eSafety FOI 26038
Document 1 of 9

Appendix A – Evaluation Design

[redacted]

REC-0599: Monitoring and outcome evaluation of the Social Media Age Restriction

Study design

To evaluate the effectiveness of the Social Media Minimum Age legislation, a mixed-methods, theory-based evaluation approach will be used. eSafety have designed a Theory of Change which maps the immediate, short-, medium-, and long- term outcomes of the policy for different stakeholder groups, as well as the assumptions underpinning these outcome chains, the activities necessary to support implementation, external factors that might influence its effectiveness, and potential unintended consequences (see Figure 1 for the high level overview of theorised outcomes of the Social Media Minimum Age).

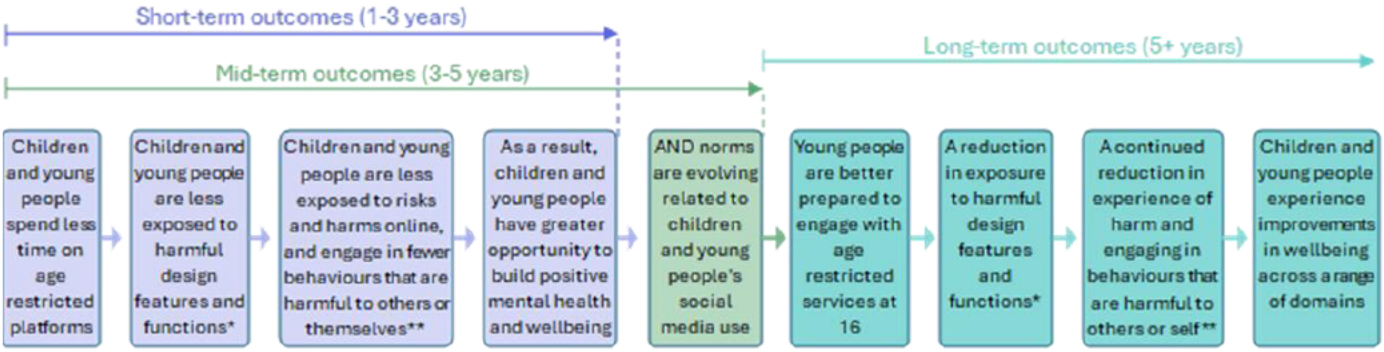

Figure 1. High level of Theory of Change for the Social Media Minimum Age.

The study will use a multi-wave longitudinal design involving 4,500 children aged 10–16 and their parents/caregivers, recruited via the Social Research Centre's (SRC) probability-based panel and non-probability-based panels (Octopus, Lightspeed, ORU, and PureProfile), using a paired sample design. A longitudinal design was determined to be most appropriate as it can help to identify any cause-and-effect relationships between social media use and young people's mental health and wellbeing, including understanding the sequence of any changes, individual differences, and developmental effects. This is particularly important as the evidence reveals considerable heterogeneity in effects of social media use for young people's mental health and wellbeing[1].

The study will be conducted over an initial period of two years, with potential to extend for an additional three years. We will employ multiple modes of data collection including:

- Multi-wave online survey
- Qualitative research (i.e., focus groups, diary studies, and interviews)

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[1] National Academies of Sciences, Engineering, and Medicine. 2024. Social media and adolescent health. Washington, DC: The National Academies Press. https://doi.org/10.17226/27396.

- Objective data collection (i.e., passive tracking of smartphone usage)
- Data linkage and population-level data.

Multi-wave Online Survey

A central component of this evaluation is a multi-wave longitudinal survey involving 4,500 children aged 10–16 years and their parents/caregivers, using a paired sample design. The surveys will be administered over a two-year period. The proposed survey waves are as follows:

- Wave 1 (Baseline): ~1-month pre-regulation
- Wave 2: ~3-month post-regulation
- Wave 3: ~6 months post-regulation
- Wave 4: ~12 months post-regulation
- Wave 5: ~24 months post-regulation

The survey at each wave will take approximately 20-30 minutes to complete, with the exception of Wave 2. Wave 2 will instead be a light-touch, 5-minute survey administered to a sub-sample of approximately 500 dyads from the broader cohort. This approach enables timely monitoring of immediate outcomes and the identification of any unintended consequences, while minimising participant burden during the shorter intervals between Baseline, Wave 2, and Wave 3. It also minimises the risk of attrition by avoiding repeated lengthy surveys in quick succession.

At Baseline and Wave 4, child participants will also have the option to complete an additional survey module (see Appendix X and Y). This module will take no longer than 10-minutes to complete, and participants will receive an additional incentive as a thank you.

The surveys will primarily collect quantitative data, to measure demographics, and to track immediate and short-term outcomes as well as any potential unintended consequences. Where required, free-text questions will be included to capture qualitative insights.

The key outcomes of interest include:

- Knowledge about and attitudes towards the Social Media Minimum Age (child and parent)
- Compliance with the Social Media Minimum Age (child and parent) and circumvention
- Digital engagement, literacy, and digital hygiene and habits
- Exposure to online risks and harms that impact health
- Screen time and app usage

- Help-seeking and disclosure for harmful experiences
- Norms and attitudes related to social media in childhood/adolescence (child and parent)
- Wellbeing (across a range of domains including psychological, social, physical)
- Functioning (school attendance and connectedness; day-to-day functioning)
- Digital parenting
- Family functioning
- Parent-child conflict
- Stress (child and parent)

For further information on the study outcomes see Appendix B – Research questions, outcomes and measures overview.

How will the surveys be administered?

Participants will be recruited from the SRC's probability-based panel and non-probability-based panels (Octopus, Thinkfield, Lightspeed, ORU, and PureProfile). Panel providers maintain databases of individuals who have opted in to receive invitations for online studies. The panel will invite adult panel members who are parents/caregivers of children aged 10–16 to participate via email.

Parents/caregivers will be presented with a link to the Participant information sheet and consent form (Appendix H – Survey PISCF Parent/Caregiver) and asked if they feel comfortable for them and their child aged 10-16 to participate. After consenting, they will be asked to complete a 20-minute survey (Appendix D – Parent Survey). They will then be asked to hand the survey to their child to complete the core survey (Appendix C – Youth Survey).

Children will be presented with a plain language statement about the survey and asked if they feel comfortable to participate (Appendix G – Survey PISCF Child). Participants will be reminded throughout the study that participation is voluntary, and they can withdraw at any time without prejudice. Should the child be unable to complete the survey on their own, they may complete it with the help of their parent/caregiver. A child cannot complete the survey without parental/caregiver consent. The survey will be in field for approximately four weeks.

This process will be repeated at each consecutive data collection wave.

Incentives

Participants will be thanked and compensated for their time. Each child-parent dyad will be paid approximately $20 per completed survey wave via the panel providers ($10 each). Incentives can be redeemed from the panel providers in the form of gift cards, with safeguards in place to ensure they are developmentally appropriate – for example, excluding options that include alcohol.

The standard procedure for SRCs probability panel (Life in Australia™) is for panellists (in this case parents or guardians) to receive a $10 incentive for completion of a survey with a length of under 20 minutes. In addition, an equivalent incentive would also be provided to children/young people for completion of their survey, which will be provided via the email address of the parent or guardian from Life in Australia™ who completed the survey.

Members of the non-probability panels will receive a nominal incentive for their participation consistent with the individual panels' guidelines. For the selected panels, this includes earning reward points which can later be redeemed for gift vouchers from a range of retailers or other offerings such as entering a monthly prize giveaway. The number of points offered increases with survey length, with some panels structuring their reward payments on a per minute basis.

Those participants who choose to complete the optional survey module, will receive an additional incentive of approximately $10 in recognition of the time commitment to complete the extra questions.

Qualitative Research

Supporting qualitative research will be conducted throughout the study period. The qualitative research will provide deeper insight into lived experiences and contextual factors influencing outcomes and help to unpack any findings or trends from the quantitative surveys. The proposed qualitative data collection methods include online focus groups, diary studies, and in-depth interviews.

Follow-up online focus groups

We intend to conduct follow-up online focus groups throughout the study period to explore findings from the quantitative survey and to gain further insight into the lived experiences of children, young people, and their parents and caregivers.

These sessions will be held on an as-needed basis, informed by emerging evaluation findings. We anticipate that the follow-up groups will focus on understanding the immediate and short-term impacts (both intended and unintended) of the legislation. Discussion guides for these sessions will be submitted to AIFS as an amendment to this application.

The focus groups will involve 6-8 people and will be conducted on VisionsLive, using a text-based format to facilitate discussion. We anticipate the focus groups will be approximately 45-60-minutes in duration.

Each participant will be provided with a $60-75 incentive (depending on focus group length) as a thank you for their time.

Diary studies

We intend to conduct diary studies with children (aged 10-16) to gain a deeper understanding of the legislation's impact on their digital lives and wellbeing.

The diary studies will involve completing a series of online activities via the VisionsLive platform. We anticipate the diary studies taking place over a three to five-day period, where participants can complete the activities in their own time. The exact duration will be finalised based on the breadth and depth of the evaluation requirement. For example, these studies may be used to complement the objective data collection (see below) to provide additional context around participants' digital practices and the potential effects on their wellbeing. We may also conduct a diary study with select participants around their 16th birthdays to capture their experiences of transitioning onto social media.

Incentives will be responsive to the effort required to participate in the diary study. These details will be submitted as an amendment once methodology is determined. The incentive is estimated at $60 per hour.

A study protocol and materials for the diary studies, as well as any required amendments to risk or data protocols, will be submitted to AIFS as an amendment to this application.

In-depth interviews

In cases where findings may be too sensitive to explore in a group setting, we will conduct in-depth one-on-one or paired interviews with children and their parent/caregiver. These interviews will allow for a more private and supportive environment to discuss complex or personal experiences related to the legislation and its impact. This approach ensures participants feel safe and respected while enabling deeper exploration of nuanced perspectives that may not emerge in group discussions.

These sessions will be held on an as-needed basis, informed by emerging evaluation findings. We anticipate that in-depth interviews will be conducted via Microsoft Teams. Discussion guides will be submitted to AIFS as an amendment to this application.

Qualitative recruitment and consent

Qualitative participants will be recruited from the survey cohort, forming a nested sample. When presented with the Participant Information and Consent Forms (see Appendix G and H) for the survey, participants will be asked if they are interested in taking part in qualitative research and consent to being contacted about opportunities in the future. Direct informed consent to participate in the respective qualitative activities will be gained from parents/caregivers and children prior to participation. PICSFs for qualitative research activities will be submitted to the HREC as amendments closer to the date of these activities.

Not consenting to qualitative research will not prevent participants from participating in the cohort survey.

The exact number of participants for inclusion in qualitative components will be guided by the principle of data saturation, whereby recruitment will cease once sufficient depth and breadth of data has been collected to address the research questions. Saturation will be assessed through ongoing thematic analysis conducted by the research team, with regular review of emerging themes to determine whether new data continues to contribute novel insights. This approach ensures that the sample size is responsive to the richness of the data rather than a predetermined number.

However, we anticipate conducting three rounds of qualitative research with children and young people, with approximately 30 participants per round. We also anticipate up to three rounds of qualitative research with parents and caregivers, with approximately 20 participants per round. We anticipate the diary studies will include no more than 30 participants.

An amendment detailing our exact approach and research materials will be submitted to AIFS ahead of fieldwork.

Objective Data Collection

Participants will be able to opt-into passive tracking of smartphone usage, including app usage, device metadata, and connection metadata. Data will be collected continuously over the course of the study.

Rationale for use of passive data collection:

Defining and measuring social media use is a significant barrier to measuring and understanding the protective factors and risks for mental health outcomes of young people. Currently, there is an overreliance on inaccurate retrospective, self-report measures of social media use[2,3]. The majority of high-quality data about the way young people spend their time on social media is held on third-party servers by the large social media companies and is rarely available to external researchers. To address this gap and strengthen the robustness of our findings, we will incorporate the passive collection of smartphone usage data alongside longitudinal survey and interview data. This method enables real-time insights into participants' online behaviours and experiences in their natural environments[4], helping to reduce recall bias and enhance ecological validity. It also allows for a more detailed assessment of the microprocesses that influence behaviours in everyday contexts. Passive data collection has proved effective in large cohort studies with adolescents, such as the Adolescent Brain Cognitive Development (ABCD) study[5] and Ofcom's Children's Passive Online Measurement research[6], and will support a more comprehensive and reliable evaluation.

