Social Media Minimum Age Evaluation

Methodology Report

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Australian Government

eSafety Commissioner

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Contents

Acknowledgement of Country

eSafety acknowledges all First Nations people for their continuing care of everything Country encompasses – land, waters and community. We pay our respects to First Nations people and to Elders past and present.

Acknowledgements

We would like to thank the children, young people, parents and carers participating in this study for their ongoing commitment and generosity in sharing their time and experiences. Their contributions are helping to build a deeper understanding of the implementation and impacts of the Social Media Minimum Age legislation for Australian children, young people and families.

eSafety also gratefully acknowledges the contributions of our academic collaborators. Stanford University's Social Media Lab (SML), our Lead Academic Partner, has provided methodological and technical expertise throughout the design, implementation, analysis and dissemination of the evaluation, including co-design of the evaluation approach and instruments. We also thank the members of the Academic Advisory Group (AAG), who have provided independent expert advice, peer review and quality assurance to strengthen the scientific rigour and credibility of the study. We also acknowledge the youth peer researchers, drawn from eSafety's Youth Council, who are supporting the evaluation. Finally, we acknowledge our fieldwork contractor, the Social Research Centre (SRC), and our data linkage contractor, the Australian Institute for Family Studies (AIFS), for their contributions to the evaluation.

To learn more about eSafety's Research and Evaluation team, our Lead Academic Partner and the Academic Advisory Group, visit the **evaluation hub** on **eSafety's website**.

A note on terminology

The SMMA legislation applies to children under the age of 16; however, this evaluation follows a cohort aged 10 to 16 at baseline over more than two years, with some participants reaching adulthood during the study period. The evaluation also examines outcomes that may endure beyond the period in which the age restrictions apply. Accordingly, this report uses terms such as **children, young people, children and young people** and **under-16s** depending on the context.

We recognise that children and young people are not a homogeneous group, and that development, experiences, behaviours and levels of autonomy vary across childhood and adolescence. In reporting findings, we will be attentive to age-related differences and will clearly specify how age groups have been defined within the context of each analysis, and within the key terms for the report.

eSafety also acknowledges that families and caring arrangements are diverse. For simplicity and consistency throughout this report, the term **parents** is used collectively to refer to parents, guardians and primary carers of children and young people.

Suggested citation

eSafety Commissioner. (2026). *Social Media Minimum Age evaluation: Methodology report*. Australian Government.

About this report

This report outlines the design of the outcome evaluation for the Social Media Minimum Age (SMMA) legislation, providing a high-level overview of the evaluation approach, study design, data collection and analysis methods, ethical considerations, governance arrangements, and the strengths and limitations of the evaluation design.

The social media age restrictions require certain providers of social media to take **reasonable steps** to prevent Australians aged under 16 from having accounts on their platforms, to comply with the SMMA obligation under Part 4A of the ***Online Safety Act 2021*** **(Cth)**. The obligation took effect on 10 December 2025.

Services operating in Australia are responsible for assessing whether they meet the conditions for an age-restricted social media platform and are therefore required to comply with the obligation. The eSafety Commissioner (eSafety) doesn't have a formal role in declaring which services are age-restricted social media platforms.[1] However, prior to the commencement of the age restrictions, eSafety assessed several popular platforms to aid the Australian public and online industry in preparing for the new requirements. It came to the view that a number of them met the conditions of an age-restricted social media platform under the legislation. These platforms were Facebook, Instagram, Kick, Reddit, Snapchat, Threads, TikTok, Twitch, X and YouTube.[2]

As a world-first policy intervention, the SMMA presents an important opportunity to build evidence on the implementation and effectiveness of age-based regulation of social media. Robust evaluation is critical to understanding how the legislation operates in practice, whether it achieves its intended objectives, and whether any adjustments may be required over time. The evaluation will support evidence-informed implementation and oversight of the legislation, contribute to the Australian Government's independent statutory review of the SMMA,[3] and generate insights that may inform other jurisdictions considering similar approaches.

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[1] In the absence of any rules made by the Minister of Communications specifying that a service is either an age-restricted social media platform or not an age-restricted social media platform, any determination that a service is or is not an age-restricted social media platform is a matter for the court.

[2] This list reflects eSafety's views as at 21 November 2025. Inclusion in the list doesn't mean that each service agrees with eSafety's views. Since November 2025, additional services have notified eSafety of their view that they are age-restricted. For more information, visit our page: **Which platforms are age-restricted?**

[3] This review is to be led by the Department of Infrastructure, Transport, Regional Development, Communications, Sport and the Arts (DITRDCSA) and will occur two years after the effective commencement of the SMMA.

Accordingly, eSafety has commenced a comprehensive evaluation of the SMMA to understand its implementation and assess its impacts on children and their families. This evaluation builds on a substantial body of research and evaluation undertaken by eSafety over the past decade to monitor and understand online safety experiences for Australians, including children and young people. This report focuses on the methodology being adopted for the outcome evaluation, which will assess changes associated with the legislation over time. A complementary report will be published as a companion to the final summative evaluation report (expected in early 2028), which will describe the rollout of the SMMA over time, how this was experienced by different stakeholders, and factors that influenced implementation. It is expected that this descriptive report will provide important context for interpreting outcomes and impacts documented through the outcome evaluation.

The evaluation is inherently complex and requires collaboration across multiple organisations and disciplines. eSafety is working closely with its Lead Academic Partner, Stanford University's Social Media Lab (SML), the Academic Advisory Group (AAG), and specialist fieldwork and data linkage contractors to design and deliver the evaluation. Further technical detail on specific methods and analyses will be published separately by evaluation partners and contractors and made available through the **evaluation hub** on eSafety's website.

Of note, the study team has prepared a Study Protocol paper, which has been submitted for publication in the 'British Medical Journal' (BMJ) and is available as a preprint via the **Open Science Framework (OSF).** While the paper draws on some of the same information as presented in this report, it serves a different purpose and audience. Intended for an academic readership, it provides a detailed description of the methodological approach to support independent scrutiny, peer review and replication. The journal peer-review process is separate from the review undertaken by the AAG for the evaluation.

This report is intended for a broader audience. It provides a high-level overview of the evaluation approach and serves as a companion to the public-facing reports on the evaluation findings.

Key terms

Age-restricted social media: Social media platforms or apps that were assessed by eSafety in November 2025 as meeting the conditions of an age-restricted social media platform as defined under the legislation. These were Facebook, Instagram, Kick, Reddit, Snapchat, Threads, TikTok, Twitch, X and YouTube.

Assent: A child's affirmative agreement to participate in the evaluation. Assent is sought in a manner appropriate to their age and understanding and is accompanied by parental or carer consent.

Assumptions: In the Theory of Change, assumptions are the conditions that need to hold for the causal pathway to be activated.

Baseline: A comprehensive survey of over 4,000 parents and children aged 10 to 16 years. Data was collected from November to December 2025, prior to the social media age restrictions coming into effect on 10 December 2025.

Consent: The informed and voluntary agreement of a participant and/or their parent, carer or legal guardian to participate in the evaluation. Consent is obtained in a manner appropriate to the person's age, maturity and understanding. For children who are unable to provide consent independently, consent is provided by a parent, carer or legal guardian, alongside the child's assent where appropriate. In some circumstances, such as data linkage activities, children aged 14 years and over may provide their own consent, without parental or carer consent, where permitted by relevant legislation, policy and ethical requirements.

Data linkage: The process of linking information collected from survey participants to relevant administrative records relating to those same individuals. In the SMMA evaluation, this includes linking survey data with datasets such as National Assessment Program – Literacy and Numeracy (NAPLAN) results, Medicare Benefits Schedule (MBS) data, and Pharmaceutical Benefits Scheme (PBS) data to support a more comprehensive analysis of participants' behaviours, experiences and outcomes.

Dyad: A pair of people who are linked in some way and are studied together. In this evaluation, it refers to a parent–child pair.

Impacts: In the Theory of Change, we use 'impacts' to refer to the broader, longer-term changes to which the outcomes are expected to contribute. These changes are also influenced by other factors within the implementation context.

Inputs: The resources, expertise, relationships and infrastructure contributed by eSafety and its partners to enable the delivery of activities which in turn support the delivery of outputs and the achievement of intended outcomes, as outlined in the Theory of Change.

Integration: Involves bringing together findings from different data sources and methods to develop a more complete understanding of the evaluation questions. Integration considers how different types of evidence support, complement, explain or challenge one another when drawing conclusions.

Key evaluation questions (KEQs): The questions the evaluation is designed to answer. They provide a framework for assessing the implementation, outcomes and impact of a policy.

Longitudinal design: A research and evaluation design in which data is collected from the same participants at multiple time points over an extended period. In this evaluation, the design follows the same parent–child dyads over two years, including before and after implementation of the legislation, providing insight into how potential changes occur over time.

Nested sample: A subgroup of participants within the larger sample who participate in additional data collection components, such as passive smartphone tracking and qualitative studies.

Non-probability-based sample: A sample selected using a non-random process in which the probability of selection for each member of the target population is unknown. Because selection isn't random, findings cannot be confidently generalised to the broader population and may be subject to selection bias.

