Health Hub

Ideas for creating more child
and youth friendly health services

Commissioner
for Children &
Young People

Acknowledgements

Contents

Introduction from the Commissioner

Wouldn't it be great to know what children and young people think – what they really think; what matters to them, what worries them, what they want for the future? When we talk about things like health, wellbeing, learning, play, work and the environment, what do these things mean to children and young people? What challenges are they facing?

The easiest way to find out what children and young people think is to ask them, and in my role as South Australia's Commissioner for Children and Young People that's what I do. Information contained in this guide has been sourced from many conversations, discussions and consultations with children and young people of all ages and backgrounds living, studying and working throughout South Australia.

Together with practical tips on how this knowledge can be applied, *Health Hub* has been produced to support you in the crucial work you undertake as a South Australian health professional. Primarily it aims to offer ways to improve how your services and expertise are delivered through greater knowledge of what South Australian children and young people have told me they want and need, and believe will work best.

Many of us make decisions and take actions that affect children and young people's lives every day. We do this as parents, carers, community leaders, professionals, service providers and elected and appointed public representatives. What we decide and do, colours and affects how children and young people experience the world, as well as how they understand their place within it.

Our aim must be to ensure that South Australian children and young people can be heard, listened to and supported to speak-up and participate in decisions that affect their lives. We want children and young people to participate in society in ways that are rewarding for them, as well as for us, particularly when this is related to management of their health and wellbeing.

Much of the information contained in *Health Hub* may be covering ground you're already quite familiar with. Other parts may surprise you in ways they have surprised me. We all have a lot to learn, and when it comes to children and young people, what I've come to understand is that we learn changes constantly in the same way our world is changing at rapid speed.

With this in mind, in *Health Hub* you will be reading about what children and young people have said outside the prism of what is reported in newspapers and across other media, or via our own direct experiences. Allowing for the need for adaptation to the continual change that prevails across our society, you'll find key sections on emerging areas that are becoming critical to children and young people's lives now. These sections endeavour to provide information that is current when compared with attitudes and approaches held even five or ten years ago, and we continue to learn as we go.

For each section, a selection of handy hints and tips are included as steps that you can take, either as health professionals, as members of the community, or as health leaders. Many of these you are likely doing already, but others may provide a helpful prompt for reflection, whether in your day-to-day practice or in the practice or health services in which you work.

If you are a medical practitioner or health service provider who has direct contact with children and young people, I urge you to make full use of the contents of this guide. It has been produced with you in mind. By doing so you'll be utilising information sourced directly from over 5000+ children and young people across South Australia with whom I have spoken over the last several years.

In the resources section of *Health Hub*, you'll find an overview of State Legislation and policies relevant to children and young people, along with a list of organisations and service providers who deliver health, safety and wellbeing services designed to meet the needs of children and young people.

It is my hope that *Health Hub* will help you to help children and young people, whether through your direct care, or in ways you think about, guide and influence others to deliver information and services to children and young people when they access South Australia's health care services.

What's in it for you?

As health professionals you have an especially critical role to play, not only in terms of the treatment and care you provide children and young people, but also through your interactions with them.

Your leadership as a health professional, delivering essential health services to South Australian children and young people, determines how well they perceive our health system to be functioning, engendering trust or distrust accordingly.

As health professionals you can make a huge difference to the quality of a child or young person's life, and often at very critical junctures. Not only can you do this as treating clinicians, but also as trusted adults who children and young people rely upon to provide them with information and pathways to health services that have been designed specifically to support their needs.

Your interactions determine how confidently they can access the information and services established specifically for them, as well as how well they understand the health decisions being made on their behalf by trusted adults, when this is required.

Part of this commitment is to ensure that children and young people have their health needs served in child friendly and child safe environments, which is why *Health Hub* contains tips on what you can do as a medical practitioner or service provider as an individual but also in the context of the practice or medical environment services are delivered to children and young people.

It's the law

Committing to providing child friendly and child safe environments for children and young people is not merely something that is 'nice to do'. It is a requirement under international conventions that are embedded in state legislation.

There are both national and state-based guidelines on how to do this – but a key component includes actively engaging children and young people as stakeholders in decision-making activities, facilitating opportunities for them to have greater input into issues and matters that affect them, thereby ensuring they have a voice.

The importance of listening

The most effective way we can protect children and young people from harm and support them to be active and confident citizens is to listen to them.

Adults often underestimate the competencies of children and young people, relying heavily upon adult representations and assumptions instead of sourcing children's perspectives and experiences direct. At the core of valuing and respecting children and young people is acknowledging and legitimatising the view that they are critical stakeholders who have a right to have input into decisions impacting on their lives.

Below are just some of the examples you'll find through *Health Hub* of the kinds of actions you can take to create child friendly and child safe environments in your day to day service provision of health services to South Australia's children and young people.

– Providing space in consultations for that 'something else'. Having information and contact numbers for support.

– Supporting professional development for practice/ health service staff to help them understand mental health issues and respond accordingly in their interactions with young patients.

– Having practice information visible and available on mental health services and support for children and young people. This can include having materials on display that help to destigmatise mental health issues, and support seeking help.

- Being open and appropriate in talking with young people about sex and sexual health, and not making assumptions about gender and sexuality.

- Having patient registration forms and mechanisms that allow children and young people to record their preferred names and gender identity.

- Remembering the importance of play, developmentally and for health and wellbeing, when treating and making recommendations for children and young people.

- Remembering in your consultations with young people that they may be leading complex lives, with challenges beyond what you may imagine.

- Being a trusted adult in whom they can confide.

- Supporting and advocating for services to be as accessible and affordable as possible. Promoting values of equity of access, and support for people who are facing difficulties to get the assistance they need.

- Understanding how common and distressing bullying can be for children and young people, and openly asking questions about what is happening at school.

- Developing protocols for communicating with schools with respect to school issues affecting children and young people's health.

- Listening to young people and speaking with them directly, not just through a parent or caregiver. Believing in them: they are the experts in their own lives.

- Having information available on advocacy and legal support resources or services, and support groups, that young people can refer to, access or join.

- Making sure you use words that young people understand and can relate to.

- Knowing that the term 'wellbeing' may not be meaningful to children.

- Supporting affordable health care and financial measures that account for people's circumstances where they may face difficulty, such as concession rates and payment options.

- Considering and being alert to the possibility that a child may be taking on a caring role for other family members and asking about the impact on their lives.

- Ensuring supports for young carers are included in material for adult patients with chronic health conditions who are also parents.

- Health providers are leaders and role models in the community. Your interactions with young people can help them to feel heard, respected and understood, and influence their health literacy.

- Remembering to factor in the 'exercise prescription' for physical and mental health, and highlighting that it doesn't need to involve organised sport, costly equipment or a pool or gym fee, but can make use of free natural spaces for joining in family activities or running, walking or hiking.

- Taking account of the fact that young people in insecure work face additional barriers to accessing care and treatment.

- Being open to conversations with young people about costs and their decision-making, so they can make better-informed decisions for their health.

- Having information to hand about volunteering opportunities for young people in your local community.

- Including public transport information on your practice/health service website with address details, eg the closest bus stop, and nearby bus routes.

- Thinking about diversity and inclusion in your interactions with young people: diversity of race and cultural background, religion, ability, sexual orientation, and gender identification.

- Being alert to identity-based bullying and the harms it can cause.

- Considering diversity and inclusion in practice/service materials such as waiting room art, decorations, promotional and other materials.

About South Australian Children and Young People

21%
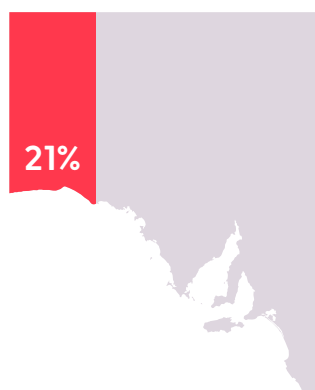
Total Population*

In 2019, there were 368,000 children and young people under 18 years estimated to be living in South Australia, making up **21%** of the state's total population.

32.7%   **34.5%**   **32.8%**
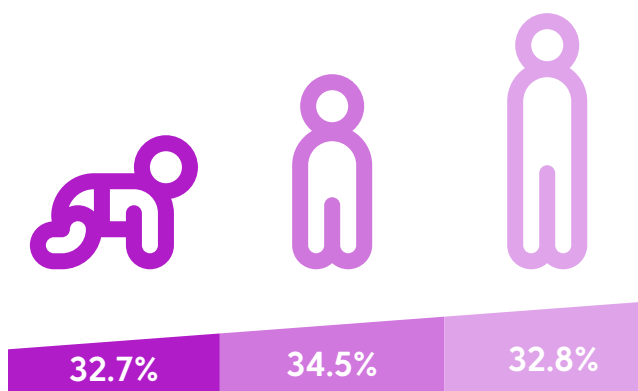
Age Groups*

In 2019, **32.7%** of children in South Australia were under six years of age, **34.5%** were six to 11 years old, and **32.8%** were aged 12 to 17 years.

Country of Birth

In 2016, more than **9 in 10** (90.6%) of all South Australian children and young people had been born in Australia. Of those born overseas, most came from England, India, China (excluding SAR and Taiwan), the Philippines and New Zealand.

Young Aboriginal & Torres Strait Islanders*

In 2019, there were estimated to be 17,800 Aboriginal and Torres Strait Islander children and young people living in South Australia, making up **4.8%** of all children and young people living in the State.
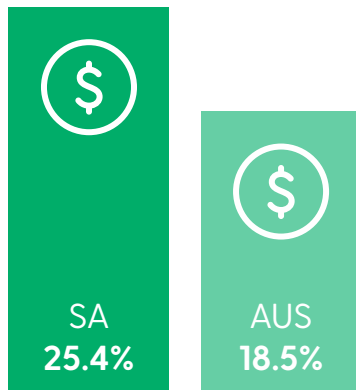
Location*

In 2019, **77.4%** of South Australian children and young people were living in the Adelaide metropolitan area, and 22.5% lived in rural and regional areas of the state.

Out-of-Home Care*

At 30 June 2019, **approximately 1%** of South Australian children and young people were living in out-of-home care, exceeding the national average of 0.8%.

Socioeconomic Level*

In 2018, **25.4%** of South Australian children and young people were estimated to be living in the most disadvantaged socioeconomic circumstances, compared to **18.5%** nationally.

Disability*

1 in 6 South Australian children and young people have a disability.

Homelessness

In 2016, **1 in 5** of South Australians experiencing homelessness were under 18 years of age.

Developmentally Vulnerable

1 in 4 South Australian children and young people are developmentally vulnerable in one of more of the domains under the Australian Early Development Census when they enter school.

Mental Health

1 in 5 South Australian children and young people are estimated to have an emotional, behavioural or mental health problem.
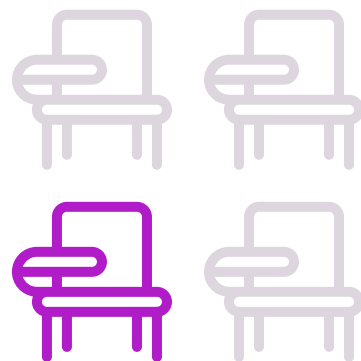
Suspension of Students with Disability

1 in 4 suspensions from South Australian government schools are students with disability.

About South Australian Children and Young People

Leaving School

1 in 4 South Australian students enrolled in Year 8 in 2014 were not enrolled in Year 12 four years later.

Civics and Citizenship

1 in 3 Year 10 students in South Australia are not achieving at or above a proficient standard in civics and citizenship.

Employment

Even before the impact of COVID-19, South Australia's youth unemployment rate has hovered at **around 15%** for several years, much higher than for the general populace. Youth underemployment is even higher.
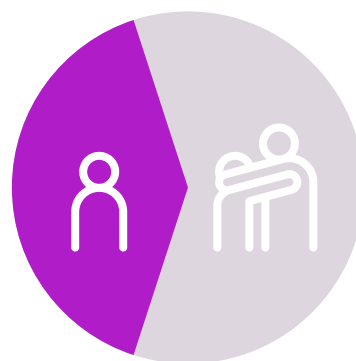
Connection to Adults*

40% of all Year 4 to Year 10 students do not feel connected to adults at schools.
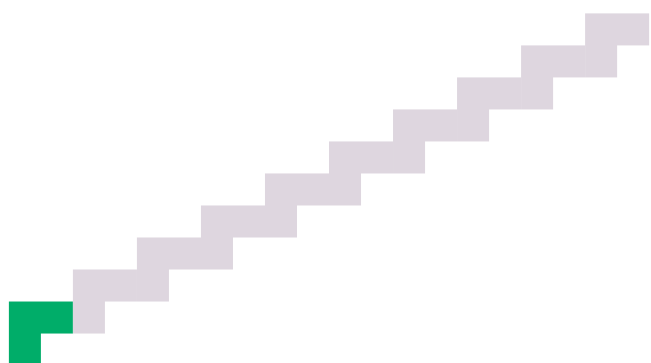
Education, Work and Training

1 in 10 young people aged 15-19 years are not fully engaged in education, work or training.

Friendships*

10% of children and young people feel they do not have at least one friend close enough to confide in.

Source: All data sourced from *How are they faring? South Australia's 2020 Report Card for children and young people*, produced by the Child Development Council, apart from those marked with an * (from sources listed on pages 14-15 of the 2019/2020 CCYP Annual Report)

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Suicide and Self-Inflicted Injury

Among young people aged 14-17 years, **suicide and self-inflicted injuries** are causing the largest mental health burden nationally, followed by anxiety disorders and depressive disorders.
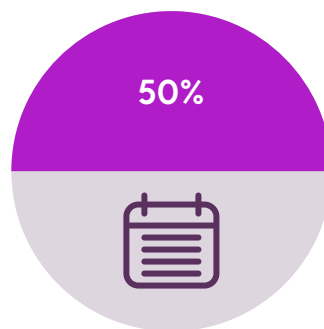
Bullying

In 2018, approximately **50%** of South Australian school students aged 10 to 16 years reported experiencing bullying on a monthly basis. Another **20%** in this age group reported having been bullied on a weekly basis.

Bullying of Young People with Disability

Twice the proportion of Australian young people with disability aged 15-19 years reported having experienced bullying in the last 12 months.

Cyberbullying
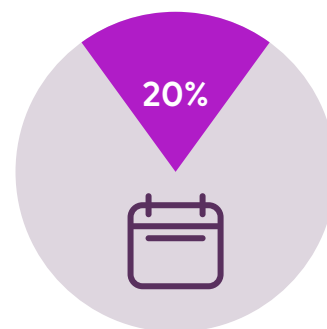
Across Australia, approximately **1 in 5** children and young people report experiencing cyberbullying in any year.
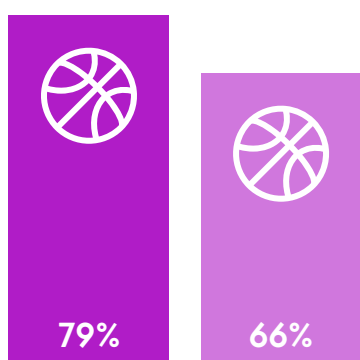
Sports and Physical Activity

In 2019, the participation rate in sports and recreational physical activities was **79%** in the most advantaged areas and **66%** from in the most disadvantaged areas. This may be due to the cost of organised sport.

Lack of Facilities for Young People with Disability

There is a distinct lack of infrastructure, facilities and opportunities for South Australian young people with disability to participate in creative, cultural, sporting or physical activities, which evidence shows delivers social, physical, academic and emotional benefits.

About the Commissioner

The South Australian Commissioner for Children and Young People is an independent statutory position, established under the Children and Young People (Oversight and Advocacy Bodies) Act 2016 ('the Act').

The legislation to establish a Commissioner was introduced by the South Australian Parliament in response to Recommendation 245 of the Child Protection Systems Royal Commission. The purpose was to create a statutory officer with powers and functions to advocate, at a systemic level, to improve the wellbeing of children and young people in SA.

The Act sets out the Commissioner's role, including her responsibility to promote and advocate for the rights and interests of all children and young people in SA, and to promote the participation of children and young people in the making of decisions that affect their lives.

The Act requires the Commissioner to advise and make recommendations to Ministers, State authorities and other bodies (including non-Government bodies); undertake or commission research; and prepare and publish reports on matters related to the rights, development and wellbeing of children and young people at a systemic level.

A key objective of the Commissioner for Children and Young People is to position children and young people's interests, development and wellbeing front and centre in public policy and community life, and to advocate to decision makers to change laws, policy, systems and practice in favour of children and young people.

The Commissioner's advocacy includes direct representation of the views and opinions of children and young people, and protection of their rights and interests.

The Act specifically requires the Commissioner to engage those groups of children and young people whose ability to make their views known is limited for any reason. This direct engagement with children and young people in seeking their views on policy process and practice is at the core of a child rights-based approach. When their voices and views are amplified and supported by adults who value their participation then we have the foundation to ensure that the development, and wellbeing of SA children is a community priority.

The Commissioner's work is guided by the United Nations Convention on the Rights of the Child (UNCRC), the core treaty which sets out the civil, political, economic, social and cultural rights of children.

The UNCRC recognises that all children and young people have rights and should respect the rights of others. State authorities are required to give effect to the UNCRC as well as any other international human rights instrument affecting children and young people. The rights set out in the UNCRC are an additional safeguard of their safety and development and support children's capacity to make decisions and act, autonomously. The articles cover three main themes:

Participation Articles have at their core the idea of children and young people as active contributors and citizens.

Provision Articles cover the basic rights of children and young people to survive and develop, be supported by their parents (or have alternative care arrangements) healthcare, water, education and environment.

Protection Articles relate to responsibilities to protect children and young people from exploitation, discrimination, mistreatment and, where necessary, provide rehabilitation. Statutory authorities must, when interacting with children and young people, ensure their fundamental rights are protected.

Working towards the realisation of children's rights requires Government and the community to:

- respect and treat children's rights as being as important as adults' rights
- protect rights and take action where children's rights are violated
- fulfil rights and take action to ensure children and others are aware of their rights

In the Commissioner's work she listens to the views of children and young people, collaborates with them and represents their diverse voices in the public arena, with a special focus on those who struggle to have their voices heard. Much of her advocacy is directed by the experiences and issues that children and young people talk about and have asked her to focus on.

Child Safe Environments

Organisations in South Australia that deliver services to children and young people are required by law to develop child safe policies and procedures, that staff in their organisations must implement on a daily basis. But what does it take to be an organisation that is child friendly and child safe, and what do these environments look like?

In 2019, a series of conversations were held with more than 300 young people aged 10 to 22 years, who contributed ideas around how to design a child-friendly and child safe feedback mechanism. The findings are collected in the Commissioner's 2020 *Trust is a Must* report.

A key focus of being more child safe is to ensure that the interests of children and young people are placed front and centre in organisational culture. In many service delivery areas, gathering feedback from adult users is now standard practice. We should afford children the same opportunities, and adults should not assume that they are experts in the contemporary world of children. Services aimed at children and young people should involve them in the planning, delivery, monitoring and evaluation phases of those services.

Listening to children and young people must include both opportunities for input, and ensuring they can provide feedback on their experiences in the first place. Establishing or expanding child-focused feedback mechanisms is therefore essential if an organisation is to build trust with children and young people.

Safe environments are found in those organisations that demonstrate values such as confidentiality, transparency, open-mindedness, integrity, and respect, as well as acting on feedback in a timely way. Over time these organisations

develop a reputation for being child friendly and child safe, so that more and more children and young people seek to use their services.

Organisations that commit to supporting children and young people to actively and meaningfully participate in the design of services aimed at them are much more likely to deliver these services successfully. They are also likely to enjoy the positive change that the improvement in the design of their service delivery models will produce, while simultaneously building a reputation as an organisation committed to meeting international, national and state-level child friendly and child safe standards.

Children and young people born since 2000 have had their lives impacted by rapid and significant change – more so than perhaps any other generation before them. Social and technological transformation has challenged and disrupted their thinking, particularly in relation to the way in which they view contemporary society and their agency within it.

Young people frequently express concern that although they are often best placed to identify their own needs, they are rarely asked to do so. Similarly, although they have ideas and opinions about what will improve their situations, these ideas and opinions are rarely sought. On the rare occasions when they are, they are often overlooked.

As well as easy access to relevant information, children and young people want genuine opportunities to participate in improving processes that affect their lives. To ensure the conditions for creating child friendly and child safe environments are being met, children and young people need to be involved in the design and delivery of services that are aimed directly at them. This can be achieved through integration of feedback mechanisms that promote continuous improvement, as well as by consultation mechanisms that invite children and young people to have input into new services as these are being designed. Children and young people need organisations to consult with them as well as to inform them.
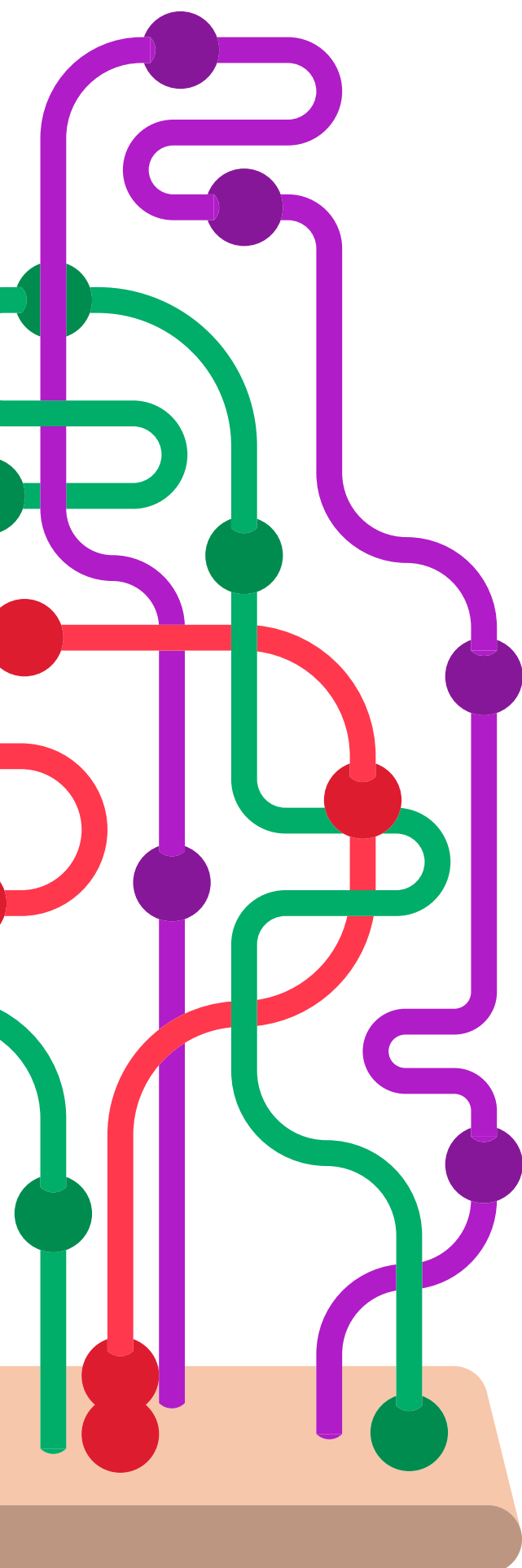
Being child-friendly and child-safe

At the core of creating child friendly and child safe environments, is the need for organisations to put policies and procedures in place that ensure children and young people feel they are being listened to and believed.

