abuse 2021–2030](#) be considered within a suite of services – both online and offline – for children and young people. In developing a new website and helpline to assist victims and survivors of all ages, the National Office for Child Safety, should:

9. Make this resource inclusive and appropriate for children and young people who are victims and survivors by:
 - incorporating co-design with children and young people, particularly those with lived experience, building on the guidance contained in this report
 - including a process for ongoing review of website content and features, including modalities for user feedback and periodic consultation with a youth advisory group or reference group, comprised of children and young people with lived experience, and from marginalised groups
 - adequately resourcing it with subject matter expertise to ensure comprehensive coverage of, and quality provision for, children and young people nationally – this should include resources and measures to keep waiting times to a minimum
 - including and incorporating resources for victims and survivors of varying ages, their peers and families, including families of perpetrators (NAP 10).

This report has offered the views of children and young people, from those not yet engaged with service systems through to those who are engaged across the service system. It has provided insights into how children and young people view their situation, how they seek information, and their preferences for accessing services. It has made recommendations, based on what children and young people told us, about how policies and programs can be improved, and how the lived experience of children and young people might be appropriately valued and incorporated into ongoing decision-making about matters that affect them. In the words of the children, they ask us to ‘do things with the information we tell you’.



9. Appendix 1: Demographics

9.1 Number of national consultations and surveys

The National Children's Commissioner, supported by the Children's Rights Team, held 35 consultations with 232 children and young people across all Australian jurisdictions between July and October 2023, including metropolitan, regional and remote areas.

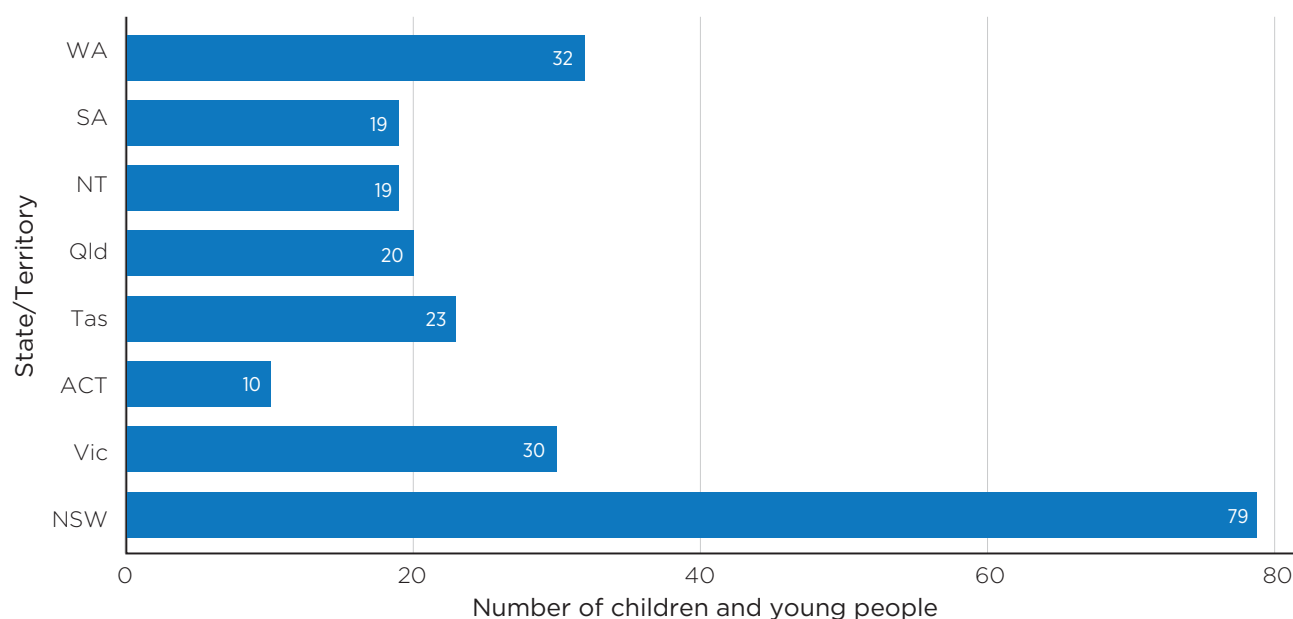
The original intention was to conduct all consultations in small groups of up to 10 children and young people. However, some children and young people expressed a desire to share their views individually. For that reason, eight consultations were conducted as individual interviews. All consultations and interviews took place in person, except for one group consultation and one individual interview, both of which were held online.

Following the consultations and interviews, children and young people were administered a short survey. Two hundred and eleven complete survey responses were received and limited demographic information was collected for a further 15 children and young people.

9.2 Locations of consultations

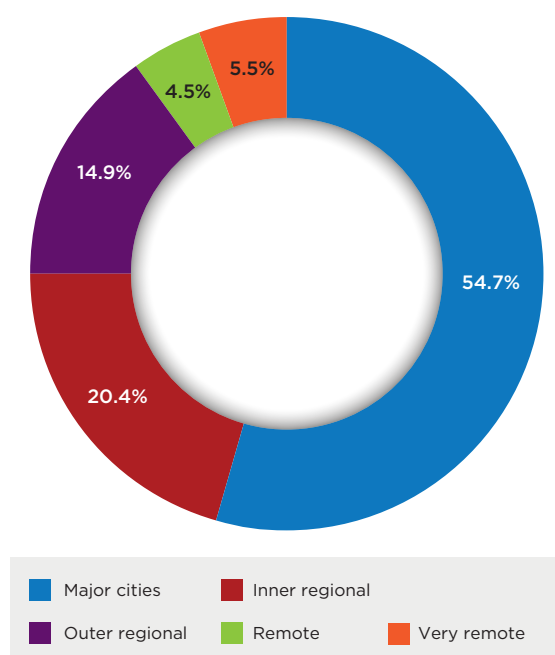
Ten consultations were held in New South Wales (Bankstown, Merrylands, Mount Druitt, Maroubra, Casula, Liverpool, Orange, two in Dubbo, one online); six in Western Australia (Midland, Mirrabooka, Ballajura, Leederville, two in Kununurra); four in Victoria (North Melbourne, Richmond, Morwell, Geelong); three in Tasmania (Devonport, two in Launceston); four in Queensland (Spring Hill, Miami, Mt Isa, one online); four in South Australia (Port Lincoln, Fullarton, two in Hindmarsh), two in the Northern Territory (Palmerston, Nightcliff) and two in the Australian Capital Territory (Canberra).

