



## Wellbeing Health & Youth (WH&Y) Commission

# WH&Y Youth Health Matters: Young people's perspectives

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WESTERN SYDNEY  
UNIVERSITY



WELLBEING  
HEALTH &  
YOUTH

YRRC Centre of  
Research Excellence  
in Adolescent Health

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Wellbeing Health & Youth (WH&Y) NHMRC Centre of Research Excellence in Adolescent Health is an Australia-wide network of interdisciplinary researchers working alongside clinicians administrators, policy-makers, families and young people to transform how youth healthcare is researched and designed so that all young people have the opportunity to experience the best possible wellbeing and health. For more information about their research, please visit: [www.why.org.au](http://www.why.org.au)



The Young and Resilient Research Centre is an Australian-based, international research centre that unites young people with researchers, practitioners, innovators and policy makers to explore the role of technology in children's and young people's lives and how it can be used to improve individual and community resilience across generations. For more information, go to: <https://westernsydney.edu.au/young-and-resilient>

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## Executive summary

Promoting the health and wellbeing of young people in Australia is more important than ever. In 2022, young people faced the ongoing impacts of the COVID19 pandemic, climate crisis, global conflicts, inflation and the soaring cost of living. These dynamics affect their mental health, their economic opportunities, their ability to lead healthy lifestyles, and their ability to access health services when they need them.

Ensuring young people's opportunities for good health, healthcare and health information is a human right. It is also good for society and future generations.

Sadly, young people aged 10 – 25 years continue to be neglected in an Australian health system that is designed for the very young or the very old. Those who experience forms of social disadvantage or discrimination are even less likely to get the help they need.

Even so, young people have shown remarkable resilience.

### The WH&Y Commission

The WH&Y Commission is a group of diverse young people, aged 12-24, who work with researchers, policy makers, advocacy organisations and services, co-designing, co-researching and advising them on youth health and wellbeing. It is convened by the Wellbeing Health & Youth NHMRC Centre of Research Excellence in Adolescent Health (WH&Y), in partnership with Young and Resilient Research Centre (Y&R).

***WH&Y Youth Health Matters: Young people's perspectives*** was produced by the WH&Y Commission to assist researchers and policy makers in their efforts to generate evidence and develop responses to young people's health needs now, and into the future.

Informed by online workshops and survey responses, it reveals the health and wellbeing concerns of diverse young people across NSW, SA, WA, NT, QLD and ACT. The views shared are informed by the living and lived experiences of the young people who took part, their study, training and work in health-related areas, and their personal, peer and community struggles.

The report provides valuable insights into:

- young people's experiences of health care,
- the systemic gaps they believe should be addressed,
- and their perspectives and recommendations on how to involve young people in the development of necessary health research, policy and services.

## Key Findings

The young people who contributed to this research understand health in holistic terms, meaning that they consider social, emotional, cultural, environmental and economic aspects of life as a part of health. Many are actively working towards a better health system for young people through a range of initiatives, or by advocating directly to services and governments.

The priorities they identify highlight the urgent need to address the short and long-term health and wellbeing concerns of young people, especially:

- Declining mental health
- Declining physical health
- Accessibility of trusted and respectful health information and services
- Affordability of healthcare and health services
- The need to address the social determinants of health, especially socio-economic, cultural, political and environmental factors

To respond to these priority issues, young people particularly recommend the following:

- Creating safe, non-judgmental spaces in healthcare, community and government decision-making and social settings that focus on rapport-building with young people in service design
- Recognising lived experience as a valid and valuable form of knowledge in research and service design
- Addressing the structural, relational and individual barriers to health and wellbeing for young people in the implementation of existing research

Many young people want to be involved in research, and the design and development of services and policy, however many barriers to their participation still exist. To address this, young people call on researchers, organisations and decision makers to:

- Offer a wide range of opportunities for young people to participate in all stages of research, policy and health services planning
- Create ongoing and intergenerational dialogues on health with young people and their communities and networks
- Focus on how complex layers of discrimination and disadvantage that impact young people's participation and engagement can be addressed

### **Much of what young people had to say in this research has been said before.**

The time to hear and respond to young people's views and needs in health is overdue and health researchers, policy makers and services must do better.

### **Work with us**

## Background

Young people in Australia are generally doing well, but they face significant and growing challenges to their health and wellbeing. The COVID-19 pandemic, the climate crisis, global conflicts and recession, inflation and soaring costs of living mean that young people in 2022 are living through one of the toughest and most challenging times in recent history.

Yet, for too long, young people – especially those aged 10 – 17 years - have been poorly served by policies and a healthcare system that is mainly designed for the very young or the ageing. Young people are largely invisible and often unwelcome or feel judged in health policy and service settings. They are under-represented in health research, barely represented in health policy, largely invisible to digital health and technology development, and rarely invited to contribute to health priority setting, health research, and health service design and practice.

Consequently, young people are the age group least likely to attend health services, and the most likely to receive suboptimal healthcare. Young people are seriously disadvantaged within the health system and many leave their teenage years in poorer health than when they entered. The effects of intersectionality – the way different aspects of a person’s identity and social forces (e.g. gender, sexuality, class or ethnicity or culture) create compounding or overlapping forms of discrimination and inequality – means that many young people are at a ‘double’ disadvantage when it comes to health.

If we are to take seriously young people’s right to health, reduce health inequity and maximise the health of the whole community, then we need health research and policy making to work with young people’s views, expectations and ideas.

The WH&Y Commission was established to address this need by supporting young people’s ongoing participation in youth health research and translation.

In 2022, there were 40 Commissioners aged 14-24 from urban, regional and rural New South Wales, South Australia and Victoria. They came from diverse cultural and socio-economic backgrounds and had a wide range of capacities associated with experiences of learning and work, migration and seeking asylum, diverse sexual orientation and gender identity, and living with disability or chronic illness. All shared a commitment to improving the health and wellbeing of young people in a digital society. They are the foundation of a powerful network for change.

## Method

Underpinned by the [WH&Y Engagement Framework](#), youth co-research and participatory methods were used to explore: youth health issues; the research and policy responses needed to address these issues; and, the role young people can play in youth health research and policy.

The project team was made up of four WH&Y Commissioners, two staff members and a WH&Y CRE senior researcher. The team collaboratively developed the research questions and methods, collected data, conducted the analysis and co-authored the findings. The broader WH&Y Commission and WH&Y CRE investigators were involved in reviewing and providing feedback on research findings and contributed to the recommendations of the report. These feedback loops were actualised in two workshops: one with the WH&Y Commission and the other with members of the WH&Y Commission and WH&Y CRE senior researchers.

Online participatory methods were used to explore:

- How young people conceptualise health and wellbeing;
- What youth health issues are of greatest concern to young people;
- What will improve health systems for young people;
- What role young people should play in youth health research, policy and service design;
- How young people's concerns relate to the current evidence base.

Between April and September 2022, five online workshops were conducted via Zoom and Miro (a collaborative, online whiteboard). In addition, a 10-minute online questionnaire was conducted using the Qualtrics platform.

Participants were recruited through youth networks and promotion on the WH&Y Instagram from late August to late September. Participants opted in and gave informed consent to take part in the workshops and the questionnaire. [The workshop design and questionnaire will be provided upon request.]

35 young people took part in workshops and 19 of those were WH&Y Commissioners. Eight identified as male, 24 identified as female and 3 as non-binary. Three separate workshops specifically aimed to recruit and create safe spaces for young people who identify as LGBTQ+, CALD and those living in rural and regional communities. 57 young people completed the questionnaire. Overall, participants came from different parts of New South Wales, South Australia, Victoria, Queensland, Western Australia and Northern Territory (See Appendix). Participants came from a diverse range of settings, communities and lived experiences.





## Findings

### What 'health' means to young people

As a starting point, workshops explored what young people mean by 'health'.

Across workshops, the ways that participants defined and framed their experiences, concerns and hopes for the health system were an indication that they think about health in complex ways. Drawing on the workshop and survey responses, we were able to understand health, health equity and digital health from the perspective of young people, based on their health and wellbeing priorities, and how they described their perfect 'youth health and wellbeing world'.

From preliminary findings, WH&Y Commissioners identified that young people describe 'health' as:

- **All-encompassing and broad.** Health is related to socioeconomic, cultural, mental, spiritual, environmental, physical factors that influence what health is and how it is experienced.
- **A relational concept.** Young people do not see health as a status or state of being pertaining to individuals or even communities. Rather, they see it as something that is experienced in relation to other people, communities, social structures and the health system. Young people see health as something that is shaped, especially, by the networks and communities that young people are situated in.
- **Holistic.** For young people, health is holistic and includes non-western concepts of medicine.

*"[Health is] an optimal level of physical, mental and social wellbeing of individuals, families and their community, whereby everyone has power over decisions regarding their personal health and the ability to access health care. Health is furthermore dependent on education and the ways you learn about health and wellbeing and where to go if you need help. Health is intrinsically tied to both people and places, encompassing the interactions between young people and health professionals and the transitions from physical to telehealth settings. Ethical and legal considerations of health need to also be considered, which include confidentiality and consent for all individuals." (WH&Y Commission 2022).*

### What 'digital health' means to young people

Participants also discussed the role of digital technologies in relation to health and the health system. They highlighted that:

- 'Digital health' is inseparable from 'health' and everyday life, and that young people use digital technologies in conjunction with face-to-face settings.
- Digital health uses digital tools and practices (such as telehealth, email, electronic prescriptions and wearables) that enhance health communication and access to healthcare and services.

- Digital health can enhance or limit young people's access to health care, depending on the young person's digital health literacy and their access to digital technologies and infrastructures
- Digital health involves big data and confidential health data that is used in everyday practice to capture past and present health conditions.

Young people are enthusiastic about the role of digital technologies for accessing information and support, but their responses also demonstrate that digital health is different for everyone and researchers and policy makers should carefully understand the ways digital technologies can address and also amplify health inequalities for young people.

*"[Digital health is] not distinct from health - they operate together in practice. Digital health refers to the data and information pertaining to health, both personal and general through various online platforms. Digital health involves also digital practices (such as posting content online) and tools (like wearables) that expand the ways we monitor our wellbeing and access services such as telehealth. Digital health comes with both inherent benefits and risks, such as increasing health information access - and concerns around misinformation." (WH&Y Commission 2022)*

### What 'health equity' means to young people

Ideas about 'health equity' were prominent in workshop responses and discussions. Participants were concerned that not all young people have the same opportunities for good health, information and care. For young people 'inequity in health' is especially 'the reflection of all the biases and barriers a person may face when accessing health services' (WH&Y Commission 2022).

