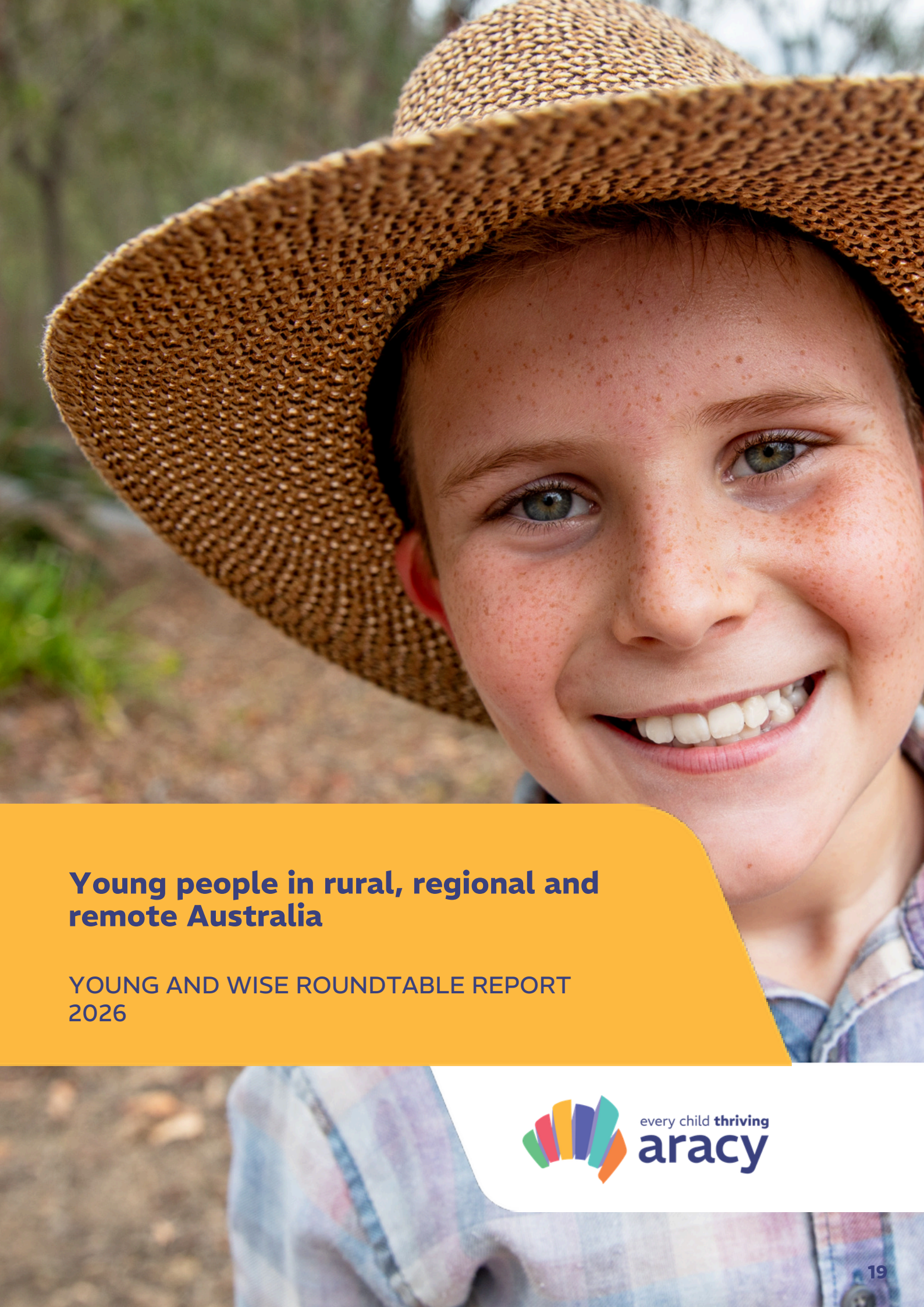




Young people in rural, regional and remote Australia

**YOUNG AND WISE ROUNDTABLE REPORT
2026**

6 Cohort 1: Young people in rural, regional and remote Australia

Cohort snapshot

15 PARTICIPANTS	35 APPLICANTS	2 SESSIONS	March 2026 CONDUCTED
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Who participated

Fifteen (15) young people participated across two roundtables. The participants self-identified as currently living or having grown up in a rural, regional or remote part of Australia. This table presents an overview of participant characteristics.

	Group: Under 18 years	Group: 18 years and over
Date	Mar 12, 2026	Mar 11, 2026
Participants	8	7
Age range	13-17 years	18-25 years
Gender	Female: 6 Non-binary: 2	Female: 4 Male: 2 Non-binary: 1
State/Territory	NSW (5), VIC (1), QLD (1), NT (1)	VIC (3), NSW (2), ACT (2)
Intersecting identities	CALD (4) LGBTIQA+ (3) Neurodivergent (2) First Nations (1)	CALD (3) LGBTIQA+ (3) Neurodivergent (3) Chronic illness (2) First Nations (1) Young carer (1)

Named participants (Under 18): Ava, Ariba, Maddie, Eva, Beau, Aspen, Arya, and a young person who chose to remain de-identified.

Named participants (18 and over): Isabel, GZ, BW, Paris, Reny, Zinny, and a young person who chose to remain de-identified.

At the EOI stage, Healthy ranked fifth of six domains selected by RRR applicants (46%), behind Valued, Loved and Safe, Positive Sense of Identity and Culture, and Learning. Yet in the roundtables, healthcare access was the clear priority: it was the single highest-ranked key message from participants and featured among the top investment priorities in both age groups' budget-allocation exercise. Distance, service scarcity and the absence of a local GP dominated discussion in a way the EOI selections alone would not have predicted.

Based on 35 EOI responses, the wellbeing domains most frequently selected by RRR applicants were:

Rank	The Nest Domain	Frequency (qualitative)
1	Valued, Loved and Safe	Most frequent
2	Positive Sense of Identity and Culture	Most frequent
3	Learning	Frequent
4	Participating	Frequent
5	Healthy	Moderate
6	Material Basics	Less frequent

Note: Exact percentages not shown; this table reflects qualitative ranking of EOI frequency. Individuals could select multiple domains.

Scope and limitations

Limitations that apply across all Series 2 cohorts are set out at 2.7 Limitations and considerations. The points below are specific to this cohort. Participants self-identified as currently living in, or having grown up in, a rural, regional or remote area, and some were reflecting on a rural upbringing from a current metropolitan or regional-centre base. Participation was weighted towards inner and outer regional locations, with remote and very remote communities less represented. Findings should therefore be read as indicative of rural and regional experience rather than as representative of remote Australia.