Figure 6: Consultation participation by jurisdiction



Detailed demographic data was only obtained for the children and young people that completed the survey. The figure below shows the usual residence of survey children and young people by remoteness classification.³⁸ This question was answered by 201 children and young people.

Figure 7: Children and young people by remoteness classification



9.3 Who participated in consultations

Children and young people were recruited through organisations already providing services to children and young people. These included schools and other educational programs (such as specialist and alternative schools), child sexual abuse and domestic violence services, disability services and other child and youth services:

- five consultations were conducted exclusively with First Nations children and young people. These consultations occurred in New South Wales, Queensland and Victoria
- seven consultations were arranged through organisations providing services to children and young people with lived experience of child sexual abuse and family and domestic violence
- five were held in schools and services for children and young people disengaged from mainstream education

- children and young people with out-of-home care experiences participated in at least 11 consultations
- one consultation was held with refugee and asylum seekers
- one consultation was solely with children and young people with disability
- one consultation was held in a homelessness service for young mothers
- one consultation was conducted in an LGBTIQ+ specific service.

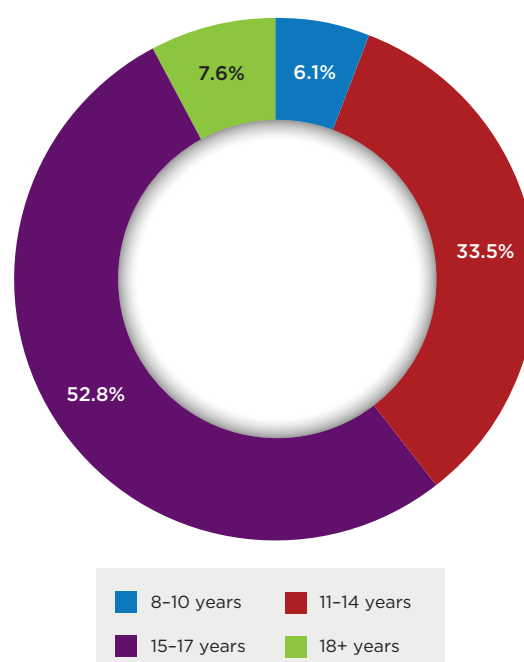
Other consultations were held at organisations working with disadvantaged children and young people, culturally and linguistically diverse children and young people, in regional and remote areas, in mainstream schools and with youth advisory groups.

(a) Age

The target age range for consultations was 10–18 years. However, some children and young people who attended on the day of consultations were under 10 years or over 18 years. Age was recorded for 212 children and young people.

Thirteen were aged 8–10 years, 71 were aged 11–14 years, 112 were aged 15–17 years and 16 were aged 18 years and above.

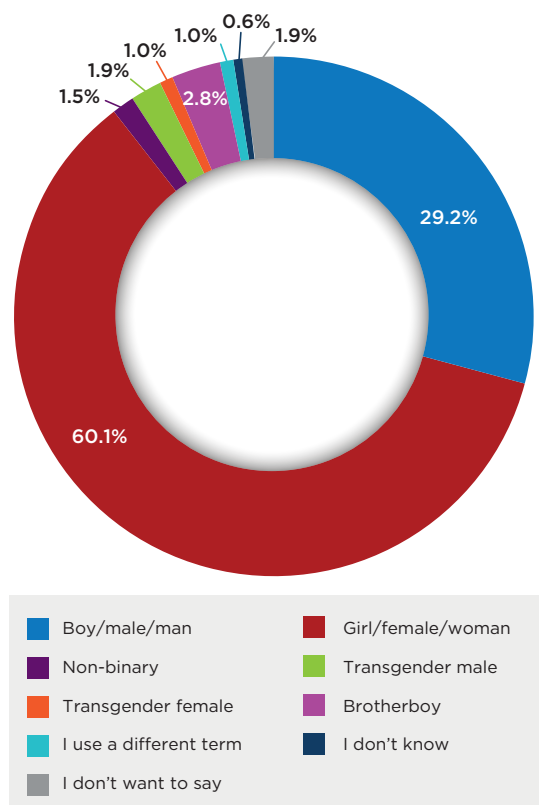
Figure 8: Age breakdown of participants



(b) Gender and sexuality

Gender was recorded for 213 children and young people. When asked to describe their gender, 128 children and young people identified as a girl, female or woman; 62 identified as a boy, male or man; six children and young people identified as brotherboy; four as transgender male; two as transgender female and three identified as non-binary.