Open Science Framework (OSF): An online platform that supports open and transparent research. It allows organisations and researchers to share their study plans, methods and materials so that others can see how a project was designed and how key decisions were made.

Outcomes: The changes that are expected to occur as a result of the policy and its outputs. They may be short-, medium- or longer-term changes and can be intended or unintended.

Outputs: The direct results of implementing a policy that create the conditions for the intended policy outcomes to occur, as outlined in the Theory of Change.

Passive smartphone tracking: The collection of smartphone usage data through software installed on participants' devices. In this evaluation, this data provides another measure of digital engagement that complements self-reported behaviours.

Peer researcher: A researcher who has lived experience that is directly relevant to the research topic and population. In this evaluation, peer researchers are young people who contribute to the design, implementation and interpretation of the research.

Personally identifiable information (PII): Information that can be used to identify a specific individual, either on its own or when combined with other information. Examples include a person's name, address, date of birth, email address or phone number.

Probability-based sample: A sample selected using a random process in which every member of the target population has a known chance of being selected. It supports generalisation of findings to the broader population of interest.

Quota sampling: A non-random sampling method where researchers recruit participants until predetermined targets (quotas) are reached for particular characteristics, such as age, gender, location or cultural background. This method helps to ensure the sample includes sufficient representation from important groups.

Social media: Any online platform or app where people can potentially interact with others and post or share content (such as photos or videos), as well as watch content.

Statutory review: This review is to be led by the Department of Infrastructure, Transport, Regional Development, Communications, Sport and the Arts (DITRDCSA) and must occur within two years after the effective commencement of the SMMA under s. 239B of the Online Safety Act. It will assess whether the legislation achieved its intended purpose, and whether adjustments may need to be made, to be proportional to changed behaviours of social media platforms and young people.

Theory of Change: Sets out how and why a policy is expected to lead to impacts. It identifies key activities, outputs and assumptions that may contribute to intended and potential unintended outcomes, and external factors influencing implementation.

Triangulation: Involves comparing findings from different data sources, methods or participant groups to see whether they tell a similar story. This process helps to increase confidence in findings where evidence is consistent, and to identify areas where different perspectives or results require further investigation.

Youth Council: eSafety's Youth Council is a youth advisory group comprising young Australians aged 13 to 24 from across Australia. More information about the Youth Council can be found on **our website**.

Evaluation objectives and questions

In this section, we outline the overarching objectives and key evaluation questions that have shaped decisions around the evaluation approach and design.

The **objectives** of the evaluation are to describe the implementation of the SMMA legislation, assess its short- and medium-term outcomes for children and parents, and to generate high-quality evidence to inform the statutory review of the legislation. Beyond informing policy oversight, the evaluation also seeks to contribute to national and international evidence on the effectiveness of social media age restrictions and the role of social media in shaping children's wellbeing.

A set of **key evaluation questions (KEQs)** were developed to operationalise these objectives (Table 1). The KEQs were developed during the design phase of the evaluation and supported the identification and design of the data collection methods and tools used in the study.

Table 1: Key evaluation questions

No.	KEQ
1	How do children and parents experience and navigate the implementation of the age restrictions, including awareness of the SMMA, account deactivation, and attempts to bypass the restrictions?
2	To what extent and in what ways does the SMMA influence children's digital practices, literacy and exposure to online risks?
3	To what extent and in what ways does the SMMA impact children's wellbeing and functioning across psychological, educational, social and health domains?
4	To what extent and in what ways does the SMMA affect family digital practices, parental mediation and family functioning?
5	To what extent and in what ways does the legislation influence community attitudes and cultural dynamics around children's digital media use?

Evaluation approach

In this section, we describe the four complementary methodological approaches that underpin the evaluation: a mixed-methods design, a theory-based evaluation framework, a developmental evaluation orientation, and a child rights approach. Together, these approaches support a rigorous and nuanced assessment of the outcomes of the SMMA legislation, while enabling ongoing learning and adaptation, and ensuring that children's perspectives are centred throughout the evaluation.

Mixed-methods evaluation

The evaluation adopts a multi-phase, **mixed-methods approach** to data collection, combining qualitative data from interviews and focus groups, and quantitative data from surveys, passive smartphone tracking and administrative datasets (Creswell & Plano Clark, 2009). Findings from each phase of data collection inform the design of each subsequent phase. A mixed-methods approach was identified as critical for the evaluation to enable:

- **triangulation and integration** of findings across data sources, supporting corroboration and complementary analysis
- **development of data collection tools**, with early findings informing the design and refinement of subsequent data collection tools to ensure emergent themes can be investigated
- **confirmation and discovery** of new lines of enquiry
- **enhancement and elaboration of insights**, by building upon quantitatively derived insights with qualitative modes of enquiry, and vice versa
- **a diversity of viewpoints** to inform the evaluation
- **a more complete and nuanced analysis** of the impact of the SMMA legislation than would be possible through one dominant mode of enquiry (Bryman, 2006).

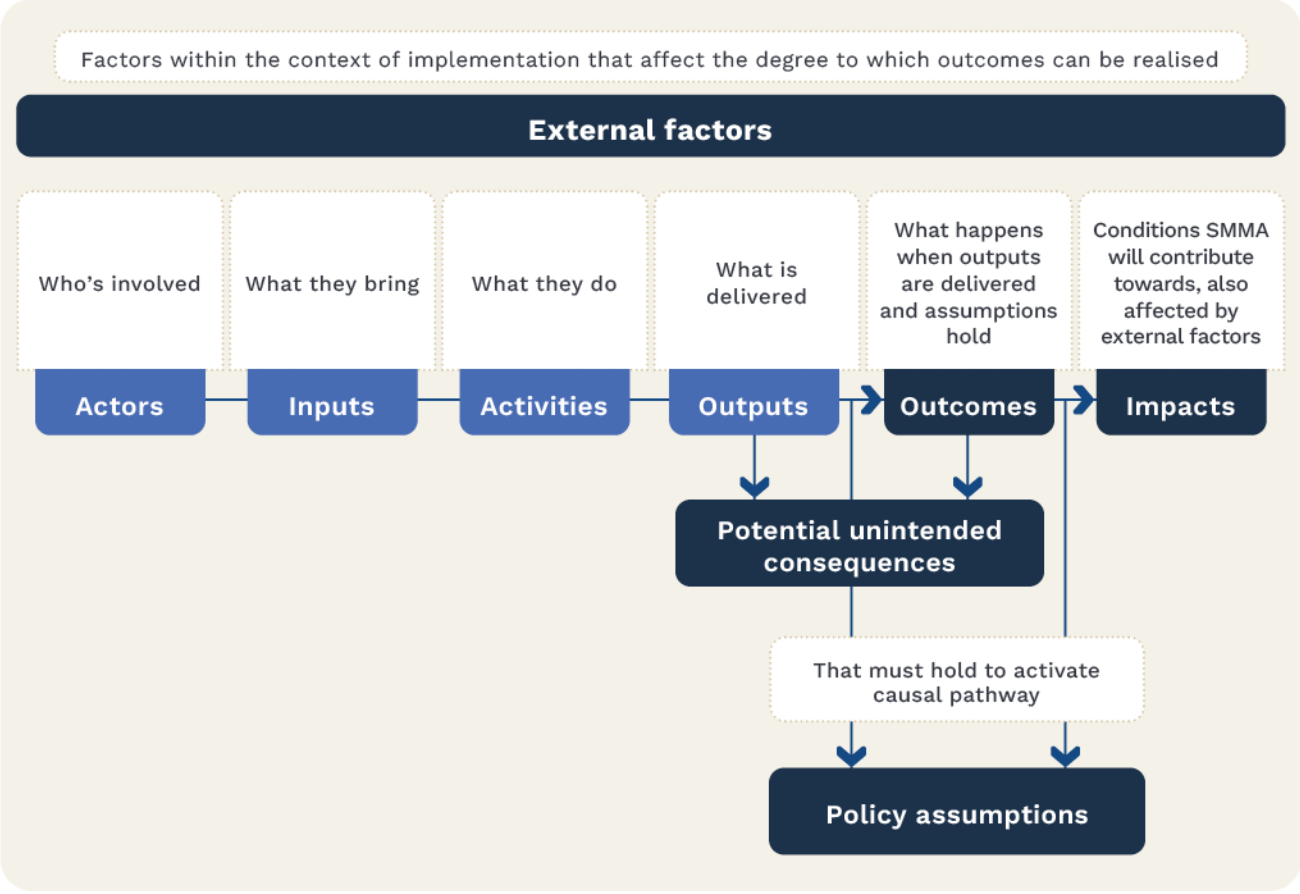
Theory-based evaluation

The evaluation also adopts a **theory-based approach**, unpacking how and why the policy is expected to work. To enable this, eSafety developed a **Theory of Change** for SMMA, which is an explanatory model that is used to depict visually how this change, consistent with the legislative intent, is expected to occur. Over the course of the evaluation, evidence will be gathered to test and refine this theory.

A 'Theory of Change' sets out how and why a policy is expected to lead to impacts. It identifies key activities, outputs and assumptions that may contribute to intended and potential unintended outcomes, and external factors influencing implementation. In this way, it can be seen as a 'change pathway'.