Participants identified that all young people should get access to health information and care when they need it. Moreover, they identified that it is unfair that some young people do not get that access, and that this can result in worse health. To ensure health equity, young people want research and policy to:

- prioritise fairness, inclusivity, diversity and equal opportunity for all young people to make autonomous health choices;
- understand and address the social determinants of health for young people;
- work towards dismantling all individual, relational, structural and systemic barriers to young people's health and wellbeing.

*"[Health equity] refers to the intentional pursuit of fair access for all peoples, providing inclusivity and equal opportunity. Health equity is influenced by the social, political, cultural and economic factors that influence our lives. [We believe that] a greater understanding of how intersectionality affects individuals' health is necessary for greater equity. People should be afforded free choice when deciding what works best for them." (WH&Y Commission 2022)*

## What is working well for young people

### Snapshot

- There is a broad range of health services and opportunities for young people made available to young people.
- Medicare works well for young people.
- For those who can afford it, private insurance works well.

Overall participants felt that the Australia's health system delivers a high standard of care, is accessible, and regulated. Some young people commented that they are "lucky" because Australia's health system has policies in place which make healthcare "a bit more accessible" in comparison to other countries like the United States of America (Workshop 5, group of 2: female [2]). There is a consensus that Australia's health system attempts to deliver affordable and accessible health care as our health system is not highly privatised.

Also, participants highly valued Medicare in Australia. Medicare provides free hospital services, rebates for medical services (e.g. seeing a doctor) and Pharmaceutical Benefits Schemes which subsidises approved prescription medications. However, not all services and medication are covered by Government schemes. Individuals need to pay out of pocket or use private health insurance to cover the costs of accessing some medications and health services. For some people, private health insurance is also working well to cover some of the costs of health services that young people access.

Considering the strain that COVID-19 has had on the health system, most young people agreed that some improvements to the Australian health system had resulted from the COVID-19 pandemic, for example, "expanded medical services" and the "20 psychology sessions" (Workshop 1, group of 9: female [7], male [2]).

Participants acknowledged that there is a wide range of health services and opportunities available for young people to improve their health and wellbeing. These included digital and telehealth services, helpline services such as Healthdirect, Headspace, and first aid training. However, participants observed that these work for some, but not all, young people.

A few young people also acknowledged – and valued – that they could access healthcare without a parent or guardian from the age of 15. Generally, participants expressed a desire for more autonomy in health decision making.

Some participants noted that there is increasing awareness of youth health concerns among adults, governments and health professionals. These concerns include the "recognition for LGBTQIA+ wellbeing" and support from the "LGBTQIA+ community", and the accessibility of health services for neurodivergent young people (Workshop 4, group of 2: non-binary [1], male [1]; Workshop 4, group of 2: non-binary [2], male [1]). Participants were aware of resources and training for youth health

that are available to health professionals and young people. They also identified that health professionals who have similar lived experiences (for example, health professionals who have a chronic illness or are CALD, LGBTQ+) make it easier for young people to feel confident and understood when accessing healthcare.

Commentary included the following:

*"Basic health care is free."  
(Female, 22, South Australia)*

*"Our health system [is of a] high standard, well regarded internationally. [It is also] legally regulated."  
(Workshop 4, group of 3: male [1]; non-binary [2]).*

*"There are some good Doctors out there."  
(Workshop 1, group of 8: female [5]; male [3]).*

*"The existence of Medicare and focus on affordable and accessible healthcare"  
(Workshop 1, group of 4: female [3]; male [1]).*



**Figure 3: Workshop data from the My Google Reviews Activity**

## What is not working well for young people

### Snapshot

- Health services are not accessible and affordable for all young people.
- Access to appropriate information and care is particularly hard for young people who identify as LGBTQ+, CALD, low socioeconomic status (SES), living with a disability or chronic illness, or are living in regional, rural and remote areas.
- Knowing what services are available and where to find them is hard.
- The strain of COVID-19 on the health system has impacted the health and wellbeing of young people. Staff shortages, high wait-times and staff burn-out were listed as things that negatively impacted on young people's experiences of services.
- Lack of holistic, inclusive, compassionate care that acknowledges young people's lived experiences.

Interestingly, the same topics were raised by participants in both sections: *What is working well for young people*, and *What is not working well for young people*. This reinforces that young people's experiences of healthcare are divergent, and that large-scale health inequity exists within Australia.

### Accessibility

There is a wide range of reasons why young people cannot access healthcare or health services. These include:

- **Lack of services in accessible locations**, close to where they live, study or work. For some, particularly in outer-urban, regional and rural settings, access and affordability are impacted by a lack of transportation "to and from health appointments" (Female, 16, New South Wales).
- **Lack of public transport, inconvenience, long distances and health reasons** make it difficult for young people to physically attend health services. For those in regional and rural areas, it is normal to travel long distances to access healthcare and services. Many must rely on trusted adults (such as parents or guardians) to get them to and from health appointments. Without trusted adults, accessing healthcare is even more difficult or impossible.
- **Privacy issues with telehealth**. While telehealth is often seen as the solution to access, participants raised many issues that prevent them from accessing care online. Places where young people typically attend telehealth appointments, like the family home, can lack privacy. For example, participants highlighted that it can be difficult to discuss sensitive health issues, such as mental and sexual health concerns – especially if these topics are taboo within young people's cultural communities. Sharing devices, family disruptions and lack of family support all deter young people from accessing digital health services.

Accessibility was particularly cited as an issue by young people who identify as LGBTQ+, CALD, low SES, living with a disability or chronic illness, or living in regional, rural and remote areas.

Commentary included the following:

*"Because we are relatively backward [,] here is a remote town, so [there is] not very convenient transportation, no car is very troublesome."*  
(Female, 18, Victoria)

*"For some young people using technology for their health such as telehealth etc was not practical or something that they could fully participate in due to their home situation."*  
(Male, 17, NSW)

## Affordability

Participants were concerned that many aspects of healthcare are only affordable to those who are eligible for Medicare, can afford private health insurance, are covered under Medicare rebates and/or have support from a trusted adult or guardian. In particular, it was noted that "access to support is limited" for low SES young people, and those on student or other temporary visas. As a result, most young people are faced with "long wait times" for many services (Workshop 1, group of 9: female [6], male [3]) or simply don't get the help they need. Additionally, it was noted that international students are not eligible for Medicare.

Participants cited particular concerns in some specific areas, including:

- **Mental health.** Lack of access to mental health services is a major concern for young people who worry about the impact on health and wellbeing in the short and long term.
- **Dental and specialist services, including psychiatry, specialist doctors.** These are considered important and essential services to young people's health and wellbeing, however the costs of services are out of reach for most young people.
- **Disability services.** Young people are also concerned about disability services and want better NDIS support services.

Commentary included the following:

*"Developed anxiety around medical situations due to way [I] have been treated."*  
(Workshop 1, group of 9: female [6]; male [3])

*"Medicare Rebates don't cover everything!"*  
(Workshop 2, group of 2: female [2])

## Gaps in the system

Without trusted support networks and government assistance, a lot of young people's diverse needs are not being met.

In an increasingly complex system, young people may be unsure what services are available to them. Many participants stated that health systems do a “poor job at communicating services to young people” (Workshop 2, group of 3: female [2], male [1]). There is not enough education and resources for young people about existing health services and the discounts given to young people through Medicare.

Additionally, young people identified that they are often the “missing middle”: too unwell for primary health services but unable to access state-based services like inpatient hospitals.

### Personal safety

When they do access services, especially clinical practice, some participants reported that health professionals are not sensitive to the complexities of young people’s lives and young people often feel disrespected and discriminated against. Young people report they experience ageism, stigma and stereotypes around chronic illness and disabilities, mental health, being LGBTQ+ and their capacity to make health decisions. This discourages them from seeking information, advice and care and can impact their attitudes towards accessing healthcare and services in the future.

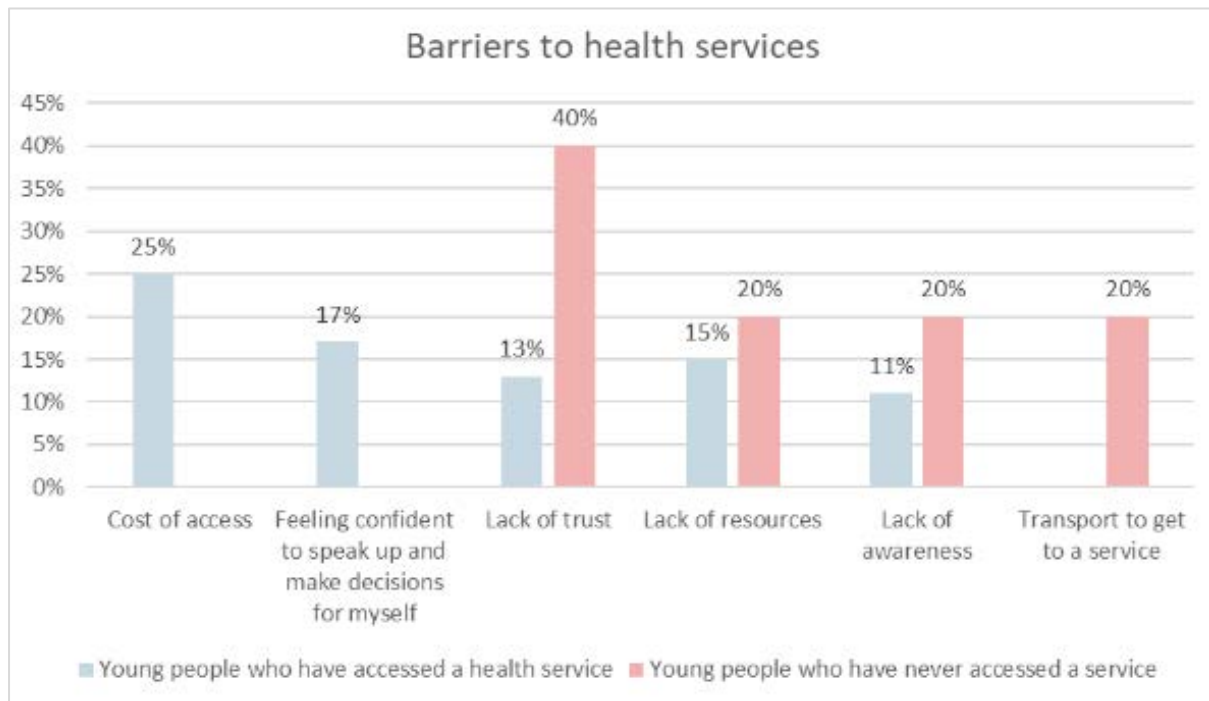
Participants reported that health services can disregard their identities, backgrounds and experiences. In particular:

- Young people from migrant backgrounds pointed out that western medicine is often valued over other forms of cultural knowledge or medicine as well as young people’s lived experiences.
- For CALD young people, some of the services they access are not in English, which makes access hard.
- LGBTQ+ young people stated that there is a lack of trauma-informed approaches to health care and research.