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[2] Parry, D. A., Davidson, B. I., Sewall, C. J., Fisher, J. T., Mieczkowski, H., & Quintana, D. S. (2021). A systematic review and meta-analysis of discrepancies between logged and self-reported digital media use. *Nature Human Behaviour*, *5*(11), 1535-1547.

[3] Ellis, D. A. (2019). Are smartphones really that bad? Improving the psychological measurement of technology-related behaviors. *Computers in Human Behavior*, *97*, 60-66.

[4] Shiffman, S., Stone, A. A., & Hufford, M. R. (2008). Ecological momentary assessment. *Annu. Rev. Clin. Psychol.*, *4*(1), 1-32.

[5] Wade, N. E., Ortigara, J. M., Sullivan, R. M., Tomko, R. L., Breslin, F. J., Baker, F. C., Fuemmeler, B. F., Delrahim Howlett, K., Lisdahl, K. M., Marshall, A. T., Mason, M. J., Neale, M. C., Squeglia, L. M., Wolff-Hughes, D. L., Tapert, S. F., Bagot, K. S., & ABCD Novel Technologies Workgroup (2021). Passive Sensing of Preteens' Smartphone Use: An Adolescent Brain Cognitive Development (ABCD) Cohort Substudy. *JMIR mental health*, *8*(10), e29426. https://doi.org/10.2196/29426

[6] Ofcom. (2025). *Children's passive online measurement*. https://www.ofcom.org.uk/siteassets/resources/documents/online-safety/research-statistics-and-data/protecting-children/ofcom-childrens-passive-online-measurement.pdf

Rationale for continuous versus intermittent tracking

We propose continuous passive tracking throughout the study rather than intermittent collection blocks, as the latter presents ethical and practical challenges. Intermittent tracking would require repeated cycles of parental consent, child assent, and app installation – each time imposing additional burden and potential stress on families.

Instead, continuous tracking streamlines consent and installation processes to a single instance, reducing participant burden and avoiding repeated technical setup. Participants will be able to withdraw from passive tracking at any time by indirectly withdrawing (i.e., deleting the app) or directly withdrawing (i.e., contacting eSafety via email). At the time of withdrawal participants can also request that their historical data be deleted.

Furthermore, continuous tracking delivers a richer, more reliable dataset by capturing natural usage patterns without interruptions. This approach enhances ecological validity, reduces study effects, and enables precise longitudinal analysis of behavioural changes over time, which would be compromised by fragmented data from intermittent collection.

The technology selection process

To identify the most suitable passive smartphone tracking platform, a global market scan of options was conducted (see Table 1 for full assessment). Key selection criteria were:

- Compatibility with Android and iOS (both operating systems have similar market share in Australia, but iOS's stricter privacy settings make passive tracking more complex)
- Minimal participant burden and child usability
- Previous HREC approval
- Data minimisation
- Data storage location
- Privacy compliance
- Cost

Table 1. Passive tracking technology features comparison

Feature	**Generation Lab**	**Ksana Health EARS**	**Movisens**	**Murmuras**	**RealityMine**	**Wakoopa**
Android	Yes	Yes	Yes	Yes	Yes	Yes
iOS	Yes	Unsuitable	No	No	Yes	Yes

Minimal burden on research participants	Yes	No	Yes	Yes	Yes	Yes
Previously used with children	Yes	Yes	Yes	Yes	Yes	Yes
Previously approved for use by an HREC	Yes	Unknown	Yes	Yes	Yes	Yes
Does not capture data outside what is required for the study	Yes	Unknown	Yes	Yes	Yes	Yes
Stores data in Australia	Yes~	Unknown	No	No	No	No
Data domicile (if not Australia)	N/A	Unknown	DE	DE	N/A	N/A
Compliance with *Privacy Act 1988* and eSafety's Privacy and Collection Notification Policy	Yes	Yes	Yes	Yes	Yes	Yes
Ratio of costs (relative to Wakoopa)	2.0	Unknown^	0.6	Not quoted*	Not quoted†	1.0
Ranking	**2**	**6**	**4**	**5**	**3**	**1**

~ We expect this to mean a server for temporary storage only

^ Did not proceed to quotation given large number of unknown cells

* Did not proceed to quotation after identifying iOS limitation and other alternatives.

† Did not proceed to quotation after being quoted in the millions of dollars for local hosting.

The selected technology – Wakoopa

Based on this assessment, Wakoopa was deemed most suitable for this study, meeting all but one selection criteria. Key reasons for selection include:

- Proven track record: Wakoopa has been widely used in commercial passive metering research across Europe and Latin America since 2007.
- Established technology: Its platform underpins the Netquest panel, which specialises in passive metering.

- Child suitability: Wakoopa has been used in previous studies involving children and imposes minimal burden on participants.

- Customisable data capture: The platform can be configured to collect only data essential for the study, ensuring privacy and compliance.

- Ethics clearance history: Wakoopa has previously received HREC/IRB approval for research use.

- Privacy-preserving design: Participants do not provide direct identifiers; instead, they enter a unique key supplied by the panel.

- Regulatory compliance: Wakoopa complies with the Australian Privacy Principles (Privacy Act 1988) and eSafety's Privacy and Collection Notification Policy. Additionally, as an EU-domiciled company, it is not subject to U.S. extraterritorial legislation such as the USA Patriot Act (Public Law 107–56, 115 Stat. 272).

- Wakoopa has been used extensively for academic research, for example:

    - Spain's official digital audience measurement system uses Wakoopa technology https://www.gfk-media-measurement.com/global/es/products/gfk-digital-audience-measurement/

    - Ochoa, C., & Revilla, M. (2025). The utility of digital trace data to understand how people search for jobs online. Bulletin of Sociological Methodology/Bulletin de Méthodologie Sociologique, 0(0). https://doi.org/10.1177/07591063251349382. Preprint.

    - Ruben L. Bach, Christoph Kern, Denis Bonnay, Luc Kalaora "Understanding political news media consumption with digital trace data and natural language processing" https://rss.onlinelibrary.wiley.com/doi/10.1111/rssa.12846

    - Maximilian T. P. von Andrian-Werburg, Pascal Siegers, Johannes Breuer "A Re-evaluation of Online Pornography Use in Germany: A Combination of Web Tracking and Survey Data Analysis" https://www.researchgate.net/publication/373491531_A_Re-evaluation_of_Online_Pornography_Use_in_Germany_A_Combination_of_Web_Tracking_and_Survey_Data_Analysis

    - Bosch, O. J. (2024). The reliability of digital trace data in media exposure measures: a multiverse of measurements analysis. IMPS 2024, 89th Annual Meeting of the Psychometric Society. Prague, Czech Republic, 16-19 July. Presentation.

Wakoopa does not store data within Australia; however, this is consistent with other viable providers that were assessed. Some of the providers, including Wakoopa, have servers in Australia where the data is temporarily held but data is ultimately stored offshore. Wakoopa stores its data in Ireland, where it is subject to the stringent requirements of the EU General Data Protection Regulation (GDPR). In addition, Wakoopa complies with the Australian Privacy Principles (APP), ensuring robust protections for personal information. For detailed information on data management, storage, and privacy practices, please refer to Appendix W.

How Wakoopa's passive tracking works

Wakoopa is a leading global supplier of passive, multi-device metering solutions. The solution offered by Wakoopa differs slightly between Android and iOS due to operating system limitations; however, both approaches provide an equivalent user experience and ensure consistent data collection. The solution for both Android and iOS is outlined below:

Android

On Android, Wakoopa provide a white label application that can be downloaded from the Google Play Store. This application provides the ability to report which application is active on the device at all times.

Once downloaded, the application requires the participant to activate the usage stats permission. The participant is guided to accept this permission via an intuitive prompt. It only needs to be accepted once, upon initial installation of the app. Once this permission is accepted, the app will measure the app activity continually, reporting the app name and duration of all applications which the participant opens on the device.

All collected data is sent to Wakoopa via https. Https is a communication protocol for secure communication over a computer network. The data is sent encrypted over the network. For an outsider it is not possible to decode the message.

iOS

On iOS Wakoopa provide a white-label application that can be downloaded from the Apple App Store. To measure app usage, Wakoopa use a VPN-based approach. The user installs the application and downloads a configuration profile to enable a secure VPN connection. This VPN does not route or inspect personal content but captures metadata about app usage (e.g., app package, timestamp, duration) in an anonymized and aggregated form. The data are encrypted and transmitted to Wakoopa's secure servers, where they are pseudonymised and subsequently transferred to SRC for analysis via an AWS S3 bucket.

The information that will be collected for this study focuses exclusively on digital behavior and the technical characteristics of the device. Specifically, the data points are:

- Application Usage (App Usage): The names of the applications used on the device.
- Device Metadata: Technical information such as the brand, model, manufacturer, operating system (device_os), and device type (device_type, e.g., smartphone).
- Connection Metadata: The type of connection being used at the time of the activity (connection, e.g., Wi-Fi or mobile data).

Passive data collection recruitment and consent

The evaluation team are cognisant of the sensitivities and privacy concerns associated with passively tracking young people's smartphone usage, and the need to ensure informed consent is gained.

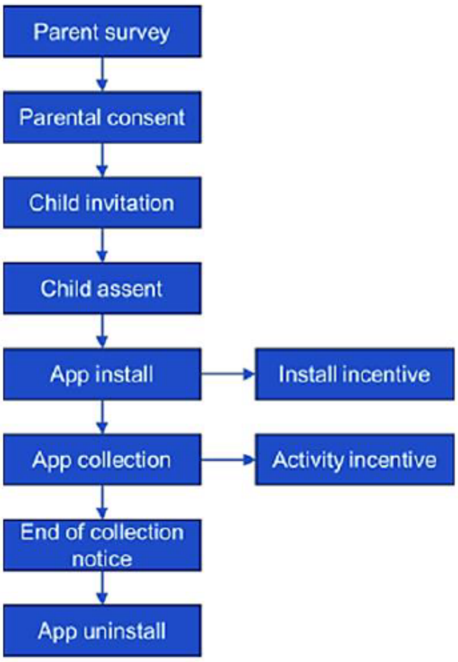
Like qualitative recruitment, participants will be recruited from the survey cohort, forming a nested sample. It will be made clear that like all research activities, participation is strictly voluntary, and that their data will be deidentified prior to analysis. Not consenting to passive data collection will not prevent participants from participating in the cohort survey.

We are taking an opt-in approach to participation in passive smartphone tracking, meaning that anyone who consents to this aspect of the project will be eligible to participate. We will not be setting quotas or inclusion/exclusion criteria for this study element. This approach allows flexibility and helps account for potential attrition, technical issues, and varying levels of adherence throughout the tracking period. Based on expert advice, we anticipate an uptake rate of approximately 10% of the total sample. The consent process is outlined below.

Consent process

We propose the workflow shown in Figure 2 to implement passive tracking in a way that is engaging, nonintrusive, and ethically sound.

Figure 2. Passive tracking workflow



The collection will follow ethical best practice, with parental consent and child assent.

Parents and caregivers will be provided with a PISCF (Appendix Z) and asked to consent to their child's participation in the passive tracking arm of the study at the conclusion of the parent baseline survey. Parents who consent will then be provided with instructions for app installation and configuration (i.e., ensuring that the app is linkable to a specific parent-child respondent dyad).

Child assent will take place as part of the installation workflow. The parent/caregiver will be required to provide their child's mobile number (needed to ensure that the assent/ consent is child-provided) and will be asked to confirm that they have communicated with the child about the forthcoming request.

Once this is done, an email or SMS would be triggered to the child linking to a child-specific PISCF (Appendix AA). Child assent or non-assent will be captured via reply to SMS. Where assent is provided, an additional email or SMS would be sent containing the installation and configuration instructions, including help desk support. Once the app is successfully installed, the installation incentive ($10) will be triggered for payment to the parent, who will be responsible for providing it to the child.