When children and young people use a service, they want to be explicitly informed about what to do if they feel unsafe or uncomfortable. They need to be told when they arrive that a child-focused policy exists. This includes the option to provide feedback on the policy and procedure to improve the services being delivered.

Ideally, organisations should offer several different ways for children and young people to make direct contact with them through multiple contact points, including by phone, online, and via social media.

Children and young people want to be reassured that organisations are committed to responding to any feedback or complaint they may lodge. They want organisations to demonstrate their accountability to children and young people, and to be notified of the outcome of any feedback or complaint they have made. They are happy to receive this via email, SMS notification, or via social media.

**What children have said adults need to do
to be more child friendly and child safe**

- **Listen to us** with interest and an open mind.
- Employ **friendly staff** who like us and are relatable and approachable.
- **Get to know us**, understand our lives, and do the right thing by us.
- Provide us with an **environment** that is comfortable, welcoming and well signed.
- **Let us know** what to do and who to talk to if we feel unsafe or uncomfortable.
- **Admit your mistake** if you do something wrong.
- Find ways for us to be informed, involved and to **have a say** in what is happening.
- Make it easy to for us to provide **feedback** or to make a complaint.
- Show us respect by **updating us** on what is going on with our feedback.
- **Share with us** how our feedback has been used to improve services.

The South Australian Context

Under the *Children and Young People (Safety) Act 2017 (Safety Act)* and the *Child Safety (Prohibited Persons) Act 2016*, statutory bodies and any other organisations that provide services to children must provide child safe environments.

The objects and principles of the Safety Act give effect to Article 3 of the UNCRC, stating that the 'paramount consideration' throughout the administration, operation and enforcement of the Act must always be in the 'best interests of children, having regard to their safety and protection'.

Chapter 8 of the Safety Act requires all statutory and non-statutory organisations that work with children or provide services to children to develop child safe policies and procedures and submit them to the Child Safe Environments unit of the Department of Human Services (DHS).

To support organisations in the creation of child friendly and child safe environments, South Australia established a *Child Safe Environments: Principles of Good Practice Guide* (CSE Guide). It contains seven overarching principles that organisations are required to follow:

1   Identifying and analysing risk of harm
2   Developing a clear and accessible child safe policy
3   Developing codes of conduct for adults and children
4   Choosing suitable employees and volunteers
5   Supporting, training, supervising and enhancing performance
6   Empowering and promoting the participation of children and young people in decision making and service development; and
7   Reporting and responding appropriately to suspicions that a child or young person is at risk.

These principles are supplemented by a set of ten National Principles for Child Safe Organisations, devised in response to the recommendations made by the Royal Commission into Institutional Responses to Child Sexual Abuse (RCIRCSA). They are underpinned by a child-rights approach linked to the UNCRC, and effectively build on the seven principles set out in the CSE Guide. In South Australia, they will replace the original seven principles. Although not currently mandatory, they are the 'gold standard' which organisations should aspire to, and against which they should measure their performance.

The ten National Principles are more holistic and include the following:

1   Child safety and wellbeing is embedded in organisational leadership, governance and culture.
2   Children and young people are informed about their rights, participate in decisions affecting them and are taken seriously.
3   Families and communities are informed and involved in promoting child safety and wellbeing.
4   Equity is upheld and diverse needs respected in policy and practice.
5   People working with children and young people are suitable and supported to reflect child safety and wellbeing values in practice.
6   Processes for complaints and concerns are child focused.
7   Staff and volunteers are equipped with the knowledge, skills and awareness to keep children and young people safe through ongoing education and training.
8   Physical and online environments promote safety and wellbeing while minimising the opportunity for children and young people to be harmed.
9   Implementation of the national child safe principles is regularly reviewed and improved.
10   Policies and procedures document how the organisation is safe for children and young people.

Find out more in the Commissioner's *Trust is a Must* report at ccyp.com.au/ccyp-reports

South Australian Outcomes Framework for Children and Young People

In recognition of the rights, development and wellbeing of children and young people, the Parliament of South Australia passed the Children and Young People (Oversight and Advocacy Bodies) Act 2016 (the Act), establishing four oversight and advocacy bodies for children and young people from birth to 18 years.

The Child Development Council (Council) was set up under Part 6 of the Act to develop and maintain an Outcomes Framework for Children and Young People (framework) to improve the outcomes of South Australia's youngest citizens in five key dimensions: health, safety, wellbeing, education and citizenship.

To progress the vision of South Australia being a state where the conditions exist for all children and young people to thrive, the framework is organised around a Charter for Children and Young People, with 20 essential conditions for all young South Australians to thrive, as well as the five key life dimensions. For each dimension there is a high-level outcome with associated indicators. Indicators reinforce outcomes and are interconnected. For example, having safe and stable housing is a key foundation for all five outcomes. For each indicator there is a set of measures that allows progress to be tracked. This provides a holistic view of the wellbeing and development of all children and young people. The outcomes-based approach focuses on actual results and progress achieved, rather than systems and programs.

The statements in the Charter represent the voices of children and young people, and reflect what is important to them. The Charter sets out the conditions that all children and young people can, and should, have. These conditions – the twenty Charter statements – apply to every child and young person in South Australia without discrimination. The conditions call on all South Australians to play an active role in improving the outcomes of children and young people, including children and young people themselves, parents, families and other caregivers, local governments, state government, the private sector, non-government organisations, Aboriginal communities, religious and cultural leaders, the media, and all who work with children and young people.

The framework employs population-based indicators and measures that enable longitudinal tracking and reporting of trends and outcomes in the five dimensions.

Reporting of data against the indicators and measures provides all spheres of government and service providers with evidence for informed decisions about policy and collaborative action.

The framework identifies five key outcomes as measurable descriptions of success at the population level:

1   Young South Australians are physically, mentally and emotionally healthy
2   Young South Australians are safe and nurtured
3   Young South Australians are happy, inspired and engaged
4   Young South Australians are successful learners; and
5   Young South Australians participate actively in society.

The framework provides a structured approach to determine how children and young people fare in each dimension, by providing the evidence that shows if improved outcomes are equally shared by all.

Health

Young South Australians are physically, mentally and emotionally healthy

- Babies are born healthy
- Children have a healthy early life
- Children and young people have health-promoting behaviours
- Children and young people are thriving
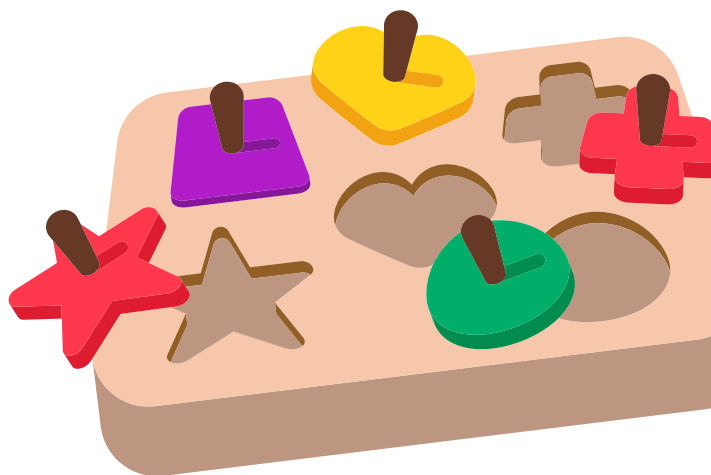
Safety

Young South Australians are safe and nurtured

- Children and young people live in safe environments
- Children and young people are safe from preventable injury
- Children and young people are safe from abuse and neglect
- Children and young people are safe from crime

Wellbeing

Children and young people have early experiences that enhance their sense of identity

- Children have early experiences that enhance their
- Children and young people are connected to family, friends and culture
- Children and young people play and participate in recreational activities
- Children and young people are leading satisfied lives

Education

Young South Australians are successful learners

- Children enter the school system ready to take advantage of the learning environment
- Children and young people's experience of learning is positive
- Children and young people are engaged in school, further education, training or work
- Children and young people are heard, listened to and given agency

Citizenship

Young South Australians participate actively in society

- Children and young people develop skills for an independent life
- Children and young people participate in decisions that affect them directly and the wider society
- Children and young people are engaged in community activities
- Children and young people are heard, listened to and given agency

What Kids Say About Health

Health

Mental Health

Sexual Health

Gender Diversity

Adolescent Play

Health

Children and young people have a clear idea of what being healthy means to them. The majority see major health concerns as relating to relationships with peers, partners and families, including such issues as self-harm, bullying, family and domestic violence, child abuse and neglect, and family stress. Costs and access are also a matter of particular concern to them.

Children and young people have told us that being healthy is important to them. They are clear about how healthy kids feel, what they can do, and what foods keep you healthy. A healthy kid is happy, they can do anything, they are excited, and strong. A healthy kid plays sport, is active, and has fun. Healthy kids eat fruit/vegetables and sometimes treats, as well as healthy food.

The majority of young people see major health concerns being those related to their relationships with peers, partners and families. These include self-harm, bullying, family and domestic violence, child abuse and neglect, and family stress. They describe these as having a direct impact on their health. For some, cost of living pressures means they don't have the same healthy food choices as others.

Many young people frequently raise issues of health care affordability, including the cost of treatment, travel to appointments, and how letting small issues escalate into major ones is often, in their view, unavoidable because of the costs involved.

We heard that for many who are struggling, health is a big issue, and that young people perceive that free health care is virtually non-existent and highly inaccessible. They talked about waiting lists that were often 'months and months' long, and their perception that poorer quality health care is available to them.

We heard that children experiencing poverty are often 'predisposed to anxiety/depression' but cannot afford treatment for these conditions.

Many of the participants in consultations held by the Commissioner talked about wanting, as well as needing, to go to the doctor or dentist, but that all their 'health stuff' is something they simply cannot afford to do. For some, their perceptions of healthcare costs are influenced by American television programs and media. Young people have also told us they face difficulties affording hygiene products such as deodorant, toothpaste and soap.
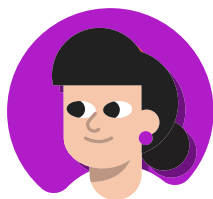
'There is a limited understanding [of] how to access mental health services among young people. Many resources such as a GP provided mental health plan are not made known to young people who want to access to this type of service but are unsure how to.'

'We should be placing a greater emphasis on nurturing environments where individuals feel comfortable to work on their personal skills and assets, as well as feel comfortable in their own skin — culture, gender, socio-economic standing; promoting self-love and positive health.'

What can I do to make a difference?

— Understanding **what health means to young people** and talking with them about nutrition, play and recreation activities.

— Hearing and understanding what young people may experience in relation to **relationships, self-harm, bullying, family and domestic violence, child abuse and neglect, and family stress**. Providing space in consultations for that 'something else'. Having information and contact numbers for support.

— **Talking about things that are part of young people's everyday experience** today, such as social media and gaming, as well as knowing some of the language used by young people.

— Providing clear and easily accessible information **about costs**. Giving careful consideration to financial aspects, including people's circumstances, and measures such as bulk billing, concession rates, and payment options.

— Remembering that **some young people live in poverty**, and cost pressures may not always be apparent. Doing what you can to mitigate its effects when you are providing services and advice to young people.

— Making it clear that **confidentiality** applies to young people (within the requirements of the law for mandatory reporting).

What can my practice do to make a difference?

— Including **information for young people** in practice/health service materials, such as posters, digital screens, pamphlets and information on the website.

— Having information available for young people on **healthy living**, such as nutrition, activity and sleep, as well as public transport information, cost and bulk billing information.

— Providing clear channels though which young people can **make suggestions and provide feedback**, including anonymously. Encouraging it, following up, and acting upon it.

— Showing that the practice **welcomes** children and young people. Considering how this can be reflected in the physical environment in waiting rooms and other spaces.

— Having information about measures such as access to a **Medicare card, Health Care Card, carer and disability payments**, as well as bulk billing, costs and payment options.

Mental Health

Mental health is a key concern for children and young people: their own, and that of others. The top issues they raise are stigma associated with mental illness, and their role supporting friends who have mental health issues.

Children and young people have indicated their main health concern is mental health. Young people of all ages are worried about their own mental health, as well as the mental health of others; they talk about the impact and the barriers to getting what they described as the 'right help'.

Many young people have spoken about friends being suicidal, parents suffering depression, and struggles of stigma, lack of understanding, embarrassment and isolation. It is recognised that mental illness when a person is young can affect schooling and other factors, which can in turn influence opportunities over their lifetime, and that most mental illnesses experienced in adult life have their onset in childhood or adolescence. Further, mental health challenges disproportionately affect the more vulnerable groups, including children from a lower socio-economic background, out-of-home care, and those who have been abused and/or bullied.

The two most prevalent issues young people have raised are the ongoing level of stigma in relation to mental health, and their role in supporting their mates who have significant mental health issues.

Many young people are trying to support peers whilst often dealing with their own issues. These informal support networks can often be overstretched. Young people talk about the barriers they face in getting adults to help. They also tell the Commissioner they are most likely to turn to their parents for help, rather than school staff or professionals.

Mental health services provided specifically for children and young people in South Australia are thin on the ground. Children with mental illnesses may 'fall through the gaps' and some are not being treated at all. It is also somewhat unclear as to exactly what clinical mental health services are available, particularly for young children, with these often being often packaged into 'family health services' rather than being child-specific.

Young people have told the Commissioner that mental health support in schools is both hard to access, and ill-equipped to respond to students' needs. They feel that schools simply aren't prepared to deliver the kind of mental health support that young people need.

Young people also discuss only receiving mental health support when things reach a 'critical level.' Whilst schools do offer young people an opportunity to seek assistance by talking to a school counsellor, they have told the Commissioner that they feel that limited resources often make this inaccessible due to shortages such as 'one counsellor for a whole public school.'
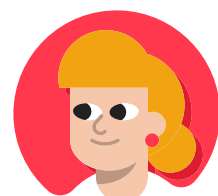
Young people want:

— Mental health education at school to help reduce stigma and to provide information on where children and young people are able to access services and support outside of school.
— More specialised counselling and services that work specifically with children and young people.
— Easier transition from youth to adult services.

'I was an A grade student and then started having mental health issues. All I was told was '[it] sucks to be younger, get yourself fixed because year 11 and 12 are important, you don't want to **** that up.' Like I could just control my mental health like that.'

'Less homework, I think is very important because homework messes with my mental health, it makes me stress and then I can't sleep and I get grumpy and sad and depressed. Because I want to spend time with my family and friends and be doing things I love and am happy doing and bring me joy! Thanks.'

What can I do to make a difference?

– Considering **mental health** in consultations with young people, including the role they may play in supporting peers who are facing mental health issues.

– Having **information** to hand for young people in difficulty or distress, including avenues to get help and support.

– Encouraging and supporting access to **mental health services**, advocating for their value, and helping to destigmatise mental health issues and seeking support.

What can my practice do to make a difference?

– Supporting **professional development** for practice/health service staff to help them understand mental health issues and respond accordingly in their interactions with young patients.

– **Having practice information visible and available** on mental health services and support for children and young people. This can include having materials on display that help to destigmatise mental health issues, and support seeking help.

Sexual Health

Sexual health and sexual education are very important to young people, including information about consent, recognising abuse, and navigating intimacy and relationships for the first time. Also important is information that reflects the diversity of young people's sexuality and experiences.

Young people have told the Commissioner that sexual health and sexual education is very important to them. They want to be treated as the young adults they are, and be engaged in frank, age-appropriate discussions about sex, consent, and safety.

Some young people feel judged or not taken seriously by school teachers and counsellors. Some say they have been asked intrusive questions, while others felt they are not being listened to, particularly during discussions about sex. Young people indicated that issues of consent are not adequately addressed in current sexual health curricula at schools, and that the curriculum is largely hetero-normative and marginalises queer experiences.

Young women also identify a need for female-centric spaces for teens to talk about health problems, as they don't always feel comfortable with male doctors or counsellors.

Many LGBTQI+ youth express a desire to learn more about diverse forms of sex and how to stay safe, and that they feel the curriculum is currently very hetero-normative.

Additionally, young people have told the Commissioner they want to learn more about how to navigate relationships and intimacy for the first time.

Finally, young people feel they need to know more about how to recognise abuse in their relationships and those of their peers, and what to do if such a situation should arise.

The Australian Bureau of Statistics reports that from the age of 15 years 1 in 5 women and 1 in 20 men have experienced sexual violence. Whilst we know relationship and sexual health education in isolation will not fully inform and protect children, we do know through research that sexuality education can influence behaviour positively by delaying sexual activity, reducing the number of partners and sexual risk taking, informing young people on how to identify problematic sexual behaviours, and teaching young people what to do in the event sexual violence occurs or is occurring.

The online world presents both opportunities and risks to young people. It is vital therefore that children and young people be equipped to view online content critically. Evidence suggests the incidence of children accessing pornography through their own devices is on the increase. Often this can be unintentional and occurs when children and young people are researching sexual health, relationships or medical information. While parents often overestimate exposure for young children, and underestimate the extent of exposure for older children, the research shows that exposure is highly likely to occur.

In fact, Australian research reveals that just under half (44%) of children aged 9-16 years encounter sexual images per month. Of these, 16% had seen images of someone having sex and 17% had seen images of a person's genitals. Knowing this, it is clear that equipping children and young people with the sex education they need to discern between safe and unsafe sexual practices and sexual safety is therefore crucial.

Young people and advocates have said that a lack of understanding and education of what healthy sexual relationships are, including what consent looks like, may explain why intimate violence, harmful behaviour between peers, and other domestic sexual violence, continues to be on the increase.
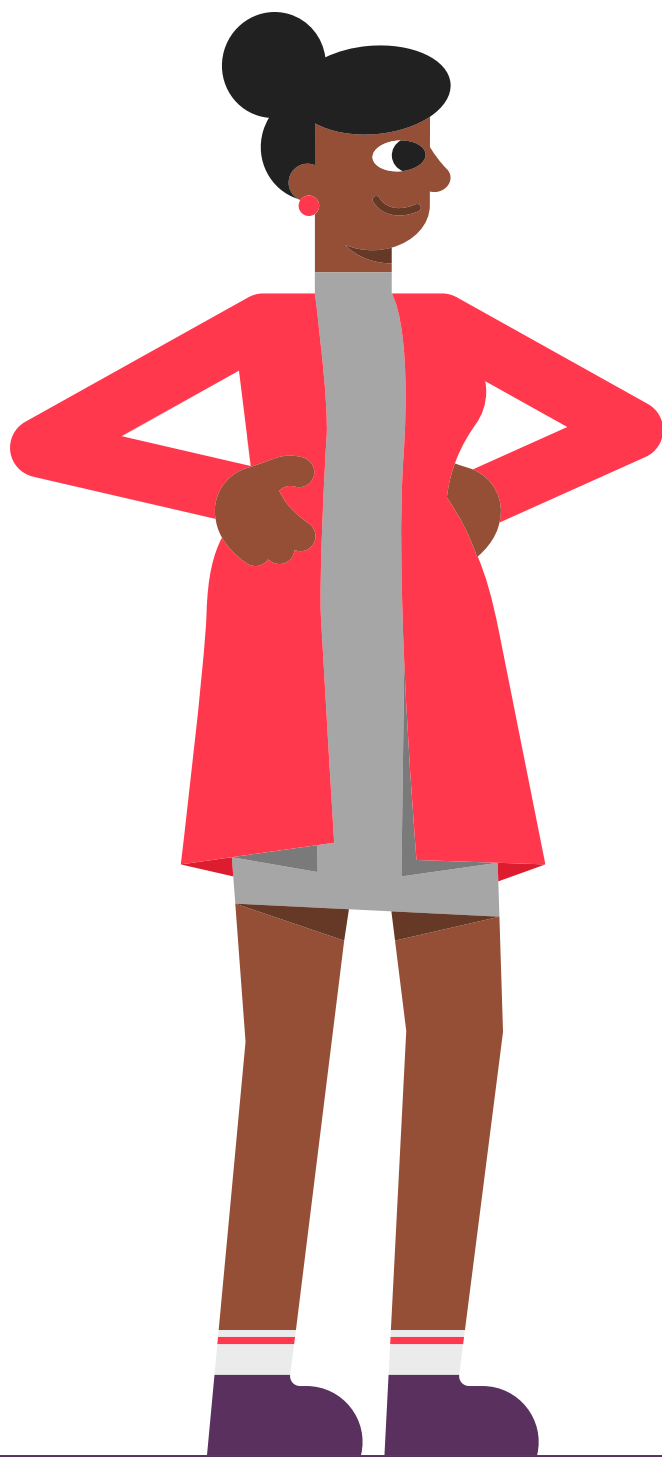
'Year 10 and up... sex ed needs to be more about consent – contraception – body – relationships.'