There is also not enough diverse representation in health professions across health systems, research and services to ensure that all young people, regardless of where they are from, or how they identify, feel confident and comfortable to take part.

Commentary included the following:

*“More communication and compassion over qualifications and degrees.”  
(Workshop 5, group of 2: female [2])*



**Figure 4: Barriers to health services from young people's perspectives.**

Implementation of real life experiences into professional scenarios such as understanding mental health and relating that to hospitals, healthcare services etc



## Young people's health and wellbeing priorities

In workshops and in the questionnaire, young people were asked to share their health priorities and why these are of greatest concern. Notably, these health priorities are also interrelated and in order to address one, researchers and policy makers will need to consider how each relates to the others.

### 1. Mental Health

#### Snapshot

- Overall, young people want greater recognition that mental health is a serious health priority that should be properly resourced.
- The external factors that impact mental health need to be addressed, specifically the availability of affordable housing, rising costs of living and the impact of the COVID-19 pandemic.
- We need to address the accessibility and affordability of mental health services.
- We need to address the negative stigma that surrounds mental health more broadly within young people's communities.

Young people are extremely concerned about their own mental health and the prevalence of mental health challenges within their communities. For young people, mental health is a significant priority as it subsequently affects all other aspects of life, including physical health, social networks and work. Participants highlighted that existing stressors, such as climate change, employment, education, or the cost of living, exacerbate many mental health issues. Young people really struggled to manage their mental health given the compounding impacts of COVID-19 pandemic. For some participants, addressing their mental health was at the expense of their financial security. Participants were also concerned about the impacts of mental health on their broader communities.

Young people highlight the need to better understand and tackle negative perceptions and stigma associated with mental health. Young people feel reluctant to seek help when health professionals and adults within their communities dismiss their health and wellbeing concerns.

Additionally, young people are worried about the accessibility and affordability of mental health services. In particular, lack of access to appropriate and engaging mental health information, services or support is a major issue for young people. For example, many participants said that access to psychologist appointments were out of reach. Limited availability and lengthy waiting periods mean that young people will not have access to mental health support until they are feeling very unwell, or it is too late.

## 2. Improving accessibility for young people to health services

### Snapshot

- Young people are diverse, and their identities impact their ability to access a service.
- More healthcare options are needed, especially in communities where certain services do not exist or are inaccessible due to geographical location.
- Better education and communication are needed to assist young people to understand and navigate the health system.
- Health information, services and professional care needs to be more respectful and responsive to diverse identities and experiences, and support young people's emerging autonomy and advocacy.

In particular, our participants mentioned three areas of concern: the availability of services; their autonomy to access care; and the attitudes of health professionals towards young people.

Many participants report that there are not many accessible services available to young people within their communities. For young people in rural areas, primary healthcare services and general practitioners that offer bulk-billing were difficult to find.

Furthermore, our participants said that they are unaware of what health services are available within their community and how to navigate the health system. The availability of specialised health services, such as gender-affirming care and eating disorder services, is limited and difficult to access for our participants. Even where there are specialised services available to young people, there are long wait times.

Many participants said they want greater control over their own health. For some, however, self-determination and autonomy is difficult, as within the health setting their concerns or perspectives were often overlooked in comparison to those of their parents or guardians. In this way, young people's lack of autonomy impacts their ability to confidently access care when they need it.

Young people also told us that accessibility is about feeling respected. The attitudes and assumptions of healthcare professionals can impact young people's willingness to access certain services. Some of the participants experienced health professionals that were patronising, biased, or stereotyped them based on their age, race or identity. This is particularly detrimental to young people who are culturally and linguistically diverse, and sex, gender and sexuality diverse.

Overall, young people want greater understanding of and responsiveness to the way intersectionality shapes how they access health information, support and services. This involves being mindful of individual circumstances and recognising how individual and collective biases may limit access to care for different people. Young people want better health education and communications that respect their identities and lived experience.

Commentary included the following:

*"How can people improve in health if they cannot access services that will support them? [There] should be more ways to access health whether in Sydney or in rural areas."  
(Female, 20, New South Wales)*

*"It is hard to know exactly what services young people can access. Young people are still learning how to make appointments and to know what the appropriate wait times are and what is / isn't acceptable from health practitioners and organisations etc. Young people are easily disengaged if they are patronised, cannot receive services in a timely manner and can resort to harmful coping strategies."  
(Female, 23, Victoria)*

*"Often, being from an intersection of minority backgrounds I face overt and covert discrimination and can be discouraging."  
(Female, 24, New South Wales)*

### **3. The social, political, cultural and economic factors that affect health and wellbeing**

#### **Snapshot**

- For young people, a range of factors including social, political, cultural and economic factors impact their overall health and wellbeing.

Another priority identified by participants was the need to understand and address the role of social determinants for young people's health and wellbeing. These include social, political, cultural and economic factors such as food security, housing, income and employment that can affect young people's ability to access or afford certain services, and their wellbeing. For example, crowded accommodation or lack of privacy prevents some young people from accessing digital health or telehealth appointments. Young people are calling for empowering health education and communication so that they can gain skills to address their health needs.

Young people additionally identified that their health was impacted by large-scale forces and structural factors including climate change, environmental disasters, sexism and poverty. Young people would like these forces and factors to be addressed at a policy level. The layers of discrimination and disadvantage that impact young people's health and wellbeing must be addressed collectively and not in isolation.

Commentary included the following:

*"A lot of health issues are caused by uncontrollable factors such as a lack of education on a range of health issues, environmental, economic, employment and food circumstances".  
(Female, 24, New South Wales)*

*"For some young people using technology for their health such as telehealth etc was not practical or something that they could fully participate in due to their home situation."  
(Male, 17, New South Wales)*

*"I [went] to an all-girls school and even then, there's not much discussion around [women's health issues] due to the stigma around it. Menstruation, contraception, chronic health issues (eg. endometriosis...), sexually transmitted infections..."  
(Female, 20, Victoria)*

#### 4. Physical Health

##### Snapshot

- There is a lack of affordable and accessible healthy food options for young people within their communities.
- Young people are unsure when they should go to the doctor for a physical examination, or what is involved when they have a physical examination, and express concern about their access to the necessary services when they need them.

For young people, physical health refers to the overall health of their bodies. It encompasses diet, exercise, sleep, vision, hormones and dental care, and experiences of 'lifestyle diseases'.

Young people are concerned about how their lifestyle choices can impact their bodies in the short and long term. Young people are struggling to eat healthily and get sufficient, good sleep. A lot of our participants feel that many conditions that impact their lifestyle choices are outside of their control. For example, they are concerned about the affordability of healthy foods, marketing of unhealthy products and the lack of regulation of products such as vapes.

Irregular physical examinations with health professionals are also a concern for young people. They report not having necessary information and guidance about when they should visit a health professional, and they are impacted by their lack of access to appropriate, affordable, available health and wellbeing services.

Commentary included the following:

*"Today's young people do not have the habit of regular physical examination[.] [They] always go back to the hospital after their own health problems."  
(Male, 23, Western Australia)*

*"Inflation and cost of living are making leading a healthy lifestyle economically unviable. I can't afford to save, invest and spend all at the same time."  
(Male, 22, New South Wales)*

*"Eat [and] sleep."  
(Male, 24, Australian Capital Territory)*

## 5. Affordable healthcare

### Snapshot

- The cost of health extends beyond the affordability of primary services, to other costs of living that can impact on health and wellbeing.
- The public and private health care systems, especially for international students and those on refugee or other temporary visas, do not serve many young people.
- Medicare must better service young people and provide healthcare that young people commonly require, including dental.
- Young people feel it is important overall to address growing inequity when it comes to affordability of healthcare services.
- Dental care is unaffordable and out of reach for many young people.

The affordability of health services is a major structural barrier for young people seeking healthcare. Affordability encompasses the cost of accessing health services, the role of Medicare to meet the health needs of young people and the growing divide between private and public health systems.

Many participants said that affordable health services were an issue, particularly if young people were trying to access primary health services including general practitioners, allied health and some specialist services. Perceptions of affordability were also informed by young people's ability to cover other (increasing) living costs such as housing, food and transport. Changing financial circumstances and hardship exacerbates young people's inability to pay for their health needs and creates detrimental flow-on effects on their health and wellbeing more generally.

For young people receiving support payments such as Youth Allowance, the money is not enough to cover their medical and health related expenses. Even with Medicare, the eligibility for rebates and services under the scheme remain out of reach for many young people, notably international

students. Services such as dental care, certain private specialists and counselling and psychological services have significant out of pocket fees which young people cannot afford.

For those with the ability to pay for private health insurance, the public system is seen as less responsive to individual needs and requirements when compared with private providers. Even so, young people are concerned about an inequitable two-tiered health system and want affordable services for all young people.