Engagement during collection

During the collection, the main means of engagement will be an activity incentive paid to children (via their parents) who keep the app active during the period. This will be payable at monthly intervals for the amount of $15 per month installed. We do not propose other means of engagement given that the aim is to conduct in situ measurement that does not disrupt online behaviours. Any disruption to normal behaviour would be detrimental to the external validity of the Evaluation. The app will, and should, sit quietly and not be front-of-mind during normal smartphone use.

We recognise that we cannot rely on all children complying. Reminder communications will be sent to parents of participating children after a week of inactivity. The communications will offer an opt-out option to inform the research team that the child has withdrawn from participation in the tracking study. The communication will also include instructions covering common failure modes, such as the child having moved to a new phone. It will also have an option for the parent to inform the research team that the app has not recorded data because the phone wasn't used. In the event of continued non-compliance, a second reminder would be sent a week after the first. A third and final reminder would be sent 2 weeks later. When the child complies after the first or second reminders, the reminder sequence would be reset.

End of collection

It is critical to ensure that parents and children are aware of the end of collection and prompted to uninstall the app. A close-out email would be sent to parents of participating children at the end of the collection thanking them and their children for their assistance and advising them that the app can be safely uninstalled. Further, at the completion of data collection SRC will provide the IDs to Wakoopa for de-activation which will stop data capture for those devices.

Withdrawal of consent

Participants may contact the researchers via email at any time if they wish to withdraw from the passive tracking component of the study. This is communicated upon sign up in PISCF and to parents/caregivers after a period of inactivity (as outlined above).

Data Linkage and Population-Level Data

As part of the evaluation, we intend to incorporate data linkage to enhance the depth and breadth of insights while minimising participant burden. We will seek consent from participants to link their data to existing administrative datasets, including the National Assessment Program – Literacy and Numeracy (NAPLAN), Medicare Benefits Scheme (MBS), and Pharmaceutical Benefits Scheme (PBS). Leveraging these data sources will enable us to explore whole-of-life impacts of the Social Media Minimum Age on children, young people, and their families, without requiring participants to self-report information that is already captured within administrative systems. To support the successful integration and analysis of these diverse data sources, we will engage the Accredited Data Service Providers (ADSPs) at the Australian Institute of Family Studies (AIFS), who will provide expert guidance on linkage protocols and data governance.

SRC will be responsible for working with our accredited data linkage provider and the data custodians (e.g., Service Australia, State Education Departments etc) to facilitate the provision of linked datasets (integration of survey and administrative data) in a way that complies with consent and privacy requirements.

Personal information will only be collected from participants who provide consent to enable data linkage. Personal data will be stored separately by the provider and linked only to the survey responses via a unique identifier. The file including demographic details of participant and the unique identifier will be shared with data custodians to enable data linkage – this will not include any responses to survey questions. eSafety will not access nor store personal information of participants.

In addition to linked participant data, we propose incorporating analysis of non-linked, de-identified population-level datasets into the evaluation. This approach will allow us to examine broader trends and contextual factors that may influence or reflect the impact of the legislation. These datasets may include telecommunications data (e.g., app usage patterns), health data, and education data. By analysing these sources, we aim to complement individual-level insights with a population-level perspective, enhancing the robustness of the evaluation while preserving participant privacy. This component of the study will be particularly valuable in identifying systemic changes and unintended consequences that may not be captured through direct participant engagement.

Data linkage recruitment and consent

We will seek informed consent for data linkage from participants during enrolment into the cohort survey. Specifically, parental consent for data linkage (for children aged 10-13) will be sought at the end of the baseline parent survey, and child consent/assent will be sought at the end of the child baseline survey. Children aged 13 or younger (where parental consent is required) will only be shown the assent form if their parent/caregiver has provided consent. Data linkage will be explained to participants in plain English and in a developmentally appropriate manner. Data linkage consent forms have been developed in accordance with the Services Australia requirements (see Appendix P, Q, and R) and have received conditional approval from Services Australia (pending final HREC approval). Not consenting to data linkage will not prevent participants from participating in the cohort survey or other study activities.

A modest incentive of $5 will be offered to participants who consent to data linkage in recognition of their time and effort taken to sign-up.

Population-level data and waiver of consent

We are seeking a waiver of consent for inclusion of non-linked population-level data sets. In accordance with Chapter 2.3 of the National Statement on Ethical Conduct in Human Research (2023), we are seeking a waiver of consent on the basis that the datasets are de-identified and the inclusion in this evaluation poses no more than low risk to individuals. It is also impracticable to obtain consent from large numbers of individuals represented in these population-datasets.

The proposed use of population-level datasets is essential to evaluating a world-first initiative to age-restrict social media accounts, as part of a broader strategy to keep children safe online. This evaluation offers significant public benefit, and the inclusion of these datasets offer a unique opportunity to examine large-scale patterns and trends that cannot be captured through individual-level data alone, including systemic change and potential unintended consequences. This approach also enhances the robustness of the evaluation while preserving individual privacy.

For all other aspects of the evaluation, informed consent will be obtained from both parents/caregivers and children prior to participation in the study, including specific consent for linkage to external datasets and collection of smartphone usage data.

Data analysis

This evaluation will use a mixed-methods approach, combining quantitative and qualitative data to provide a comprehensive understanding of the impacts of the Social Media Minimum Age legislation.

Quantitative Analysis

Quantitative data will be analysed using statistical techniques appropriate to the evaluation questions and data structure. This will include:

- Descriptive statistics and frequencies to summarise key variables and identify patterns across the sample
- Inferential statistics, including tests for between-group differences (e.g. t-tests, ANOVA, chi-square tests) to examine how outcomes vary across demographic groups

- Time series analyses to assess changes over time in relevant outcomes
- Interaction analyses (e.g. regression models with interaction terms) to explore how changes over time may differ by group or be influenced by multiple factors
- Dyadic data analysis approach such as APIM (Actor-Partner Interdependence Model) to capture parents-child dyadic outcomes

These analyses will help identify trends, disparities, and potential impacts of the policy at a population level.

Qualitative Analysis

Qualitative data will be drawn from focus groups, interviews, and diary studies and will be analysed using thematic analysis, following the approach outlined by Braun and Clarke[7,8]. The analysis will be conducted using the qualitative analysis tool Condens, which supports systematic coding and theme development. This process will involve:

- Familiarisation with the data
- Generating initial codes
- Searching for and reviewing themes
- Defining and naming themes
- Producing a narrative summary of findings

The qualitative analysis will provide rich insights into participants' experiences, perceptions, and responses to the policy, complementing the quantitative findings and helping to identify nuanced or unexpected outcomes.

Data Triangulation

After analysing each data source individually, the team will integrate findings through triangulation to strengthen the validity of evaluative conclusions. This process enables richer insights by revealing complementary, unexpected, or conflicting patterns, which can generate new questions, hypotheses or perspectives to explore.

The evaluation spans a wide range of questions, data sources, outcomes, and stakeholder groups, which necessitates a structured and transparent approach to integrating findings. To support this, a triangulation

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[7] Braun, V. and Clarke, V., 2006. Using thematic analysis in psychology. *Qualitative research in psychology*, *3*(2), pp.77-101.

[8] Braun, V. and Clarke, V., 2019. Reflecting on reflexive thematic analysis. *Qualitative research in sport, exercise and health*, *11*(4), pp.589-597.

framework will be developed to map how different data sources contribute to answering each evaluation question.

This framework will guide the analysis by:

- Assessing the relative strengths and limitations of each data source in relation to specific questions.
- Identifying patterns over time and across different demographic or social groups.
- Exploring where data sources align, diverge, or offer complementary insights.
- Evaluating how well findings reflect the underlying theory of change.
- Informing the development of evidence-based conclusions, generating new hypotheses, and shaping recommendations for policy refinement.

Dissemination

The evaluation findings will be disseminated via internal and external reports, presentations, and peer-review papers, as well as eSafety website content and educational materials. All data will be de-identified in analysis and reporting.

Collective sense-making

As part of data analysis and reporting, we will engage young people in collective sense making and interpretation of findings. Involving young researchers in this process enhances the quality of the data by bringing fresh perspectives that may challenge the assumptions of older researchers and lead to new insights. Their unique worldview contributes to more nuanced interpretation.[9]

Youth researchers will also be involved in supporting the dissemination of findings, for example through co-facilitation of webinars, or collaborating on the preparation of youth-focused written summaries of findings.

Lived experience review

We will seek to incorporate lived experience review from appropriate peak bodies throughout the evaluation. Young people, parents/caregivers, and staff who support the review process will be compensated for their time and expertise. This approach has been used in our previous research, including It's More than Fun and Games, Tipping the Balance, and a New Playground.

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[9] Western Sydney University. (n.d.). *Youth co-research toolkit: What is co-research?* https://www.westernsydney.edu.au/__data/assets/pdf_file/0009/2019996/Youth_toolkit_-_1_introduction.pdf

Australian Government
Australian Institute of Family Studies

Confirmation of AIFS Ethics Committee Clearance

Project name: Monitoring and outcome evaluation of the Social Media Minimum Age

Project start date: 7/11/2025

Project completion date: *31/ 12/2030*

Project manager: s 22

Brief outline of project:

This study seeks to evaluate the implementation and effectiveness of social media age-restriction, specifically the *Online Safety Amendment (Social Media Minimum Age) Act* 2024. This evaluation will be one key source of evidence for the independent review of the legislation that will be led by the Department of Infrastructure, Transport, Regional Development, Communications, Sports and the Arts. The study will also contribute more broadly to the evidence base regarding the relationship between social media use and wellbeing.
Social Media Minimum Age

In December 2024, the Australian Parliament passed the *Online Safety Amendment (Social Media Minimum Age) Act* 2024, which introduces a mandatory minimum age of 16 for accounts on certain social media platforms. The Act places the onus on the relevant social media platforms, requiring them to take reasonable steps to prevent underage users from creating or maintaining accounts. The Social Media Minimum Age aims to protect young Australians during a formative stage of their development. Specifically, it aims to strengthen existing measures for protecting children, especially where there are risks associated with accessing or being exposed to content and features that cause harm to health (e.g., negative impact on sleep, stress levels, and attention).

This evaluation will be a key source of evidence for the independent review of the Social Media Minimum Age (SMMA) legislation, which will be led by the Department of Infrastructure, Transport, Regional Development, Communications, Sport and the Arts. This national longitudinal study will evaluate the SMMA, which mandates a minimum age of 16 for accounts on certain social media platforms. This monitoring and outcomes evaluation will follow children aged 10–16 and their parents/caregivers for an initial period of 2-years.

To evaluate the effectiveness of the Social Media Minimum Age legislation, a mixed-methods, theory-based evaluation approach will be used. The study will use a multi-wave longitudinal design involving 4,500 children aged 10–16 and one of their parents/caregivers, recruited via the Social Research Centre’s probability-based panel and sub-contracted non-probability-based panels, using a paired sample design.

- Survey Component: The central component of the evaluation is a multi-wave online survey collecting primarily quantitative data, with some qualitative insights via free-text responses.

Surveys will be administered at five time points: one-month pre-regulation, and at approximately 3-, 6-, 12-, and 24-months post-regulation. The survey will primarily measure demographics, digital practices, wellbeing, family functioning, and unintended consequences. At baseline and 12-month post-regulation, participant will have the option to complete an additional survey module, for an additional incentive.

- Qualitative Component: Qualitative participants will be recruited from the survey cohort, forming a nested sample. These methods will provide deeper insight into lived experiences and help interpret survey findings. Key approaches include:
    - Follow-up focus groups: Conducted throughout the study to unpack emerging findings and explore short-term impacts and unintended consequences.
    - Diary Studies: A subset of up to 30 children aged 10–16 will complete online diary activities to provide deeper insight into their digital lives and wellbeing. The timing of the diary studies will be confirmed at a later stage.
    - In-depth Interviews: One-on-one or paired interviews with children and caregivers will be used to explore sensitive topics in a private setting.
    - Focus groups and diary studies will be conducted using VisionsLive, and in-depth interviews will be conducted via Microsoft Teams.
- Objective Data Collection: Participants will be able opt-into passive tracking of smartphone usage, including app usage. Data will be collected continuously over the course of the study. Participants will voluntarily install a mobile app that records usage data with consent.
- Data Linkage and Population-Level Data: With participant consent, survey data will be linked to administrative datasets such as NAPLAN, MBS, and PBS to explore broader impacts, while reducing participant reporting burden. The Australian Institute of Family Studies will support data governance. Additionally, non-linked, de-identified population-level datasets (e.g., telecommunications, eSafety held data sets, health, education) will be analysed to identify systemic trends and contextual influences.