Key Messages

The short version: Young people from rural, regional and remote (RRR) areas brought clear insights into what supports their wellbeing, what gets in the way, and what needs to change. Across two consultation sessions, 15 participants described how place shapes their experiences of health, education, family, community and connection.



Their strongest message was that place matters: outside metropolitan Australia, access, equity and participation look different. Healthcare, transport, workforce shortages, digital access, funding models and local culture all shape whether young people can access support, stay connected, and pursue opportunities without having to leave their communities. Their reflections point to the need for more equitable, place-based investment that reaches smaller and geographically isolated communities.



Six clear messages from rural, regional and remote young people

Six core themes emerged across both sessions, offering valuable guidance for targeted, high-impact policy development, partnership and investment:

	Problem statement	Roundtable insights
1	Health care access is limited by distance and local service availability.	Healthcare was a top priority. Communities described having no local GP, travelling long distances for urgent care, and families stepping into caring roles when services were unavailable. Access depended more on geography than need.
2	Schools are not consistently addressing the issues young people identify as most important.	Schools often focused on familiar wellbeing topics while mental health, racism and discrimination received less consistent attention. Responses to bullying and racism varied despite existing policies.
3	Social media rules may have unintended consequences.	Age restrictions were easily bypassed and sometimes reduced access to peer support and community networks. Online spaces were important sources of connection and support, particularly in rural and remote communities.
4	Funding models do not adequately reflect need in rural, regional and remote communities.	Funding was perceived to follow population size rather than disadvantage, distance or service scarcity, leaving smaller communities with fewer services despite greater barriers.
5	Local culture shapes whether services are trusted and accessible.	Stigma, rigid gender norms, social conservatism and privacy concerns influenced whether services were used. Replicating urban models alone was not seen as sufficient.
6	Young people have limited influence over decisions that affect them.	Consultation alone was not enough. Meaningful participation included decision-making power, recognition or payment for expertise, and clear data that input led to change.

These findings are supported by the broader Young and Wise 2026 Survey, which identified youth-specialist physical and mental health care, food and cost-of-living support, clearer learning pathways, bullying being properly dealt with, and meaningful youth participation as major priorities for young people. While survey respondents were not the same young people who participated in the RRR roundtables, the survey findings suggest that many issues raised by RRR participants also have broader salience across the young people reached through ARACY's Young and Wise subscriber base, newsletters and social media promotion.

What young people are telling us and where this aligns nationally

What young people told us in these RRR roundtables closely reflects what young people are saying nationally. The Young and Wise Report (2024) shows that thriving depends on a set of connected conditions: feeling safe, having strong relationships, being able to access support, and having a genuine say in decisions that affect their lives. Across the data, several patterns reinforce the RRR findings.

Young people consistently identify belonging and connection as foundational. A sense of belonging, to peers, family and community, is strongly linked to wellbeing, but declines through adolescence (Young and Wise, 2024, p.12). This reinforces the importance RRR participants placed on finding “their people”, including through online spaces where local connection is limited.

Safety is uneven and not guaranteed. While many young people feel safe, those who are LGBTIQA+, First Nations or living with disability report lower safety and higher exposure to bullying and discrimination (Young and Wise, 2024, p.12; p.52). Bullying remains persistent and impacts both wellbeing and learning (Young and Wise, 2024, p.56–58). This mirrors RRR accounts of schools where policies exist but are not consistently enacted.

Mental health sits at the centre of young people’s experience and is closely tied to school pressure and life transitions (Young and Wise, 2024, p.12). Young people consistently report that support arrives too late and call for earlier, more practical support (Young and Wise, 2024, p.16). This aligns with RRR experiences of delayed and difficult access to care.

Access to services remains a key barrier. Young people identify cost, transport, confidentiality and trust as the main factors shaping whether they seek support (Young and Wise, 2024, p.14). These barriers are amplified in RRR settings through distance, workforce shortages and reduced anonymity.

Finally, young people are clear: they want meaningful influence, beyond consultation alone. They want to see how their input changes outcomes and to be actively involved in decisions (Young and Wise, 2024, p.14). This directly reflects the call from RRR participants for genuine decision-making power and visible impact.



Key insights from the roundtables

Schools and education

Across both groups, participants described school-based wellbeing education as often reactive, deficit-focused and insufficiently preventive. Rather than equipping students early with practical knowledge and skills, wellbeing content was commonly experienced as arriving after issues had already affected students. In some cases, participants felt that programs reinforced fear-based or punitive cultures, rather than supporting informed decision-making, inclusion and help-seeking.

In Mentimeter rating activities using a 1–5 scale, both groups rated most wellbeing topics below the midpoint for helpfulness. Physical health was the highest-rated topic across both groups. The lowest-rated areas were managing mental health, rated 2.4 by under-18 participants and 1.3 by participants aged 18 and over, and preventing racism and discrimination, rated 2.1 and 2.0 respectively.

Did you have school lessons, workshops or guest speakers on these wellbeing topics? How helpful were they in helping you make good decisions?
(1= Didn't Help/ Didn't Receive and 5 = Helped me a lot)

Topic	Average score		
	Under 18 (n=8)	18+ (n=6)	ARACY's Young and Wise 2026 Survey (n=192)
Digital safety and wellbeing	2.75	2.67	2.73
Managing Mental Health	2.38	1.33	2.74
Nutrition	2.88	2.17	2.77
Physical Health	3.88	2.83	3.46
Preventing Racism and Discrimination	2.13	2	2.7
Respectful Relationships	2.88	2.67	3.15
Sexual Health	2.38	1.83	3.15
Substances	3.63	2.33	3.03

Note: The 18+ roundtable asked this as "Rank how the helpfulness of school classes, programs, or incursions...". It uses the same 1–5 scale and topics, so it is treated as the same question.

Note: Sexual Health and Respectful Relationships were asked separately in the roundtables. The Young and Wise 2026 Survey combined them into one item, so the same survey score (3.15) appears on both rows.

Note: Indicative only. Small sample. Copied verbatim from the Mentimeter weighted average.

The Young and Wise 2026 Survey findings reinforce the RRR participants' focus on schools as wellbeing settings. In the national survey, young people identified more subject choices and clearer pathways after school, bullying being properly dealt with, free or affordable healthy food, better routines, and access to counsellors, wellbeing staff or GPs as the changes that would most improve wellbeing at school. This aligns with RRR participants' accounts of schools as central but inconsistent wellbeing settings, particularly where local services are limited and schools become a key access point for information, support, food, safety and belonging.