Figure 1 depicts an illustrative structure of a Theory of Change to help orient readers to the framework and to understand the concepts and terminology used throughout this report. The complete Theory of Change for the SMMA legislation, including visual and narrative representations, can be accessed from the **evaluation hub**, with excerpts provided in the next section, '**Summary of the Theory of Change**'.

Figure 1: Illustrative structure of a Theory of Change framework



Note: The Theory of Change elements highlighted in blue (Actors, Inputs, Activities and Outputs) contribute directly to the implementation of the age restrictions.

The SMMA Theory of Change was developed through a research and consultation process that involved synthesising the following:

- Legislative and supporting materials, including the ***Online Safety Amendment (Social Media Minimum Age) Act 2024*** **(Cth)** and associated documents (Explanatory Memorandum, Second Reading Speech, and Impact Analysis/Supplementary Impact Analysis).
- Submissions from the public to the Australian Senate Environment and Communications Legislation Committee inquiry into the Online Safety Amendment (Social Media Minimum Age) Bill 2024.
- Empirical evidence on social media and children's mental health and wellbeing, and relevant conceptual models/theoretical frameworks.
- Consultation on the Theory of Change with eSafety staff, members of eSafety's Youth Council and external subject-matter experts via workshops and surveys.
- Transcripts and summaries of consultation activities[4] undertaken by eSafety to inform implementation of the SMMA.

These sources were interrogated and triangulated to identify and examine factors across each Theory of Change domain, as per Figure 1, that may affect how well the policy works in practice.

The Theory of Change has been instrumental in guiding the design of the evaluation, by:

- providing a **conceptual framework** in which to ground methodological decisions for the study
- **informing the selection of outcome measures** to monitor and report on over the life of the evaluation
- clarifying the **potential sequencing of outcomes**, which influenced the prioritisation of measures at different data collection waves
- **identifying factors related to implementation of the policy** that are important to measure in order to support interpretation of findings
- surfacing **key policy assumptions and potential unintended consequences** to be tested and monitored within the evaluation

[4] eSafety consulted widely on the best way to implement the social media age restrictions for under-16s. Consultations were held with industry, civil society organisations, academics and researchers, and the education sector (including eSafety's National Online Safety Education Council and Trusted eSafety Providers). We also spoke with children and young people directly, as well as with parent and carer organisations. More information can be found on our website.

- informing, at a high level, the **analytical procedures** for the study (for example, by clarifying at which time points outcome variables might be more or less salient).

Summary of the Theory of Change

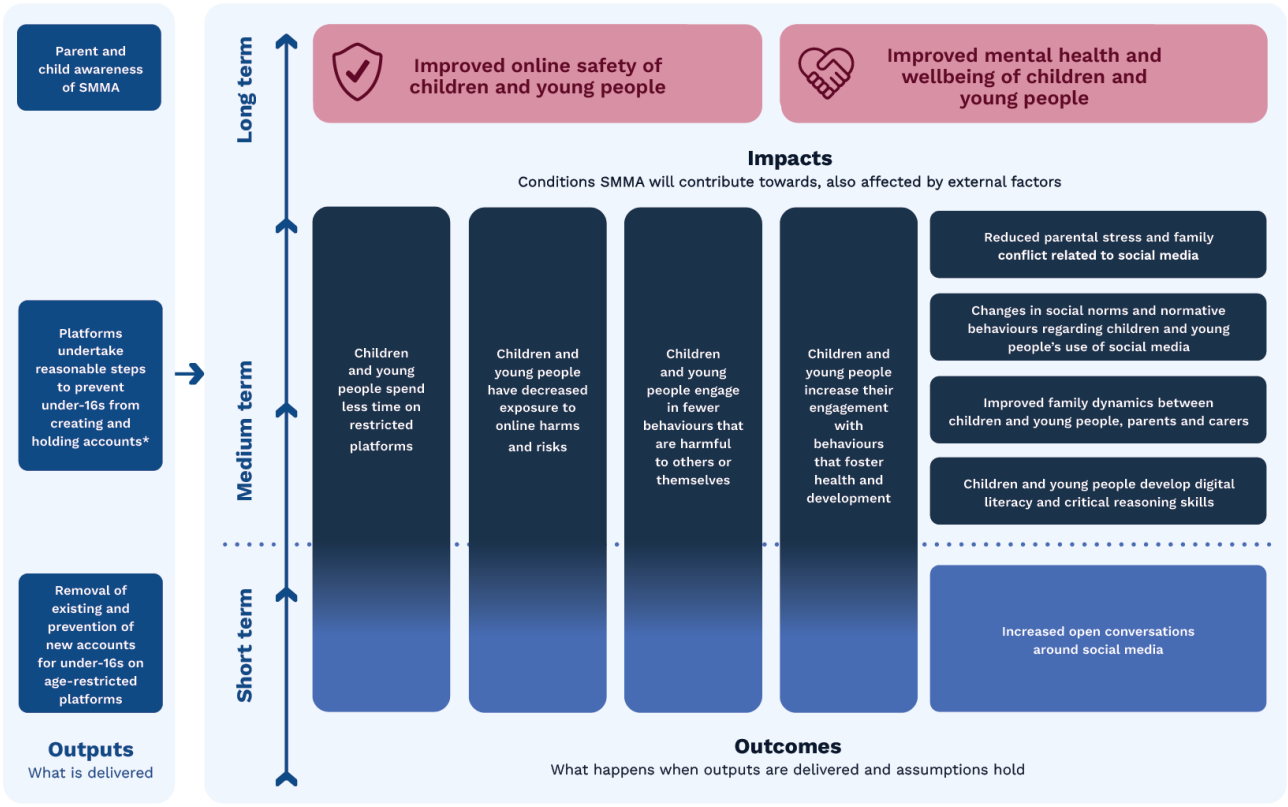
The ***Online Safety Amendment (Social Media Minimum Age) Act 2024*** **(Cth)** policy is designed to safeguard young Australians during a formative stage of their development by strengthening protections against exposure to potentially harmful design features, content and experiences on social media platforms.

The SMMA Theory of Change illustrates the change pathway through which the policy is expected to achieve its intended impacts. It identifies the **actors** involved in implementation, the **inputs** they contribute, and the **activities** undertaken to support the SMMA legislative intervention. These activities, supported by broader efforts to prevent harm, protect individuals and drive systemic change, are expected to deliver a series of **outputs**. In turn, these outputs are expected to influence children and young people's access to, engagement with and experiences of age-restricted social media platforms, leading to a sequence of short, medium and long-term **outcomes**. Collectively, these outcomes are expected to contribute to the intended **impacts** of the policy: improved online safety, mental health and wellbeing for children and young people in Australia. The SMMA Theory of Change is intended to be a **dynamic theory** that will be iterated as the policy landscape evolves and new insights emerge (Rogers, 2024).

The Theory of Change recognises that the relationship between social media use and children and young people's mental health and wellbeing is complex and bidirectional – social media can affect mental health and wellbeing, and mental health and wellbeing can shape how children and young people use and experience social media (National Academies of Sciences, Engineering, and Medicine, 2024). While experiences of the legislation and associated outcomes are expected to vary for individual children and families, the Theory of Change suggests that if outputs are delivered and assumptions hold true, the legislation will prompt changes at the system, community and individual level that, collectively, are sufficient to improve online safety and mental health and wellbeing outcomes across the broader population of children and young people.

The outputs of the SMMA are expected to contribute to a series of interconnected short-, medium- and long-term outcomes. The pathway from outputs to outcomes and impacts is described in Figure 2. Without the delivery of these outputs, the intended outcomes and impacts are unlikely to be realised.

Figure 2: Pathway from outputs to outcomes and impacts



- Awareness of the SMMA, together with effective age assurance, account prevention and account removal measures, is expected to reduce the number of under-16s who hold accounts on age-restricted social media platforms. As a result, children and young people are expected to **spend less time on these platforms** and to **experience reduced exposure to online risks and harms** derived from harmful content, interactions, and platform design features and functions.
- **Reduced exposure to online risks and harms** may occur through several pathways. Children and young people may have **less exposure to content-related harms**, including content that promotes or normalises self-harm, suicide or disordered eating; **fewer control-related harms** associated with problematic or excessive use that displaces protective activities such as sleep, physical activity, education, recreation and in-person social connection; and **fewer harmful online experiences** such as bullying, harassment, stalking, exploitation, unwanted contact and solicitation.
- Reduced exposure to these harms is expected to contribute to **fewer behaviours that are harmful to children and young people themselves or to others**, including dangerous online challenges, self-harm behaviours, cyberbullying, harassment, and other risk-taking behaviours. At the same time, children and young people may be more likely to **engage in behaviours that foster health and development**, including