Description of project component that has received ethical clearance	**Ethics clearance**	**Date of ethical clearance**
Ethics application 2025/06	Yes ☒ No☐ N/A☐	7/11/25
Application for Exemption from Obtaining Consent from Participants	Yes ☒ No☐ N/A☐	23/9/25
Protocols for managing risks	Yes ☒ No☐ N/A☐	7/11/25
Consent forms	Yes ☒ No☐ N/A☐	7/11/25
Copies of questionnaires, interview topics/questions or specifications of instruments	Yes ☒ No☐ N/A☐	7/11/25
Copy of letter, flyer, advertisements or other materials to recrui participants	Yes ☒ No☐ N/A☐	7/11/25

Data Management Plan	Yes ☒ No☐ N/A☐	7/11/25
Data linkages, MBS, PBS, NAPLAN	Yes ☒ No☐ N/A☐	7/11/25
Explanatory materials (Evaluation design, Academic Advisory Group, Sampling, Help-seeking resources)	Yes ☒ No☐ N/A☐	7/11/25

Signed on behalf of the AIFS Ethics Committee: s 47F **Prof David de Vaus, the Chair of the Human Research Ethics Committee, Australian Institute of Family Studies** **(Human Research Ethics Committee registered with the National Health and Medical Research Council).**	**Date: 10/11/2025**

[redacted]

Appendix G – Survey PISCF Child (aged 10-16)

REC-0599: Monitoring and outcome evaluation of the Social Media Age Restrictio [redacted]

Evaluation of Social Media Age Restriction– Youth Survey

Hello there!

My name is s 22 and I'm doing a project to learn what children and teens like you think about the new social media laws, and how these new social media laws might be impacting you. This letter has some information about the project. You might want to ask a parent or someone you trust to read along with you, especially if you have questions.

If it sounds interesting to you, you can choose to take part. It's completely up to you – you don't have to join unless you want to.

What is evaluation?

Evaluation means figuring out how well something works. To do an evaluation, researchers will ask questions like "*did it work*?" and "*what happened*?". They collect a lot of information, from surveys and interviews for example, to help answer these questions. Once they have worked out what all information means, they share what they found so others can learn from it.

Who is running this evaluation?

I will run the evaluation along with my team. We work as researchers and evaluators at the eSafety Commissioner (eSafety). eSafety is a government organisation that aims to help Australians to have a safer and better time online.

Why are we doing this evaluation?

This is the first time social media age restrictions like this have trialled anywhere in the world, so it's important to research how they work. We want to understand how children and teens like you are dealing with the new social media laws. We're trying to find out what's working well, what's not working, and how it's affecting you. We expect this might change over time, which is why the evaluation will follow young people and their parents and caregivers over the next two years.

The team at eSafety will use what we learn to give advice to the government. This will help them make better decisions about how these laws should work in the future—so they can better support young people like you.

Why have I been invited to take part?

You have been invited to take part in this evaluation because you are 10-16 years old and are likely to be impacted by the new laws.

What will I be asked to do?

If you choose to take part, you will be asked to complete five online surveys over the next two years. Each survey will take you about 20 minutes to do. You will be able to ask your parents or a trusted adult for help.

The surveys will happen at these times:

1. At sign up (now)*
2. Around March 2026
3. Around June 2026
4. Around November 2026 (one year from now)*
5. Around November 2027 (two years from now)

* at these two time points, there will be an additional ten-minute survey which you can choose whether or not to complete.

Don't worry about remembering all the dates—we'll send reminders and updates to make it easy to stay involved, and you can choose to continue or stop at any stage.

These surveys will ask you about what you think about the new laws, about your use of social media, your mental health and wellbeing, and your day-to-day life at school and with your family. You do not have to answer any of the questions if you don't want to. We'll send reminders and updates to make it easy to stay involved, and you can choose to continue or stop at any stage.

Will I be paid?

For each survey completed, we will pay your parent/caregiver $20. This incentive is to say thank you to both you and your parent/caregiver for completing the survey. Your parent/caregiver knows about this payment and the reason it is given.

Do I have to take part?

No, you don't have to take part if you don't want to.

We'd love for you to stay involved in the study, but we totally understand if you decide to stop at any time.

If you want to leave the study and stop getting surveys, you don't need to give a reason. Just let us know.

If you do the surveys but later decide you don't want us to use your answers, that's ok too, just ask your parent/caregiver or a trusted adult to email us within two-weeks of completing the survey at s 47E(d) @esafety.gov.au. After that time, we may not be able to find and remove your responses.

No one will be upset if you choose not to take part or if you change your mind later. It's all up to you.

Will there be bad things about taking part?

We think some of the survey questions will be interesting or even fun and that you might feel good knowing you're helping eSafety to understand what the new social media laws are like for people your age.

But some questions might feel hard, especially if bad things have happened to you while using social media. This could include seeing or experiencing online hate, cyberbullying, content that is meant for adults, and messages or requests about private parts of bodies or that made you feel uncomfortable. **You don't need to answer any questions that you don't want to.**

If any of the questions make you feel upset, you (or your parent/caregiver or trusted adult) can contact the organisations below for support:

Lifeline: 13 11 14 or text or webchat
Kids Helpline: 1800 551 800 or webchat
1800 Respect: 1800 737 732 or webchat
QLife: 1800 184 527 or webchat

Beyond Blue: 1300 22 4636 or webchat
Blue Knot: 1300 657 380
13YARN: 13 92 76 (Aboriginal and Torres Strait Islander crisis support service)

Will you tell other people what I say in the surveys?

No! We won't use your name in any reports or anywhere else. If we include something you wrote in a survey, we'll make sure no one can tell it's you. We won't include your name or anything that could let people guess who you are. Your answers may be used in future research related to this project; but like above, we'll make sure no one can tell it's you.

You won't get in any trouble - even if you tell us you've used social media. We won't tell your parents/caregivers or the relevant social media platform. Your honesty helps us to understand how the new laws are working, and we really appreciate it. The only time we wouldn't be able to keep something private is if you say something that makes us think that you or someone else might be in danger. If this happens, we might need to tell an adult who can help. We also have to share information if the law says we have to.

What happens to my information?

The answers you give in the survey are stored on secure government computer systems. These systems are protected and follow strict rules to keep your information safe. Only the research team can see your survey answers, and they won't know who you are when they look at the data. We won't ask for your name or anything that could identify you in the survey.

If you and your parent or carer agree to link your survey answers with other information (like your name or date of birth), that personal information will be stored separately and safely. It won't be stored with your survey answers.

Your answers will be kept for at least 20 years, following national rules, but they will always be stored securely. When we share what we learn from the survey, we only talk about groups of people—not individuals. That means no one will be able to tell what you said.

What do I do if I would like to take part?

If you would like to take part, please read the consent statements at the start of the survey and then click ‘I wish to continue this survey’.

What if I have more questions about the evaluation?

If you have any questions or would like more information, please email or ask your parent or a trusted adult to email s 47E(d) @esafety.gov.au

What if I have a concern or complaint about how the evaluation is being done?

If you have any concerns or complaints about how this evaluation is being done, please contact s 22 , eSafety Commissioner - s 22 @eSafety.gov.au.

If you’re worried about how your information is being used and wish to make a complaint, you can do this by email to s 47E(d) @esafety.gov.au. If you are not satisfied with how we handle your privacy complaint, you can make a complaint to the **Office of the Australian Information Commissioner (OAIC)**. Here’s how to contact them:

- 🌐 Website: www.oaic.gov.au
- 📧 Email: enquiries@oaic.gov.au
- 📞 Phone: 1300 363 992
- 📪 Mail: GPO Box 5218, Sydney NSW 2001

Data Linkage

As part of this evaluation, we will be using data linkage. Data linkage means **connecting different pieces of information** about you from different places — like school records, health records, or other surveys — to help researchers learn more about how the restrictions on social media are impacting you at a bigger level.

Part of this is asking for permission to look at some of your health records, like visits to doctors and types of medicine you’ve used (for example, for sleep or mental health). This helps us understand how young people’s health and wellbeing changes over time.

Imagine your data is like puzzle pieces. On their own, each piece tells a small part of your story. When we link them together, we can see the **bigger picture** — but we do this **without showing your name** or anything that could identify you.

Your personal details (like your name or address) are **removed or hidden** before your data is linked. Researchers only see **coded information**, not anything that could identify you.

You can learn more about how data linkage works by clicking here or you can email or ask your parent or a trusted adult to email [redacted] @esafety.gov.au.

A separate **Data Linkage Participant Information Statement and Consent Form** will come later that explains all this in more detail, and gives you the option to say yes or no to this part of the study.

Extra ways to share your experiences

Over the next two years, we'll be doing some extra research activities to help us learn even more. These might include:

- Online focus groups – small group text chats where you can share your thoughts. You will receive $60 for your participation – this will be paid to your parent/caregiver.
- One-on-one interviews – a chance to talk to a researcher more deeply about your experiences. You will receive $45-60 for your participation – this will be paid to your parent/caregiver.
- Diary studies – where you complete different activities online over a few days. You will receive up to $60 per hour required to participate – this will be paid to your parent/caregiver.
- Passive smartphone tracking – where you install an app on your device (phone, iPad) and we collect anonymous data in the background (like how often you use certain apps). We do this without seeing any personal messages or private info. You will be paid $10 if you install the app and then $15 each month the app is active on your phone – this will be paid to your parent/caregiver.

These activities are helpful for us to learn more but are completely optional. You can still take part in just the survey part of the study without doing any of these.

At the end of the survey questions, you'll be given more information about these extra activities and asked if you'd like to take part.

Declaration by children/young people

- I have read the Participant Information Sheet.
- I understand why this evaluation is being conducted and what I will be asked to do
- I understand that I will be asked questions about how I feel and some of the bad things about being online, which might be uncomfortable or upsetting to think about.
- I understand that the survey isn't being monitored in real time, so the answers I give may not be read by the researchers for a few months.
- I know there is an email address I can use if I have questions about the evaluation.

- I understand that these surveys are voluntary and that I can stop doing the surveys at any time.
- I understand that I don't have to answer any questions I don't want to.
- I understand that I can download or print a copy of the Information Sheet to keep.

Please click 'I agree' below to confirm that you would like to do the survey:

☐ I agree, I have read the above and agree to participate.

NOTE - THIS CONSENT FORM WILL BE COMPLETED BY PARTICIPANTS ELECTRONICALLY AT THE START OF THE ONLINE SURVEY

Appendix H – Survey PISCF Parent/Caregiver

REC-0599: Monitoring and outcome evaluation of the Social Media Age Restrictio [redacted]

Evaluation of new Social Media Age Restriction– Youth and Parents/Caregivers Survey

Principal Researcher

s 22 Research and Evaluation, eSafety Commissioner

Who is conducting this research?

This evaluation is being conducted by the Research and Evaluation Team at the eSafety Commissioner (eSafety). eSafety is a government organisation that aims to help Australians to have safer, more positive experiences online.

Why are we doing this evaluation?

From December 2025, new laws will come into effect (Online Safety Amendment (Social Media Minimum Age) Act 2024), requiring age-restricted social media platforms to take reasonable steps to prevent children under the age of 16 from having accounts on their platform. The purpose of this evaluation is to understand the impact of the new laws over the next two-years, specifically understanding the impact on families' and children's digital practices and their mental health and wellbeing.

Why have I been invited to participate?

You have been invited to take part in this evaluation because you are a parent or caregiver of a child aged 10–16-years.

What does participation involve?