When asked to rank what would most improve their wellbeing at school, both groups identified 'feeling safe at school', including having bullying addressed effectively, their top priority. The under-18 group next prioritised improved school routines, such as clear phone policies and sleep-friendly timetables, along with access to free or affordable nutritious food. The 18–24 group prioritised homework support to reduce academic overload, and access to clubs and groups that foster a sense of belonging.

What works

Participants identified positive examples where schools provided structured opportunities for connection, belonging and relevant learning. Clubs, interest-based groups and contemporary curriculum content were described as helpful where they reflected young people's lived experiences and supported peer connection.



"...at my school there are actually lots of different clubs catering to different interests and that is definitely one of the ways that I've found the sort of people that I can hang out with and people who exist in similar spaces to me."

— Beau, Under 18 RRR Roundtable



"We have a class that's an elective fully based around social media, learning how it works how everything affects us... about misinformation and how our algorithm and stuff is used... While there's only 10 of us, everyone in there has learnt at least one thing from that class."

— Ava, Under 18 RRR Roundtable



Wellbeing education experienced as reactive or delivered too late

A strong theme across the 18 and over group was that wellbeing education was often delivered too late to support prevention or informed decision-making. Participants described content on consent, substance use, discrimination and other wellbeing topics as being introduced only after many students had already encountered these issues.

Several participants also described school-based programs as designed to deter behaviour through fear, rather than build understanding, practical skills or confidence to seek support.



"It was designed to make you scared, not educate you. That was my experience at least."

— GZ, 18 and Over RRR Roundtable



"I also think that part of the reason that all these programs weren't helpful in like making better decisions is that they often came too late...consent in explicitly a sexual sense wasn't covered till like the end of year 10. And I know for a fact that at least a third of my cohort would have been sexually active before that. Or like substances and stuff, we only started talking about alcohol near the end of year 12."

— Isabel, 18 and Over RRR Roundtable



"Only after the worst possible thing has already happened did they then get in and, 'hey guys, don't do this by the way'. Yeah, a little bit too late."

— Zinny, 18 and Over RRR Roundtable

Participants also emphasised that one-off presentations are unlikely to shift entrenched attitudes or behaviours, particularly where discrimination is embedded in broader peer or community culture.



"A keynote speaker telling you racism is bad will not change the culture of an entire town; this needs to be ingrained from primary school."

— Mentimetre written response, 18 and Over RRR Roundtable



Local community context can shape access to inclusive education

Participants described how local community norms, including conservative or faith-based settings in some RRR communities, could shape what was taught and what topics were avoided. This was particularly evident in relation to gender, sexuality, relationships and inclusive education.

For some young people, this meant that school did not provide adequate or affirming information about identity, respectful relationships or health. Participants suggested this was especially significant in rural, regional and remote areas, where alternative sources of inclusive education and support may be limited.



“Especially as a queer individual, I did not get a lot of talk about queer kids — it was very taboo... [as] a lot of conservative families tend to live out in rural areas. So, we also didn’t get a lot of talk about sex because that could also be considered taboo.”

— Aspen, Under 18 RRR Roundtable



“The Lutheran school and the Christian schools, same thing there, where they wouldn’t cover any of that. When I went to an alternate setting, that stuff was covered.”

— Zinny, 18 and Over RRR Roundtable

Implementation gaps between policy and practice

A consistent finding across both groups was the perceived gap between school policy and school practice, particularly on bullying, racism and discrimination. Participants reported that while schools often had formal policies or messaging on these issues, individual incidents were not always addressed in ways that young people experienced as timely, effective or protective.

Participants described frustration that schools appeared to enforce visible or easily regulated matters, such as uniforms, more consistently than complex wellbeing or safety issues. This contributed to a perception that student safety and inclusion were not always prioritised in day-to-day practice.



“They drilled in, like you got in so much trouble if you had a logo on your socks. And we all just said, ‘how about spending less time looking at our socks and more time looking at the bullying that’s going on?’. But no, socks was a very easy thing for them to fix. So they chose to do that.”

— GZ, 18 and Over RRR Roundtable



“In my area, we had lessons, but they didn’t like enact it... When there was racism and discrimination in our classrooms, the teachers would just kind of leave it.”

— A young person from the Under 18 RRR Roundtable
(de-identified at their request)



"School bullying is such a problem, because schools do a lot of talking about it but never actually try and help you. A lot of people act like it's okay, and it's just kids being silly."

— Mentimetre written response, Under 18 RRR Roundtable



"whenever something [racism and discrimination] does happen within a classroom and a teacher either is aware of it or like knows it's going on, there's not often something that actually happens to ...prevent the situation from happening again...."

