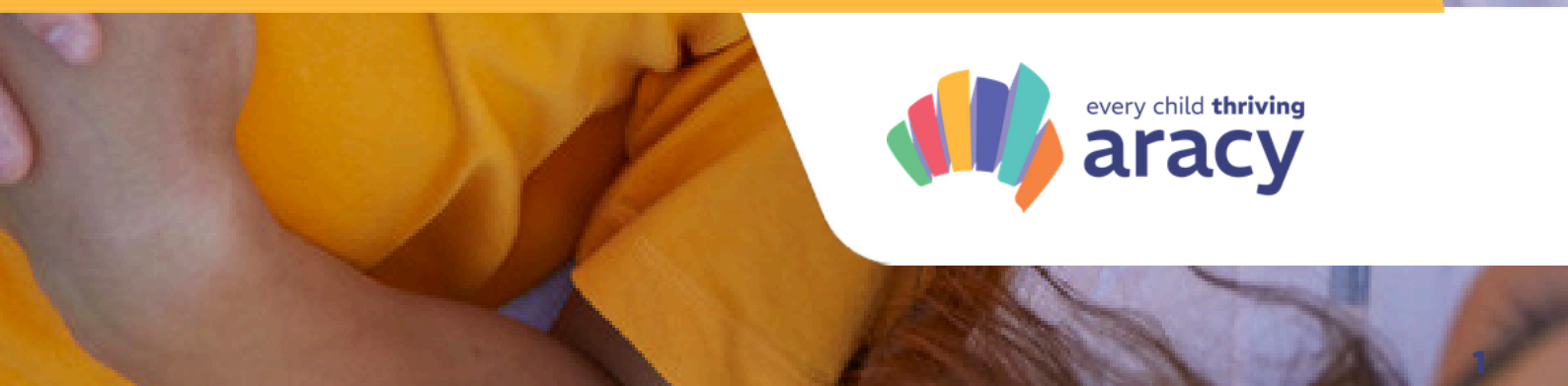


Young and Wise 2026 Report

An integrated synthesis of young people's lived experiences across five priority communities



every child thriving
aracy

“

I was able to have a voice and have a say on things that I care about most and I really liked that this opportunity felt so meaningful because of how I was listened to and how respected I felt

”

Acknowledgement of Country

ARACY acknowledges the Traditional Custodians of the lands on which these roundtables were held and on which participants live, learn and work. We pay our respects to Elders past and present and extend that respect to all Aboriginal and Torres Strait Islander people. ARACY treasures the rich and diverse cultures and customs of First Nations people – valued knowledge holders, leaders and partners in creating the conditions for all children and young people to thrive.

Acknowledgements

Our deepest thanks go to the young people who took part in our Series 2 Young and Wise Roundtables. They spoke from lived and living experience, from the intersecting identities they hold, and from a clear understanding of the intersecting oppressions they and their communities navigate and resist. They trusted ARACY with their voices and their stories; they shared knowledge that is theirs alone; and they showed real courage in speaking openly about what is hard as well as what is strong. What they offered was strength: deep insight into what keeps young people well, a clear sense of where support still falls short, and their own ideas for a better Australia, for their generation and the ones to come.

They also gave generous, honest feedback on Young and Wise itself, telling us plainly what safe, respectful and genuinely useful consultation should look like. ARACY is committed to carrying this work in a way that is trauma-informed, culturally aware and strengths-based, one that centres capability and agency rather than deficit. We know there is more to be done: in how we listen, who we reach, and how we turn what young people tell us into change. We hold that responsibility with care, and we are grateful to have been trusted with it.

We are grateful to each participant, and we name here those who chose to be identified: Abbey, Abinav, Alex, Ananya, Ariba, Arya, Aspen, Ava, Beau, Bhuvika, BW, Chris, Darcie, E, Ely, Elvis, Eton, Eva, Fatima, Gabriel, GZ, Hania, Immaculate, Isabel, Isabella, Jacqueline, Jay, Jazmin, Jess, Kerri, Kiana, Lars, Liv, Maddie, Neerja, Paris, Pip, Ren, Sankara, Serena, Shraddha, Sian, Similian, Sophia, Taryn, Varsha and Zinny.

Several young people asked that their contributions remain fully de-identified, in line with their recorded consent preferences. Their contributions live in these pages too, and we thank them no less.

Special thanks

ARACY extends particular thanks to Kristen Franks, Assistant Director in the Strategic Health and Disability Section of the National Indigenous Australians Agency (NIAA). Kristen helped refine the First Nations roundtable, contributed her own insights as a proud Ngambri Walgalu Aboriginal woman and mental health clinician, and co-facilitated the second session. Her generosity and cultural guidance strengthened this work considerably.

Research Input

ARACY also thanks the sector organisations, researchers and practitioners who submitted expressions of interest and research questions to help shape Young and Wise, Series 2. The organisations represented in this consultation are listed below, alongside a number of independent researchers who also contributed.

Adaptable Social Work	Learning the Macleay	Stephanie Alexander Kitchen Garden Foundation
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Australian Schools Plus	MacKillop Seasons	Telecommunications Industry Ombudsman
Cancer Council NSW	Multicultural Youth Advocacy Network Australia (MYAN)	The Kids Research Institute Australia
Centre for Community Child Health	Murdoch Children's Research Institute	Torrens University Australia
Centre for Multicultural Youth (CMY)	Northern Territory Council of Social Service (NTCOSS)	Transcend Australia
Children and Young People with Disability Australia (CYDA)	NSW Department of Education	Uniting
City of Greater Dandenong	Our Place Group	University of Melbourne
Deakin University	Parenting Research Centre	University of Queensland
Department of Education WA	Prevention United	University of Sydney
Department of Fire and Emergency Services (WA)	Ronald McDonald House Western Australia	Valuing Children Initiative
Experts from within the Department of Health, Disability and Ageing	Royal Far West	Wanslea
Family Advocacy	Shared Sights Foundation	World Vision Australia
FREEDOM Wellbeing Institute / NZ Curriculum Design Institute	ShoreTrack - Gumma Place School	Yiliyapinya Indigenous Corporation
Growing Minds Australia / University of Sydney	ShoreTrack Ltd	Youth Affairs Council of South Australia (YACSA)
Integrity Initiative	SNAICC	Youth Well Lab - University of Sydney
La Trobe University	Settlement Services International (SSI)	

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Executive Summary

Young people described barriers to timely, safe and appropriate care across all cohorts, and survey respondents identified youth-specialist physical and mental health care as the highest investment priority.

Young and Wise Series 2 brings together the lived experience of young people from five priority communities: rural, regional and remote young people (RRR); LGBTIQA+ young people; neurodivergent young people; culturally and linguistically diverse young people; and Aboriginal and Torres Strait Islander young people.

This integrated report brings together five cohort reports, accompanying survey findings, and relevant learnings from ARACY's *Young and Wise report* (2024). It delivers a live, evidence-informed picture of youth wellbeing rooted entirely in the current lived experiences of young people in Australia. Through these insights, it aims to guide immediate policy reform and systems improvement across government portfolios, particularly health and education.

Series 2 also explored the wellbeing relationship between young people and their parents/caregivers. Across all cohorts, young people agreed that parents and caregivers should prioritise the mental and physical health of their children, closely followed by giving them a real say in the decisions that affect their lives. Conversely, young people ranked "keeping up with technology" as their lowest priority, advising parents to worry less about screens and focus more on listening.

Across all cohorts, young people described school-based wellbeing education as reactive, surface-level, and arriving too late to be preventive. While topics like physical health and nutrition were generally covered, education on the issues that mattered most to young people —such as mental health, racism, discrimination, and sexual health—was consistently rated as poor, thin, or tokenistic. Rather than one-off, deficit-focused sessions, young people across all priority communities want practical, sustained wellbeing education that is relevant to their lived experiences and delivered in school environments where inclusion and anti-bullying policies are actively enforced.

The report is grounded in The Nest, ARACY's national wellbeing framework, which describes six interconnected wellbeing domains: Healthy; Valued, Loved and Safe; Material Basics; Learning; Participating; and Positive Sense of Identity and Culture.

Evidence base

Young and Wise Series 2 drew on cohort-based roundtables and adapted participation formats with young people across five priority communities. Across the five cohorts, 53 young people took part (RRR 15; LGBTIQA+ 18; CALD 20; neurodivergent 11; First Nations 5).

The accompanying Young and Wise 2026 Survey data (n=238) provides broader context. The survey reports 230 age responses, with the largest groups aged 15–17 and 18–25. Of 221 identity responses, respondents included young people who identified as neurodivergent, LGBTIQA+, culturally and linguistically diverse, Aboriginal or Torres Strait Islander, and/or living in a rural, regional or remote part of Australia.

Key findings

Problem statement	What young people told us in the roundtables	What young people told us they need to thrive in the survey
Services are not reaching everyone who needs them	**Services are out of reach:** Existing support remains inaccessible due to cost, transport, long wait times, complex navigation, and lack of trust or cultural safety.	**Specialised healthcare:** Prioritise investment in dedicated physical and mental health teams for young people.
Schools are not consistently supporting health and wellbeing	**Schools dictate their wellbeing:** Positive school cultures and supportive staff help them thrive, while academic pressure, bullying, and inconsistent support actively undermine them.	**Better school and wellbeing support:** They want more subject choices, clearer post-school pathways, effective anti-bullying action, free or affordable healthy food, better routines, and easier access to counsellors, wellbeing staff, or GPs.
Many young people do not feel consistently safe or included	**Discrimination goes unaddressed:** They frequently experience systemic discrimination—including racism, ableism, and homophobia—and demand accountable, transparent action over empty policies.	**Safer, more inclusive environments:** They need help breaking down barriers to feeling safe, specifically mentioning peer pressure to look or act a certain way, not knowing who to talk to, and feeling excluded.
Meeting basic needs remains a barrier to health and wellbeing	**Financial stress impacts everything:** Housing insecurity, rising food costs, and lack of digital or transport access harm their health, learning, and sense of safety.	**Financial relief for families:** They identified food and cost-of-living support as a top priority, noting that financial stress directly causes tension and anxiety at home.
Too many systems overlook the importance of identity, culture and belonging	**Identity is a source of strength:** They view cultural connection, community, neurodivergent identity, and queer joy as foundational strengths that systems must recognise and support.	**Respect for who they are:** Genuine inclusion and acceptance, noting that discrimination is a primary barrier to feeling safe.
Young people are still excluded from decisions that affect them	**Consultation must lead to change:** They reject one-off tokens and demand meaningful, accessible, and paid engagement that is visibly linked to real decisions.	**Meaningful input:** They want decision-making opportunities that offer recognition, authenticity, respect, flexibility, and clear proof that their input leads to real change.

Strategic Policy Focus Areas

The following six strategic policy focus areas have been derived from the combined roundtable and survey data with priority given to issues that were recurrent across cohorts, significant for young people's wellbeing, relevant across multiple The Nest domains, and actionable through government policy, investment and service design.

1. Make health and wellbeing services accessible, trusted and identity-responsive

Young people described barriers to timely, safe and appropriate care across all cohorts, and survey respondents identified youth-specialist physical and mental health care as the highest investment priority.

2. Strengthen schools as inclusive wellbeing settings

Schools shape wellbeing through safety, belonging, support, food access, bullying responses, and future pathways. Racism, discrimination and mental health were the topics young people found least helpful in how they were delivered, rated below other wellbeing topics like physical health. Young people also pointed to why: content was often delivered through one-off sessions, arrived after issues had already emerged, and was rarely reinforced over time. The wellbeing curriculum should be regularly evaluated against a prevention-focused standard that builds knowledge, skills and help-seeking confidence progressively across year levels. This includes scaffolded learning, where concepts are introduced early and revisited with increasing depth and practical relevance as young people mature, rather than being delivered as isolated lessons.

3. Address material basics as foundations for wellbeing

Roundtable and survey data show that housing, food, transport, digital access, cost of care and family financial stress directly affect young people's wellbeing.

4. Invest in belonging, identity, culture and community connection

Across the roundtables and survey, young people linked wellbeing to being included, respected and able to connect with culture, identity and community, consistent with the definition of Positive Sense of Identity and Culture domain in The Nest: feeling safe and supported in expressing one's identity, whether tied to gender, sexuality, culture or language, and having it recognised and valued by others.[1] Across Series 2, this extends to the intersecting identities young people brought to each cohort, including neurodivergent identity, consistent with how it is described elsewhere in this report.

5. Build paid, supported and accountable youth leadership pathways

Young people across cohorts and the survey called for participation that is valued, flexible, respectful and connected to visible change.

6. Close the implementation gap between policy intent and lived experience

The combined data shows that policy commitments need to be tested against whether young people can see, access and trust them in daily life.

The central message is practical: young people want systems that are easier to reach, safer to use, more responsive to identity and culture, grounded in material security, and shaped with young people from the start. Young people are already offering clear insight into what would make policy more effective. The task now is to ensure these insights shape implementation, investment and accountability.

[1] For further information on this domain, refer to: Renshaw, L. (2019). A Positive Sense of Identity and Culture: Defining and measuring progress for children and young people in Australia - a literature and scoping review on developing better indicators. Prepared for the Australian Government Department of Social Services. ARACY: Canberra.

Introduction

ARACY and Young and Wise

The Australian Research Alliance for Children and Youth (ARACY) is a national, evidence-focused organisation working to improve the wellbeing of children and young people in Australia. ARACY's work is anchored in The Nest, a national wellbeing framework that describes six interconnected domains of wellbeing: Healthy; Valued, Loved and Safe; Material Basics; Learning; Participating; and Identity and Culture.

Young and Wise is ARACY's youth consultation initiative. It was developed to bring young people's lived experience, insight and expertise into policy, research and systems reform. Series 1 of Young and Wise explored topical areas affecting young people's wellbeing, while Series 2 focused on how young people from priority communities experience wellbeing, services and systems in practice.

About Young and Wise Series 2

Young and Wise Series 2 focused on how national priorities land in the everyday lives of five priority communities (in no particular order):

- Rural, regional and remote young people
- LGBTIQA+ young people
- Culturally and linguistically diverse young people
- Neurodivergent young people
- First Nations young people.

These populations are not discrete or mutually exclusive. Across the Series 2 roundtables, many young people identified with more than one of these groups, including combinations of LGBTIQA+ identity, neurodivergence, First Nations identity, cultural and linguistic diversity, disability, chronic illness, refugee background, rural or regional location, and other lived experiences.

Purpose of this report

This report brings together data from the five Young and Wise Series 2 cohort reports, accompanying survey findings, and relevant insights from Young and Wise Series 1. Its purpose is to provide an integrated national picture of how young people across priority communities experience wellbeing, services and systems in Australia, by answering the following questions:

- **To what extent are current systems, services and policies enabling wellbeing for diverse groups of young people?**
- **What actions are needed to close the gap between policy intent and lived experience? The report is intended to support policy influence and systems reform across government portfolios, particularly health and education.**

Young people represented in the data

Young and Wise Series 2 drew on five cohort-based roundtable processes. The accompanying Young and Wise 2026 Survey provides broader context, with 230 age responses and 221 identity responses. Survey respondents included young people who identified as neurodivergent or autistic, LGBTIQA+, culturally and linguistically diverse, Aboriginal or Torres Strait Islander, and living in a rural, regional or remote part of Australia. Respondents could select more than one identity.

Key survey findings

- Across all cohorts, young people described barriers to timely, safe and appropriate care. A survey question related to investment priorities found that healthcare teams that specialise in young people's physical and mental health received the highest investment priority in the survey budget exercise. This was followed by food and cost-of-living support for families.
- When asked to rank which ideas would help their wellbeing most at school, survey respondents 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 key priorities.
- Young people ranked mental and physical health as the top issue parents and caregivers should focus on.
- The highest-ranked barriers to feeling safe and supported were pressure to look or act a certain way around peers, not knowing how or who to talk to, and not feeling included or respected for who you are.
- When money was tight, the strongest impact felt by young people was more stress and tension at home.

Using The Nest as the organising framework

This report uses The Nest as the organising framework for cross-cohort synthesis. The six domains are used to organise the cross-cutting findings: Healthy; Valued, Loved and Safe; Material Basics; Learning; Participating; and Identity and Culture. The cohort reports show that these domains are deeply connected.

For First Nations young people, the data particularly reinforces that culture, Country, language, kinship and community are not simply one domain of wellbeing, but foundational to the way all other domains are experienced.

A resource for policy and systems reform

Young and Wise Series 2 should be understood as a lived-experience evidence base for policy implementation and systems reform. It does not provide a population prevalence study, nor a formal evaluation of government policy. Instead, it provides insight into how young people experience systems in practice, and where policy intent is or is not being realised in daily life.

Methodology

Young and Wise Series 2 used qualitative roundtables– including individual interviews and written input for participants unable to attend a group session – Mentimeter activities, written responses, chat contributions, post-session reflections and survey findings to develop a lived-experience evidence base about young people's wellbeing across five priority communities.

Across the five cohorts, 69 attendees were recorded across Series 2 roundtables, contributed by 53 young people. In total, n=13 young people contributed to more than one cohort roundtable, reflecting the intersecting identities young people brought to the series.

Across the roundtables, each state and territory, except Tasmania, was represented. Contributions came from Victoria (n=18), New South Wales (n=14), Queensland (n=9), Western Australia (n=5), South Australia (n=3), the Australian Capital Territory (n=3) and the Northern Territory (n=1).

Participants ranged in age, from 10 to 25 years old. Across cohorts, many participants identified with more than one priority population.

Young and Wise approach

Young and Wise is designed to create structured opportunities for young people to share lived experience, practical insight and policy-relevant advice. The approach recognises young people as experts in their own lives and as contributors to systems reform.

Cohort selection and engagement

Participants were recruited through expressions of interest circulated through ARACY networks, Young and Wise channels, social media, partner referrals and related engagement pathways. Selection aimed to reflect diversity of lived experience, age, geography and identity within the limits of a small-group consultation model. For under-18 participants, parental or guardian consent was sought where required. Participants were offered honorariums for their time: $50 for roundtable participation and a further $20 for supplementary feedback submitted via the Folktale platform (video, audio or written). Honorariums were paid into each participant’s bank account.

Roundtable processes

Most cohort engagement occurred through online roundtables using Microsoft Teams. Roundtables generally included facilitated discussion, Mentimeter activities, ranking exercises, open-form written responses and real-time chat. Chat contributions and written Mentimeter responses were collected as data alongside spoken discussion to support and triangulate the roundtable findings.

Some cohorts included additional or adapted participation formats. Participation formats were adapted primarily in response to young people's availability and capacity. For the neurodivergent cohort, some participants' availability changed between expressing interest and confirming a date. Where this occurred, individual interviews were offered, and participants who attended only part of a roundtable were given the opportunity to complete the Mentimeter survey in their own time.

The First Nations roundtable was conducted as two parts of a single conversation across two evenings. The neurodivergent cohort included alternative participation formats for younger contributors, including an interview and written input.

Survey methodology

The Young and Wise 2026 Survey was collected as an additional source of data, separate from the cohort roundtables. Survey respondents were recruited through ARACY's Young and Wise subscriber base, ARACY newsletters and online promotion. Survey respondents were not the same young people who participated in the Series 2 cohort roundtables, and roundtable participants were not asked to complete the survey as part of the consultation process. The survey findings are therefore not reported as cohort-specific results and should not be interpreted as representative of any one priority population.

The survey findings are used in this report as a complementary data source, i.e., to provide headline demographic and identity context, identify issues that appear salient across a broader group of young people, support and triangulate cross-cutting findings, and provide quantitative context for strategic policy focus areas.

Analytical approach

Data from each consultation cohort were analysed separately in the first instance, drawing on roundtable discussions, interviews, written submissions, Mentimeter activities, chat contributions and post-session reflections. This allowed the distinct experiences, priorities and perspectives of each cohort to be understood before broader patterns were explored across the dataset. Survey findings were used as complementary context and were analysed alongside, rather than integrated into, cohort-level findings.

Analysis was conducted using a hybrid inductive-deductive thematic approach. Within each cohort, themes were identified from participants' own accounts, allowing patterns, concerns and priorities to emerge directly from the data. This inductive process prioritised participants' language, lived experience and understanding of wellbeing, including issues that were not anticipated at the outset of the project.

Following cohort-level analysis, findings were compared across cohorts to identify shared experiences, points of difference and intersectional themes. Emerging themes were then examined through a deductive lens by mapping findings to The Nest's six wellbeing domains and considering their relationship to broader survey findings. This approach supported consistency across the analysis while retaining the richness and complexity of participants' lived experiences.

Use of AI-assisted synthesis

Generative AI tools were used to support research synthesis across source materials, including organisation of content, comparison of themes across cohort reports, identification of similar findings across datasets, and drafting of summary text. AI tools were used with project source materials only, and were not used to introduce external evidence, generate findings, or replace researcher analysis. Emerging themes, analytical interpretations, policy implications and final report wording were determined by ARACY staff.

The analytical process combined inductive and deductive approaches. Themes were initially identified from participant discussions, written responses and reflections through thematic analysis of the source material. Findings were then organised and interpreted against The Nest wellbeing framework and other reporting structures used across the project. AI-assisted synthesis supported comparison and organisation of these materials but did not determine themes, analytical conclusions or recommendations. All AI-assisted outputs were reviewed, verified and refined by ARACY staff prior to inclusion in reporting.

Limitations and considerations

The Young and Wise Series 2 roundtables were scoping exercises, not comprehensive or statistically representative studies. Participants were largely self-selected, and many were already connected to youth advocacy, ARACY networks, partner organisations or online engagement pathways. The online format may have enabled participation for some young people while creating barriers for others. The cohort samples were small and should not be interpreted as representative of all young people within each population.

Cohort categories overlap, and findings should not be attributed to a single identity characteristic where intersectional experiences are evident.

How survey findings are used in this report: Survey findings are used as a separate evidence source. They provide broader context and help indicate where issues raised in the cohort roundtables may have wider relevance. Because survey respondents were not the same young people who participated in the roundtables, survey results are not used to make claims about individual cohorts. Instead, they are used to support cross-cutting findings and strategic policy analysis.



Cross-cutting findings across cohorts

Young and Wise Series 2 shows that young people's wellbeing is shaped by the interaction of systems, relationships, environments and identities. Across the five cohorts, young people described many distinct experiences, but they also identified clear shared patterns: services are not always accessible in practice; schools are central wellbeing environments; material pressures shape health, learning and participation; identity and culture are protective when affirmed; and young people want meaningful power in decisions that affect them.

While each cohort has distinct experiences, they collectively tell a coherent story about whether Australian systems are designed around young people or require young people to adapt to systems. In this section we present those findings against the Nest domains. Appendix A: Cross-Cohort Synthesis Matrix sets out the full evidence trail behind these findings, linking each key issue to its Nest domains, affected cohorts, survey and consultation data, and policy implications.

Healthy

Across cohorts, young people described health and wellbeing as more than access to clinical care. Being healthy requires timely, affordable and trusted support; services that understand identity, culture, disability and geography; and early help before issues escalate. The data shows that service availability does not equal service accessibility. Systems should be designed around equitable usability, with youth-specific care, culturally safe and identity-responsive models, outreach and school-based supports, and links between health, education, disability, housing, transport and community services.

Survey findings reinforce the centrality of health and wellbeing. In the survey budget allocation activity, healthcare teams specialising in young people's physical and mental health received the highest investment priority. This aligns with roundtable findings across all five cohorts, where young people described barriers to timely, trusted and appropriate support.

Valued, Loved and Safe

Young people described safety as relational, institutional and environmental. Feeling valued, loved and safe depended on being listened to, believed, respected and protected from harm in schools, services, families, communities and online spaces. Across cohorts; young people described a gap between what policies promise and what they actually experience day to day. In one cohort, a participant described a school where a zero-tolerance policy on bullying and discrimination was consistently enforced, and it visibly shaped a better school culture, while, across that same cohort, racism-prevention education was rated among the lowest of all school topics. The difference wasn't the policy itself, but whether young people experienced consistent action and follow-through.

Survey findings reinforce the role of schools as key wellbeing settings. Respondents prioritised more subject choices and clearer pathways after school, bullying being dealt with properly, free or affordable healthy food, better routines, and access to counsellors, wellbeing staff or GPs as changes that would most improve school wellbeing. This aligns with roundtable findings that schools shape young people's learning, safety, identity, health and future opportunities. Survey responses also suggest wellbeing education is uneven, with physical health rated more helpful than topics such as mental health, digital safety, racism and discrimination, and child rights.

Material Basics

Material basics emerged as a foundation for all other wellbeing domains. Young people described housing, food, transport, digital access, income, service costs and family financial stress as shaping health, learning, safety, identity and participation. Material basics are not background conditions; they are active determinants of wellbeing.

Survey respondents also identified material pressures as significant. Food and cost-of-living support for families was the second-highest investment priority, and when money was tight, respondents ranked more stress and tension at home as the strongest impact. This supports roundtable findings that material basics shape mental health, family relationships, learning and participation.

Learning

Across cohorts, young people described learning environments as central to wellbeing. Schools were places where young people could access support, build identity and belonging, and develop future pathways, but also places where exclusion, discrimination, rigid systems and under-resourced wellbeing supports could cause harm. Education systems should not separate learning from wellbeing.

Survey findings reinforce the role of schools as key wellbeing settings. Respondents prioritised more subject choices and clearer pathways after school, bullying being dealt with properly, free or affordable healthy food, better routines, and access to counsellors, wellbeing staff or GPs as changes that would most improve school wellbeing.

Participating

Young people across all cohorts wanted to participate in decisions that affect them, but they wanted participation to be meaningful, paid, accessible and linked to real change. Participation is also broader than consultation: it includes community spaces, online communities, sport, cultural activities, advocacy, learning, work and local decision-making.

Young and Wise 2026 Survey findings reinforce the importance of meaningful youth participation. When asked how to recruit young people to a decision-making group, respondents prioritised recognition that their time and expertise would be valued, authenticity, respect, flexibility and proof that input changed something. This aligns with all five cohort reports, where young people called for paid, accountable and visible participation. Appendix B summarises the survey's open "if you were Prime Minister" question, where a genuine say for young people ranked among the top priorities.

Positive Sense of Identity and Culture

Identity and Culture was one of the strongest cross-cutting domains in Series 2. Young people described culture, identity, belonging and representation as protective factors. They also described the harm that occurs when systems stereotype, erase, pathologise, tokenise or require young people to suppress parts of who they are.

Survey findings support the importance of identity, respect and belonging as protective elements of wellbeing. Not feeling included or respected for who you are was one of the highest-ranked barriers to feeling safe and supported. This aligns with roundtable findings across cohorts: First Nations young people centred culture and Country; CALD young people emphasised cultural identity and belonging; LGBTIQA+ young people described identity affirmation and queer joy; neurodivergent young people described the importance of being understood without masking; and rural, regional and remote young people described the need for safe spaces where they could be themselves.

Cross-cutting policy insight

Across The Nest domains, the strongest message is that young people experience wellbeing through the interaction of systems. A school policy affects health. Housing affects learning. Transport affects participation. Cultural safety affects help-seeking. Belonging affect's identity, safety and mental health.

Series 2 therefore points to a central implementation challenge for governments: many policy commitments are directionally aligned with what young people need but are not consistently experienced in practice.



Strategic Policy Focus Areas

These six focus areas were derived from the cohort reports and survey findings, as summarised in the Executive Summary. Appendix A maps each of these issues across cohorts and to its supporting survey and consultation data.

1. Make health and wellbeing services accessible, trusted and identity-responsive

Across all five cohorts, young people described health and wellbeing services as important, but often hard to actually use. A service being available isn't the same as being able to use it: young people faced long travel and wait times, costs they couldn't cover, staff who didn't understand their culture or identity, and or not enough workers to go around. Young people with intersecting needs, such as disability, neurodivergence, chronic illness or housing insecurity, described having to navigate several services at once with no continuity of care between them. Support also dropped away at key transition points, such as moving from child to adult services, or from school to whatever came next. For some, a formal diagnosis was required just to qualify for help. Many also weren't sure a service would understand or respect them enough to try. For neurodivergent young people, this wasn't usually about services being physically hard to reach; it was about services being built around neurotypical expectations, so even a "technically available" service could still shut them out.

The strategic opportunity is to move from universal service availability to equitable service usability.

2. Strengthen schools as inclusive wellbeing settings

Every cohort identified schools as a major setting where wellbeing is either supported or undermined. Schools should be recognised as integrated wellbeing environments, with investment in workforce, curriculum, anti-discrimination accountability, culturally safe supports, sensory-friendly practice, food access and pathways beyond school.

3. Address material basics as foundations for wellbeing

Housing, food, transport, digital access, income, cost of care and family financial stress should be treated as determinants of young people's wellbeing. These issues affect health, learning, safety, family relationships, social participation and hope for the future.

4. Invest in belonging, identity, culture and community connection

Across cohorts, identity, culture and belonging emerged as protective determinants of wellbeing. This includes First Nations culture and Country, CALD cultural belonging, queer joy, neurodivergent identity, place-based connection and safe online and offline communities.

5. Build paid, supported and accountable youth leadership pathways

Every cohort called for young people to have more than a voice. They wanted influence, payment, recognition, feedback and real decision-making power. Governments should move from one-off consultation to sustained youth leadership ecosystems.

6. Close the implementation gap between policy intent and lived experience

A consistent message across Series 2 is that policy intent does not always match lived experience. Young people's insights should be used as an implementation signal to test whether policies are visible, trusted, accessible and effective in daily life.

Implications for governments

Young and Wise Series 2 provides a clear and consistent message for governments: young people's wellbeing is shaped by the systems around them, and those systems do not always work in the ways policy intends. Across five priority communities, participants described both the strengths that sustain them and the barriers that make wellbeing harder to achieve.