This is a longitudinal study, which means the research will follow the same group of children and their parents and caregivers over the next two years. Participation involves being invited to complete confidential online surveys at five different time points over the next two-years. The parent/caregiver and child surveys will each take around 20 minutes each to complete. The surveys will happen at these times:

1. At sign up (now)*
2. Around March 2026
3. Around June 2026
4. Around November 2026*
5. Around November 2027

* at these two time points, there will be an additional ten-minute survey which your child can choose whether or not to complete.

We'll send reminders and updates to make it easy to stay involved, and you and your child can choose to continue or withdraw at any stage.

The survey has been designed with leading experts in child and adolescent development and wellbeing. In it, children will be asked age- and developmentally-appropriate questions about:

- their knowledge about and attitudes towards the new social media laws
- perceived pressure to be on social media and attitudes towards social media
- their use of social media
- their mental health and wellbeing and day-to-day functioning
- school and peer-relationships
- family communication and conflict regarding online activities (including social media)
- their online activities and experiences, including whether they have seen or experienced anything negative online, for example online hate, cyberbullying, age inappropriate content (e.g. violence, sexual imagery) and unwanted sexual contact. Some questions are only shown to children 13 years or over, and your child can choose not to answer any question.

The survey will also give your child the option to be asked about their gender identity. If they are 13 years or older they will also have the option to be asked about their sexual identity. These questions will be asked in age-appropriate ways to help us understand if gender and sexuality affect young people's experiences of the new laws. Your child will have the option of declining to see these questions. If they choose to see these questions, they will also have the option of not answering them.

Parents and caregivers will be asked similar questions about the above topics, as well as some additional questions about family life and digital parenting

Data linkage

As part of this evaluation, we will be using data linkage. Data linkage means **connecting different pieces of information** about your child from different places — like school records, health records, or other surveys — to help researchers learn more about how the new laws are impacting your child and other children at a population level.

We take your child's privacy very seriously. If you consent to do so, information collected in this study may be securely linked with existing government-held records (such as health or education data) to help us better understand outcomes. This would include your child's NAPLAN results and their administrative records such as the Medicare Benefits Scheme (MBS) and the Pharmaceutical Benefits Scheme (PBS).

We are seeking permission to access your child's MBS and PBS records as this will help us better understand how children's mental and physical health may change over time –including things like visits to health professionals and changes in medications, such as those used to support sleep or mental wellbeing.

Data linkage helps us broaden and enhance the quality of the information we gather and allows us to streamline the survey by asking fewer questions—saving you time. Any personal details (like your child's name or address) are **removed or hidden** before the data is linked. Researchers only see **coded information** in a large file with other children's data, not anything that could identify you or your child.

All data is stored on secure government systems, including Microsoft SharePoint, which is hosted in Australian data centres and certified under the Australian Government's Information Security Registered Assessors Program (IRAP). These systems support security classifications up to the PROTECTED level and comply with national standards such as the Protective Security Policy Framework (PSPF) and the Information Security Manual (ISM). Strict access controls, encryption, and monitoring are in place to protect your child's information. Protecting your child's confidentiality is a top priority throughout this research.

You can learn more about how data linkage works by clicking here or you can email s 47E(d) @esafety.gov.au.

Will I be paid for taking part?

As a thank you for your time, you and your child will be incentivised for your participation in various activities comprising the evaluation.

For each survey completed by you and your child, you will receive $20 as a thank you. This incentive is intended to compensate both you and your child for your time spent completing the survey. Compensation for the additional research activities are provided below under 'Extra ways for you and your child to participate'.

Do I have to take part?

No, you and your child's participation in this evaluation is entirely voluntary. If you consent for your child to participate, they can withdraw from the evaluation at any time without having to give a reason why.

If your child wishes to withdraw from the research after they have completed the survey, please contact s 47E(d) @esafety.gov.au within two-weeks of completing the survey so we can organise with our survey provider to remove their responses from the research while maintaining your child's anonymity.

You and your child's decision to participate, or not participate, in this research will not impact on any current or future relationship with eSafety.

What are the benefits of taking part?

You and your child will have the opportunity to reflect on and voice your experiences, thoughts, and attitudes on the new laws. Your child may experience positive feelings associated with being listened to, having their experiences taken seriously, and feeling that their voice has been heard on important issues.

The team at eSafety will use what we learn from the evaluation to give advice to the government. This will help them make better decisions about how these laws should work in the future—so they can better support young people and their parents/caregiver

What are the risks of taking part?

Your child may experience discomfort or possibly distress during, or as a result of, participating in this research because:

- Answering survey questions about their wellbeing or whether they have experienced something negative while online may cause feelings of discomfort or distress.
- Your child doesn't have to answer any questions they don't want to.
- Questions asked may cause your child to reflect on past negative experiences which could bring up distressing thoughts and feelings.
- Children and young people may feel hesitancy or shame disclosing that they have accessed social media after the implementation of the restrictions. Neither you nor your child will face any consequences for disclosing this to the research and evaluation team.

What about privacy and confidentiality?

We might ask you some personal questions if you consent to data linkage (like your child's name and date of birth), but this information will be stored separately from any of your survey responses. This information is stored on secure and private servers.

The survey questions do not seek personal or identifying information and your child's responses will not be able to be traced back to you or your child in any publications.

The answers that you and your child will provide will be stored on a secure and private database and will be retained for a minimum of 20 years, in accordance with national archives' requirements. Only the research team will have access to participant survey data, and they will not include any details that will identify you or your child. Some of the researchers are based overseas (in the United States and United Kingdom), and de-identified data will be securely shared with them via a protected SharePoint folder. The data will be stored on secure University servers with restricted access and will be deleted once analysis is complete.

All data will be presented at a group level, rather than at an individual level. This means that individuals will not be identified in any reporting of the evaluation findings.

All data collected for this project will remain de-identified and confidential, except as required by law. That means that the only time we wouldn't be able to keep something in the survey de-identified and private is if you indicated that you or someone else was at risk of serious harm or if we legally had to share something you told us (for example, with law enforcement). If we legally had to share something that you told us in the study, we would work to have you as involved in the process as possible.

Will the findings from this research be published?

Yes, findings from this evaluation will be published by eSafety. We will publish reports, and the results might also be disseminated in other formats (for example, infographics, conference presentations, education resources, and journal articles). Your survey responses may be used in future research related to this project; however, you and your child will not be identifiable.

You and your child will never be identified in any publications.

We will share updates with you and your child over the study period, so you can keep up to date with the evaluation progress and results.

How do I give my consent for my child to participate?

If your child would like to participate and if you have made up your mind to allow them to do so, please read the consent statements at the start of the survey and click 'I wish to continue this survey' to confirm your agreement to participate.

Extra ways for you and your child to participate

Over the next two years, we'll be doing some extra research activities to help us gain a deeper understanding of your and your child's experiences once the new laws are in effect. These might include:

- Online focus groups – small group text chats where you can share your thoughts. We will run groups with both parents/caregivers and children. You/your child will be compensated $60 for your participation.
- One-on-one interviews – a chance for you and/or your child to talk to a researcher more deeply about your experiences. You/your child will be compensated $45-60 for your participation.
- Diary studies – where your child completes different activities online over a few days. Your child will be compensated up to $60 per hour required to participate.
- Passive smartphone tracking – where your child installs an app on their device (phone, iPad) and we collect anonymous data in the background (like how often you use certain apps). We do this without seeing any personal messages or private info. You will be paid $10 if your child installs the app and then $15 each month the app is active on your child's phone, in acknowledgment of their time and contribution.

These activities are helpful for us to learn more but are completely optional. You and your child can still take part in just the survey part of the study without doing any of these.

At the end of the survey, you'll be given more information and asked if you'd like your child to take part in some of these extra activities. What if I have more questions about the research?

If you have any questions or would like more information, please contact s 47E(d)@esafety.gov.au.

What if I have a concern or complaint regarding the conduct of the research?

If you have any concerns or complaints about the conduct of this research, please contact s 22 eSafety Commissioner - s 22@eSafety.gov.au.

If you're worried about how your information is being used and wish to make a complaint, you can do this by email to s 47E(d)@esafety.gov.au. If you are not satisfied with how we handle your privacy complaint, you can make a complaint to the **Office of the Australian Information Commissioner (OAIC)**. Here's how to contact them:

- 🌐 Website: www.oaic.gov.au
- ✉ Email: enquiries@oaic.gov.au
- 📞 Phone: 1300 363 992
- 📫 Mail: GPO Box 5218, Sydney NSW 2001

Ethics approval

This study has been reviewed and approved by the AIFS Human Research Ethics Committee (approval number: XXXXXXX).

Support Services Contact Details

If at any stage during the research, you or your child become distressed, upset, or require additional support from someone not involved in the research, you can contact:

- Lifeline: 13 11 14 or text or webchat
- 13YARN: 13 92 76 (Aboriginal and Torres Strait Islander crisis support service)
- Beyond Blue: 1300 22 4636 or webchat
- Kids Helpline: 1800 55 1800 or webchat
- 1800 Respect: 1800 737 732 or webchat
- Qlife: 1800 184 527 or webchat

If you need to report online abuse or illegal or restricted content, you can contact the eSafety Commissioner.

Declaration by parent / guardian

- I have read the Participant Information Statement provided.
- I understand the purpose, activities, time required, and possible risks of participating in this research.
- I have had the opportunity to ask questions and am satisfied with the answers I received.
- I understand that the survey isn't being monitored in real time, so the answers my child and I provide may not be read by the researchers for a few months.
- I understand that I don't have to answer any questions I don't want to.
- I freely agree to my child's participation in this research as described in the Participant Information Sheet and understand that my child is free to withdraw at any time during the research.
- I agree to be the point of contact if my child agrees to be contacted regarding participation in the follow-up surveys.
- I have explained to my child what participation will involve, and shown them the Child Information Sheet, and they have told me they would like to take part.
- I understand that I can download or print a copy of this document to keep.

Please click 'I agree' below to confirm that you would like to do the survey:

☐ I agree, I have read the above and confirm my child and I would like to participate.

Please click 'Next' to start the survey.

NOTE - THIS CONSENT FORM WILL BE COMPLETED BY PARTICIPANTS ELECTRONICALLY AT THE START OF THE ONLINE SURVEY

Appendix P– Data Linkage Participant Information Statement and Consent Form – Parents/caregivers of children 10-13 years

REC-0599: Monitoring and outcome evaluation of the Social Media Age Restriction

Information about the Release of Commonwealth Health Information Provided by Services Australia

Thank you for supporting your family's participation in our research study.

We are now seeking your permission to do one additional thing: we would like to **link your child's health records to the information they'll provide in the surveys**. This will help us better understand how the new social media laws impact children and young people.

We are providing this information so that both you and your child can make an informed decision. We are seeking:

- **Your informed consent**, which means that you understand what we're asking and agree that it's okay for us to link your child's records.
- **Your child's informed assent**, which means they understand what we're asking and agree to it because they feel comfortable with it.

If either of you says no, we will not link your child's records. And if you or your child changes your mind later, that's completely fine—just let us know.

Thank you again for considering this request and for your continued support of the study.

Important Information

Services Australia is not involved in the conduct of this study other than to release your child's Medicare Benefits Schedule (MBS) and/or Pharmaceutical Benefits Scheme (PBS) claims Commonwealth health information. Services Australia will not provide your child's personal information to eSafety (the Study) without your consent. To agree to the release of your child's information you must complete the 'Services Australia Child Consent Form'. You will be asked to sign a consent form authorising the study to access your child's complete MBS, and/or PBS, Commonwealth health information provided by Services Australia as outlined in the consent form. Medicare collects information on your child's doctor visits and the associated costs, while the PBS collects information on the prescription medications filled at pharmacies.

The release of your child's Commonwealth health information provided by Services Australia to the Study is completely voluntary and there will be no cost to you. If you do not want to consent to the release of your child's information you do not have to. You should feel under no obligation to consent to the Study. Choosing not to consent to the release of your child's information will not affect your child's current and future medical care in any way.