'Other subjects aren't always relevant to everyone but this is. For some kids sex ed in school is their only reliable source of information.'

What can I do to make a difference?

– Being **open and appropriate** in talking with young people about sex and sexual health, and not making assumptions about gender and sexuality.

– Being **ready and informed** to talk with young people about sexual heath, safe sex, consent, relationships, abuse, and other sensitive or challenging topics that impact on health.

– **Understanding the landscape** that young people today are navigating, including its diversity, and the impact and role of online technologies in relationship interactions.

What can my practice do to make a difference?

– Having **information** about sexual health, and sexual health services, easily available for young people (eg in waiting rooms), as well as for consultations.

– Ensuring that sexual health information reflects **diversity** of sexual orientations.

– Having the option for young people to see a practitioner of their **preferred gender**, and making this clear.

Gender Diversity

Trans and gender diverse health care is a rapidly evolving area of practice. There has been a high level of goodwill and commitment to working collaboratively across health and consumer groups in the best interests of trans and gender diverse children and young people.

Although positive steps are being taken, unfortunately, many trans and gender diverse children and young people in South Australia struggle to access support and treatment relating to gender, either through primary health services or via other areas of the health system. This can be due to a lack of awareness of gender issues amongst practitioners, confusion regarding referral pathways, or the chronic shortage in specialist gender services within this state.

The children and young people consulted by the Commissioner repeatedly stressed how marginalised and isolated they often felt. This was identified as a driver of many of their health needs. Overwhelmingly, trans and gender diverse children and young people wanted to be 'normalised' not 'judged', and have quicker access to services.

Delays and barriers to accessing services often worsen health outcomes and contribute to the development of co-morbidities that can detrimentally impact on a child or young person's mental and physical health over the long term. Significant additional barriers often operate for trans and gender diverse people coming from some Aboriginal and Torres Strait Islander communities, as well as from those that are culturally and linguistically diverse.

Trans and gender diverse young people identified the following priorities:

— More visibility around gender diversity at the health system and societal levels, and better understanding of the needs of trans and gender diverse children and young people.

— Better information for children and their parents/carers about gender diversity, therapeutic services and access pathways.

— Better education and training for GPs and other health workers, to improve the quality of primary and mental health care available to trans and gender diverse children and young people.

— Gender-affirming health services to be available to children when they need them, increasing resources and reducing waiting lists.

Trans and gender diverse children and young people report needing support in relation to gender dysphoria or co-morbidities separate from, but related to, their gender dysphoria. For many, it is about both, and for others financial factors are an issue. Stage one treatment is not listed on the Pharmaceutical Benefits Scheme (PBS) and some stage two treatments are also not covered. As young people told us, 'transition is expensive' and it is an ongoing cost. For this reason, advocates have told the Commissioner that young people were known to source medications and dangerous hormone supplements via the black market, placing their health at further risk.

Children requiring access to gender-affirming therapies will at some point need a referral to the Women's and Children's Hospital (WCH). Stage one treatment, which in South Australia requires parental consent and assessment by two medical practitioners, is only available through the WCH. There is currently no formal gender unit in operation, although a dedicated cohort of medical professionals work with trans and gender diverse children and young people as part of their practice and establishment of a dedicated unit is being discussed.

The numbers are significant, with estimates that the number of Australian school aged young people who identify as trans and gender diverse is somewhere between 1.2% and 2.5%.

Anecdotally, advocates have said that ten years ago gender specialists within the WCH may have seen only one or two referrals a year. Today, referrals are reaching between 150-200 children a year. Children and their families told us that it can take up to 12 months to receive a referral to specialist services in South Australia, while advocates confirmed that the waiting list for an appointment with these services was reported to be up to another 12 months. Accessing gender-affirming therapies can be time-sensitive, as they may require delaying the onset of puberty and the arrival of more defined sex characteristics. Some young people told us their wait for treatment meant it came too late for them to receive the full benefit, resulting in serious negative effects.

Professionals and advocates highlight the need for young people to receive access to fertility services to preserve reproductive options. Also, the need for GPs to better understand the health needs of trans and gender diverse people as they get older, such as screening trans women for prostate cancer and trans men for cervical cancer, or understanding the potential long-term health effects of gender-affirming therapies.

Find out more in the Commissioner's *First Port of Call* report at ccyp.com.au/ccyp-reports

'Nurse miss gendered me in spite of parents telling them not to. They are part of the problem and making it worse.'

'If I could change the world which I know I can't, I would make everyone be treated like equals. No matter what gender they are, how they look or who they love. Humans can be so mean. Its unfair what these people have to go through just because they're not your so called 'normal'.'

'Transgender people and children are both groups not really heard by society (at least compared to cis people and adults). Improving the status of transgender people and considering children's rights are some thoughts.'

What can I do to make a difference?

— Having ready access to accurate information on **referral pathways** to specialist health services.

— Using **preferred gender/preferred names** to reduce the shame and embarrassment experienced by misgendering.

— Providing **information** on treatment options and local family support options.

What can my practice do to make a difference?

— Displaying **trans and gender diverse symbols** in waiting areas.

— Having **patient registration forms** and mechanisms that allow children and young people to record their preferred names and gender identity.

— Having information available on **local support agencies** and networks for children, young people and parents.

Adolescent Play

Play is critical to young people's health, development and wellbeing, but the ways in which young people today want to spend their leisure and play time are different to the ways in which earlier generations chose to do so. We need to recognise these differences and work to create the infrastructure that supports young people alive today to play in the ways they wish to.

Between early childhood and primary school, we tend to lose sight of the importance of play for young people, instead viewing it as an activity that is only relevant to young children. We encourage teenagers to put their toys away and to spend their time learning about life through school and activities that remove opportunities for play and free time. We do this without realising that by doing so we risk impairing their cognitive development and their capacity to learn the social skills they will need to successfully navigate their way into the adult world.

Play means a range of different things to children and young people – from in-person sport and games, to solo or group play using new (or newer) technologies.

Access to team sports and outdoor activities is very important to many children and young people, and has consistently been brought up during the Commissioner's consultations. Children and young people want to be able to play their favourite sports in their own local communities, and say they feel they're happiest when they play sports with their friends. They also acknowledge the importance of outdoor play to both their physical and mental health.

Children also bring up that there are few opportunities for play for children who are under 18 years but over the age at which traditional playgrounds are fun. They feel marginalised in public spaces which largely cater to adults and view groups of young people as disruptive. They want

public spaces that are vibrant, filled with art and colour, close to transport options, and welcoming to young people. They want spaces set aside specifically for young people to meet, network, and 'hang out.'

According to the Mental Health Foundation of the United Kingdom, having time and the freedom to play indoors and outdoors, is one of the top five activities that contributes to maintaining good mental health in young people. In 2010, research into play in the United States found that there is a direct correlation between the decline of free play in the lives of children and young people, and an increase in anxiety and depression.

However, despite the years of research supporting the importance of play, decision makers and community leaders still do not prioritise projects or build infrastructure that will encourage and support young people to engage in play. In fact, because so much of a young person's life these days is regulated and defined by adults, there is not much room left for young people to enjoy free time at all.

When asked about the practical everyday barriers to play they experience, young people reported feeling tired and being too busy with school, homework and other commitments, making it difficult for them to find the time and motivation to focus on spending time doing the things they enjoy.

Youthfulness, particularly in terms of institutions and public spaces, means creative ways of being. It means including young people in the design of spaces, programs, and facilities they will use.

Video games are seen by young people as an important and creative way to connect with their peers. They are the fastest growing form of entertainment, and a vital part of youth culture. Children and young people say that these games help them to relax, express frustration, or make friends across the world. Young people want them to be taken seriously in the same way that physical sports and other forms of play are.

As digital natives, young people see the Internet as an extension of their daily lives, and want that to be reflected in their education, and the spaces they inhabit. They want to be engaged through digital devices, and for public spaces to prioritise facilities such as WiFi, chargers, and augmented reality. They want a 24-hour community more in line with global trends.
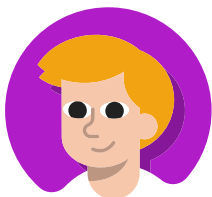
Find out more in the Commissioner's *Press Play* report at ccyp.com.au/ccyp-reports

'More activities around the city for young people would be nice, and you get to meet new people as well.'
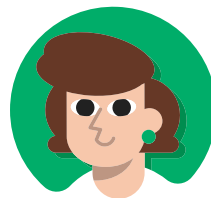
'Playgrounds for older kids because us older kids can't do much in Port Lincoln. Free wi-fi. Paintball. Bowling. Go carts. Laser tag. Bounce. Upgraded jetty.'

'After school we like to go to the youth centre and play all the games that are there. And going to the netball courts and shooting goals and going to people's houses.'
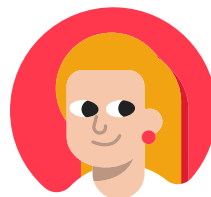
'Everything closes too early in the city. Shops, cafes, restaurants - only clubs for 18+. It is a dead city on the weekends for under 18. Open to later times - more stuff to do at night music, events/food events, hang out spots.'

What can I do to make a difference?

— Remembering **the importance of play**, developmentally and for health and wellbeing, when treating and making recommendations for children and young people.

— Considering how **the benefits of play can be preserved**, even for children and young people who are unwell or facing challenges.

— Being aware of **play opportunities and spaces** in the local community, to be able to make suggestions and recommendations, where appropriate, as part of health recommendations.

— Being an **advocate** for healthy play and recreational spaces for children and young people in the local community and beyond it.

— Knowing a bit about **video games and gaming**, to be able to discuss these aspects of play in an informed way. Understanding both their appeal as well as some of the possible risks to look out for.

What can my practice do to make a difference?

— Providing **opportunities for safe play** in practices or health services, where appropriate.

— As a practice/health service, supporting **local developments** that provide play and recreational opportunities and spaces for children and young people.

— Having **information** available about safe and healthy gaming/video game use.

What Kids Say About Safety

Kids Doing It Tough

Bullying

Helpers

Kids Doing It Tough

Children and young people want people who are 'doing it tough' to have the same quality of education and opportunities as others. They are concerned about costs of living, and a range of social issues that include domestic violence and inequality.

South Australian children and young people have told the Commissioner that they want those who are 'doing it tough' to have the same quality of education and opportunities as those who are more well-off. The cost of education is a big issue for many children and young people, especially those who come from households that are struggling both financially and emotionally. They worry about whether their parents or guardians can afford to get everything they need for education, school sport, or extra-curricular activities such as learning a musical instrument, or taking singing or dancing lessons, and this affects their own well-being.

For young women living in poverty, a more urgent need for accessible hygiene products emerged in the Commissioner's consultations with young people, as many struggle to access the basics they need on a monthly basis.

Many children and young people are worried about the cost of living. They talk about the high cost of education (including uniforms and books) competing against the cost of basic utilities, such as electricity, water and food, medical bills and housing.

Children and young people understand that education and formal qualifications are increasingly vital in the modern world. They know that to succeed and follow their dreams they will need experience and training, and they are hungry to take on any challenges they can, as early as they can. However, many young people said that the opportunities to gain qualifications are unequal and, in some cases, inaccessible to some – and that this is not fair.

According to Mission Australia, one in six South Australian children and young people experience homelessness (*Young People's Experiences of Homelessness*, 2018 report). Many young people experiencing homelessness and housing stress are not visible in data on homelessness, as they are couch-surfing, or living in otherwise precarious situations, rather than sleeping rough. These young people say they feel let down by schools and social services, which don't recognise that their needs are different to those of an adult experiencing insecure housing.

Some young people feel that they have been inadequately educated on 'real world' issues, such as what to do if they find themselves in a dangerous home situation. They called for mandatory subjects in high school that deal with issues of family abuse and homelessness. They have also told us that there are not enough homeless shelters, Housing SA properties, and other services specifically for children and young people, particularly culturally diverse and LGBTQI+ youth.

Young people with experience of drug and alcohol abuse feel that there isn't sufficient support for youth with complex needs, and in particular that rehabilitation centres feel unsafe and unwelcoming to children.

Many children and young people are also carers in their own right, either as young parents, or carers to a disabled or ill parent or sibling. These young people need particular support, but repeatedly say they feel invisible. Among their concerns are a lack of access to medical care, whether due to geographical isolation or poverty; reduced ability to spend time on school work compared to their peers; and a lack of understanding as to their challenges and responsibilities.

Some of these young people suggested counselling should be made more readily available to young carers and parents. Others struggled to complete homework on days they had to take on a caring role. Most asked for extra support for their child or the family member they were caring for.

Children and young people have consistently said they want all children and young people to have the same opportunities. They emphasise the need for role models of all genders, and for non-tokenistic inclusion programs. They are concerned about a range of issues that impact on people's abilities to access opportunities and the necessities of life, and they see a need for increased education on issues such as domestic violence, and equality and gender identity, among others.

'For a lot of females in poverty, menstrual products are inaccessible. Schools have implemented strategies to assist this such as free sanitary products in schools, however this introduces the problem of isolating those who don't usually have access to those things as they are the people accessing the free products.'
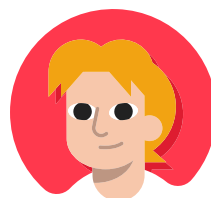
'Introduce a class in all schools for important things i.e. how to detect abuse in family or relationships. Where to go if homeless. How to make a resume, taxes etc. We don't learn about real life things, therefore when situations occur we are unaware and more vulnerable'.

'Teachers can get angry at you for having other commitments outside of school, which causes you to drop those out of school commitments just to be able to deal with handling school.'
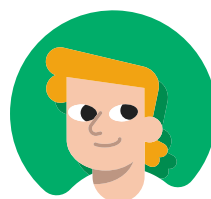
'Many people don't understand [what] people like us go through, the genuine difficulty it can be for some and the true setbacks that young carers face in school, social life and overall life.'

What can I do to make a difference?

— Considering what **barriers** – cost and otherwise – young people who are doing it tough may face to accessing your care. Working to mitigate them. Being clear and transparent on costs and giving careful consideration to the financial issues young people may face in accessing care, and how these may be addressed.

— Remembering in your consultations with young people that they **may be leading complex lives**, with challenges beyond what you may imagine. Being a trusted adult in whom they can confide.

— Being **non-judgemental, and open to difficult conversations**. Being informed. Understanding government systems and support services, and referring young people and families who are facing difficulties to resources, aid and services, where helpful.

What can my practice do to make a difference?

— Supporting and advocating for services to be as **accessible and affordable** as possible. Promoting values of equity of access, and support for people who are facing difficulties to get the assistance they need.

— Having **information** available and promoted for young people facing challenges such as homelessness, family violence, drug or alcohol abuse, or as carers.

Bullying

Stopping bullying is one of the top priorities children and young people have raised with the Commissioner.

Bullying has been recognised by the United Nations Committee on the Rights of the Child as a form of 'mental violence'. This type of mental violence can affect children's health, wellbeing, safety and security. Furthermore, if children and young people cannot spend time with their friends and enjoy themselves, this can also violate their right to leisure and play.

Bullying behaviour encompasses a broad range of conduct; however, it most often includes a power imbalance and repeated verbal, physical and/or social behaviour that causes physical or psychological harm. Therefore, bullying can be at varying levels of severity and can range from 'normalised' social behaviour to that which is life endangering.

Bullying on the basis of sexual orientation, gender identity or intersex status can impact on a young person's sense of safety as well as on their mental health. Online bullying can infringe young people's right to privacy and violate their right to protection from attacks on their reputation. Bullying also affects young people in the workplace.

The Commissioner learned through consultations for her Bullying Project undertaken in 2018, that children and young people's views and descriptions of bullying behaviours are consistent across school sectors, school type and locations. They describe most bullying as negative interactions about issues related to belonging and identity, exposing intimate personal information, commenting on physical appearance, intelligence, race and sexuality, as well as 'slut shaming' and making family slurs.

Children and young people describe bullying behaviour as incorporating verbal abuse, physical acts and emotional/psychological behaviour. Bullying behaviour is influenced by gender, age and socio-educational factors. Children and young people describe bullying as occurring most frequently face-to-face, while bullying through technology – phone, text, and social media – is generally done in addition to face-to-face interactions. Face-to-face bullying is described by children and young people as occurring at school, in public spaces and at sporting facilities.

Notably, children and young people across age groups, genders, school sectors and locations overwhelmingly spoke about the need to have empathy for the bully. They identified bullying behaviour as a combination of individual situations, peer relationships, and relationships at home.

Key findings of the Commissioner's Bullying Project are:

– Whilst there must be consequences for bullying behaviour that impacts on others, a focus on punishment alone can be ineffective and create more negative outcomes. Effective responses need to be situational, child-specific, and have a restorative focus.

– Community responses to bullying must include strategies to increase adults' awareness of the impact of their behaviour on children's bullying.

– Children and young people acknowledge that the roles of bully, victim, and bystander are interchangeable, and therefore responses to bullying should involve all children and young people.

– Children and young people require specialised assistance at school to learn the practical skills to challenge bullying behaviour amongst friends.

– Effective anti-bullying strategies should involve children and young people in the design and delivery of a range of peer-led intervention programs.

– Strategies to address bullying need to take into account social contexts and cultural differences of children and young people, to ensure appropriate and measured responses that are relevant to specific groups.

– Bullying occurs across multiple online and offline environments, therefore effective bullying strategies should focus on supporting the development of skills and strategies that are effective in any setting.

Find out more in the Commissioner's *The Bullying Project* report at ccyp.com.au/ccyp-reports
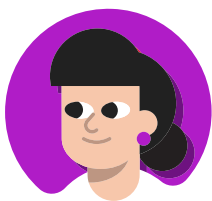
'Bullies can change, they just need good role models for them to follow.'
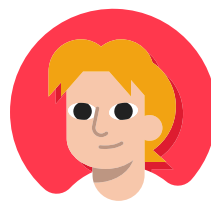
'...not only does not having friends make you more vulnerable it makes you an easier target.'

'...bullying is getting worse in my opinion because people are more scared to speak up about problems.'

'Talking to your parents doesn't always work as school bullying has changed over the years so they don't really understand as they haven't been to school for a long time so they don't know how it feels.'

What can I do to make a difference?

— Considering the possibility that **bullying may be behind physical symptoms**.

— Understanding **how common and distressing bullying can be** for children and young people, and openly asking questions about what is happening at school.

— Being aware of **self-help resources and supports** that children and young people can access confidentially.

— Being aware of ways to assist families in **reporting** serious bullying, both online and offline, to relevant authorities including schools, police and the eSafety Commissioner.

— Creating **opportunities to see children on their own**, where appropriate, as well as with parents, to understand what is happening for them.

What can my practice do to make a difference?

— Having **resources and information** available for consultations and in waiting areas.

— Linking up parents with **parenting supports**.

— Developing **protocols for communicating with schools** with respect to school issues affecting children and young people's health.

Helpers

Young people want to be believed and listened to about their own experiences when they talk. They report not being listened to, being dismissed by authority figures, or having their needs disrespected. Children and young people want someone they can trust, along with clear, unbiased information they can rely upon.

Many children and young people feel that they are not truly being heard by adults; that they are seen as either a child to protect or a risk to control, rather than thinking, feeling individuals with much to offer. Young people have their own ideas and want them to be heard and implemented. They told the Commissioner that they often feel tokenised by political systems that are not truly engaging youth on issues that affect them.

In her consultations the Commissioner heard stories of authority figures not listening to children and young people, or disregarding their needs, such as a police officer speaking over a child directly to their parent, or mental health care workers and school counsellors not taking their concerns seriously. Many said they feel like they are their parent's 'possession' in the eyes of the law. They want the ability to make their own decisions where possible, about their education, health care, and political beliefs.

Children and young people come into contact with many helping professions throughout their lives, including teachers, counsellors and doctors. Others have more specialised involvement with mental health professionals, lawyers and police.
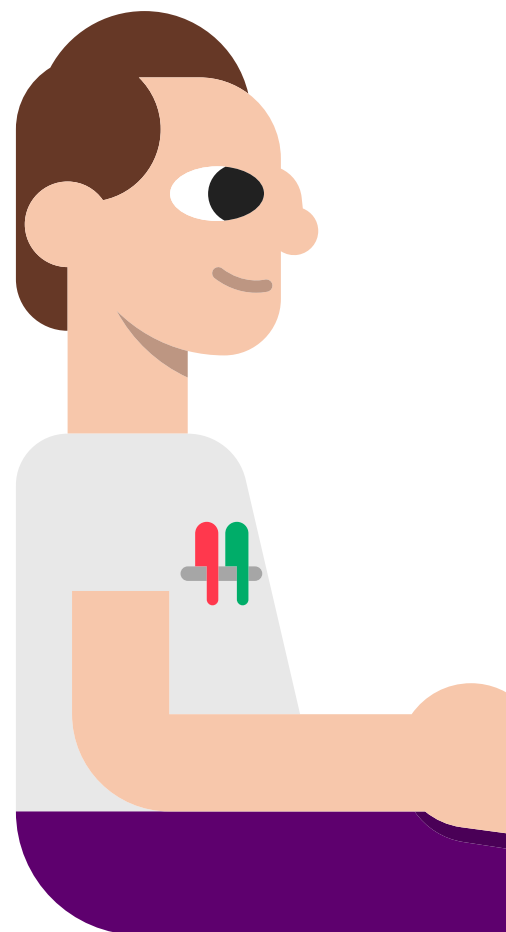
Whatever the circumstances, children and young people overwhelmingly want someone they can trust, and to be able to access information that is clear, simple, detailed and unbiased. Ideally this information should also be tailored to the age of the child. Older children were very clear they did not appreciate being given information aimed at a five-year-old.

There is a dearth of advocacy and legal support specifically provided to children and young people, particularly in relation to family law. Children and young people have said they want specific supports when their parents separate such as:

– access to people they can turn to, at school, or at a local sports club or other organisation where kids hang out.

– a website and app that children and young people can access offline that explains what they need to know about separation and divorce, including where they can go for support and help.

– a kid's family law hotline - that provides access to specialists in family law who are trained to talk to children and young people about their situation.

– more support groups with other children and young people who find themselves in similar situations.