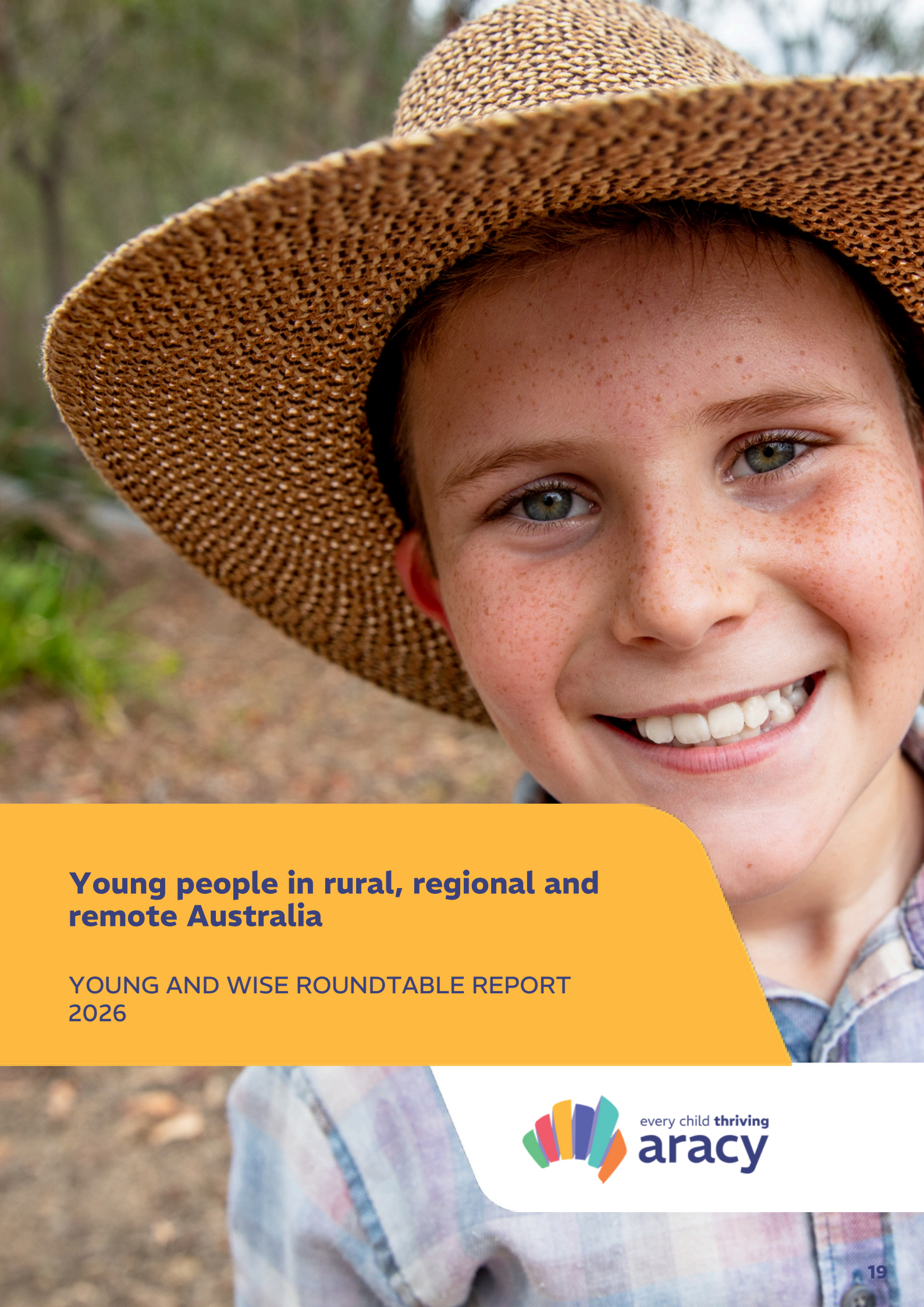
The findings show that wellbeing cannot be understood through a single service, identity or portfolio. Young people's experiences cut across The Nest domains: health is shaped by whether services are trusted and accessible; safety is shaped by whether adults and institutions respond when harm occurs; learning is shaped by whether schools are inclusive wellbeing environments; participation is shaped by transport, digital access, cost and whether young people are taken seriously; material basics affect family stress, food security, housing and access to care; and identity and culture are protective when recognised, respected and supported.

A central finding from Series 2 is the gap between policy intent and lived experience. Many of the principles young people called for, equity, inclusion, cultural safety, accessibility, prevention, early support and youth voice, already exist in policy language and national strategies. The challenge is implementation.

For government, the opportunity is to use young people's lived experience as an implementation signal. Lived experience can show where systems are accessible in theory but not in practice; where inclusion is stated but not felt; where policies reach some young people but miss others; and where investment can have the greatest cross-portfolio impact.

Ultimately, Young and Wise Series 2 shows that young people are already offering government a clear roadmap. The task now is to ensure those insights shape implementation, investment and accountability, so that all young people, including those from priority communities, can thrive.





Young people in rural, regional and remote Australia

YOUNG AND WISE ROUNDTABLE REPORT
2026

every child thriving
aracy

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

Cohort snapshot

15 PARTICIPANTS	35 APPLICANTS	2 SESSIONS	March 2026 CONDUCTED

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,1 8 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	"being able to afford food", "cost of living", "money", "not having resources"
Employment	"job stability", "job stress", "job security", "work"
Relationships and connection	"maintaining 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
"It's your first time living too."
"What I'm going through will not be resolved in a single instance. I just need support, not a solution."
"Treat your children like they are people, not just children. It makes a really big difference to feel heard."
"To always let their kids have a say in decisions that affect them."
"Take time for yourself – so you can function better, not only for yourself but for your family too."
"Your mental wellbeing exists and matters."
"We are not defined by our age."
"To remember they are humans too."
"We always love them no matter what."
"Let us make mistakes."

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 peers 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 was 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.

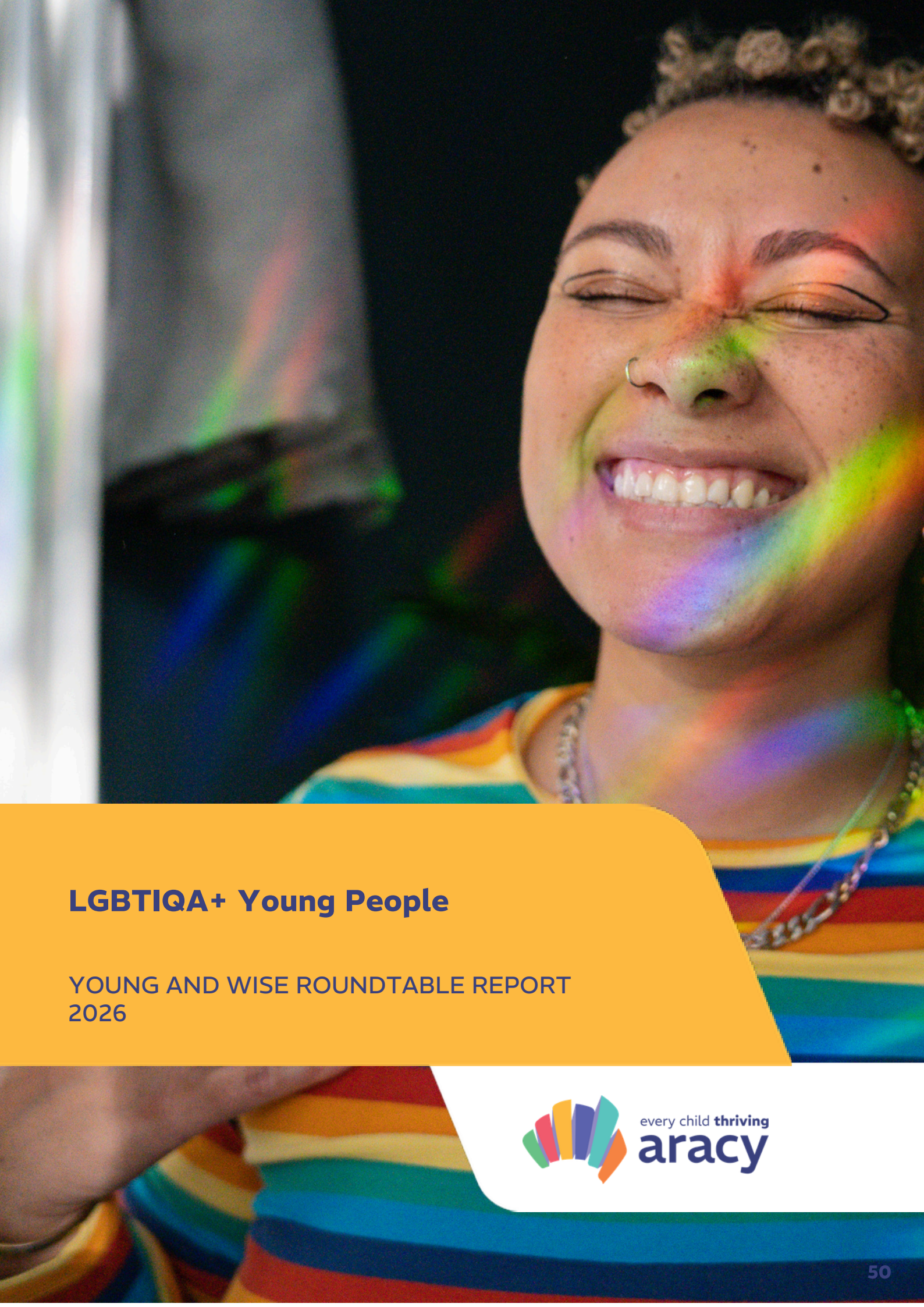
- **Relevant Nest domains:** Learning; Valued, Loved and Safe; Healthy; Positive Sense of Identity and Culture.
- **Key policy-development question:** How can schools in rural, regional and remote communities be supported as wellbeing infrastructure, not only learning environments?

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?





LGBTIQA+ Young People

YOUNG AND WISE ROUNDTABLE REPORT
2026

every child thriving
aracy

7 Cohort 2: LGBTIQA+ Young People

Cohort snapshot

18 PARTICIPANTS	44 APPLICANTS	2 SESSIONS	March 2026 CONDUCTED

How we ran this

At the start of each roundtable, participants were invited to self-determine their language preferences, including any terms they preferred not to use, and were asked whether “queer” could be used as an umbrella term alongside LGBTIQA+, indicating their preferences via thumbs-up, thumbs-down, or verbal acknowledgement before recording.

Terminology: During recruitment, promotion and both roundtables, ARACY used "LGBTQIA+," consistent with ARACY's series one Young and Wise findings. This report has since been aligned to "LGBTIQA+," the term used by the Australian Government's National Action Plan for the Health and Wellbeing of LGBTIQA+ People 2025–2035.

Participants self-identified into this cohort during their expression of interest, and while no one identified as intersex, having innate variations of sex characteristics, or as asexual or aromantic, several spoke up for broader gender and sexuality diversity during discussion. Therefore, this cohort should not be read as representative of the full diversity of LGBTIQA+ communities. Subpopulations within this community can be fundamentally different from one another, with distinct needs and experiences that this cohort's findings do not capture. We encourage this complexity to be recognised and explored further in future research.

"Affirming": Throughout this chapter, "affirming" is used broadly to describe being validated and supported in one's gender, sexuality and identity as a whole. One Mentimeter question specifically asked: "When accessing health/wellbeing services, what does gender or identity affirming care look like for you?" Participants were invited to speak to gender and identity broadly, not gender alone, and findings from this question are presented accordingly.



Who Participated
Eighteen (18) young people participated across two roundtables. The cohort reflected a diversity of gender identities, sexual orientations, and intersecting lived experiences. Participants were drawn from multiple Australian states and territories.

Participant demographics across the two sessions held, were as follows:

	Group: Under 18 years	Group: 18 years and over
Date	19 March 2026	18 march 2026
Participants	6	12
Age range	14-17 years	18-23 years
Gender	Female: 3 Non-binary: 2 Male: 1	Female: 5 Non-binary: 4 Male: 1 Prefer not to say: 1
State/Territory	NSW (3), VIC (2), QLD (1)	VIC (7), QLD (4), ACT (1)
Intersecting identities	RRR (4) CALD (2) Neurodivergent (2)	Neurodivergent (10) Disability or chronic illness (5) CALD (4) RRR (3)

Named participants (Under 18): Aspen, Kiana, Pip, Maddie, Beau. One young person also chose to remain de-identified.
Named participants (18 and over): Ren, Abbey, Darcie, Lars, Jess, Isabella, Sophia, Jacqueline, E, GZ, Taryn. One participant also chose to remain de-identified.

At the EOI stage, Healthy ranked fifth of six domains selected by LGBTIQA+ applicants (50%), well behind Positive Sense of Identity and Culture, Valued, Loved and Safe, and Participating. Yet in the roundtables, specialised and gender-affirming health care emerged as the strongest shared priority across both age groups, and was the most common open-text ask when participants were asked what they would change if cost was no object. Gender-clinic wait times, Medicare gaps and the search for competent, affirming care carried the conversation in a way EOI selections alone would not have predicted.

Based on 44 EOI responses, the wellbeing domains most frequently selected by LGBTIQA+ applicants were:

Rank	The Nest Domain	Frequency (qualitative)
1	Positive Sense of Identity and Culture	Most frequent
2	Valued, Loved and Safe	Most frequent
2	Participating	Frequent
4	Learning	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. ARACY is aware of young people who chose not to participate for fear of being outed in their community, and that absence is itself meaningful. Participation was concentrated in the eastern states. Most participants in the 18 and over group also identified as autistic or neurodivergent, so LGBTIQA+ and neurodivergent experiences are closely interwoven in this section.

Key Messages

The short version: Across two roundtables, 18 young people described what helps them thrive: affirming (in gender and sexuality) adults, inclusive classrooms, competent and affordable health care, queer community and online connection. Their strongest message was that affirmation is prevention. Belonging, queer joy (see page 70), safe community spaces and online connection were described as protective, while schools, families and services could either strengthen wellbeing or cause harm by default. Participants highlighted gaps including heteronormative curriculum, limited access to affirming care, invisibility in the middle years, and parents being left without the tools to support them well. They asked to be seen, supported, and included as partners in designing the systems that affect their lives.

Six clear messages from LGBTIQA+ young people
Six key messages emerged consistently across both roundtables (under-18 and 18+), offering practical guidance for policy development, service design, and implementation.

Problem statement	Roundtable insights
1. **Schools are not consistently creating environments where LGBTIQA+ young people can thrive.**	Inclusion works when it is visible and embedded through queer role models, inclusive curricula, supportive libraries and recognition of significant days. The gap is consistency, implementation and accountability, particularly in responses to bullying and in some faith-based settings.
2. **Access to affirming healthcare and support remains limited.**	Good care was described as respectful, competent and inclusive. Key barriers included long wait times, cost, limited community access to affirming resources and systems that do not always recognise intersecting needs.
3. **Online spaces are critical sources of connection, safety and belonging.**	Online communities provide identity support and connection, particularly for those in regional or unsupportive environments. Young people want safer online spaces without losing access to vital networks, while greater action is needed on misinformation and hate.
4. **Early support during the middle years is an underused opportunity to strengthen wellbeing.**	Identity often developed between ages 8 and 14. Representation, affirming adults and safe spaces during this period were described as protective and lasting, highlighting the importance of earlier intervention.
5. **Families need better resources to support LGBTIQA+ young people.**	Many families want to provide support but lack the knowledge and tools to do so. Priority areas included lived-experience and community-informed resources and parent peer support to help families respond confidently.
6. **LGBTIQA+ young people are not consistently recognised as partners in decisions affecting them.**	Young people brought practical solutions and lived expertise. They wanted to be involved from the beginning of design processes, with their contributions recognised, valued and linked to visible outcomes.

These findings are reinforced by the broader Young and Wise 2026 Survey. Survey respondents prioritised youth-specialist physical and mental health care, clearer learning pathways, bullying being properly dealt with, feeling included and respected, and decision-making opportunities that value young people's expertise. While survey respondents were not the same young people who participated in the LGBTIQA+ roundtables, the survey findings indicate that several issues raised by LGBTIQA+ participants also have broader salience among young people reached through ARACY's communication channels.

What young people are telling us and where this aligns nationally

What LGBTIQA+ young people shared in these roundtables aligns with national Young and Wise (2024) findings, while also surfacing dynamics that are more pronounced for sexuality and gender-diverse young people, and often less visible in general youth consultation.

The Young and Wise report identifies belonging and safety as foundational to wellbeing across age groups, but notes that LGBTIQA+ young people are less likely to feel safe and more likely to experience exclusion and discrimination, particularly in school and community settings (Young and Wise, 2024, pp. 12). LGBTIQA+ participants in these roundtables reflected this pattern, describing how safety and belonging are shaped not only by relationships, but by whether systems default to heterosexuality and cisgender identities or actively signal inclusion through language, processes, and staff behaviour.

National evidence also shows that gender-diverse young people experience markedly poorer mental health outcomes and lower feelings of safety than their cisgender peers and are often not adequately identified or supported within mainstream systems (Young and Wise, 2024, pp. 13, 103. Roundtable participants expanded on this by describing how affirming care reduces cognitive and emotional load: when names, pronouns, and identities are handled competently, young people are better able to engage early with support and participate confidently in education and community life. At a national level, 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 participant experiences of long gender-clinic wait times and inadequate Medicare session caps.

The Young and Wise report highlights that schools are a critical setting for wellbeing, but that LGBTIQA+ young people report lower trust in school responses to bullying and discrimination, and less confidence that schools will act consistently (Young and Wise, 2024, pp. 56–58). This aligns closely with roundtable accounts, where participants described schools as central access points for wellbeing support, but only when staff capability, visibility, and follow-through were present.

Nationally, Young and Wise framed identity and culture as strengths, while noting that LGBTIQA+ young people are less likely to feel that their identity is recognised or respected by systems (Young and Wise, 2024, pp. 62–66; 114–120). LGBTIQA+ participants reinforced this, describing how affirming environments allow identity to function as a stabilising and protective factor, rather than something that must be managed, explained, or concealed.

Finally, Young and Wise consistently found that LGBTIQA+ young people are less likely to feel heard by institutions, despite demonstrating high levels of insight and engagement (Young and Wise, 2024, pp. 6, 14, 114). This was mirrored in the roundtables, where participants clearly articulated practical solutions, such as inclusive intake systems, visible signals of acceptance, continuity of care, and called for participation that results in tangible system change rather than symbolic consultation.

Taken together, these findings show that LGBTIQA+ young people share national wellbeing priorities but encounter them through systems that often require additional navigation. When systems are inclusive by design and consistent over time, LGBTIQA+ young people are not only able to thrive; they contribute to safer, more responsive environments that strengthen wellbeing for all young people.

Key insights from the roundtables

Schools and Education

Across both age groups, participants rated school-based wellbeing education as only modestly helpful overall, with most topics scoring at or below the midpoint of the 1–5 scale. Under-18 participants generally rated the topics more positively than participants aged 18 and over, including respectful relationships and consent (2.7 compared with 1.8), managing mental health (2.5 compared with 1.9), and substances education (3.0 compared with 2.3). Physical health was the only topic rated equally by both groups, at 2.5. Preventing racism and discrimination received the lowest scores across both cohorts (1.8 for under-18s; 1.7 for 18+), suggesting this was an area where participants felt school-based education was least helpful.

Overall, the results indicate limited perceived usefulness of wellbeing education, particularly among older participants, and point to a need for more relevant, practical and sustained approaches. Given the sample size, findings should be read as indicative only.

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, 5 = Helped me a lot)

Topic	Average score		
	Under 18 (n=6)	18+ (n=12)	Young and Wise 2026 Survey (n=192)
Digital safety and wellbeing	2.17	1.92	2.73
Managing Mental Health	2.5	1.92	2.74
Nutrition	2.33	2	2.77
Physical Health	2.5	2.5	3.46
Preventing Racism and Discrimination	1.83	1.67	2.7
Respectful Relationships	2.67	1.83	3.15
Sexual Health	2.33	1.75	3.15
Substances	3	2.33	3.03

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.

Broader Young and Wise 2026 Survey findings reinforce the importance of schools as wellbeing settings. Survey respondents 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 key changes that would improve wellbeing at school. When asked what would make the biggest difference to their wellbeing at school, survey respondents pointed to more subject choices and clearer pathways after school, bullying being properly dealt with, free or affordable healthy food, better routines, and easy access to counsellors, wellbeing staff or a GP, reflecting a call for these practitioners to have more of a physical presence in schools themselves. This aligns with LGBTIQA+ participants' accounts of schools as places where wellbeing can be strengthened through visible inclusion, trusted adults and clear follow-through, or undermined through bullying, privacy breaches, exclusion and heteronormative assumptions.

Gaps in inclusive relationships and sexuality education

Across both sessions, participants described school-based relationships and sexuality education as limited in its inclusion of LGBTIQA+ experiences. They reported that content often focused on heterosexual relationships, physical risk and abstinence-based messages, while providing little practical information about queer relationships, diverse bodies, gender identity, or disability accessibility and inclusion. Participants suggested that this limited the relevance and usefulness of the education they received.

"...every speaker that we've had at school either did not help at all, [or] talked about something entirely different than they were meant to talk about. The funny thing is that like I learned more from the internet than I did at school about everything, and that probably says a lot, and it's probably really bad."
— Kiana, Under-18 LGBTIQA+ Roundtable

" ...my school acted as if educating students on diverse sexualities was too inherently sexual (?) despite the fact that sexuality isn't limited to discussion around sexual acts, and doesn't excuse not educating on them. And honestly they educated on heteronormative relationships, so a lot of double standards."
— Isabella, 18 and Over LGBTIQA+ Roundtable chat

"...we were taught that PIV sex was the only thing that counted as "sex" and everything else (including anal/oral/digital sex) was "sexual contact", the same as hugging or kissing. We were taught that sexuality was not who you were attracted to (gay/straight/bi) but instead how you present your gender to others (e.g. do you wear low cut clothing). Lots of fearmongering about STIs and lack of appropriate education (which disproportionately affects queer people)."
— De-identified, 18 and Over LGBTIQA+ Roundtable chat

"We were never taught what PrEP was; the only protection was just physical barriers in my class."
— Taryn, 18 and Over LGBTIQA+ Roundtable chat

"Disability accessibility and inclusivity is so, so important and necessary "
— Sophia, 18 and Over LGBTIQA+ Roundtable chat

Inclusion in Faith-Based School Settings
Participants raised concerns about how LGBTIQA+ topics and identities were addressed in some faith-based school settings. One participant described experiences in a Catholic school where school messages about queer identity were harmful, and where complaints or concerns did not appear to result in meaningful follow-up. While this reflects one participant's account, it highlights the importance of ensuring that all school environments are safe, respectful and responsive to student wellbeing.

" We had teachers and priests deliver masses and assemblies that directly stated Queer individuals were "wrong and would end up in hell". And the school failed to address 90% of those cases. If they did respond, they merely said sorry if anyone was offended by the views of the church..."
— Ren, 18 and Over LGBTIQA+ Roundtable chat

School culture, safety and belonging
Participants described bullying, exclusion and discriminatory behaviour as common concerns for queer, trans and gender diverse students. Several said the impact was compounded when school responses were unclear, delayed or did not appear to lead to meaningful change. Students were sometimes told action was being taken, but did not see changes that made them feel safer or more supported.

"Mocking of trans folks specifically... and gender diverse folks specifically, was a really, really normalised thing...and teachers, particularly substitute teachers, would just brush it off. And then when I would raise it with the school, there was complete lack of transparency on what was happening... like genuine health risks that weren't getting talked about."
— Lars, 18 and Over LGBTIQA+ Roundtable

"I was bullied in school for being queer and... I would go to the principal. It took them like six months to like even do something normal about it. The kids didn't get in trouble for it. And I felt like I just didn't get that time to process it all and talk to someone about it."
— Darcie, 18 and Over LGBTIQA+ Roundtable

" ...whether it be like very small things like not wanting to sit with me at lunch or very serious things like calling names and things like that... I definitely think bullying needs to be tackled more, especially for queer people."
— Aspen, Under-18 LGBTIQA+ Roundtable

Participants also described how harms can accumulate across different parts of school life. They pointed to staff cultures that normalised homophobia or transphobia, inconsistent consequences for students who engaged in harmful behaviour, rigid uniform rules that did not accommodate gender diversity, and breaches of privacy such as outing trans students to parents. Together, these examples suggest that school culture is shaped not only by formal policies, but by everyday decisions, staff responses and whether students can trust that concerns will be taken seriously.

"...at my school, it was just amongst the staff, very normalised homophobia and transphobia...that also extended to like a lack of punishment for students who would engage in that behavior... one of my friends actually eventually left our high school because they were non-binary and the school wouldn't allow them to... mix up the uniform to reflect that... Or even just outing trans students to their parents, when the parents weren't aware... stuff like that also just trickled down into the students."
— Isabella, Under-18 LGBTIQA+ Roundtable

What Works: Safety, Belongng and Physical Support
Participants identified a range of school practices that support LGBTIQA+ student wellbeing, including Pride or diversity clubs, quiet spaces, visible allyship from staff, queer representation in school materials, and whole-school recognition of events such as Wear It Purple Day. Across both groups, feeling safe at school, including bullying being dealt with properly, was ranked as the most important support. Participants also emphasised that inclusion should be embedded in everyday school culture, rather than limited to one-off events or symbolic gestures.

When asked to rank which ideas would most help their wellbeing at school, both groups put 'feeling safe' first. The 18-and-over group ranked 'easy access to counsellors, wellbeing staff and GPs' second, followed by 'quiet times and spaces to calm down'. The under-18 group ranked 'clubs and groups where young people feel they belong' second, and 'easy access to counsellors, wellbeing staff and GPs' third.

"There are a lot of really small but really powerful actions that teachers and adult members in our communities can take that can make young queer people feel a lot safer and a lot more comfortable. And those might be things like not saying 'boys and girls' or 'ladies and gentlemen', and making sure that they're wearing their pronoun pins and even wearing queer flags or ally flags that can just show people that they are a safe person to be around.
Because often if you want to go and talk to someone about something, but you're not sure how they'll respond to it, then those little signs are what a lot of us actually really look for. "
— Beau, Under-18 LGBTIQA+ Roundtable

" [on the importance of queer representation in schools]...at my school there are a lot of teachers who are openly queer...having...people who are older to look up to..."
— Pip, Under-18 LGBTIQA+ Roundtable

" My school has a learning support that has quiet place you can go to during class if you have a pass and it helped me more than anything...It also has diversity club which is nicknamed 'The Gay club' because, well that's what it is, and it's AMAZING! "
— Kiana, Under-18 LGBTIQA+ Roundtable

Participants also highlighted the need for school leaders to support young people who are already trying to create safer and more inclusive spaces.

"...when I was trying to set up the like systems at my school so that there'd be more like safe places for people, a lot of the senior leadership would like say, 'that's not possible because...' It's not really like what their priority was in school, and I thought that was a bit...wack, to be honest."
— Gabriel, Under-18 LGBTIQA+ Roundtable

External Lived-Experience Providers
Participants in both sessions recommended that schools draw on external providers with specialist training and lived experience to support sensitive wellbeing education. They suggested this could strengthen the relevance and trustworthiness of the content, while reducing the expectation that teachers deliver complex topics alone.

" ...sex-ed should be done by external providers with the correct training and lived experience. Teachers are not equipped for the experience, and kids are not able to trust folks they see every day with embarrassing questions."
— Lars, 18 and Over LGBTIQA+ Roundtable Chat

What this means for policy: The findings suggest that school wellbeing policy should focus not only on curriculum and formal policies, but on the everyday conditions that make students feel safe, included and supported. Three priorities stand out: consistent leadership on anti-discrimination; accessible and coordinated wellbeing supports; and evidence-based inclusive education that is embedded across school life. Participants also saw value in trained external and lived-experience providers, particularly for sensitive wellbeing topics, and in peer support models that can complement the role of teachers and school wellbeing staff.

Healthcare and Wellbeing Access

Healthcare and wellbeing access emerged as a major pressure point across both roundtables. Participants discussed barriers across formal health services, school-based wellbeing supports, community organisations and clinical care. Key concerns included the affordability and availability of gender-affirming care, long wait times for specialist services, limited access to queer-affirming mental health support, and difficulties navigating fragmented systems where young people have intersecting needs, including disability, neurodivergence, chronic illness, housing insecurity or limited family support.

Broader survey findings reinforce the centrality of health and wellbeing access. Across the survey sample, healthcare teams specialising in young people's physical and mental health were the highest investment priority. This supports the LGBTIQA+ roundtable finding that young people see timely, competent and youth-appropriate care as foundational to wellbeing, while the roundtable data shows why care also needs to be identity-affirming, affordable and responsive to intersecting needs.

Gender-affirming care was raised in both sessions as important to wellbeing, but often difficult to access due to cost, wait times and service availability. Participants described delays as distressing, particularly where young people were experiencing gender dysphoria and could not access timely advice, support or practical resources.



"...we do need larger and more funded spaces to help queer kids transition safely and in a way that makes them experience the joy they want to, because I think that Dysphoria can be very troubling and it can become harmful from a personal experience... if we can get more accessible, cheap, inexpensive programs that help kids transition safely and happily, then I think that we can really eliminate a lot of...negative repercussions that come with the wait times and overall just a happier community..."

— Aspen, Under-18 Roundtable

Participants identified gender-affirming resources beyond hormonal treatment, including binders, clothing options and practical guidance for families, as immediate, relatively low-cost areas for support. They pointed to community organisations such as Gender Agenda in Canberra as existing practice, while calling for more stable, systematic funding.