— Arya, Under 18 RRR Roundtable

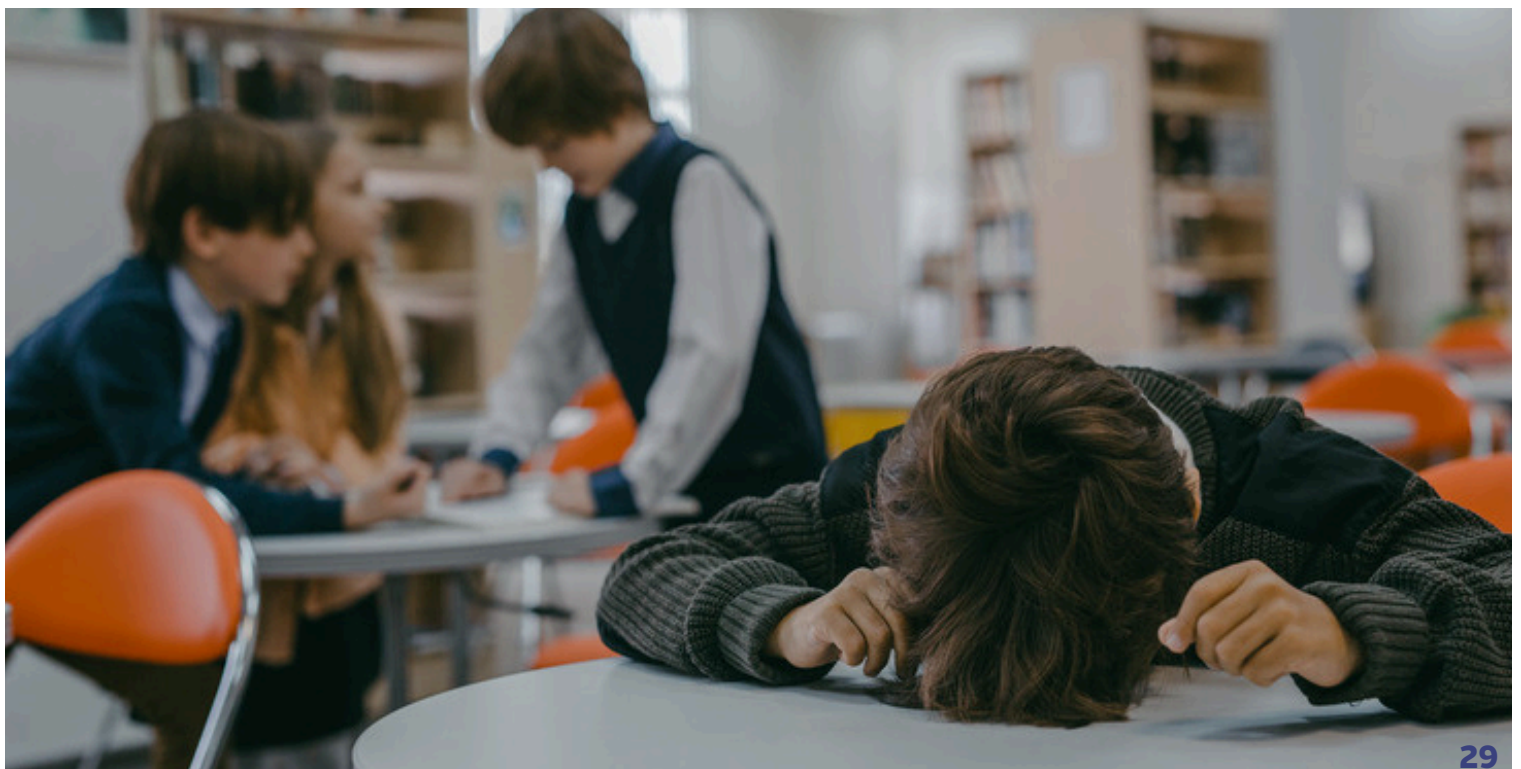


"During year 8 I was so severely bullied that my mum pulled me out of school for 2 weeks. We told the school and they did nothing, not even an acknowledgment of what had happened. This was a tough time and help never came."

— Roundtable chat, 18 and Over RRR Roundtable



What this means for policy: The findings suggest that curriculum and written policies are necessary but not sufficient to ensure schools are safe, inclusive and supportive of student wellbeing. Young people's accounts highlight the need for earlier preventive wellbeing education, stronger teacher capability, clear and trusted response pathways, and greater accountability for addressing bullying, racism, discrimination and mental health concerns in practice. In rural, regional and remote communities, where schools may be a primary source of information, support and connection, these measures are particularly important to strengthen belonging, safety and wellbeing.



Healthcare and wellbeing access

Healthcare access was the most consistent and urgent concern across both groups. Distance, workforce shortages and cost were described as compounding one another; and genuinely risky. ARACY's Young and Wise 2026 Survey findings reinforce this: healthcare teams specialising in young people's physical and mental health were the highest investment priority. This strengthens the roundtable finding that young people see timely, youth-appropriate health care as foundational to wellbeing, while the RRR data shows how distance, workforce shortages and privacy concerns can make that access harder in rural, regional and remote communities.

Under-18 participants allocated an average of 17 points out of 100 to local healthcare in the budget exercise, their highest single priority. The 18+ group allocated 14, second only to youth participation in decisions.



"Our local hospital is over an hour away. Our local clinic only had a doctor in the past few years. We went years without a doctor. We went years without aged care services... And people were having to travel over 2 hours just to receive support and basic care."

— Ava, Under 18 RRR Roundtable



"...my grandpa...had a heart attack just after COVID and it took a while for the ambulance to actually get here... A lot of our family had to drop everything full time because we had no other way except for us to have to take care of him... health care needs to be more focused in rural areas...even down to if I have like an anaphylactic reaction to one of my allergens and I can't get the help I need, it could be really, really dangerous."

— Aspen, Under 18 RRR Roundtable



"...I don't think a lot of people understand sometimes that they are places where people literally have to travel to get to Woolworths to get their groceries, or have to travel a distance to get a checkup... It's difficult if you have a family of like four or five and you're trying to like, you know, keep food on the table as well."

— A young person from the 18 and Over RRR Roundtable
(de-identified at their request)



"I would have had to travel to Melbourne to get treatment and diagnosis because it simply wasn't available anywhere in Tasmania, because it's a regional area."

— 18 and Over RRR Roundtable participant (Folktale submission)



"...as a medical student, I would say that specially in rural and regional and remote places in Australia, we need more kind of like mobile clinics or more people from those big cities coming to our regions, because it's very hard to keep doctors and nurses and, you know, healthcare workers...if I was treasurer, I would expand that to not just young people, just to everyone in general"

— Eva, Under 18 RRR Roundtable



"[on prioritising faster access to outside support services through school] ... it's really important to... take into consideration how frustrating it can be to access like other things that are so [much] easier for other people to grab, but so much harder for us."

— Ariba, Under 18 RRR Roundtable

Privacy is another barrier in small communities, where simply visiting the local clinic is a visible act. School-based healthcare addresses this directly, bringing care to young people where they already are without marking them out:



"I was very fortunate to be one of the first cohorts at my school to have the Doctors in School program, which was super helpful for privacy, particularly in a regional setting when you go to the GP in the community, and everyone knows everyone."

— GZ, 18 and Over RRR Roundtable chat

When participants in the Under 18 roundtable were asked what they would invest in, for their town's mental health, the top five Mentimetre responses were:

1. Workers who understand identity and culture (culturally safe supports) — 5 votes
2. Every student gets one-on-one time with a wellbeing officer — 5 votes
3. Youth-friendly workers young people can talk to — 4 votes
4. Private telehealth option (confidential and anonymous) — 3 votes
5. Neurodivergent-aware support — 3 votes

Social media, digital safety and digital equity

Social media and digital connection emerged as significant issues for this cohort. Participants did not describe digital platforms only as risks to be managed, but also as important infrastructure for connection, identity, peer support and safety, particularly in the context of geographic isolation and limited local services or inclusive spaces.