– a dedicated socio-legal support organisation to advocate for children and young people.
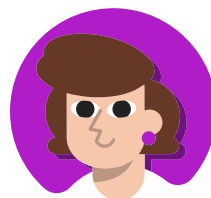
'Train GPs better in mental health, because I have been to three different doctors and had incredibly bad experiences with them and felt very belittled.'

'More education on mental health to help get rid of the stigma and know how and when to seek help. Better school counsellors. Professions should take students seriously and be private.'

What can I do to make a difference?

- **Listening to young people and speaking with them directly**, not just through a parent or caregiver. Believing them: they are the experts in their own lives.

- Supporting young people to **make their own decisions**, where possible, about their health care. Helping them to be and become informed, engaged and empowered decision-makers about their health and health care.

- Providing **information** that is clear, simple to understand, detailed where appropriate, unbiased, and age-appropriate.

- Having good general knowledge of **legal matters** that may impact on children and young people.

What can my practice do to make a difference?

- Having **information** available on advocacy and legal support resources or services, and support groups, that young people can refer to, access or join.

- Having practice/health service **policies that support the rights of children** and young people, and respectful practise and interactions with children and young people.

What Kids Say About Wellbeing

Wellbeing

Poverty

Young Carers

Regional Kids

Inclusion and Diversity

Gaming

Wellbeing

'Wellbeing' is a word that is frequently used by adults in relation to children and young people. It appears in legislation, in policies and in mission statements, as a measure and indicator of impact.

In conversations with the Commissioner, young people have said they value the support they receive to achieve and maintain their physical and mental health and that they think of wellbeing in this context. They also think of wellbeing in relation to their self-care and this is often accompanied by their desire for more information on how to assess and maintain wellbeing.

From these multiple and varied conversations it appears young people have generally identified a state of wellbeing as 'having a strong sense of fulfilment'. This sense of fulfilment young people attribute to feelings of wellbeing may come from the removal of an outside pressure, such as finishing secondary education or from having achieved something, such as obtaining a place in university or securing a first job. It also encompasses the feeling of having a sense of purpose at either a personal, community, spiritual, or cultural level.

What is clear, is that young people really value the support they receive from individuals, friendship groups, school and the wider community, around achieving and maintaining their physical and mental health.

Although the word 'wellbeing' appears to be well understood by young people, and is increasingly used by education and health service providers, and their associated information channels and materials, the Commissioner was not confident that wellbeing is a word that resonates well with children, and is rarely raised by them directly.

To find out, in 2019, the Commissioner engaged with approximately 100 children aged 6-12 years, to determine what they understood was meant by the concept of 'wellbeing'. This included what they thought the meaning of the word itself was, and whether it was one that resonated well with them.

When asked about their health, happiness and comfort, children fully understood what these terms meant. When asked about wellbeing, however, they did not. From a long list of words relating to wellbeing, they identified friendship, belonging and happiness as those most associated with their understanding of what it means to have, or achieve, a 'state of wellbeing'.

Children said that using the words 'health' and 'wellbeing' interchangeably was confusing to them, as it seemed to suggest two different ideas. Children know what makes them happy, healthy and comfortable. They also know what makes them feel good and what doesn't.

The Oxford dictionary defines wellbeing as 'the state of being happy, healthy or comfortable', so we asked children what these three things meant to them to help define what wellbeing meant to them specifically.

When children answered what being happy meant to them, they thought about what makes them personally happy. Children spoke about how they are happiest with friends, family and pets. They added that activities and things can make them happy. They identified that happiness is an emotion and that they felt it at certain moments and around certain things which made them feel happier in that moment, but qualified this by adding that these things were not necessarily a constant state of being.

No one answered that they're always happy or never happy. Most of the responses from children around what happiness is to them were linked to activities they do in their free time, like playing sport or spending time with friends or family.

When children spoke about health, they mainly referenced being physically well. They emphasised that eating food like fruit and vegetables and exercising is healthy. Being healthy meant that they are well enough that they can do anything. That they are excited, strong and that they can do sport, have fun, be active and play.

They also mentioned having a healthy mindset, and that eating well and exercising can help create a healthy mindset.

When asked what being comfortable means to them, children said that they feel comfortable when they are relaxed. They spoke about comfort as being safe. They added that being comfortable is being at one with yourself and being settled. They said that to be comfortable you can be alone or with others, but you must feel safe and peaceful.

Things and people can make you more comfortable, but children said that being comfortable is about the individual. When children did mention others, they said they feel comfortable because they feel supported by others.

From her conversations with children and young people, the Commissioner heard that although wellbeing is a word and concept that adults use, this is not the case for children.

Although children recognise the word, they don't really comprehend its meaning, especially when it is used in different contexts. Children told the Commissioner that they want a more focused definition of wellbeing, and that they want to know what adults actually mean when they use this word.

Many children would like to see wellbeing broken down into words that they understand, or are familiar with, and use frequently. As is always the case, children and young people are the experts in their own lives. They said that when we create policies, processes and frameworks designed to support them, it is crucial that we include language that they understand.
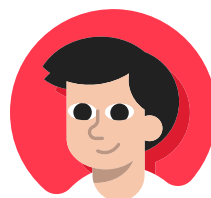
'I'm happy when I'm playing netball, hanging out with friends and when my club got the club rebuilt.'
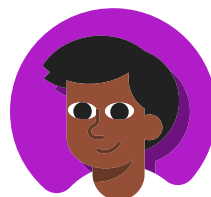
'I feel healthy when I eat fruit and run.'

'Comfortable means that you are able to stay in position without fidgeting. When you are safe.'

'What helps you feel comfortable? When I belong in a community.'

'Keeping fit by fake wrestling with my friends and eating grapes and other stuff. Going for bike rides every morning is good for your body.'

What can I do to make a difference?

— Considering and being alert to **what children and young people mean and understand by terms** such as health, happiness, wellbeing, and being comfortable.

— Making sure you **use words that young people understand** and can relate to. Knowing that the term 'wellbeing' may not be meaningful to children.

— **Supporting** young people to achieve what they understand as being healthy and well.

What can my practice do to make a difference?

— **Considering carefully what language** is used in practice/health service materials, and whether it is clear and meaningful to young patients.

— Having **age-appropriate information** in clear language, that children and young people can access and understand.

— If you have **practice or health service mission statements or statements of values**, considering and, where appropriate, engaging young people to help ensure they are relevant and understandable.

Poverty

Young people said growing up poor changes your outlook on life: it affects the way you see the future and what you think is possible. It also sets children and young people apart from their peers, in both practical and social ways.

Children and young people have told the Commissioner that their experience of poverty is different to that of adults. They talk about the difficulties they face in affording to get to school and sport, go on school excursions, or have an annual school photo taken. Others talk about having to 'lie to friends' and 'make excuses' about not being allowed to go to the movies, or do other activities with them, because it is 'too embarrassing to tell them they can't afford to go'.

The simplest of activities, like going to a friend's house, is not an option if you cannot afford the bus fare, have no car, or your parents have no money for petrol. It is these things that set children apart from each other, make them stand out, and highlight that their circumstances are different.

They talk about the high cost of uniforms and books, and household bills, food, health and medical bills, and about the high cost of housing, which can require them to relocate, with all the major disruption this entails.

Inability to afford materials such as a laptop or to pay for printing and basic requirements considered essential to enabling students to do their best work, achieve results and participate in education, mean those who go without are much more likely to struggle with school work and achieving good results.

Children and young people have told the Commissioner that there can be quite complex barriers to reaching out for help and getting support: young people often feel judged and embarrassed and blamed rather than supported.

Children and young people talk about poverty stress that can lead to arguing, with everyone in poor households constantly 'angry and upset', 'worried about eviction' and sometimes even 'fighting over food', and in serious situations, experiencing abuse. Others have said the focus on necessities means you 'don't get to do fun stuff with your family', or buy things that other kids have, like games, cool shoes and clothing, bikes and scooters.

Others are concerned about not being able to have people over because their house is run-down and small, or they feel uncomfortable and embarrassed for people to see it. Kids say that having things that other kids do is important.

For others, a haircut and shower products, soap and toothpaste, being 'able to take good care of yourself', hygiene and health, are very important and affected by poverty. They say the choice to be healthy isn't available to all families, impacting significantly on children's health and wellbeing over the long term. Health is a big issue, and there is a perception that free health care is virtually non-existent and highly inaccessible. Children and young people talked about waiting lists that are often 'months and months' long, and were concerned that poorer quality health care is being made available to them.

For young women, 'period poverty' was a real issue raised in a number of groups. Girls told us about missing school because they couldn't afford sanitary products. A number of girls spoke about the products being available at school, but that the process of accessing them was embarrassing and required a lot of self-disclosure, which many were not comfortable with.

Not having 'enough lunch' or 'no clean clothes' were common issues faced by children living in poverty. Participants talked about being 'hungry' and 'smelly' and wearing 'shit shoes', explaining that these are the things poor kids are sometimes bullied over.

Young people said growing up poor changes your outlook on life: it affects the way you see the future and what you think is possible for you. We heard that, for some young people, all they want is to 'have a good life', 'be healthy', or 'get friends'. Young people want those in power to understand that solutions to poverty must be found now, so that it can be eliminated once and for all.
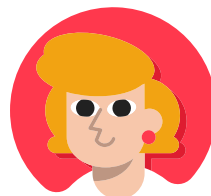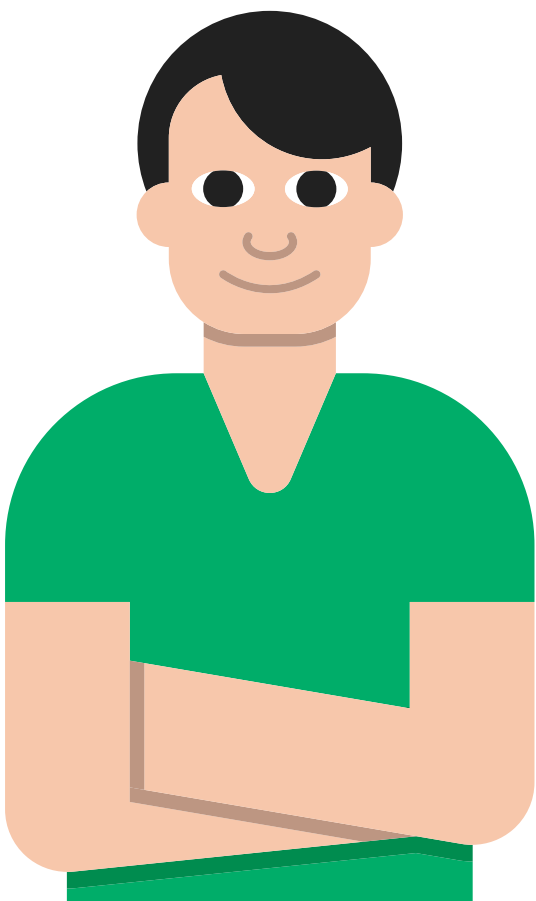
Find out more in the Commissioner's *Leave No One Behind* report at ccyp.com.au/ccyp-reports

'Poverty is solvable – every person who is forced to live in poverty is due to a failure in society.'
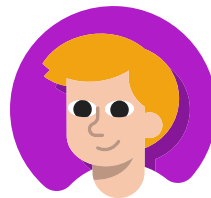
'Living in poverty can make a young person want to give up because they don't think that they belong.'

'You cannot live poor. You can survive, but that's not living.'

'It feels like schools punish you for being poor' – having to stay in class during school breaks so you can use the school's technology to get your work done, feels like a punishment rather than a support.'

What can I do to make a difference?

- **Understanding poverty** as one of the social determinants of health and considering how this knowledge can inform and improve practice.

- Understanding the **practical considerations** that young people living in poverty face, and how this may affect their access to and perceptions of health services, cost and value.

- Being aware of **government support systems and services**, and having relevant information to hand where it may assist.

- Making **information about costs** clear and accessible, and giving careful consideration to fees and financial matters, including payment options suitable to people's circumstances where they are in difficulty.

What can my practice do to make a difference?

- Having easy to understand, accessible **information** about bulk billing, costs and payment terms. Have this information easily available without request, in plain English, and other languages as appropriate to your local community.

- Supporting **affordable health care and financial measures** that account for people's circumstances where they may face difficulty, such as concession rates and payment options.

- Having information available about relevant **support services**.

- Promoting a friendly, warm and accessible **practice/health service** that is patient-centred.

Young Carers

South Australian support agencies estimate there are more than 14,800 young people under the age of 18 who are required to take on caring roles for members of their family. While many young carers emphasise that their caring is a positive experience, it can also have negative impacts on other areas of their life. By better understanding the challenges young carers face, we can better support them.

When groups of children are experiencing lives that are not as protected and happy as we would want them to be due to a set of common experiences and circumstances, we fail them. One such group of children is 'young carers' who provide significant amounts of care to people in their lives. The kind of care they provide can be physical, emotional and intimate personal care, and/or childcare. It can also include interpreting for a family member who is sick, has a disability, a mental illness, or a substance misuse issue, or be a combination of any or all of these.

In 2020, the Commissioner for Children and Young People published the report *Take Care* to examine what can be done in schools to support children and young people with caring responsibilities at home. The report also has broader relevance for other professionals and helpers who are part of the lives of young people who are also carers.

Many young carers emphasize that their caring role is a positive experience. However, research clearly indicates that, where a young carer is inadequately supported, the physical and mental strain that caring places on their health, wellbeing, and education outcomes is immense. In order to support young carers, we need a better understanding of the life circumstances they face on a daily basis.

While many of life's domains can be affected by caring responsibilities, children and young people invariably told the Commissioner about their experiences at school, describing it as either a sanctuary, or source of major distress. As a sanctuary, school provides a break from home and supports communication with other children and young people, as well as providing some young people with a regular connection to an adult who cares about them. However, the Commissioner has also heard about unsympathetic adults in education settings, and how stigma and shame adds to the pressures some young carers feel in the school environment.

While children and young people can gain life skills that will assist them in the future as a result of their caring roles, their choices and opportunities can also be limited. Young carers talk about feeling sad and worried about what will happen if they don't do the caring, given there is not enough support to help their family member or them. They talk about having less time to engage in age-appropriate activities, friendships, and education opportunities than their peers. For many, this is compounded by the financial hardship that often accompanies chronic illness and disability, particularly as many of the children and young people are living in sole parent families.

Young carers also talk about the difficulty they face leaving the family home, getting a job and having financial independence, or dating and committing to intimate relationships. Young people said that it can be really difficult when they see their peers developing more independence. A number of young adults spoke about the conflict that arises from their parents' fears about their evolving independence.

Young carers also talk about the social stigma and misunderstanding associated with illness and disability across the community and how this isolates them. They talk about not wanting to be different or 'special' and wanting to blend in, and so keep silent and don't tell anyone about their situation. Many have said they don't want to be teased or bullied for being different and some speak about the fear of being taken away, or of their family member getting into trouble.

Find out more in the Commissioner's *Take Care* report at ccyp.com.au/ccyp-reports
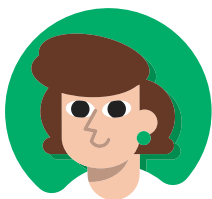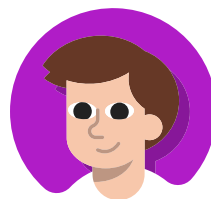
Anna (17) lives alone with her mother who has bipolar disorder. She regularly misses school to stay home with her mother when she is unwell. Anna says that she keeps a close eye on her mother to monitor her highs and lows. Anna also accompanies her mother to her GP appointments and will speak to the doctor if she notices any behavioural changes in her mother.

Recently, Anna had to contact mental health triage and this resulted in her mum being admitted into the psychiatric ward at the hospital. Anna missed a week of school. Anna said she wasn't sure whether this was because she was 'burnt out' from her caring responsibilities or because she is depressed, but she felt no motivation to return to school. Anna said her school doesn't check up on her anymore and she believes this is because they're used to her not attending and have given up on her.

Toby (16) attended a large secondary school. Toby lives with his mother and two younger children. His mother suffers with severe depression, which can see her confined to her bed for 4-5 days at a time.

During this time Toby, along with his grandmother, is responsible for the younger children.

Toby's school provided him with the opportunity to complete his SACE studies flexibly through an Independent Learning Centre, which forms part of his school's Flexible Learning Options program.

This allowed Toby to complete his studies while maintaining his support and caring role for his family.

The school was able to develop a unit of study (workplace practices) to reflect the tasks involved with his caring role, and he was able to gain points towards his SACE.

What can I do to make a difference?

— Considering and being alert to the possibility that a child may be taking on a caring role for other family members, and **asking about the impact on their lives**.

— **Asking children and young people about the supports they have available**, and what would make their life easier.

— Having information available on **young carer supports and referral pathways**.

What can my practice do to make a difference?

— Having **young carer support material** in your practice to support young people's self-identification as a young carer.

— Considering how a young carer's life is impacted by their caring responsibilities and incorporating this into **practice policy**, where appropriate.

— Ensuring **supports for young carers are included in material for adult patients** with chronic health conditions who are also parents.

Regional Kids

Regional young people across South Australia are part of a global youth generation. They know more than previous generations did about what they can achieve, what they want from leaders in their communities, and how they wish to be treated. By listening to regional young people we can learn what is needed for our regions to support the lives and futures of regional young people.

During regional visits young people have shared many concerns and issues with the Commissioner which they felt were difficult to raise with adults and leaders in their own local communities. They have told the Commissioner they want more opportunities to be part of solutions, and to influence decisions which impact them directly. They identified a number of critical issues that they feel must be addressed if they are to stay and thrive in their own communities.

Regional young people identified mental health, education, online behaviour, and employment and job opportunities as the key issues they face. These are the issues that cause them the greatest ongoing concern and which impact on them directly. The Commissioner's *Regenerating our Regions* report (2020) examines each issue in depth, and presents some of the solutions regional young people have proposed to address them.

When young people were asked what issues they believe are affecting young people most across their community, mental health was the response most commonly identified. Some of the participants themselves had experienced mental health issues, as had many young people they knew. They spoke honestly about the different mental illnesses young people suffer, including 'depression', 'anxiety', 'self-harm (cutting)' and 'suicidal thoughts', with anxiety and depression the two most often raised.

Given concerns about mental, sexual and physical health, it is important that these issues are explored further. Young people told us that there is a need for GPs with more expertise in working with young people. We also heard that they wanted more choice of doctors to enable them to see someone different to their parents. We heard that for specialists, young people often had to travel to the city and this was difficult due to a lack of affordable and accessible transport options. Young people spoke about their concerns regarding privacy and confidentiality in small communities, and the significant impact this had on their sexual health.

Many of the comments young people made in relation to their experiences of poor mental health involved feeling 'overwhelmed' and 'not supported by adults in [their] lives' including their teachers, coaches, and parents. Their responses reaffirmed research conducted by Mission Australia and the Black Dog Institute, which emphasised how stress, school, and study problems, can all impact on a young person's mental health.

Young people made a connection between bullying and mental health. They said that if young people already feel overwhelmed, and then also have negative relationships with their peers or adults, this can combine to impact heavily on their mental health.

Young people want adults to understand – or try to understand – that it is the impact of the issues they face which is the problem.

Employment and job opportunities was another key issue identified by young people in regional areas. They spoke about the need for more employment and job opportunities in their communities, and how the lack of both severely impacts their lives. Participants were unanimous in their view that there are very few jobs available to regional young people, and that mostly this related to having very few businesses in their home towns.

This scarcity of jobs and opportunities creates competition between young people and allows employers to be very selective.

Young people also reported that when a young person does get a job, it is rare for an employer to provide any flexibility. Employers operate from a controlling point of view, continuously emphasising how 'extremely fortunate the young person is to have a job'. Young people want and deserve 'jobs that allow them to also engage in out of school activities' so they can earn, learn and play.

Cutting across the four key issues raised by young people, was an underlying view that adults in their regions don't listen to them. They spoke about adults trivialising young people's issues, minimising or dismissing them as being 'just part of adolescence'.

Many feel their issues are ignored by adults, that agriculture and the economy dominate, that their hopes, aspirations, passions and challenges are ignored and have no priority.

The majority of participants said that being listened to is the most important support adults can offer. Young people repeatedly said they just wanted adults to have a greater understanding of who they are, and what they want – they wanted 'adults to listen'.

Find out more in the Commissioner's *Regenerating Our Regions* report at ccyp.com.au/ccyp–reports
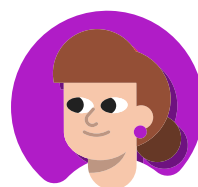
'They need to change to give a little bit more respect to kids and pay a little more attention. I mean the kids are here to we are not invisible and we need some heads up in life.'

'One day I would like to confront the Prime Minister and tell him how people in Australia really feel. And all the things citizens see and want to change.'

'Coming from regional SA, we don't have very much exposure to bigger, better opportunities and we have to travel at least seven hours to get to the next major city (Adelaide), which costs a lot of money. So I think we should have more government help to fund learning opportunities...or just in general.'

What can I do to make a difference?

— Health providers are leaders and role models in the community. Your interactions with young people can help them to feel **heard, respected and understood** and influence their health literacy.

— **Be an advocate** for the needs of young people in the local community and use your networks to ensure they are considered when decisions are being made.

— Be sensitive to difficulties some young people have 'fitting in' and finding a trusted adult to confide in, and consider **extended appointment times or after hours appointments**.

What can my practice do to make a difference?

— Your practice could look at working with high schools to provide a structured **work experience program**.

— Partner with local health networks to **run a forum to hear directly from young people** on gaps and solutions in local health care.

— Have easy to understand **confidentiality policies** displayed in waiting areas that are explained to young people, to increase their comfort in using the services.

— **Review physical space** to assure ability to increase privacy for young people.

Inclusion and Diversity

More than perhaps any other generation, today's young people are acutely aware of the diversity of their peers, both in South Australia and around the world. The first truly global generation, children and young people value diversity and place a huge importance on personal identity.

Inclusion and diversity are two of the main issues of interest SA children and young people have brought up with the Commissioner. Every young person defines inclusion in different ways, but a common thread is that they want the same opportunities as their peers, regardless of their economic or cultural background, their abilities, geographical location, gender, or ethnicity.