Participants also raised concerns about whether existing Medicare-funded supports are sufficient for young people with complex or intersecting needs. This included concerns that the number of subsidised mental health sessions available each year may not meet the level of need for some young people, and that chronic condition management arrangements may not adequately reflect the cumulative impact of multiple diagnoses or care needs.



" Chronic disease management plan doesn't cover much, especially if you have multiple chronic illnesses as you don't get more sessions if you have more diagnoses."

— Taryn, 18 and Over LGBTIQA+ Roundtable

"Most of us need multidisciplinary care, affordably or for free, and many queer people are homeless and may not be able to access physical services. Street medicine is something I wish existed in a meaningful way, especially for queer people...10 subsidised mental health care sessions per year wouldn't be enough even if they were free instead of just slightly reduced price! "
— De-identified, 18 and Over LGBTIQA+ Roundtable chat

Young people were asked what gender or identity affirming care looks like for them; while most responses centred on gender-affirming care specifically, participants situated this within a broader session focus on sexuality, gender identity and gender diversity as interconnected parts of wellbeing.

.Across both groups, affirming care was framed not as an extra service but as competent care: inclusive intake forms, correct names and pronouns, privacy, non-judgement, understanding of queer relationships and minority stress, and staff who do not treat identity as a problem to be explained or justified.

Participants aged 18 and over focused particularly on how mainstream services operate in practice, including intake processes, practitioner behaviour and the broader culture of care (noting the following is not a full set of Mentimeter responses):

"Having the actual intake forms be inclusive! e.g. differentiating sex from gender, giving a preferred name and pronouns, being able to choose your own title"

"Services understanding queer relationship dynamics, asking pronouns, not using deadnames, understanding of the intersection of queerness and mental health, appreciating minority stress, being secular"

"Not trying to 'fix' something or place me into a neat box for the purpose of statistics and meeting research targets."

"I like it if they don't react if I mention having a same-sex partner. Like it's not even a factor just another ordinary part of day to day life, and completely normal, and it's not a big deal."

"From the get-go having access to services where the staff themselves have lived experience of being in the LGBTIQA+ community, I find that fundamentally makes a difference in the way care is delivered"

Under-18 participants echoed these expectations, while placing greater emphasis on whether affirming support is visible, accessible and available at early points of contact, including schools.

"shorter and more accessible resources, e.g.: binders, hormones, youth workers etc."

"I find many services at school (consent talks, sex ed, etc) do not go into LGBTQ+ topics at all."

"Having visible confirmation that people will accept me as a transgender person (badges, posters, etc)."

"Not being biased towards any gender and treating everyone with respect. Not stereotyping people because of how they present themselves. My school just kind of pretends it doesn't exist at all"

"Confidential counselling coming from people who understand where you come from/don't reject what you are feeling because of their prior bias more community spaces"

"I haven't accessed wellbeing services because of gender identity yet."
"Having options to speak to queer health mental health professionals and GPs."

Participants' responses highlight strong alignment across both groups, with differences largely shaped by context, particularly whether affirming care is encountered within established health systems or must first be made visible and accessible within school and early support environments.

What this means for policy: Participants described affordable, accessible and affirming care as essential to wellbeing, particularly for young people with intersecting needs. Policy priorities include reducing wait times for gender-affirming care, funding community-based gender-affirming resources, reviewing whether Medicare-funded supports are adequate for young people with complex or multiple needs, and investing in outreach and wrap-around models for those who cannot easily access fixed services. Participants also made clear that identity-affirming care should be embedded as a routine standard across health, wellbeing and school-based services.

Social Media, Digital Safety and Digital Equity

Social media and online communities emerged as significant issues for this cohort. Participants did not describe digital spaces only as risks to be managed; they also described them as important sources of identity exploration, safety, connection and peer support. This was particularly important for young people in regional areas, or in school, home or community environments where they felt unable to access affirming support offline.

Age Restrictions, Access and Unintended Consequences

Under-18 participants generally questioned whether the social media age restriction was working as intended and raised concerns about unintended consequences for queer young people. Their concerns were twofold: first, that restrictions could be bypassed in practice; and second, that removing or limiting access to online communities could reduce access to identity-affirming information and peer connection for young people with few offline alternatives.

"... I'm under 16 and I have not been banned or like had a pop up on any of the social media apps, other than Twitch...So it has not affected me at all because it doesn't exist. "

— Kiana, Under-18 LGBTIQA+ Roundtable

More importantly, participants described social media and online communities as important for queer identity discovery and connection, particularly where school, family or local community environments were not affirming. Platforms and online communities were described as places where some young people first found language, peers and information that helped them understand their identity.

"... I definitely know people who have had their resources cut off... I think that if I didn't have the internet, I wouldn't have discovered that I was queer...it's harmful on queer kids because they can pretty much grow up their entire life thinking that like they should be ashamed that they don't feel right in their body ... And it not only adds to the issue, but can actually make it more harmful in the sense that more kids are going to be prone to suicide or prone to bullying people because they don't understand their own identity. And I think it overall just creates more problems than it does fix them. "

— Aspen, Under-18 LGBTIQA+ Roundtable

The concern was not that online spaces are inherently safe. Rather, participants suggested that restricting access without providing credible alternatives may relocate risk rather than reduce it. They argued that digital safety education should move beyond messages about reducing screen time, and instead help young people understand why they seek online spaces, how to assess risk, and how to find safer, moderated and affirming communities.

"... my school ... always looked at like the symptom rather than the cause... it was always like, 'People spend too much time online. It's so bad for your sleep. You'll get depressed'. And it was never like, why are people spending so much time online? ... I couldn't talk to anybody in my real life about being queer. So of course I went to online spaces. And the same is also true for my friends who are part of like racial minorities... finding community online ...was like essential to me figuring out who I was.."

— De-identified, 18 and Over LGBTIQA+ Roundtable

Broader Young and Wise 2026 Survey findings add context to these concerns. Survey respondents did not strongly agree that social media age restrictions made them feel safer online, and responses also pointed to ongoing issues around connection, mental health support and finding communities. This aligns with LGBTIQA+ participants' accounts of online spaces as both risky and protective: not inherently safe, but often essential where young people cannot access affirming information, peers or support offline.

What this means for policy: Participants' accounts suggest that digital safety policy should recognise both the risks and protective functions of online spaces for queer young people. Evaluation of the social media minimum age framework should include specific attention to LGBTIQA+ young people, particularly those in regional areas or unsupportive offline environments. Rather than relying solely on restriction, policy should strengthen harm reduction through safer platform design, effective moderation, practical digital literacy and access to moderated, identity-affirming spaces. Digital education should move beyond screen-time reduction to help young people assess information, manage privacy, recognise risk and find safe sources of support.

Wellbeing in the middle years

ARACY defines the middle years as ages 8 to 14 – a period marked by transition from primary to secondary school, growing independence, biological change and increasing engagement with technology. Participants described this stage as an important window for identity development, belonging and access to affirming information. For queer young people, wellbeing in the middle years was shaped not only by formal supports, but by everyday experiences of acceptance: finding affirming friends, having adults use the right name or pronouns, seeing queer lives reflected in books or media, accessing practical gender-affirming supports, and being able to explore identity without pressure or judgement.

What supported wellbeing: belonging, acceptance and identity

Participants' responses show that wellbeing in the middle years was supported by belonging, affirmation and opportunities for self-expression. Young people valued supportive friends, trusted adults, inclusive books and media, community spaces, extracurricular activities and practical forms of gender affirmation. For some, these supports were available at school or through family; for others, they came through media, books, online communities or peers.



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 responses, Under 18 LGBTIQA+ Roundtable:

"Getting my first binder!!!!!!!!!!!"

"Having supportive spaces in real life"

"Finding people I could talk to."

"Finding my tribe at school and having relationships that were loving and positive instead of stressful (or mainly filled with cishets)."

"All my friends being queer.... hint"

"Finding a group of friends I could relate to, validating my feelings"

"Joining ALL of the extracurriculars once I got to high school!!", "" I joined every club too, haha"

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

"Changing my name socially"

"My first queer relationships"

"Getting teachers who use my correct pronouns"

"So I read this book that had queer representation, and about struggles and finding love and stuff. I actually didn't really know why I loved it so much and then I was just like omg, wait..."

"I joined a community, Autcraft, A Minecraft server for Autistic people and their family/friends. They have a whole /warp pride and descriptions of all the queer flags- also have people/staff to talk to"

Mentimetre written responses, Over 18 LGBTIQA+ Roundtable:

"Finding out what non-binary meant and meeting my two best friends!"

"Making queer friends"

"My friendship circles openly discussing their identities and educating each other on LGBTQIA+ terms", "Finding a friend who was accepting of my identity without question!"

"Hanging out with friends who accept me for who i am"

"Discovering queer media that shows queer joy"

"Media recognition of queer communities, this is the way I learnt about things, it was never talked about in my real life"

"the only moments of belonging and connection i had were through books, making art, playing piano, engaging in interests, watching fun videos"

"coming out when i was thirteen."

"Asking non-heteronormative questions e.g. 'do you like anyone?', 'do you have a boyfriend or a girlfriend?'"

"Sexual health nurse at school that was trauma and queer informed"

"I was not okay during this time, but one thing that was really good was my 12th birthday party. I think I felt genuinely happy then, and we spent the full day playing in the mud during a rainstorm"

"Didn't know I was queer😊"

"Having supportive teachers who always treated me like I was a good person worthy of care and kindness regardless of what I was doing"

"being a baby gay and my first girlfriend. Falling in love for the first time"

"i didn't discover that gender diverse people existed until i was 18"

"I could be a "tomboy" and it wasn't an issue"

"Going to pride with my gay uncle when I was 12!"

Challenges to wellbeing in the middle years
Participants described the middle years as a period when exclusion, bullying and lack of recognition could have a significant effect on wellbeing. Several responses pointed to gaps in school responses to homophobia, transphobia and the everyday psychosocial impact of being trans or gender diverse, including in primary and early secondary settings. Participants also described queer identity and gender diversity as often treated as too adult or irrelevant for younger students, despite some young people already needing language, support and safety during this period.

When asked what had challenged their wellbeing, participants pointed to bullying, isolation, lack of inclusive education, gendered assumptions, limited staff understanding and the absence of safe pathways for asking questions or seeking support.

Please share a challenge to your wellbeing in the Middle Years. For example, something you wish could've been prevented. Could the Gov't prevent it?

Mentimetre written response, under 18 LGBTIQA+ Roundtable:

"more education about the lgbtqia+ community"

"intersex inclusive sex education also"

"Still a lot of homophobia at single-gender schools, lots of slurs thrown around, unsure if Gov could prevent it directly? Maybe through programs but not sure how effective they would be in stopping depression and major bullying"

"Saying I'm Asexual to one of my friends, him proceding to make it really serious, and pulling me aside at school, saying "do they (my friends) know yet?" I said it was just a joke haha. It broke me"

"Having difficulties taking the first steps in socially transitioning at high school (luckily, I had a really good teacher who noticed how uncomfortable I was and asked me what I wanted to be called)."

"Being at a rural primary school and having queerness completely ignored, with other students noticing that something was different, and being told it was 'unnatural' in year five. I was a child."

"Feeling really isolated in my second year of high school when I didn't have a core group that I could fall back on"

"Bullying and discrimination- not as much with the woman, but alot of the men at school would derogatory language."

"Slurs are really thrown around a lot at my school. Any sort of Queer identity needs to be kept kind of quiet, because the school would totally not support it"

"Additionally, the government could assist with this by providing more teacher training for queer experiences."

Mentimetre written response, Over 18 LGBTIQA+ Roundtable.
This is a sample of what participants wrote in response:

"Bullying and harassment. I would get asked invasive questions by peers and teachers/the school would brush it off. Identity was barely touched on in school and considered secondary"

"Taught to associate shame with sex, sexuality and gender. And also reinforced with messages that discussing these topics was bad and you should feel guilty if you were wanting to explore these topic..."

"Suicidality"

"Sexual education should include far more information on intersex people, and the non binary nature of physical sex in general- what happens when people take HRT, body diversity, no bioessentialism"

"Actually inclusive puberty and sex education would have really helped!"
"All textbooks or worksheets "he/she does xyz", etc.

"Violence from men - the gov could've played a part in preventing through policies, community support & outreach, funding for these (and schools), educated teachers & support"

"Normalisation of homophobia and transphobia at school, kids never getting repercussions for saying slurs or bullying queer students"

"Talking about queer people as if they're not in the room when people are queer-passing which makes you feel like you have to hide your identity"

"Boys = blue and girls = pink", ""Boy toys and girl toys"

"Wear it purple day (maybe un-popular opinion) but this singled out queer people at school and made it a "big deal" when it should just be"

Broader Young and Wise 2026 Survey findings reinforce the importance of earlier support for belonging and identity. Survey respondents identified pressure to look or act a certain way around peers, not knowing how or who to talk to, and not feeling included or respected for who you are as major barriers to feeling safe and supported. These findings align with LGBTIQA+ participants' accounts of the middle years as a period when identity, peer culture, trusted adults and visible affirmation can have lasting effects on wellbeing.

What this means for policy: The middle years are a key window for prevention and early support. Participants' accounts suggest that wellbeing can be improved through inclusive school cultures, age-appropriate education, stronger teacher capability, visible support for gender diverse students, and consistent responses to bullying and discrimination. Everyday inclusion matters: representation, respectful language, correct names and pronouns, trusted adults and clear pathways for support were all described as practical protective factors. These findings suggest that support for queer and gender diverse young people should be available from the middle years where needed, rather than assumed to be relevant only in later adolescence.

Belonging, Safety and Queer Joy

Participants in both sessions emphasised the importance of queer-specific spaces where young people can feel safe, connected and affirmed. The concept of "queer joy" emerged independently in both discussions, describing something more than the absence of harm: the positive experience of being able to participate, connect, celebrate identity and see queer futures modelled by others. For some participants, the term itself was new, but the experience it described was familiar.

" im loving the term queer joy. I dont think ive ever heard that before ❤️"
— Maddie, Under-18 LGBTIQA+ Roundtable Chat

Participants pointed to existing community events, peer spaces and visible role models as sources of belonging, and called for more regular, accessible and youth-appropriate opportunities to connect.

" I'm really, really happy about Spring Out, but I do think we need to see more events like that throughout the year...safer and more communal spaces, whether it be like activities that are yearly or monthly or weekly or clubs... I feel like that can really help queer people feel like we have a voice in a space"
— Aspen, Under-18 LGBTIQA+ Roundtable

And several pointed to the quiet, protective power of simply seeing older queer generations flourish:

" Seeing thriving queer adults in my life."
— Taryn, 18 and over LGBTIQA+ Roundtable Chat

One Folktale reflection extended this discussion by identifying gaps in sport, youth events and safety pathways as health and wellbeing issues, not only social or cultural concerns.

On queer youth sport as a gap in physical and social health:

"Queer, and particularly trans, young people engaged in youth sport are often in unsafe or uncomfortable environments"...for many this leads to far less participation and far less overall participation in sport, which can decrease general health as well as community connections."

“Queer, and particularly trans, young people engaged in youth sport are often in unsafe or uncomfortable environments"...for many this leads to far less participation and far less overall participation in sport, which can decrease general health as well as community connections."

"... Community programs are needed to combat discriminatory ideas in sporting culture ...programs that are designed for transgender young people could really increase physical health and allow them to do these things that kids should be able to do without feeling targeted or harmed."

On queer joy, safe events and the conditions that let young people thrive:
"...lgbtqia+ youth already experience high rates of mental health issues, both in schools and wider community. we cannot overlook the importance of events prioritising queer joy and connection"
“an important note ... prioritising youth friendly and under 18 a drug, smoke free events is really important because things like chill out festival are great for the older member of the lgbqita community but many young people may not feel entirely comfortable engaging with their identity in the way that adults do”

The same reflection extended this from joy to safety, naming the material conditions young people need just to be well:
“queer youth are overrepresented in homelessness statistics... this is very much because of parental rejection so there needs to be many more clear and accessible pathways living in unsupportive home environments to get out safely or have the resources that they need to survive and not have to turn to the streets”
— Beau, Under-18 LGBTIQA+ Roundtable, Folktale submission

Survey findings reinforce the importance of belonging as a wellbeing issue. Not feeling included or respected for who you are was one of the highest-ranked barriers to feeling safe and supported, and pressure to look or act a certain way around peers was the strongest barrier overall. This supports LGBTIQA+ participants’ emphasis on queer joy, affirming spaces and visible community as protective, not optional, elements of wellbeing.

What this means for policy: Participants described belonging, safe spaces and queer joy as important protective factors for LGBTIQA+ young people's wellbeing. Policy responses should support regular, youth-friendly queer community spaces and events, including under-18, alcohol-, drug- and smoke-free options and smaller sensory-friendly settings. Participants also identified safe sport as a gap, suggesting a need for inclusive sport programs and training for coaches, educators and community organisations. For young people in unsupportive home environments, clearer pathways are needed between schools, health services, housing, youth services and LGBTIQA+ community supports. Together, these measures would treat connection, safety and participation as part of prevention and early support, not as separate from health and wellbeing policy.

Parents and Caregivers: Support, trust and family wellbeing

Participants did not generally describe parents and caregivers as hostile. Instead, they often described them as under-resourced, anxious or unsure where to find reliable information. Across both sessions, young people described a pattern in which they sometimes felt responsible for managing parents' emotions, questions or uncertainty, rather than being fully supported themselves. This was particularly evident around coming out, pronoun use, gender identity, family acceptance and navigating services.

Broader Young and Wise 2026 Survey findings reinforce the importance of family and caregiver support. Survey respondents ranked mental and physical health as the top issue parents and caregivers should focus on and identified stress and tension at home as the strongest impact when money is tight. This aligns with LGBTIQA+ participants' accounts of family wellbeing as closely connected to their own wellbeing, including the need for parents and caregivers to have reliable information, emotional support and practical resources.

For some participants, this meant withholding difficult experiences or filtering what they shared, to avoid increasing parental distress or guilt.

"... I know a lot of us are quite attuned to having to coach our parents through things... you're filtering everything so that you don't even tell them, I guess, the bad stuff that's happened... for me, at least, that meant I didn't disclose anything about abuse or whatever until I was an adult because I didn't want them to feel like they'd done something wrong."
— Jess, 18 and over LGBTIQA+ Roundtable

Participants also noted that even when resources are available, parents may struggle to identify which sources are credible, practical and trustworthy.

"... many parents avoid them [resources] cos they don't know which ones are credible/reliable cos their marketing is 'fun' rather than the serious medical info that parents perceive as legitimate."
— Jacqueline, 18 and over LGBTIQA+ Roundtable

Participants identified a need for parent-facing supports that combine reliable information, peer connection and practical guidance.

" ...parental peer support for parents of queer, and gender diverse children. education on the importance of gender affirming care and community connections "
— E, 18 and over LGBTIQA+ Roundtable Chat

For some, concern for parents and caregivers was also financial and practical. Several described being aware of family cost pressures, including the cost of health care, medications and everyday living.

" I worry a lot about my parents finances, as a chronically ill young person who has required financial support to afford medications. They have supported me a lot, but we are all on low wages and I can see the stress that my expenses bring to them."
— Ren, 18 and over LGBTIQA+ Roundtable

"...I worry a little bit about my parents' mental wellbeing and their relationship with work and how they're making ends meet. And I think it makes it difficult for me to relate to them because sometimes they're not very present with me because I know they're very stressed."
— Abbey, 18 and over LGBTIQA+ Roundtable

One under-18 participant described the additional complexity of navigating family acceptance across cultural and generational lines:

" ...I was only ever out on one side of my family because the other one came from.. Central America, [their] views on queer LGBT people are a lot more conservative and often not well taken. So for me, especially having to educate second culture families about what it looks like... even though you've been socially conditioned to not agree with this, it's okay to be gay, it's okay for your child to be trans "
— Aspen, Under-18 LGBTIQA+ Roundtable

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

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

Focus area	Average ranking	
	Under 18 (n=6)	18+ (n=12)
Chances to have a say and be listened to	3.3 ▲	2.5 ▲
Mental and physical health	4	2.9▲
Discrimination, harassment and bullying	2.7▲	5.2
Family relationships (including conflict or stress)	3.8	4.1
Education (quality, support, workload, pathways)	3.7	4.5
Friendships and belonging	4.2	4.7
Money stress (affording to join in)	7.2	5.7
Rapidly changing technology (AI and social media)	7.2	6.5

Key difference between groups: Both groups placed 'chances to have a say and be listened to' in their top two priorities. For under-18 participants, 'discrimination, harassment and bullying' ranked highest (most important), likely reflecting their current experiences in school and peer environments. Participants aged 18 and over placed 'mental and physical health' second, while ranking 'discrimination, harassment and bullying' lower. Across both groups, 'rapidly changing technology and money stress' ranked lowest. These results suggest that participants wanted parents and caregivers to focus less on monitoring or managing young people's lives, and more on listening, taking their wellbeing seriously, supporting safety, and sustaining family relationships.

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 largely economic, health-related and emotional.

Theme	Terms used
Financial and material security	"financial stress" (the single most common 18+ response), "cost of living", "money", "retirement", "housing", "worried I won't have a house"
Physical health and ageing	"physical health", "health – had cancer", "getting old", "injuries and illness", "access to medical care"
Mental health and burnout	"mental health" (the most common under-18 response), "burnout", "emotional stress", "I think mum's depressed", "work stress"
Connection and isolation	"isolation", "lack of community", "lack of connections", "lack of own identity", "relationship with kids"
Worry that runs both ways	"stressed about me", "worried about me online"

Why this matters: Participants' responses suggest that parent and caregiver wellbeing is closely linked to young people's own wellbeing. Financial stress, health concerns, burnout, isolation and work pressures can affect family relationships, emotional availability and the sense of safety young people experience at home. Distinctive to this cohort, several participants described worry that runs both ways: parents were worried about them, while young people were also absorbing parental stress. Supports that reduce financial, health and isolation pressures on families should therefore be understood as part of the wellbeing system for young people, not separate from it.

Question 3 — Parenting advice from Young and Wise participants, 2026
Participants were asked for one piece of advice for all parents and caregivers. Participants' advice centred on patience, curiosity, unconditional support and respect for young people's developing identities. Rather than focusing primarily on technology or screen time, participants asked parents and caregivers to listen carefully, respond calmly, seek reliable information and avoid treating identity-related conversations as a crisis.

What LGBTIQA+ Young and Wise participants told parents in 2026
"You are the adult, let your child be a kid."
"You should love your child unconditionally, queer or not."
"Correction of pronouns doesn't mean I'm mad at you."
"Being trans doesn't make me a different person."
"Don't hold on too tight, the more you relax your grip, the more likely we are to take a breath and share. And we are more capable than you think!"
"Approach your child with curiosity! If you don't understand something, seek to understand, rather than making a snap judgement."
"Be open to constructive discussions with your child. If they express that something is hurtful, it's not a personal attack. You should use that to grow and improve and appreciate your child's honesty."
"Never assume anything. If you support and understand your child as much as you can, you are doing great."
"Work on your own mental health. You can't pour from an empty cup… you can model recovery to your children."
"Educate yourself with trusted, reliable sources."
"To let them know they're trying their best to understand a very complex issue and that their support is all we can ask for."
"I'm working on this as well, and you need to be patient while I figure my own identity out, alongside understanding that things may change in the future."
"If your child says something about someone else being Queer - don't laugh and say 'that's actually so weird', because your child may be Queer-testing what you think of it."
"I think I've been really lucky because my parents have always just supported me, and I feel like they have made it really easy to be myself."
"Listen to your child but find out the facts - your kid might want to rush through hormone therapy and that's scary: but when you know the facts, it becomes easier to deal with."
"Please ask about how we really feel. Theres alot going on."

Across all three questions, participants' advice to parents and caregivers was consistent: listen to young people, use names and pronouns respectfully, respond calmly when a young person comes out, be patient while identity is still being explored, and seek information from reliable, lived-experience and community-informed sources. Participants also emphasised that parents need support themselves, including trusted information, peer connection, help navigating services and relief from broader pressures such as cost of living, health concerns and isolation.

Boys, young men and help-seeking

Both roundtables explored barriers to help-seeking for boys and young men. Participants pointed to a combination of school culture, sport culture, peer expectations, uncertainty about who to talk to, and online or media influences on masculinity. Across both groups, sport and school culture were commonly identified as barriers, alongside not knowing how or who to approach for support. Participants aged 18 and over placed greater emphasis on media and social media influences on masculinity, while under-18 participants more often identified appearance and peer approval as pressures. Family expectations were selected less often, suggesting that participants located many of these pressures in peer, school, sport and broader cultural settings rather than only within the home.

Participants described these barriers as connected to broader expectations about masculinity, including pressure to appear emotionally contained, dominant or unaffected.

> **"I mean the number one reason in my opinion is patriarchy and the expectation to perform masculinity for other men...because empathy and seeing other people as full and complete human beings is sadly coded as a woman's job."**
> — Deidentified, 18 and over LGBTIQA+ Roundtable

Some participants noted that even supportive families may find it difficult to counteract peer and cultural pressures affecting boys and young men.

> **"I think that family can be impactful but so many 'good' families are really struggling to morally engage their boys or encourage their boys to speak up."**
> — Abbey, Under-18 LGBTIQA+ Roundtable Chat

One under-18 participant drew on experience in a men's mental health youth advisory group to describe several reinforcing pressures that can discourage boys from seeking help:

> **" ...constant effort to be manly, teasing, heterosexism, which is the, where sort of the need to not be seen as either gay or girly, and emotional restriction. All those things that are really coming together to stop boys from talking about their feelings..."**
> — Beau, Under-18 LGBTIQA+ Roundtable

Participants also emphasised these dynamics are reinforced socially, particularly within peer groups. They noted that help-seeking may become more difficult when vulnerability is seen as inconsistent with masculine identity or group belonging.

"one on one, you can like have them [men] be a lot more vulnerable and like kind of break down those barriers. But the moment that they go back to like their friend groups that are full of other men, they kind of revert back...to like being sort of like 'bloke' energy..."
— Isabella, 18 and over LGBTIQA+ Roundtable

" ...it is important to consider boys as like inclusive of literally anyone who identifies as masculine or male, because like we do know that especially after people transition, the influence of what you know people call the 'manosphere' does."
— Lars, 18 and over LGBTIQA+ Roundtable

" ...it is important to consider boys as like inclusive of literally anyone who identifies as masculine or male, because like we do know that especially after people transition, the influence of what you know people call the 'manosphere' does."
— Lars, 18 and over LGBTIQA+ Roundtable

" Butch women can also adopt toxic masculinity/ perpetrate misogyny (in my experience)"
— E, 18 and over LGBTIQA+ Roundtable Chat

One participant also raised concern about the risk of harmful online communities filling gaps where boys, including autistic boys, lack genuine support, belonging or community alternatives.

" ...speaking about boys before, a big part of extremist recruiting (in Australia) is recruiting Autistic boys, incredibly easy when there's really no genuine support or community alternatives"
— Sophia, 18 and over LGBTIQA+ Roundtable Chat

Why this matters: Participants' responses suggest that parent and caregiver wellbeing is closely linked to young people's own wellbeing. Financial stress, health concerns, burnout, isolation and work pressures can affect family relationships, emotional availability and the sense of safety young people experience at home. Distinctive to this cohort, several participants described worry that runs both ways: parents were worried about them, while young people were also absorbing parental stress. Supports that reduce financial, health and isolation pressures on families should therefore be understood as part of the wellbeing system for young people, not separate from it.

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 LGBTIQA+ young people. Scores show the average proportion of points allocated to each option. As with other activities in this consultation, results are indicative rather than representative.

The two groups showed different patterns of allocation, likely reflecting their different life stages. Under-18 participants placed the greatest emphasis on connection, community and belonging, while participants aged 18 and over prioritised paid involvement in local decision-making, health care and material security. Across both groups, specialised health care, including gender-affirming care, emerged as the strongest shared priority.

Treasurer! You have $100 billion to spend on improving the wellbeing of LGBTIQA+ young people in Australia. How will you spend it?

Under 18s (n=6)	Score	18+ (n=12)	Score
Things to do and ways to connect	26.70%	Young people paid and involved in local	23.40%
Health care teams incl. gender-	12.50%	Health care teams incl. gender-	15.10%
Cultural safety and belonging	12.50%	Food and money pressure support	15.00%
Services that help homes feel calmer	11.50%	Services that help homes feel calmer	12.30%
Food and money pressure support	10%	Things to do and ways to connect	12.30%
Transport help	9.70%	Cultural safety and belonging	9.20%
Better learning options and	8.30%	Transport help	7%
Young people paid and involved in local	8.30%	Better learning options and	4.50%

Key findings

- Under-18 participants prioritised connection, community and belonging; Under-18 participants allocated the largest share of funding to 'things to do and ways to connect', including events, clubs and social spaces. At 26.7 per cent, this was more than double any other option. This aligns with earlier discussion in the roundtable, where participants described queer community, safe spaces and belonging as protective for wellbeing. Specialised health care, including gender-affirming care, and cultural safety and belonging were the next highest priorities.
- Participants aged 18 and over prioritised participation, health and material security: Participants aged 18 and over allocated the largest share of funding to young people being paid and involved in local decisions (23.4%). This suggests a strong emphasis on meaningful participation, influence and system-level change. Health care, including gender-affirming care, and food and cost-of-living support were also high priorities, reflecting broader concerns raised by older participants about service access, affordability and economic pressure.
- The broader survey findings strongly reinforce this message. 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 input changed something. This aligns with LGBTIQA+ participants' call for paid, visible and accountable participation, where young people are involved from the beginning and can see how their expertise shapes policy and service design.

Notable differences

Participants aged 18 and over allocated substantially more funding to young people being paid and involved in local decisions. Under-18 participants placed much greater emphasis on things to do and ways to connect, making this their highest priority by a wide margin.

Participants aged 18 and over gave more weight to food and cost-of-living support.