Social media as important for connection

For many participants, particularly those who were queer, culturally diverse, or living in more conservative communities, online spaces were described as an essential way to find peers, community and affirmation. In rural and remote areas, participants noted that digital connection can provide access to relationships and support that may not be available locally.



"...I use Discord and Pinterest for where I get my community, especially because I struggle finding queer people where I am...that's my number one source of connection. And while I was really lucky, I missed the ban, thank God, if that had been stripped for me, I think I would have not been in a great head space."

— Aspen, Under 18 RRR Roundtable



"My only friends were online, and I got completely cut off from them, at probably one of the worst times I could have been... And everyone else is just not being kicked off or affected. They've all got different communities, and they don't understand it because they're not in a rural community."

— Ava, Under 18 RRR Roundtable

Concerns about age restrictions and unintended consequences

Participants across both groups questioned whether age-based social media restrictions would address the sources of online harm. Their concerns focused on potential unintended consequences, including reduced access to supportive online communities, increased use of workarounds, and less visibility or regulation of young people's online activity.



"The ban actually increased harm online because it encourages kids to use VPNs, which leads them to have more unrestricted access to explicit content instead of the intended approach, which was to limit it. And it also doesn't do anything to hold perpetrators accountable... it's so, so easy for perpetrators to get away with, especially a lot of sexual violence and just general violence online."

— Aspen, Under 18 RRR Roundtable



"I am a big believer that when you remove access to something, you don't remove access — you just remove safe access. Under-13s are still on social media, but it is less regulated. It is very relevant in regional communities as a point of education and community connection."

— GZ, 18 and Over RRR Roundtable participant



"The social media ban is not addressing addiction and those issues for older teenagers...we are just attempting to delay the issues to 16 not 13, rather than fixing them."

— Isabel, 18 and Over RRR Roundtable participant

One participant described the dynamic through an analogy about relying on exclusion rather than capability-building and safer environments:



"It's like having a pool fence when you have a little kid who doesn't know how to swim. They can always just put a chair, climb over, and then they'll drown. And everyone will just go, 'oh, [but] the fence is there. They should have been safe'."

— Ava, Under 18 RRR Roundtable

A participant exchange in the under-18 roundtable chat captured the group's position plainly: "we need to remove the harmful content, not those who become harmed"; "if we weren't so media-reliant this wouldn't be such an issue"; "but if we were to cut media everyone would struggle because our reliance"; "the government needs to do more to help us overall."

What young people are asking for instead

Rather than blanket exclusion from social media, participants called for safer, better-moderated digital environments and greater investment in online and offline spaces where young people can connect. This included age-appropriate platforms, stronger moderation, digital literacy education, and more accessible physical third spaces in RRR communities.



"Instead of just barring young people from social media, there needs to be more dedicated spaces where young people want to be online, just like we need more real-world third spaces...moderated kids' social media sites...were really good for finding spaces and community in a less dangerous or adult way."

—Beau, Under 18 RRR Roundtable Chat

The broader Young and Wise 2026 Survey findings add useful context to this concern. Survey respondents did not strongly agree that social media age restrictions made them feel safer online, and the survey also identified ongoing concerns about connection, mental health support and finding communities. This aligns with RRR participants' view that online spaces can be protective infrastructure for young people who have few safe or affirming offline alternatives.



What this means for policy: Harm reduction online requires targeting harmful content and those who create it, rather than removing the young people who depend on these spaces for connection and safety. Any review of the social media age restriction must specifically examine its impact on geographically isolated young people. Digital equity requires addressing device access and connectivity alongside digital literacy, not as separate programs.

Wellbeing in the middle years

ARACY defines the middle years as ages 8-14, a period of transition from primary to secondary school, growing independence, biological changes, and increasing engagement with technology. Both groups reflected on what helped and what made this time harder.

What helped: belonging, independence and finding your people

The highlights of the middle years centred on finding identity, forming meaningful friendships, and participating in community groups. What mattered most was having a space to belong.

Please share the best thing that happened for your wellbeing in the Middle Years. For example, something good that improved your health and happiness.

Mentimetre written response, Under 18 RRR Roundtable:

"I play roller derby and being part of a team in a sport that I genuinely adore has always given me a space to belong, no matter what was happening at school."

"Getting into a leadership group and meeting new people who are now my support system, and learning that I am not defined by where I am or who I used to be."



"Finally finding my tribe at school."

"Gaining independence in school, i.e. electives"

"Having leadership, community, and public speaking opportunities."

"Being with MY people."



What was hard: Being different, being targeted, being let down

Bullying linked to gender, cultural identity and disability was the most common challenge.

Please share a challenge to your wellbeing in the Middle Years. For example, something you wish could have been prevented. Could the Government prevent it?

Mentimetre written response, Under 18 RRR Roundtable:

"School bullying"

"Getting made fun of but not being aware of it. My perception of normal was not healthy."

"Cultural safety"

"Struggling with my gender identity and space in the queer community, particularly at primary school where it wasn't a thing that was ever talked about."



"Normalised misogyny."

"Discrimination (in regards to gender and race)"

"Being seen as "different"

"Severe bullying that gave me anxiety that kept me from school, being yelled at, teased, gossiped about, and threatened for years, that could have been prevented by intervention,"

Being singled out for needing support — economically or in learning — was named as a specific compounding harm.



"If someone's struggling with schoolwork, talk to the whole cohort rather than single people out — because the minute something becomes only for people who needed help, you didn't want to do it because you didn't want to be singled out. The best way to provide support to those who need it is just to provide support to everyone, if possible."

— BW, 18 and Over RRR Roundtable



"I found at my schools, if you weren't fortunate enough to have a laptop, you would be punished for that, and you wouldn't get help. So then you would then become further behind in classwork and in those computer literacy skills, which then just had that carry on effect... It wasn't made to feel inclusive, it was made to feel singled out. It was kind of saying...'here are the poor kids'."

— Reny, 18 and Over RRR Roundtable

For others, efforts to demonstrate cultural awareness often produced the opposite effect.



"...because schools now started implementing doing like acknowledgements in during assembly, teachers would point you out and then would sort of expect you as a student yourself to give acknowledgement in front of the whole like assembly because you were the only person who may be identified with First Nations or Torres Strait Islander... it definitely felt like if you were the only student in the room that you were being used as a prop in some way..."

— A young person from the 18 and Over RRR Roundtable
(de-identified at their request)

For CALD participants, the middle years often meant navigating two identities without support for either.