They understand that there is no true 'normal Australian', but that instead there are thousands of ways to be a unique and valued member of their community. Kids from migrant and Indigenous backgrounds told the Commissioner that keeping their traditions, languages, and cultures alive was very important to them.

Children and young people called for an Australia that truly reflects the diversity they see around them. They want more multicultural and queer-friendly youth spaces, and they want more diverse representation of society in politics and other leadership roles.

Children want an education system which places a greater emphasis on nurturing their individuality. One that allows them to pursue their own passions, including the delivery of courses that meaningfully tackle identity-based bullying.

Children and young people want access to education, health care, and youth-centred spaces that are appropriate to them. In SA's regional centres, children and young people feel excluded from educational and job opportunities as a result of their isolation and a lack of well-connected transport options. In metro areas, LGBTQI+ and culturally-diverse young people want more accessible community places and spaces that are designed with their interests in mind. All over South Australia, young people want to feel welcomed in public spaces.

Young people from poorer families tell the Commissioner that higher education and work experience feels inaccessible to them. They are asking for more scholarship opportunities and for the establishment of local universities.

Regional young people would like more wheelchair-accessible buildings and facilities. One child told the Commissioner that they experience isolation because events are usually held at inaccessible locations. Another mentioned that in a town with no wheelchair-friendly buses, they must rely entirely on their carer to transport them to and from social events.

A young queer person in Adelaide said that they felt LGBTQI+ centred spaces were inaccessible to children and young people under the age of 18, because they are usually built around a drinking culture. Ultimately, young people want community spaces made available to them that have the diversity of young people in mind, with accessibility at the forefront of the design.

Young people oppose intolerance or racism they see around them. They are deeply committed to equality, and they're proud of Australia's reputation as a multicultural and inclusive society. Young people, particularly those of migrant and culturally-diverse backgrounds, told the Commissioner that respect and inclusion is very important to them. They want to be acknowledged for their unique experiences. For young Indigenous Australians, racism is a primary concern. They ask for more education and understanding from Australia's non-Indigenous population, and far more action on race-based bullying.
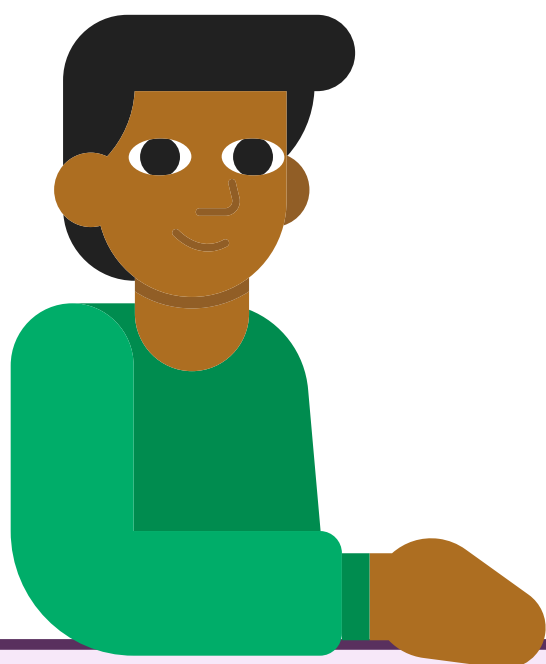
'Involve all opinions regardless of origin/ethnicity/religion. Make an effort to involve people of greater diversity. Greater emphasis on equality, fair opportunity, inclusivity and acceptance.'

'Culture – make me feel like I belong – tradition is important.'

'Culture and heritage – the government and the people should start respecting our land and recognising our backgrounds and culture.'

What can I do to make a difference?

— Thinking about diversity and inclusion in your **interactions** with young people: diversity of race and cultural background, religion, ability, sexual orientation and gender identification. Being alert to identity-based bullying and the harms it can cause.

— Understanding the impact of different **language choices** which may be heard as supportive or excluding, which in turn may impact on patient care.

— Knowing that reflecting aspects of **your own background** and experience that are diverse can have a positive effect and be an example for young people.

— Knowing what **resources and services** you can refer children and young people to in your local area that answer young people's diverse needs and situations.

— **Promoting** inclusive, accessible and welcoming public spaces, work and scholarship opportunities for young people in your community.

What can my practice do to make a difference?

— **Promoting, supporting and celebrating diversity** in your practice or health service's workforce, and encouraging others to do the same. This includes through practice guidelines and the provision or support of cultural awareness and cultural safety training.

— Having good **practice/workplace guidelines** on diversity and inclusion, including remembering access and other considerations for people with a disability, not just in the physical practice environment but in practice materials, such as the website.

— Acknowledging **Aboriginal/First Nations** people.

— Many practices have signs up indicating that rudeness or violence towards staff is not acceptable. Signage and guidelines can also reflect practice/service **values and behaviour standards** more broadly.

— Recognising **special days and religious observances** across cultures, and showing respect for other cultures in day-to-day decisions and practice.

— Considering diversity and inclusion in **practice/health service materials** such as waiting room art, decorations, promotional and other materials.

— Using **inclusive language** in your practice/health service materials, and considering using other languages (eg in posters and practice information) where this may be of benefit.

Gaming

Gaming and esports are gaining in popularity, and are clearly very important to many young people. We need to make the effort to understand what young people are playing, and encourage a healthy relationship with gaming and esports. We also need to take an inclusive view when developing services and initiatives that connect to the diversity of young people, and the diversity of sport and gaming, beyond the traditional.

Children and young people have told the Commissioner that gaming and esports is an area in which they would like to see more resources provided at the local community level. Young people often speak to her about the value gaming offers them as a 'connector' to their social community, as a confidence building opportunity, and as a way of expressing their creativity.

No longer are gamers content to play on their computers at home. They want to come out into the community and play and/or compete with other gamers in public. Bringing young people together through gaming has benefits for young people of diverse abilities, genders and backgrounds.

For many young people, gaming is a way to build self-confidence, form friendships and connect with their peers and networks. It is increasingly becoming a mobile activity that is more public than private. Augmented reality games, for example, now invite players to find reference points using their mobile phones outside.

Just as with traditional sporting activities, competition gaming has a role for competitors, organisers, promoters, communicators and audiences. And like other community clubs, at their core is community spirit, having fun, improving skill development and achieving recognition.

The most dedicated gamers see potential for a future career in gaming, with prize money available in esports that is already considerable, and increasing year on year. These gamers wish to pursue esports in the same way those who are interested in soccer, tennis or football pursue professional careers.

It is becoming increasingly clear that esports and gaming offers future employment opportunities not just for professional players, but also for those interested to become game developers, sound engineers, broadcasters, commentators, referees and competition organisers and promoters, to name a few of the roles this burgeoning industry is creating.

SuperData, a gaming and technology research firm, estimated that ads and worldwide direct consumer spending on game video content would reach $4.6 billion. Here in South Australia, a staggering 98% of households have computer games, and it's a similar picture right across Australia. In fact, more people are watching online video game play than major cable networks and subscription entertainment services, with an estimated 380 million viewers worldwide tuning in on DIY platforms such as YouTube Gaming and Amazon's Twitch. These figures put gaming at the heart of the entertainment business.

The research community is divided on the impacts of video games on young people and the possible link between exposure to games translating to violent behaviours. There are, however, real concerns regarding addiction to gaming, or gaming that blurs the lines between online and offline realities, and socially aggressive online behaviours. Others have concerns about particular game narratives or poor gaming experience, including being trolled, bullied or vilified by peers.

Like other activities that young people engage with, adults must consider the associated risks, discuss these with players, and develop risk management approaches. This may require adults to take precautionary steps, including taking an interest in who and what children and young people are engaging with online, noticing negative behaviours that appear to be linked to online gaming, and ensuring young people know where to seek support.

This also includes educating players to self-identify if they find themselves engaged in gaming in ways that have become aggressive, negative and/or harmful, or if their health and wellbeing, or education and social commitments, are being impacted by gaming.

As community leaders, we must take an active interest in gaming and esports. This involves becoming more familiar with, and aware of, the different kinds of video games available, and educating ourselves on their potential impact, both positive and negative.

Find out more in the Commissioner's
Community Building in the 21st Century
report at ccyp.com.au/ccyp-reports
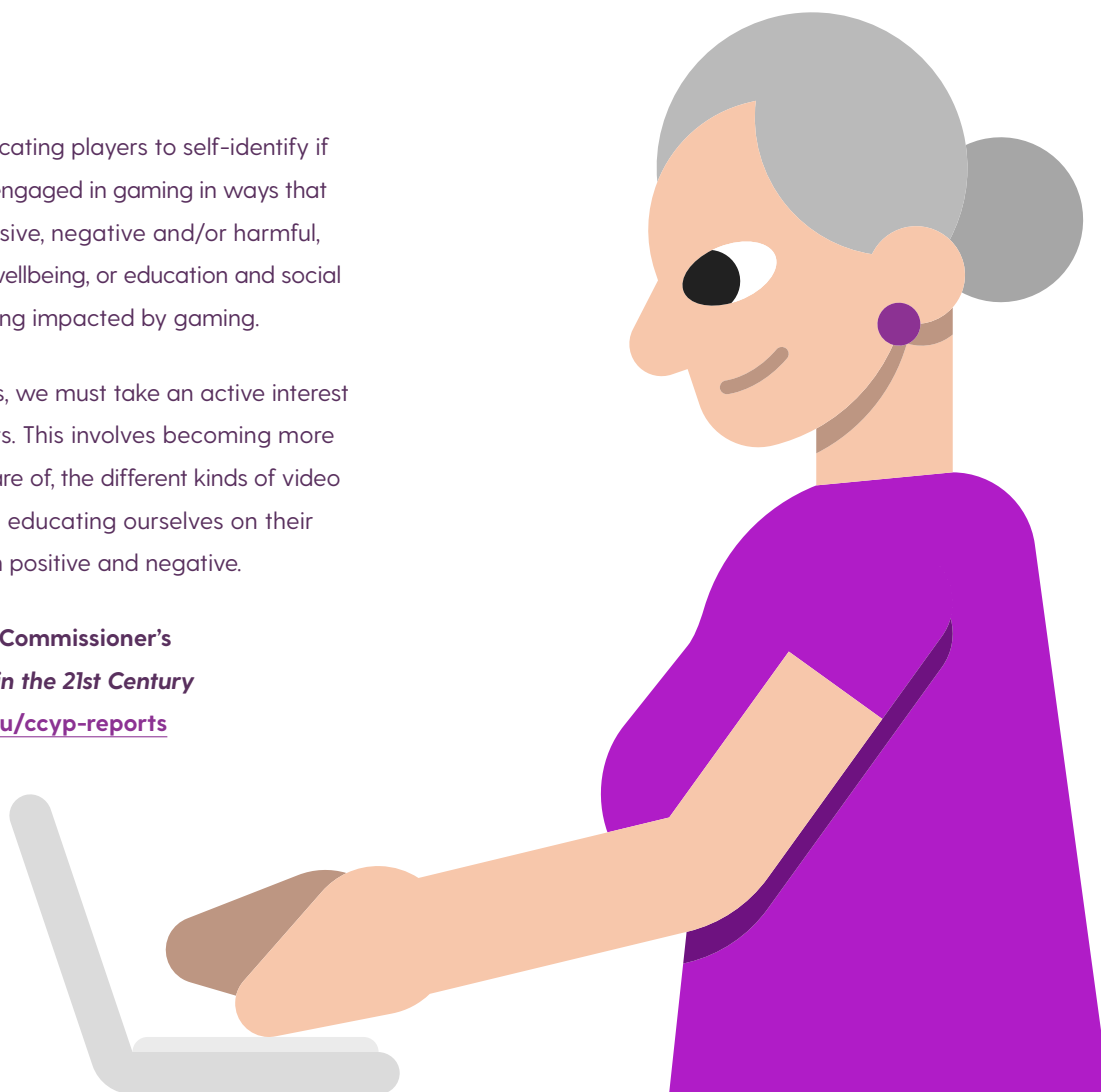
What can I do to make a difference?

— Considering **using children and young people's interest in gaming**, where relevant, as an option to engage them and build rapport to explore their health concerns.

— Considering **excessive gaming** as a health concern and looking for signs of unhealthy gaming behaviour that may require specialist intervention.

— Taking opportunities, where they may arise, to upskill parents in looking out for the **risks of gambling** in kids' games.

— Becoming familiar with, and aware of, the **different kinds of video games** available, and becoming more informed on their potential impact, both positive and negative.

— Being informed on the **value and role of gaming** beyond entertainment in young people's lives, and being open to the positive as well as negative impacts.

What can my practice do to make a difference?

— Considering having **gaming magazines** among other reading material available in waiting areas to help alleviate anxiety.

— Having **self-help material** available for parents to support their children in dealing with potential video game addiction.

What Kids Say About Education and Citizenship

Education and Learning

Transport

The Environment

Civics and Leadership

Work and Work Experience

Volunteers

Education and Learning

Children and young people talk about wanting to be more engaged in their learning, and many want more support in school. While they are still learning about themselves, and the world, they want teachers to find a balance between treating them as competent, while being mindful of their developmental needs.

Children and young people would like to see teachers given the support and training they need to be the best teachers they can be for their students. This includes having a rethink on the traditional way students are taught. It also means reconsidering class sizes, as well as where and how lessons are being taught.

Children and young people frequently talk about wanting to be more engaged in their learning and how they want teachers to use new and innovative methods to teach. Some current practices include the requirement for students to take notes whilst teachers talk. In their words, this old method of teaching leads children and young people to 'zone out' in the classroom. Students who are struggling in the mainstream system find this approach particularly unhelpful, saying it doesn't work.

Many young people have told the Commissioner that they want more support in school. This includes providing help in class time, as well as offering individual assistance after-hours. It is often difficult for children and young people to ask for help, and they want teachers to be more proactive in reaching out to their students.

Children and young people often tell the Commissioner about the one 'good teacher' that made a difference to their learning and their life. This is especially so when they do not have a strong role model through a parent or other adult.

A number of children and young people have spoken to the Commissioner about teachers who need to find a better balance between treating children as competent, while still being mindful of their developmental levels. Young people said that as they are still learning about themselves, their world, their relationships and the curriculum, their experience would be improved if teachers were trained with a greater emphasis on 'social studies and child development.'

To help create a positive change to teaching methods and relationships, young people said that there must be a mechanism introduced that enables students to provide feedback on how effectively teachers help them to learn. In most other service-based organisations, customers and clients are asked to provide feedback on the service they receive, so that services can be modified and improved accordingly.

A teacher's method of teaching could be reviewed by his or her students on an annual basis to provide feedback and indicators of which methods are working best for their students. The results would allow teachers to tailor their methods to suit their students in a more personalised way. This could also be achieved by assessing an individual student's learning style to see which they prefer and then adapting teaching methods to suit.

Children and young people have consistently said that they want all children and young people to have the same opportunities. They want those 'doing it tough' to have the same quality of education and opportunities as those who are more well-off.
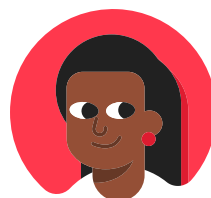
'A lot of young people can't even afford the things they need (health, school uniforms, school supplies).'

The cost of education is a big issue for many children and young people, especially those who come from households that are struggling. They worry about whether their parents or guardians can afford to get everything they need for education, school sport, or extra-curricular activities such as learning a musical instrument or taking singing or dancing lessons, and this affects their own well-being.

'Improve education – in general, raise standards of education – Equal opportunities for all children, no matter where you live, how much money you have.'

Children and young people understand that education and formal qualifications are increasingly vital in the modern world. They know that to succeed and follow their dreams they will need experience and training, and they are hungry to take on any challenges they can as early as they can. However, many young people said that the opportunities to gain qualifications are unequal and in some cases inaccessible to some, and that this is not fair.

'Students have opinions and they matter. Don't forget that they want to be listened to. Do not forget about us and when you make decisions they do actually affect us.'

What can I do to make a difference?

– Thinking about **your teaching role** as a health professional dealing with young people: doing what you can to engage, inform and educate them when making your diagnoses and health recommendations.

– Being aware, where you can, of aspects of today's **school curriculum** for children and young people, and how this may affect and inform their understanding of health matters, their health literacy and wellbeing.

– Being an **advocate** for education as an important part of young people's development; doing what you can to support your young patients to engage with school and educational activities, even if facing barriers to do so.

What can my practice do to make a difference?

– Having **educational materials** in your practice to support health literacy for young people.

– Considering **how your practice can contribute** in the local community, in places of learning for children and young people.

– Promoting **educational opportunities** for children and young people, that will support their development, health and wellbeing.

Transport

Transport is critical to young people's ability to engage in school, work, sport and other interests, but more could be done to support young people's access to affordable and accessible transport options.

The ability to travel independently through public transport, or a driver's licence, is important to children and young people. In particular, public transport is a subject that unites children and young people across both metropolitan Adelaide and regional SA.

Public transport availability and affordability underpins children and young peoples' capacity and ability to engage with school, employment, sport, interests and recreation, as well as impacting on their access to health services, especially independently. When transport is lacking, unreliable, unsafe or unaffordable, it has a disproportionate impact on young people's lives.

A number of children and young people have spoken to the Commissioner about their experiences on public transport. They have said that they feel unsafe and unwelcome. Many have said that, at times, if they have forgotten their student identity cards or haven't got enough money for a fare, but really need to get home, they feel that the transport system is 'cruel' and 'unkind' and wants to punish them rather than be supportive.

Once they are old enough to drive, a driver's licence can be very important for young people, who see it as a mark of independence. The ability to drive opens up access to services, jobs, and socialising. However, many young people face various barriers to obtaining their Provisional licence under strict state laws, which require 75 hours of practice time logged during the Learner's phase.

Young people in regional areas, where driving is the most necessary, have the most trouble finding an instructor or other adult able to supervise their practice. So too do young people with working parents. Some young people said that due to difficulties with obtaining a car licence, they instead opt for the less-safe motorbike licence.

Teens suggested that a service of some kind could connect older people willing to help young people get their license with new drivers. Others called for the fees (currently $67 for a 24 month Learner's permit first issue and $161/$90.50 (concession) for a 3 year provisional drivers licence first issue) to be lowered, so that poorer teens are able to get their licences too.

Young people are also concerned about the safety and accessibility of transport options. Some feel that a lack of consistent and well-connected public transport options constrains their ability to get around without a car. Teenagers who are too young, or unable to drive for other reasons, are forced to rely on their parents or guardians as chaperones. Others feel that public transport is too expensive.

Particularly in the regions, many feel that the lack of metropolitan systems connecting the regions to each other, and to the metropolitan Adelaide area, keep them from seeing family and friends and accessing jobs and educational opportunities. A similar feeling comes from young people in Gawler, the Hills, and outer suburbs.

A common refrain is to make transport cheaper or free. Some suggest this be for all children under a certain age, others for all students. Some simply told the Commissioner that their only transport options were too much. One child said the only bus out of her town cost $7 each trip (over the course of a work-week, going to and from a job could therefore cost $70).

'I want to pass my driving licence because I love to drive and then my mum & dad won't have to take me everywhere because we live out of town.'

'Transportation – a more consistent transportation system so youth and any one for that matter can get to Adelaide or Gawler to shop, work, complete courses, hang out with friends and live, just live!'
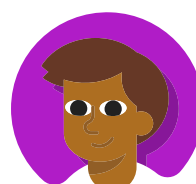
'Make the transport like flying to be cheaper, to [come] and go from Whyalla, because Whyalla is a beautiful place and we want it to be easily accessible for everyone. I would love to visit my family in Geelong or sister in QLD more but it's too expensive to fly. I would also love to have the opportunity to work somewhere but I have to still wait a couple years.'

What can I do to make a difference?

– **Knowing and understanding** the significance of independent and accessible transport for young people. Thinking about transport questions when making referrals and service recommendations.

– **Including transport information** for young people attending your practice or health service (such as bus stop information/routes on the practice website, and parking information).

What can my practice do to make a difference?

– **Considering public transport** options when choosing a practice location.

– Including **public transport information** on your practice/ health service website with address details, eg the closest bus stop, and nearby bus routes.

– Considering **outreach services and possible telehealth options**, including making results available over the phone, or not requiring a face-to-face consultation at times where the information, documentation, or service can be safely and appropriately delivered another way (subject to any current relevant guidelines, and recognising that telehealth has its limitations).

The Environment

Children and young people are living with the knowledge that they are growing up in a world that will be environmentally worse off than it was for previous generations. They see the importance of a healthy environment, and want to see policies and actions reflect this.

Under Article 24 of the UNCRC, children have the right to good quality healthcare, clean water, nutritious food, and a clean environment, to stay healthy.

Having clean air, water and food is crucial for children and young people to ensure they can reach developmental goals. Current policies and practices are putting the environment at risk, leading to an increased risk of contaminated food, air and water, increasing the burden on the health sector. Young people know that the cleaner and healthier the environment is, the healthier people are, and the more productive they are.

Children and young people in South Australia see the degradation of the environment as a huge threat to their future. They want urgent action taken on climate change, a greater focus on renewable energy, and the elimination of fossil fuel dependency. They are worried about pollution and plastics, and the impact they're having on the environment and on their own health.

Key to children and young people's interest in the environment is their sense of justice. They recognise that poorer people, remote communities, and Indigenous people, will be most affected by the impacts of climate change. Conversely, they see that they might also benefit most from the development and introduction of renewable energy technology that reduces or eliminates our need for fossil fuel.

'SA looks very nice now I would like it to stay like that for [the] future. This is very important because when I was little I used to always go to the hills with my family on walks and bike rides. I want others to have the same opportunities as me.'

Young people are living with the knowledge that they are growing up in a world that will be environmentally worse off than it was for previous generations, through no fault of their own. They recognise the benefit of green spaces and of building liveable cities. They want access to natural spaces for play and wellbeing, and they want to be involved in community effort that is focused on protecting these places and spaces for future generations.