Both groups placed specialised health care, including gender-affirming care, as their second priority, making it the clearest shared priority.

Better learning options and pathways received comparatively lower allocations from both groups, although this should not be interpreted as meaning education was unimportant.

While both groups identified specialised, gender-affirming health care as a high priority, their broader allocations differed by life stage. Under-18 participants placed the strongest emphasis on connection, community spaces and cultural safety, reflecting the importance of belonging and queer community in their accounts of wellbeing. Participants aged 18 and over placed greater emphasis on being paid and involved in decision-making, alongside health access and cost-of-living support. Together, the results suggest that wellbeing policy for LGBTIQA+ young people should combine age-appropriate community connection, accessible affirming health care, material support and genuine youth participation in decision-making.

If cost was no object

Participants were then asked, in an open-text question, for the one thing they would ask government to improve LGBTIQA+ young people's wellbeing where they live. Their responses clustered around several clear priorities. The most common was faster, easier and more affordable gender-affirming care, including HRT and surgeries on Medicare, shorter waitlists, and resources beyond hormones such as binders and hormones, surgery, shorter waitlists and practical supports beyond medical treatment, such as binders and gender-affirming clothing. Participants also called for better and free mental health care, including more appropriate youth mental health facilities; free and flexible "third spaces" to gather, study and connect; inclusive education and anti-discrimination programs across schools; and positive public education to reduce stigma. Across these responses, participants emphasised that decisions should be made by and with LGBTIQA+ young people, not only about them.



Cohort specific policy signals
Policies that specifically name or target LGBTIQA+ people, or that have direct relevance to the barriers described by participants. 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
Respectful Relationships Education / National School Reform Agreement	Ensure all students receive evidence-based education on consent, healthy relationships, gender, and sexuality.	Participants described sex and relationship education as overwhelmingly heteronormative — structured around opposite-sex couples and binary gender. Same-sex relationships, trans experiences, and diverse gender identities were largely absent. At faith-based schools, some topics were explicitly prohibited. Several participants described having to advocate for themselves in class as teenagers, educating teachers and peers when the content was absent or wrong.	Not yet reaching — LGBTIQA+ inclusion inconsistent across schools
Sex Discrimination Act 1984 (Cth) and 2013 amendments — protections based on sexual orientation, gender identity and intersex status	Protect people from discrimination on the basis of sexual orientation, gender identity and intersex status in education, employment and service provision.	Participants described normalised homophobia and transphobia among school staff, with no transparency about consequences. One participant described a school refusing to allow a non-binary student to mix uniform items, and staff outing a trans student to parents who didn't know. When participants reported discrimination to principals, they were told it was 'being worked on' — for months.	Not yet reaching — enforcement absent in many schools
Online Safety Amendment (Social Media Minimum Age) Act 2024	Protect children and young people under 16 from potential harms on age-restricted social media platforms.	Participants described social media as the primary way many LGBTIQA+ young people found their community, discovered their identity, and accessed peer support unavailable in their immediate environment. One participant said: 'I couldn't talk to anybody in my real life about being queer. So of course I went to online spaces.' The ban was described as removing community without replacing it, particularly for those in regional areas or conservative households.	Unintended effects — removes essential community access for isolated LGBTIQA+ youth

Policy / Strategy	What it aims to do	What participants told us	Signal
Better Access to Mental Health Care (Medicare Benefits Schedule)	Improve access to mental health services through subsidised psychology and psychiatry sessions.	Participants described healthcare quality as the issue, not availability. GPs and school counsellors were described as lacking training in LGBTIQA+ experiences, engaging in medical gaslighting around trans-related health, and pushing people toward inappropriate or abstinence-based approaches. School counsellors were described as 'one and done' — resolving incidents and moving on rather than providing ongoing support. Out-of-pocket costs for psychology and ADHD/ASD diagnosis were raised as a barrier for young LGBTIQA+ people.	Not yet reaching — quality and LGBTIQA+ competency gap
Federal Government Statement of Commitment to LGBTIQ+ Inclusion (2023)	Signal federal commitment to the safety, inclusion and wellbeing of LGBTIQ+ Australians, including through culturally safe services and representation.	The National Action Plan was co-designed with an LGBTIQA+ Expert Advisory Group, reflecting participants' strongest call for decisions to be made "by and with" LGBTIQA+ young people. Participants welcomed this direction but described a gap between the commitment to co-design and their experience of implementation. Many said government consultations did not clearly demonstrate what changed as a result of their input, while others described their lived experience expertise being filtered or diluted before reaching decision-makers. Participants also emphasised that meaningful participation should be ongoing, locally connected, appropriately paid and visibly influence decisions.	Working – implementation not yet consistently visible.

Policy / Strategy	What it aims to do	What participants told us	Signal
National Mental Health and Suicide Prevention Agreement	Reduce the burden of mental illness and suicide and improve access to equitable mental health support.	Participants described ACT and Tasmania as not having dedicated youth mental health inpatient wards. Gender affirming care — including hormone replacement therapy and surgery — was described as financially inaccessible without Medicare coverage. Mental health services were described as not adequately trained to understand the intersection of queerness and mental health, including the concept of minority stress.	Not yet reaching — gender affirming care gap; geographic access gaps
National Preventive Health Strategy 2021–2030	Prevent ill health and reduce health inequities through proactive, early access to health literacy and services.	School wellbeing education was described as reactive and symptom-focused rather than preventive. Rather than exploring why young people turn to social media or online communities, programs focused on telling them to stop. Programs addressing alcohol and substances were described as the most effective — where they were harm-reduction based rather than abstinence-based.	Not yet reaching — abstinence and fear-based approach persists



Policy / Strategy	What it aims to do	What participants told us	Signal
National Action Plan to End Violence Against Women and Children 2022–2032	Reduce violence against women and children, including through prevention, early intervention and support services.	Participants described current mental health supports as insufficient for young people managing trauma, dysphoria and multiple needs. While the National Mental Health and Suicide Prevention Agreement establishes a national framework for improving mental health care, participants reported ongoing gaps in access, including the absence of dedicated youth mental health inpatient wards in some jurisdictions, limited affordability of gender affirming care, and services that are not consistently equipped to understand the intersection of queerness and mental health, including minority stress. These experiences are consistent with the Productivity Commission's finding that the current Agreement has not yet delivered the intended system improvements.	Partially working – significant access and capability gaps remain



Links to The Nest: top 3 issues for further development

The LGBTIQA+ 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. Accessible, gender- and sexuality-affirming and affordable health and wellbeing care
2. Schools as safe, inclusive and identity-affirming environments
3. Belonging, queer joy and paid youth leadership

1. **Accessible, affirming and affordable health and wellbeing care**

LGBTIQA+ young people described health and wellbeing care as essential, but not consistently accessible, affordable or affirming. Participants raised concerns about long wait times, cost, limited access to gender-affirming care, insufficient Medicare-funded mental health support, and the difficulty of finding practitioners who understand queer identity, neurodivergence, disability, chronic illness, trauma and intersecting needs. They described affirming care not as an optional extra, but as competent care: correct names and pronouns, inclusive intake forms, privacy, non-judgement, and staff who do not treat identity as a problem to be explained.

Further development should focus on how to make youth health and wellbeing services genuinely usable for LGBTIQA+ young people. This includes improving access to queer-competent and neurodivergent-aware clinicians, reducing cost and wait-time barriers, strengthening gender-affirming care pathways, and supporting community-based resources such as binders, clothing support, peer navigation and family information.

- **Relevant Nest domains:** Healthy; Valued, Loved and Safe; Material Basics; Positive Sense of Identity and Culture.
- **Key policy-development question:** How can governments ensure that LGBTIQA+ young people can access timely, affordable and competent care that affirms identity, recognises intersecting needs and reduces distress before crisis?

2. **Schools as safe, inclusive and identity-affirming environments**

LGBTIQA+ young people described schools as places that can either protect or undermine wellbeing. Participants identified visible allyship, trusted adults, inclusive libraries, Pride and diversity clubs, queer role models and inclusive curriculum as protective. However, they also described heteronormative relationships and sexuality education, faith-based exclusion, homophobia and transphobia, slurs, privacy breaches, rigid uniform rules, inconsistent bullying responses and school cultures where inclusion depended too much on individual staff rather than system-wide practice.

Further development should focus on implementation: not whether schools have inclusion policies, but whether LGBTIQA+ students experience safety and affirmation in daily school life. This includes inclusive relationships and sexuality education, stronger anti-bullying and anti-discrimination follow-through, staff capability, privacy protections, inclusive language, support for gender diverse students, and the use of trained external or lived-experience providers for sensitive wellbeing content.

The roundtables also identified the **middle years** as a critical window. Young people described identity development, peer belonging, representation, correct names and pronouns, affirming adults and safe information as important before crisis points emerge. This means support for LGBTIQA+ young people should not begin only in later adolescence.

- **Relevant Nest domains:** Learning; Valued, Loved and Safe; Healthy; Positive Sense of Identity and Culture.
- **Key policy-development question:** How can school systems move from symbolic inclusion to consistent, whole-school practice that protects LGBTIQA+ students' safety, identity, privacy and wellbeing from the middle years onward?

3. **Belonging, queer joy and paid youth leadership**

Participants consistently described belonging, community and queer joy as protective for wellbeing. Young people wanted regular, youth-friendly, under-18, substance-free, sensory-considerate and accessible spaces where LGBTIQA+ young people can connect, celebrate identity and see positive futures. They also identified inclusive sport, youth events, peer spaces, online communities and visible role models as important parts of wellbeing infrastructure, not optional social extras.

The roundtables also highlighted the relationship between belonging and safety. Some young people described unsafe or unsupportive home environments, family rejection, financial stress and housing insecurity. For these young people, connection to trusted adults, schools, LGBTIQA+ community organisations, youth services and safe housing pathways can be critical.

Further development should also focus on participation and leadership. Participants wanted decisions about LGBTIQA+ young people to be made by and with LGBTIQA+ young people. Young adults in the cohort placed the highest priority on being paid and involved in local decision-making. They called for participation that is paid, credited, accessible, ongoing and linked to visible change.

- **Relevant Nest domains**: Participating; Positive Sense of Identity and Culture; Valued, Loved and Safe; Material Basics; Healthy.
- **Key policy-development question:** How can governments invest in LGBTIQA+ young people's belonging, community connection and leadership in ways that are paid, safe, accessible and visibly linked to decisions?



Culturally and Linguistically Diverse Young People

YOUNG AND WISE ROUNDTABLE REPORT
2026

every child thriving
aracy

8 Cohort 3: Culturally and Linguistically Diverse Young People

Cohort snapshot

20 PARTICIPANTS	49 APPLICANTS	2 SESSIONS	April 2026 CONDUCTED

How we ran this
Facilitators drew on the Multicultural Youth Advocacy Network's (2026) Language Matters: Belonging and Inclusion – What young people think about CALD vs CARM to inform the roundtable framing and ensure ARACY was guided by young people's language preferences. MYAN supported this work by advising on terminology and reviewing the roundtable questions before the sessions. Participants were invited to use whichever terms felt right to them, with facilitators following their lead on language throughout the discussion.

Who participated
Approximately 20 young people participated across two sessions. The cohort reflected a diversity of gender identities, sexual orientations, and intersecting lived experiences. Participants were drawn from multiple Australian states and territories.

Participant demographics across the two sessions held, were as follows:

	Group: Under 18 group	Group: 18 and over group
Date	Apr 21, 2026	Apr 20, 2026
Participants	11	9
Age range	10–17 years	18–24 years
States / territories	NSW (3), VIC (2), QLD (2), WA (2), SA (2)	VIC (4), NSW (2), QLD (2), ACT (1)
Intersecting identities	LGBTIQA+ (1) ND (1) RRR (1), migrant/refugee) Migrant/ refugee backgrounds (1)	LGBTIQA+ (1) ND (1 RRR (1) Migrant/ refugee backgrounds (2)

Named participants (Under 18): Ely, Eton, Bhuvika, Hania, Ananya, Shraddha, Serena, Fatima, Ariba, Abinav, Similian.
Named participants (18 and over): Chris, Sankara, Alex, Elvis, Varsha, Neerja, Immaculate, and participants who chose to remain fully de-identified.
NB: Some participant names reflect preferred names, nicknames, or aliases used during the sessions rather than legal names recorded at EOI stage.

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. The CALD population is not a monolith: participants included first-generation migrants, second- and third-generation Australians, and young people from refugee backgrounds. Findings reflect those intersections and should not be attributed to any single cultural, linguistic or migration background.

EOI applicants were asked to select their areas of wellbeing interest before applying. Positive Sense of Identity and Culture and Valued, Loved and Safe were most frequently selected. Yet in discussion, mental health access, systemic racism, housing, and employment emerged with equal force. This is consistent with what ARACY observed across Series 2: wellbeing is reframed when trust is established through conversation.

Based on CALD EOI responses, the wellbeing domains most frequently selected were:

Rank	The Nest Domain	Frequency (qualitative)
1	Positive Sense of Identity and Culture	Most frequent
2	Valued, Loved and Safe	Most frequent
3	Participating	Frequent
4	Learning	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.

Key messages

The short version: Across two sessions, 20 young CALD people arrived with clear understanding of what holds them back. They described navigating education, healthcare and community life while managing cultural expectations, language barriers, family pressures and systems that too often treat diversity as performance. Their strongest message was that diversity without accountability is not enough. They are not asking for token recognition, but for systems that respond to racism, provide culturally and linguistically safe support, recognise family and settlement pressures, and include CALD young people in paid roles to help design and lead change.

Six clear messages from CALD young people
Six themes emerged across both sessions. Findings should be read as indicative lived-experience signals rather than representative results.

	Problem statement	Roundtable insights
1	**School inclusion efforts are not consistently translating into safe and inclusive learning environments.**	Cultural diversity was often celebrated symbolically, but everyday experiences of racism and stereotyping persisted. Some participants described being placed in language-support classes based on assumptions about their background rather than assessed need.
2	**Mental health services are not consistently culturally safe or accessible for CALD young people.**	Mental health services were rated poorly for cultural safety. Language barriers, stigma, limited trust and culturally mismatched approaches reduced access, even where services were available.
3	**CALD young people face barriers to belonging, identity and participation.**	Balancing expectations across family, culture, education and work affected belonging and identity. Exclusionary student groups, Eurocentric curricula, assumptions about identity and family responsibilities further limited participation.
4	**Parent and caregiver wellbeing is not adequately recognised as a determinant of young people's wellbeing.**	Settlement stress, financial pressure, homesickness, limited support and intergenerational trauma affected families. Participants emphasised that supporting young people also requires supporting parents and caregivers.
5	**Health education does not adequately reflect culturally diverse experiences.**	Conflicting messages about alcohol, vaping and drugs from families, communities, peers, media and schools created confusion. Participants wanted safe, non-judgemental opportunities to discuss these issues and access reliable information.
6	**Digital policies do not fully account for the role of online spaces in connection and belonging.**	Social media supported identity exploration, advocacy and connection with culturally similar peers. Restrictions on digital access were seen as reducing opportunities for connection unless accompanied by safe and credible alternatives.

The broader Young and Wise 2026 Survey findings reinforce several of these themes. Survey respondents identified youth-specialist physical and mental health care, food and cost-of-living support, bullying being properly dealt with, not feeling included or respected, and meaningful participation as major priorities. While the survey was completed by a separate group of young people and is not representative of CALD young people, it indicates that many issues raised in the CALD roundtables also have wider salience.

What young people are telling us and where this aligns nationally

What CALD participants told us across the roundtables closely reflects what young people are saying nationally. The Young and Wise Report 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 (Young and Wise, 2024, p.20–23). Several patterns in that evidence base reinforce the CALD findings directly.

Belonging is foundational, and CALD participants showed real skill in navigating it. A sense of belonging, to peers, family and community, is strongly linked to wellbeing, but declines as young people get older (Young and Wise, 2024, p.12). CALD participants described actively managing dual or multiple cultural, institutional and generational expectations at once, a skill that speaks to real adaptive capacity; under-18 participants scored school belonging at 3.0 out of 5, suggesting schools have room to better support what these young people are already working hard to build.

Young people are clear-eyed about where safety and inclusion still need to catch up to intent. Bullying remains a persistent issue nationally, with clear impacts on wellbeing and learning (Young and Wise, 2024, p.56–58), and young people who are CALD, First Nations, LGBTIQA+ or living with disability are more likely to report lower safety and higher exposure to discrimination (Young and Wise, 2024, p.52). CALD participants named this precisely: schools have shown real strength in celebrating diversity through events like Harmony Day, but follow-through when racism or discrimination is actually raised is less consistent, a distinction these young people were well placed to make.

Mental health sits at the centre of young people's experience, and CALD participants are actively building their own pathways to support. Mental health is closely tied to school pressure and life transitions nationally, and young people consistently call for earlier, more practical support (Young and Wise, 2024, p.12; p.16). CALD participants described navigating this thoughtfully within family contexts where help-seeking isn't always framed the same way, and pointed specifically to language access and cultural safety as what would make services actually work for them.

Access to services depends on cost, confidentiality and trust, and CALD young people can identify exactly what's missing. Nationally, young people identify cost, transport, confidentiality and trust as the main factors shaping whether they seek support (Young and Wise, 2024, p.14). CALD participants added real precision to this: language access and cultural fit as concrete, addressable gaps, rating health services below 2.5 out of 5 on cultural safety measures.

Young people want real influence, not token consultation, and CALD participants said so directly. Nationally, young people are clear that they want to see how their input changes outcomes, and to be actively involved in decisions that affect them (Young and Wise, 2024, p.6; p.14). CALD participants asked for exactly this: accountability for racism and discrimination alongside recognition of diversity, and genuine follow-through rather than performance.

Key insights from the roundtables

Schools and Education

Across both groups, school was described as a space that acknowledges cultural diversity in principle but can struggle to enact it in practice.

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, 5 = Helped me a lot)

Topic	Average score		
	Under 18 (n=11)	18+ (n=8)	Young and Wise 2026 Survey (n=192)
Digital safety and wellbeing	2.73	2.63	2.73
Managing Mental Health	2.82	2.75	2.74
Nutrition	2.73	2.38	2.77
Physical Health	3.55	3.25	3.46
Preventing Racism and Discrimination	2.64	2.38	2.7
Respectful Relationships	2.73	3.38	3.15
Sexual Health	2.18	2.63	3.15
Substances	2.73	2.38	3.03

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.

Physical health rated highest in both groups. Sexual health rated lowest for the under-18 group. Mental health and racism prevention rated low across both. In discussion, participants were clear: ratings reflect not just content quality, but whether it reached them at all.

School culture and belonging
Participants rated how well their school served CALD students. Scale 1–5 (strongly disagree to strongly agree).

Statement	Average score	
	Under 18 (n=8)	18+ (n=8)
My school recognises and supports the cultural and linguistic diversity of students	3.6	3.2
My school makes me feel like I belong (combating racism/discrimination)	3	2.8
My school helps my parents and carers feel included	3.4	2.8
My school teaches things in a way that makes sense for my culture and language(s)	2.8	2.6
Teachers and school leaders consider students of all cultural backgrounds when making decisions	3.4	2.4

The under-18 group scored their schools consistently higher than the 18+ group. The sharpest gap was in school leadership considering cultural backgrounds (3.4 vs 2.4), a pattern consistent with discussion, where 18+ participants described more systemic and deeply embedded experiences of exclusion.



School Supports, Cultural Safety and Representation
Participants were asked to identify the top three ideas that would help schools better support the wellbeing of CALD students. In the 18+ group 'dot vote', more wellbeing staff at school, including counsellors, nurses and youth workers, received the highest number of votes. Participants also prioritised teacher training, visible safe spaces or cultural student groups, and school environments where bullying, racism and discrimination are clearly addressed.

Idea	Votes 18+ (n=9)
More wellbeing staff at school (counsellors, nurses, youth workers)	7
Better teacher training to spot wellbeing needs and respond well	4
Visible safe spaces or student groups at school (e.g. cultural groups)	4
Safer school environments where bullying, racism and discrimination is	4
Extra funding for schools to provide inclusive wellbeing supports	3
More subjects and local career pathways	2
Stronger partnerships with community and families (including cultural support)	2
Faster access to outside support services through school	1

Note: 18+ group dot vote, n=9. Participants selected their top three ideas. Indicative only.

The results suggest that participants saw school wellbeing as both a workforce and culture issue. While more wellbeing staff was the highest priority, participants also emphasised the need for staff capability, culturally safe support, visible spaces for belonging, and consistent responses to racism, bullying and discrimination.

Symbolic inclusion and practical follow-through
Participants described a gap between schools recognising cultural diversity through events or displays, and responding effectively when racism or discrimination occurred. Their comments suggest that diversity recognition is most meaningful when accompanied by clear processes, staff confidence and visible follow-through.

"I think schools are very good at, I guess, celebrating or showcasing diversity. But I think when it gets to a point of if something bad happens, let's say it's a, I don't know, someone's being discriminated against, or whether it's racism, they find it really hard to deal with those type of things and they kind of just like crush it under the rug..."
— Immaculate, CALD Roundtable 18+

The Young and Wise 2026 Survey findings reinforce the importance of schools as wellbeing settings. Across the broader survey, young people prioritised clearer subject choices and pathways after school, bullying being properly dealt with, access to counsellors, wellbeing staff or GPs, better routines, and free or affordable healthy food as changes that would improve school wellbeing. This aligns with CALD participants' accounts of schools as places where wellbeing depends not only on curriculum, but on whether racism, stereotyping and exclusion are addressed consistently in practice.

The survey highlights school wellbeing as a broad youth priority, while the CALD roundtables show that for culturally diverse young people, school wellbeing is inseparable from anti-racism, representation, language assumptions and whether inclusion is enacted rather than performed.

Assumptions, stereotyping and support allocation
Participants also described situations where students were assumed to need particular supports because of their appearance, cultural background or perceived migration status, rather than through individual assessment. These accounts point to the importance of ensuring that language, learning and wellbeing supports are based on assessed need, not assumptions about identity or background.

"Unfortunately, in my school... I think they had a class in something to do with English as a second language. So the idea was to help people from refugee and immigrant backgrounds to, you know, be able to be caught up. But they had a habit (I was in a country town area) of sort of just placing anyone who looked different in that group, whether you had actually informed the school that, yes, I've just come to Australia... because of that, a lot of students were actually falling behind when they didn't need to be because the school was deliberately targeting First Nations kids and multicultural kids into programmes that were not suited to their reading levels..."
- A participant, CALD Roundtable 18+ (de-identified at their request)

"I wonder if we have somehow normalised the idea that if you are from a CALD background or you look like you are from a CALD background, then you are assumed to be an international student. There is nothing wrong with being an international student, but it feels like many people make that assumption straight away, especially in school settings, even if you are like 2nd or 3rd generational"
- Chris, CALD Roundtable 18+ Chat

Representation in staffing, school culture and curriculum
Participants identified representation as an important contributor to safety, trust and belonging. This included seeing cultural diversity reflected in school staff, wellbeing roles, classroom content and everyday learning activities. Participants valued small but visible forms of recognition, while also calling for broader curriculum approaches that moved beyond Eurocentric content and reflected a more global understanding of culture, history and identity.

"When you see yourself in the staff at your school, it can really support with feeling safe and vulnerable with what you may be struggling with that is culturally specific, particularly wellbeing staff."
- Elvis, CALD Roundtable 18+ Chat

"... I did food technology in year 9 and 10 and I really like agree that my school does recognise like the different backgrounds of everyone because some of the food that we made was like, it ranged from like tacos to spaghetti to, one day we even made biryani ... I feel like small things like that just like are so important and so crucial."
— Ariba, CALD Roundtable Under 18

"In the curriculum, I feel like it's really Eurocentric. Having the curriculum in high school and primary school and more global focus, where we do focus on Europe and Australian history and Asia and ...like culture and geography, all the subjects basically. I feel like that'd be really beneficial."
— Bhuvika, CALD Roundtable Under 18

What this means for policy: Participants' responses suggest that supporting CALD student wellbeing requires both additional wellbeing capacity and more culturally responsive school environments. Policy priorities include increasing access to wellbeing staff, strengthening teacher capability to identify and respond to wellbeing needs, ensuring racism and discrimination are addressed consistently, and providing safe spaces where students can build belonging. Participants also highlighted the importance of avoiding assumptions based on appearance, language or perceived migration status, and ensuring that support is based on assessed need. This reinforces that CALD communities are not a homogeneous group; young people's experiences, strengths and support needs are shaped by a range of intersecting factors and can vary considerably across and within communities. Representation in staffing, curriculum and everyday school practices was seen as an important contributor to trust, safety and inclusion, underscoring the need for flexible and responsive approaches rather than one-size-fits-all solutions.

Healthcare and Mental Wellbeing Access
Mental health was the most discussed topic across both sessions. Participants described compounding barriers: family stigma, a lack of shared vocabulary to discuss mental health at home, culturally mismatched services, and professionals who sometimes reinforced rather than challenged those barriers.

The broader Young and Wise 2026 Survey findings reinforce the importance of health and wellbeing access. Survey respondents identified healthcare teams specialising in young people's physical and mental health as the highest investment priority, and ranked mental and physical health as the top issue parents and caregivers should focus on. This supports the CALD roundtable findings that mental health is central to wellbeing, while the cohort data shows that access depends on cultural safety, trust, language, confidentiality and family context.

Health services and culture
Participants were asked to rate their agreement with statements about health and wellbeing services. Scale 1–5 (strongly disagree to strongly agree). The findings are presented from high to low by the 18+ participants. These questions focused on whether participants felt supported, respected and included by health services, rather than on their capacity to navigate and access the healthcare system more broadly; participants were not asked whether they felt equipped to find, understand and access appropriate services, or what barriers they faced in doing so. Findings here should be interpreted as reflecting experiences of service engagement, not a comprehensive assessment of healthcare access.

Statement	Average score	
	U18 (n=8)	18+ (n=6)
I can access support in a way that works for me (translation, lived experience practitioner)	2.3	2.2
I trust that health services will recognise my cultural/linguistic identity when engaging with me	2.9	2.2
My health services understand and respect my cultural and linguistic identity/ies	2.5	2
Health services in my area make young people from all cultures feel welcome	3.1	1.8
My health services inform my parents or carers and include them in what's going on	3.5	1.7

Note: Scale 1–5. Indicative only; not statistically valid. The 18+ group rated cultural safety in health services markedly lower across every measure.

The 18+ group rated every health service measure below 2.5, indicating widespread disagreement that current services are culturally safe or accessible. The lowest-rated item was 'health services in my area…feel welcome' (1.8), which is near the floor of the scale. The under-18 group scored higher across the board, potentially reflecting more limited healthcare interaction to date.

What would be helpful — talking about mental health
Participants ranked what helps or would help them talk about their mental health. Both groups ranked the same item first and third.

Rank	Under 18	18+
1	Feeling safe to speak honestly without fear of judgement or consequences	Feeling safe to speak honestly without fear of judgement or consequences
2	Using everyday language rather than naming clinical terms	Involving someone you both trust
3	Explaining wellbeing in a way that aligns with culture or values (including faith)	Explaining wellbeing in a way that aligns with culture or values (including faith)

Mental health as a 'Western' concept
Both groups produced Mentimetre word clouds on how mental health is talked about in their family or community. Key responses:

18+ Mentimetre responses

Terms used
"It's not."
"Limited."
"Lots of vagueness and excuses."
"Seen as weakness and illness."
"Shaming."
"Taboo."
"You are immediately pigeonholed into a certain stereotype."
"You need to get over it."
"Stress isn't real, more so an excuse."

Under 18 Mentimetre responses

Terms used
"Should be maintained well but not talked about daily."
"It's not."
"Not more than stress."
"Seen as a weakness, something people who are weak have."
"I talk to my older siblings who understand it more."
"Talked about but not something I feel is allowed to happen to me."

"...it's kind of like a white people thing to go into a psychologist. It's a lot of that... there are like certain traits or characteristics which are just very normalized. ... if then I'm like having similar traits as another person in my family, that's also not taken seriously...And I think that creates this weird like toxic cycle..."
— Varsha, CALD Roundtable 18+

"...my GP was the same background as me and would bond with my family over not believing my mental health rather than actually doing their job as a doctor. I have one GP and I'm like 'I will always go to you even if you're an hour away'. Just purely because like I've had so many bad experiences."
— Varsha, CALD Roundtable 18+

"I've had GPs who have just like assumed. that like I was being dramatic... I've had someone who was of a different multicultural background from me, kind of just, just straight off the bat sort of like, 'Do you need me to just sign this and get you an extension for your work?'...they kind of just straight away, didn't really do any physical examination, didn't really want to entertain the conversation."
— Deidentified, CALD Roundtable 18+

Social Media, Digital Safety and Digital Connection

Social media and online platforms were described as both important sources of connection and potential sources of risk for CALD young people. For some participants, digital spaces provided access to peers, advocacy opportunities, identity exploration and communities with shared cultural experience. Under-18 participants raised concerns that the social media age restriction may have reduced access to these forms of connection without providing clear alternatives.

Participants were asked to rate their agreement with statements about the social media age restriction on a scale from 1 to 5, where 1 = strongly disagree and 5 = strongly agree. The 18+ Mentimeter activity showed no responses recorded for this question, so the results below reflect under-18 participants only.

Statement	Under 18 (n=8)	Young and Wise 2026 Survey (n=155)
I feel safer online (less bullying or conflict)	1.6	2.3
I feel great without the big age-restricted apps	2	2.7
I have found new ways to spend my time (hobbies, sport, friends IRL)	2	2.6
It's harder to find the mental health support I need	2.8	2.7
I can still stay connected with my friends online	3	3.3
It's harder to meet new people or find communities that share my interests	3.4	2.8

Note: Scale 1–5, where 1 = strongly disagree and 5 = strongly agree. Roundtable results are from under-18 CALD participants only (n=8) and are indicative only, not statistically representative; the 18+ Mentimeter activity showed no responses recorded.
Survey results are from the Young and Wise 2026 Survey (n=155 for this question), a separate data source completed by a broader group of young people aged 8 to 25, including those not directly affected by the age restriction. Survey statement wording differs slightly from the roundtable wording. Survey results are not disaggregated by cohort.