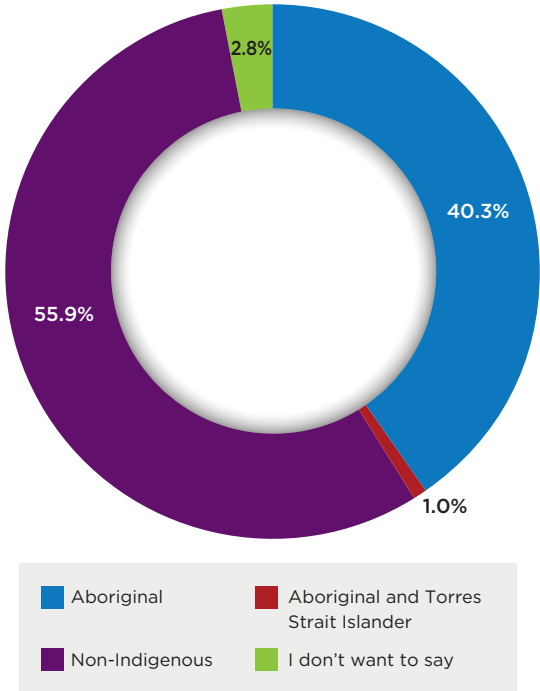
Figure 9: Gender of participants



(c) First Nations children and young people

Of the children and young people who responded to the survey or recorded demographics, 85 identified as Aboriginal and two as Aboriginal and Torres Strait Islander.

Figure 10: Participants by First Nations status



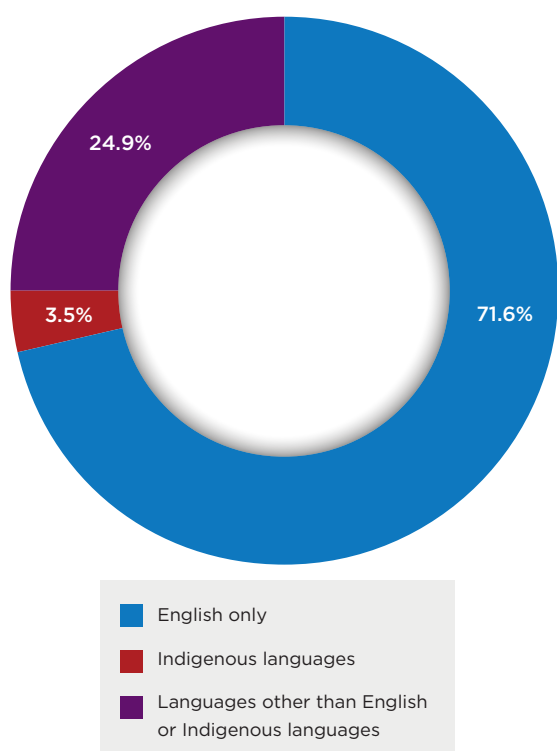
Those that completed the survey for children and young people aged 14 years and above were also asked to describe their sexuality, and this was recorded for 177 children and young people. More than two-thirds of children and young people identified as straight (68.4%). A further 10.7% identified as bisexual; 5.1% responded that they did not know; 5.1% did not want to say; 3.4% identified as pansexual; 2.8% identified as queer; 1.7% identified as lesbian; 1.1% identified as gay and 1.7% said they use another term.

(d) Cultural background

Children and young people were asked to specify their family's cultural background and 151 children and young people responded to this question. Of those, 45.0% identified as culturally and linguistically diverse.

Information about languages other than English spoken at home was recorded for 201 children and young people.

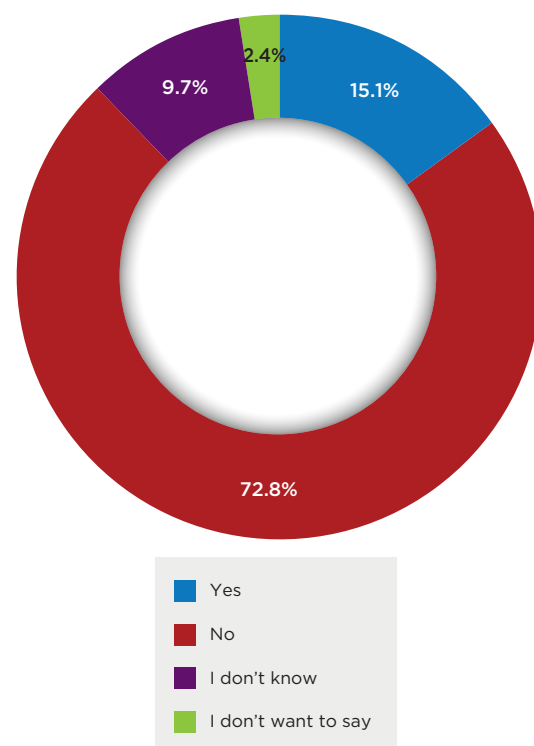
Figure 11: Languages spoken at home by participants



(e) Children and young people with disabilities

Thirty-one children and young people identified that they were living with disabilities in the survey. Disabilities specified included Autism Spectrum Disorder, ADHD, Intellectual Disability, Anxiety Disorders, Depression, Personality Disorders and Cystic Fibrosis.

Figure 12: Percentage of participants with disabilities



10. Appendix 2: Methodology

A human rights-based approach guided all aspects of this project. The most common description of a human rights-based approach is the PANEL framework:

Participation: everyone has the right to participate in decisions which affect their lives. Participation must be active, free, and meaningful, and give attention to issues of accessibility, including access to information in a form and a language that can be understood.

Accountability: accountability requires effective monitoring of compliance with human rights standards and achievement of human rights goals, as well as effective remedies for human rights breaches. For accountability to be effective there must be appropriate laws, policies, institutions, administrative procedures, and mechanisms of redress in order to secure human rights. This also requires the development and use of appropriate human rights indicators.