Withdrawal of Consent to Release Your Child's Commonwealth Health Information Provided by Services Australia

You are under no obligation to continue with the consented release of your child's Commonwealth health information. You may change your mind at any time about releasing your child's information to the Study. People withdraw from studies for various reasons and you do not need to provide a reason.

You can withdraw your consent to release your child's Commonwealth health information by completing and signing the 'Services Australia Parent/Guardian Withdrawal of Consent Form'. This form is to be completed by you and supplied to the research team if you choose to withdraw your consent at a later date. If you withdraw your consent to release your child's information to the study, you will be able to choose whether the study will destroy or retain your child's Commonwealth health information it has collected about your child. You should only choose one of these options. Where both boxes are ticked in error or neither box is ticked, the study will destroy all information it has collected about your child. If you do withdraw your consent from the study and your child's information has already been analysed and/or included in a publication, your child's Commonwealth health information may not be able to be withdrawn or destroyed. In such circumstances, your child's Commonwealth health information will continue to form part of the project study records and results. Your child's privacy will continue to be protected at all times.

Storage, Retention and Destruction of Your Child's Medicare Benefits Schedule (MBS) and/or Pharmaceutical Benefits Scheme (PBS) Claims Commonwealth Health Information

Your child's Commonwealth health information specified within the consent form will be sent securely to Services Australia to authorise the release of your child's Commonwealth health information to the Study. Services Australia will retain your child's consent form for the life of the study as a record of consent. A copy of the consent form will also be retained by the Study for the life of the study. Your child's Commonwealth health information will be de-identified and stored securely by the Study on servers, or hosted through cloud computing providers, physically located within Australian borders. Your child's Commonwealth health information will not be sent outside of Australian jurisdiction and is governed by the Privacy Act 1988.

Your child's Commonwealth health information that has been included in de-identified databases will be securely destroyed after the final publication of the study (5 years). However, if you withdraw your child from the Study, you can request the destruction of your child's Commonwealth health information, provided it has not been de-identified, analysed and published. All information will be securely destroyed at the completion of the study in a manner appropriate to the security classification of the record content.

Services Australia has confirmed that this research and any associated documents, have been approved by a Human Research Ethics Committee (HREC) that is registered with the National Health and Medical Research Council (NHMRC) and operates within guidelines set out by the NHMRC.

Study Participant Recruitment for Children under 14 years

If the Study is recruiting children under the age of 14 years, a parent must provide consent for their child to participate. If a child is on two separate Medicare cards, there is the option for both primary card holders to provide consent. If only one parent/carer has provided consent, Services Australia will only provide data that is related to the consenting parent/carer. If a child turns 14 years of age during the recruitment process, the child will be required to complete and sign a separate consent form, this may result in multiple consent forms for the one child.

Obligations to Protect Your Child's Privacy and Personal Information

Beyond the NHMRC requirements mentioned above, the Study is bound by Commonwealth and State privacy laws and must protect your anonymity and the confidentiality of your information to the fullest extent possible. If you have a Study related question, complaint or concern you can email the study at s 47E(d) @esafety.gov.au.

If you have a privacy complaint in relation to the use of your child's Services Australia information, you should contact the Office of the Australian Information Commissioner. You will be able to lodge a complaint with them.

Website: www.oaic.gov.au Email: enquiries@oaic.gov.au
Telephone: 1300 363 992 Mail: GPO Box 5218, Sydney NSW 2001

Your personal information Services Australia hold is protected by the Privacy Act 1988 and cannot be given to a third party without your consent or where otherwise permitted by law. For more information about privacy, go to **servicesaustralia.gov.au/privacy**

Please keep this information sheet for your information.

Parent/Caregiver Consent Form for the Release of Commonwealth Health information provided by Services Australia

Consent to release of my child's Medicare Benefits Schedule (MBS) and/or Pharmaceutical Benefits Scheme (PBS) Commonwealth health information provided by Services Australia to eSafety for the purpose of their evaluation of new social media laws.

Important Information

Complete this form to request the release of your child's MBS claims information and/or their PBS claims Commonwealth health information by Services Australia to the study. The signatory must initial any changes to this form. Incomplete forms may result in the study not being provided with your child's information.

Rights and Privacy

I understand:

- my child's MBS and/or PBS health information will be disclosed by Services Australia for the purpose of the study.
- the results of this research may be published in articles or journals.
- my child's name will never be disclosed by Services Australia, used in the study, or published.
- my child's participation in the study is completely voluntary.
- I can withdraw my consent to release my child's Commonwealth health information provided by Services Australia to the study at any time (refer to the participant information sheet and withdrawal of consent form), and I do not have to provide a reason.
- the information provided to me about the study, and I have been given the opportunity to ask questions, and any questions I have asked, have been answered to my satisfaction.

Consent:

☐ **I consent** to the disclosure of my child's MBS and/or PBS Commonwealth health information provided by Services Australia to researchers for the purpose of the study.

☐ **I do not consent** to the disclosure of my child's MBS and/or PBS Commonwealth health information provided by Services Australia to researchers for the purpose of the study.

Participant/Child Details

☐ Master ☐ Miss

Childs first name

Childs family name

Childs other given name(s)

Childs date of birth:

Childs Medicare card number (first 9 digits only):

Childs secondary Medicare card number (if applicable):

Childs primary address:	Childs secondary address:

Authorisation:

I authorise Services Australia to provide my child's:

☐ MBS claims history OR
☐ PBS claims history OR
☐ MBS & PBS claims histories

For the period *01/06/2021 to: the end of the study.

*Note: As Services Australia can only extract 4.5 years of data (prior to the extraction), the consent period above may result in multiple extractions.

☐ I consent to Services Australia to continue providing my child's claims information to the study irrespective of treatment outcomes.

Declaration:

I declare that the information on this form is true and correct.

Sign and date (parent 1):

Sign and date (parent 2):

DD/MM/YYYY	DD/MM/YYYY

If signed by a Legal Guardian/POA other than the parent please print name, sign & date below:

First name	Second name
Signature	DD/MM/YYYY

☐ Parent (where the participant is under the age of 14 years old). Once a young person has turned 14 years old, they must consent to their own information being released.
☐ Legal Guardian (where the participant is under the age of 14 years old)
☐ Power of Attorney
☐ Guardianship order/ Administration order

Please attach supporting evidence (Power of Attorney document **(medical or enduring)** or legal guardianship)

Consent forms will not be processed without the relevant supporting evidence.

Power of attorney – A power of attorney is a document that appoints a person to act on behalf of another person who grants that power. In particular, an enduring power of attorney allows the appointed person to act on behalf of another person even when that person has become mentally incapacitated. The powers under a power of attorney may be unlimited or limited to specific acts.

Guardianship/Administration order – A Guardianship/Administration order is an order made by a Guardianship Board/Tribunal that appoints a guardian to make decisions for another person. A Guardianship order may be expressed broadly or limited to particular aspects of the care of another person.

Legal guardianship as deemed by a court of Australia for relatives, an authorised carer from an out of home care agency, or other person who has an established relationship with the young person to act on their behalf. A legal guardian may be an individual, two or more people who are appointed or a legal entity such as Public Trustee. Evidence will need to include a certified copy of the order. If the legal guardian is a public trustee, then the letter will need to be on the letterhead from that entity and include the Medicare card number of the participant.

Your child's MBS claims history will include the following information, below is an example:

Date of service	Item number	Item description	Provider charge	Schedule Fee	Benefit paid	Patient out of pocket	Bill type
20/04/09	00023	Level B consultation	$38.30	$34.30	$34.30	$4.00	Cash
22/06/09	11700	ECG	$29.50	$29.50	$29.50		Bulk Bill

Scrambled ordering Provider number*	Scrambled rendering Provider number*	Date of referral	Rendering Provider postcode	Ordering Provider postcode	Hospital Indicator	Item Category
	999999A		2300		N	1
999999A	999999A	20/04/09	2300	2302	N	2

* Scrambled Provider number refers to a unique scrambled provider number identifying the doctor who provided/referred the service. Each individual provider number will be scrambled, and the identity of that provider will not be disclosed.

Your child's PBS claims history will include the following information, below is an example:

Date of supply	Date of prescribing	PBS item code	Item description	Patient category	Patient contribution (this includes under co-payment amounts**)	Scrambled Prescriber number*
06/03/09	01/03/09	03133X	Oxazepam Tablet 30 mg	Concessional Ordinary	$5.30	9999999
04/07/09	28/05/09	03161J	Diazepam Tablet 2 mg	General Ordinary	$30.85	9999999

Pharmacy postcode	Form Category	ATC Code	ATC Name
2560	Original	N05 B A 04	Oxazepam
2530	Repeat	N05 B A 01	Diazepam

* Scrambled Prescriber number refers to a unique scrambled prescriber number identifying the doctor who prescribed the prescription. Each individual prescriber number will be scrambled, and the identity of that prescriber will not be disclosed.

** Under co-payments can now be provided for data after 1 July 2012

Privacy and your personal information
The privacy and security of your personal information is important to us and is protected by law. We need to collect this information so we can process and your applications and payments and provide services to you. We only share your information with other parties where you have agreed, or where the law allows or requires it. For more information, **servicesaustralia.gov.au/privacy**

NOTE - THIS CONSENT FORM WILL BE COMPETED BY PARTICIPANTS ELECTRONICALLY AT THE START OF THE ONLINE SURVEY

Information about the release of education information provided by State/Territory Education Departments

eSafety is seeking your consent for your child's results from the NAPLAN (literacy and numeracy) from Years 3, 5, 7, and 9 to be released to inform the evaluation of the new social media laws.

If you provide your consent:

1. The personal information on this consent form will be provided to the relevant education authority to allow them to release your child's Year 3, 5, 7, and 9 NAPLAN results to eSafety for the purposes of the evaluation.
2. Your child's NAPLAN results will be collected, stored and analysed only for the purposes of the evaluation.
3. You can, at any time, withdraw your consent to the release of your child's NAPLAN results by emailing the withdrawal of consent form to s 47E(d) @esafety.gov.au. Alternatively, forms can be posted

to: Mariesa Nicholas, eSafety Commissioner, Level 5, 65 Pirrama Road. If you withdraw your consent, your child's NAPLAN results collected before your withdrawal will continue to be used and form part of the evaluation.

☐ I agree to the release of my child's results from the NAPLAN when they are in years 3, 5, 7 and 9. I have read and understood the study information above regarding NAPLAN data linkage.

Participant details

Childs first name

Childs family name

Childs other given name(s)

Childs date of birth:

Child's sex recorded at birth (what it said on their original birth certificate)

☐ Male ☐ Female ☐ Another term Not sure ☐ Prefer not to say

NOTE - THIS CONSENT FORM WILL BE COMPETED BY PARTICIPANTS ELECTRONICALLY AT THE START OF THE ONLINE SURVEY

Appendix R – Data Linkage Participant Information Statement and Assent Form – Child 10-13 years

REC-0599: Monitoring and outcome evaluation of the Social Media Age Restriction

Hi! You've already said yes to being part of our research study—thank you!

Now, we're asking for your permission to do one more thing: we'd like to link some of your health and education records to the answers you gave us. This helps us learn more about how the new social media laws affect children.

We're sharing this information so you understand what we're asking and can decide if it's okay with you. If you understand and feel good about it, you can say "yes." If you're not sure, you can ask questions. And if you don't want to, you can say "no."

This is called **"informed assent," which means you understand what we're asking and agree to it because it feels okay to you.**

We'll also ask your parent or caregiver for **"informed consent," which means they understand what we're asking and agree that it's okay for us to link your records.**

If either of you says no, we won't link your information. And if you or your parent changes your mind later, that's totally fine—just let us know.

Thanks again for helping with our research!

Information about sharing your health records with the study

About Your Health Information and the Study

Services Australia is only helping with this study by sharing some of your health records, like:

- **Medicare** (doctor visits and costs)
- **PBS** (medicines you get from the pharmacy).

They won't give your personal details to the study unless you say it's okay.

If you agree, you'll need to fill out and complete the below assent form. This form gives permission for the study to see your full health records from Medicare and PBS.

Here's what each one does:

- **Medicare** keeps track of your visits to the doctor and how much they cost.
- **PBS** shows what prescription medicines you've received.