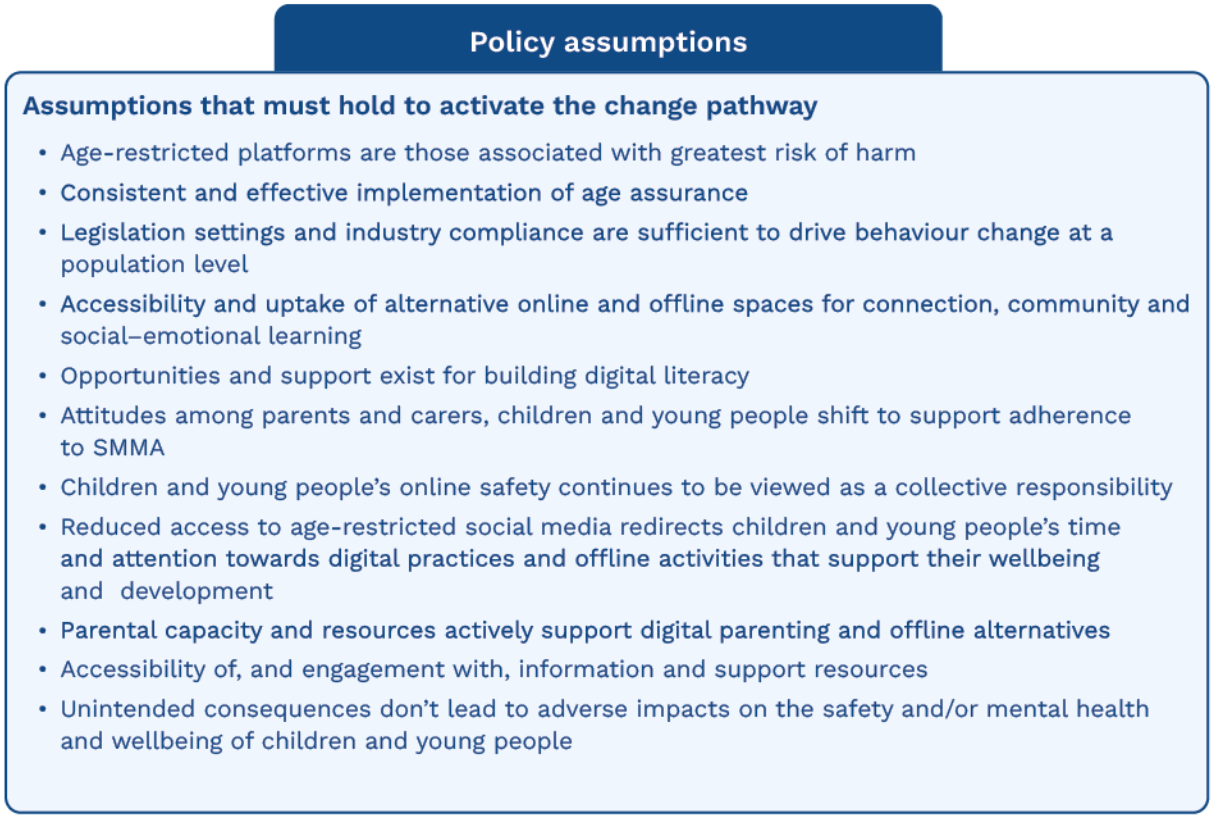
healthy sleep patterns, physical activity, participation in education and hobbies, spending time outdoors and in-person social connection.

- The pathway also recognises the important role that parents and carers play in supporting intended outcomes. In the short term, the SMMA is expected to encourage **more open conversations between children and parents or carers** about online experiences, digital literacy, safety and wellbeing. These conversations are expected to act as a protective factor by helping children and young people to develop **digital literacy and critical reasoning skills** in the medium to long term, which can help them to navigate online risks, build resilience, and engage more safely with digital technologies as they mature.
- In the medium to long term, as **delayed account ownership on age-restricted social media becomes more normative**, parents and carers may **experience less stress and family conflict** related to children's social media use, which in turn may lead to **changes in family dynamics** – for example, by strengthening parent–child relationships.

These outcomes are mutually reinforcing. Delaying account ownership on age-restricted social media is expected to decrease opportunities for exposure to harmful content, interactions and platform features, while increased engagement in protective behaviours and supportive family relationships is expected to further strengthen wellbeing. Over time, the cumulative effect of these changes is expected to **strengthen the online safety of children and young people** and contribute to broader **improvements in their mental health and wellbeing**.

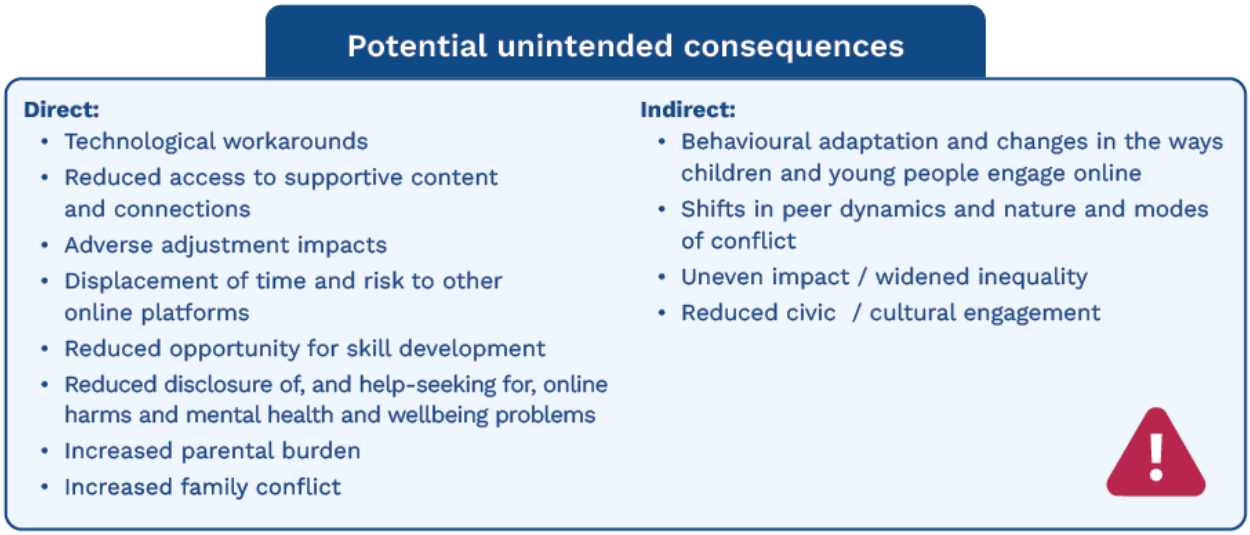
However, achievement of the intended outcomes depends not only on the delivery of outputs, but also on a set of policy assumptions holding true (Figure 3). In the Theory of Change, **assumptions are the conditions that need to hold for the change pathway to be activated.** These assumptions are central to whether the legislative intent of SMMA can translate into real-world impact.

Figure 3: Policy assumptions



Additionally, given the complexity of the system in which the policy operates, the Theory of Change acknowledges **the potential for positive and negative unintended consequences** (Figure 4). These unintended consequences have been identified for monitoring purposes, recognising that the effects of a new policy cannot be fully predicted in advance and that new consequences may emerge over time. They are not expected or inevitable outcomes, but plausible risks and opportunities that warrant ongoing monitoring.

Figure 4: Unintended consequences



The most critical assumptions and associated unintended consequences are outlined in the following list.

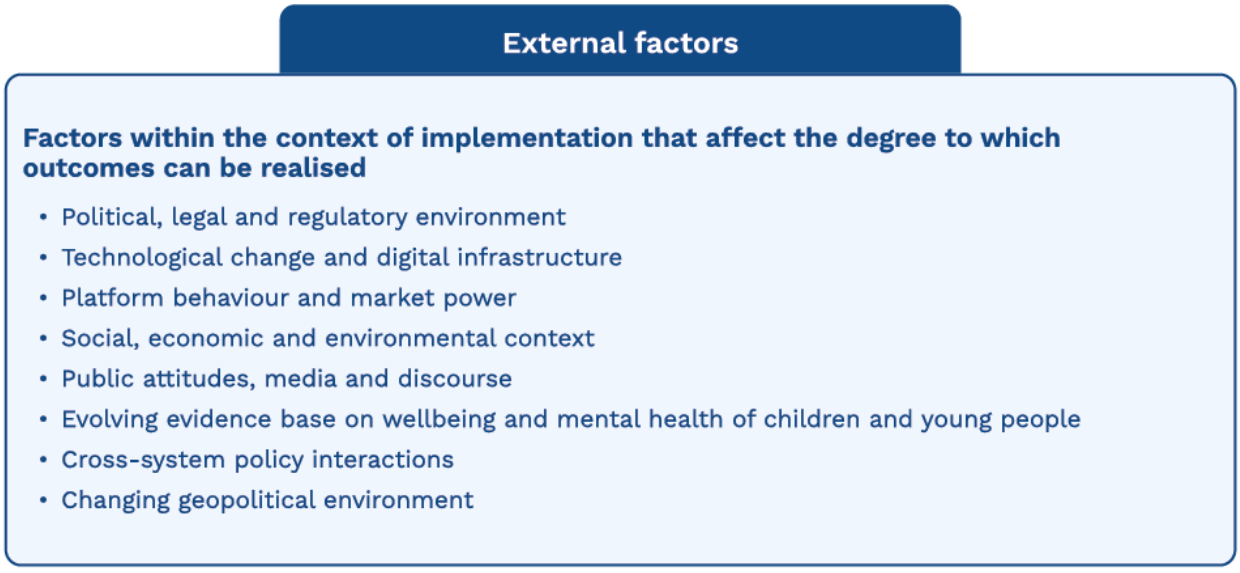
- **Age-restricted platforms will comply with the SMMA obligation, which requires platforms to implement effective age assurance.** The achievement of early and intermediate outcomes depends directly on this assumption holding true. As articulated in the unintended consequences, if compliance is weak or inconsistent, or if age assurance processes are easily bypassed, under-16s may continue to hold accounts on restricted platforms, undermining the policy's intended effects. Without it, the causal link between outputs and outcomes breaks down, and longer-term impacts are unlikely to be realised at scale.
- **Alternatives to age-restricted platforms are accessible and utilised.** The Theory of Change anticipates that limiting account ownership will encourage children to engage in healthier offline and online environments. If such alternatives aren't accessible or utilised, children may experience social isolation, or seek to bypass the age restrictions or to migrate to less regulated platforms, potentially exposing them to different or greater risks.
- **Parents have the capacity and resources to support children through the transition as they lose their access to social media accounts.** Parents' ability to guide and support their child's digital engagement and literacy in age-appropriate ways and to support their engagement with alternative online and offline activities is an important enabling condition for the intended outcomes. Without this support, changes in access to

restricted accounts may not translate into intended changes in behaviour and, in turn, increased safety and wellbeing.