"I find it's very typical that there's not much support in terms of finding your self-identity or any kinds of belonging, especially in your middle years. There's not much support that kind of links you back into your ethnic identity as well. And from personal experience, you know, it's kind of difficult trying to recognise that you're also part of a different community as much as you are Australian...extra support could have been implementing more multicultural programs during the middle years or kind of having more multicultural representation during school times as well."

— Paris, 18 and Over RRR Roundtable



What this means for policy: The middle years are when patterns of inclusion or exclusion become established. Universal design, by embedding support into the everyday environment so that accessing it does not require a student to identify, apply or be singled out, is the ideal structural response. For First Nations and CALD young people, genuine cultural inclusion requires co-design with communities, not tokenistic acknowledgement.



Community, belonging and funding

Participants consistently described a gap between what their communities need and what they receive, highlighting questions about whether existing funding mechanisms reach the most isolated communities, equitably.



"...you see the biggest city, like the bigger towns getting and receiving all the funding because they have more people, when it's the people in the less populated ones who need them the most...to access the closest town in our local government, it's over an hour's drive."

— Ava, Under 18 RRR Roundtable

Third spaces and the transport problem

Free, regular drop-in spaces were described as where belonging actually gets built, and as largely absent. Participants tied that absence to the competing demands of rural life on both time and money, and were clear that without funded transport these spaces stay out of reach:



"If you don't have like the horses to feed and you're spending money feeding the horses or the livestock or the chickens... availability for things like that can be incredibly difficult because we have to focus on our properties and stuff and we don't have often the time, especially when it comes to travel or the spaces to do anything ... apart from the playground at my community hall, in the church, we have nothing. So I do think that like money as a whole is very important in helping people really to get access to fun things, because otherwise we have nothing except to go to the city."

— Aspen, Under 18 RRR Roundtable



"There have been some drop-in spaces set up where I live and they're generally on weekly, after school, where people can just go and there'll be things like snacks. And the activities...some of them will also include life skills or crafts, such as learning how to do basic cooking...I just think that's such an important community thing for young people as they go up and become more independent."

— Beau, Under 18 RRR Roundtable

A post-session Folktale submission pointed to Ballarat Youth Services as a model worth replicating: a council-funded program running multiple events monthly where young people can meet, try new things, and make connections.



"I believe this is a really strong model for other communities to follow, and something that more resources and investment should be directed towards."

— Beau, Under 18 RRR Roundtable (Folktale submission)

Pressure to leave

Several participants described a felt pressure to leave their regional communities to access tertiary education, specialist healthcare, or simply to be in an environment where they could be themselves. This was not framed as personal preference, rather as a structural gap.



"...another thing that I think is a really big priority in regional and rural areas is about education, especially like tertiary education, and about making young people want to stay in their regional and rural areas because they have options there, because there are universities there, there are TAFEs, there are technical colleges that can give them the skills and that can give them the same opportunities as bigger universities in Sydney, in Melbourne. And so young people feel like they can stay in their communities and connected to those places that mean a lot to them, but without having to sacrifice anything, without having to sacrifice their ambition..."

— 18 and Over RRR Roundtable participant (Folktale submission)

Natural disasters and climate

A post-session Folktale submission raised a theme not addressed during the roundtable itself: the impact of natural disasters and climate change on regional young people, and the absence of disaster preparedness education in schools.



"For young people, these events can be extremely stressful, scary, and overwhelming experiences. There needs to be a much stronger focus in schools on educating and preparing young people for these events, including disaster preparedness, to help keep communities safer as young people grow up"

— Beau, Under 18 RRR Roundtable

This finding is flagged for deeper investigation in future RRR engagement.



Parents and caregivers

Three questions were put to participants across both groups. Each is reported separately below.

Question 1 — What should parents and caregivers focus on most?

Participants ranked eight areas. The two groups produced different orders, reflecting different life stages.

Focus area	Average ranking	
	Under 18 (n=8)	18+ (n=6)
Mental and physical health	2.5 ▲	4.5
Chances to have a say and be listened to	3.4	2.0 ▲
Family relationships (including conflict or stress)	4.3	2.2 ▲
Discrimination, harassment and bullying	3.9	5
Education (quality, support, workload, pathways)	4.5	5.2
Money stress (affording to join in)	5.8	6
Friendships and belonging	5.9	4.8
Rapidly changing technology (AI and social media)	5.9	6.3

Note: 1 = most important; 8 = least important. ▲ = top two for each group. n=8 under 18; n=6 over 18. Indicative only.

Key difference between groups: A key difference between the groups was the emphasis placed on wellbeing priorities. Under-18 participants ranked mental and physical health highest, while participants aged 18 and over placed greatest importance on having opportunities to be heard and taken seriously, followed by family relationships. Both groups ranked rapidly changing technology and money stress lowest. This suggests that, from young people's perspectives, parental support is most valuable when it focuses on recognising their health needs, respecting their agency, and strengthening family relationships, rather than primarily managing screen use or financing social activities.

For the 18+ participants that called for supporting family relationships, including conflict or stress, this carried a pointed edge. Several reflected that a parent or caregiver was not only a potential support but, at times, a source of the very prejudice they were navigating, which made home a more complicated place to turn to.



"...where I grew up as well, like a lot of like homophobia and racism and stuff... was coming from people's parents to begin with."

— BW, 18 and Over RRR Roundtable



"...the excuse that, oh, they're just old-fashioned and wasn't around when they were a kid is not a valid excuse. They've also been alive whilst times are changing and we learn more and we get more education."

— GZ, 18 and Over RRR Roundtable

Question 2 — What concerns you most about your parents' or caregivers' wellbeing?

This is an often-missed driver of young people's own wellbeing. Responses were strikingly consistent across both groups, and almost entirely economic and structural. Under-18 participants named (via Mentimetre word cloud) the following themes:

Theme	Terms used
Mental health: stress and anxiety	"anxiety", "stress", "overworking", "support through hardship", "access to medical"
Cost of living/ material basics	" <u>being</u> able to afford food", "cost of living", "money", "not having resources"
Employment	" <u>job</u> stability", "job stress", "job security", "work"
Relationships and connection	" <u>maintaining</u> friendships", "family struggles", "dependent family members", "lack of connections"
Discrimination	"discrimination"



"Rural families have really struggled with mental health support, especially around things like domestic violence, because often it goes very quiet and it's treated as the normal and you don't talk about it. And I definitely think due to partially also resource availability... it can be hard living in the country...especially during drought season. People get very stressed, myself included, and that can lead to things like, especially if you're an adult, like over drinking and that impacts your mental health and financial worries and so on and so forth..."