The under-18 responses suggest that participants did not strongly associate the age restriction with feeling safer online, with this statement receiving the lowest average score at 1.6 out of 5. Participants also tended to disagree that they felt better without major age-restricted apps or had found new ways to spend their time, both scoring 2.0. By contrast, the highest-rated statement was that it had become harder to meet new people or find communities with shared interests, at 3.4. Overall, these responses suggest that, for this small group, the social media age restriction may be experienced less as a protective measure and more as a barrier to connection, particularly where online spaces play an important role in finding culturally relevant peers, support and community.

"...I am over 16 now, so it didn't actually affect me. But under 16s were, like, even if their account was blocked, they just made another one and they didn't actually have to check their ID of something because they just made up a fake birthday."

— Shraddha, CALD Roundtable Under 18

"if people are experiencing cyber bullying through social media or if they do encounter any issues online, then now they're no longer going to go ask for help because ... they're worried that it will be flipped on them and that they'll get in trouble and be punished as a result of it. And then also from an advocacy perspective...most people have less of an opportunity or like time wise to actually go into advocacy to look into what they can do to make a difference. And as a result, I think we're losing so many like young voices and the perspectives of students on really important issues."

— Serena, CALD Roundtable Under 18

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 responses also pointed to ongoing issues around connection, mental health support and finding communities. This aligns with CALD participants' view that online spaces can be important pathways to advocacy, peer support and culturally relevant connection, particularly where offline alternatives are limited.

What this means for policy: Participants' responses suggest that digital safety measures should be evaluated not only for their protective intent, but also for their effects on connection, belonging and access to support among young people who may have limited offline alternatives.

Wellbeing in the Middle Years (Under 18)
Under-18 participants described academic pressure, belonging, and the challenge of holding dual identities as key wellbeing concerns.

"...currently a lot of academics and grades and like... your ATAR are being really prioritized. And I think valuing social and life skills is something that's going to increase student wellbeing... Like maths, you can learn in school, but... skills like budgeting, again, social connections. I think it's really important even moving beyond your school."
— Fatima, CALD Roundtable Under 18

"Me personally, I'm very grateful to go to a school that has a sort of university style to its teaching and learning. So they have a very good approach in terms of dealing with bullying, harassment, sort of very strict zero tolerance policies to do with any sort of breach of that...it really does help support kids of all different types of cultural backgrounds... And I think not just that strictness, but then that sort of promotes a really good school culture in terms of the school is able to effectively deal with any instances or problems...."
— Abinav, CALD Roundtable Under 18

Rank	What would most improve your wellbeing at school
1	Feeling safe at school (bullying dealt with properly)
2	Better routines at school (phone rules, brain breaks, sleep-friendly timetables)
3	Easy access to counsellors / wellbeing staff / GPs
4	Help with homework (clubs / tutoring / less overload)
5	More structured peer support (mates helping mates)
6	Free / cheap and nutritious breakfast, lunch and snacks

Community, Belonging and Funding
Participants described belonging as hard-won and fragile. Community connections were important, but access was uneven.

"...at my university, our club culture is very competitive...you need to fit into this stereotype...some clubs actually make you submit a resume, pretty much do job interviews for them...you need to fit this stereotype basically, or else you're not in it."
— Chris, CALD Roundtable 18+

"...putting a third space with that has primary resources, so things like English skills, like homework help, those sort of things. And a third space where it's like you can have like, Headspace is good, but...again, they do specialise only on one type of cultural safety and it's more First Nations related. So it doesn't really help...multicultural young people..."
— Deidentified, CALD Roundtable 18+

"More funding towards sports clubs and sports grants for people from low SES backgrounds."
— Sankara, CALD Roundtable 18+ Chat



Parents and Caregivers

Both groups showed deep empathy for parents and carers. Young people were acutely aware of the pressures on their families and did not want to add to them.

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

Participants ranked what parents and caregivers should focus on most. The average rankings for each group are shown below.

Focus area	Average ranking	
	Under 18 (n=7)	**18+ (n=8)**
Education (quality, support, workload, pathways)	2.5 ▲	3.9
Mental and physical health	2.7 ▲	2.5 ▲
Family relationships (including conflict or stress)	3.7	3.2 ▲
Chances to have a say and be listened to	4.3	4.1
Friendships and belonging	4.4	4.8
Discrimination, harassment and bullying	4.5	5.6
Money stress (affording to join in)	6.3	5.1
Rapidly changing technology (AI and social media)	6.8	6.8

1 = most important, 8 = least important. ▲ = top two for each group. Under 18 n=7; 18+ n=8. Not everyone who attended the roundtable completed this ranking. Indicative only.

Mental and physical health topped the ranking in both groups. The 18+ group ranked education third (second for under-18s), reflecting the educational pressure and systemic barriers tertiary-age CALD young people face at once. Both groups ranked technology last.

Question 2 — Thinking about your parents and caregivers, what concerns you about their wellbeing?

Both groups completed an open Mentimeter word cloud on what concerns them about the wellbeing of their parents and caregivers.
Their responses are grouped into the following themes:

Theme	Terms used
Burnout, rest and overwork	"burnt out" (the most common under-18 response), "not taking a break", "lots of effort no rest", "overload", "burnout from work", "not having time to rest", "not looking after themselves"
The young person's own impact on their parents	"overly worried about me", "me and work", "how what I do impacts them", "my grades", "my ATAR in the future", "worries about my future"
Health and healthcare access	"health", "health and stress", "physical health", "them seeking healthcare", "mental health taboo", "no culturally appropriate services"
What was missing: support, trust and connection	"lack of support" (the most common 18+ response), "lack of friendships", "lack of family support", "lack of trust", "not feeling helped", "share the load"
Culture, migration and belonging	"adapting to Australia", "getting used to a new area", "worry about family overseas", "homesickness", "multiple cultures", "multiple religion", "intergenerational trauma", "refugee trauma"
Racism and discrimination	"racism", "racism and discrimination", "racism at work"
Family and structural pressures	"family conflict or stress", "unequal parenting", "familial pressures", "patriarchy", "fearing judgement", "finance"

Open Mentimetre word cloud, both groups (under 18 n=9 of 11; 18+ n=7 of 9). Themes are specific to this cohort's responses. Indicative only.

Under-18 participants were most concerned about exhaustion and academic pressure. Burnout and its variants were the most common entries, and participants named their own grades, ATAR and future as a source of their parents' stress. Racism was entered three times, including racism at work.

Nine of the 18+ group's responses (n=25) described their parents' wellbeing in terms of what was missing: support, friendships, trust, rest and culturally appropriate services, alongside intergenerational and refugee trauma. Across both groups, participants identified pressures their parents had not necessarily named to them, and pointed to a need for care that supports the whole family, not only young people.

Question 3 — Parenting advice from Young and Wise participants, 2026
Participants' advice to parents and caregivers (Mentimetre open responses, both groups combined):

18+ Mentimetre responses

Terms used
"It's ok to ask for help."
"Seeking help is not a sign of weakness."
"You are doing so well. Don't give up."
"Burnout is real."
"Communication is essential."
"You're in Australia now. It's ok if things aren't like how they were at home."
"You don't have to be the superhero all the time."

Under 18 Mentimetre responses

Terms used
"Stop trying to be the perfect person — it makes your kids think they have to live up to it and never fail."
"Not to worry too much about me. Even if my grades drop, I will make it back up."
"I just want to be with you more, regardless of what we lose as a result."
"Being CALD, parents who've come overseas and built a life on one suitcase — they just need to know they are doing enough and that we are proud of them."

Survey findings reinforce the connection between material pressure, family wellbeing and young people's sense of safety. Respondents ranked mental and physical health as the top issue parents and caregivers should focus on, and identified more stress and tension at home as the strongest impact when money is tight. This aligns with CALD participants' accounts of family wellbeing as closely connected to young people's wellbeing, particularly where families are also navigating settlement stress, financial pressure, underemployment, racism or limited support.

Alcohol, Vaping and Other Drugs

Messages about alcohol, vaping and drugs differed markedly between home and school or media. Family and community messaging tended toward prohibition and shame; school and social media toward harm reduction or normalisation. This question was included specifically for this cohort on the advice of the Multicultural Youth Advocacy Network (MYAN), who identified alcohol and other drug use as a gap in CALD-specific research, citing cultural taboo, family expectations and fear of stigma or consequences as reasons this topic is under-explored for this cohort. The prohibition-and-shame pattern found here partially reflects that gap. Further, dedicated research with CALD young people on alcohol and other drug use would help build on this early signal.

Broader Young and Wise 2026 Survey findings support the need for a wellbeing-oriented approach to harmful products. Survey respondents identified coping with stress or poor mental health and social pressure or fitting in as leading reasons young people use addictive or harmful products. This aligns with CALD participants' accounts of young people navigating mixed messages from family, school, peers, community and media, and suggests that prevention should address stress, belonging and trusted information rather than relying only on fear or shame-based messaging.

Mentimetre open text (18+ group) on how messages compare across sources:

Family, culture and community	School, friends, and media
"Don't drink alcohol, your life will be ruined."	"Alcohol and drugs are a rite of passage. They're cool. You should try them."
"Don't do them (especially drugs)."	"Harm minimisation."
"Vapes and drugs viewed very negatively — not encouraged at all."	"Vaping viewed as bad but not as necessarily looked down upon."
"Much more taboo."	"Almost like: we know you're doing it, so do it safely."

"There's often like a lot of scare tactics with like community, like they'll give examples of, 'oh, you know, remember so and so's son, they're now in juvie', those sorts of things...Instead of trying to understand ...our young people..."
— Deidentified, CALD Roundtable 18+

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 CALD young people. Scores show the average proportion of points allocated to each option. As with other activities in this consultation, results are indicative rather than representative. The results for this cohort showed different top priorities, reflecting different life stages.

Treasurer! You have $100 billion to spend on improving the wellbeing of CALD young people in Australia. How will you spend it?

Points	Priority (Under 18 group)	Points	Priority (18+ group)
22	Recognition of overseas skills, qualifications & experience in employment	15	Accessible English classes for linguistically diverse families and migrants
15	Changing discriminatory/racist cultures in schools and community services	15	Support workers from your community who understand your cultural/linguistic identity
14	Paid roles for CALD young people to co-design and lead services	15	Safe, stable, and affordable housing for migrants and international students
13	Culturally-safe mental health support in more languages	13	Changing discriminatory/racist cultures in schools and community services
11	Support workers from your community who understand your identity	11	Culturally-safe mental health support in more languages
10	Culturally-safe and accessible support for domestic, family and sexual violence	11	Recognition of overseas skills, qualifications & experience in employment
9	Safe, stable, and affordable housing for migrants and international students	11	Culturally-safe and accessible support for domestic, family and sexual violence
6	Accessible English classes for linguistically diverse families and migrants	11	Paid roles for CALD young people to co-design and lead the services and programs

The under-18 group placed employment recognition first, likely reflecting awareness of their parents' situation and concern about their own future. The 18+ group spread top priorities equally across housing, English access and community support workers. Both groups ranked culturally-safe mental health support highly, and paid CALD roles in co-design in the top four.

One thing governments could do if cost were no object (Mentimetre open text, both groups):

"...more research into how integrated or multicultural communities experience and support wellbeing. In particular, how Western mental health approaches can work alongside culturally informed practices to create more balanced and effective services."
— Chris, CALD Roundtable 18+ Chat

"Recognition and stronger protection for CALD students against racism in schools."
— Participant, CALD Roundtable Under 18 [Mentimetre]

"Australia is multicultural and it is important to ensure that we are all treated with equity, giving every ethnic community a sum of money to use towards festivals so they can improve them and allow students to embrace their culture without being ashamed."
— Participant, CALD Roundtable Under 18 [Mentimetre]

"Support them with housing and jobs. Bare minimum."
— Participant, CALD Roundtable 18+ [Mentimetre]

"Please look out for those who fall through the cracks, especially young people who don't have access to Centrelink payments or social housing due to visa status or being asylum seekers."
— Participant, CALD Roundtable 18+ [Mentimetre]

The broader Young and Wise 2026 Survey findings support the CALD chapter's emphasis on material basics. Food and cost-of-living support for families was one of the highest survey investment priorities, and respondents ranked stress and tension at home as the strongest impact when money is tight. This reinforces CALD participants' accounts of housing, income, employment recognition, language access and family financial pressure as wellbeing issues, not only economic issues.

Cohort specific policy signals
Policies that specifically target CALD communities, multicultural inclusion, or have direct relevance to the barriers described by participants. 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	Relevant Goal	What Participants Said	Signal
Australia's Multicultural Framework (2023) 'A Multicultural Australia for All'	Strengthen multicultural belonging, reduce discrimination, ensure services are accessible for all Australians regardless of background.	Belonging-related school items rated below 3.0. Racism in schools described as systemic and unaddressed. Cultural belonging is performed at events but not protected day-to-day. Participants described schools celebrating diversity while crushing accountability.	Not yet reaching — gap between intent and implementation
National Anti-Racism Framework 'Racism. It Stops With Me' (Australian Human Rights Commission)	Reduce racism across Australian institutions, communities and online environments through awareness, education and accountability.	Racism described as common and largely unaddressed in schools, health services and community sport. Both groups allocated 13–15 Menti points to 'changing discriminatory/racist cultures'. Racism prevention education rated 2.4–2.6/5 in both groups.	Not yet reaching — awareness without enforcement
Multicultural Access and Equity Policy (Department of Home Affairs)	Ensure Australian Government services are accessible to people from culturally and linguistically diverse backgrounds, including through language access.	Mentimetre data: health services rated 2.0–2.5 on cultural respect and language access across both groups. Participants described health and community services that were effectively inaccessible due to language barriers and cultural mismatch.	Not yet reaching — language access gap persists
Adult Migrant English Program (AMEP) (Department of Home Affairs)	Provide free English language tuition to eligible migrants and humanitarian entrants to support settlement and participation.	18+ group allocated 15 Mentimetre points to 'accessible English classes for linguistically diverse families and migrants' — joint first spending priority. Participants described parents unable to navigate services, school systems and employment without language support.	Not yet reaching — eligibility gaps and low awareness

Policy / Strategy	Relevant Goal	What Participants Said	Signal
Qualifications Recognition / Skills Assessment Frameworks (including VETASSESS, engineering and health professional pathways)	Enable skilled migrants to have overseas qualifications recognised for employment in Australia.	Under-18 group's top spending priority: recognition of overseas skills, qualifications and experience (22 Mentimetre points — highest score of all items). Families of participants described working significantly below their qualification level. This was also raised as a compounding driver of financial stress.	Not yet reaching — recognition gap, especially for non-English-speaking backgrounds
National Housing and Homelessness Agreement / Housing Australia Future Fund (2023)	Increase supply of social and affordable housing; support people at risk of homelessness, including those from CALD	18+ group ranked safe, stable, affordable housing joint first priority (15 Mentimetre points). Participants explicitly noted asylum seekers and visa holders as excluded from Centrelink and social housing eligibility — "those who fall through the cracks."	Not yet reaching — eligibility gaps exclude the most vulnerable
Online Safety Amendment (Social Media Minimum Age) Act 2024	Protect children and young people under 16 from potential harms on age-restricted social media platforms.	Under-18 Mentimetre: only 1.6/5 felt safer online as a result; 3.4/5 agreed it is harder to find communities. Ban is easily circumvented via fake dates of birth. CALD young people lose peer community, advocacy access and culturally relevant support. Schools continued posting on restricted platforms, excluding under-16 students.	Unintended effects — community and advocacy access removed without alternatives
National School Reform Agreement (2023–2028) / Australian Student Wellbeing Framework	Improve student outcomes and wellbeing through nationally consistent reform, including inclusion and anti-discrimination education.	Cultural inclusion in curriculum and racism prevention education rated lowest in both Mentimetre groups (2.4–2.6/5). ESL misclassification based on appearance described by multiple participants. Wellbeing staff described as culturally unequipped. Both groups ranked 'more wellbeing staff' as their top school intervention (7 votes, 18+ group).	Not yet reaching — implementation gap for CALD students

Policy / Strategy	Relevant Goal	What Participants Said	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.	Mental health help-seeking was described by multiple participants as being seen within their family or community as something people of a different cultural background do — not them. Health literacy campaigns have not reached CALD communities in ways that challenge stigma in culturally appropriate and language-accessible ways. Health services were rated below 2.5 out of 5 on cultural safety across all measures by the 18-and-over group.	Not yet reaching — CALD-specific cultural and language barriers unaddressed
National Mental Health and Suicide Prevention Agreement	Reduce the burden of mental illness and suicide and improve access to equitable mental health support across Australia.	GPs from the same cultural background as a patient were described in some cases as reinforcing family stigma rather than providing independent professional care. Participants described years of 'shopping around' to find a trustworthy GP. Language-accessible mental health services were described as absent or unknown. Both groups described mental health topics receiving some of the lowest helpfulness ratings in their school education.	Not yet reaching — cultural safety gap in service delivery

Policy / Strategy	Relevant Goal	What Participants Said	Signal
National Agreement on Closing the Gap (2020)	Close the gap in outcomes between Aboriginal and Torres Strait Islander people and other Australians across health, education, employment and safety.	CALD participants — including those with intersecting First Nations heritage — described being used as tokens at school assemblies: singled out to give cultural demonstrations or Acknowledgements of Country without genuine inclusion throughout school life. This was described as uncomfortable and performative rather than empowering.	Unintended effects — tokenism affecting both First Nations and CALD students
headspace — National Youth Mental Health Foundation (service expansion)	Provide accessible, youth-friendly mental health services for young people in Australia.	Participants described headspace as primarily associated with First Nations cultural safety, and not consistently relevant or culturally safe for young people from other multicultural backgrounds. A multilingual, multi-service community hub — available to the whole CALD family, not just young people — was proposed as a more effective model.	Not yet reaching — cultural safety reach perception of limited to specific groups



Links to The Nest: top 3 issues for further development

The CALD 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. **Culturally safe and trusted mental health and wellbeing support**
2. **Anti-racism accountability and culturally responsive schools**
3. **Family, settlement and material security as wellbeing foundations**

1. **Culturally safe and trusted mental health and wellbeing support**

CALD young people described mental health as central to wellbeing, but not consistently supported by services, schools or family systems. Participants described stigma, language barriers, limited trust, culturally mismatched support and uncertainty about whether services would understand their experiences. The 18+ group rated health service cultural safety below 2.5 out of 5 across measures, indicating a strong gap between service availability and services feeling safe, trusted and usable.

Further development should focus on how mental health and wellbeing support can be made genuinely accessible for CALD young people. This includes culturally safe services, language access, practitioners who understand cultural and migration contexts, confidentiality, everyday language for talking about mental health, and support that does not assume one model of family, culture or help-seeking. It should also recognise that having a practitioner from a similar cultural background does not automatically make care safe if stigma or assumptions are reproduced.

- **Relevant Nest domains:** Healthy; Valued, Loved and Safe; Positive Sense of Identity and Culture; Material Basics.
- **Key policy-development question:** How can governments strengthen youth mental health systems so CALD young people can access support that is culturally safe, linguistically accessible, confidential and trusted by young people and families?

2**. Anti-racism accountability and culturally responsive schools**

CALD young people described a gap between symbolic inclusion and practical follow-through. Schools may celebrate cultural diversity through events or displays, but participants described racism, stereotyping, Eurocentric curriculum, assumptions about language needs and inconsistent responses when harm occurs. Participants also described being placed in language-support classes based on appearance or perceived background rather than assessed need.

Further development should focus on how schools move from multicultural recognition to anti-racism accountability. This includes consistent responses to racism and discrimination, culturally responsive curriculum, teacher capability, representation in staff and wellbeing roles, visible safe spaces or cultural student groups, and support based on assessed need rather than assumptions about identity, language or migration background.

This priority also connects to wellbeing education. CALD participants described gaps in mental health, racism, discrimination, sexual health and alcohol/vaping/drug education, particularly where messages from school, family, peers, media and community conflicted. Young people wanted non-judgemental, culturally relevant information and safe discussion spaces.

- **Relevant Nest domains:** Learning; Valued, Loved and Safe; Positive Sense of Identity and Culture; Healthy.
- **Key policy-development question:** How can school systems ensure cultural diversity is supported through everyday practice, anti-racism accountability, culturally responsive curriculum and assessed support needs — not only symbolic recognition?



Neurodivergent young people

YOUNG AND WISE ROUNDTABLE REPORT
2026

every child thriving
aracy

Cohort 4: Neurodivergent young people

Cohort snapshot

11 PARTICIPANTS	35 APPLICANTS	1 SESSIONS	1 INTERVIEW	May 2026 CONDUCTED

How we ran this
The session was framed around autism, then widened to neurodivergence to make space for a broad range of experiences. ARACY emphasised there were no expectations about how participants identify and encouraged them to use language that felt authentic and comfortable for them.

The session opened with safety and housekeeping. Participants were reminded they controlled what they shared and could skip any question or step away without explanation. Fidget tools, movement, and side activity were explicitly welcomed.

Who participated
In total 11 young people participated in the research roundtables and interviews for this cohort. This comprised 9 young people aged 18 and over who took part in the roundtable, and a further two young people who participated separately both aged under 18 years (13 and 15), who participated separately via individual interview and Mentimeter response, respectively. All had self-identified as autistic and/or neurodivergent in the EOI. Most participants also identified across other cohorts, including LGBTIQA+, First Nations, culturally diverse, and young people with chronic illness or co-occurring disability. Several young people had current or past lived-experience advocacy roles; one participant was a former disability support worker.

This table presents an overview of participant characteristics drawn from EOI records.

	Includes: *Neurodivergent Roundtable (6 May); Interview (14 May); Survey (18 May)*
Participants	11
Age range	13-24 years
Gender	Female (4), Male (3), Non-binary (4)
State / Territory	VIC (4), QLD (3), ACT (1) WA (1) SA (1) NSW (1)
Intersecting identities	LGBTIQA+, First Nations, CALD, ADHD, chronic illness, autistic, co-occurring disability; several with lived-experience advocacy roles

Named participants: Lars, Isabella, Jess, Taryn, Zinny, 'E', 'Liv', Jay, Eton and Kiana. One participant requested that their contributions be fully de-identified. Names and nicknames follow each participant's recorded consent preference.

Scope and limitations

Limitations that apply across all Series 2 cohorts are set out at 2.7 Limitations and considerations. The points below apply to this cohort, meaning the young people who took part in this round of consultation, not neurodivergent young people generally. Most participants were aged 18 to 23 years. Some participants also shared they already worked or volunteered speaking up for other neurodivergent people's rights and needs. But they do not speak for all neurodivergent young people. This chapter may not reflect the experiences of children younger than 13 years (the youngest age in this cohort), non-speaking young people, or young people who need a lot of daily support, for example with communication, eating, moving around, or personal care.

Several participants raised this directly. They said the people most affected by inflexible rules and gaps in support are often the same people who find it hardest to take part in a roundtable like this one. Contributions were gathered via roundtable, interview and written input, therefore this chapter draws on data gathered across several formats, rather than solely roundtables.

The wellbeing domains, from most to least important, as selected by applicants to the neurodivergent roundtable, are as follows (see table). These data were derived from n=35 applicants who answered this question at the expression-of-interest stage (of which n=11 went on to participate in the roundtable).

Rank	The Nest Domain	Frequency (qualitative)
1	Participating	Most frequent
2	Valued, Loved and Safe	Most frequent
2	Positive Sense of Identity and Culture	Frequent
4	Learning	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.

In the session's opening word cloud, each of the 9 participants who participated in the roundtable responded to 'what does wellbeing mean to you?'. Their words centred on safety, support, connection, community and comfort, alongside belonging, authenticity, 'unmasking', 'no pretending', 'being believed in', 'not burnt out', and 'thriving, not just surviving'.

These are Valued, Loved and Safe words, the domain that ranked second at application. Words like 'not burnt out' and 'thriving, not just surviving' point beyond health alone, though the word cloud itself doesn't say what participants meant by them. Healthy still ranked fifth of six domains at application. Read alongside the rest of this chapter, thriving for this cohort also meant a fair place in work and community, not just good health.

In his individual interview, Eton answered the same question simply: 'safety and love', explaining that 'you need to be safe and have love in your life to be able to, like, function properly'. This echoes the emphasis made in the roundtable on safety and belonging as foundational to wellbeing.

What this signals:
Neurodivergent young people may not frame their needs through a health lens at the point of application, where responses are shaped by formal processes and advocacy-familiar language such as 'participation' and 'identity'. When trust is established through discussion, their accounts become more expansive, and health, mental health and system-access dimensions emerge clearly. Programs designed from what people tick, rather than what they say, risk missing what is needed. ARACY recommends governments treat lived experience as a standing complement to quantitative data collection.

Key messages

The short version: In total, 11 neurodivergent young people shared practical insights about the supports and barriers shaping their wellbeing. Their strongest message was that systems need to adapt to young people, not the other way around. Participants described school and service systems built around neurotypical expectations, including rigid rules, diagnosis-gated support, inaccessible healthcare, and support that drops away at key transition points. They called for practical, flexible and neurodiversity-affirming approaches that recognise diverse sensory, communication, learning and support needs. Neurodivergent young people were not asking to be fixed; they were asking for environments that reduce barriers, supports that continue across life stages, and paid lived-experience leadership in the design of policies and services that affect them.

Six clear messages from neurodivergent young people
Six core themes emerged offering practical guidance for policy, partnership and investment:

	Problem statement	Roundtable insights
1	School environments are not consistently designed to include and support neurodivergent students.	Phone and headphone bans, rigid timetables and one-size-fits-all supports were described as removing the tools students use to regulate and cope. Quiet and sensory spaces, and being able to step out of class, were reported as available mainly in alternative settings. Flexible options available to all students were preferred over designated 'special' spaces that single students out.
2	Support for neurodivergent young people is not sustained across key transitions in childhood and early adulthood.	Support tied to a childhood diagnosis was described as thinning out around age 8 to 9, and again in the move to adult services at 16 to 18. Support needs continued across the lifespan, even where formal provision fell away at particular ages.
3	Diagnosis pathways are not consistently accessible beyond early childhood.	Late identification and years of repeated assessment were common routes to a diagnosis. Programs focused only on early childhood were seen to miss teenagers and young adults, prompting calls for pathways that stay open across ages.
4	Policy and reform debates do not consistently reflect the reality of neurodivergent young people's lives.	Autism was described as being publicly framed as either a crisis or a non-issue depending on the policy of the day. Changes to the NDIS and the Thriving Kids reform created concern that current supports could be reduced before alternatives are in place.
5	Programs and supports do not adequately reflect the individual and diverse nature of neurodivergent needs.	The most consistent message was that neurodivergent needs are diverse and individual. Funding for choice and control over tailored supports was valued ahead of any single, standardised program.
6	Neurodivergent young people with lived experience are not consistently included in the decisions that affect them.	Lived experience was seen as central to designing supports that work. Neurodivergent people should be embedded in leadership and decision-making, paid and credited for that role rather than consulted once.

The broader Young and Wise 2026 Survey findings reinforce several of these themes. Survey respondents prioritised youth-specialist physical and mental health care, clearer learning pathways, bullying being properly dealt with, food and cost-of-living support, and decision-making opportunities that recognise young people's expertise. While the survey was completed by a separate group of young people and is not representative of neurodivergent young people, it indicates that many issues raised in the neurodivergent roundtable also have wider salience.

What young people are telling us and where this aligns nationally

What neurodivergent young people told us closely matches what young people with disability say nationally. The Young and Wise Report (2024) reviewed more than 100 consultations with over 10,000 children and young people, with the following key findings:

- School feels least safe for them. Children aged 5-12 years with disability reported the highest levels of feeling unsafe compared with other groups, at 14% (Young and Wise, 2024, p.56), and alongside First Nations children, the highest rates of feeling unsafe in their community (Young and Wise, 2024, p.55). While the above data covers disability broadly, it aligns closely with what identified neurodivergent participants in this cohort described: bullying, exclusion and being singled out.
- Most children with disabilities do not want to be identified by their disability first. In mainstream schools, they described feeling constantly singled out as different and wished they did not have to strive to fit in (Young and Wise, 2024, pp.65). This echoes what neurodivergent young people said about masking, and about "special" spaces that can stigmatise as much as they support.
- Support systems often fail young people with disability partway through. CYDA's review of more than 250 young people with disability found structural and systemic barriers to accessing mental health support, describing repeated "drop-off points" that left them disengaged and without care for long periods (Young and Wise, 2024, p.210). This reinforces neurodivergent young peoples account of support that is hard to reach and easy to fall out of.
- Attitudes hold young people back more than impairment. As one young person with chronic illness and disability put it, it is people's attitudes and assumptions that hold you back, more than the disability itself (Young and Wise, 2024, p.156). This is the social model neurodivergent young people described: change the environment, not the person.
- Diagnosis and services are hard to reach. The Young and Wise Report recommends diagnosis services be made more affordable, accessible and timely, and that families be supported to navigate the system (Young and Wise, 2024, p.182). This aligns closely with the message that 'diagnosis is often the gate to support, and that many are locked out'.



Key insights from the roundtables

Schools and education

School was the most discussed setting. Across the group, wellbeing education was described as surface-level and tokenistic, and the school environment itself built around neurotypical students, with rules that remove the supports neurodivergent young people rely on. These supports include phones and headphones that help with sensory regulation and decompressing between classes, timetables that allow time to reset or regulate between lessons, and access to quiet or sensory spaces during the school day.