Commentary included the following:

*"Limited support for survivors who are young people and despite youth homelessness being prevalent, support is not adequate. Furthermore, youth allowance is still \$30 below the poverty line."  
(Female, 18, New South Wales)*

*"Longer waiting times on public system, private health care more responsive."  
(Workshop 1, group of 9: female [6]; male [3])*

*"it is incredibly difficult to access ED [eating disorder] treatment/physio services that are serviced under Medicare/rebated."  
(Female, 18, New South Wales)*

## Other health and wellbeing priorities

In workshops and the questionnaire, many other health and wellbeing concerns were identified. These include:

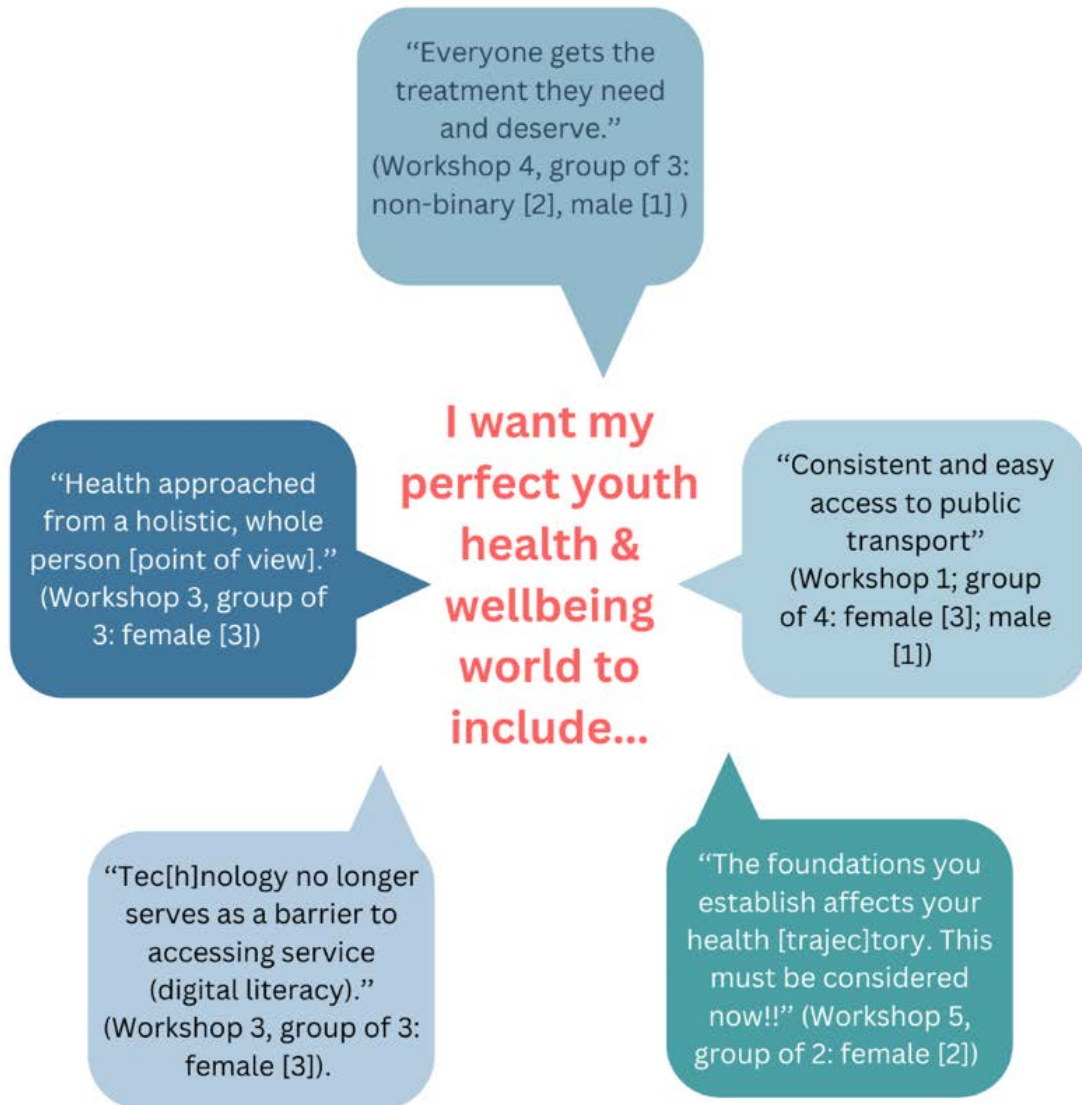
- **Health education and awareness.** Young people want better, more respectful and more inclusive health information and guidance. They want schools to improve the content and delivery of health information that is inclusive of all young people and portrays the realities of their health and wellbeing journeys. In particular, they want information and guidance on how to access their health data, get a Medicare card and navigate common challenges such as mental health, sexuality and drugs.
- **Sexual and reproductive health.** Young people want better, more inclusive support around puberty, sex, sex education and awareness of conditions (such as endometriosis).
- **Addressing discrimination.** Young people do not want their healthcare experiences to be impacted by the assumptions of adults about young people, and about particular backgrounds and identities.
- **Inclusivity in health settings.** Young people want safe and socially and culturally appropriate ways of working and communicating with young people to be embedded in routine practice.
- **Digital health.** Young people want digital technologies and infrastructures to advance and support youth health by removing barriers to accessing health information, care and services.
- **Vapes and drugs.** Young people are concerned by the lack of information on the impacts of vapes and drugs.

- **Impact of social media on health and wellbeing.** Young people are concerned about how social media impacts young people's perceptions of health and wellbeing.
- **Dental health.** Young people want easy and affordable access to dental care and specialists.

## A perfect youth health and wellbeing world

We asked young people to imagine how health would work in a perfect world. Key themes from their responses included:

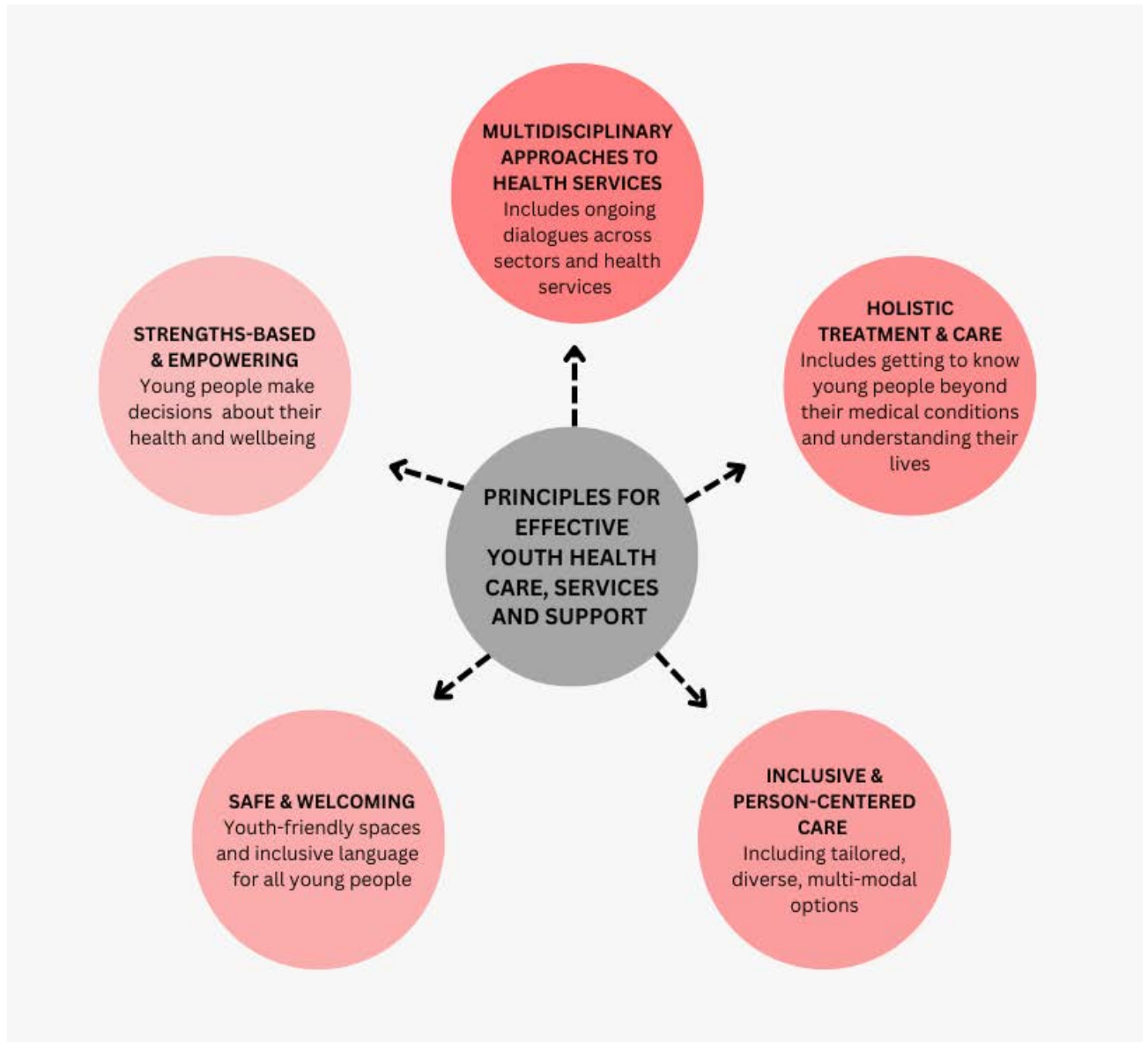
- Governments and adults respond to young people's diverse needs and consider their unique identities and lived experiences.
- Health services, governments and health professionals are receptive to feedback on how better to support young people's needs and priorities.
- Young people are appropriately supported in their transition from childhood to adulthood and are empowered to make decisions about their health and wellbeing. Ultimately, young people are given opportunities to learn, develop, and grow.
- There are more sustainable and renewable resources in the medical field. There is an abundance of government funding for healthcare, and in return, there are cheaper alternatives for health care products for young people.
- All young people have access to face to face or telehealth services, regardless of where they live. Simple and regular health consultations, non-western forms of medicine and preventive healthcare approaches are commonplace.
- Young people are actively engaged in research, service and policy planning. There are many consultations with young people, they are listened to and they are active participants in decisions about their own health, and the health of the community.



**Figure 5: Qualities of a perfect healthcare system for young people**




## Principles for effective youth health care, services and support



**Figure 6: Principles for Effective youth healthcare, services and support**

## 1. Multidisciplinary approaches to health services

Better communication between primary and allied healthcare providers, and government departments is required to understand and respond to young people's health and wellbeing. Streamlining health services and building ongoing dialogues across sectors and health services would improve the experience and efficiency of the care that young people receive.



**MULTIDISCIPLINARY APPROACHES TO HEALTHCARE**  
"The implementation of a multidisciplinary approach would allow for health services to be more accessible than ever, with providers becoming a support system with young people's best interests in mind."

Female, 18, New South Wales

## 2. Holistic treatment and care

Health professionals, policy makers and researchers should build relationships with young people beyond their medical conditions to better understand how multiple factors impact health and wellbeing. To deliver culturally sensitive and appropriate health outcomes for young people, health professionals, researchers and policy makers are encouraged to appreciate:

- non-western approaches to medicine
- community-based systems of knowledge (such as Indigenous knowledge systems)
- informal approaches to health and wellbeing (for example, art therapy and support groups).



**HOLISTIC TREATMENT & CARE**  
"Be aware that young people need more than just western medicine to have a healthy life."