— Aspen, Under 18 RRR Roundtable

Survey findings reinforce the link between material pressure and family wellbeing. When asked what hits hardest when money is tight, survey respondents ranked more stress and tension at home as the strongest impact. This supports RRR participants’ accounts of family financial stress as more than an economic issue: it affects young people’s sense of safety, capacity to learn, access to services and emotional wellbeing.

Why this matters: Parental stress and financial hardship directly affect children’s mental health, learning and sense of safety. When young people are worried about the adults keeping them afloat, that worry does not stay out of the classroom. Programs that address cost-of-living pressures, employment stresses, and social isolation for rural parents are also interventions that impact children’s health.

Question 3 — Parenting advice from Young and Wise participants, 2026

Participants were asked to provide one piece of advice for all parents and caregivers. The responses were not about technology or screen time; rather they were focused on being seen as whole people.

What RRR Young and Wise participants told parents in 2026
<i>"It's your first time living too."</i>
<i>"What I'm going through will not be resolved in a single instance. I just need support, not a solution."</i>
<i>"Treat your children like they are people, not just children. It makes a really big difference to feel heard."</i>
<i>"To always let their kids have a say in decisions that affect them."</i>
<i>"Take time for yourself – so you can function better, not only for yourself but for your family too."</i>
<i>"Your mental wellbeing exists and matters."</i>
<i>"We are not defined by our age."</i>
<i>"To remember they are humans too."</i>
<i>"We always love them no matter what."</i>
<i>"Let us make mistakes."</i>

Source: Mentimetre open text responses, Under 18 RRR Roundtable, March 2026

Boys, men and help-seeking

The under-18 group was asked what makes it harder for boys and young men to ask for help. The top three Mentimetre responses: they want to look a certain way to their mates; they don't know how or who to talk to about their feelings; they don't feel like there's any support that feels right for them.



"... a lot of the times they [boys] don't actually know how to ask for help or where to go to because they're worried that their experience is individual to only them, I think, and that makes them... more isolated, which adds to the cycle of wanting to prove themselves to everyone else... And as they get older, it becomes normal for them to feed into these harmful cultures..."

— Aspen, Under 18 RRR Roundtable



Priority solutions from young people

In the final activity, participants completed a hypothetical budget-allocation exercise, distributing 100 points across eight possible investments to improve the wellbeing of RRR young people. All participants responded, 7 in each group. Scores show the average proportion of points allocated to each option. As with other activities in this consultation, results are indicative rather than representative.

Treasurer! You have \$100 billion to spend on improving the wellbeing of all young people in RRR places. How will you spend it?

Under 18s (n=7)	Score	18+ (n=7)	Score
Local/visiting health care teams	17.10%	Young people paid and involved in local decisions	19.30%
Things to do and ways to connect	13.60%	Cultural safety and belonging	16.10%
Cultural safety and belonging	13.60%	Food and money pressure support	15.00%
Transport help	13.40%	Local/visiting health care teams	14.30%
Food and money pressure support	12.90%	Better learning options and pathways	13.60%
Services that help homes feel calmer and safer	10.40%	Transport help	9.00%
Better learning options and pathways	10.30%	Things to do and ways to connect	6.70%
Young people paid and involved in local decisions	8.70%	Services that help homes feel calmer and safer	6.00%

Key findings

- **Under 18s prioritised health, connection and practical access supports**

The highest-ranked investment was specialised health care teams (17.1%), followed by social connection opportunities (13.6%), cultural safety and belonging (13.6%), and transport support (13.4%). Their responses suggest a focus on accessing services, maintaining connections and overcoming barriers associated with living in regional, rural and remote communities. Appendix B: Young and Wise 2026 Survey Snapshot Results shows how a larger group answered the equivalent national question — what they would do if they were Prime Minister to improve the lives of young people in Australia — where mental health support ranked first across 130 responses.

- **Young adults prioritised participation, belonging and financial security**

The highest-ranked investment was paying and involving young people in local decision-making (19.3%), followed by cultural safety and belonging (16.1%) and food and cost-of-living support (15.0%). Adults also placed a relatively high emphasis on health services (14.3%) and learning pathways (13.6%).

- The broader Young and Wise 2026 Survey findings align with RRR participants' call for participation that is paid, accountable and connected to real decisions, particularly in local contexts where young people may otherwise be under-represented. When asked how to recruit young people to a decision-making group, survey respondents prioritised recognition that their time and expertise would be valued, authenticity, respect, flexibility and proof that their input changed something.

Notable differences

1. Young adults allocated more than twice as much funding to young people's participation in decision-making (19.3% vs 8.7%).
2. Under 18s placed substantially greater emphasis on things to do and ways to connect (13.6% vs 6.7%).
3. Under 18s gave greater weight to transport support (13.4% vs 9.0%).
4. Both groups strongly supported health services and cultural safety and belonging, making these the most consistent priorities across age groups.

While both age groups prioritised investment in health services and cultural safety, their spending priorities differed in important ways. Young people under 18 placed the greatest emphasis on access to health care, social connection opportunities and transport, reflecting the practical challenges of participating in community life in regional, rural and remote areas. Adults placed the strongest emphasis on involving young people in local decision-making, alongside cultural safety and cost-of-living support, suggesting a greater focus on systems change, inclusion and economic pressures.



Cohort specific policy signals

Policies where rural, regional and remote young people are a named or implied priority population. The analysis is not a formal evaluation, but a lived-experience-informed signal of how policy settings may be experienced by this group.

Policy / Strategy	What it aims to do	What participants told us	Signal
Rural Health Workforce Strategy / National Rural Health Policy	Ensure rural and remote communities have sustainable access to GPs, specialists, allied health and emergency services.	Young people described communities going years without a local GP. Several described multi-hour drives for routine healthcare that city-based <u>peers</u> access within minutes. Ambulance delays were cited in emergencies. Families described abandoning paid work to provide informal care when services were unavailable.	Not yet reaching
National Broadband Network / Regional Digital Connectivity programs	Expand reliable internet access across Australia, including in regional and remote areas.	Unreliable or absent internet was described as a constant barrier to telehealth, online learning, job applications and social connection. Young people in some areas described not being able to attend online schooling consistently. Digital inequality was experienced as compounding every other disadvantage.	Not yet reaching — connectivity gaps remain
Online Safety Amendment (Social Media Minimum Age) Act 2024	Protect under-16s from potential harms on age-restricted social media platforms.	For rural and remote young people, social media was often the primary way to access LGBTIQA+ peer support, mental health information and community not available locally. The ban was described as removing connection without offering an alternative. Several participants noted it was easily bypassed. Rural LGBTIQA+ young people described particular harm from the removal of online community.	Unintended effects — community access removed for isolated cohorts