In Mentimeter activity using a 1–5 scale, the group rated most topics below the midpoint (3) for helpfulness. Mental health and anti-discrimination education rated lowest; physical health rated highest.

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, 5 = Helped me a lot)

Topic	18+ (n=9)	Young and Wise 2026 Survey (n=192)
Digital safety and wellbeing	2.44	2.73
Managing Mental Health	1.89	2.74
Nutrition	2.67	2.77
Physical Health	3	3.46
Preventing Racism and Discrimination	1.89	2.7
Respectful Relationships	2.22	3.15
Sexual Health	2.33	3.15
Substances	2.33	3.03

Note: Only an 18+ roundtable produced this rating. The under-18 session was a one-on-one and did not include this 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.

When ranking which ideas would most help their wellbeing at school, the group placed 'quiet times' and 'sensory spaces' first, ahead of 'feeling safe at school' and 'easy access to counsellors or GPs'. These findings put a sensory-friendly environment at the very top of the list.

Making wellbeing education more relevant
Participants suggested that wellbeing education is most effective when it is practical, current and grounded in students' experiences. They described some school approaches as too brief or surface-level, particularly where topics were covered through one-off sessions. Digital safety, bullying, discrimination and social inclusion were highlighted as areas where students wanted more relevant and sustained education.

"...the schools would do like a two-hour guest speech and then they're like, we've covered that topic and like, good for us, you know, like we're giving you a well-rounded education...So I think it was more just for them to feel good about themselves a little bit.."
— Jess, Neurodivergent Roundtable

" ...even if schools tried to make a resource for that [digital safety] it wasn't really applicable because social media changes so quickly and they were taught by like millennials who didn't understand the culture"
— Jay, Neurodivergent Roundtable

"It wasn't taught, [anti-bullying] it was hardly taught at all in school, I don't think. There was a lot more about like sexual health and yeah, it wasn't really taught.."
— Liv, Neurodivergent Roundtable

Survey findings reinforce the importance of safety, inclusion and peer culture. Respondents identified bullying being properly dealt with as a major school wellbeing priority, and ranked pressure to look or act a certain way around peers and not feeling included or respected for who you are among the strongest barriers to feeling safe and supported. This aligns with neurodivergent participants' accounts of masking, bullying and exclusion, and supports the need for school environments where young people do not have to hide or minimise their needs to be accepted.

Impact of broad rules on student support needs
A common school-related theme was that broad policies, such as bans on phones, headphones, or fidget tools, may limit supports used by some neurodivergent students, while providing a single alternative that does not account for differing individual needs.

" I remember at my school when the headphone ban got put in place, it was a huge change where suddenly I couldn't find a way to kind of cope with walking across between classes and during breaks, kind of having a moment to kind of decompress. And at my school, it was, 'oh, well, you can use some loop earbuds to kind of like quiet the noise'. I'm like, it's not a one size fits all for everyone who's neurodivergent."
— Isabella, Neurodivergent Roundtable

" If you remember when fidget spinners were the craze and then them getting banned, but that meant the people that actually needed something like that, or they couldn't get them. Be it going to an alternate setting, having many people who, you know, specialise in that, have youth workers that understand a lot better, having more supports, just a general better understanding..."
— Zinny, Neurodivergent Roundtable

This individual variation showed up directly in the two younger contributors' own rankings of what would help their wellbeing most at school: Eton ranked help with homework first and quiet or sensory spaces last, while Kiana ranked quiet or sensory spaces first and homework last. Their opposite priorities reinforce the point above: a single support model will meet one young person's needs and miss another's entirely.

Roundtable participants also noted that designated 'special' spaces may inadvertently distinguish some students, and highlighted the importance of flexible options available to all. They also observed that inconsistent disciplinary responses can contribute to challenges, particularly where there is uncertainty about how best to support neurodivergent students.

> **"For me education options matter a lot to me because we either need more one on one support or actually need more autonomy in our education.....Currently watching my youngest brother (9yrs) be shifted around because schools don't know how to support him and punish him for outbursts but not punish other kids..."**
> — Lars, Neurodivergent Roundtable Chat

In his individual interview, Eton described the value of teacher support with school work:

> **"With the homework, there's like, in some subjects such as science, there's like different categories....it's kind of annoying...but the teacher, like, um, helps me, and it's very helpful". He also described a school buddy system in similar terms: "It kind of helps. Like helps to understand the subject and question more better and understanding how like, for example, how to solve like a maths equation..".**

When asked what neurodiversity-affirming support in schools looks like more broadly he said it was rare and "only for like, work and stuff", noting that his main support for managing stress came from a worker he sees outside school, once a month.
Broader Young and Wise 2026 Survey findings reinforce the importance of schools as wellbeing settings. Survey respondents identified more subject choices and clearer pathways after school, bullying being properly dealt with, better routines, free or affordable healthy food, and access to counsellors, wellbeing staff or GPs as priorities for improving school wellbeing. This aligns with neurodivergent participants' accounts of school as a setting where everyday rules, routines, sensory environments and staff responses can either support wellbeing or create additional barriers.

Perspectives on peer support models
Participants expressed mixed views about peer support and buddy systems, noting that while they may be intended to foster connection, they can feel uncomfortable or ineffective when participation is not genuinely meaningful for the students involved.

> **"...I find peer support just as a general concept pretty bad because it champions older students and gives them a platform to essentially get rewarded for spending time with younger students...And then often ... one doesn't want to be there. So the younger kids might maybe don't need mentorship or don't want to interact with someone older than them because that person's intimidating and they've just started a new scary place."**
> — Lars, Neurodivergent Roundtable

Participants suggested schools instead teach emotional regulation, run sensory-friendly options, and educate all students about disability and discrimination directly.

"... I think they should have classes at school for meditation, yoga, emotional regulation and also disability discrimination like classes for disability about disabilities to educate people."
— Liv, Neurodivergent Roundtable

What this means for policy: School wellbeing for neurodivergent students depends heavily on the school environment, culture and everyday practices. Behaviour policies, including restrictions on phones, headphones and fidget tools, should be designed with input from neurodivergent students to avoid unintentionally removing supports. Flexible options such as quiet spaces, sensory-friendly environments and the ability to step out should be available to all students, so their use does not single anyone out. Participants also highlighted teacher capability and workload, noting that effective support depends on staff having the time, training and capacity to understand individual students.

The middle years transition

This topic was raised in an individual interview with Eton, which included his parent, and separately in Kiana's Mentimeter response, which she completed in her own time due to availability.

Continuity was what eased Eton's move from primary to secondary school: friends from primary school came with him into the same high school groups, including a co-curricular chess club that carried across both years. What made the transition hardest was "the change of new teachers and exams... and probably like a different environment" including learning to memorise a locker combination instead of simply hanging up a bag.

His parent sitting in the interview described school support through this period as reactive: "they do have inclusive days... and then it sort of falls away a bit, and then something happens... and they're hot on it, and then it sort of falls away a bit. So it kind of seems to be a bit like a roller coaster support".

Like Eton, Kiana pointed to a source of belonging as central to this period, though hers came through diagnosis rather than continuity of friendship: she named her autism diagnosis, and joining Autcraft, an online community for autistic people and their families, as the best things that happened for her wellbeing in the middle years, echoing the wider roundtable's own emphasis on diagnosis as a gateway to both support and community.

A challenge from the same years was more direct across participants, including the wider roundtable, even if the middle years were not named directly:

"I wish people took me being bullied seriously rather than discarding it"
Written Mentimetre survey response

This same pattern surfaced in Eton's own experience and across the wider group: support arriving too late, or falling away once the immediate incident had passed.

Inclusive and neurodiversity-affirming care
Asked what inclusive or neurodiversity-affirming care looks like, participants described support that recognises and respects diverse ways of thinking, learning and experiencing the world, and that does not require them to perform being 'fine'.
Written responses captured this directly:

"Understanding my sensory needs, allowing me to engage on my own terms, centering my needs and thoughts, treating me as an expert in my own brain."
— Mentimetre written response, Neurodivergent Roundtable

"Being able to use my headphones, and having older autistic adults in leadership roles."
— Mentimetre written response, Neurodivergent Roundtable

"Having a safe space at all times easy to access that won't be abused, having people take you seriously rather then thinking u cant do anything."
— Mentimetre written survey response

"People listening to and including neurodivergent people in the process of making these spaces and services."
— Mentimetre written survey response

"Comfy beds, weighted blankets, silence."
— Mentimetre written survey response

The broader Young and Wise 2026 Survey findings reinforce the need for accessible and trusted support. Survey respondents identified youth-specialist physical and mental health care as the highest investment priority, and also identified not knowing how or who to talk to as a major barrier to feeling safe and supported. This aligns with neurodivergent participants' accounts of health and wellbeing systems that can be difficult to navigate, particularly when services do not understand neurodivergent communication, sensory needs or masking.

Masking, energy and burnout
'Masking', which refers to behaviours that suppress natural responses so to appear neurotypical, came up repeatedly as a hidden and exhausting cost that schools and services rarely account for.

"...I've masked a lot of my life and I feel like a mask around friends and family and I think it's hard to have that mask on... I sometimes go into burnout because I'm just trying to be happy all the time and have this mask on all the time and that's when it becomes hard because doing that all the time is exhausting."
— Liv, Neurodivergent Roundtable

"I...it was like a kind of lifelong practice that I didn't even consciously realise I was doing for a long time, wherein I developed and then really just followed an elaborate series of rules for how to navigate different social situations... I can default to a set of things to say and ways to behave... the big trouble with it is that it takes you very far from, or it took me very far from my authentic self."
— Deidentified Neurodivergent Roundtable

"Neurodivergent kids probably spend a lot more time masking, particularly at school, and it drains energy faster, so we need more rest. Parents think sleep isn't a big thing, until it is."
— Lars, Neurodivergent Roundtable

In the session chat, participants described discrimination in healthcare settings, particularly when using sensory aids or presenting with stigmatised co-occurring conditions. Masking, in this context, is not just tiring; it becomes a safety strategy.

"Training for healthcare professionals is so important. I have faced discrimination for using things like sensory aids at hospital, and a lot of us have co-occurring conditions that are highly stigmatised. Often we are written off as problem patients because we seem blunt."
— Neurodivergent Roundtable participant, chat (de-identified at their request)

"It's very frightening having to perform being neurotypical to receive safe care."
— Neurodivergent Roundtable participant, chat (de-identified at their request)

While the survey did not specifically measure masking, its findings on peer pressure and not feeling included or respected reinforce the broader importance of environments where neurodivergent young people can participate without having to perform acceptability.

Media representation narrows neurodivergent experience
Asked what stands out when neurodivergent people appear in media, participants named stereotyping, the 'STEM genius' trope, infantilisation, and the near-absence of high-masking experiences. Written responses were pointed:

"We need more humanities-smart Autistic representation. We're not all STEM geniuses."
— Mentimetre written response, Neurodivergent Roundtable

"Too often our needs are seen as optional, that the problem lies in us, that we need to be stronger or more resilient, rather than the environment needing to adapt."
— Mentimetre written response, Neurodivergent Roundtable

"We are infantilised far too often, talked about as if we can't make sound decisions about our lives. It would be great to be portrayed as autonomous beings."
— Mentimetre written response, Neurodivergent Roundtable

"Autistic people need to be played by Autistic actors, or at least have input into the script writing and directing. Call us Autistic people rather than people with autism."
— Mentimetre written survey response

One response from an under 18 contributor provided a more pointed critique: "Call us Autistic people rather than people with autism," and rejected framing that flattens diversity of experience: "autism is not a spectrum".

Participants described a recurring frame: that needs are optional and the problem lies in the individual, rather than in environments that need to adapt. They also noted that growing public awareness comes mostly from social media and representation, not from government, and pushed back on coverage that frames rising diagnosis rates as an 'epidemic'. As one participant commented:

"The growing diagnosis rates are often portrayed as an overdiagnosis/'epidemic' despite that not being the case, and there's a multitude of factors such as growing education and population."
— Mentimetre written response, Neurodivergent Roundtable

What this means for policy: Neurodiversity-affirming policy should prioritise environments and services that reduce barriers, rather than placing responsibility solely on neurodivergent people to adapt. This includes recognising masking, sensory needs and burnout, particularly in education, health, hospital and emergency settings where distress may not be immediately visible. Participants called for practical neurodiversity-affirming training for frontline staff, including guidance on communication differences, sensory aids and non-standard presentations. Implementation of the National Autism Strategy 2025-31 should continue to reflect the diversity of Autistic experience, including high-masking, intersectional, and cross-age perspectives.



Parents and Caregivers

ARACY worked with the Parenting Research Centre to design a set of issues that parents and caregivers of young people should pay most attention to. In the ranking activity, neurodivergent young people placed 'mental and physical health' as the highest priority, closely followed by 'discrimination, harassment and bullying' and 'chances to have a say and be listened to'. By contrast, 'rapidly changing technology, including AI and social media' ranked lowest by a wide margin. Participants indicated that, while technology may be relevant, they did not want parental concern to centre primarily on their screen use or digital management.

What parents should focus on most	Avg rank
Mental and physical health	2.2▲
Discrimination, harassment and bullying	3.4 ▲
Chances to have a say and be listened to	3.7
Friendships and belonging	4.7
Family relationships (incl. conflict or stress)	4.6
Education (quality, support, workload, pathways)	4.6
Money stress	5.7
Rapidly changing technology (AI, social media)	7.2

1 = most important, 8 = least important. ▲ = top two. Mentimeter ranking, n=9 (eight roundtable participants, plus an individual survey response). Indicative only.

Participants pushed back on the activity's framing itself, noting that many of these issues sit well beyond what any parent can fix alone. This showed up in the ranking itself: changes affecting daily life, including technology, jobs, and environmental change, barely registered as something for caregivers to focus on, yet came through independently, and repeatedly, especially when under 18 contributors described their own sense of safety and belonging. Their responses suggest that parents and caregivers have an important role, but that meaningful support also depends on schools, services, communities and broader systems.



The parent role: supporting autonomy, not taking over
Participants encouraged parents and caregivers to support autonomy by trusting young people's capabilities, facilitating support where needed, and avoiding approaches that unintentionally limit independence.

"...parents become anxious that they have like an autistic child and will try and like help their child, but ... ingrain a victim mindset of like, 'oh, I'm autistic, I can't do anything'. So the advice that I would give parents is like believe in your children more and allow them to grow into a space where they can do things rather than doing everything for them...then they build more autonomy, physical health and all these other spheres."
— Jay, Neurodivergent Roundtable

"A lot of these options aren't things the average parent can meaningfully help with. Their role is ideally more facilitation than instruction, and they need to understand they don't have all the knowledge to do this directly."
— Deidentified Neurodivergent Roundtable

Talking about diagnosis
One participant described family knowing she was autistic for around a decade but waiting for her to work it out herself, to avoid 'over-medicalising' her.

"I think I would have loved to have known earlier because the supports could have come earlier and it would have been like so much less of a headache and probably saved me a lot of years of not fun things happening."
— Jess, Neurodivergent Roundtable

Diagnosis was a broader theme across the roundtable and Mentimeter responses, including getting support without needing a formal diagnosis and the cost of accessing one. The reflection points to why timely, age-appropriate conversations about diagnosis and identity matter, shaping how supported a young person feels growing up.

A safety gap
Abuse prevention was raised as a critical, missing priority for parents of autistic children; both spoken aloud by a survivor-advocate participant and echoed in response. The specific prevalence claim is a participant's account citing external research; it is reported here as raised, with abuse prevention evidence flagged for policy consideration.

"Your neurodivergent kids are statistically much more likely to be victims of abuse. You need to put extra effort into abuse prevention for disabled and neurodivergent kids."
— Mentimetre written response, Neurodivergent Roundtable

Parent wellbeing concerns
Asked what concerned them most about their parents' or caregivers' wellbeing in 2026, participants' word cloud responses were almost entirely economic and structural: cost of living, financial stress, burnout, mental health, and 'dealing with the NDIS'. Several also named global instability and the news cycle.

Parenting advice from participants
Participants offered advice, in their own words, to parents and caregivers of neurodivergent young people. Overall, they asked parents and caregivers to listen, trust, affirm and support, rather than blame, dismiss or take over:

"Disability isn't a bad word."

"Be unafraid to push back against other adults to accommodate for your kid."

"You need to centre your child. They are the expert on their own experiences."

"Understand the diagnosis yourself, then help your young person understand."

"Trust your child's judgement. We know a lot of the supports we need."

"Allow kids to make mistakes. Support us to overcome issues – don't do it for us."

"The way you view us becomes the way we view ourselves."

"Actively encourage engagement with special interests."

"We aren't lazy. We are burnt out and exhausted."

"Recognise the difficulties they are facing; do not put the blame on them."

Source: Mentimetre open-text responses, Neurodivergent Roundtable, May 2026 (n=8).

Why this matters: Parents and caregivers are a young person's closest system, but many of the pressures on wellbeing including technology, jobs, environmental change, sit beyond what any parent can fix alone. Government support should focus on understanding a diagnosis, building autonomy, and connecting families to reliable supports and practitioners, rather than generic 'manage your child' messaging. Constant advocacy is exhausting for families, and that exhaustion affects the young person too.



National strategy, Thriving Kids and the NDIS

This was the part of the conversation participants seemed to feel most passionately and most worried about. Participants were asked which outcomes from the National Autism Strategy and Thriving Kids are showing up in their lives. Many had not heard of programs by name, but held strong, specific views on the direction of reform. While not a focus of this discussion, Australia's Disability Strategy 2021–2031, committed to by all levels of government, takes an intersectional lens that includes young people. ARACY's sector and department consultation for this work focused on the National Autism Strategy and Thriving Kids, and we acknowledge that disability more broadly, and the Disability Strategy itself, were not explored in depth. We note this as an opportunity for future consultation with young people with disability, whose experiences this cohort did not fully represent.

"These changes have made literally every single one of these worse... It's made it harder for families to find support, be included, have support in their everyday environments. More kids are falling through the cracks... I was a disability support worker before I became too disabled to work, and every single one of these metrics has gotten worse for all of my clients."
— Deidentified, Neurodivergent Roundtable

Participants understood Thriving Kids is focused on children aged 0 to 8 years. Their central question was what happens after this, and how young people will get a diagnosis.

"I feel that a lot of these newer programs are very much targeted towards like the younger cohort of like kids and young people. And that we don't see a lot of those supports continuing on, especially through like those transition periods of healthcare...towards like, I guess, adult services...I found at least in my community that that really impacts people sort of falling through the gaps..."
— Isabella, Neurodivergent Roundtable

"...the main concern that comes up for me is just what in that $4 billion initiative, how much of it is going to identifying the ASD just at a baseline level...what about the young people who do not have access to a diagnosis would be my first concern."
— Zinny, Neurodivergent Roundtable

"... I do think a lot about the fact that lots of kids don't get diagnosed or identified for needs before the age of eight...I flew entirely under the radar and so did my younger brother..so I think that focusing on younger children might help some people, but it's going to mean that there are plenty of young adults and teenagers who are going to fly under the radar and not get support that they need."
— Lars, Neurodivergent Roundtable

Eton's parent described a similar pattern once a diagnosis is in place. Managing his NDIS plan without a coordinator, they reply on word of mouth and face long wait lists; some providers no longer visit the school, meaning early pickups. Speech therapist turnover was also noted as being high, and even the upcoming plan review process feels unclear, with conflicting advice on what it should include.

How autism is framed in public debate

Participants cautioned that autism is sometimes discussed in public debate in ways that feel disconnected from lived experience. They called for more nuanced narratives that avoid presenting autism as either a problem to be eliminated or a difference that requires no accommodation, and instead recognise the importance of appropriate support, respect and self-determination.

> **"It's kind of like politicians almost weaponising autism either to be like the worst thing ever and it needs to be get rid of or it's like, not a problem at all... I feel like they try and play both narratives depending on what piece of policy they're trying to get through at the time. And I feel almost like the pawns kind of being shoved around... in a similar way to the way that like trans people's identities...because it's a minority group whose identity is like pushed around for political gain."**
> — Jess, Neurodivergent Roundtable

The reality behind 'just educate the parents'

One participant, a former disability support worker, described what is involved in providing high-support-needs care, and why a school-and-parent model should not be expected to replace funded, one-to-one support.

> **"...what I found is that even with the current level of funding, it's all falling back on mum and mums aren't coping, dads are working full time or more to support. And Thriving Kids isn't going to solve that... so it's going to be all stuck to mum at home. And I really worry about those kids... the only reason they're able to communicate today is because they've had 10 to 30 hours a week of support worker hours...It's the only reason they're not hurting themselves all the time. It's the only reason they're physically safe and then able to actually access something like a special school when they're five or six."**
> — Deidentified Neurodivergent Roundtable

> **"I feel like support workers are the #1 ASD intervention [the most effective everyday support]. saved my (and many others) lives."**
> — Jay, Neurodivergent Roundtable Chat

Participants were asked which of the outcomes promised by reforms such as the National Autism Strategy and Thriving Kids are already present in their lives. Participants ranked 'no one falling through the cracks between systems' and 'getting support early without needing a diagnosis' as the two outcomes least visible to them. Those were the same two gaps named most often in discussion.

What this means for policy: The reforms participants discussed are real and current. Thriving Kids is a jointly funded foundational-supports program for children aged 8 and under with low-to-moderate needs, with state services rolling out from late 2026, and NDIS access changes from 2028. The National Autism Strategy 2025–2031 and its First Action Plan set the national direction, with health and mental health delivered through the Autism Health Roadmap.
Participants' concerns map onto specific design risks: the 'over-eight cliff', access to diagnosis as the gateway to any support, continuity through the move to adult services, and the danger of withdrawing intensive support before alternatives exist. ARACY recommends these four issues be considered in the final design and implementation of Thriving Kids, with neurodivergent young people across all ages and support levels involved in answering them.

Material basics and cost of living

Asked about the impact of money being tight, participants linked financial stress directly to their capacity to manage neurodivergence. This theme is tracked across all Series 2 cohorts; for this group it carried a specific edge.

"When money is tight it makes it so much harder to manage the impacts of my neurodivergence - almost all money saving strategies rely on executive function, time and energy, and almost all accommodations I can give myself cost money."
— Deidentified, Neurodivergent Roundtable Chat

In the chat, participants traced how cost pressure becomes a health problem. 'Just cook at home' is not always that simple; appointments, adaptive equipment and even renewing a prescription get put off because everything costs money, and the delay can make things worse.

"even procrastinating going to get ur prescription renewed because everything costs money... and then that makes the spiral worse."
— Jess, Neurodivergent Roundtable Chat

"It also affects attending allied health appointments, buying adaptive equipment or things for home that help with my regulation, personal hygiene etc.."
— Deidentified, Neurodivergent Roundtable Chat

"big on shame and embarrassment when money is tight. Not because of the economic situation, but its feels shameful to be a "burden" when families are undergoing stress."
— Jay, Neurodivergent Roundtable Chat

Cost of living was named, alongside mental health, as one of the highest sources of stress. For neurodivergent young people, accommodations that make daily life manageable are often out-of-pocket, so financial pressure can compound disability rather than sitting beside it. When asked the three biggest impacts of money being tight, the most selected were 'taking on extra work or caring responsibilities', 'more stress at home', 'health and wellbeing supports becoming less accessible', and 'skipping meals' (Mentimetre, n=8).

Survey findings reinforce the broader significance of material pressure. Food and cost-of-living support for families was one of the highest investment priorities, and respondents ranked more stress and tension at home as the strongest impact when money is tight. This supports neurodivergent participants' accounts of financial pressure as more than a background stressor: it can affect access to assessment, therapy, medication, transport, sensory tools and everyday supports.

What this means for policy: The reforms participants discussed are real and current. Thriving Kids is a jointly funded foundational-supports program for children aged 8 and under with low-to-moderate needs, with state services rolling out from late 2026, and NDIS access changes from 2028. The National Autism Strategy 2025–2031 and its First Action Plan set the national direction, with health and mental health delivered through the Autism Health Roadmap.
Participants' concerns map onto specific design risks: the 'over-eight cliff', access to diagnosis as the gateway to any support, continuity through the move to adult services, and the danger of withdrawing intensive support before alternatives exist. ARACY recommends these four issues be considered in the final design and implementation of Thriving Kids, with neurodivergent young people across all ages and support levels involved in answering them.

Participation, leadership and 'nothing about us without us'

Participation was the cohort's top EOI priority and a strong closing theme. Noting that several participants were also experienced advocates, there was a strong push for neurodivergent lived experience to be embedded in decision-making, not added on. They were also frank about lived-experience burnout and recent cuts to lived-experience roles.

"...I was close to putting all 100 into the young people involved in decision making...you know, allows for a lot more place-based supports, as much of a buzzword as that is, if the government was to do... say put 100 billion into any one of those and apply it at a national or even state scale..."
— Zinny, Neurodivergent Roundtable

"...I feel like we just really need to embed more leadership of people with lived experience and that extends to within the neurodivergence space as well...we have such unique and nuanced experiences in our life and that would inform what sort of policy and what sort of funding we need to see out in the community... And I think at the moment, we aren't reaching that."
— Isabella, Neurodivergent Roundtable

"...a reform of the system it's not as difficult as you may think...once you actually give people a morsel of what's actually helpful, it will accelerate and go a long way."
— Jay, Neurodivergent Roundtable

Participants were equally clear that participation must be done well, or it does harm. They warned that decision-making roles are not always run ethically or with equitable access, and that mishandled lived-experience roles drive burnout.

"I would love that option to have more depth. "involving in decision making" isn't always done ethically, with best practice, with equitable access etc. etc."
— Zinny, Neurodivergent Roundtable Chat

"...which can lead to even more burnout (like advocacy burnout from lived experience decision making roles being mishandled)."
— Jess, Neurodivergent Roundtable Chat

Payment, in the chat, was framed not as a perk, but as something key to ensuring participation for disabled young people is possible.

"...reimbursement is really important. I am multiply disabled + neurodivergent, I want to help, but managing my life is already very hard, so if I'm going to give an hour or two of time and energy to something, I need it to relieve some pressure/time/energy from another area of my life to make it sustainable (e.g. grocery money)"
— Deidentified Neurodivergent Roundtable Chat

"Lots of events happen when I'm working and I have to take leave from my day job. The least they can do is pay me for my efforts."
— Lars, Neurodivergent Roundtable Chat

Participants valued being paid and credited, being able to bring their whole selves, and perhaps most importantly, being genuinely heard. Respect, they noted, is not worth advertising because everyone claims it; it has to be proven. Asked what would most attract young people to a youth advisory group, the clear top choice was' being paid or credited for their time and expertise', followed by 'real decision-making power' and seeing 'proof that their input changed something' (Mentimetre, n=8).

The broader Young and Wise 2026 Survey findings strongly reinforce this message. 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 input changed something. This aligns with neurodivergent participants' call for paid, accessible and accountable lived-experience leadership, particularly given the risk of tokenism and advocacy burnout.

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 neurodivergent young people. Participants spread their funding fairly evenly, with their highest single allocation to 'food and cost-of-living support', followed closely by 'young people being paid and involved in local decisions' and 'local or neuro-affirming health care teams'. As with other activities in this consultation, results are indicative rather than representative.

The strongest theme in discussion was funding for individual choice and control:

> **"Our needs are so diverse and individualised that the most important thing is funding for more choice and control over the supports we actually need, tailored to our specific needs."**
> — Neurodivergent Roundtable participant (de-identified at their request)

Treasurer! You have $100 billion to spend on improving the wellbeing of neurodivergent young people in Australia. How will you spend it?

Investment area	Priority
Food and money pressure support	17.30%
Young people paid and involved in local decisions	16.40%
Local or visiting neuro-affirming health care teams	14.50%
Better learning options and pathways	14.20%
Transport help	14.10%
Services that help homes feel calmer and safer	8.70%
Cultural safety and belonging	8.50%
Things to do and ways to connect	6.40%

Mentimeter prioritisation activity, n=11 (nine roundtable participants, plus Eton's and Kiana's individual responses). Indicative only. The even spread reflects the cohort's core message: needs are individual, and no single program fits everyone.

Asked what one thing they would ask government to do, participants' written answers centred on funding the NDIS and expanding eligibility, individualised supports, abuse prevention designed for neurodivergent young people, neuro-affirming training for ambulance and hospital staff, and giving young people genuine agency in decisions. Other priorities raised across the group included:

- Embedded, paid, lived-experience leadership in design and decision-making ('nothing about us without us').
- Better access to diagnosis and assessment, so support is not gated behind a label many can't reach.
- A well-funded, expanded NDIS and foundational supports that continue past childhood and through the move to adult services.
- Education and culture change for students, teachers and parents to prevent discrimination and build understanding.
- Neuro-affirming, neurodivergence-awareness training for police, ambulance and hospital staff.
- Post-school support for further education and employment, where many young people 'get lost'.
- A reporting pathway for students mistreated or singled out by staff.