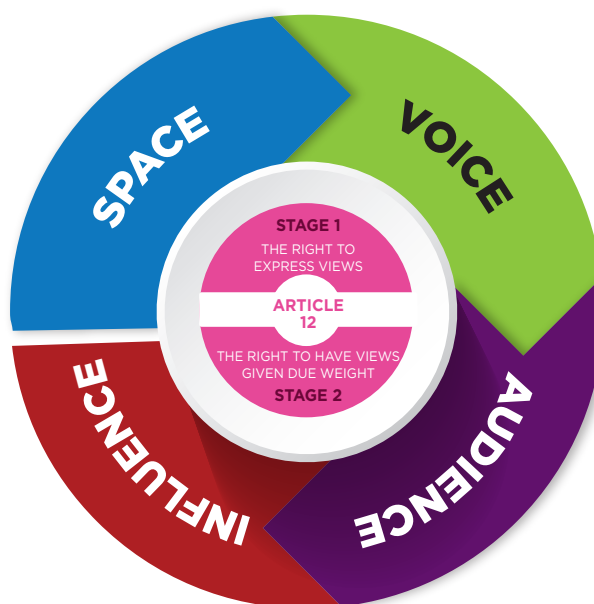
Non-discrimination and equality: a human rights-based approach means that all forms of discrimination in the realisation of rights must be prohibited, prevented, and eliminated. It also means that priority should be given to people in the most marginalised or vulnerable situations who face the biggest barriers to realising their rights.

Empowerment: everyone is entitled to claim and exercise their rights and freedoms. Individuals and communities need to be able to understand their rights, and to participate fully in the development of policy and practices which affect their lives.

Legality: a human rights-based approach requires that the law recognises human rights and freedoms as legally enforceable entitlements, and the law itself is consistent with human rights principles.³⁹

10.1 Model for children's and young people's participation

Consultations were guided by the Lundy Model⁴⁰ of child participation, which is used in Australia and internationally to engage with children and young people. It includes four stages to facilitate meaningful involvement of children.



Professor Lundy suggests that the following questions are asked at each stage of consultations with children and young people:

1. Space

- Have children's views been sought actively?
- Is there a 'safe space' in which children can express themselves freely?
- Have steps been taken to ensure that all children affected by the decision can take part?

How the NCC addressed these questions:

- We actively sought children and young people's views by letting them know they were the experts, we were there to learn from them, and that there were no right or wrong answers.
- We worked with partner organisations to facilitate accessible, friendly and safe environments for children and young people to express their views freely.
- We engaged with children and young people in the target cohort and priority groups identified under the five Key National Strategies.

2. Voice

- Do children have the information they need in an appropriate format to enable them to form a view?
- Have children been given a range of options as to how they might choose to express their opinion?

How the NCC addressed these questions:

- We provided children, young people and their parents/carers with written information about the project prior to each consultation; we discussed the project and the issues to be addressed at the start of each consultation and told children and young people that their participation was voluntary.
- Children and young people were offered a variety of ways to express their views, including individual and group activities, engaging in group discussion and an anonymous survey.

3. Audience

- Who is the 'audience' for children's perspectives?
- Is there a process for communicating children's views?
- Does that person/body have the power to make decisions?

How the NCC addressed these questions:

- The Government Departments responsible for the five Key National Strategies are the initial 'audience' for children and young people's perspectives. These are DSS, the National Office and NIAA.
- Children and young people's views were communicated to the Departments in the form of this report and a presentation by the NCC.
- The focus of Year 1 consultations was on the National Strategy. The National Office has primary responsibility for the implementation of the action plan.

4. Influence

- Were the children's views considered by those with the power to effect change?
- What process is in place to ensure that children's views inform decisions that affect children?
- Have children been informed of the ways in which their opinion may impact decisions?
- Have the children been provided with feedback explaining the reasons for decisions taken?

How the NCC addressed these questions:

- We told children and young people that we would present their views to those who could influence the implementation of the Key National Strategies. This was achieved by providing this report to the Australian Government through DSS.
- We invited the National Office to observe a consultation so that children and young people had the opportunity to present their views and ideas directly to agencies that will be making decisions that affect them.
- We will provide feedback to children and young people on the ways that their views are incorporated into the action plans of the Key National Strategies.

10.2 Engaging children and young people in the consultations

Contact with children and young people in the target groups occurred through partner organisations, who were already providing services to them.

Each Key National Strategy identifies priority groups, and some Strategies have priority groups in common. Further, the priority groups are not mutually exclusive, with organisations often providing services to children and young people across the priority groups. Given this, we aimed to talk to a diverse range of children and young people, adopting a proportional approach to age, gender and disadvantage. This included children and young people with disability, First Nations children and young people, and children with lived experience of out-of-home care.

Partner organisations were sent written information about the purpose of the consultations and, in line with previous work around child sexual abuse, guidelines for identifying suitable children and young people to take part.⁴¹ This included a series of questions asking partner organisations to consider in balancing children and young people's right to participate with their right to protection.

10.3 How the consultations were safe for children and young people

General ethical considerations around working with children and young people are heightened in the context of a subject such as sexual abuse. The critical dilemma is how to balance the welfare rights of children to be protected from any possible exploitation, trauma and harm with their right to be consulted and heard about matters that affect them.⁴²

The Commission's Child Safety and Wellbeing Policy guides all its activities involving children, young people, and families. It is available at: humanrights.gov.au/our-work/commission-general/child-safety-and-wellbeing-policy-2020.

It is based on the National Principles for Child Safe Organisations, developed by the former National Children's Commissioner, and endorsed by all states and territories.

The Commission's Child Safety and Wellbeing Policy covers core processes and procedures that must be complied with by staff, including seeking consent, involving families and communities, respecting equity and diversity, ensuring staff are suitable and supported, child-focused complaints systems, disclosure and reporting, staff training, and ensuring safe physical and online environments. All staff working on this project had NSW Working with Children Checks.