They are deeply protective of their ability to be outdoors, and want more parks and recreational facilities that take advantage of the largely sunny weather South Australia provides.

Children and young people said that they recognise the impact of climate change and pollution on their local community. They include together with this, an increased incidence of obesity and chronic disease. They have many ideas about how to address this, and they want the tools to empower them to do so themselves. They also want to know how to access services that will help them to become more active and healthy while they are young.
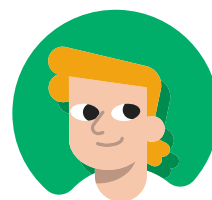
'[We need] ... education on how to be environmentally friendly. Without a healthy and clean environment, future generations will not be able to live life to the fullest.'

'The government needs to consider our future. They need to start having a positive impact on the environment, because at this rate, our job in the future will be to live with the impact that past generations have left on our Earth. The government needs to address things such as climate change and realise this isn't science fiction – it's real life and if we don't do anything about it soon, it will be too late.'

'Nature and fresh air – I've always liked going outside, [to] parks, [the] beach, being around everything that's natural and not man made and made of concrete, I like being around the colours. Everything is so bright, everything feels so fresh in your imagination but in real life … it makes me feel like I'm escaping from everything in that moment. Nothing else bothers me. Nothing from the past. It's just the sun and the plants.'

What can I do to make a difference?

— **Being informed on the health impacts of climate change**. A wide range of health organisations including the World Health Organisation, AMA and RACGP, all have statements on this critical area. Health professionals play an important role in public health awareness and advocacy in this space.

— **Advocating for healthy environments** in communities where you live or work: green spaces for play and wellbeing, access to healthy, fresh food, and the use of renewable energy technology.

— **Advocating for physical health choices** such as 'active transport' (biking or walking) and the infrastructure to support them.

— Remembering to factor in the **'exercise prescription'** for physical and mental health, and highlighting that it doesn't need to involve organised sport, costly equipment or a pool or gym fee, but can make use of free natural spaces for joining in family activities or running, walking or hiking.

What can my practice do to make a difference

— Making **'green' choices** in practices and workplaces. Considering energy efficiency, waste and recycling. This includes measures visible to patients: showing the practice's environmental efforts can lead by example.

— Considering how **practice materials** available and on display can promote positive environmental messages, eg Nature Play SA materials.

— Discouraging providers from promoting their products and services in **wasteful** ways, such as through hard copy materials that are merely discarded.

— Celebrating nature inside your practice by where possible making use of **outdoor views**, with plants, flowers and nature themed artwork.

Civics and Leadership

Young people want to be engaged and heard on the big picture issues of our time – the issues that will shape their future. They want to make informed decisions, to have a fair go in their start on life, and to have more opportunities to be leaders in their own right.

Young people in South Australia want to stay in the state, particularly within the communities they are connected to, but they don't see decision-makers taking their future prospects seriously. Many see their peers leaving for opportunities interstate and overseas.

They want to be engaged on the big-picture issues that will affect them well into the future, such as climate change, the environment, and job creation. Young people told the Commissioner that they see themselves as a generation for change, and if given the chance, they could have a positive impact on the world and its communities, including, in particular, their own local communities.

Young people's capacity for finding creative, innovative solutions to both big and small problems is enormous and should be taken very seriously. They are seeking programs which foster their innate curiosity and encourage them to take risks, build things, and use their imagination. They want to know where to take their ideas in order to develop them further.

Young people know that the educational and employment opportunities they have early in life affects their ability to achieve their dreams later. They want adults to help them get a 'foot in the door', so that they can make a start and have a fair go. They also want healthcare, mental health support, and other facilities that will enable them to approach their own futures from a solid standing of personal wellbeing and confidence.

Many young people feel unprepared for voting. Despite this, they emphasise how important voting, and other aspects of civic life, are to them. They want more education on the legal and legislative systems, their rights as citizens, employees and taxpayers, and how to participate in the world of politics and news. They feel that they are left to 'figure these things out on their own' once they become a legal adult, and they want this education to happen during school, along with other 'life skills' they feel the education system is overlooking.

Alongside this education, many want the voting age to be lowered to 16 years, and their ability to make political choices recognised. Others, however, want the voting age to be kept at the same level, or even raised by a year or two, as a result of feeling inadequately prepared to vote.

A common theme among young people in general is a feeling that their voices aren't being heard or taken seriously by political representatives. They have told us that the adult population who can vote, aren't taking their needs and views into account. They want the ability to determine their own future.

Young people want more opportunities both to be leaders in their own right, and to be around mentors and leaders from whom they can learn. Most of the young people the Commissioner spoke to did not feel they could relate to politicians or other authority figures, although some did mention the power of a particularly good teacher or principal they looked up to.

Young people told the Commissioner that they want their leaders to engage with them directly, and to treat them with mutual respect and understanding. They want opportunities to become community leaders and to have a positive impact on the lives of others. The degradation of the natural environment, and what this may mean for future generations, is of particular concern to them.

'Sometimes kids do have good ideas, but just get told they're only ideas, [because] sometimes adults think we are not as wise or as experienced.'
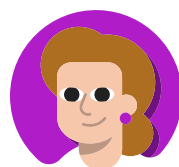
'If we are able to empower the young of SA then they will believe in themselves and create a snowball effect and make the world a better place.'

'Voting laws – bring the age to vote down. But before this is done, people need to be educated on the political topics they will be voting about.'

'I believe there should be more inspirational/influential leadership courses in school. Students need to learn choices, and decisions start with them. It is their choice.'
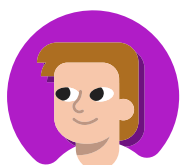
'Comprehensive civics education – what are taxes, what is voting, how do I vote, what is the point of democracy, why should I care?'

'More support and encouragement through face-to-face contact within schools. I think local politicians need to directly approach and speak to young people about issues that concern them, when making decisions.'

What can I do to make a difference?

— Health providers are often seen as leaders and role models in the community. **Your interactions with young people can make a big difference to children and young people** feeling heard, respected and understood (eg talking 'to' and not 'down to' children and young people).

— Health providers play a critical role in young people's access to services that enable them to reach their goals and live well. Doctors and other health professionals can also play a significant role in **helping young people to understand how the health system works** and their rights within it, so that they can be more informed and empowered.

— Thinking about what you can do to help a young person get a 'foot in the door' to **opportunities**.

— **Celebrating the achievements of young people** and considering what you can do to foster leadership, ideas and potential.

— Supporting **groups and services** that support young people to develop their potential.

What can my practice do to make a difference?

— Providing and encouraging **avenues for feedback and ideas from young people** in the practice or workplace (eg waiting room suggestion box or email address) – and following through!

— Providing **clear and accessible information** about health services, the health system, and patient rights, including the rights of young people. The system can be confusing – consider what can your workplace do to make it less so?

— Does your workplace do enough to **support and promote the rights of young people**? If not, think about what changes can be made. Ask staff to make suggestions and then action them.

Work and Work Experience

'School, kids start it, but often they drop off, and you hear about jobs but 80 kids apply and you don't get it, the training itself is really expensive and if you don't have a job you can't afford it.'

Young people of today face a drastically changed job market, in which qualifications and experience are increasingly necessary in entry-level jobs. Many young people work in casual or contract jobs, which are often insecure. This in turn affects other aspects of their lives, and limits options available to them.

The youth unemployment rate in South Australia has hovered at around 15% for the past several years – much higher than the rate for the general population. Underemployment is even higher. Full and part-time work has been in decline since the '80s, to be replaced by the casual and contract work common to young people nowadays. This work is often insecure and has knock-on effects on the rest of their life, such as the ability to apply for loans or build consistent savings.

Young people of today face a drastically changed job market, in which qualifications and experience are increasingly necessary in entry-level jobs. Young people from low-income households, or regional areas, have told the Commissioner that they are unable to take on volunteer work and unpaid internships that would help them get a 'foot in the door'. They called for clearer legislation which would limit exploitation by requiring internships to pay young people for their time and subsidise travel from regional areas.

Young people feel inadequately prepared for the job market by the education system. They want more information available about their rights as an employee, how to manage interviews and resumes, and other realities of work. They want training such as FLO (Flexible Learning Options) and TAFE integrated more fully into mainstream schools.

Young people say they need more experience of work and more information on career opportunities. This is particularly important for young people from disadvantaged backgrounds who have fewer networks.

– meaningful work experience is declining, and young people find it difficult to find
– many young people don't know about the types of jobs and careers available to them
– businesses appear more reluctant to take young people for work experience
– few employers coordinate with schools.

Arranging work experience largely falls to families to arrange. This means time-pressured families can arrange placements with friends and family, while young people whose families have few networks and resources find it difficult. It also means the full exposure to the broad range of opportunities available is lost.

Young people who have completed work experience have said they don't often have a quality experience: they receive little training, no feedback, undertake menial tasks, and gain no understanding of the pathways.

Work experience in industries that offer apprenticeships and traineeships is an option that could be strengthened in a systemic way. A state-based work experience strategy could build a system that works to the advantage of young people and prepares them for post-school life. If we want to grow confident, creative, connected young people, able to participate in the jobs of the future, we will need to look at the ecosystem around them.

An 'ecosystem approach' means community, business and education leaders thinking beyond their piece of the puzzle, and working together to build a system that supports young people to prepare for the high-tech, high-touch, high-care jobs of the future, as well as the skills to manage portfolio work, self-employment, contracting and freelancing.

'Establish clear child labour laws / guidelines. Have counsellors & teachers at schools learn these laws and rights thoroughly so they can inform, chat with and help kids about how they can stand up to bosses & not be exploited.'

'Make work experience easier. As in offer careers money to take in kids and have them experience that career. Also make careers more accessible and more specific to the students. Because it's hard to get work experience as a robotics engineer or theoretical physicist.'

Technology is required in a majority of roles, and employers want workers who can positively interact with others, solve problems, show initiative and be workplace-ready. Future workers more than ever before will need:

– strong social skills to be able to collaborate, persuade, coach and mentor
– good interpersonal skills to work with increased diversity
– agility to learn from their experiences and apply knowledge to new contexts, and
– adaptability and resilience to take advantage of rapid change, to take risks and fail, and try again.

New models of work require new models of work experience, and these models should be built by the people who will use them: young people, employers and educators.

Young people have said that to be successful, conversations with them and their families should be at the heart of developing strategies around the future of work, and how best to acquire the skills of the future and overcome barriers.

What can I do to make a difference?

– Thinking about **work opportunities** in your interactions with young people. Knowing that the way you speak can have a big impact on their perception of the options and choices available to them.

– Being aware of the **work landscape** that young people of today are operating in.

– Taking account of the fact that young people in insecure work face **additional barriers to accessing care** and treatment. Being open to conversations with young people about costs and their decision-making, so they can make better-informed decisions for their health.

– Considering what you can do to **help young people access work experience** in a range of areas, including through your own networks. You could help inspire some future health leaders!

What can my practice do to make a difference?

– Doctors and staff being **informed about work experience** options in the workplace that may be of interest for young people. Supporting, promoting and engaging with them.

– Having **information** about local suitable work experience opportunities for young people available in your practice or health service.

– **Promoting work experience opportunities** in other organisations you are involved with, such as professional bodies.

– Having a strong **work experience policy** in the practice or health services that is informed by input from young people.

Volunteering

The opportunity to volunteer is valued by young people, both as a way to help others and to develop their own life and work skills. But many young people are not sure how to go about voluneteering or face barriers to accessing volunteering opportunities.

Helping others, doing something positive and being an active member of their community is considered very important to children and young people.

Children and young people see volunteering as a way to develop life skills that prepare them for adulthood and make them 'work ready'. They want to be equipped with skills they need to become active and informed citizens. However, there are challenges that make it difficult for some young people to start or to continue volunteering, while others don't know how or where to begin.

Many children and young people find it hard to access information about volunteering opportunities that are available and suited to their situations and interests. Nor do they feel confident or informed enough to become involved. They talk about having a place they can visit – either offline or online – where they can learn about volunteering options and opportunities relevant to them and that the information supplied is targeted, relevant and easy to find and understand.

Efforts to promote volunteering to children and young people should highlight the multiple short-term and long-term, personal and community benefits volunteering offers. Any promotion of volunteering should emphasise the link between individual interests and volunteering opportunities, as well as where volunteering might lead, including any links to paid employment.

For many children and young people, the financial cost of transport and a lack of flexibility around volunteering times can be significant issues as can a lack of acknowledgment from organisations for whom they volunteer.

They look for these organisations to provide them with support and to provide them with guidance either from other young people or young leaders who can act as role models to younger volunteers. They also want to feel as though organisations are willing to support their individual circumstances so that they don't jeopardise paid employment opportunitiesand are not required to travel huge distances at their own expense, costing them time and money they don't have.

These issues highlight the need for clarity around expectations. If the barriers of cost and access in relation to time, money and transport are not understood and adequately addressed, they can fuel misconceptions and age-based discrimination, which further impact on opportunities for children and young people to participate in ways that have potential to add meaning, wellbeing and life and work skills to their lives.

Children and young people are often defined by their age rather than by their diverse identities shaped by the interests and roles they have in other areas of their lives, that include being leaders, learners, team members, athletes, thinkers, creatives, activists, advocates, coaches, students, young carers, friends, brothers, sisters, sons, daughters, aunts, uncles, pet carers or even young parents. Age restrictions, a lack of experience, and stigma about being 'too young' lead some children and young people to fear that organisations will not welcome them as volunteers or that their efforts will be rejected or go unappreciated.

Some young people describe volunteering as something not only done without any form of payment but also done 'without any form of acknowledgement'. The success of any efforts made to promote or sustain volunteering amongst young people will fall short without any real action to support young volunteers to feel valued and appreciated.

The barriers to volunteering also impact different groups of young people in different and unequal ways. The Commissioner has heard from children and young people living with a disability, those living in regional SA, from migrant and refugee backgrounds, and those who are not engaged in education or employment. They highlight that the barriers are even greater for these groups of children and young people.

Many young people have emphasised the need for schools to provide information about volunteering, as currently this is not happening in a consistent or widespread manner. For children who are disengaged with schools, the information should come through other organisations that work with children and young people.

'I am someone who would love to volunteer and try to make a difference except I don't have the courage or knowledge to.'

'Seeing what positive results your work brings, a sense of purpose, learning skills that help you give back better and meeting like-minded people.'

'A lot of places or people only accept people who are 18 or older, and it needs to have time to mix in with school life and not be too much.'
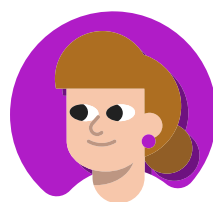
'Coming from regional SA, we don't have very much exposure to bigger, better opportunities and we have to travel at least 7 hours to get to the next major city which costs a lot of money so I think we should have more government help to fund learning [opportunities] etc, or just in general.'

What can I do to make a difference?

– **Highlighting the benefits of volunteering** to young patients you provide health services to where you can see it may benefit them. Supporting volunteering opportunities for young people who may otherwise miss out, or face barriers to access.

– Having **information** to hand about volunteering opportunities for young people in your local community.

– Using your personal networks to encourage and support **volunteering opportunities your community**, as well as at your workplace.

What can my practice do to make a difference?

– Considering, supporting and **advocating for volunteering opportunities** for young people at the health service or practice.

– **Designing any relevant volunteering programs** with input from children and young people, to match their interests and needs, providing them with accessible information that is child and youth friendly.

– **Treating each child and young person as unique** and not labelling or discriminating against them because of their age. Recognising and respecting young volunteers.

– **Including information about suitable volunteering options** for young people in your local community at your health service.

Resources

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Legislation and Policy

Resources

Index of Resources

Please note: All links to resources are correct at the time of publication. Providing these links does not imply any endorsement, non-endorsement, support or commercial gain by the Commissioner.

Legislation and Policy

Oversight and Advocacy

South Australian Commissioner for Children and Young People (CCYP)

The South Australian Commissioner for Children and Young People (CCYP) was established under the *Children and Young People (Oversight and Advocacy Bodies) Act 2016* primarily in response to recommendation 245 of the Child Protection Systems Royal Commission.

The role is informed by the United Nations Convention on the Rights of the Child which sets out fundamental human rights for children and young people.

The CCYP has an important role in promoting and advocating for the rights of all children and young people in South Australia, and in order to fulfil that function has a wide-ranging capacity to inquire, consult, and undertake research into areas related to the rights, development and wellbeing of children and young people at a systemic level.

The CCYP may inquire into matters affecting children and young people at the systemic level (a section 15 inquiry).

Guardian for Children and Young People, Child Death and Serious Injury Review Committee and Child Development Council

The role of the Guardian for Children and Young People is to advocate for and promote the rights and best interests of the children and young people under the guardianship of the Minister for Education. This includes a monitoring role.

The Child Development Council is required to prepare an 'Outcomes Framework for Children and Young People – Charter for Children and Young People' which includes developing performance indicators against which progress in relation to the development and wellbeing of children and young people in the state can be tracked over time.

The Child Death and Serious Injury Review Committee (CDSIRC) is an independent, statutory body which contributes to the prevention of death and serious injury of South Australian children. It collects and analyses information about these deaths from government agencies, and has reviewed the circumstances and causes of all child deaths in South Australia since 2005. The committee provides recommendations to the Minister for Education about improvements to legislation, policies or administrative issues.

UN Convention on the Rights of the Child

South Australia has developed a framework for giving effect to the UN Convention on the Rights of the Child which has been endorsed by UNICEF Australia for use across Australia.

South Australian Ombudsman

The Ombudsman SA, amongst other functions, has a role in investigating complaints about South Australian government and local government agencies, and conducts audits of these agencies.

Education and Children's Services

Education

South Australia's education system is governed both by Commonwealth and South Australian legislation. Subject to certain exemptions, children in South Australia are required to attend and participate in school. The Director-General has responsibility for setting curriculum in South Australia.

Creating safe environments for children

Certain organisations are required to provide a child safe environment, which is safe and friendly and where children feel respected, valued and encouraged to reach their full potential.

Principles of Inclusion for Children and Students with Disability in Education and Care

These principles were developed to promote equity, access, opportunity and the rights of children and students with

disability in education and care as well as provide early childhood education and care centres and schools with broad and consistent criteria for inclusion.

Healthy Eating Guidelines

A framework through which schools and preschools can promote learning, health and wellbeing in relation to food and nutrition.

Cyber bullying and e-safety

There are a number of resources developed by the South Australian Department for Education related to e-safety and wellbeing. The Commonwealth Office of the E-Safety Commissioner also has a role in assisting all Australians, including children, to have positive and safe experiences online.

Training and Employment

Employment

There are no specific child labour laws in South Australia, and no minimum age for working. However it is unlawful to employ a child of compulsory education age during the hours in which they are required to attend school, or employ them in work that would make them unfit to attend school or to obtain proper benefit from attending.

Industrial awards may have restrictions on the kind of work that can be done by a person under 18 years of age, or have different rates of pay for their employment. Children and young people may also participate in apprenticeships and traineeships before they turn 18 years. To do this, a parent or guardian must sign the training contract. The Commonwealth Fair Work Ombudsman provides a number of resources for young workers and their employers and provides an avenue for complaints.

Anti-discrimination legislation

The *Equal Opportunity Act 1984* prohibits discrimination in employment on the grounds of age, sex, sexuality, marital status, pregnancy, race or physical and intellectual impairment. Complaints in this area are made to the Commissioner for Equal Opportunity.

Traineeships and apprenticeships

Students can complete a Vocational Education and Training qualification at school, do units from a qualification which goes towards their South Australian Certificate of Education (SACE) and post-school training, or undertake an apprenticeship. The South Australian Office of the Training Advocate has a primary role in advising the State Government on ways to improve the training system, including for children and young people. Trainees and apprentices can also access support through the South Australian Employment Tribunal. The *Training and Skills Development Act 2008* regulates higher education, vocational education and training, adult community education, and education services for overseas students. The Act also led to establishment of the Training and Skills Commission and the Training Advocate.

Child Protection

Child protection

The primary legislation concerning child protection is the *Children's Protection Act 1993*, the *Children and Young People (Safety) Act 2017* (the CYPS Act), and the *Children and Young People (Oversight and Advocacy Bodies) Act 2016* (discussed further above).

The CYPS Act aims to protect children and young people from harm, and provide for children and young people who are in care, as well as having other purposes. The CYPS Act also contains a broad declaration recognising and acknowledging the role of children in South Australia, their value, the importance of ensuring children and young people have the opportunity to thrive, the importance of keeping them safe from harm, of enjoying a healthy lifestyle, of doing well at all levels of learning and to have skills for life, and to be active citizens who have a voice and influence. The CYPS Act is intended to work in conjunction with the *Children and Young People (Oversight and Advocacy Bodies) Act 2016*.

South Australian Administrative Appeals Tribunal (SACAT)

The South Australian Administrative Appeals Tribunal (SACAT) has a review jurisdiction under the CPYS Act. This includes decisions about providing information to approved carers and to the child or young person; involving approved carers in the decision-

making process about the child or young person conceerned and preparing voluntary custody agreements, and with provision for decisions to first be reviewed within the Department for Child Protection before being reviewed by SACAT.

Child and Young Person's Visitor Scheme

The Child and Young Person's Visitor (CYPV) is an independent government role established by Chapter 9 of the *Children and Young People (Safety) Act 2017* (the Act). The Visitor reports to Parliament through the Minister for Child Protection.

The CYPV promotes the best interests of children and young people who are under court orders granting guardianship or custody to the Minister for Child Protection who are living in residential care. The CYPV's powers and functions include conducting visits to and inspections of residential care facilities, communicating with children living in residential care facilities, acting as an advocate on their behalf and promoting their best interests.

Family and Community Services Act 1972 and Family and Community Services Regulations 2009

The objective of this broad legislation is to promote the welfare of families and the community in South Australia, including the provision of family and welfare services, support services for children, and delivery of foster care.

Law and Order

Youth justice system

The youth justice system in South Australia is regulated by the Youth Justice Administration Act 2016 and the Young Offenders Act 1993 (SA). The two Acts are to be read together.