"Post-school, more help for people with disabilities and employment, focus on after school where people get lost and also a reporting system for teachers that are bullying other students or putting other people down because I had a really bad teacher that was bullying me and singling me out in class … it was a TAFE place and it was really bad."
— Liv, Neurodivergent Roundtable



Cohort specific policy signals

Policies that specifically name or target neurodivergent people, including autism strategies and disability frameworks. 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
National Disability Insurance Scheme (NDIS) including 2023–24 NDIS Review and funding changes	Provide reasonable and necessary supports to Australians with permanent and significant disability, including autism and other neurodivergent conditions.	Participants described NDIS funding cuts as making every single wellbeing measure worse, not better. One participant, a former disability support worker, said: 'Every single one of these metrics has gotten worse for all of my clients.' Support was described as disappearing when young people transition from youth to adult services at around 18, despite needs continuing. Social awareness of neurodivergence was attributed to cultural change and social media representation — not to government programs.	Not yet reaching — funding cuts worsening outcomes; youth-to-adult transition gap
National Autism Strategy (including outcomes framework and early childhood focus)	Improve the lives of autistic Australians through better early identification, support, inclusion and participation across all life stages.	Participants noted that support programs were primarily targeted at young children, with little continuing into adolescence and adulthood. One participant described the strategy's outcomes as ones the government had made worse, not better. Several raised concern that the focus on early childhood meant many young people — particularly girls and those who mask — would not be identified before the age-based thresholds and would fall through the gaps.	Not yet reaching — outcomes limited by early-childhood focus; masking not addressed
Thriving Kids Initiative (Department of Health and Aged Care, under-9 support focus)	Provide earlier support for children with developmental needs, including autism, before they meet NDIS thresholds.	Participants welcomed the intent but raised serious concerns about the age limit. One described trying to have a younger sibling diagnosed four times before age 8 — being told each time to come back when there was more evidence. Others noted that many neurodivergent young people — particularly those who mask or present atypically — are not identified until secondary school or later. The question was also raised about who would implement early identification in schools: teachers are not adequately trained and are already stretched.	Not yet reaching — age threshold misses late-identified young people; school implementation unclear

Policy / Strategy	What it aims to do	What participants told us	Signal
Australia's Disability Strategy 2021–2031	Create a more inclusive Australia by improving systems, communities and attitudes so disabled people can participate fully in all areas of life.	Participants described neurodivergent identities being politicised — weaponised in public debate either as something requiring elimination or as trivial, depending on which policy argument was being made at the time. One participant described this as 'being shoved around as pawns.' The concept that neurodivergent people simply need support — not a cure — was described as not reflected in how policy is designed or communicated.	Not yet reaching — identity framing in policy does not reflect lived experience
Disability Standards for Education 2005 (under the Disability Discrimination Act 1992)	Ensure students with disability have the same right to education as other students, with reasonable adjustments and without discrimination.	Participants described school support as inconsistent and heavily dependent on individual teachers and whether a formal diagnosis was in place. Young people who mask effectively were described as falling through the cracks — appearing capable while expending enormous energy. Masking was described as energy-draining to the point of burnout, yet teachers were not trained to recognise it. Abuse prevention for neurodivergent students — who are at significantly elevated risk — was raised as an area completely absent from school education.	Not yet reaching — masking not recognised; support dependent on formal diagnosis
National Mental Health and Suicide Prevention Agreement	Reduce the burden of mental illness and suicide and improve equitable access to mental health support across Australia.	Neurodivergent participants described having to navigate mental health support systems that were not designed for them. The intersection of neurodivergence and queerness was raised as particularly underserved — many participants identified with both. Out-of-pocket costs for psychology, ADHD medication and ASD diagnosis were raised as significant barriers. Parent carers described losing respite support under NDIS changes, affecting their own mental health.	Not yet reaching — neurodivergent-specific mental health gap

Policy / Strategy	What it aims to do	What participants told us	Signal
National School Reform Agreement (2023–2028) / Australian Student Wellbeing Framework	Improve student wellbeing and inclusion nationally through consistent reform, wellbeing staffing and anti-discrimination education.	Sleep needs, sensory needs and masking were described as not understood or accommodated by schools. One participant noted that neurodivergent young people likely need significantly more sleep due to the energy cost of masking throughout the school day — but this is not recognised in how schools are designed. School counsellors were described as insufficiently trained to support neurodivergent students.	Not yet reaching — neurodivergent needs not embedded in school design
Carer Gateway / National Carer Strategy	Support unpaid carers — including parents of children with disability — to access information, services and respite.	Parents of neurodivergent young people were described as carrying significant load from managing NDIS paperwork, fighting for appropriate supports, interpreting complex systems and providing informal care. One participant's parent described having a new support person arrive and not knowing who they were, what organisation they were from or what they were going to do — highlighting significant information gaps even when supports were present.	Not yet reaching — parent carer information and respite support gaps



Links to the Nest: top 3 issues for further development

The neurodivergent roundtable 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. **Continuity of neuro-affirming support across life stages**
2. **Neuro-affirming schools, health care and everyday environments**
3. **Choice, control and paid neurodivergent lived-experience leadership**

1. Continuity of neuro-affirming support across life stages

Neurodivergent young people described support as inconsistent and often poorly aligned with the life stages when needs become visible or intensify. Participants raised concerns about support dropping away around key transition points, including late childhood, adolescence, post-school pathways and the move into adult systems. They also described diagnosis as a common gateway to support, but one that can be delayed, expensive, missed or inaccessible, particularly for young people diagnosed later or whose needs do not fit common stereotypes.

Further development should focus on how support can follow neurodivergent young people across the life course, rather than being concentrated in early childhood or tied too tightly to diagnosis. This includes continuity between child and adult systems, support for young people diagnosed in adolescence or adulthood, transition planning for school and post-school pathways, and safeguards to ensure reforms do not remove existing supports before credible alternatives are available.

- **Relevant Nest domains:** Healthy; Learning; Material Basics; Participating; Valued, Loved and Safe.
- **Key policy-development question:** How can governments ensure neurodivergent young people receive continuous, flexible and developmentally appropriate support across childhood, adolescence, post-school transitions and adulthood?



2. Neuro-affirming schools, health care and everyday environments
Participants described schools, health services and other systems as often built around neurotypical expectations. In schools, blanket rules on phones, headphones, fidget tools or movement could remove coping supports rather than support learning or wellbeing. Participants also described a need for sensory-friendly spaces, flexible routines, individual adjustments, teacher capability and environments where support does not single students out or require them to mask.

Health care and emergency settings were also identified as needing stronger neurodivergence awareness. Participants described the need for clinicians, hospital staff, emergency services and mental health workers to understand communication differences, sensory needs, masking, shutdowns, burnout and non-standard presentations of distress. The core issue is not only whether services exist, but whether young people can use them without being misunderstood, dismissed or required to perform neurotypicality.

Further development should focus on embedding neuro-affirming practice across schools, health services and community settings. This includes workforce capability, sensory-friendly design, flexible policies, accessible communication, safe reporting pathways and practical implementation of inclusive school and health strategies.

- **Relevant Nest domains:** Learning; Healthy; Valued, Loved and Safe; Positive Sense of Identity and Culture.
- **Key policy-development question:** How can schools, health services and community systems be redesigned so neurodivergent young people are supported without needing to mask, self-advocate constantly or lose access to the tools and environments that help them cope?

3. Choice, control and paid neurodivergent lived-experience leadership
Neurodivergent young people strongly rejected one-size-fits-all approaches. Participants emphasised that neurodivergent needs are diverse and individual, and that support should be flexible enough to reflect differences in sensory needs, communication, executive function, learning, health, identity and family context. Material basics were also part of this picture: participants described the cost of diagnosis, therapy, prescriptions, sensory tools, transport, adaptive equipment and other supports as adding pressure to daily life.

Participants also called for neurodivergent lived experience to be embedded in policy, funding, service design, implementation and evaluation. They wanted participation that is paid, credited, accessible, ongoing and linked to visible outcomes. At the same time, they warned against tokenism and advocacy burnout, particularly when young people are repeatedly asked to explain neurodivergence without appropriate support, payment or influence.

Further development should focus on embedding neuro-affirming practice across schools, health services and community settings. This includes workforce capability, sensory-friendly design, flexible policies, accessible communication, safe reporting pathways and practical implementation of inclusive school and health strategies.

- **Relevant Nest domains:** Participating; Material Basics; Healthy; Positive Sense of Identity and Culture; Valued, Loved and Safe.
- **Key policy-development question:** How can policy and service systems preserve individual choice and control while embedding paid, accessible and sustainable neurodivergent lived-experience leadership?



First Nations young people

YOUNG AND WISE ROUNDTABLE REPORT
2026

every child thriving
aracy

Cohort snapshot

5 PARTICIPANTS	10 APPLICANTS	2 SESSIONS	June 2026 CONDUCTED

How we ran this
Two online roundtables were held via Microsoft Teams on 10 and 11 June 2026, part 1 and 2 of a single conversation, split across two evenings allowing rapport to build and giving the group more time to revisit and deepen earlier threads.

Each session opened with safety and housekeeping. Participants were reminded they controlled what they shared and could skip any question, go off-camera, or take breaks. First Nations crisis and support services were shared in the chat, alongside facilitator contact details for a private debrief.

Special acknowledgement
For Part 2, ARACY was joined by Kristen Franks, a Ngambri Walgalu Aboriginal woman and Assistant Director in the Strategic Health and Disability Section of the National Indigenous Australians Agency (NIAA). We thank Kristen for helping refine the roundtable questions, and for participating in the session. She offered participants a cultural touchstone, shared lived and professional wisdom, and modelled cultural safety. ARACY is grateful for her generosity and partnership.

Who participated
Five young people took part across the two sessions and all self-identified as Aboriginal or Torres Strait Islander. Participants unable to make the second session were invited to complete the Mentimetre survey in their own time to respond to any questions missed.

	Part 1 — 10 June 2026	Part 2 — 11 June 2026
Participants	5	3
Age range	18-25 years	23-25 years
Gender	Female: 5	Female: 3
State/ Territory	WA (3), SA (1), NSW (1)	WA (2), NSW (1)
Intersecting identities	Rural, regional and remote (3) LGBTIQA+ (1)	Rural, regional and remote (2)

Named participants: Jazmin, Kerri, Sian and 'BW'. One participant asked to remain fully de-identified. Names and nicknames follow each participant's recorded consent preference.

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. This was the smallest cohort, with five participants in the first session and three in the second, all identifying as female, mostly older young adults, and most living in Western Australia. Facilitators acknowledged that ARACY may be perceived as a predominantly non-Indigenous organisation and that participation rested on participants' trust, underscoring the importance of culturally safe recruitment and engagement.

One participant reflected in their Folktale that the group was small, and that future sessions would benefit from more time and a broader range of voices. ARACY shares this view. Because Series 2 cohorts overlap, findings are combined into one report and read as a collective set of lived-experience insights, each indicative rather than representative.

At the EOI stage, when applicants selected the Nest domains they most wanted to talk about, Positive Sense of Identity and Culture was chosen by every applicant (10 of 10). In discussion, that is exactly what carried the conversation: culture as identity, belonging, survival and strength.

Ranked First Nations applicants' wellbeing domains:

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

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

What this signals: Identity and culture is not one priority among six for these young people; it is the lens through which every other domain is understood. Health, learning, safety and participation were all described in cultural terms: culturally safe clinicians, language revival in schools, seeing yourself in the services you attend. Programs designed for First Nations young people that treat culture as a discrete "domain", rather than the foundation, risk missing how wellbeing actually works for this cohort.

Key messages

The short version: Five young First Nations people came to these roundtables with clear insight into what keeps them strong and where systems fall short. Their strongest message was that culture is infrastructure: not one wellbeing domain among six, but the foundation for health, safety, learning, participation, identity and belonging. Participants spoke about culture as survival, about being forced to leave Country to study or find safety, and about the impacts of language loss, racism in schools, housing insecurity and services that are not culturally safe. They were clear that cultural safety is demonstrated through action, accountability and representation, not statements alone. They called for more First Nations workers, stronger cultural and family supports, stable housing, and pathways that allow young people to thrive while staying connected to Country, culture and community.

Six clear messages from young First Nations people
Six core themes emerged offering practical guidance for policy, partnership and investment:

	Problem statement	Roundtable insights
1	**Culture and identity are not consistently recognised as foundational to First Nations young people's wellbeing.**	Culture and identity were chosen as a priority by every applicant and described as inseparable from wellbeing: connection to Country, language, totems, family and community. Staying strong was tied directly to staying connected, and that connection held as a source of resilience even where distance made it harder to maintain.
2	**Pathways to education, work and safety do not adequately support young people to stay connected to Country.**	Moving away for university, work or safety often came at the cost of connection, language and a sense of belonging. Opportunity and culture were too often experienced as a trade-off, rather than something that could be pursued together.
3	**Services are not consistently culturally safe, and cultural safety is not always matched by action.**	Services felt safe when staffed by First Nations workers, or by people who were genuinely culturally safe. Indigenous health clinics, university Indigenous units, and the few schools that embedded culture were valued highly. Cultural safety was understood as action and follow-through, not statements of intent.

	Problem statement	Roundtable insights
4	**Schools do not consistently teach the topics that matter most, or sustain the roles that support First Nations students.**	Mental health, racism and discrimination were barely covered in schools, or taught too late to be useful. Aboriginal liaison roles, where they existed, were rare, overstretched and poorly supported, and the relationship was often lost when a worker left.
5	**Stable housing and consistent access to First Nations workers, mentors and role models are not adequately treated as foundations for wellbeing.**	Given a notional budget, the largest allocations went to safe, stable housing and to more First Nations workers, mentors and role models. Housing was linked directly to mental health, study, and keeping families together and out of the child protection system.
6	**The cultural load carried by young First Nations people is not adequately recognised, resourced or bounded.**	Being asked to represent, educate and advocate, sometimes as the only First Nations person in the room, placed an ongoing cultural load on young people. This contribution should be recognised, paid and bounded, so that young people are supported rather than used.

Broader Young and Wise 2026 Survey findings reinforce several practical priorities raised in this chapter, including youth-specialist health care, food and cost-of-living support, bullying being properly dealt with, and meaningful participation in decisions. However, the First Nations roundtable adds a distinct and essential finding that the broader survey does not capture in the same depth: culture, Country, language, kinship and community are not simply one part of wellbeing, but foundational to how wellbeing is experienced.

What young people are telling us and where this aligns nationally

What these young people told us closely reflects what young people are saying nationally, and the First Nations findings in ARACY's Young and Wise Report align closely with what this cohort described. The patterns below draw on that report's Aboriginal and Torres Strait Islander data.

Culture and Country are foundational to wellbeing. The Young and Wise Report describes the health and wellbeing of First Nations young people as interconnected with culture and Country, and calls for a strengths-based approach that recognises the resilience of Aboriginal young people (Young and Wise, 2024, p.206). That is exactly what this cohort placed at the centre: culture as identity, belonging and resilience, and why distance from Country registers as a wellbeing risk.

Safety at school is uneven. Nationally, just over half (53 per cent) of Aboriginal and Torres Strait Islander students reported feeling safe at school, a lower rate than the general population, and bullying remains a persistent concern in the school years (Young and Wise, 2024, pp.56–57). This mirrors participants' accounts of racism and bullying at school, in one case driving a young person out in Year 6.

On mental health, the report calls for support that is culturally responsive and community-led, for the removal of barriers that stop First Nations young people getting help when they ask for it, and for a shift away from deficit framing toward the strength and resilience of Aboriginal young people (Young and Wise, 2024, pp.220–221). This aligns with participants' descriptions of stigma and "attention-seeker" labels, and their call for earlier, First Nations-led support.

Cultural safety is felt when young people see themselves in a service. First Nations university students in the report call for inclusive First Nations units and for institutions where they feel safe and connected (Young and Wise, 2024, p.235), echoing this cohort's praise for university Indigenous units and Indigenous health clinics, and their warning about services that stereotype.

Finally, First Nations young people want to be heard and trusted. In the report they call for many seats at the decision-making table, not one, and for the right to speak and be heard on matters that affect them (Young and Wise, 2024, pp.240–241). This directly reflects participants' call to be in the rooms where decisions about their lives are made.



Key insights from the roundtables

Culture, identity and staying strong

Asked what wellbeing meant, participants offered belonging, connection, identity, support, culture, and "filling your cup up". No two word-cloud answers were repeated, reflecting a different meaning of wellbeing for each participant. Connection to culture was described as a daily act, and a source of resilience under pressure.

"...culture is who we are. It's a part of our identity and it's a part of our belonging...you've got all these struggles every single day that you've got to push through...the only way you can keep going is to remember the resilience of our old people and how, you know, they tried to kill us off and we're still here and we're still fighting and we're keeping that fire burning. So I'd say we got to connect in some sense every day."
— Jazmin, First Nations Roundtable

"Sometimes even seeing my totem, that kind of, you know, resets me because it makes me feel like that I've got my ancestors with me and they're guiding me and I'm not alone as well."
— Deidentified, First Nations Roundtable

"For the spirit connection... for myself, growing up on the coast was my connection and that was where I felt most strongest, especially going through tough times, where being in the city, it was a lot different and a lot harder to really adjust."
— Kerri, First Nations Roundtable

Several participants spoke about language loss and revival, often tied directly to the Stolen Generations. Two described their own families' experience.

"My great-grandfather was part of the Stolen Generations...So we had a big disconnect from language, culture, everything...so we didn't get to learn the language the way that our elders did. But it's a really big point that my family, like my mum and my three sisters are trying to do ourselves because obviously we grew up away from country so we are relearning it ourselves, trying to get in contact with elders back home and just yeah, trying to put it into use every day as well."
— Sian, First Nations Roundtable

"...we're also Stolen Generation. My grandfather was...So it's been a struggle trying to find family and connections with them, as well as my grandmother's side, due to her being put in a home. So we've lost a big chunk of connection from both grandparents ... just trying to reach out to elders again, family members... that are connected with both sides, rekindling, learning language, learning culture."
— Kerri, First Nations Roundtable

Participants praised First Nations-led language schools where Elders and young people learn together, and warned against tokenistic efforts, including signage with incorrect language, or pressure on small children to carry revival alone.

"...I don't understand why we can't incorporate learning the languages that you're on instead of one in a different country that you're probably never going to visit...once these [First Nations languages] are gone, it's like gone forever. And then that's the sad part, and that's just how it is really. And we can't gatekeep knowledge."
— Jazmin, First Nations Roundtable

What this means for policy: For this cohort, culture is the precondition for wellbeing, not a parallel domain. Language revival, on-Country connection and First Nations-led programs are health and education infrastructure. Distance from Country, driven by study, work and safety, is a wellbeing risk in its own right. Policy that supports staying connected (and returning) does direct mental-health work.

Having to leave Country for opportunity and safety
A consistent thread was that young people felt pushed to relocate for university, careers or safety, at a cost of connection and wellbeing. However, the same young people who left also described cities as, at times, more culturally safe than the regional places they grew up in.

"I also had to move from the Northern Territory to WA for uni as well... And unfortunately, it just sucks that most Aboriginal young people have to travel away from where they're connected to and where they feel safe. And I think that's what I really struggled with, was not feeling safe to the country that I was on."
— Deidentified, First Nations Roundtable

"...before I moved away, you know, I didn't realise the opportunities out there. So I guess in a sense, like I feel like once you move to the major cities and things like that, there are opportunities, but there's also so many more people still out in rural and regional areas that, you know don't even know these opportunities exist...that's kind of what I was like before I came to Sydney."
— BW, First Nations Roundtable

"I also think that where a lot of other young people also struggle is that within those regional areas, we don't have enough people advocating for those changes and for, you know, those opportunities that those young people deserve...I'm in a regional reference group and we have meetings with the Director General of the Department of Communities. And, you know, when we talk about these issues in regional areas, I just feel like they're just trying to tick another box at the end of the day."
— Deidentified, First Nations Roundtable

The Young and Wise 2026 Survey findings reinforce this: respondents ranked more subject choices and clearer pathways after school as a leading priority. The First Nations roundtable adds a critical place and culture dimension: for First Nations young people, accessing opportunity can require leaving Country, family and cultural grounding. Pathway policy should consider not only whether opportunities exist, but whether young people can reach them while staying connected to Country and community.

What this means for policy: The pull away from Country is structural. Tertiary study, specialist health, and safety are concentrated in cities. Investment that brings pathways and culturally safe services to regional and remote communities lets young people build futures without trading away connection.

Cultural safety means seeing yourself in the service

Participants were clear that cultural safety is felt, not declared. It showed up as First Nations staff, non-judgement, no stereotyping, and above all, action that follows. Indigenous health clinics and university Indigenous units were named as places that did it well; some mainstream services were described as rude or stereotyping.

"...I think a really key part of having access to the counsellors and wellbeing stuff is also having like...culturally safe and responsive ones is really important...you can't have a one size shoe for everyone...Every individual is different. So I think that having just the one person for thousands of students is inappropriate...Also, you're not catering to everyone's needs..."
— Sian, First Nations Roundtable

" We've got... pediatricians, we've got podiatrists that come out to these services [Indigenous health clinics] as well to give free checkups. I felt very safe going into them and ... I studied with them. So doing prac in the building, just it felt very comfortable and knowing that I was helping mob get what they need to as well..."
— Kerri, First Nations Roundtable

"I found the unis quite good. Like they have dedicated Indigenous units that offer like free tutoring. They also had an option for like grocery vouchers if you needed...people were a bit more educated, and kind of aware of, you know, like cultural safety and things like that."
— BW, First Nations Roundtable

"...when you're implementing actions, it's like a lot of people talk about having safe environments, but is there any action?...My second point being accountability frameworks and having those things in place so that there are people or organisations or just like staff and stuff that are holding them accountable for those promises that they're making...."
— Sian, First Nations Roundtable

Broader Young and Wise 2026 Survey findings reinforce the centrality of health and wellbeing access, with healthcare teams specialising in young people's physical and mental health receiving the highest investment priority. The First Nations roundtable adds critical specificity: for First Nations young people, access depends not only on availability, but on whether services are culturally safe, First Nations-led or First Nations-staffed, accountable and trusted.

What this means for policy: Cultural safety is built through action, not statements. It becomes real when services are staffed by First Nations workers, follow through on their commitments, and are backed by accountability frameworks that make those commitments stick. Valuing young people's cultural contribution, and protecting them from being over-relied on to represent, educate and advocate for others, is part of safe, effective practice.

Schools, services and systems

Participants recalled school wellbeing education as thin on the topics that mattered most; mental health, racism and discrimination, sexual health, with physical health and nutrition more reliably covered. Aboriginal liaison support, where it existed, was rare and fragile.

The Mentimeter rating activity followed the same pattern. Every topic rated below the midpoint, with preventing racism and discrimination lowest (1.2) and physical health highest (2.6).

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	Roundtable (n=5)	Young and Wise 2026 Survey
Digital safety and wellbeing	1.8	2.73
Managing Mental Health	1.6	2.74
Nutrition	2.2	2.77
Physical Health	2.6	3.46
Preventing Racism and Discrimination	1.2	2.7
Respectful Relationships	1.8	3.15
Sexual Health	1.6	3.15
Substances	2.4	3.03

Note: One combined roundtable was held for this cohort, so there is one result column.
Note: Sexual Health and Respectful Relationships were asked separately in the roundtables. The National 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.

"...we didn't get any anti-bullying, preventing racism, types of talks or workshops. It was, yeah, more mainly around the physical health and nutrients. Everything else was very lightly or not even touched on... we didn't really have textbooks at our school. Most of it was just done through teachers, mainly just their own knowledge. They did, I'll give them credit for trying their best to touch on topics, but they were very quickly skimmed over."
— Kerri, First Nations Roundtable

"...to quickly answer your education question, there wasn't much. We had an Aboriginal liaison officer and I remember she would get us together, like sometimes in lunch times to like go talk about things, but it was actually quite rare...I think it was like, maybe like once a year or something."
— BW, First Nations Roundtable

"[on accessing Indigenous learnings]... we had absolutely nothing throughout primary school. They didn't even talk about it. We didn't even learn it in history. There was no community. There was no liaison officer. There was nothing... I decided to leave the area that I grew up in to go to high school...they had an Indigenous officer who obviously would help us through school and just provided like a cultural safe environment. But the school didn't treat her well and she left and now they haven't brought anyone into that role."
— Sian, First Nations Roundtable

On bullying, participants described schools that managed appearances rather than harm, with serious consequences when it was left unaddressed.

"...I do think bullying and that really impacts like people finishing school, because my brother had like quite a rough time at school and like dropped out in Year 10. And then like one of my cousins, she also got bullied ... it was actually like quite racist bullying as well. And she stopped going to school in Year 6..."
— BW, First Nations Roundtable

"I think a lot of the time schools often just kind of sweep it [bullying] under the rug and they get someone to apologise, and all that's well and good but it doesn't feel like those people that are being bullied are quite heard or understood."
— Sian, First Nations Roundtable

Participants did point to examples of what works, including South Australia's Aboriginal sporting academy (SAASTA) for school engagement and pathways, First Nations primary schools and language schools, and university Indigenous units.

The Young and Wise 2026 Survey findings reinforce schools as wellbeing settings: respondents named bullying being properly dealt with, clearer pathways, access to counsellors or GPs, better routines and affordable healthy food as key changes. This aligns with First Nations participants' accounts of schools as places where wellbeing depends on whether racism and bullying are addressed, cultural roles are properly resourced, and young people can see culture, language and First Nations identity reflected in learning and support.

What this means for policy: First Nations young people need school-based wellbeing supports that address the hard topics together, mental health, racism, sexual health, and cultural safety, delivered through properly resourced and retained Aboriginal liaison and cultural roles, not services that disappear when one worker leaves. This is a health and safety issue as much as an educational one: bullying and racism need enforced follow-through, because the cost of inaction is measured in young people leaving school altogether, with all the health and life-course consequences that follow.

Mental health, and alcohol and other drugs

Participants described early warning signs of mental health challenges as withdrawal, disconnection, mood change and isolation, and noted that "attention-seeker" labels stop young people reaching out. One Mentimetre response captured the group's view: 'people often show they are struggling before they tell us'. Stigma was felt to be easing for this older cohort, but not gone.

"...I feel like now mental health's grown into more, you know, it's more recognised...I don't really feel shame or anything around it anymore. I mean, I wouldn't like shout it from the rooftops if I was struggling or anything, but you know, I wouldn't hesitate in...talking to my partner or you know, close people or whatever."
— BW, First Nations Roundtable

On alcohol and other drugs, participants resisted generalising about First Nations young people specifically. One linked early exposure to peer pressure and older social circles in her home community; another felt the bigger factors were age and rural setting, not Aboriginality.

"Um, where I grew up, once kids were hitting like 13, it became a standard and a bit of a trend to go out drinking, smoking, hanging out with kids twice their age, that's really like resulting in quite a lot of... issues within the school and within the community, like there was a lot of damage. Quite a few kids were falling pregnant due to this...all of them were, well, pretty much peer pressured from older siblings and friends of friends."
— Kerri, First Nations Roundtable

"...I think it's more just young people, like whether they're Aboriginal or not... I think it's more...I was raised in a rural area ...then again...there was still drugs and that, even at uni."
— BW, First Nations Roundtable

What this means for policy: Messaging and services should be designed with young people, using language they use, and avoiding scare tactics and deficit framing. Drug and alcohol responses for First Nations young people should be culturally respectful and avoid stereotyping; participants were quick to reject a narrative that pathologises their communities.

Social media and digital wellbeing

This older cohort felt relatively safe online but still exposed to racism. Participants noted social media can also be a place of solidarity and safety for mob, when the algorithm and networks are right. On age restrictions, the group's view was pragmatic: bans are easily bypassed, so education matters more.

"... I'm pretty safe online. I think, you know, there's still things that go around like just the past few weeks, you know, something that's been bigger than news is that like lady, I don't know, Instagrammer who made that really racist video...stuff like that, it still kind of like, you know, triggers you..."
— BW, First Nations Roundtable

What this means for policy: For First Nations young people, online spaces carry both racism and connection. Equal access matters and a digital divide exacerbated by poverty and remoteness is a wellbeing issue. Education and digital literacy, not bans alone, are what participants backed.

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 First Nations young people. 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 First Nations young people. How will you spend it?

Investment area	Priorit...
Safe, stable housing and stronger support for families and communities	20%
First Nations-led mental health and wellbeing supports	17%
More First Nations workers, mentors and role models in schools and services	17%
More opportunities for young First Nations people to lead decisions and create change	13%
Community-led programs strengthening connection to culture, language, Elders and Country	10%
Safer schools, communities and online spaces free from racism and discrimination	10%
Culturally safe schools and services	7%
Better access to community spaces, youth programs, sport and cultural activities	7%

**Mentimeter export, Part 2. Based on three respondents. Indicative only — not a statistically valid result.*

In discussion, both participants who spoke independently reached the same two priorities: housing and First Nations workers. Their reasoning matters more than the figures.