To provide an additional layer of safeguarding and expert oversight of our approach, a reference group reviewed our consultation design and materials and provided expert advice on the extent to which they were child-safe and child-friendly. The reference group comprised of Associate Professor Tim Moore, Institute of Child Protection Studies; Professor Anne Graham, Centre for Children and Young People; Kelly Hand, Project Director – National Student Consent Study, Australian Human Rights Commission; and Brad Morgan, Director, Emerging Minds.

The reference group advised that due to the sensitive nature of the topic, it would not be considered safe to consult with children under 10 years of age.

In terms of cultural safety, consultation materials were tested with First Nations children and young people, and we worked in partnership with supporting organisations. We also worked with the Social Justice team at the Commission to support us in a culturally appropriate approach. Partner organisations were also invited to co-facilitate consultations.

Given that the children and young people were those with lived experience of vulnerability and disadvantage, consultations occurred in the presence of a trusted adult (teacher, youth worker, counsellor, case worker). This involved the person(s) being present during the consultation or the person(s) co-facilitating

the consultation. Consulting in this way also allowed for support, if necessary, to be available after the consultation.

Empowering children and young people in the research context is key to minimising their vulnerability and promoting their safe participation. We sought to achieve this by giving children and young people choice in how they participated, providing multiple opportunities for children to express any concerns, and enabling them to cease their participation if they chose.⁴³ A variety of additional measures were incorporated to minimise the risk or alleviate the effects of participant distress. This included developing distress and disclosure protocols,⁴⁴ using an adapted 'check-in' procedure⁴⁵ and working with partner organisations to create safe spaces in terms of room layout. All children and young people were given a list of services at the conclusion of the consultation as well as contact details for the project director, should they have any questions or concerns arising from their participation.

Consistent with the Commission's Child Safety and Wellbeing Policy, the *Child Safety Risk Assessment* tool, developed by the Commission for organisations to comply with the National Child Safe Principles, was applied to this project.

10.4 Seeking appropriate permission and consent

Organisations were given information about the project, which also involved discussion of their capacity to provide support, if needed, to children and young people during and after the consultation and their views on the best way to engage with their children and young people.

Three versions of information sheets and consent forms were developed for children aged 10–13 years, young people aged 14–18 years and for parents, carers or guardians. All children and young people provided written consent to take part in the consultations and parent, carer or guardian consent was additionally obtained for children aged younger than 15 years.

Verbal consent was also obtained from children and young people at the beginning of each of the consultations. It was reiterated that their participation was voluntary, that how much they participated was entirely up to them and that they could withdraw their participation at any time without consequence.

Culturally safe and trauma-informed principles and practices are particularly important when consulting with First Nations children and young people. Research undertaken by Doel-Mackaway with Aboriginal children and young people in the Northern Territory found that Aboriginal children wanted their parents and Elders in their community to be approached before seeking to engage directly with them.⁴⁶

These children and young people spoke about protocols to follow where governments wish to talk with Aboriginal children and young people. These included writing a letter to parents, to an Elder in the community or to the school, indicating they want to talk with Aboriginal children and young people.⁴⁷

This project followed these protocols. Making contact through organisations already working with and supporting children, young people, and families also ensured that prior contact was made with all key community stakeholders.

10.5 Consultations

This project engaged with children and young people through small group activity-based consultations and individual interviews, supplemented by a survey open only to consultation and interview children and young people. The use of multiple methods, as opposed to discussion only, is a strength of participatory approaches as it considers the different communication preferences and needs of children and young people.⁴⁸ Activity-based methods were also employed in light of a review of adolescents' experiences of participating in sensitive research which showed that young people would like their participation to be fun, creative and enjoyable.⁴⁹

Two versions of consultation and survey questions were developed for the 10–13 year and 14–17-year cohorts.

The approach to the consultations was tested with two groups of children and young people as part of the development process: one First Nations group of children and young people and one group of young people consisting of members of the NAPCAN Youth Advisory Council. This process was instrumental in producing both culturally appropriate and child and youth-friendly materials.

The resulting questions and activities were piloted with two additional groups of children and young people prior to full roll-out of the consultation process.

(a) Content of the consultations

Consultations started with a group-based activity designed to answer broad questions around service access and provision, which were commonly identified priorities across multiple strategies. These focused on:

- children and young people's awareness of services and supports and how to access these when needed
- ways children and young people want to find out about different services
- children and young people's preferences for different types of services/modes of support and understanding why they have these preferences
- how awareness and preferences differ depending upon age and cultural background.

It was anticipated that the information gained from these questions would be useful across all five Key National Strategies.

The activity involved presenting children and young people with a tree with no leaves. The tree image was developed by SNAICC – National Voice for our Children and the Victorian Aboriginal Child Care Agency (for the National Office for Child Safety). Children and young people were given cut out paper

leaves and asked to think about people and places that have helped children and young people through tough times; those that have not been helpful as well as those people and places that they wish were available to children and young people in tough times. Tough times was explained to children and young people as situations such as when they experienced violence within their families, or were hurt and abused, including physical, sexual and emotional harm. They wrote these people and places on the leaves and then stuck the helpful leaves on the tree branches, the unhelpful leaves at the bottom of the tree and the people and places they wished for in the sky above the tree.

Children and young people were also given the option to do this activity individually, creating their own support trees.

Group discussion then focused on what makes services helpful or unhelpful, how they find out about services, their preferred ways of engaging with services and how services could be improved for all children and young people as well as specific groups of children and young people.