Young Offenders Act 1993

This legislation provides for the care, correction and guidance necessary for youths who offend against the criminal law to secure their development into responsible and useful members of the community and the proper realisation of their potential. This objective is always balanced against the need for the community to be protected against violence and wrongful acts.

Representation in court

The Legal Services Commission of South Australia provides a duty solicitor service in the Youth Court of South Australia to ensure that those appearing in the Court are not disadvantaged or denied access to justice. The duty solicitor at the Youth Court also advises and represents young people in custody who have been refused police bail.

Police

There are a number of rights for children and young people where police issue cautions, arrest, bail, remand and custody, with these detailed in the *Young Offenders Act 1993*.

Family conference

Family conferences can be held in certain circumstances to establish a forum for offender/victim mediation. Under the *Young Offenders Act 1993* young people have the right to have their parents, guardians, relatives or support persons attend any hearing they may be required to undertake, as well as have legal representation.

Youth Justice Administration Act 2016

The *Youth Justice Administration Act 2016* regulates the administration and oversight of youth training centres and other facilities relating to young offenders.

Training Centre Visitor

The role of Training Centre Visitor is undertaken by the Guardian for Children and Young people who has a monitoring and advocacy role to play within Training Centres. Functions include: conducting visits and inspections of training centres; promoting the best interests of the residents of the training centre; acting as an advocate to promote resolution of issues relating to their care, treatment or control; and inquiring into or providing advice to the Minister regarding systemic improvements.

Victims of Crime

Special provisions are made for children in dealing with police, as well as witnesses who are children. A child can apply for compensation for injury caused by a criminal offence as a victim of crime.

Civil claims

Children have three years from the date of their 18th birthday to make a claim for compensation. If they are under 18 years, a parent or guardian or other adult can bring the claim on their behalf.

Contracts

Children do not have full contracting powers. For a contract to be binding, a minor usually has to agree to be bound by a contract after they turn 18 years. Exceptions to this are goods or services that are usual or appropriate to their way of life, like food, clothing, accommodation, medical care, school requirements or sporting goods appropriate to their age and their standard of living. A child can also contract for services of instructional or educational benefit, like sports coaching or musical instruments.

Health, Mental Health, Disability Services and Substance Use

Mental Health

The South Australia Community Visitors Scheme has a large role in advocating for and monitoring rights of consumers in mental health services, and the CCYP may also advocate for the rights of children and young people specifically. SA Health's Women's and Children's Health Network provides a free community-based mental health service: Child and Adolescent Mental Health Service (CAMHS).

SA Mental Health Act 2009

The *SA Mental Health Act 2009* applies to children in the same way as to persons of full age, with certain exceptions (detailed below). Guiding principles relevant to children and young people include that:

— mental health services should be governed by comprehensive treatment and care plans that are developed in a multi-disciplinary framework in consultation with the patient

— mental health services should take into account the different developmental stages of infants, children, young people, adults and older persons

— children and young people should be cared for and treated separately from other patients as necessary to enable the *68 Section 7* care and treatment to be tailored to their different developmental stages and

— the rights, welfare and safety of the children and other dependants of patients should always be considered and protected as far as possible.

Patients' right to be supported by a guardian

All patients are entitled to have another person's support in the exercise of rights under the SA Mental Health Act, or in any communications between the patient and a medical practitioner, and the director or staff of a treatment centre in which the patient is an inpatient. In the case of a child, this support may be provided by a parent or guardian of the patient, a guardian, medical agent, relative, carer or friend of the patient, a person who provides advocacy services whether on a professional or voluntary basis, or a community visitor.

Community Visitors Scheme

The Mental Health Act provides for a Community Visitors Scheme that allows for the visiting, advocacy and inspection of services in order to promote and protect the rights and wellbeing of people with a mental illness. The Community Visitor Scheme aims to protect the rights of people living with disability or mental illness who are: receiving care in a mental health treatment centre; attending a community mental health facility; living in disability accommodation; attending a Day Options program; or living in a Supported Residential Facility (SRF).

Mental Health Strategic Plan

South Australia's Mental Health Strategic Plan (Plan) 2017-2022 sets a 20-year vision for mental health and wellbeing in South Australia with strategic directions for the first five years. Short-term objectives of the Plan as they relate to children and young people include: to coordinate and provide strategies and opportunities to build the wellbeing of infants, children and young people with a focus on those who experience disadvantage or vulnerability; to build the capacity of early childhood centres, schools and tertiary institutions to foster and support good mental health, wellbeing and resilience, to support early detection and intervention; and to establish specific support for at-risk young people who are transitioning to adult services, such as children under the Guardianship of the Minister.

South Australian Youth Mental Health System of Care Operational Guidelines (2014)

The South Australian Youth Mental Health System of Care Operational Guidelines (2014) are intended to provide a set of operating guidelines to assist the development of a strong and effective partnership between the specialist mental health services, other key services and young people, their family, friends and other supports.

Suicide Prevention

The South Australian Suicide Prevention Plan 2017- 2021 was developed following public consultation, including online feedback through the South Australian YourSay website. The Prevention Plan identifies three priority areas to prevent suicide in South Australia:

– making people a priority;
– empowering communities; and
– translating evidence into practice.

Health and Community Services Complaints Commissioner

The Health and Community Services Complaints Commissioner is an independent, statutory office established under the *Health and Community Services Complaints Act 2004*. The main objective of the Act is to improve the quality and safety of health and community services in South Australia through the provision of a fair and independent means for the assessment, conciliation, investigation and resolution of complaints. In addition, the legislation provides a means to identify, investigate and report on systemic issues concerning the delivery of health or community services.

If the health or community service user is a child, they can make the complaint, or if they are 16 years or over, a person appointed by the child to make the complaint on the child's behalf; or if they are under 16 years, a parent or guardian of the child.

Health Care Act 2008

The Health Care Act 2008 enables the provision of an integrated health system and healthcare services. Its guiding principles include that the health system should recognise that Aboriginal and Torres Strait Island peoples have a special heritage and the health system should support values that respect their historical and contemporary cultures; that the planning and provision of health services should take into account the situation and needs of people who live or work in the country or regional areas of the State; and that service providers should seek to engage with the community in the planning and provision of health services.

South Australian Public Health Act 2011

The object of the *SA Public Health Act 2011* includes promoting the health and well-being of individuals and communities and to prevent disease, medical conditions, injury and disability through a public health approach. This includes protecting individuals and communities from risks to public health, particularly those who live within disadvantaged communities, and to provide for or support policies, strategies, programs and campaigns designed to improve the public health of communities and special or vulnerable groups. Under Part 4 of the Act the Minister must prepare and maintain a State Public Health Plan.

Consent to treatment

Consent to treatment can be complicated. Generally, young people over 16 years of age have a right to make decisions in relation to their welfare, including in respect of medical treatment. Doctors have a duty to explain to patients, so far as may be practicable, the nature, consequences and risks of proposed medical treatment. There are exceptions, and also a number of provisions relating to consent to treatment by children under 16 years. The *Consent to Medical Treatment and Palliative Care Act 1995* provides a number of important provisions.

Disability Services

The National Disability Insurance Scheme (NDIS) is intended to provide support for children and people who have a developmental delay or permanent and significant disability. It is administered by the National Disability Insurance Agency (NDIA). Where a person is a child under the NDIS Act, the best interests of the child are paramount, and full consideration should be given to the need to: protect the child from harm; promote the child's development; and strengthen, preserve and promote positive relationships between the child and the child's parents, family members and other people who are significant in the life of the child.

Under the NDIS Act, a child will be assumed not to be able to do the things required under the Act, and instead these things will be done on behalf of a child by the child's representative (generally, the person, or persons who have parental responsibility for the child). However, in certain circumstances the NDIA can decide that a child can represent themselves for the purposes of the NDIS Act.

Substance Use

The South Australian Alcohol and Other Drug Strategy 2017-2021 includes as one of its actions to 'implement engagement strategies to increase the number of young people involved in the planning, implementation and evaluation of policy and services' with responsibility for delivery assigned to SA Health.

Housing and Homelessness

Housing

The United Nations Convention on the Rights of the Child outlines that all children have the right to an adequate standard of living that includes a clean environment and a safe place to live. Housing and homelessness services for young people are primarily targeted at those between the ages of 15-25 years. Where the legislation below deals with young people, it is primarily in the form of dependents.

Renting

The *Residential Tenancies Act 1995* applies to most residential tenancy agreements, with exceptions including caravan parks, boarders and lodgers.

Public Housing

Public Housing Public housing is delivered in South Australia through Housing SA. Public housing is targeted at people most in need, determined by a range of criteria and is regulated by the *South Australian Housing Trust Act 1995*.

Community Housing

Community housing is managed and maintained by non-government organisations and regulated by the Community Housing Providers (National Law) (South Australia) Act 2013.

Homelessness

Crisis assistance is provided through the Homeless Connect SA hotline. Service to Youth Council (SYC) runs a number of homelessness services tailored specifically to young people.

Resources

ADVOCACY

ADVOCACY SERVICES

Aboriginal Legal Rights Movement

The Aboriginal Legal Rights Movement (ALRM) provides justice without prejudice to Aboriginal people living in South Australia. Staff assist with matters including family law, criminal law, stolen generation compensation claims, and money issues.

Contact: 1800 643 222   Website: **www.alrm.org.au**

SA Commissioner for Aboriginal Children and Young People

The SA Commissioner for Aboriginal Children and Young People promotes and advocates for the rights, interests and well-being of Aboriginal children and young people in South Australia.

Website: **www.cacyp.com.au**

SA Commissioner for Children and Young People

The Commissioner for Children and Young People is an independent statutory office in South Australia, advocating for the rights, development and well-being of children and young people.

Website: **www.ccyp.com.au**

SA Legal Services Commission

The South Australian Legal Services Commission provides legal advice and community legal education and representation for those who are most in need but unable to pay.

For free legal advice of a general nature, call 1300 366 424 Monday to Friday between 9am and 4.30pm.

Website: **www.lsc.sa.gov.au**

Multicultural Communities Council of SA

The Multicultural Communities Council of SA supports and advocates for all people from culturally and linguistically diverse (CALD) backgrounds to realise their potential as active contributors to the economic, social and cultural life of South Australia. The MCCSA website includes health information in translation.

Website: **www.mccsa.org.au**

BULLYING

Youth Affairs Council of South Australia (YACSA)

The Youth Affairs Council of South Australia (YACSA) is a peak body that represents the interests of young people, youth sector workers, organisations and networks throughout the non-government youth sector.

Website: **www.yacsa.com.au**

ADVOCACY OTHER RESOURCES

SA Legal Services Commission Law Handbook

The Law Handbook provides a range of information on children and young people and the law, including parental rights and duties, the protection of children and young people, bullying, education, young offenders, and the rights of children and young people.

Website: **www.lawhandbook.sa.gov.au/ch06s01.php**

Trust is a Must – What does it take to be child friendly and child safe?

A guide from the SA Commissioner for Children and Young People on creating child safe environments, as required by legislation, and with feedback and recommendations from SA young people.

Download: **www.ccyp.com.au/wp-content/ uploads/2020/09/Screen-Trust-is-a-Must-Report.pdf**

Youth Health Forum

The Youth Health Forum is a network of over eighty young leaders from across Australia who work together to determine and champion youth perspectives on the current health system. Youth Health Forum members are aged 18 – 30 and use the health and social care system or represent people who do. Their views highlight key areas that will help shape the health of Australians in the future based on their lived experience.

Website: **www.chf.org.au/youth-health-forum**

BULLYING OTHER RESOURCES

Bullying. No Way!

Bullying. No Way! is designed to provide parents and children with access to information about bullying, harassment, discrimination and violence in schools. It contains a mix of games, art, stories, forums, advice and facts about bullying, including cyber bullying.

Website: **www.bullyingnoway.gov.au**

Equal Opportunity 4 Schools

Equal Opportunity 4 Schools lists information for students and teachers about discrimination, bullying and sexual harrassment.

Website: **www.eoc.sa.gov.au/eo4schools**

National Centre Against Bullying

Find research based bullying advice and resources suitable for young adults, parents and teachers on a variety of topics.

Website: **www.ncab.org.au/bullying-advice**

The Bullying Project - What South Australian children and young people have told us about bullying

A report from the SA Commissioner for Children and Young People that captures the voices and views of children and young people including their ideas and suggestions for prevention strategies and lasting solutions.

Download: https://www.ccyp.com.au/wp-content/ uploads/2018/11/Bullying-Project-Printable.pdf

CHILD PROTECTION SERVICES

CHILD PROTECTION SERVICES

Child Abuse Report Line (CARL) – 13 14 78

Child Abuse Report Line is a report line operated by the SA Department for Child Protection. If you have serious concerns or suspect a case of child abuse or neglect please call CARL operating 24 hours a day, seven days a week. Serious concerns include when you suspect a child or infant is in imminent or immediate danger of serious harm, serious injury, chronic neglect, or when a child is in care of the department and you suspect they are being abused or neglected.

- Where you believe a child is in imminent or immediate danger call Emergency on 000
- Where you have serious concerns about a child's wellbeing call CARL on 13 14 78
- For non-urgent police assistance call 131 444

Child Protection Service – Flinders Medical Centre

The Child Protection Service located at Flinders Medical Centre aims to provide specialist assessment and therapeutic services to infants, children and young people from birth to 18 years and their families, where there are concerns about child abuse, psychological maltreatment and/or neglect.

The services are available to families residing within the southern metropolitan areas of Adelaide and southern South Australia. The CPS provides a telephone consultation service to professionals and members of the public to discuss child protection matters, provide information and advice and where appropriate facilitate referrals to other services.

Contact: During Business Hours (Monday to Friday between 9am and 5pm) phone CPS on (08) 8204 5485 and ask for the Duty Manager. After Hours Emergency phone the Flinders Medical Centre Switchboard (08) 8204 551 and ask for the CPS.

Department of Child Protection (DCP)

The primary objective of the Department for Child Protection is to care for and protect children and young people by working together with key partners and the wider South Australian community to address abuse and neglect, and to keep children and young people safe from further harm.

Website: **www.childprotection.sa.gov.au**

Health and Community Services Complaints Commissioner (HCSCC)

The South Australian Health and Community Services Complaints Commissioner is an independent, statutory office which assists service users, carers and service providers, including government, private and non-government health and community services, to try and resolve complaints about health and community services in South Australia.

Website: **www.hcscc.sa.gov.au**

Grandparents for Grandchildren (GFGSA)

Grandparents for Grandchildren is a voluntary not-for-profit organisation formed to raise awareness of the social justice issues associated with the increasing demands grandparents raising grandchildren face, within the community and across all levels of government. GFGSA offers information and support services designed to provide grandparents with every opportunity to have access to and/or care of their grandchildren. They are committed to enhancing the welfare of children at risk or in crisis, to enable them to live within a safe, loving, healthy and supportive environment.

Website: **www.gfgsa.com.au**

DRUG AND ALCOHOL SUPPORT

Office of the Guardian for Children and Young People (OGCYP)

The Office of the Guardian for Children and Young People (OGCYP) is appointed by the South Australian government to advocate for and promote the rights and best interests of South Australian children and young people who come under the guardianship of the Chief Executive of the Department for Child Protection.

Website: **www.gcyp.sa.gov.au**

CHILD PROTECTION OTHER RESOURCES

Department of Child Protection – Who can say OK?

A quick guide to decision making for carers who have been allocated parental responsibilities, and are accountable for making many of the day-to day decisions about a child in care.

Website: **www.childprotection.sa.gov.au/carers/who-can-say-ok**

DRUGS AND ALCOHOL SUPPORT SERVICES

Alcohol and Drug Information Service (ADIS)

ADIS is a confidential telephone counselling, information and referral service for the general public, concerned family and friends, students and health professionals. The service is run by Drug and Alcohol Services South Australia. ADIS is staffed by trained professionals with experience in the alcohol and other drug field. ADIS also provides information about how to access other services including information about available prescribers and pharmacies.

Website: **www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/services/mental+health+and+drug+and+alcohol+services/drug+and+alcohol+services/dassa+services/alcohol+and+drug+information+service+adis**

Centacare Drug & Alcohol Service

Centacare Drug and Alcohol Service (CDAS) offers a range of support and recovery opportunities for individuals living with substance use, and their family and friends who may be supporting them.

Website: **www.centacare.org.au/service/drug-alcohol-service**

FASD Hub

The FASD Hub provides information on Fetal Alcohol Spectrum Disorder (FASD) for Australian health professionals, service providers, researchers, parents and carers, and others.

Website: **www.fasdhub.org.au**

GENDER DIVERSITY

GENDER DIVERSITY SERVICES

Bfriend

A free and confidential service for people newly identifying as LGBTIQA+, those questioning their sexuality, gender identity or intersex variations, and also support for friends and families.

Where: All suburbs in the greater Adelaide metropolitan area
Phone: 08 8202 5190
Email: **bfriend@unitingcommunities.org**
Website: **https://www.facebook.com/BfriendUC**

Murray Bridge Q Youth

A social drop-in group for LGBTIQ young people aged 16-25 years who meet regularly in Murray Bridge.

Where: Murray Bridge
Email: **budeljesse@gmail.com** or **kaisha.wyld@flinders.edu.au**

Rainbow Directory SA

The Rainbow Directory SA includes services, organisations, groups and activities that are for, or inclusive of, LGBTIQA+ communities.

Website: **www.rainbowdirectorysa.com.au**

Trans Health South Australia

Trans Health South Australia (SA) offers the South Australian gender diverse community a resource operated, and influenced, by the community.

Trans Health SA hosts the SA Practitioners' List as well as resources for the community to seek support and social engagement.

Website: **www.transhealthsa.com**

Southern Fleurieu Q+

A social group were gender and sexually diverse people and allies up to 25 years of age meet every three weeks with snacks!

Where: Southern Fleurieu
Email: **ludcounselling@gmail.com**
Facebook: **www.facebook.com/SFQPlus**

Southern Youth Rainbow Space

A safe, social drop in space for young queer people aged between 15 and 25 years. Thursday fortnightly 5pm-8pm (First and third week of each month).

Where: Wardli Centre, 13 McKinna Rd, Christie Downs
Email: skylight@skylight.org.au
Instagram: **www.instagram.com/southernyouthrainbowspace**

Transcend Families SA Support Group

A safe and welcoming face to face and online peer support network for the parents/carers of trans, gender diverse and non-binary children, adolescents and young people (parents of adult children welcome).

Facebook: **www.facebook.com/transcendsupport1**

You Space (by Headspace)

A group program for young people aged 12-17 years who identify as gender questioning, gender diverse and transgender. A safe space to build resilience, develop new skills and get peer support.

Where: Headspace Port Adelaide –
78-80 St Vincent Street, Port Adelaide
Phone: 08 8215 6340
Email: **headspaceportadelaide@centacare.org.au**

GENDER DIVERSITY WEBSITES

QLife

QLife provides Australia-wide anonymous LGBTI peer support and referral for people wanting to talk about a range of issues including sexuality, identity, gender, bodies, feelings or relationships. Services are free and include both telephone and webchat support, delivered by trained LGBTI community members across the country. Services are for LGBTI individuals, their friends and families, and health professionals in Australia.

Website: **www.qlife.org.au**

HEALTH AND DISABILITY

GENDER DIVERSITY OTHER RESOURCES

Australian Standards of Care and Treatment Guidelines for Trans and Gender Diverse Children and Adolescents

These treatment standards from the Royal Children's Hospital in Melbourne are endorsed by the Australian Professional Association for Transgender Health (formerly ANZPATH).

Website: **www.rch.org.au/adolescent-medicine/gender-service**

First Port of Call - Supporting the South Australian health care system to better meet the needs of trans and gender diverse children and young people

A report from the SA Commissioner for Children and Young People on how health services, health professionals and the health system can better meet the needs of trans and gender diverse children and young people.

Download: **www.ccyp.com.au/wp-content/uploads/2019/11/201909-Gender-Diversity-Report-V4.pdf**

Parents of Gender Diverse Children

Parents of Gender Diverse Children provides peer support to parents and those parenting trans and gender diverse children.

Website: **www.pgdc.org.au**

South Australian Rainbow Advocacy Alliance (SARAA)

The South Australian Rainbow Advocacy Alliance (SARAA) is a volunteer organisation formed by a group of passionate advocates for the rights of LGBTIQ+ people. SARAA volunteers have a wide of lived experience of queerness, gender, and background.

Website: **www.saraa.org.au**

HEALTH AND DISABILITY SERVICES

Child and Family Health

Women's and Children's Health Network (WCHN) provides a range of services and programs for parents, children and young people in South Australia. All child and family health services are free and statewide. They are provided by qualified nurses, medical staff, social workers, physiotherapists and Aboriginal Cultural Consultants.

Website: **www.cyh.com**

Child Development Unit (CDU)

The Women's and Children's Hospital Child Development Unit (CDU) is a Developmental Assessment Service for children with complex developmental concerns in three or more areas.

Website: **www.wch.sa.gov.au/services/az/other/allied/childdev/index.html**

Disability Advocacy Complaint Service SA (DACSSA)

The Disability Advocacy Complaint Service of South Australia provides individual and systemic advocacy to people living with disability, their families and carers in South Australia. Many of the DACSSA team members have direct, lived experience of disability, allowing insight into the lives of those they represent.

Website: **www.dacssa.org.au**

Metropolitan Youth Health Services

Metropolitan Youth Health Services within the Women's and Children's Health Network provides free, confidential services for young people aged 12-25 years across metropolitan Adelaide, with a focus on young people under 18 years.

Metropolitan Youth Health Services are tailored to young people who are currently or previously under the Guardianship of the Minister, Aboriginal and/or Torres Strait Islander, young pregnant and/or parenting women and their partners, refugees, not able to live at home, same sex attracted and/or gender diverse, in the Adelaide Youth Training Centre.

Website: **www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/services/health+services+for/youth+health+services/youth+health+services**

HEALTH AND DISABILITY

Multicultural Youth SA

A leading community-based, not-for-profit organisation that provides a diverse range of services and programs to support multicultural young people and young families living in South Australia.