Female, 23, New South Wales




**HOLISTIC TREATMENT & CARE**  
"Treating young people goes beyond helping them in the consultation room."

Male, 18, New South Wales

### 3. Inclusive and person-centered care

Tailored solutions can improve young people’s health and wellbeing. Some young people want to see more diverse, multi-modal options for all health services so that young people have more opportunities to access health services. These could include telehealth services and more clinics in regional, rural and remote areas. However, it is important to note that technology-based approaches are not the best option for everyone.




**Workshop 3, group of 4:  
4 female**

**INCLUSIVE & PERSON-CENTERED CARE**  
“They need to take into regard how different types of people look at the world and make plans and talks that inform about the impacts and influences of things.”

### 4. Safe and welcoming


Inclusive language and youth-friendly spaces are important in establishing shared power between adults and young people and improving young people’s experience of the health system. Social and cultural sensitivities must be considered when working with young people in research, policy and health service settings. Young people also value opportunities for deep active listening.



**Female, 24, New South Wales**

**SAFE & WELCOMING**  
“How can we get services to invite the youth and make them feel welcomed?”

**SAFE & WELCOMING**  
“Anti-discrimination practices--> teaching those in healthcare how to be 'sensitive'. Hopefully this will encourage more young people to work with the healthcare system and get the help they need.”



**Workshop 3, group of 7:  
female [6], male [1]**

## 5. Strengths-based and empowering

Young people want to be empowered to make decisions as they grow and learn about their health and wellbeing. This includes decisions that reflect their rights, managing their health data and accessing locally based services.



Female, 23, New South Wales

### STRENGTHS-BASED & EMPOWERING

"Access to our own data. That way we can make empowered and informed decisions about our health."



## What research is needed to promote change?

Informed by project findings, the following research areas were collaboratively identified by WH&Y Commissioners and senior researchers:

### 1. Understanding young people's needs and concerns post COVID-19 pandemic

The COVID-19 pandemic has changed young people's lives forever. It has significantly impacted their mental health and wellbeing, education and employment, finance and safety. Pre-pandemic research on young people's contexts, health needs and access to services should be updated to ensure that the current experience and views of young people inform policy and practice.

New youth health research should adopt a socio-ecological perspective, looking at the individual, relational, community and societal factors that influence young people's health and wellbeing.

Furthermore, research is needed to document the compounding effects of the pandemic on young people's mental health, their access to services, and their socio-economic situation as a population. Analysis of the impact of policy and service innovations in response to the pandemic should also be undertaken to inform systemic reforms.

### 2. How multiple and intersecting forms of disadvantage impact youth health and wellbeing

Young people are increasingly aware of the role of intersectionality. Many young people experience multiple layers of disadvantage and discrimination that explicitly and implicitly impact their health and wellbeing. This concept is important to young people because it acknowledges how multiple factors interact with the environments, contexts and the power relations that young people experience in life, specifically in relation to health information, services and professional care.

There is a need for research on how intersectionality impacts youth health. Health research more broadly should account for intersectionality in order to identify how to promote greater health equity for young people. Some groups of young people who are more likely to experience compounding disadvantage, including CALD, LGBTQ+, school aged young people, First Nations young people, young people living with disability or chronic illness and young people living in unstable housing, are not consistently or appropriately included in research. This means their experience and the role of intersectionality is not understood and cannot be effectively responded to in policy and practice.

### **3. Understanding young people's experiences of, and preferences for, digital health.**

While digital technologies and digital health play an increasingly important role in health policy and young people's everyday experience of health, young people are largely invisible in digital health research. More research is required to understand young people's experiences, practices and preferences in relation to digital health. This should include:

- the role of digital technologies for how young people navigate health in everyday life;
- how digital health technologies, systems and data should be designed, managed and used (including by young people themselves);
- how to promote access to and support for digital health;
- how specific forms of digital health, such as telehealth, need to work in order to be accessible, affordable and beneficial for young people

### **4. Research on how we can better improve frameworks, standards and regulations to reflect research and the needs of all young people**

Young people have stated that they would like to see more research on how frameworks, standards and regulations can be improved to better support the health of young people in all their diversity. Researchers also identify that young people are poorly represented in policies, frameworks, standards and regulatory frameworks for health research and care.

Young people, particularly those under the age of 18 years, are often treated as being incapable of making their own decisions which undermines their rights and capacity to understand information and consent to participate in health research, access health care and make decisions about treatment.

In some cases, regulations can produce adverse consequences that work against the best interests of young people. In other cases, insufficient research and evidence-based regulations are absent and leave young people exposed to marketing and products that can harm their health. These need to be properly researched and translated, with young people, into better guidance and laws (for example, on vapes).

### **5. Youth-centred health promotion, primary interventions and prevention**

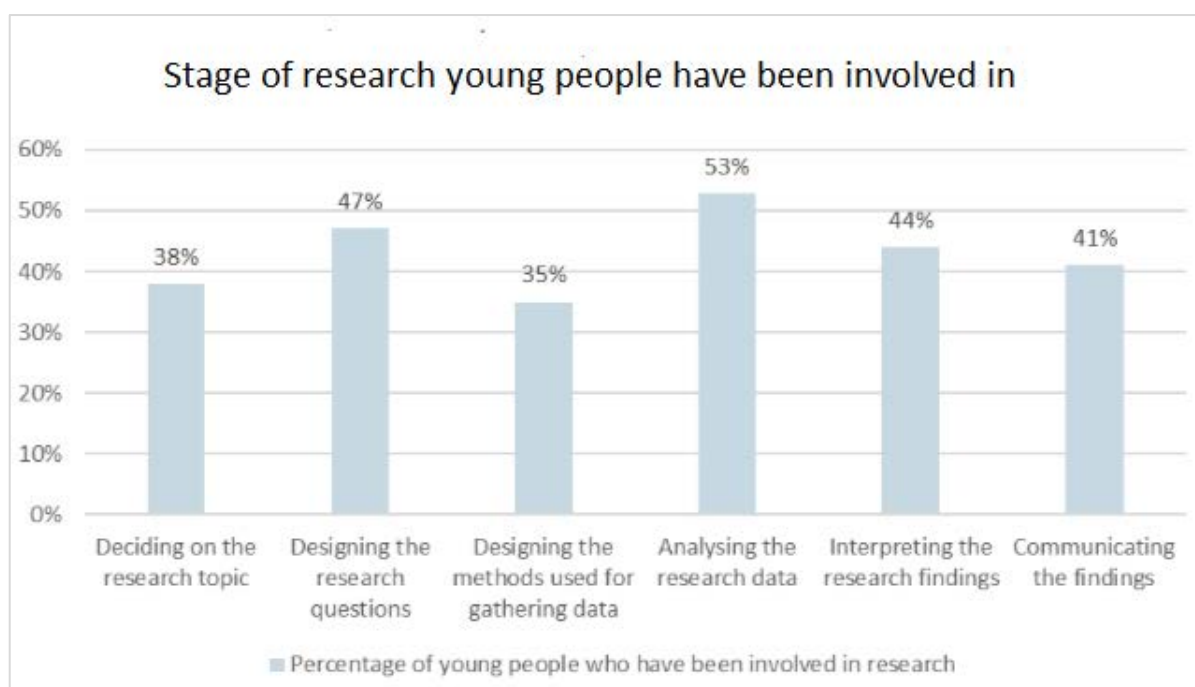
Rather than focusing research funding on disease and treatment, more research is required into models for delivering youth-centred health promotion, primary interventions and prevention and early intervention. This includes how accessible, appropriate and respectful health education, local and digital health services and health-promoting social, ecological, economic and cultural systems are created. Cost and benefit analysis of preventative care are also currently under-researched.



## Young people's involvement in research, policy and services

Young people appreciate the conditions and processes involved in research, and how research can contribute to policies, services and professional practice that promote youth health and wellbeing.

Many young people who participated in this research already contribute to research as advisers, co-researchers and in the translation of research for better policy and practice. From our survey, they reported having been involved across all research stages.



**Figure 7: What stage of research respondents have been involved in**

Overall, those that have been involved in research, say that their feedback has been mostly or sometimes listened to, and that changes are made based on their feedback. However, many think that the impact of their input is not sufficiently communicated back to them.

Of those who have not previously been involved in research, 87% reported that they are either very interested or interested in research. They mainly believe they should be involved in the scoping and design stage of research.



They shared insights into the factors that can enable or prevent them from playing meaningful roles in health research and translation.

### Enablers to youth involvement in research

#### Snapshot

- Engaging with young people from the beginning
- Involving young people in all phases of research: planning, development, management and implementation
- Providing a range of flexible roles for young people, from research advisers to co-researchers
- Making research opportunities available in settings young people already engage in, such as youth services and schools
- Providing good communication, training, reimbursement and recognition of young people's time and contributions.

Young people report that flexible and diverse opportunities assist them to contribute to research. These roles include, but are not limited to, advising research teams, consulting projects, being research participants or peer-researchers or facilitators. Young people emphasise the importance of sufficient training and capacity building, reimbursement and clear expectations about their roles.

Young people are interested in research if it aligns with their needs and interests. They like to be involved as research participants in, for example, surveys, interviews and workshops.

However, not all young people are aware that there are other opportunities to be involved in research other than being a research participant. Young people mainly access research opportunities through schools, social media and youth organisations.

### Barriers to youth involvement in research

#### Snapshot

- Lack of confidence among young people
- Power imbalances between young people and researchers
- Accessibility of research opportunities
- Limited resources to appropriately facilitate youth participation

### **Lack of confidence among young people**

Young people report they are deterred from getting involved in research because they do not have 'research experience'. Young people believe that they do not meet the criteria or have the skills to be involved in research. They believe that researchers are looking for some sort of "specialty" when seeking their involvement in research (Female, 17, South Australia).

#### **Commentary included:**

*"[The biggest barrier is] confidence. Many young people shy away from research due to their lack of experience."  
(Male, 20, New South Wales)*

### **Power relations between researchers and young people**

Young people think that their expertise - lived experiences coupled with knowledge about young people and their communities – is not valued by researchers.

Young people often find researchers "unapproachable and potentially intimidating" (Male, 22, New South Wales) because they often face power imbalances between themselves and researchers. For example, "adults sometimes think that young people's inexperience in designing services equates to incapacity to do so" (Female, 21, New South Wales). Factors such as ageism, social status, gender and stigma around the validity of young people's experiences are a barrier to young people's involvement in research. Some young people said that their insights are "not taken seriously" in research (Female, 19, Western Australia).

*"The biggest obstacle is age, like young people don't play with old people." (Male, 22, Victoria)*

### **Accessibility of research opportunities**

Research is often inaccessible to young people. Some of the reasons for this include lack of awareness of research opportunities available beyond youth-led organisations, and not knowing where to begin when looking for opportunities to be involved in research. At the beginning of their involvement, young people say that they struggle to understand the language used to describe research processes and subject matters.