Consultations then drilled down to specific questions relating to National Action Plan Measures 7 and 10 in the National Strategy. These are to:

1. deliver a website and helpline to assist victims and survivors to access help and information (NAP 7)
2. set up a national support service for non-offending family members of child sexual abuse perpetrators (NAP 10).

The measures were explained to children and young people and then we presented them with a picture of a blank website page. Children and young people were asked to write the features and content they would like to see on a website and helpline for victims and survivors of child sexual abuse on post-it notes.

Where children and young people needed additional context to engage with the activity, a short vignette or scenario was used where they were asked to imagine that a friend had been touched by an adult in a way that felt wrong and

what help they think their friend might need. For younger children the focus was on tough times, rather than sexual abuse specifically.

Group discussion then focused on what content and features they would want the website to have and the extent to which a website and helpline was the best way to help children and young people. Older groups of children and young people were also asked specifically about what supports the non-offending family members of perpetrators might need.

Each consultation ended by asking children and young people to tell us what the one thing is they would like the Prime Minister to know about helping them through tough times.

(b) Survey

Two surveys were developed to appropriately collect information from children aged 10–13 years and young people aged 14–18 years. Specific demographic information was only obtained through the survey.

Surveys were distributed only to consultation children and young people and were available online and in paper form. They were anonymous.

Survey questions were developed to consolidate information provided during the consultations such as awareness and experiences of services and help-seeking preferences. It was also a further opportunity for children and young people to comment on issues and share information that they were not comfortable discussing in front of others.

All children and young people in the consultations received a gift voucher in recognition of their contribution, as well as a certificate of appreciation for their participation.

(c) Providing feedback to children and young people

Following each consultation, children and young people received a written summary of what they had shared with us during the session. This aimed to show children and young people that they had been heard and understand how their

views had been represented. This also sought to show children and young people how their views would be presented to policy makers, alongside the views of their peers.

10.6 Analysis of the content of the consultations and surveys

The content from the ‘Supports Tree’ and ‘Website’ activities, the notes taken in the consultations, the surveys and the audio tapes of the consultations (where consent to record was provided) were content analysed to identify themes in the data. All information was then coded under these themes and when possible, by specific priority groups. Each consultation was independently coded by two members of the Children’s Rights Team.

10.7 Challenges and limitations

The purpose of these consultations was to hear from children and young people about the issues that are important to them, to inform the five Key National Strategies. It was not designed to be representative of the population of children and young people. Given the relatively small sample size in the survey and the qualitative nature of the consultation, generalisation to a wider population is not possible. However, these consultations provide important insights and an in-depth understanding of the experiences of the priority groups.

Children and young people were recruited through partner organisations, that were already providing services to them. However, children and young people not engaged with services are an equally important group to hear from. We attempted to address this issue by including some consultations in mainstream schools. Given the sensitive nature of the consultation topic, these schools typically invited students engaged with services and supports to participate.

We found it challenging to reach some demographics of children and young people. First, fewer males than females participated in consultations. This was likely due to the decision

to oversample children and young people with lived experience of child sexual abuse as this resulted in more females taking part.

Second, while 15% of children and young people identified as living with disability, we would have liked to capture a greater breadth of disability type. For example, none of the children and young people identified as living with physical disability. We did reach out to a number of disability service providers in order to find partner organisations that could support consultations with a wider range of children and young people, but we encountered barriers such as consultation fatigue and additional costs. We acknowledge that a specific skill set is needed to consult meaningfully with children and young people with some types of disability. We aim to address this limitation in future consultation years.

With respect to age, we designed the consultation materials for 10–17-year olds, although on consultation days, children as young as eight years of age turned up to take part. We chose to listen to all children who wished to participate. We acknowledge that not hearing from younger children is a limitation, however, following advice from our expert reference group, we made the decision to limit the lower age in order to safeguard children and young people who may be unduly distressed by our consultation materials.

Great effort was made to reach children and young people in remote areas. While we visited several remote locations, the number

of children and young people that attended on the day of our visits was typically much smaller than anticipated. We also encountered consultation fatigue in several regional and remote locations. For example, we heard from several organisations in the Northern Territory that they were unable to take part due to being over-consulted and under-staffed.

We faced some additional methodological challenges. First, while consultation questions were developed to gain insight into the development of both NAP 7 and NAP 10, children and young people found it difficult to switch their perspective from that of victim and survivor to a non-offending family member of a child sexual abuse perpetrator. In addition, during consultations, the National Office advised the NCC that the development of NAP 10 was considerably further advanced than that of NAP 7. For these reasons, NAP 7 became the primary focus of our consultations. Having said that, much of the feedback provided by children and young people on NAP 7 was highly relevant to the development of NAP 10 as well.

Finally, the sensitive nature of the consultation topic made recruitment somewhat challenging. Some organisations did not want their children and young people to be engaged in conversations around child sexual abuse and violence. While these concerns can be understood, it is equally important to acknowledge that conversations with children and young people about child sexual abuse are critical for prevention and intervention.