- **Attitudes and social norms related to social media use and digital parenting will shift to support adherence in response to the policy.** The Theory of Change anticipates that children's and parents' attitudes and behaviours will increasingly shift to support delayed access, and that broader cultural expectations around social media use will evolve accordingly. If this normative change doesn't occur, there may be resistance, increased attempts to bypass restrictions, or migration to alternative platforms, which could undermine the effectiveness of the policy.
- **Age restrictions won't inadvertently lead to unintended consequences that have adverse impacts for the safety and/or mental health and wellbeing of children and young people** – for example, worsening mental health outcomes by increasing feelings of exclusion or limiting access to supportive online communities. These risks are explicitly acknowledged as potential unintended consequences, reinforcing the importance of the assumptions being continuously tested, and unintended consequences monitored, throughout the evaluation process.

Finally, the likelihood and timing of outcomes being achieved will be influenced by a range of **external factors** – for example, the rapidly changing technological landscape, and legislative changes in other jurisdictions (Figure 5). While these factors sit outside eSafety's direct control as regulator of the SMMA obligation, they may influence implementation, effectiveness and the timeframe within which outcomes can be realised.

Figure 5: External factors



Developmental evaluation

The evaluation is also grounded in a **developmental evaluation** approach. This approach generates and uses evaluative evidence to support ongoing learning, adaptation and improvement of a program, policy or initiative in complex, dynamic environments (Patton et al., 2016).

A developmental evaluation approach supports continuous learning and improvement by enabling eSafety, as the responsible regulator, to use real-time evaluation evidence to inform iterative adjustments to implementation of the SMMA legislation. It helps to ensure the implementation approach remains responsive to the needs of children, parents and families, and to the broader policy landscape. For example, if evidence emerged through the evaluation of negative unintended consequences associated with the introduction of the policy, or of uneven distribution of impacts, a developmental approach supports eSafety to respond to that evidence by iterating the approach to implementation in a timely, targeted and evidence-informed way. Consistent with this approach, the design of data collection approaches and tools will be adaptive, evolving over time as insights emerge and/or the implementation context shifts.

Child rights approach

In line with eSafety's broader commitment to children's rights while performing functions under the *Online Safety Act 2021* (Cth), the evaluation adopts a **child rights approach**. Data collection tools and processes have been designed to be developmentally appropriate and responsive to children's evolving capacities, while supporting meaningful participation through research activities that are creative, engaging and enjoyable (for an example, see **Appendix A**).

An extract from eSafety's **Statement to the Commitment of Children's Rights**, as it relates to the evaluation, is provided in Table 2.

Table 2: eSafety's commitment to honour children's rights and principles through the SMMA evaluation

Commitment	Relevant rights and principles
eSafety will rigorously evaluate our implementation of the SMMA legislation. This includes: • assessing whether platforms are effectively preventing account-holding and exposure to harmful content and design features • monitoring changes in the experiences and wellbeing of children, including at-risk groups • contributing to the evidence base on the relationship between social media use and the wellbeing of children • identifying what aspects of implementation are working well, as well as emerging risks and unintended consequences • actively involving children in this research – not only as participants, but also as co-researchers – ensuring their perspectives, experiences and insights shape the evaluation approach • feeding these findings into the government's independent evaluation of the SMMA legislation, which will be initiated by the Minister within two years of the age restrictions taking effect • sharing the evaluation findings with children and young people in a timely, engaging and age-appropriate manner.	These include: • best interests of the child (Article 3) • right to freedom of expression, participation and respect for the views of the child (Articles 12, 13, 23, 31) • right to protection from harm (Article 19) • right to health (Article 24) • data collection and research (Part V(E) of General Comment 25) • comprehensive policy and strategy (Part V(B) of General Comment 25).

Peer researcher engagement

The involvement of **peer researchers** is central in supporting a child rights approach, by giving young people a role in shaping the study. Members of **eSafety's Youth Council**, who are young Australians, are engaged in the evaluation as peer researchers. In this capacity, they contribute to the co-design and delivery of engagement strategies, qualitative research activities, and the interpretation and dissemination of findings. Their involvement ensures the study is relevant to children and young people, is age-appropriate and reflects their diverse experiences. For example, members will be involved in the design of developmentally appropriate and engaging data collection activities (**Appendix A**). The involvement of peer researchers also supports stronger engagement in qualitative research activities, as peer

researchers can build rapport with participants and help them feel more comfortable in sharing their views.

Peer researchers are trained and mentored in safe and ethical research practices and work alongside eSafety staff. All peer researchers are financially remunerated for their time and contributions as appropriate. They also benefit from hands-on research experience, skills development, authorship opportunities, professional mentoring, and from making meaningful contributions to research that informs government policy affecting children and young people.

Further information about the involvement of peer researchers is provided in the '**Qualitative studies**' and '**Ethical considerations**' sections of this report.

Study design

In this section, we outline the overall evaluation design, the four complementary data collection methods that comprise the evaluation, the approach to analysing and integrating evidence across these methods, and the strategy for disseminating evaluation findings.

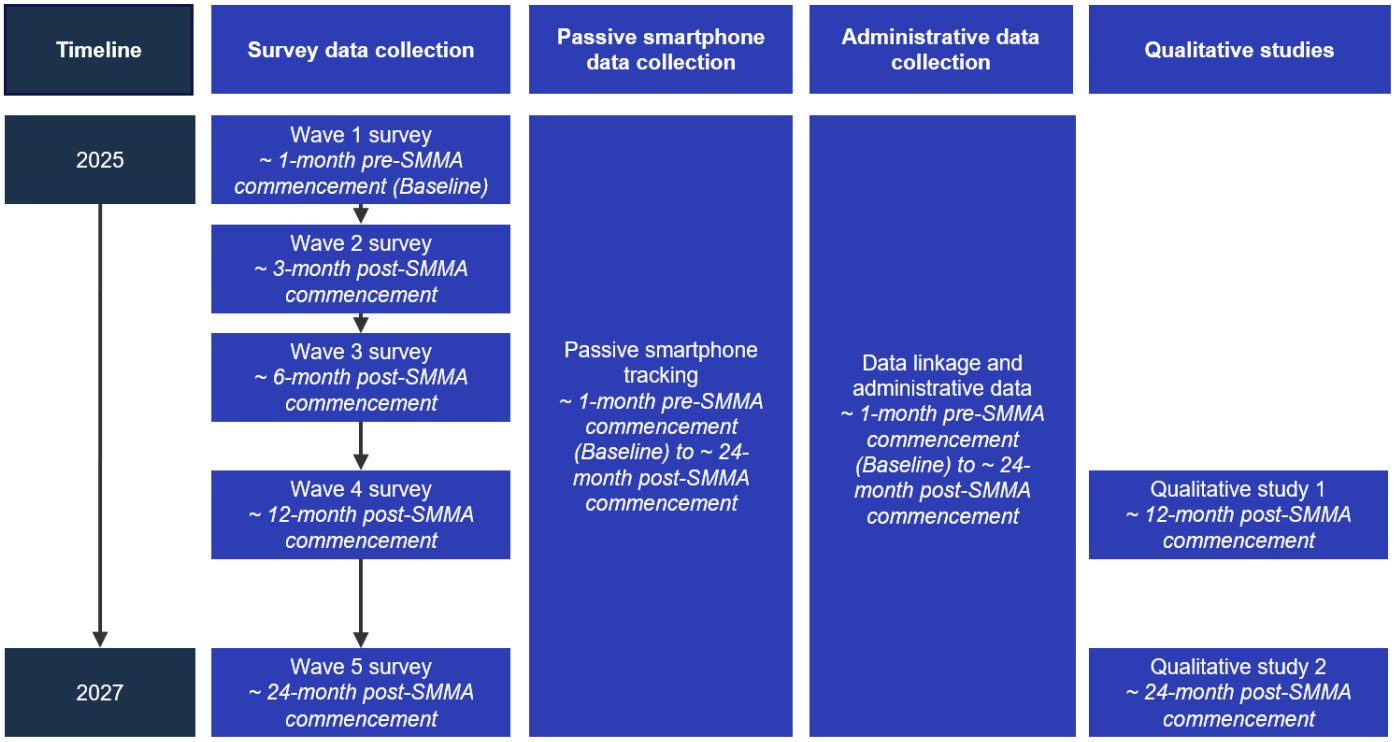
The evaluation adopts a **longitudinal design**, enabling the examination of relationships between social media use and children's mental health and wellbeing over time, including changes before and after the commencement of the policy, as well as individual differences and developmental effects. By tracking the same individuals across multiple time points, this approach strengthens the ability to assess temporal patterns and potential causal pathways, which is important given the wide variation in impacts that have been noted (National Academies of Sciences, Engineering, and Medicine, 2024).