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Some young people cannot be involved in research because there is no available transportation, they may not have enough time to participate, or they believe that their contributions will not be sufficiently recognised or reimbursed.

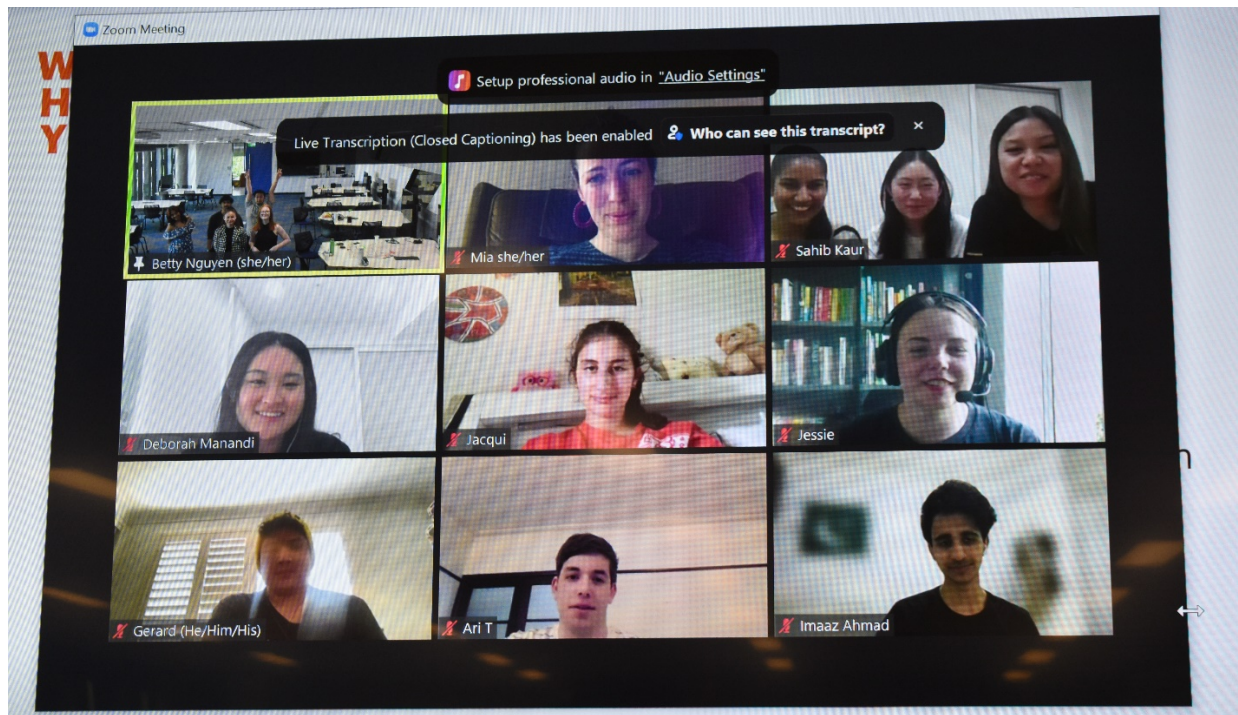
*"Knowing where to look to get started - because I am not involved in this kind of research as an extracurricular, I would have no idea how to first get involved". - (Female, 20, Victoria)*

*"The transportation is inconvenient and the distance is too far." (Male, 22, New South Wales).*

### Limited resources for youth participation

At a structural level, young people identify that funding for youth participation is limited, which impacts their involvement. Young people also indicate that researchers do not always take on their ideas if researchers believe that they cannot "put [research] into action" (Female, 17, New South Wales).

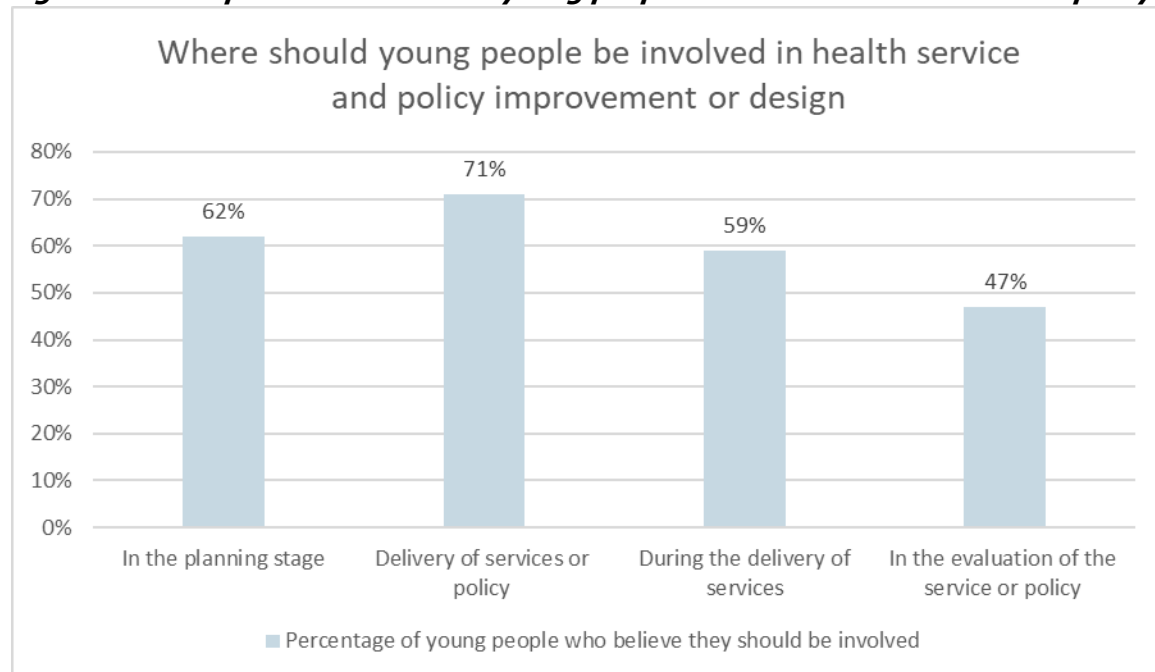
*"...[the biggest barrier to being involved in research is] lack of funding and resources from gover[n]ments." (Male, 20, New South Wales)*



## Young people's involvement in health service and policy design and improvement

Young people are keen to be involved in the design and improvement of health services, policies and government decision-making. It is important to young people because these decisions affect their health and wellbeing as well as the relationships they have with others, society and the environment.

**Figure 8: Participant views on when young people should be involved in health policy and**



**service improvement or design**

Overall, young people think that, when they are asked for input or feedback, changes are made to policy and services. Almost half (47%) reported that their feedback was sometimes listened to. Close to a third (29%) said that the impact of their feedback was not communicated to them.

More than a third (34%) of young people who had been involved in research previously reported that they are not interested in future opportunities to be involved in health services improvement or design.

## Enablers of youth involvement in health services and policy

### Snapshot

- Safe spaces for participation in long term decision-making processes
- Diverse options for involvement
- Iterative and ongoing feedback loops
- Opportunities to meet other like-minded young people
- Accountability mechanisms

Young people value diverse opportunities as well as being able to participate in long term decision-making processes for health policy and services. Examples given include policy decision making, discussion groups, social media projects, grant writing, surveys, school forums and volunteering opportunities that address broader impacts of health and wellbeing. This can include issues such as environmental sustainability and its impact on the wellbeing and health in young people's communities. Young people are particularly interested in providing ongoing feedback on the effectiveness of policies and health services.

Young people want health services and policymakers to speak directly with them. This makes them feel valued, heard and would 'encourage them to participate' in further discussions.

Young people value formal and informal "safe" spaces for them to speak up in health and policy settings (Female, 24, New South Wales). They also value opportunities to meet other like-minded young people. Most importantly, they want to see accountability mechanisms put in place to ensure young people's perspectives are considered and acted upon in health planning – in both policy and services.

*"I think young people should be involved in the health service, [they bring] a knowledge of life and the environment and a simple knowledge of the body, responsible for themselves, responsible for society." (Male, 20, Victoria)*

## Barriers to youth involvement in health service and policy

### Snapshot

- Accessibility of opportunities
- Ageism and stigma towards young people, and distrust of government institutions

Most young people identified individual, relational and structural barriers to their involvement in health services and policy.

### **Accessibility of opportunities**

Beyond youth advisory groups, young people are unsure where to go if they want to be involved in decisions that influence health services and policies. They are also unsure how they can be involved “beyond recommendations” (Male, 22, New South Wales).

Poor communication also leads to unclear expectations about young people’s roles and insufficient training during their involvement in health service and policy. Lack of clear training or information about career pathways can also be a barrier to participation.

Young people reported that most of the opportunities to influence health services and policy are in urban areas. For young people in regional, rural and remote areas, lack of transportation makes it difficult for them to be involved and there is a lack of local opportunity to participate in health policy and service design.

Some young people believe that policy and decision making can be intimidating because of the lack of young people represented in health services, government and in policy processes.