"... I put like 30 into housing. So safe, stable housing and stronger support for families and communities... housing, like, you know, those fundamental things are really important...it affects your mental health, doesn't give you a place to study. It doesn't, you know, it affects pretty much every aspect of your life... I allocated quite a fair bit to also more First Nations workers, mentors and role models... whether it be in education or health..."
— BW, First Nations Roundtable

"I put more towards First Nation workers as well as housing. As we know, most of the mob that have housing issues are involved with, unfortunately, DCP [Department for Child Protection]. So that does create such a big impact on both family and child that may possibly be removed. And then just having more First Nation workers within those services... to get kids reunited either back with family members or someone of the same culture, so there's not that big gap."
— Kerri, First Nations Roundtable

"... there's a lot of [university] pathways, but for example, like my cousins and stuff who didn't go to uni there, I've tried to look at things for them... uni is so much of a jump. They kind of need something a bit more entry level but... there's no way to get that... like, you know, rich corporate places that have more of the opportunities opposed to like, you know, like hospitality and things."
— BW, First Nations Roundtable

"We've got a lot of opportunities in things like mining and health industries, but nothing really more...if they want to get into... politics and things like that, it's rare to find those types of pathways for First Nations mob."
— Kerri, First Nations Roundtable



Cohort specific policy signals

Policies specifically targeting Aboriginal and Torres Strait Islander people, or directly relevant to the experiences shared in these sessions. 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
National Agreement on Closing the Gap (2020) — including Priority Reforms and Outcome Areas	Close the gap in outcomes between Aboriginal and Torres Strait Islander people and other Australians, with community control and self-determination at the centre.	Participants described Centrelink and NDIS as receiving the lowest cultural safety ratings of any service type. In contrast, Aboriginal community-controlled health services were described as genuinely safe and effective – places where they "felt very comfortable". Participants emphasised that accountability means seeing tangible action and evidence that feedback has led to change.	Partially reaching – community-controlled services succeeding; mainstream implementation inconsistent
National Aboriginal and Torres Strait Islander Health Plan 2021–2031	Improve health outcomes for Aboriginal and Torres Strait Islander people through culturally safe, responsive and equitable health services and systems.	Aboriginal community-controlled health clinics were consistently described as the safest and most trusted healthcare, with some participants travelling specifically to access them. Mainstream services, including some GPs and employment services, were described as less culturally safe and more variable in quality.	Strong – where Aboriginal community-controlled services lead
Healing and Reparations — Stolen Generations legacy programs (including Territories Stolen Generations Redress Scheme)	Acknowledge and address the ongoing intergenerational impacts of the Stolen Generations, including rebuilding connection to family, culture, language and Country.	Participants described ongoing intergenerational impacts of forced removal, including the loss of language and cultural knowledge. Many were actively reconnecting with language and culture through Elders and family, but described these efforts as largely self-driven and under-supported.	Partially reaching – healing continuing, with language reclamation needing stronger support

Policy / Strategy	What it aims to do	What participants told us	Signal
National Aboriginal and Torres Strait Islander Education Strategy (Closing the Gap Education Targets)	Improve attendance, Year 12 completion and post-school pathways for Aboriginal and Torres Strait Islander students.	Participants described racist bullying, inconsistent responses from schools and limited cultural safety as contributing to school disengagement. They also noted that Aboriginal studies, cultural education and Aboriginal liaison roles were not consistently available or sustained.	Partially reaching – educational goals undermined by inconsistent cultural safety
Voice, Treaty, Truth — Treaty processes and ATSIC legacy (including post-Voice Referendum context, 2023)	Advance self-determination through truth-telling, treaty and stronger Aboriginal and Torres Strait Islander participation in decision-making.	Participants described taking on significant advocacy and advisory roles, but said lived experience expertise often came with cultural load, inadequate compensation and limited decision-making power. They wanted participation to come with genuine influence, recognition and payment.	Partially reaching – participation growing, with stronger shared decision-making still needed
National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social Emotional Wellbeing 2017–2023	Improve mental health and social and emotional wellbeing through culturally informed, community-controlled approaches.	Participants described wellbeing through concepts like connection, belonging, identity and 'filling your cup' — frameworks that align with social and emotional wellbeing models rather than clinical mental health definitions. Financial stress and parental mental health were named as top concerns for caregivers. The framing of wellbeing as relational and collective — not individual — was consistent across both sessions and sits well outside biomedical mental health service design.	Partially reaching – framework aligns well; service delivery remains uneven

Policy / Strategy	What it aims to do	What participants told us	Signal
Online Safety Amendment (Social Media Minimum Age) Act 2024	Protect children and young people under 16 from potential harms on age-restricted social media platforms.	Scare tactics were described as ineffective for changing young people's behaviour around substances, social media and other risks. Police-delivered presentations at school were described as following the same approach — 'They try scare tactics. People still got to use social media.' Participants described adapting being more important than trying to prohibit. The age restriction was not discussed directly in depth but the pattern of scare-tactic responses was raised across multiple contexts.	Mixed – connection valued; education preferred over restrictions
National Agreement on Closing the Gap — Priority Reform 3: Transforming Government Organisations	Transform mainstream government organisations so they are culturally safe, accountable and responsive to Aboriginal and Torres Strait Islander people.	Centrelink, NDIS and service agencies scored lowest for cultural safety. Long waiting times — two to three hours to reach an operator — were described as leading people to simply hang up and go without. Service staff were described as stereotyping, being rude or assuming ineligibility. The contrast with First Nations-specific services (which were described as responsive and safe) was sharp, suggesting transformation of mainstream services is still incomplete.	Not yet reaching — mainstream service transformation lagging significantly behind community-controlled sector

Links to the Nest: top 3 issues for further development

The First Nations roundtable 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.

For First Nations young people, these issues should not be read as separate or siloed. Participants described wellbeing as grounded in culture, Country, family, kinship, language, community and self-determination. Culture is therefore not only one Nest domain; it shapes how all domains are experienced.

1. **Culture, Country and First Nations-led wellbeing as the foundation**
2. **Culturally safe schools, services and workforces**
3. **Housing, family stability and protected First Nations youth leadership**

1. Culture, Country and First Nations-led wellbeing as the foundation

First Nations young people described culture, Country, language, totems, Elders, family and community as central to identity, belonging, resilience and wellbeing. Culture was not framed as an additional program area or optional support. It was described as the foundation through which health, safety, learning, participation and material basics are experienced.

Further development should focus on how policy and investment can strengthen culture as wellbeing infrastructure. This includes First Nations-led cultural programs, language revitalisation, on-Country learning, community-controlled models, Elders and intergenerational learning, and opportunities for young people to stay connected to Country, kin and community. It should also consider the structural pressure some young people experience to leave Country for study, work, services or safety, and how policy can support opportunity without requiring disconnection.

- **Relevant Nest domains:** Positive Sense of Identity and Culture; Healthy; Valued, Loved and Safe; Learning; Participating.
- **Key policy-development question:** How can governments invest in culture, Country, language and community connection as core wellbeing infrastructure for First Nations young people, rather than treating culture as an additional or separate program stream?

2. Culturally safe schools, services and workforces

Participants described cultural safety as something young people experience through action, not statements. They valued First Nations staff, Aboriginal health workers, Indigenous health clinics, university Indigenous units, Aboriginal liaison roles and services where young people could see themselves reflected. Mainstream services were described as inconsistent, particularly where stereotyping, weak follow-through or lack of representation undermined trust.

Schools were also identified as key sites for further development. Participants described wellbeing education as thin on mental health, racism, sexual health and discrimination, and noted that Aboriginal Studies, language learning and Aboriginal liaison roles were not consistently available or properly resourced. Racism and bullying were also described as issues that can lead to disengagement when schools respond superficially or inconsistently.

Further development should focus on implementation and accountability: how schools, health services and mainstream systems demonstrate cultural safety in practice. This includes First Nations workforce investment, retention of Aboriginal liaison and cultural roles, stronger anti-racism responses, culturally safe wellbeing education, and measures of cultural safety based on young people's experiences rather than institutional intent alone.

- **Relevant Nest domains:** Valued, Loved and Safe; Healthy; Learning; Positive Sense of Identity and Culture; Participating.
- **Key policy-development question:** How can governments ensure cultural safety is measured and strengthened through young people's lived experience of services and schools, rather than through policy commitments or symbolic inclusion alone?

3. Housing, family stability and protected First Nations youth leadership

Housing was the strongest material priority raised by First Nations participants. Young people linked safe, stable housing to mental health, education, family stability, safety and preventing child protection involvement. Housing and material basics were therefore not described as separate from culture or family; they were connected to kinship, community, child protection prevention and maintaining connection to Country.

Participants also emphasised the importance of First Nations young people being involved in decisions that affect them. However, they also named the cultural load that can come with being asked to represent community, educate others or be the only First Nations young person in a room. Participation should therefore be paid, credited, mentored, bounded and connected to real influence.

Further development should focus on the relationship between material stability, family support and sustainable leadership. This includes safe housing, family-led and community-controlled supports, child protection prevention, diverse pathways beyond university, First Nations mentors and role models, and youth leadership pipelines that protect young people from tokenism and burnout.

- **Relevant Nest domains:** Material Basics; Valued, Loved and Safe; Participating; Positive Sense of Identity and Culture; Healthy; Learning.
- **Key policy-development question:** How can governments strengthen housing, family stability and First Nations youth leadership in ways that keep young people connected to kin, culture, community and Country, while protecting them from cultural load?



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Appendix A: Cross-Cohort Synthesis Matrix
This matrix summarises the data trail linking key issues, Nest domains, affected cohorts, survey data consultation findings and policy implications.

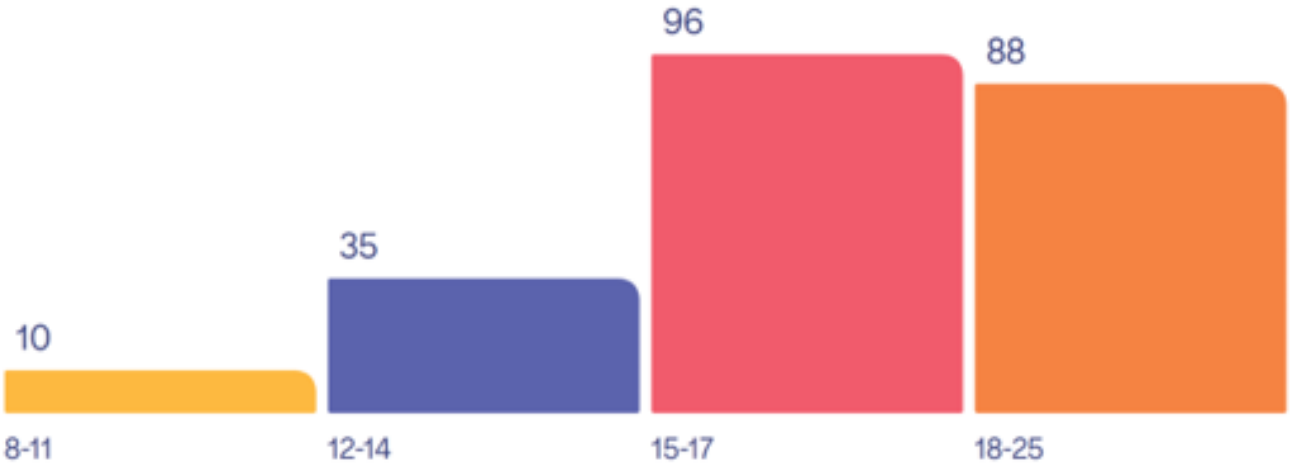
Key issue	Nest domain(s)	Affected cohorts	Supporting survey findings	Consultation data	Policy implications
Access to youth-appropriate health and wellbeing services	Healthy; Valued, Loved and Safe; Material Basics	All cohorts	Youth-specialist physical and mental health care teams were the highest survey investment priority.	RRR access barriers; LGBTIQA+ affirming care; neurodivergent diagnosis and support barriers; CALD cultural/language barriers; First Nations-led SEWB.	Improve youth-specific, culturally safe, identity-responsive, outreach and school/community-based care.
School wellbeing, safety and inclusion	Learning; Valued, Loved and Safe; Healthy	All cohorts	Top school priorities included pathways, bullying follow-through, food, routines and wellbeing staff.	All cohorts identified schools as places where wellbeing is protected or undermined.	Treat schools as wellbeing infrastructure with stronger inclusion, workforce and accountability.
Bullying, racism, discrimination and weak follow-through	Valued, Loved and Safe; Learning; Identity and Culture	All cohorts	Not feeling included or respected was a top barrier to safety and support.	CALD, First Nations, LGBTIQA+, RRR and neurodivergent participants described harm not being addressed consistently.	Move from policy presence to implementation accountability.
Identity, culture and belonging as protective determinants	Identity and Culture; Healthy; Participating	All cohorts	Not feeling included or respected was a top barrier to safety and support.	Culture and Country; bicultural belonging; queer joy; neurodivergent identity; place-based belonging.	Invest in identity-affirming, culturally grounded and community-led wellbeing infrastructure.

Key issue	Nest domain(s)	Affected cohorts	Supporting survey findings	Consultation data	Policy implications
Material basics as foundations for wellbeing	Material Basics; Healthy; Learning; Participating	All cohorts	Food and cost-of-living support was the second highest investment priority; money stress affected home tension.	Housing, food, transport, digital access, cost of care and family stress affected all cohorts.	Link material basics with health, education, safety and participation policy.
Digital access, social media and online connection	Participating; Identity and Culture; Healthy	RRR; LGBTIQA+; CALD; First Nations; neurodivergent where relevant	Young people did not strongly agree that age restrictions made them safer online.	Online spaces supported connection, identity, culture, advocacy and peer support, while also carrying risks.	Evaluate digital policy for unintended impacts and strengthen harm reduction and safe connection.
Youth participation and lived-experience leadership	Participating; Identity and Culture	All cohorts	Young people prioritised recognition, authenticity, respect, flexibility and proof of impact.	Every cohort called for paid, meaningful, accountable participation.	Build sustained youth leadership pathways, not one-off consultation.
Family, caregiver and home environments	Valued, Loved and Safe; Healthy; Material Basics	All cohorts	Mental and physical health ranked as top caregiver focus; money stress drove home tension.	Family stress, parent resources, housing, settlement pressure, advocacy burden and cultural/family support shaped wellbeing.	Support families as part of youth wellbeing systems without shifting responsibility for systemic gaps onto them.

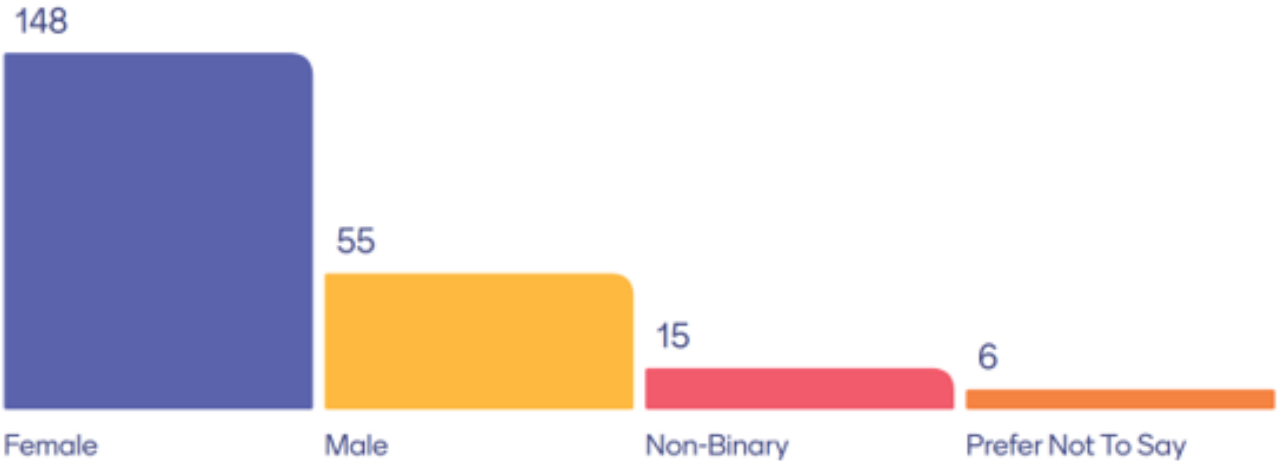
Key issue	Nest domain(s)	Affected cohorts	Supporting survey findings	Consultation data	Policy implications
Transitions and continuity of support	Healthy; Learning; Participating	Neurodivergent; RRR; First Nations; CALD; LGBTIQA+	Survey respondents prioritised clearer pathways after school.	Support dropped away at transitions; young people moved for opportunity, diagnosis, services or safety.	Treat transitions as system risk points and strengthen continuity across age, service and education stages.
Policy intent not reaching lived experience	All domains	All cohorts	Survey priorities focused on practical visible supports.	Cohorts repeatedly described policy principles not consistently landing in schools, services and communities.	Use lived experience as an implementation signal across portfolios.

Appendix B: Young and Wise 2026 Survey Snapshot Results

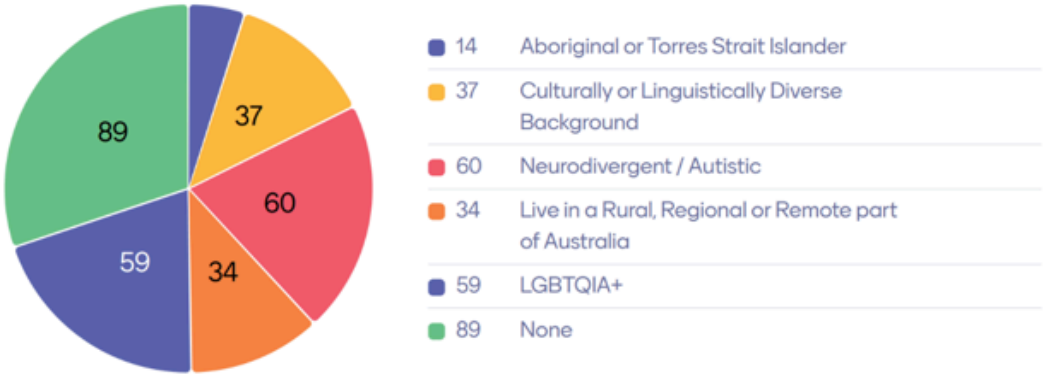
How old are you?



How do you describe your gender?

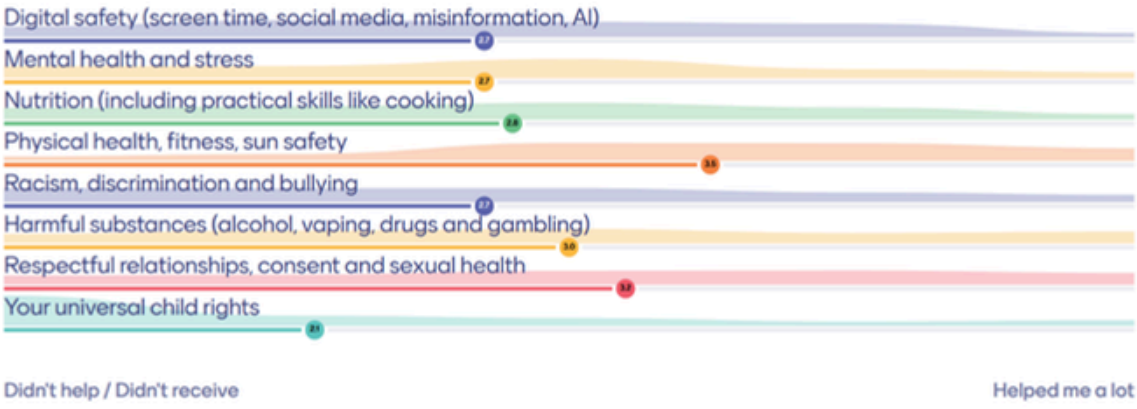


Do you identify as belonging to any of these groups?



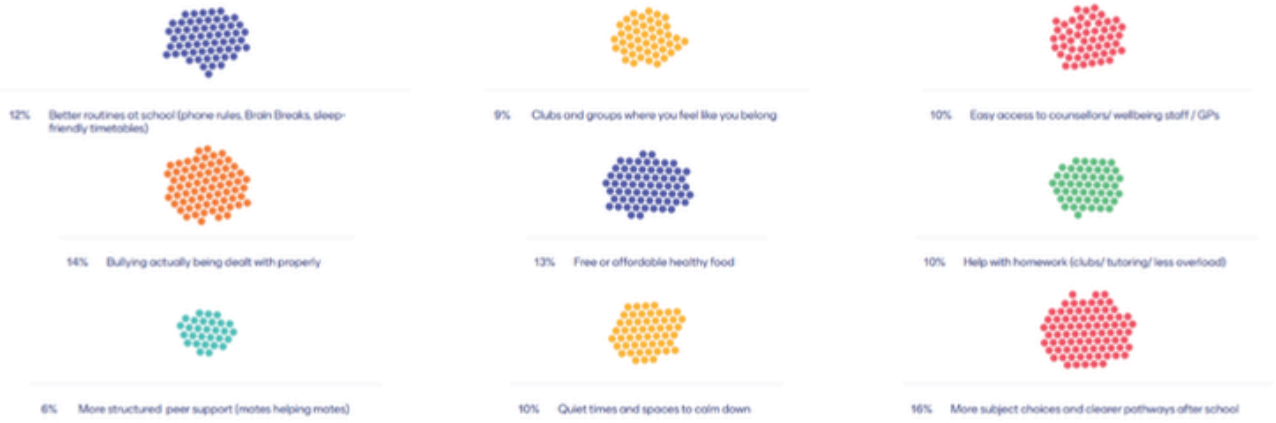
Learning

Did or does your school cover these topics — and did it actually help?



Learning

What would make the biggest difference to your wellbeing at school?



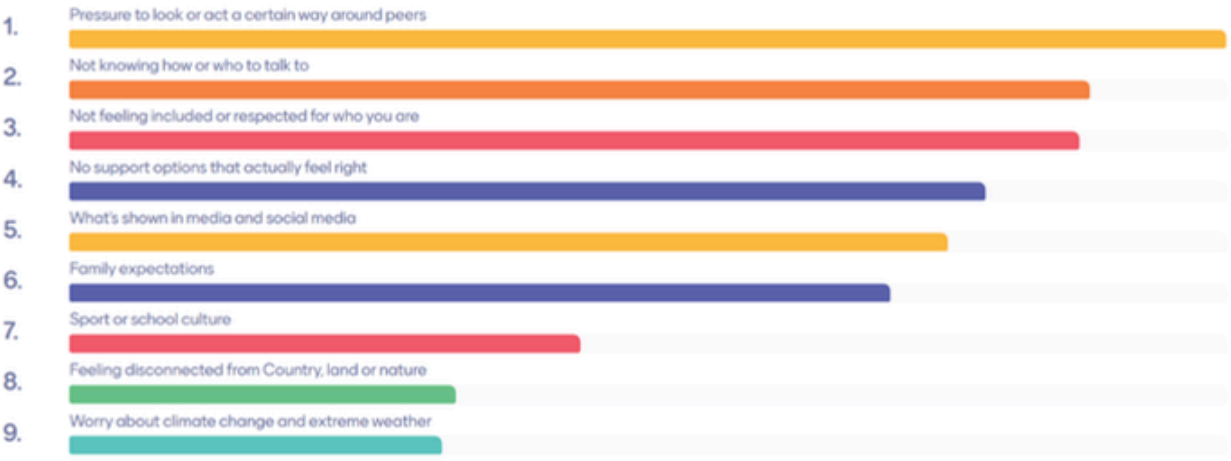
Valued, Loved and Safe

What should parents and caregivers focus on most to support young people? Put these in order, starting with what matters most.



Valued, Loved and Safe

What gets in the way of young people feeling safe and supported?



Healthy

What has the biggest impact on how young people feel about their bodies and health choices?



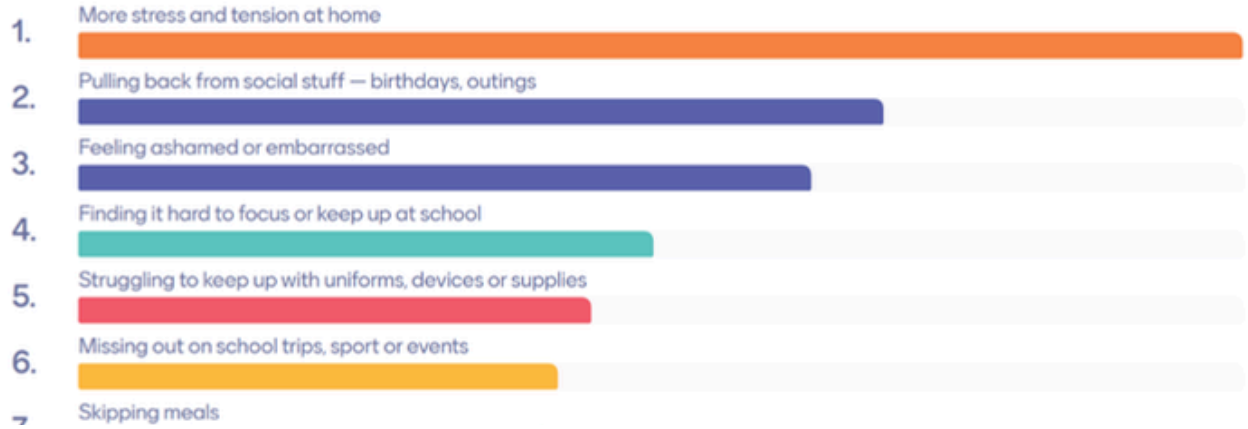
Healthy

What food-related changes would make the biggest difference at your school or in your community?



Material Basics

When money is tight, what hits hardest?



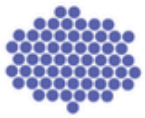
All Domains

Since the social media age restrictions came in, how much do you agree with these statements?

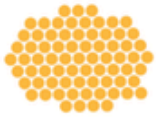


Participating

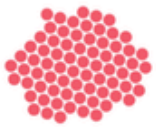
If you were recruiting young people to join a decision-making group, what would you lead with? Pick your top 3.



61 Power – "We make decisions, not suggestions."



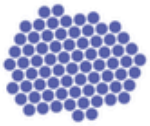
73 Proof – "You'll see what changed because of you."



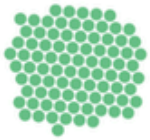
73 Respect – "Adults listen – no judgement."



70 Flexibility – "Get involved in a way that works for you."



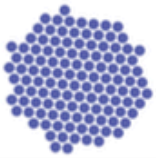
74 Authenticity – "Come as you are. No acting."



87 Recognition – "Your time and expertise will be valued."

Healthy

What are the top 3 reasons why young people use addictive/harmful products today?



119 Coping with stress / poor mental health



117 Social pressure/ fitting in



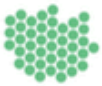
38 Cheap quick and easy to access



33 Social Media



54 Boredom / lack of other safe things to do



41 Just what we do in my friendship circle/ community



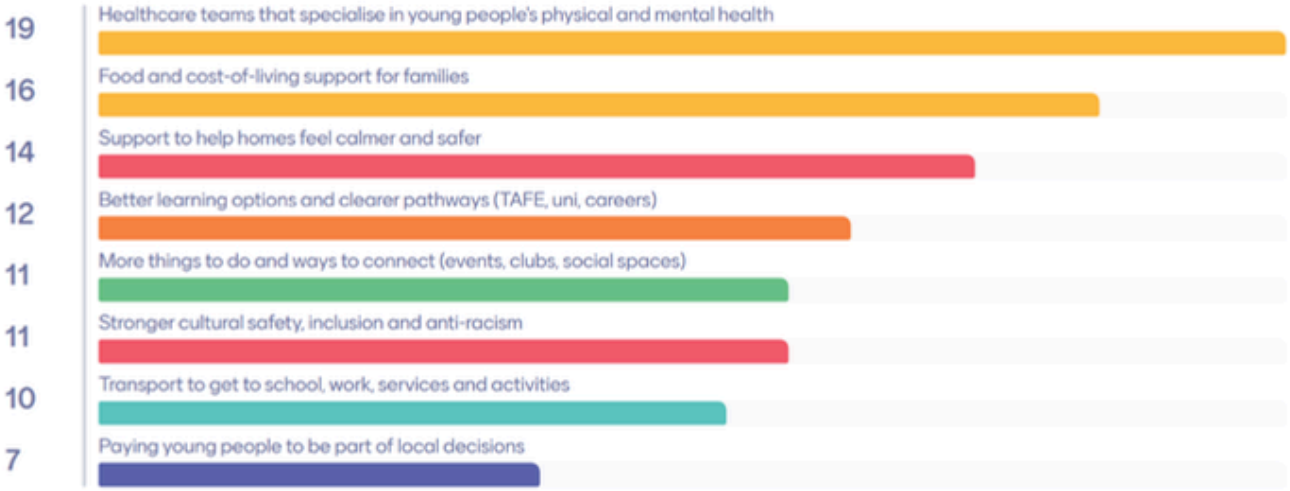
7 Sponsorship / Advertising



30 Lack of education about the consequences

All Domains

You've got $100 million to improve the lives of young Australians. How do you spend it? Spread your points across these areas.



All Domains

If you could be the PM for one day, what's one thing you'd do to improve lives of young Australians and why?

Rank	Theme	Total 130 Responses	The Nest Domain(s)	Example Verbatim Suggestions
1	Mental health support that is easy to access	~24	Healthy	"Mental Health Care and Physical Health Care should be free for young people up until the age of 18. This early intervention approach will prevent or delay lots of long term health issues."
2	Cost of living, jobs and financial security	~20	Material Basics	"Pay young people to engage in further learning, education or training... This reduces cost of living stress and supports educational access."
3	Young people deserve a genuine say	~17	Participating	"Have a diverse group of young people from different backgrounds more involved in parliament and their decision making. Young people are the future and need to be a part of the decisions."
4	Belonging – more places to connect safely	~15	Participating; Valued, Loved and Safe	"There isn't enough activities for young Australians to do and that's why they use harmful things... I think we need more spaces that still be cool." "Increasing access to transport, higher education opportunities and support services, particularly for those in regional areas."
5	Education that helps every young person thrive	~14	Learning	"Give all students free learning assessments as part of schooling to help diagnose and assist people with undiagnosed and diagnosed learning disabilities and neurodivergences in schools."
6	End bullying, racism and discrimination	~11	Positive Sense of Identity and Culture; Valued, Loved and Safe	"Include more place based support in schools... LGBTIQA+ support and resources to support bullying and racism."

	Rank	Theme	Total 130 Responses	The Nest Domain(s)	Example Verbatim Suggestions
	7	Act on climate change	~8	All Domains	"Fund local efforts for climate change and cost of living. 'The world when it's my time to adult 💀🌎🔥'"
	8	Fair opportunities wherever you live	~6	Material Basics; Learning	"Make sure that everyone has an equal chance of pursuing their dreams. Whether they live in the city, or in the middle of nowhere..."
	9	Support families to better support children	~5	Valued, Loved and Safe	"Implement information sessions for parents on their actual responsibilities... they need to be a parent first."
	10	Trustworthy government	~5	All Domains	"I would ram through law to increase transparency and ensure all politicians are ethical and accountable in the role they are in."
	11	Other individual ideas	~5	Varies	Examples included animal welfare education, changing the age of criminal responsibility, and social media reforms.

every child thriving
aracy

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