The study is being conducted over a two-year period, with data collected at multiple time points, as shown in Figure 6. A central component is a multi-wave survey, in which children and one of their parents are recruited as a pair and participate in repeated survey waves, enabling comparisons over time and within families. This multi-wave survey is complemented by additional modes of enquiry, including:

- **qualitative research** (for example, focus groups and interviews)
- **data collected directly from devices** (for example, passive tracking of smartphone usage)
- **administrative data** (for example, **data linkage** and population-level datasets).

These different components of the evaluation are described in greater detail in the following sub-sections.

Figure 6: Study design for the evaluation of SMMA



Note: *This figure is adapted from the Study Protocol paper, available on **OSF**.

Data collection methods

In this section, we describe the four key data sources for the evaluation: the multi-wave survey, passive smartphone data, linked and non-linked administrative data, and qualitative studies. For each data source, we outline the data to be collected, collection methods, the sample, and the recruitment approach.

Multi-wave survey

This component of the evaluation will follow 4,121 children aged 10 to 16 years and one of their parents or carers, who take part in the study together as a pair. Each pairing is referred to as a dyad. Survey waves 1, 3, 4 and 5 are administered to all dyads who elect to complete the surveys over the two-year study. The Wave 2 survey was administered to a subsample of approximately 1,000 dyads from the broader cohort. This allowed for monitoring of immediate outcomes and any potential unintended consequences shortly after the rollout of the legislation, without burdening the whole cohort. This decision was taken to limit dropout from the study.

What data is being collected

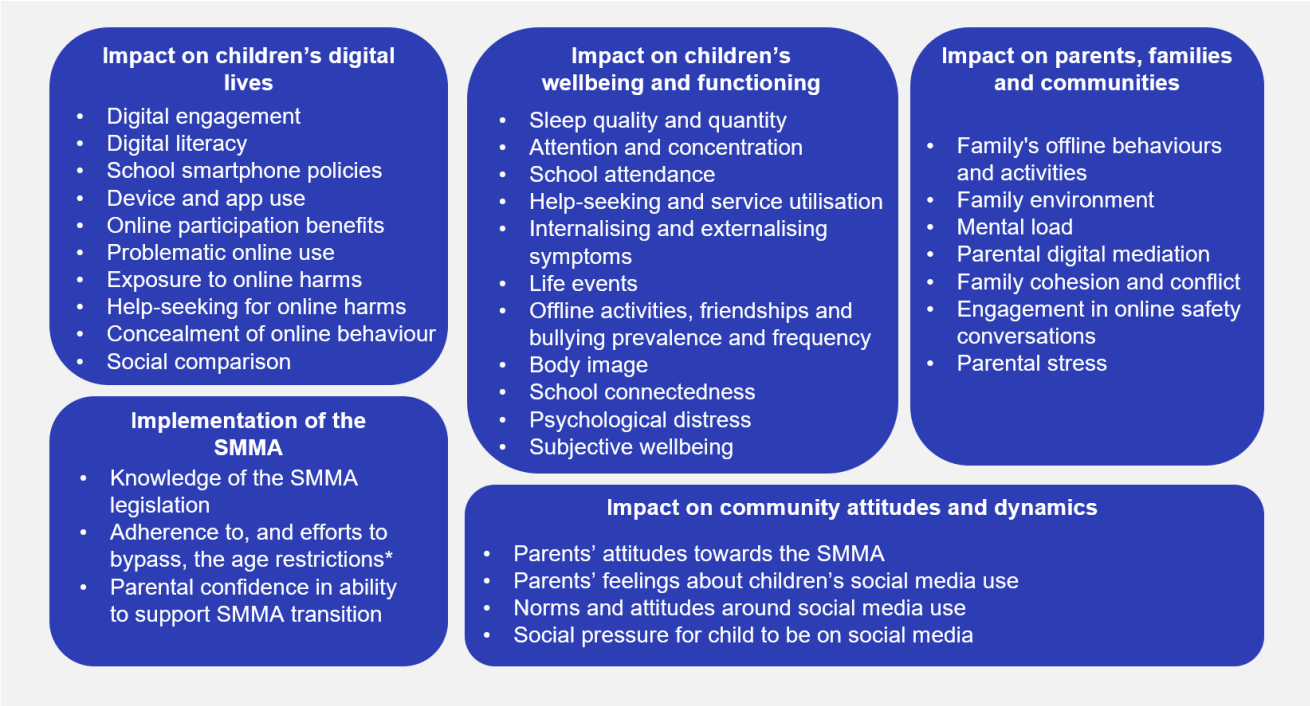
The surveys primarily collect **quantitative data**, to capture the demographic profile of the cohort, key outcome measures and potential unintended consequences, and to test key policy assumptions as outlined in the Theory of Change. Some **free-text questions** are included to capture qualitative insights, allowing participants to share their views and experiences in their own words.

The baseline survey instrument was cognitively tested with Australian parents and children from the target population. This involved 75-minute in-depth interviews with five parents/caregivers and 22 children aged 10 to 16 years from different socio-economic backgrounds. The purpose was to ensure the questions and response categories made sense, weren't ambiguous and were developmentally appropriate. Some questions and specific response options were asked only of children aged 13 or older – for example, where cognitive testing indicated that younger children may not understand the questions/options, or where they related to more complex concepts such as sexuality.

The main outcomes being measured over the five waves are shown in Figure 7. The surveys draw on validated scales to measure these outcomes and include a number of bespoke measures where validated scales weren't available or were inappropriate for the study context.

The survey instruments will be published on **OSF** as they are developed for each wave.

Figure 7: Survey outcomes of interest



Note: *'Adherence' refers to a participant's experience of account removal/deactivation and any attempts to bypass or circumvent those restrictions. The term is used solely for brevity, and we acknowledge that children and parents are not subject to legal obligations under the age restrictions.

Sample

The study was designed to balance the need for a large and diverse sample that reflects the Australian population with the practical constraints of the recruitment period and the need to maintain data quality over time. Recruiting a sufficiently large **probability-based sample** in time to establish a baseline prior to the commencement of the SMMA wasn't feasible, and the costs associated with such an approach were considered prohibitive.

We aimed to recruit a **demographically representative sample** of Australian children and parents, and to include those who may be more at risk of online harm but also experience considerable benefit from being online. This includes First Nations and LGBTIQ+ children, children from culturally and linguistically diverse backgrounds, and children with disability.

To obtain this sample, the Social Research Centre (SRC) recruited participants through both probability- and non-probability-based panels, which helped us reach a large group of people while keeping the sample broadly representative. **Quota sampling** has been used for Waves 1 and 2 to ensure the sample reflected the wider population of Australian children aged 10 to 16. Targets were set for age, gender, state or territory, area and region, and were derived from the Australian Bureau of Statistics (ABS) Census data (Appendix B). Quotas were closely monitored throughout fieldwork, and the achieved sample closely aligned with the target quotas across both Waves 1 and 2. Weighting will be applied during analysis to correct minor deviations from the quota targets and to ensure the results are representative

of the broader Australian population of children aged 10 to 16. Target quotas weren't set for children with disability, lived experience of mental ill-health, or LGBTIQ+ children. Instead, we expected the sample would naturally include a mix of these groups.

The achieved and expected number of participants for each survey wave is shown in Table 3.

Table 3: Sample size

Survey	Recruitment stage	Sample size of parent–child dyads (*n*)
Wave 1	Complete	*Achieved:* 4,121
Wave 2	Complete	*Achieved:* 1,021
Wave 3	Started	*Expected:* 1,300 to 3,000
Wave 4	Not started	*Expected:* 750 to 1,000
Wave 5	Not started	*Expected:* 450 to 560

Note: Based on previous similar studies conducted by the SRC, we expect that approximately 50% of the cohort may drop out at each survey wave.

Recruitment

Our blended recruitment approach allows us to benefit from the reliability of probability-based sampling while being able to include a larger number and range of participants than would be possible with probability sampling alone. Overall, this approach improves the accuracy of the results and makes them more reflective of the broader population.

SRC coordinated the recruitment process. Participants were recruited into the study in November and December of 2025 from SRC's probability-based panel, Life in Australia™, and three non-probability panels (Octopus, ORU and PureProfile).