Website: **www.mysa.com.au**

National Disability Insurance Scheme (NDIS)

The NDIS works with suitably experienced and qualified partner organisations to deliver Local Area Coordination (LAC) and Early Childhood Early Intervention (ECEI) services to Australians living with disability.

Website: **www.ndis.gov.au/understanding/ndis-each-state/south-australia**

Nunkawarrin Yunti (Aboriginal Health Service)

Provides a diverse range of services and programs within the Adelaide metropolitan region of South Australia dedicated to improving the physical, social and emotional wellbeing, spiritual, cultural and mental health of traditional, rural and urban Aboriginal and Torres Strait Islander people.

Website: **www.nunku.org.au**

Streetlink Youth Health Service (Uniting Communities)

Health and medical support to young people aged 12 to 25. Provides support to young people and their families, including counselling about alcohol and other drugs.

Website: **www.unitingcommunities.org/service/counselling/alcohol-and-other-drugs/streetlink-youth-health-service**

HEALTH AND DISABILITY WEBSITES

A – Z of Skin

The A to Z of Skin information has been developed to help practitioners understand more about common skin conditions and problems, and how these may be treated.

Website: **www.dermcoll.edu.au/a-to-z-of-skin**

NDIS Guides for Physicians and Paediatricians (by RACP)

The rollout of the National Disability Insurance Scheme (NDIS) across Australia will change the disability interface with existing sectors, including health. The RACP's NDIS Guides are a resource for physicians, paediatricians and other health professionals to access practical information that can help them navigate the scheme, and support their patients.

Website: **www.racp.edu.au/fellows/resources/ndis-guide-for-physicians**

Open your World - Wellbeing SA

Wellbeing SA's Open your World website provides a range of information about ways to adopt a healthier lifestyle that fosters wellbeing.

Website: **www.openyourworld.sa.gov.au**

HEALTH AND DISABILITY OTHER RESOURCES

AHPRA Code of Good Medical Practice

The Australian Health Practitioner Regulation Agency (AHPRA) Code of Good Medical Practice includes a section relating to children and young people (3.6), as well as references relating to research (11.2.8) and additional requirements for cosmetic medical and surgical procedures for patients under the age of 18.

Website: **www.medicalboard.gov.au/codes-guidelines-policies/code-of-conduct.aspx**

Australia's Physical Activity and Sedentary Behaviour Guidelines and the Australian 24-Hour Movement Guidelines

This page contains Australia's Physical Activity and Sedentary Behaviour Guidelines for adults and older Australians; and the Australian 24-Hour Movement Guidelines for the Early Years, and the Australian 24-Hour Movement Guidelines for Children and Young People, including links to brochures and other resources.

Website: **www1.health.gov.au/internet/main/publishing. nsf/Content/health-pubhlth-strateg-phys-act-guidelines**

Australian Indigenous Doctors Association Cultural Safety Toolkit

The Australian Indigenous Doctors Association has a range of resources to support cultural safety within healthcare settings, including a cultural safety toolkit.

Website: **www.aida.org.au/our-work/cultural-safety**

Australasian Society of Clinical Immunology and Allergy

The Australasian Society of Clinical Immunology and Allergy has a directory of SA practitioners and also provides clinical updates, action/treatment plans, and a range of other resources for health professionals.

Website: **www.allergy.org.au**

Australian Clinical Practice Guidelines

The Clinical Practice Guidelines Portal provides access to clinical practice guidelines produced for Australian practice that have been assessed against selection criteria modified from the United States' National Guidelines Clearinghouse, and adapted to the Australian context.

Website: **www.clinicalguidelines.gov.au**

Australian Dietary Guidelines

The Australian Dietary Guidelines provide advice on eating for health and wellbeing.

Website: **www.eatforhealth.gov.au**

Australian Government Style Manual

The Australian Government Style Manual includes guidance on inclusive language.

Website: **www.stylemanual.gov.au/format-writing-and-structure/inclusive-language**

Be Health Aware

Be Health Aware is a portal to evidence-based information and resources that act as a guide to the health care choices we need to make, whether in relation to a particular disease, treatment, service or policy.

The Consumers Health Forum has developed Be Health Aware as part of their advocacy of health literacy as a central element of consumer-centred health care. Evidence shows best health outcomes significantly rely on an informed and engaged patient and consumer.

Website: **www.chf.org.au/be-health-aware**

Emergency drugs for children

A list of paediatric emergency drugs and their dosages can be found in the Royal Children's Hospital Melbourne Clinical Practice Guidelines – Emergency drug doses.

Website: **www.rch.org.au/clinicalguide/guideline_index/ Emergency_Drug_Doses**

HEALTH AND DISABILITY

Experience Based Co-design Toolkit

As our health system moves to becoming even more patient centric it is critical we use tools and approaches to design the system to meet the diverse needs of our population. Experience based co-design offers a methodology that brings health workers and consumers together in an authentic and equal partnership that can co-design care to deliver an improved experience. In doing so, the approach not only improves the experience of patients but also that of the workforce. The combined benefit is an overall improvement in the quality of care provided.

Website: **www.chf.org.au/experience-based-co-design-toolkit**

**Factsheets and position statements
on paediatric skin conditions**

The Australian College of Dermatologists position statements and fact sheets promote and reflect the views of the College and its Fellows for the purposes of advocacy, education and communication. Position statements address topics that impact College members, health professionals, patients and the community – from guidance and recommendations on dermatology best practice, to information and fact sheets on skin health issues and services for patients, their carers and the community.

Website: **www.dermcoll.edu.au/about/position-statements**

**Health and the National Disability Insurance
Scheme Position Statement**

This position statement specifically addresses the National Disability Insurance Scheme (NDIS) and its relevance for the health of people living with disabilities. The recommendations contained in this position statement are intended for a broad audience, including physicians and the broader health sector, the National Disability Insurance Agency, governments, disability service providers, and people living with disability and their families and carers.

Website: **https://www.racp.edu.au//docs/default-source/
advocacy-library/health-and-the-national-disability-
insurance-scheme-position-statement.pdf?sfvrsn=fac2021a_6**

Health Translations

Health Translations provides direct links to reliable translated health and wellbeing resources produced in Australia.

Website: **www.healthtranslations.vic.gov.au**

HealthPathways

HealthPathways South Australia (HPSA) is a partnership between SA Health, Adelaide Primary Health Network and Country SA Primary Health Network. It provides information and guidelines for general practitioners and other health professionals to support the consistent management of patients in the community. The pathways provide information primarily for GPs but also specialists and other health professionals about available community services and, when required, details on referring patients to SA Health for care.

Website: **www.southaustralia.communityhealthpathways.org**

Inequities in Child Health

Position statement by the Royal Australasian College of Physicians (RACP).

The RACP's position statement on inequities in child health is intended to inform physicians and policy-makers, and support future advocacy work regarding child health inequities.

Website: **https://www.racp.edu.au//docs/default-source/
advocacy-library/racp-inequities-in-child-health-position-
statement.pdf?sfvrsn=6ceb0b1a_6**

**National Guideline for the Assessment and
Diagnosis of Autism Spectrum Disorders**

Launched in 2018, the Guideline defines clinical best practice and a new diagnostic standard. It aims to make the practice of assessing and diagnosing autism clearer and more consistent throughout Australia so that individuals and their families receive the best possible care.

Website: **www.autismcrc.com.au/access**

Patient Support Groups

The Australasian College of Dermatologists understands that skin conditions are not just skin deep but can have an emotional, physical and mental impact. Patient Support Groups in Australia provide practical and emotional support to help people, their carers and their families cope with their chronic skin conditions.

Website: **www.dermcoll.edu.au/for-community/find-support-group**

Royal Australian College of General Practitioners (RACGP)

The RACGP website includes a range of position statements, practice information and guidelines relating to the care and treatment of children and young people, including its Standards for General Practice and the 'Red Book' – Guidelines for Preventive Activities in General Practice.

Website: **www.racgp.org.au**

SA Health – Practice Guideline

A web page that provides easy access to the Perinatal Practice Guidelines, Neonatal Medication Guidelines, and Paediatric Clinical Guidelines.

Website: **www.extapps2.sahealth.sa.gov.au/PracticeGuidelines**

SA Paediatric Clinical Practice Guidelines

The SA Paediatric Clinical Practice Guidelines are designed to assist clinicians with decisions about appropriate health care for children and young people aged 0-18 years, not including management of neonatal conditions.

Website: **www.sahealth.sa.gov.au/paediatric**

Transition to Adult Health Services for Adolescents With Chronic Conditions

The aim of successful transition of young people to adult health services is to optimise both their health and their ability to adapt to adult roles. While this process is not the same for all young people, a set of principles underpin a successful transition process. These are based on the notions of flexibility, responsiveness, continuity, comprehensiveness, and coordination.

Download: **https://www.racp.edu.au//docs/default-source/advocacy-library/transition-to-adult-health-services-for-adolescents-with-chronic-conditions.pdf?sfvrsn=35aa2f1a_10**

Youth Law Australia

Youth Law Australia provides free, confidential legal information & help for young people under 25

Website: **www.yla.org.au**

MENTAL HEALTH

MENTAL HEALTH SERVICES

Child and Adolescent Mental Health Service (CAMHS)

This is a free, community-based service providing direct care for those with moderate to severe and complex emotional, behavioural or mental health difficulties, across South Australia.

Contact: 1300 222 647 CAMHS Connect line
Website: **www.wch.sa.gov.au/services/az/divisions/mentalhealth**

Headspace

headspace centres act as a one-stop shop for young people who need help with mental health, physical health (including sexual health), alcohol and other drugs, or work and study support.

Their 100+ centres across Australia are designed not just for young people, but with them, to ensure they are relevant, accessible and highly effective.

At the heart of headspace centres is ensuring young people can access expert health workers in a safe, confidential and youth-friendly environment. Centres services are free (or low cost). Clinical mental health professionals are available to provide support, treatment and management plans for a variety of mental health concerns.

Website: **www.headspace.org.au**

Kids Helpline

Kids Helpline is Australia's only free (even from a mobile), confidential 24/7 online and phone counselling service for young people aged 5 to 25.

Qualified counsellors at Kids Helpline are available via WebChat, phone or email anytime and for any reason.

Website: **www.kidshelpline.com.au**

ReachOut

ReachOut is the most accessed online mental health service for young people and their parents in Australia.

Their trusted self-help information, peer-support program and referral tools save lives by helping young people be well and stay well. The information they offer parents makes it easier for them to help their teenagers too.

Website: **www.reachout.com**

Suicide Call Back Service – 1300 659 467

Free counselling for suicide prevention and mental health via telephone, online and video for anyone affected by suicidal thoughts, 24/7.

Website: **www.suicidecallbackservice.org.au**

MENTAL HEALTH WEBSITES

Beyond Blue

Provides information and support to help people achieve their best possible mental health.

Website: **www.beyondblue.org.au**

Brave

BRAVE is an online program designed to teach young people the skills they need to reduce anxiety and to cope with difficult situations.

Website: **www.brave-online.com**

Butterfly Foundation

A foundation supporting all people who experience issues around eating disorders and who have trouble with their body image. The website explains eating disorders, has links to workshops, support groups and programs for both young people and their carers.

Website: **www.butterfly.org.au**

Emerging Minds

Emerging Minds is dedicated to advancing the mental health and emotional wellbeing of Australian infants, children, adolescents and their families. It provides resources and guidelines for health professionals and organisations, including information on engaging with and helping children and young people.

Website: **www.emergingminds.com.au**

Head to Health

A website helping people find resources around mental health issues. It has information on mental health issues, and advice for helping someone to look after themselves or someone else.

Website: **www.headtohealth.gov.au**

Life in Mind

Life in Mind is a national gateway connecting Australian suicide prevention services to each other and the community.

Website: **www.lifeinmind.org.au**

MENTAL HEALTH OTHER RESOURCES

Australian Child & Adolescent Trauma, Loss & Grief Network

Information and resources for people caring for children and young people who might have experienced trauma, loss or grief.

Website: **www.earlytraumagrief.anu.edu.au**

Children of Parents with a Mental Illness (COPMI)

COPMI is a national government-funded initiative which provides information for children and young people, professionals, parents, family and friends.

Website: **www.copmi.net.au**

Electronic Therapeutic Guidelines (eTG complete)

eTG complete is a leading source of independent, evidence-based, practical treatment advice published by Therapeutic Guidelines for Australian clinicians. eTG complete includes therapeutic advice to assist practitioners with decision making at the point of care to ensure their patients receive optimum treatment. eTG complete is recognised as providing an authoritative voice for therapy and treatment advice in every state and territory health service.

A 12 month subscription for a single user costs $378.

Website: **https://tgldcdp.tg.org.au/etgcomplete**

Mental Health Coalition of SA Services Directory

The directory covers a range of non-clinical support services from psycho-social to community programs operating throughout South Australia.

Website: **www.mhcsa.org.au/mhcsa-services-directory**

MENTAL HEALTH

MoodGYM

A free website-based program that young people can use to learn how to manage symptoms of anxiety and depression.

Website: **www.moodgym.com.au**

The role of paediatricians in the provision of mental health services to children and young people

The role of paediatricians in the provision of mental health services to children and young people position statement was developed by a working group of the Paediatrics and Child Health Division. The Position Statement highlights the role paediatricians play in combatting the significant mental health burden carried by Australia and New Zealand's children and young people. It also emphasises the importance of paediatricians working with other mental health professionals, such as child and adolescent psychiatrists, to improve strategic planning of mental health services.

Website: **https://www.racp.edu.au//docs/default-source/ advocacy-library/racp---the-role-of-paediatricians-in- the-provision-of-mental-health-services-to-children-and- young-people.pdf?sfvrsn=ae361a_8**

Your Health in Mind – Royal Australian and New Zealand College of Psychiatrists (RANZCP)

The RANZCP has a range of practice guidelines and position statements on its website in relation to children and young people, and mental health, as well as a directory of psychiatrists searchable by age group at its Your Health In Mind site, which also includes a range of patient information.

Website: **www.yourhealthinmind.org**

PARENTING ADVICE

PARENTING ADVICE SERVICES

eSafety Commissioner

The eSafety Commissioner has a range of information and resources for young people to help them stay safe online. The Office of the eSafety Commissioner also protects Australian children when they experience cyberbullying by administering a complaints scheme, and by dealing with complaints about prohibited online content.

Website: **www.esafety.gov.au/young-people**

Parent Helpline – 1300 364 100

Parent Helpline is a seven-day, 24-hour telephone information counselling service for a parent, step-parent, grandparent, guardian or carer of an Australian child or young person between the age of 5 and 25 years. Qualified counsellors take your call and assist you with proven strategies and techniques. All calls are confidential and you can ask to speak with the same counsellor for ongoing support. You can also request an interpreter if one is needed and either a male or female counsellor. Parent Helpline also offers a range of resources, including training accessed over-the-phone as well as a range of free downloadable content.

Phone: 1300 364 100
Website: **www.cyh.com/SubContent.aspx?p=102**

Stay Smart Online

Stay Smart Online is the Australian government's cyber security website, providing information on steps users can take to protect themselves online.

Website: **www.cyber.gov.au**

PARENTING ADVICE WEBSITES

Kids' Health - Health Direct

Healthdirect Australia is a national, government-owned, not-for-profit organisation. They support Australians in managing their own health and wellbeing through a range of multichannel health information and advice services.

Website: **www.healthdirect.gov.au/kids-health**

Nature Play SA

Nature Play SA is not-for-profit organisation dedicated to getting more children outside playing in nature: in their backyards, local parks and wilder places, like National Parks. It provides a range of ideas and resources.

Website: **www.natureplaysa.org.au**

Raising Children Network

Provides up-to-date, evidence-based, scientifically validated information about raising children and caring for yourself as a parent or carer. Information is gathered and translated into everyday language with plenty of real-life examples.

Based on the evidence, they describe and explain various parenting methods and options and let people choose for themselves, depending on what suits their circumstances. They give people tools and practical ideas to apply in their own situations.

Website: **www.raisingchildren.net.au**

PARENTING ADVICE OTHER RESOURCES

Early Childhood: Importance of Early Years Position Statement

This position statement highlights policy priorities that are vital to improving early childhood development in Australia and New Zealand. It can assist policymakers and health professionals working with children and families with the development of local and national policies, programmes and interventions that focus on early child development to protect and promote healthy life-course trajectories.

Download: **https://www.racp.edu.au//docs/default-source/advocacy-library/early-childhood-importance-of-early-years-position-statement.pdf?sfvrsn=e54191a_4**

Online Safety

Online Safety is an online publication by the Australian Institute of Family Studies, which details resources available for parents on online safety.

Website: **www.aifs.gov.au/cfca/publications/online-safety**

Parenting SA

Parenting SA is a partnership between the Department of Human Services and the Women's and Children's Health Network to provide free information on raising children for parents, carers and guardians. A wide range of Parenting SA resources is available on topics including raising babies, toddlers, children and young people from birth to 18 years. There are also Guides specially developed for Aboriginal and Torres Strait Islander and multicultural families.

Website: **www.parenting.sa.gov.au**

SEXUAL HEALTH SERVICES

SEXUAL HEALTH SERVICES

1800 Respect – 1800 737 732

Support is available for people experiencing violence and abuse.

Website: **www.1800respect.org.au**

Relationships Australia

Relationships Australia is a leading provider of relationship support services for individuals, families and communities. They aim to support all people in Australia to achieve positive and respectful relationships. They offer services around the country that include counselling, family dispute resolution (mediation) and a range of family and community support and education programs.

Website: **www.relationships.org.au**

South Australia Abortion & Support Services

The South Australia Abortion & Support Services website provides comprehensive information for women, partners, support people and health professionals about abortion in South Australia.

Website: **https://www.sahealth.sa.gov. au/wps/wcm/connect/public+content/ sa+health+internet/services/health+services+for/ womens+health+services/unplanned+pregnancy+services/ south+australia+abortion+and+support+services**

Shine SA

SHINE SA's service and education delivery model works to provide sexual health education, early intervention, health promotion, clinical services and therapeutic counselling. It provides nurse-led and medical clinical assessment, treatment and counselling services. Drop-in clinics provide free responsive access to young people under the age of 30.

Website: **www.shinesa.org.au**

Yarrow Place

Yarrow Place Rape and Sexual Assault Service provides a free and confidential service for those over the age of 16 years who have been sexually assaulted. Services include a 24 Hour Crisis Response Service for recent sexual assault—social worker support, medical care by a doctor or nurse, and advice for those considering legal action.

Contact: 1800 817 421
Website: **www.sahealth.sa.gov.au/wps/wcm/ connect/public+content/sa+health+internet/services/ primary+and+specialised+services/sexual+health+services/ yarrow+place/yarrow+place**

YOUNG CARERS

SEXUAL HEALTH WEBSITES

Australian STI Management Guidelines

The Australian STI Management Guidelines are developed under the aegis of Australian Sexual Health Alliance (ASHA).

The Guidelines are an online resource for primary care health professionals and provide concise information to support the prevention, testing, diagnosis, management and treatment of STIs.

Website: **www.sti.guidelines.org.au**

Young Deadly Free

The South Australian Health and Medical Research Institute (SAHMRI) has been funded by the Commonwealth Department of Health to develop and deliver two complementary and linked projects which aim to quickly increase STI and BBV testing and treatment rates for young people in remote and very remote Aboriginal and Torres Strait Islander communities.

Website: **www.youngdeadlyfree.org.au**

SEXUAL HEALTH OTHER RESOURCES

Sexual and Reproductive Health Care for Young People

This position paper prepared by the Royal Australasian College of Physicians (RACP) addresses the importance of sexuality and relationships education and sexual and reproductive health care for young people (adolescents and young adults between 12 and 24 years of age) in Australia and New Zealand.

Website: **https://www.racp.edu.au//docs/default-source/advocacy-library/pa-ps-sexual-and-reproductive-health-care-for-young-people.pdf?sfvrsn=c18e331a_8**

YOUNG CARERS SERVICES

Carers SA

Carers SA provides information, support and referrals to young carers, including counselling and opportunities to connect with other young carers.

Contact: 1800 422 737
Website: **www.carerssa.com.au/how-can-we-help/are-you-a-carer/young-carers**

YOUTH HOMELESSNESS

YOUTH HOMELESSNESS SERVICES

Homeless Connect SA (Uniting Communities)

Uniting Communities and Helping Young People Achieve (HYPA) form Homeless Connect SA, a 24/7 state-wide telephone service for anyone experiencing homelessness in South Australia. Available anytime as a free call to help you find information and a direct referral into homelessness services.

Contact: 1800 003 308 (24/7 Service)
Website: **www.homelessconnectsa.org**

HYPA Housing

Helping Young People Achieve (HYPA) Housing offers young people aged 17 – 25 years who are experiencing or at-risk of homelessness a safe and affordable mid-term housing option while they work towards moving into independent housing. The HYPA Housing model also offers extra support to help tenants develop independent living skills, from learning how to budget to managing their relationships with peers and neighbours. Community Coordinators and Youth Workers are available to work with tenants to improve their situation and to help them successfully find a longer term place to live.

Website: **www.syc.net.au/home/homelessness/hypa-housing**

Junction Australia

Junction Australia is a social enterprise providing a wide range of community support services and quality housing options to South Australians across a number of urban and regional areas.

Website: **www.junctionaustralia.org.au**

Keeping my Place - St John's Youth Services

Keeping my Place provides early intervention and support to young people who are living in private rental, but at risk of losing their home as a result of personal or financial crisis.

The Keeping my Place team respond to the immediate needs expressed by young people at risk of eviction and homelessness. The approach taken encourages young people's participation to cut through to the core issues preventing them from succeeding, enabling a response that is individualised and tailored to their needs.

Website: **www.stjohnsyouthservices.org.au/services/ keeping-my-place**

YOUTH HOMELESSNESS OTHER RESOURCES

Pickle Mobile Phone App

PICKLE is a mobile phone app and website designed to assist young people who are experiencing homelessness or who are at risk of homelessness to find help and support. It is particularly helpful in connecting young people with a human services worker as quickly as possible.

Website: **www.pickle.org.au** or download the App

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Commissioner
for Children &
Young People