Policy / Strategy	What it aims to do	What participants told us	Signal
National School Reform Agreement (2023–2028) / Australian Student Wellbeing Framework	Improve educational outcomes and student wellbeing nationally, including through consistent anti-discrimination education and wellbeing staffing.	Anti-discrimination and anti-bullying education <u>was</u> described as the least effective topic across school wellbeing programmes. Where programmes existed, they were reactive — delivered after incidents, not before. Multicultural and First Nations students described being singled out at assemblies rather than included throughout school life. Teacher follow-through on bullying complaints was described as absent.	Not yet reaching — rural schools under-resourced for wellbeing
Closing the Gap / National Agreement on Closing the Gap (2020)	Close the gap in outcomes between Aboriginal and Torres Strait Islander people and non-Indigenous Australians across health, education, employment and safety.	First Nations and multicultural students in rural settings described being used as tokens — singled out to perform Welcome to Country or cultural demonstrations at school events without genuine inclusion in day-to-day school life. This was described as performative and isolating rather than supportive.	Unintended effects — tokenism reported in rural school settings
Cost-of-living relief measures (Federal Budget 2024–25 / energy rebates / rent assistance)	Ease financial pressure on Australian households through targeted payments and rebates.	Financial stress was the most common concern young people raised about their parents and caregivers. Rural households face lower local wages, higher prices for essentials, and the compounding cost of travelling long distances for services. Cost barriers to post-school education were described as structural, not incidental.	Not yet reaching — rural cost burden not adequately addressed

Policy / Strategy	What it aims to do	What participants told us	Signal
National Preventive Health Strategy 2021–2030	Prevent ill health and reduce health inequities through earlier, more equitable access to health services and health literacy across all population groups.	Young people described health and wellbeing education in schools as basic, inconsistent and reactive — delivered in response to incidents rather than building knowledge over time. Nutritious food and feeling safe at school were ranked as top priorities. Community mental health and specialist support was out of reach for many due to distance and cost.	Not yet reaching — preventive reach limited in rural settings
National Mental Health and Suicide Prevention Agreement	Reduce the burden of mental illness and suicide and improve access to mental health support equitably across Australia.	Young people described school counsellors as overwhelmed, under-trained and in some cases bound by mandatory reporting rules that made them hesitant to disclose sensitive issues. Mental health education was rated lowest for helpfulness across school wellbeing topics. Help-seeking stigma was persistent in rural and regional communities, particularly among boys.	Not yet reaching — rural access and quality gap
National Digital Inclusion Strategy / Device Access in Schools policies	Ensure all students have access to devices and digital literacy to participate in modern education and civic life.	Students without personal devices described being punished or disadvantaged in school settings. Where school-provided devices were available, young people described receiving them in stigmatising ways that drew attention to financial hardship. Digital literacy programmes were described as absent or inadequate, particularly in remote settings.	Not yet reaching — digital equity gap persists

Links to The Nest: top 3 issues for further development

The rural, regional and remote roundtables identified a wide range of opportunities for further research, policy development and implementation attention. The three priorities below capture the strongest lived-experience signals from this cohort and show where further work could most improve wellbeing across multiple Nest domains.

1. **Place-based access to youth health and wellbeing support**
2. **Schools as rural wellbeing infrastructure**
3. **Connection, participation and local opportunity**

1. Place-based access to youth health and wellbeing support

Rural, regional and remote young people described health care access as limited by distance, workforce shortages, cost, transport and privacy in small communities. Health care was the strongest priority for under-18 participants in the budget exercise, while young adults also ranked local or visiting health care teams highly. Participants described communities going years without a local GP, needing to travel long distances for routine and urgent care, and families stepping in when services were unavailable.

Further development should focus on how youth-appropriate care can reach young people where they are, including through mobile and visiting services, school-based health and wellbeing supports, confidential telehealth, and stronger rural health workforce planning. This should include attention to privacy, cultural safety, neurodivergent-aware support and trusted workers who understand local context.

- **Relevant Nest domains:** Healthy; Valued, Loved and Safe; Material Basics; Learning.
- **Key policy-development question:** How can governments design youth health and wellbeing access around actual rural conditions, i.e., distance, workforce availability, privacy, transport and cost, rather than assuming regional service presence equals access?

2. Schools as rural wellbeing infrastructure

Rural, regional and remote young people described schools as central wellbeing settings, particularly where other local services are scarce. However, participants also described wellbeing education as reactive, arriving too late, or not addressing the issues young people were actually navigating, including mental health, racism, discrimination, sexuality and digital safety. They also described a gap between school policies and practice, especially when bullying, racism and discrimination were not addressed consistently.

Further development should focus on earlier, better-sequenced wellbeing education; consistent responses to bullying and discrimination; access to counsellors and wellbeing staff; universal design that avoids singling students out; digital inclusion; and stronger links between schools, health services and community supports. This is especially important in rural and regional communities, where schools may be one of the few regular access points for support.

- **Relevant Nest domains:** Learning; Valued, Loved and Safe; Healthy; Positive Sense of Identity and Culture.
- **Key policy-development question:** How can schools in rural, regional and remote communities be supported as wellbeing infrastructure, not only learning environments?

3. Connection, participation and local opportunity

Rural, regional and remote young people described a lack of free, safe, accessible third spaces and limited transport as major barriers to connection and participation. They also described digital spaces as important for connection, identity and support, particularly for young people who are isolated, LGBTIQA+, CALD or otherwise unable to find safe local communities. Young adults placed their highest budget priority on young people being paid and involved in local decision-making.

Further development should focus on social infrastructure, transport, digital inclusion, post-school pathways and paid youth participation in local decisions. This includes the pressure some young people feel to leave rural and regional communities to access education, work, specialist services or safer environments. Policy development should ask how young people can access opportunity without being forced to disconnect from community, place or identity.

- **Relevant Nest domains:** Participating; Material Basics; Learning; Positive Sense of Identity and Culture; Healthy.
- **Key policy-development question:** How can governments invest in the local and digital infrastructure young people need to connect, participate and build futures in rural, regional and remote communities?





Suite 9.1, 15 London Circuit, Canberra City, ACT 2601
GPO Box 2807, Canberra, ACT 2601

P: 02 6204 1610

E: enquiries@aracy.org.au

aracy.org.au

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