Adult panel members who are parents of children aged 10 to 16 were invited to participate in the study via email. They were then asked to provide consent to participate in the study, noting that completion of the survey by both parent and child was mandatory for inclusion in the study. Participants were compensated for participating in each survey, as approved by the Australian Institute for Family Studies' (AIFS) Human Research Ethics Committee and in line with panel standard practice, with incentives paid directly to the parent to pass on to their child.

Passive smartphone data

The evaluation also includes opt-in **passive smartphone tracking for a subset of children** within the wider participant cohort. Passive smartphone tracking means collecting information about how a phone is used (with permission), without the person needing to actively record anything. Usually, this data is collected via a third-party platform or app.

Passive smartphone tracking offers a more reliable way to measure social media usage as it collects device-recorded data such as screen time, app usage and device activity without relying on children's self-reports on their own social media use, which is prone to bias (including recall and desirability bias). Passive tracking data will be triangulated with survey responses to validate self-reported social media usage to enhance the robustness of the evaluation findings.

After reviewing several third-party platforms, Wakoopa was selected as the most suitable platform to collect passive smartphone tracking data for the evaluation. This platform met the study's practical, ethical and technical requirements – offering a reliable, cost-effective tool that also protects participants' privacy and could be delivered on time through a trusted provider.

What data is being collected

Wakoopa will collect information about how children use their devices and some details about the devices used. The following types of data are collected:

- **Application usage:** The names of the applications used on the device.
- **Device information:** Details such as the brand, model, manufacturer, operating system and device type.
- **Connection type:** The type of connection being used at the time of the activity (for example, wi-fi or mobile data).
- **App usage details:** Information such as when the app was used and for how long.

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. URLs are also not collected as a part of this study. The study team deliberately chose not to collect this data due to the potential risk of capturing personally identifiable information (PII).

Sample

Participation in passive smartphone tracking is **optional**. No quotas or eligibility criteria, other than owning their own phone, were set, allowing a flexible approach that supports informed and voluntary participation while accommodating potential drop-out, technical issues with the application or phones, and budget constraints over the two-year study period.

Only participants recruited via the Life in Australia™ and Octopus panels[5] were invited to take part in passive tracking at baseline. Of the 3,036 participants in this subsample, 940

[5] ORU and PureProfile elected not to offer this component of the study to their panellists.

provided both parental consent and child assent. Of these, 318 downloaded Wakoopa, and as at the end of May 2026, 127 participants remained actively enrolled in this component. Participants completing the Wave 3 survey (six months following SMMA commencement) who didn't install the app at baseline will be re-invited to opt in, meaning the final sample size may change over the two-year period of the evaluation.

Recruitment

Participants were recruited from the wider cohort of those already taking part in the survey, forming a **nested sample**. After participants had completed the survey at baseline, they were asked if they would like to take part in passive smartphone tracking. Clear informed consent processes were essential given the passive and potentially sensitive nature of smartphone tracking. Explicit parent consent and age-appropriate child assent were obtained before data collection, supported by plain-language materials that explained the purpose of the tracking, what data would be collected, privacy protections, and the voluntary nature of participation, including the right to withdraw at any time. Both parent and child had to provide consent/assent to be involved in this component of the study. The full consent process and information and consent forms for parents and children are detailed in **SRC's Technical Report**. Participants were compensated for taking part in passive smartphone tracking, as approved by the AIFS Human Research Ethics Committee, and per panel standard practice.

Linked and non-linked administrative data

The evaluation will also draw on **existing administrative data** to examine medium- to longer-term outcomes associated with the SMMA legislation, reducing the need for participants to report information already captured in government datasets.

Where consent is provided, survey responses will be linked at the individual level to selected health and education datasets, including National Assessment Program – Literacy and Numeracy (**NAPLAN**) results, Medicare Benefits Schedule (**MBS**) data and Pharmaceutical Benefits Scheme (**PBS**) data. This linkage will be supported by the AIFS's Data Linkage and Integrating Authority, an Accredited Data Service Provider, ensuring the process is managed in line with best practice.

Together, these approaches enable analysis at the individual, cohort and population level, strengthening the evaluation while minimising participant burden and protecting privacy.

What data is being collected

Using these administrative data sets, we will explore patterns and trends in children's health and education outcomes, as detailed in Table 4.

Table 4: Administrative datasets to be analysed in linked and non-linked capacity

Outcome domain	Dataset	Data custodian	How it will be used in the evaluation
Changes in children's health and wellbeing	Medicare Benefits Scheme (MBS)	Services Australia	This data will help us to understand children's use of health and mental health services, and how this may change after the introduction of SMMA. It includes information on service use and hospital care, referrals, access to services across different locations, and finances associated with service access (including out-of-pocket costs).
	Pharmaceutical Benefits Scheme (PBS)	Services Australia	This data will help us to understand children's health over time. It includes information on prescribed medicines, which allows for an assessment of changes in treatment patterns over time.
Changes in children's education outcomes	National Assessment Program – Literacy and Numeracy (NAPLAN)	Education departments at the state and territory level	This data will be used to assess changes in achievement scores. NAPLAN is a national standardised test administered annually to Australian students in Years 3, 5, 7 and 9 that measures proficiency in reading, writing, language and numeracy.

In addition to linked participant data, we will also analyse **de-identified population-level data** where possible. The study team is currently investigating which administrative datasets are most relevant and accessible to help answer the KEQs. In addition to the aforementioned and potential other health and education datasets, this evaluation will also look to analyse relevant datasets held by the eSafety Commissioner, such as:

- reports of specific online harms (for example, cyberbullying) from eSafety's complaints-based schemes
- enquiries data – for example, via the **Social Media Minimum Age form**.
- aggregate insights gathered from eSafety's compliance and transparency activities – for example, **SMMA compliance update (March 2026).**

Sample

As with passive smartphone tracking, data linkage is an **optional** part of the study and all participants from the Life in Australia™ or Octopus panels[6] are eligible to participate, if they provide informed consent/assent.

Of the 3,036 eligible participants in this subsample at baseline, 443 provided the required parental consent (where applicable; see following 'Recruitment' section) and child consent/assent for NAPLAN linkage, and 283 did so for MBS/PBS linkage, subsequently completing the required authorisation forms.

While interest in data linkage was higher, many participants who expressed interest didn't complete the additional authorisation form required for data custodians to release the data. This form was distributed by email following completion of the survey.

Participants completing the Wave 3 survey (six months following SMMA commencement) will be re-invited to opt in, and this may be repeated at one further data collection wave. If participants reach age 14 over the course of the study, they will be invited to complete and sign a separate consent form. For these reasons, the final sample size for data linkage may change over the two-year period of the evaluation.

Recruitment

Participants were recruited from those already taking part in the survey, forming a **nested sample**. During the baseline survey consent process, participants were asked:

- if they **consented** to linking their **own** education and/or health records to their survey responses, if they were **aged 14+ years**
- if they **consented** to linking **their children's** education and/or health records to their survey responses, if they were a **parent/caregiver of a child aged 10 to 13 years**
- if they **assented** to linking their **own** education and/or health records to their survey responses, if they were **aged 10 to 13 years**.

Where the participant was aged 10 to 13 years, both parental consent and child assent were required for linkage. If the participant subsequently reaches age 14 within the period of the study, their informed consent will be sought, and this will supersede parental consent. This is in line with established practices, whereby Australians are, from the age of 14, generally considered capable of making decisions about their health care – for example, having control over their My Health Record and other personal health information (Office of the

[6] ORU and PureProfile elected not to offer this component of the study to their panellists.

Australian Information Commissioner, 2023). The full consent process is detailed in **SRC's Technical Report**.

Participants received a financial incentive if they consented to data linkage, in recognition of the time taken to complete the form, as approved by the AIFS Human Research Ethics Committee.

A waiver of consent was granted for the analysis of non-linked population-level administrative data. More detail about this is provided in the '**Ethical considerations**' section of this report.

Qualitative studies

The evaluation also involves **two waves of qualitative research** with parents and children, which are scheduled to take place at approximately 12 and 24 months after commencement of the age restrictions (see Figure 1). These qualitative studies will draw on a variety of age-appropriate methods, including **online focus groups**, **in-depth semi-structured interviews** and **creative activities** such as collaging and micro diary entries, to occur pre- and/or post-focus group or interview.

The qualitative studies aim to:

- explore themes identified in the **pre-implementation qualitative study**[7]
- look at factors that might explain results seen in the quantitative data
- explore new questions that emerge from the quantitative data
- give voice to children and their parents in the evaluation.

These studies will prioritise children's and parents' own language, concepts and reflections to support interpretation, so that evaluation findings can be better understood within their real-world context.

Peer researchers will be involved at each stage of these qualitative studies. This includes designing activities and focus group/interview guides, conducting the interviews/focus groups and interpreting the findings. More information about the involvement of peer researchers is given in the '**Child rights approach**' and '**Ethical considerations**' sections of this report.

[7] The pre-implementation qualitative study, titled '**Attitudes of children and parents to social media age restrictions ahead of implementation**', engaged children and parents in qualitative interviews, focus groups and short online tasks to document children's and parents' attitudes towards the SMMA legislation prior to the implementation of the age restrictions in Australia. This report was published in March 2026.