You don't have to agree to share your information. It's totally up to you, and there's **no cost**.

If you choose **not to give permission**, that's perfectly okay. It won't change your medical care now or in the future.

You Can Change Your Mind Anytime

You don't have to keep sharing your health information with the study if you don't want to. You can change your mind at any time, and you don't need to give a reason.

If you decide to stop sharing your information, you'll need to fill out and sign a form called the **Services Australia Withdrawal of Consent Form**. You'll give this form to the research team.

When you stop sharing your information, you can choose what happens next:

- You can ask the study to **destroy** your health information.
- Or you can ask the study to **keep** it.

You should pick **only one** of these options. If you accidentally pick both or none, the study will **destroy** your information.

If your information has already been used in reports or research papers, it might not be possible to remove it. But even then, your **privacy will always be protected**.

How Your Health Information Is Stored and Used

If you agree to share your health information (like Medicare and PBS), here's what happens:

- Your signed assent form will be sent safely to **Services Australia** so they can allow the study to access your health records.
- Both **Services Australia** and the **study team** will keep a copy of your consent form until the study ends.
- Your health information will be **de-identified**, which means your name and personal details are removed so no one knows it's yours.
- This information will be stored safely on computers in **Australia only**. It won't be sent to other countries.
- Everything is protected by the **Privacy Act 1988**, which is a law that helps keep your information safe.

When the study is finished (in about 5 years), your health information will be **securely deleted**. If you decide to stop being part of the study before it ends, you can ask for your information to be deleted—**as long as it hasn't already been used or published.**

The study has been checked and approved by a special ethics committee to make sure it's safe and fair.

Keeping Your Information Private

The study must follow strict rules to protect your privacy. These rules come from both national and state laws, and they make sure your personal information stays safe and anonymous.

If you have any questions or worries about the study, you can email the team at:
✉ s 47E(d) @esafety.gov.au

If you're worried about how your health information from **Services Australia** is being used, you can make a complaint to the **Office of the Australian Information Commissioner (OAIC)**. Here's how to contact them:

- 🌐 Website: www.oaic.gov.au
- ✉ Email: enquiries@oaic.gov.au
- 📞 Phone: 1300 363 992
- 📫 Mail: GPO Box 5218, Sydney NSW 2001

Your personal health information is protected by a law called the **Privacy Act 1988**. This means it can't be shared with anyone else unless you say it's okay, or if the law allows it.

To learn more about how your privacy is protected, you can visit:
🔒 servicesaustralia.gov.au/privacy

Please keep this information sheet for your information.

Child Assent Form for the release of Commonwealth health information provided by Services Australia

This form is about giving permission to share your health records (like doctor visits, medicines, and vaccines) with a study run by **eSafety**. The study is looking at how new social media laws are working.

What You Need to Know

- Fill out this form if you want to share your health records from **Medicare** or **PBS**.
- If you make any changes to the form, you must write your initials next to them.
- If the form isn't filled out properly, the study might not be able to use your information.

Your Rights and Privacy

By checking the first box below, you're saying you understand:

- Your health records will be shared with the study to help with their research.
- The results of the study might be published in articles or journals.
- Your **name will never be shared** or published.
- Being part of the study is **your choice**—you don't have to do it.
- You can **change your mind anytime** and stop sharing your information. You don't need to give a reason.
- You've been given information about the study and had a chance to ask questions. Any questions you asked have been answered.

Assent:

☐ **I agree** to the disclosure of my MBS and PBS Commonwealth health information provided by Services Australia to researchers for the purpose of the study.

☐ **I don't agree** to the disclosure of my MBS and PBS Commonwealth health information provided by Services Australia to researchers for the purpose of the study.

Information about sharing your education records with the study

This form is about giving permission to share your education records with a study run by **eSafety**. eSafety is asking for permission to use your NAPLAN results from Years 3, 5, 7, and 9 to help them understand how the new social media laws are working. They will contact the relevant State/Territory Education Departments to do this.

What You Need to Know

- Fill out this form to tell us if you want to share your education records.

Your Rights and Privacy

By checking the first box below, you're saying you understand:

- Your Year 3, 5, 7 and 9 NAPLAN results (reading, writing, and maths) will be shared with eSafety by your school's education department.
- These results will only be used to help evaluate the new laws—they won't be used for anything else.
- The results of the study might be published in articles or journals.
- Your **name will never be shared** or published.
- Being part of the study is **your choice**—you don't have to do it.
- You can **change your mind anytime** and stop sharing your information. You don't need to give a reason.
- You've been given information about the study and had a chance to ask questions. Any questions you asked have been answered.
- If you're unsure or have questions, it's a good idea to talk to your parent or carer.

Child Assent Form for the release of education records provided by State/Territory Education Departments

Assent:

☐ **I agree** to the release of my results from the NAPLAN when I am in years 3, 5, 7 and 9. I have read and understood the study information above about NAPLAN data linkage.

☐ **I don't agree** to the release of my results from the NAPLAN when I am in years 3, 5, 7 and 9. I have read and understood the study information above about NAPLAN data linkage.

NOTE - THIS CONSENT FORM WILL BE COMPETED BY PARTICIPANTS ELECTRONICALLY AT THE START OF THE ONLINE SURVEY

Appendix P– Data Linkage Participant Information Statement and Consent Form – Child 14-16 Years

REC-0599: Monitoring and outcome evaluation of the Social Media Age Restriction

Information about the Release of Commonwealth Health Information provided by Services Australia

Thanks again for being part of our research study.

We're now asking for your permission to do one more thing: we'd like to **link some of your health records to the answers you've already given us.** This helps us better understand how the new social media laws affect young people.

We're giving you this information so you can make an informed decision. If you understand what we're asking and feel okay about it, you can say "yes." If you're unsure or have questions, you can ask us. And if you don't want to go ahead, you can say "no."

This is called "informed consent," which means you understand what we're asking and agree to it because it makes sense to you and you're comfortable with it.

If you say no, we won't link your records. And if you change your mind later, that's totally fine—just let us know.

Thanks for considering this request!

Important Information About Your Health Information and the Study

Services Australia is not involved in running this study. They are only helping with this study by sharing some of your health records, if you consent, like:

- **Medicare** (for example, doctor visits and costs)
- **PBS** (for example, medicines you get from the pharmacy).

They won't give your personal details to the study unless you say it's okay.

If you agree, you'll need to fill out and sign the below 'Services Australia Participant Consent Form'. This form gives permission for the study to see your full health records from Medicare and/or PBS.

Here's what each one does:

- **Medicare** keeps track of your visits to the doctor and how much they cost.
- **PBS** shows what prescription medicines you've received.

You don't have to agree to share your information. It's totally up to you, and there's **no cost.**

If you choose **not to give permission**, that's perfectly okay. You should feel under no obligation to consent to sharing your health records with the Study. Whatever you choose, it won't change your medical care now or in the future.

You Can Change Your Mind Anytime

You don't have to keep sharing your health information with the study if you don't want to. Even if you initially consent to the release of this information, you can change your mind at any time, and you don't need to give a reason.

If you decide to stop sharing your information, you'll need to fill out and sign a form called the **Services Australia Withdrawal of Consent Form.** You'll give this form to the research team.

When you stop sharing your information, you can choose what happens next:

- You can ask the study to **destroy** your health information.
- Or you can ask the study to **keep** it.

You should pick **only one** of these options. If you accidentally pick both or none, the study will **destroy** your information.

If your information has already been used in reports or research papers, it might not be possible to remove it. But even then, your **privacy will always be protected**.

Proof of Consent – Legal Documents That Let Someone Else Give Consent for You

Sometimes, a person might not be able to give consent for themselves. In that case, someone else—like a parent or guardian—can do it for them if they have legal documents called a Power of Attorney, Guardianship, or Administration Order. These documents give them the legal right to act on your behalf.

If someone else is providing consent on your behalf, these documents might also be needed.

Services Australia will only accept a certified copy of the original legal document (like an Enduring or Medical Power of Attorney). They won't accept written statements called statutory declarations.

Without these documents, Services Australia can't share your health information with the study.

How Your Health Information is Stored and Used

If you agree to share your health information (like Medicare and PBS), here's what happens:

- Your signed consent form will be sent safely to **Services Australia** so they can allow the study to access your health records.
- Both **Services Australia** and the **study team** will keep a copy of your consent form until the study ends.
- Your health information will be **de-identified**, which means your name and personal details are removed so no one knows it's yours.
- This information will be stored safely on computers in **Australia only**. It won't be sent to other countries.
- Everything is protected by the **Privacy Act 1988**, which is a law that helps keep your information safe.

When the study is finished (in about 5 years), your health information will be **securely deleted**. If you decide to stop being part of the study before it ends, you can ask for your information to be deleted—**as long as it hasn't already been used or published.**

The study has been **checked and approved by a special ethics committee** to make sure it's safe and fair. The ethics committee is registered with the **National Health and Medical Research Council** (NHMRC) and operates within guidelines set out by the NHMRC.

Keeping Your Information Private

As well as the NHMRC guidelines, the study must follow strict rules to protect your privacy. These rules come from both national and state laws, and they make sure your personal information stays safe and anonymous.

If you have any questions or worries about the study, you can email the research team at:
📧 s 47E(d)@esafety.gov.au

If you're worried about how your health information from **Services Australia** is being used, you can make a complaint to the **Office of the Australian Information Commissioner (OAIC)**. Here's how to contact them:

- 🌐 Website: www.oaic.gov.au
- 📧 Email: enquiries@oaic.gov.au
- 📞 Phone: 1300 363 992
- 📪 Mail: GPO Box 5218, Sydney NSW 2001

Your personal health information is protected by a law called the **Privacy Act 1988**. This means it can't be shared with anyone else unless you say it's okay, or if the law allows it.

To learn more about how your privacy is protected, you can visit:
🔒 servicesaustralia.gov.au/privacy

Please keep this information sheet for your information.

Participant Consent Form for the Release of Commonwealth Health Information Provided by Services Australia

This form is about giving permission to share your health records (like doctor visits and medicines) with a study run by **eSafety**. The study is looking at how new social media laws are working.

What You Need to Know

- Fill out this form if you want to share your health records from **Medicare and PBS**.
- If you make any changes to the form, you must write your initials next to them.
- If the form isn't filled out properly, the study might not be able to use your information.

Your Rights and Privacy

By signing this form, you're saying you understand:

- Your health records will be shared with the study to help with their research.
- The results of the study might be published in articles or journals.
- Your **name will never be shared** or published.
- Being part of the study is **your choice**—you don't have to do it.
- You can **change your mind anytime** and stop sharing your information. You don't need to give a reason.
- You've been given information about the study and had a chance to ask questions. Any questions you asked have been answered.

Consent:

☐ **I consent** to the disclosure of my MBS and PBS Commonwealth health information provided by Services Australia to researchers for the purpose of the study.

☐ **I do not consent** to the disclosure of my MBS and/or PBS Commonwealth health information provided by Services Australia to researchers for the purpose of the study.

Participant Details

☐ Master ☐ Miss ☐ Other

First name

Family name

Other given name(s)

Date of birth:

Medicare card number (first 9 digits only):

Primary address:

Postal address (if different):

Authorisation:

I authorise Services Australia to provide my:

☐ MBS claims history (doctor visits and costs) OR
☐ PBS claims history (prescription medicines) OR
☐ Both MBS & PBS claims histories

For the period * 01/06/2021 to: the end of the study.

*Note: Services Australia can only give up to **4.5 years** of records at a time. If your dates go over that, they might need to send the records in parts.

☐ I consent to Services Australia to continue providing my information to the study no matter what happens with my treatment.

Declaration:

I declare that the information on this form is true and correct.