*“Not knowing where to go to find those opportunities. Not receiving reimbursement for my time and knowledge. Not knowing what to expect.” (Non-binary, 16, Victoria)*

*“[The biggest barrier is] location. I don’t live in the city (about 1 hour out of it) and many opportunities are city based. There aren’t many opportunities in my areas at all really for young people.” (Non-binary, 19, Western Australia)*

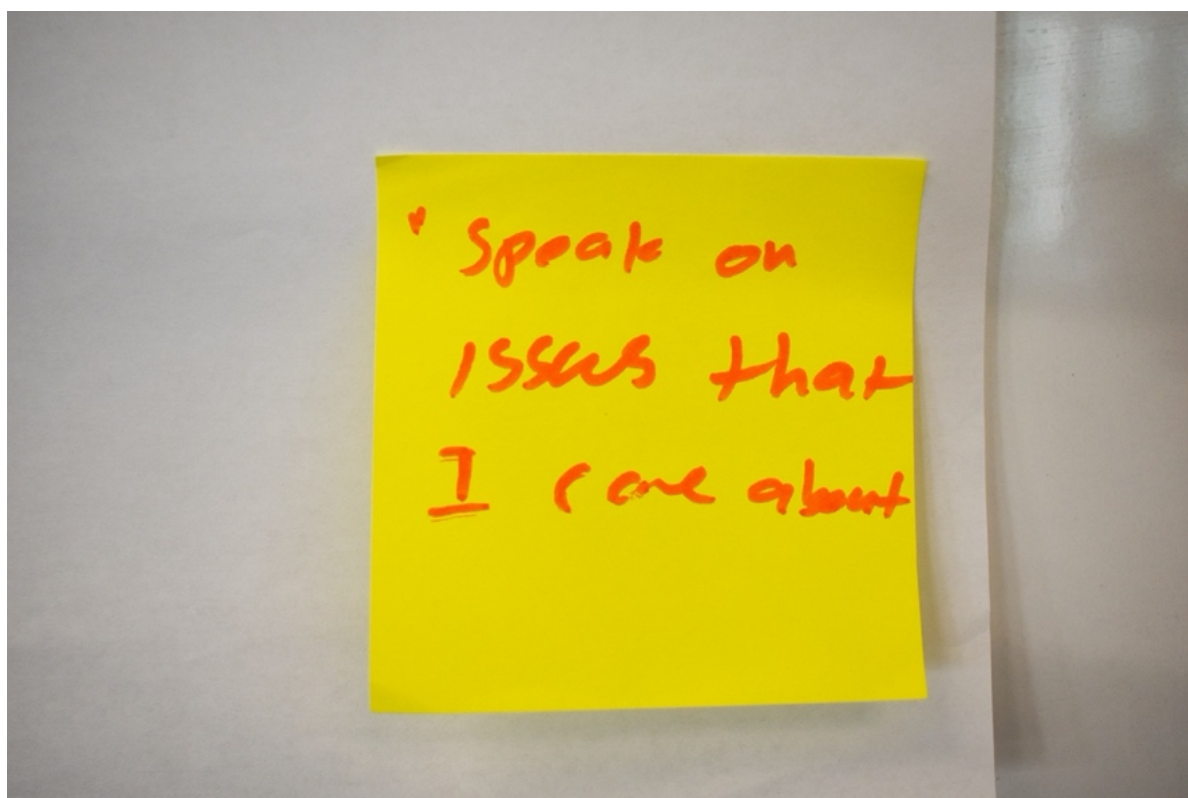
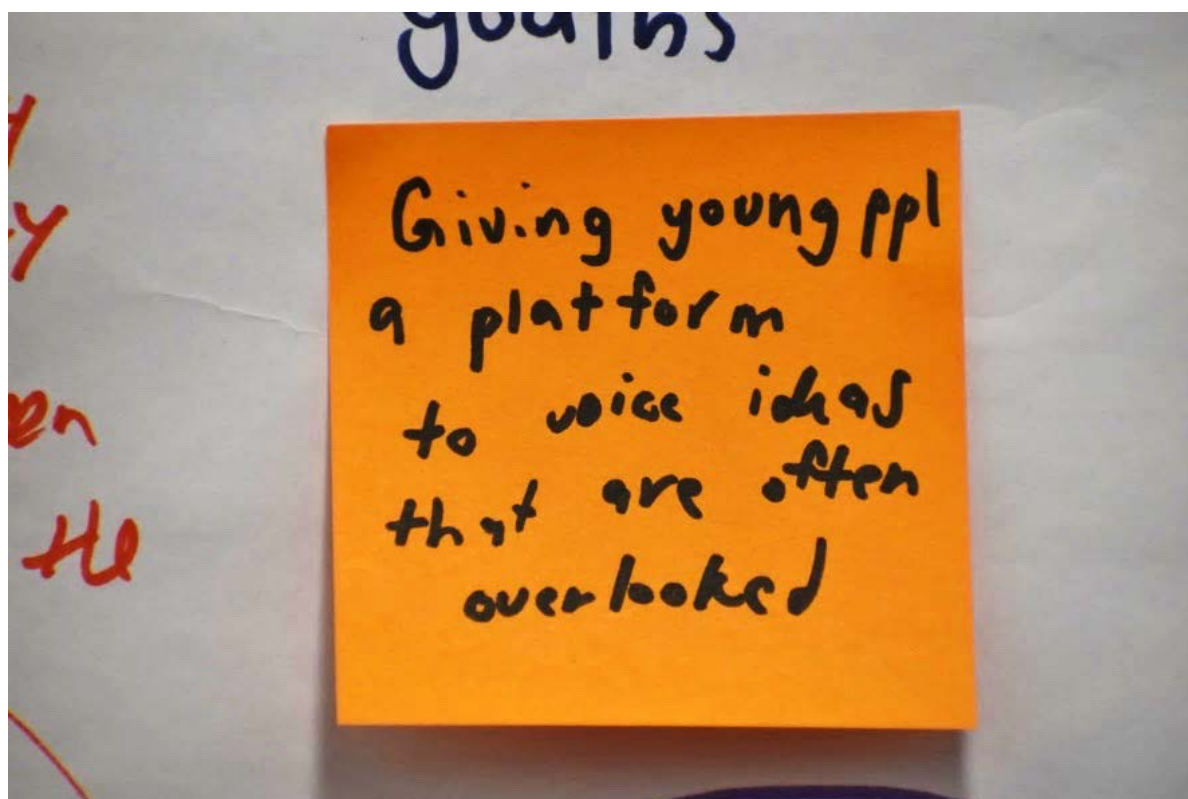
### **Ageism, stigma, and distrust of government institutions**

Most young people say that ageism and stigma discourage them from being involved with health services and policy. This can be exacerbated by a belief that processes are often trumped by politics. Young people also reported that distrust in government institutions, leaders and political parties (their own and sometimes their communities’) is a deterrent to participation.

*“The only barrier I really see in terms of policy is some of the ‘politics’ that come with it. Sometimes this can make it difficult for youth to speak up and contribute to making changes ...”  
(Female, 21, Victoria).*

*“The biggest obstacles encountered were distrust of the team, questioning of the leadership, and policy issues.”  
(Male, 20, Victoria)*

*“Professionals, adults and other experts in their field often forget to ask and assume what the problems are based on behaviour, attitude and engagement which are good factors but it does not replace for asking the actual person”. - (Female, 17, New South Wales).*



## How research translation should be done with young people

### Checklist: How research translation should be done with young people

- ❑ **Preparation.** Young people need to be briefed about the aim, context and audience of the findings, the processes and potential outputs, and their role and responsibilities.
- ❑ **Co-design the message.** Young people, researchers, health service providers and policymakers should work with young people from the very beginning to design and distil recommendations that resonate with all parties involved.
- ❑ **Utilise visual communication.** Images, infographics, diagrams and videos effectively capture and communicate complex concepts in relatable ways for young people.
- ❑ **Short and concise communication.** Providing minimal text with the option to read further is preferable for young people. Ultimately, young people want to know what research has been done, what the findings were, what will be done to address these findings, and how the findings will impact young people.
- ❑ **In young people's words.** Avoid jargon and acronyms. Writing in plain English is key when communicating to young people.
- ❑ **To share findings, use platforms that young people use.** Make research findings more accessible to young people by sharing them on the platforms young people typically use, including social media platforms (I.e. Instagram, Reddit etc) and other channels.
- ❑ **Seal of approval by young people.** Before the materials are finalised, the final product must be reviewed and approved by young people.



## Conclusions and recommendations

In this project, young people and researchers have worked together to generate data and insights on the priorities of young people when it comes to youth health and health services in Australia. This work has identified how young people think about health; the aspects of the health system that are working for young people, and those that are not; and the roles young people can and should play to improve research, policy and design of services.

Overall, the research findings highlight that health research, policy and health services should focus on:

### **Addressing the issues that most concern young people:**

- mental health
- access to healthcare and health services
- the social determinants of health
- physical health
- and affordability of health care.

### **Prioritising research that meets these concerns, and responds to the gaps, including:**

- addressing young people's diverse needs post-pandemic
- exploring young people's preferences and experiences of digital health
- reflecting young people's needs in frameworks, regulations and standards
- intersectionality
- and the value of primary intervention and prevention.

### **Move beyond an in-principle commitment to youth participation by:**

- building on what works for young people, namely providing diverse, accessible, flexible options for engagement; utilising young people's spaces and language; providing sufficient training, reimbursement and recognition of time; recognition and communication of the contributions made by young people; and relationship-building
- addressing their barriers to participation, namely lack of confidence among young people; power imbalances; accessibility of opportunities; limitations of resourcing and funding; and stigma and distrust of government institutions.

It is not enough for governments, researchers and adults to be supportive of youth participation in theory. We need to move beyond the rhetoric of youth participation and the limited ways in which young people can currently contribute to health research, policy making and service design. Instead, the young people who have collaborated on and participated in this research call on researchers, clinicians and policy makers to work together with them. Moreover, they want meaningful engagement that ensures youth perspectives are considered and influence decision making about the kind of health care system, services and society that will improve their health and wellbeing.

The findings demonstrate that to advance youth health research, policy and its translation with young people, we need to:

- **Meaningfully engage with young people by working together with them and their communities** to ensure that research outputs embed young people's diverse needs and expert knowledge. In particular, we need to change how research, health and government sectors engage young people by involving them in all stages of the research process (development, design, implementation and evaluation). And we need to ensure that their contributions and impact are consistently and transparently communicated.
- **Value young people and recognise their knowledge and experiences.** Prioritise youth health in research, policy and service/system development and seriously take on young people's views about what is needed to achieve a health system that works for them. Place young people's diverse needs and interests at the center of all decision-making regarding youth health.
- **Be respectful, caring and compassionate to young people.** Build rapport with young people to ensure personalised and meaningful care and treatment for young people. Express empathy, appreciate difference and create safe, non-judgmental spaces, that actively respect young people's identities, backgrounds and experiences. This would promote better health and wellbeing outcomes and make young people more confident and willing to access healthcare, knowing that someone genuinely cares and understands their needs. Make young people feel safe and welcomed in research, policy making and when receiving care by using inclusive language and being aware of the multiple and compounding forms of disadvantage many young people face.
- **Better support young people to access healthcare, health information and health services.** This includes having better access to resources such as digital technologies for telehealth appointments, or modes of transportation for traveling to appointments. Young people have also highlighted the need for education that particularly focuses on how to access and navigate the health system, their rights and their health data. Young people are also calling for more support on how to address and navigate conversations about confidentiality and consent with family members when accessing healthcare and health services. Considerations around cultural and social sensitivities about decision-making for young people should be included.
- **Address social determinants of health and intersectionality in practice.** Young people want research and policy to tackle the social, economic, cultural and environmental factors that influence young people's health broadly, as well their access to services and care. To do this, more research needs to be conducted on how knowledge of intersectionality can feasibly and effectively be operationalised in research, policy making and service design. Intersectionality – as a concept – needs to be better understood and more evidence collected so that the impact of intersectionality for youth health can be applied in policy and practice.