Endnotes

- 1 UN Committee on the Rights of the Child (CRC), *General comment No. 12 (2009) on the right of the child to be heard (art. 12)*, 20 July 2009, CRC/C/GC/12, available at: <<https://www2.ohchr.org/english/bodies/crc/docs/advanceversions/crc-c-gc-12.pdf>>
- 2 *Safe and Supported: The National Framework for Protecting Australia's Children 2021-2031; National Plan to End Violence against Women and Children 2022-2032; Australia's Disability Strategy 2021-2031; National Strategy to Prevent and Respond to Child Sexual Abuse 2021-2030; National Aboriginal and Torres Strait Islander Early Childhood Strategy*
- 3 UN Committee on the Rights of the Child, *General comment No. 12 (2009) on the right of the child to be heard (art. 12)*, 20 July 2009, CRC/C/GC/12 <<https://www2.ohchr.org/english/bodies/crc/docs/advanceversions/crc-c-gc-12.pdf>>
- 4 While not as prolific as the CRIA, CRIE has some uptake in jurisdictions and organisations around the world, such as the Children and Young People's Commissioner Scotland <<https://www.cypcs.org.uk/wpcypcs/wp-content/uploads/2022/09/CYP-Commissioner-CRIA-and-CRIE-Guide-FINAL.pdf>>
- 5 Amanda Paton et al, *Minimum Practice Standards: Specialist and Community Support Services Responding to Child Sexual Abuse* (National Office for Child Safety, Canberra, 2023) 23 <<https://www.childsafety.gov.au/resources/minimum-practice-standards-specialist-and-community-support-services-responding-child-sexual-abuse>>
- 6 *Royal Commission into Institutional Response into Child Sexual Abuse*, (Final Report, December 2017) Preface and executive summary, 6
- 7 Ben Mathews, et al, 'The prevalence of child maltreatment in Australia: findings from a national survey' (2023) 218 (6) *The Medical Journal of Australia*, S13
- 8 Ben Mathews, et al, 'The prevalence of child maltreatment in Australia: findings from a national survey' (2023) 218 (6) *The Medical Journal of Australia*, S13, S16
- 9 Ben Mathews, Hannah J Thomas and James G Scott, 'A new era in child maltreatment prevention: call to action' (2023) 218 (6) *The Medical Journal of Australia*, S47, S48
- 10 Ben Mathews, Hannah J Thomas and James G Scott, 'A new era in child maltreatment prevention: call to action' (2023) 218 (6) *The Medical Journal of Australia*, S47
- 11 Australian Institute of Health and Welfare, 'Child protection Australia 2021-22', *Child Protection* (Webpage, 19 September 2023) <<https://www.aihw.gov.au/reports/child-protection/child-protection-australia-2021-22/contents/about>>
- 12 Australian Institute of Health and Welfare, 'Child protection Australia 2021-22', *Child Protection* (Web Page, 19 September 2023) <<https://www.aihw.gov.au/reports/child-protection/child-protection-australia-2021-22/contents/about>>
- 13 SNAICC, *Family Matters Report 2023* (Report, 2023) 3, 5 <<https://www.snaicc.org.au/wp-content/uploads/2023/11/Family-Matters-Report-2023.pdf>>
- 14 SNAICC, *Family Matters Report 2023* (Report, 2023) 3, 110 <<https://www.snaicc.org.au/wp-content/uploads/2023/11/Family-Matters-Report-2023.pdf>>
- 15 SNAICC, *Family Matters Report 2022* (Report, 2022) 3, 13 <<https://www.familymatters.org.au/wp-content/uploads/2022/11/20221123-Family-Matters-Report-2022-1.pdf>>
- 16 *Commission of Inquiry into the Tasmanian Government's Responses to Child Sexual Abuse* (Report, August 2023), Vol4, Ch 7, 26
- 17 *Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability* (Final Report, 29 September 2023) vol 3 – Nature and extent of violence, abuse, neglect and exploitation, AURoyalC, 29
- 18 *Commission of Inquiry into the Tasmanian Government's Responses to Child Sexual Abuse* (Report, August 2023), Vol4, Ch 7, 27

- 19 Ben Mathews, Hannah J Thomas and James G Scott, 'A new era in child maltreatment prevention: call to action' (2023) 218 (6) *The Medical Journal of Australia*, S47
- 20 Ben Mathews, Hannah J Thomas and James G Scott, 'A new era in child maltreatment prevention: call to action' (2023) 218 (6) *The Medical Journal of Australia*, S47
- 21 Productivity Commission, *Mental health* (Inquiry Report no. 95, October 2022) <https://www.pc.gov.au/inquiries/completed/mental-health/report>
- 22 Ben Mathews, Hannah J Thomas and James G Scott, 'A new era in child maltreatment prevention: call to action' (2023) 218 (6) *The Medical Journal of Australia*, S47, S48
- 23 Cara Settapani et al (2019). Key attributes of integrated community-based youth service hubs for mental health: a scoping review. *International Journal of Mental Health Systems*, 13(1) 52; Ian Teo et al (2022) Schools as Community Hubs. Literature Review. Australian Council for Educational Research; Sarah Hetrick et al (2017). Integrated (one-stop shop) youth health care: Best available evidence and future directions. *Medical Journal of Australia*, 207(10), S5-S18
- 24 Australian Productivity Commission, *Mental Health, Report no 95, Vol 2* (Report 2020) 668 <<https://www.pc.gov.au/inquiries/completed/mental-health/report/mental-health-volume2.pdf>>
- 25 Kids Helpline, *Kids Helpline Impact Report 2022* (YourTown, 2023)
- 26 Margarita Frederico, et al, 'Take Two- Implementing a Therapeutic Service for Children who have experienced abuse and neglect: beyond evidence-informed practice' (2019) 28. *Child Abuse Review*, 225-239
- 27 *National Mental Health Commission National Children's Mental Health and Wellbeing Strategy*. 2021, National Mental Health Commission
- 28 Victorian Commission for Children and Young People, '*In our own words*': *Systemic inquiry into the lived experience of children and young people in the Victorian Out-Of-Home care system* (2019).; NSW Advocate for Children and Young People, *The voices of children and young people in out-of-home care* (2021)
- 29 Patrick D McGorry, 'The reality of mental health care for young people, and the urgent need for solutions' (2022) 216 (2) *The Medical Journal of Australia*, 78-79 <<https://www.mja.com.au/journal/2022/216/2/reality-mental-health-care-young-people-and-urgent-need-solutions>>
- 30 Helen Cahill et al, (2023). *Summary of findings: A social network analysis and implementation study of an intervention designed to advance social and emotional learning and respectful relationships in secondary schools* (ANROWS Insights, July 2023)
- 31 S Leung et al, *Youth Survey Report 2022*, (Mission Australia, Sydney, 2023)
- 32 Kate Filia et al, *Social exclusion and the mental health of young people. Insights from the 2022 Mission Australia Youth Survey* (Orygen, Melbourne and Mission Australia, Sydney, 2023)
- 33 Amanda Paton et al, *Minimum Practice Standards: Specialist and Community Support Services Responding to Child Sexual Abuse* (National Office for Child Safety, Canberra, 2023) 5 <<https://www.childsafety.gov.au/resources/minimum-practice-standards-specialist-and-community-support-services-responding-child-sexual-abuse>>
- 34 *Royal Commission into Institutional Response into Child Sexual Abuse*, (Final Report, December 2017) Preface and executive summary, 117
- 35 Anna Randle and Hannah Anderson, *Building Collaborative Places: Infrastructure for System Change* (Report, February 2017) 11 <http://wordpress.collaboratei.com/wp-content/uploads/Building-Collaborative-Places_Digital-Report-Pages-2.pdf>
- 36 Fred Wulczyn et al, UNICEF, *Adapting a Systems Approach to Child Protection: Key Concepts and Considerations* (Report, January 2010), 6 <https://www.socialserviceworkforce.org/system/files/resource/files/Adapting_A_Systems_Approach_to_Child_Protection.pdf>
- 37 Save the Children, *Framework for Local Systems Change* (Report) 4 <<https://www.savethechildren.org.uk/content/dam/gb/reports/education/appendixflescfamework.pdf>>
- 38 'Australian Statistical Geography Standard (ASGS) Edition 3, July 2021 - June 2026', *Australian Bureau of Statistics* (Web Page, 20 July 2021) <<https://www.abs.gov.au/statistics/standards/australian-statistical-geography-standard-asgs-edition-3/latest-release>>
- 39 Mick Gooda (Australian Human Rights Commission) '*Social Justice and Native Title Report 2015*', (Report, 2015) 51
- 80 'Do things with the information we tell you'