First name	Second name
Signature	DD/MM/YYYY

Your MBS claims history will include the following information, below is an example:

Date of service	Item number	Item description	Provider charge	Schedule Fee	Benefit paid	Patient out of pocket	Bill type
20/04/09	00023	Level B consultation	$38.30	$34.30	$34.30	$4.00	Cash

22/06/09	11700	ECG	$29.50	$29.50	$29.50		Bulk Bill

Scrambled ordering Provider number*	Scrambled rendering Provider number*	Date of referral	Rendering Provider postcode	Ordering Provider postcode	Hospital Indicator	Item Category
	999999A		2300		N	1
999999A	999999A	20/04/09	2300	2302	N	2

* Scrambled Provider number refers to a unique scrambled provider number identifying the doctor who provided/referred the service. Each individual provider number will be scrambled, and the identity of that provider will not be disclosed.

Your PBS claims history will include the following information, below is an example:

Date of supply	Date of prescribing	PBS item code	Item description	Patient category	Patient contribution (this includes under co-payment amounts**)	Scrambled Prescriber number*
06/03/09	01/03/09	03133X	Oxazepam Tablet 30 mg	Concessional Ordinary	$5.30	9999999
04/07/09	28/05/09	03161J	Diazepam Tablet 2 mg	General Ordinary	$30.85	9999999

Pharmacy postcode	Form Category	ATC Code	ATC Name
2560	Original	N05 B A 04	Oxazepam
2530	Repeat	N05 B A 01	Diazepam

* Scrambled Prescriber number refers to a unique scrambled prescriber number identifying the doctor who prescribed the prescription. Each individual prescriber number will be scrambled, and the identity of that prescriber will not be disclosed.

** Under co-payments can now be provided for data after 1 July 2012

Privacy and your personal information

The privacy and security of your personal information is important to us and is protected by law. We need to collect this information so we can process and your applications and payments and provide services to you. We only share your information with other parties where you have agreed, or where the law allows or requires it. For more information, **servicesaustralia.gov.au/privacy**

NOTE - THIS CONSENT FORM WILL BE COMPETED BY PARTICIPANTS ELECTRONICALLY AT THE START OF THE ONLINE SURVEY

Information about sharing your education records with the study

This form is about giving permission to share your education records with a study run by **eSafety**. eSafety is asking for permission to use your NAPLAN results from Years 3, 5, 7, and 9 to help them understand how the new social media laws are working. They will contact the relevant State/Territory Education Departments to do this.

What You Need to Know

- Fill out this form to tell us if if you want to share your education records.

Your Rights and Privacy

By checking the first box below, you're saying you understand:

- Your Year 3, 5, 7 and 9 NAPLAN results (reading, writing, and maths) will be shared with eSafety by your school's education department.
- These results will only be used to help evaluate the new laws—they won't be used for anything else.
- The results of the study might be published in articles or journals.
- Your **name will never be shared** or published.
- Being part of the study is **your choice**—you don't have to do it.
- You can **change your mind anytime** and stop sharing your information. You don't need to give a reason.
- You've been given information about the study and had a chance to ask questions. Any questions you asked have been answered.
- If you're unsure or have questions, it's a good idea to talk to your parent or carer.

Child Consent Form for the release of education records provided by State/Territory Education Departments

Assent:

☐ **I agree** to the release of my results from the NAPLAN when I am in years 3, 5, 7 and 9. I have read and understood the study information above about NAPLAN data linkage.

☐ **I don't agree** to the release of my results from the NAPLAN when I am in years 3, 5, 7 and 9. I have read and understood the study information above about NAPLAN data linkage.

Participant details

Your first name

Your family name

Your other given name(s)

Your date of birth:

At birth, you were recorded as:

☐ Male ☐ Female ☐ Another term Not sure ☐ Prefer not to say

NOTE - THIS CONSENT FORM WILL BE COMPETED BY PARTICIPANTS ELECTRONICALLY AT THE START OF THE ONLINE SURVEY

Participant information sheet – passive smartphone tracking (parent/caregiver)

eSafety FOI 26038
Document 8 of 9

ONLY SHOW IF CHILD HAS A SMARTPHONE (BC_2.1 CODE 1):

Thank you for answering so many questions. **One other important thing we'd like to understand is how much time children spend using different types of apps on their phones**. We know it's hard for kids to tell us this accurately in a survey, but if you and your child give us (the eSafety research team) permission, we can collect this data directly over the next couple of years, through a secure app you (or your child) can download on their phone, called Wakoopa.

Of course, you and your child can choose whether or not to give us permission to capture this phone usage data. If you decide you don't want to, that's completely fine – we will still use your survey answers and we will still invite you to take part in the follow-up surveys.

The rest of this document answers some of the questions you might have, so you can decide whether to do this part of the study.

Why do you want to collect my child's phone use data?

Collecting your child's phone usage data will give us accurate information about how children use their smartphones in daily life. For example, which apps they use, when and how often they use those apps, and how much time they spend online. This data will help us work out whether the new social media laws change how children use their phones. The tracking data will only be used for research purposes.

Will my child be paid for taking part?

We can't pay your child directly, but we will pay you the following to pass on to them:

- $10 after successfully installing the app on your child's smartphone.
- $15 for each month the app remains active (paid monthly). If data collection starts or stops partway through a month, payment will be adjusted accordingly. Reminder messages will be sent if the app becomes inactive.

What will participation involve?

If you agree for your child's phone use data to be captured:

- Your child will also be asked if they are okay with us capturing their phone use data.
- You or your child will be asked to install the Wakoopa app on your child's smartphone. Instructions for app installation and configuration will be provided.

- Installation takes around 5 minutes and includes you giving specific permissions for the app to collect certain types of data (please see below).
- Once installed, the app runs quietly in the background and automatically collects passive data in a non-intrusive way, until the end of the study, in December 2027. It does not ask your child to provide any information.
- **De-identified** phone use data collected by the Wakoopa app will be securely shared with the research team.

What data will be collected?

The app **only** collects phone usage data such as:

- App usage – which apps are used, when and for how long (but not what is typed or viewed on those apps)
- Screen time and phone activity – times the phone is active or locked
- Device metadata – technical information such as the brand, model and operating system on the device (e.g. iOS or Android)
- Connection metadata – type of connection being used at the time of the activity (e.g. Wi-Fi or mobile data).

NO personal information or other content (such as photos, texts, emails, contacts, social media messages, or phone calls or search history) will be collected by the app.

What about privacy and data protection?

Data collected by the app is encrypted and stored on secure servers in Ireland. All data collected will be **de-identified,** which means no personal information will be collected by the app or shared with the research team.

Wakoopa will keep the data for one year after completion of the study, and after that it will be permanently deleted. eSafety will store the **de-identified** data on a secure and private database for a minimum of 20 years, in accordance with national archives' requirements.

Wakoopa is required to comply with the *Privacy Act 1988* (Cth), including the Australian Privacy Principles, and eSafety's Privacy and Collection Notification Policy.

Will I be able to access my child's phone use data using the Wakoopa app?

No, usage data can't be accessed through the app or phone. We also cannot provide this information to parents or caregivers, or anyone else who asks for it, for the reasons given above.

Are there any risks to taking part?

There are minimal risks involved in taking part. Some parents/caregivers or children may feel uncomfortable about sharing passive smartphone usage data with the research team. However, the app is designed to just run quietly in the background. If you, or your child, feel uneasy at any point, you can uninstall the app immediately.

What happens at the end of the study?

At the end of the study, in December 2027, Wakoopa will de-activate data capture from your child's smartphone. You will receive a notification confirming that data collection has ended and advising you to uninstall the app. The app will not collect any more data even if you don't uninstall it.

Data collected during the study will be securely stored for one year following the study completion. After this period, it will be permanently deleted from Wakoopa's server.

Do we have to do this part of the study and can we change our mind?

Participation is entirely voluntary. You and/or your child can decide not to install the Wakoopa app or to uninstall it at any time to stop data being collected.

Even if you initially decide to give permission and install the Wakoopa app, you or your child can change your mind at any time, and you don't have to give a reason. You can withdraw simply by deleting the app.

If you decide to withdraw, you can choose what happens next:

- You can email the research team at s 47E(d) @esafety.gov.au to delete the data collected to that point.
- Or you can ask them to keep it.

If the data has already been used in reports or research papers, it might not be possible to remove it. But even then, your child's privacy will always be protected.

Participant information sheet – passive smartphone tracking (child)

ONLY SHOW IF PARENT HAS GIVEN CONSENT FOR PASSIVE TRACKING AND IF CHILD HAS A SMARTPHONE (BC_2.1 CODE 1):

Hi again!

Thank you for answering so many questions! One **other important thing we'd like to understand is how much time you spend on your phone**. We know it's hard to remember this in detail, so if you give us (the eSafety research team) permission, we can collect this data though a secure app you can download onto your phone, called Wakoopa.

You can choose whether or not to let us collect this phone usage data. If you decide you don't want to, that's completely okay – we will still invite you to do the rest of our surveys.

The information below answers some of the questions you might have, so you can decide whether to let us collect your phone usage data.

Why do you want to collect my phone use data?

We want to learn about how children and young people use their phones every day. Like, which apps they use, when and how often they use those apps, and how much time they spend online. This information will help us work out whether the new social media laws change how children and young people use their phones.

If I decide to take part, will I be paid?

We can't pay you directly, but we will pay your parent or caregiver the following to pass on to you:

- $10 when the app is installed on your phone.
- $15 each month the app stays active on your phone. If you join or leave partway through a month, the money will be changed to match, and you'll get it the next month.

How will you collect my phone use data?

- If you agree to let us collect your phone use data, you or your parent or carer will need to install an app called Wakoopa on your phone.
- The app will run quietly in the background, so it won't get in the way of anything you do on your phone and you don't have to do anything after it's installed.

- The app will **not** read your messages, photos, what you type, the websites you visit or what content you look at.
- The app will collect your phone use data until our research project finishes in December 2027, but if want it to stop before then, you can delete the app from your phone anytime.
- The phone use data collected by the Wakoopa app will be securely shared with eSafety's research team.

What information does the app collect?

The app **only** collects information about:

- Which apps you use, when you use them, and for how long
- Screen time (like how much of the time your phone is on or off)
- Basic phone information (like the brand, model and operating system)
- How you are connecting to the internet (like using Wi-Fi or mobile data).

It does **NOT** collect:

- Emails, texts, messages or phone calls
- Photos
- Contacts
- Social media posts
- Content you look at or search for
- Websites you visit

Will you tell anyone else what apps I use or how long I spend on my phone?

No, we won't tell your parents/caregivers or anyone how you're using your phone, and we will never name you in any of our research reports (or anywhere else). In fact, the data that is given to the research team won't include your name or anything else that might mean people could guess who you are!

All data collected by the app is stored securely and kept private and will only be used for research. Wakoopa will keep the phone use data for one year after we have finished the research and after that it will be deleted by them. eSafety will securely store the data for at least 20 years, but it will not include your name or, like we said before, anything else that might mean people could guess who you are.

The Wakoopa app and eSafety are required to obey all Australian privacy laws in handling the data.

Will I, or anyone else, be able to see my phone use data using the Wakoopa app?

No, usage data can't be seen through the app or phone. We also cannot provide this information to you, your parents, caregivers or anyone else who asks for it, for the reasons given above.

When will you stop collecting data from my phone?

When our research project finishes (in December 2027) the Wakoopa app will stop collecting data from your phone. We will tell your parent or caregiver that the app has stopped collecting data and that you can delete the app from your phone. The app will also automatically stop collecting data even if you don't delete it.

Do I have to let you collect my phone use data?

No. It's completely up to you. Even though your parent/caregiver said yes, you can say no. If you say no, that's totally fine – we will still invite you do our other surveys.

What happens if I change my mind?

If you decide to let us collect your data and then change your mind, that's totally okay too. You can stop us collecting your data any time by deleting the app.

If you decide to stop, you can:

- ask us to delete all the data collected so far. You or your parent or caregiver can email us to let us know that you want to do this.
- or let the research team keep the data.

If your data has already been used in reports or research papers, it might not be possible to remove it. But even then, your privacy will always be protected.

Are there any risks to taking part?

The app won't damage your phone or get in the way of anything you want to do. If you begin to feel uncomfortable about sharing your phone use data with us for any reason, you can just delete the app or ask you parent or caregiver to delete it for you.

What if I have more questions?

If you are unsure about anything or want to know more, you or your parent/caregiver can contact us by sending an email to s 47E(d)@esafety.gov.au.