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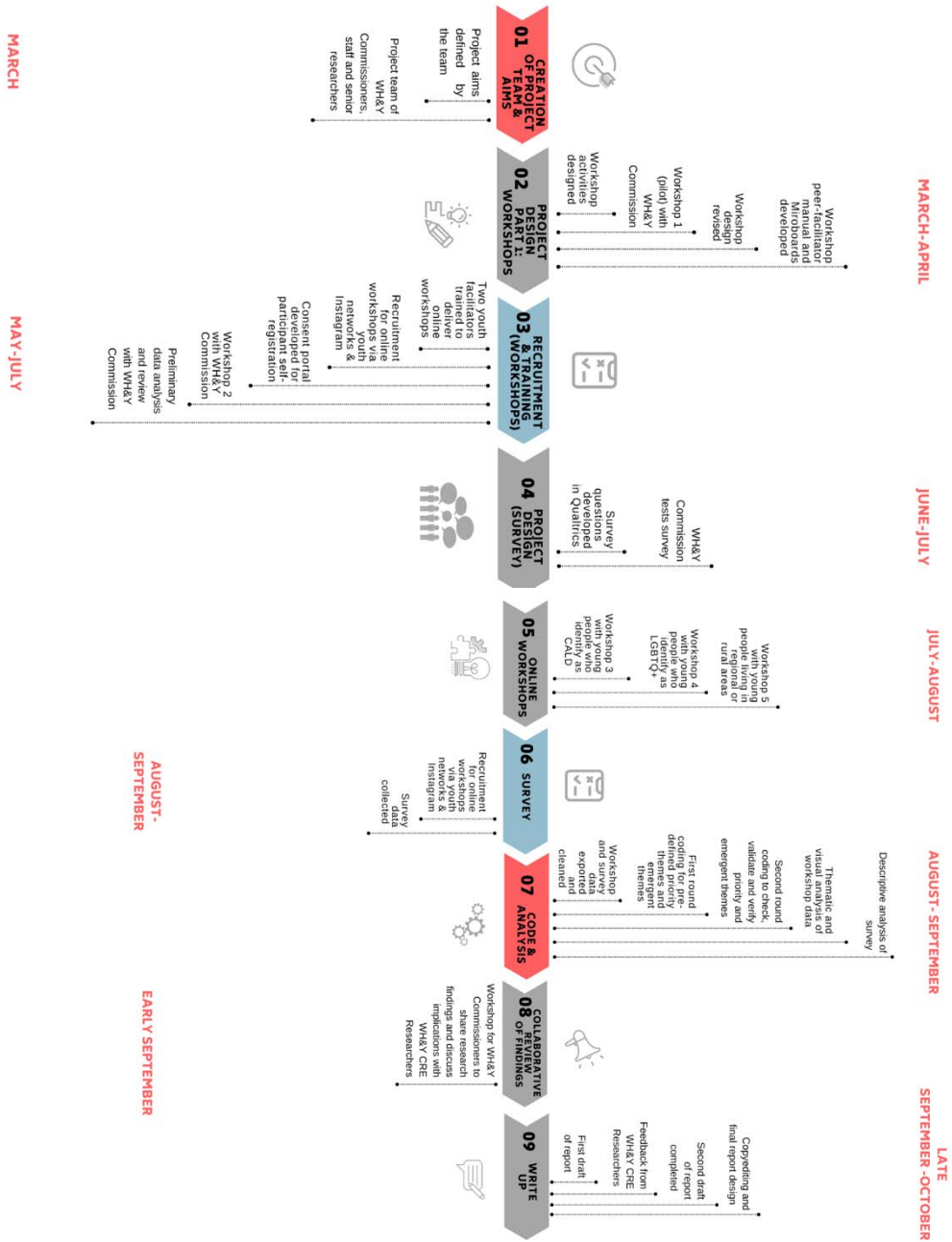
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# APPENDIX A: Project on a page



## APPENDIX B: Demographics of workshop participants

Workshops		Number of participants
Workshop 1: WH&Y Commission		15
Workshop 2: WH&Y Commission		4
Workshop 3: CALD young people		7
Workshop 4: LGBTQ+ young people		5
Workshop 5: Young people from regional/rural and remote areas		4
Total participants		35
Gender	Number of participants	Percentage of participants
Male	8	22.856%
Female	24	68.571%
Non-binary or a different term	3	8.571%

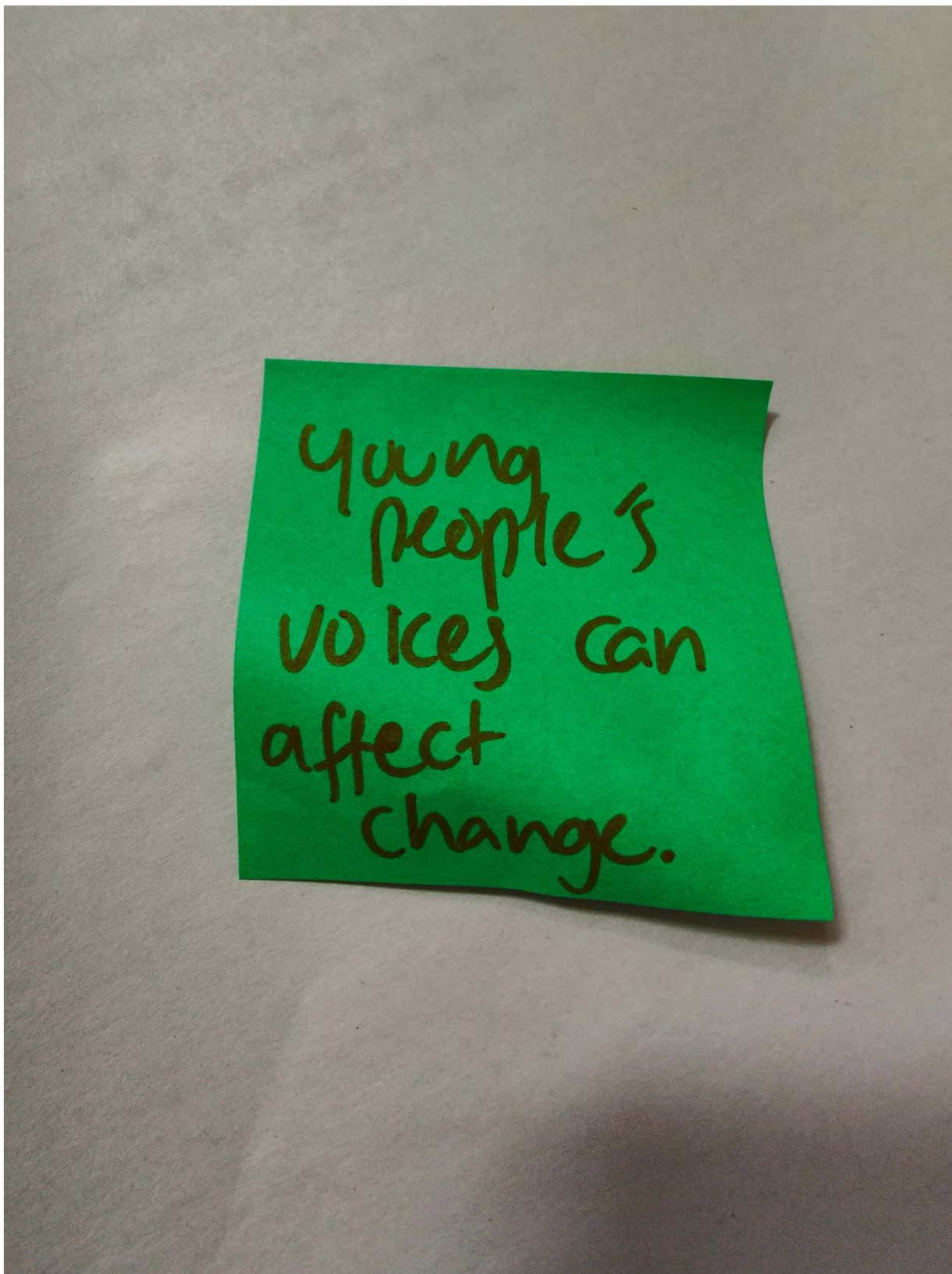
States & Territories	Number of participants	Percentage of participants
New South Wales	20	57.142%
Victoria	8	22.857%
South Australia	4	11.428%
Queensland	2	5.714%
Northern Territory	1	2.857%

### Demographics of survey participants:

States & Territories	Number of participants	Percentage of participants
New South Wales	27	47%
Victoria	12	21%
South Australia	8	14%
Queensland	1	2%
Western Australia	4	7%
Australian Capital Territory	5	9%
Total	57	

<b>Area</b>	<b>Number of participants</b>	<b>Percentage of participants</b>
City/Urban	39	68%
Regional	17	30%
Remote	1	2%
<b>Gender</b>	<b>Number of participants</b>	<b>Percentage of participants</b>
Female	29	51%
Male	22	38%
Non-binary or different term	5	9%
Prefer not to say	1	2%
<b>Sexual orientation</b>	<b>Number of participants</b>	<b>Percentage of participants</b>
Straight (heterosexual)	36	63%
Bisexual	7	12%
Gay/Lesbian	3	5%
Prefer not to say	3	5%
Do not know	1	2%
I use a different term	8	14%
<b>Aboriginal or Torres Strait Islander origin</b>	<b>Number of participants</b>	<b>Percentage of participants</b>
Yes	18	31.579%
No	35	61.404%
Prefer not to say	4	7.018%
<b>Disability</b>	<b>Number of participants</b>	<b>Percentage of participants</b>
Yes	16	28.070%
No	36	63.158%
Prefer not to say	5	8.772%
<b>Language spoken by participants</b>	<b>Number of participants</b>	<b>Percentage of participants</b>
English only	42	73.684%
English and another language	15	26.316%
<b>Language spoken</b>	<b>Number of participants</b>	<b>Percentage of participants</b>
English and Arabic	2	1.754%
English and Dari and Urdu	1	1.754%
English and Hindi	1	1.754%
English and Mandarin	2	3.509%
Englis and Noongar and Bardi	1	1.754%
English and Persian	1	1.754%
Enflish and Polish	1	1.754%
English and Punjabi	1	1.754%
English and Spanish	2	3.509%
English and Vietnamese	1	1.754%
English and Telugu	1	1.754%
English and another language (N/A)	1	1.754%





Young and Resilient Research Centre

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