- 40 Laura Lundy, 'Voice' is not enough: conceptualising Article 12 of the United Nations Convention on the Rights of the Child' (2007) 33(6) *British Educational Research Journal* 933; Elizabeth Welty and Laura Lundy, 'A children's rights-based approach to involving children in decision-making' (2013), 12(03) *Journal of Science Communication* 2
- 41 Tim Moore and Morag McArthur *Take Notice, believe us and act! Exploring the safety of children and young people in government run organisations. A report for the Tasmanian Commission of Inquiry into the Tasmanian Government's responses to child sexual abuse in institutional settings* (Report, February 2022) 26 <https://www.commissionofinquiry.tas.gov.au/__data/assets/pdf_file/0006/702186/Take-notice,-believe-us-and-act!_UPD.pdf>; Tim Moore et al, (2016). *Safe and sound: Exploring the safety of young people in residential care. A Report for the Royal Commission into Institutional Responses to Child Sexual Abuse* (Report, Institute of Child Protection Studies, 2016) 93 <https://acuresearchbank.acu.edu.au/download/8880624738117dae2980b41ee06968f1d81b8ce702d1c71fba7beba5a1b1a51a/3390283/Moore_2016_Safe_and_sound_exploring_the_safety.pdf>
- 42 Chris Goddard and Neerosh Mudaly, 'The Ethics of Involving Children Who Have Been Abused in Child Abuse Research' (2009) *The International Journal of Children's Rights* 17(2), 261-281. <<https://doi.org/10.1163/157181808X389920>>
- 43 Tim Moore, Debbie Noble-Carr and Morag McArthur, 'Changing things for the better: the use of children and young people's reference groups in social research.' (2016) *International Journal of Social Research Methodology*, 19:2, 241-256, DOI: 10.1080/13645579.2014.989640
- 44 Tim Moore and Morag McArthur, *Take notice, believe us and act! Exploring the safety of children and young people in government run organisations : A report for the Tasmanian Commission of Inquiry into the Tasmanian Government's responses to child sexual abuse in institutional settings* (Report, 2022) 27 <https://www.commissionofinquiry.tas.gov.au/__data/assets/pdf_file/0006/702186/Take-notice,-believe-us-and-act!_UPD.pdf>
- 45 Kate Fitz-Gibbon, Jasmine McGowan, Rebecca Stewart, 'I believe you: Children and young people's experiences of seeking help, securing help and navigating the family violence system' (2023) 20 (51) *Monash Gender and Family Violence Prevention Centre, Monash University*, 11 <<http://dx.doi.org/10.26180/21709562>>
- 46 Holly Doel-Mackaway, 'Ask Us ... This Is Our Country': Designing Laws and Policies with Aboriginal Children and Young People' (2019), 27(1) *International Journal of Children's Rights* 56
- 47 Holly Doel-Mackaway, 'Ask Us ... This Is Our Country': Designing Laws and Policies with Aboriginal Children and Young People' (2019), 27(1) *International Journal of Children's Rights* 56
- 48 Kate Freire, et al 'Engaging with children and adolescents: A systematic review of participatory methods and approaches in research informing the development of health resources and interventions' (2022) 7(3) *Adolescent Research Review*, 335-354
- 49 Lakshmi Neelakantan et al, 'Adolescents' experiences of participating in sensitive research: A scoping review of qualitative studies' (2022) 24(3), *Trauma Violence Abuse*, 1405-1426



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