What data is being collected

A set of preliminary research questions were developed based on the **pre-implementation qualitative study** conducted in November 2025 with 43 children under age 16 and 29 parents, just prior to the introduction of the age restrictions. These questions will be used to guide the qualitative studies and are provided in **Appendix C**. At a high level, the qualitative studies will collect in-depth data relating to experiences of, and impacts associated with, the SMMA. This includes:

- **How the introduction of social media age restrictions has been experienced by different groups of children, parents and families.** This includes capturing perspectives from diverse cohorts such as children with mental health conditions and disability, LGBTIQ+ and First Nations children.
- **Levels of preparedness and support** as the age restrictions came into effect, and **factors shaping children's and families' lived experiences** of the age restrictions over time.
- **Attitudes towards the law** over time, the extent to which child and parent behaviour is in alignment with its intent, and drivers of these behaviours.
- **How children and parents describe the impact of the age restrictions.** This includes, but is not limited to, feelings of safety and exposure to harms online; behaviours and attitudes related to social media; engagement with, and experiences on, social media and other digital platforms; changes in relationships, sense of belonging, and access to important communities and connections; digital parenting; broader effects on daily life and family dynamics; and emotional responses associated with the change.

In addition, as the evaluation progresses, quantitative findings will inform the identification of areas requiring further qualitative investigation, enabling an assessment of the extent to which the lived experiences of children and parents are consistent with the Theory of Change.

How data is being collected

Online focus groups will be facilitated with children and parents on the VisionsLive platform, which uses a text-based format to preserve anonymity and facilitate open discussion. Youth focus groups will be co-facilitated by a peer researcher and a member of the eSafety Research and Evaluation team. Interviews and parent focus groups will be conducted by members of the eSafety Research and Evaluation team. An additional researcher will be present in both focus groups and interviews in an observer role to provide additional support to participants if necessary.

In-depth, semi-structured, one-on-one interviews will be conducted via video call on Microsoft Teams. Interviews will be used in lieu of groups where the participant is under age 12, as this is considered a more developmentally appropriate approach to engaging children of this age. Interviews will also be used if the focus of the questioning is more sensitive.

To build on insights from the interviews and focus groups, and to support engagement, reflection and a positive experience, participants will be invited to complete **creative, age-appropriate activities**. This may include tasks such as collaging, taking screenshots of content and experiences from their digital lives, micro diary entries to capture habits, experiences and associated feelings, to occur pre- and/or post-focus group or interview. These tasks will be shared with participants via the Qualtrics or VisionsLive platforms. An example of a task that was used in the pre-implementation qualitative study is provided in Appendix A.

Sample

Each qualitative study aims to engage around **20 children and 20 parents**. As revealed by analysis of the survey data, groups that appear to experience potential unintended consequences will be prioritised for inclusion in qualitative studies to allow for deeper exploration of their experiences. For example, this may result in sampling based on age, gender, disability, cultural background, geographic location or digital engagement patterns. Given this **targeted approach** to sampling, the qualitative findings won't represent the experiences of all children or their parents. Final sample sizes will depend on whether researchers are satisfied with the depth and coverage of insights, whereby interviews or focus groups will be added if needed.

Sampling will prioritise participants with a range of experiences of the age restrictions. Analysis will focus on generating sufficiently rich and nuanced evidence to answer the evaluation questions (Appendix C), recognising that this can be achieved with relatively small samples (Gandy, 2024). Findings will be brought together into a summary of themes and insights, with collective sense-making discussions involving researchers and peer researchers to support interpretation of findings. If needed, additional interviews or follow-up focus groups may be conducted.

Recruitment

Participants will be recruited from those already taking part in the survey, forming a **nested sample**. Sampling specification for the qualitative studies will be informed by findings from the previous survey wave, enabling the selection of participants with characteristics and experiences of interest. Children and parents who meet the eligibility criteria may be invited to participate in the qualitative research. Direct consent for each qualitative activity will be obtained prior to participation. The consent process for parents/caregivers and children will

be detailed in subsequent technical reports prepared by SRC where qualitative research is a component of that wave. Participants will be compensated for taking part in each qualitative activity, as approved by the AIFS Human Research Ethics Committee and panel standards.

Data analysis methods

Data will be analysed using methods appropriate to each data type and relevant to the evaluation question we are seeking to answer. In this section, we outline the analytical approaches to be applied. Further detail is provided in the Study Protocol on **OSF**, and will be included in subsequent evaluation reports (both public-facing reports and scientific publications; see the '**Dissemination of findings**' section).

Quantitative data analysis

All quantitative data is held by the respective data collectors (namely, SRC, Wakoopa, and the data custodians for data linkage), with **minimally processed, de-identified data provided to eSafety**. At each survey wave, SRC will perform basic cleaning (for example, removing any personally identifying information, checking for speeding or straight lining[8]) of the survey and passive smartphone data, and will share it with eSafety for checking, preparation and analysis using Q Research and SPSS software packages. For the linked data component, AIFS will prepare a clean and de-identified datafile for linkage. SRC will provide AIFS and eSafety with unique linkage identifiers, rather than participants' personal information, enabling eSafety to combine the AIFS datafile with participants' survey responses.

Quantitative data will be analysed using both descriptive and inferential methods to identify trends, differences between subgroups, and the potential impact of SMMA at a population level. This includes survey data, passive smartphone data, and linked and non-linked administrative data.

Descriptive analyses help us to understand and describe what is happening in the data. We will use descriptive analyses to summarise key characteristics of the sample and study variables. This includes examining frequencies, average values, percentages, factor analysis, and the reliability of scales for each survey wave. For example, this includes describing who is participating in the study, their characteristics, and their patterns of social media use and account ownership.

[8] For further details of the approach to data quality checks, see **SRC's Technical Report**.

Inferential analyses help us to understand potential changes in key variables over time and differences between groups before and after the commencement of the SMMA. For example, we will use inferential analyses to examine the effects of children's adherence[9] to the age restrictions on outcome variables such as wellbeing. We will also conduct analyses to examine whether effects differ across subgroups of interest, including age group, gender, Aboriginal and/or Torres Strait Islander status, and LGBTIQ+ identity, where sample sizes allow. A more detailed description of these statistical procedures is provided in the protocol paper and pre-registered analysis plans, both of which will be published on **OSF**.

Weighting procedures

Weighting is applied to the survey data to correct for minor deviations from the quota targets and to ensure the results are representative of the broader Australian population of children aged 10 to 16. The weights are based on ABS population estimates for children aged 10 to 16. Detailed information about the weighting procedures used in this study is provided in **SRC's Technical Report**.

Qualitative data analysis

Open-ended survey responses are held by SRC, with minimally processed, de-identified data provided to eSafety, which collects and stores all qualitative study data (online focus groups, in-depth, semi-structured interviews, and creative activities).

At each survey and qualitative study wave, eSafety will code qualitative data following an iterative process, outlined in Table 5.

Table 5: Overview of qualitative coding

Stage	Open-text survey responses	Qualitative studies
1. Familiarisation	• Multiple researchers will review a random sample of 10% of open-text responses to familiarise themselves with participant experiences and identify key themes. • Researchers will collaboratively draft a grid of overarching themes.	• Multiple researchers will review interview and focus group transcripts to familiarise themselves with participant experiences and identify key themes. • Researchers will collaboratively draft a grid of overarching themes.

[9] 'Adherence' refers to a participant's experience of account removal/deactivation and any attempts to bypass or circumvent age restrictions. The term is used solely for brevity, and we acknowledge that children and parents are not subject to legal obligations under the SMMA.

2. Code-frame development	• At least two coders will work together to develop a code frame using both inductive codes, derived from the grid developed in stage 1, and deductive codes, drawn from the research questions (Campbell et al., 2013). • The research team will discuss and refine the structure and definitions of the code frame. • Pilot testing of the code frame will be conducted by a minimum of two researchers who will independently code a subset of 100 randomly selected responses and them jointly refine the code frame until they are satisfied with the level of intercoder reliability. Qualitative analysis software such as Q or NVivo will be used.	• At least two coders will work together to develop a code frame using both inductive codes, derived from the grid developed in stage 1, and deductive codes, drawn from the research questions (Campbell et al., 2013). • At regular intervals throughout fieldwork, researchers and peer researchers and investigators involved in interviews will discuss the key themes and continue to iterate the code frame. • Once all pre- and post-tasks have been collected, a minimum of two researchers will review responses and meet to discuss key themes and iterate the code frame. • Once each qualitative study is completed and the code frame is refined, the focus group and interviews transcripts and pre- and post-task responses will be uploaded to the qualitative analysis software. • Pilot testing of the code frame will be conducted by a minimum of two researchers who will independently code the same subset of responses (minimum of two transcripts), and then jointly refine the code frame until they are satisfied with the level of intercoder reliability.
3. Coding	• A single coder will use the code frame to code responses in the qualitative analysis software (Campbell et al., 2013). • After each set of 200 responses is coded, a second coder will code a random selection of 10% of responses to ensure consistency. • Throughout the coding process, the researchers will then meet to compare the interpretations, align the coding approaches and refine the code frame as needed.	• The remaining transcripts will then be coded using the agreed code frame in the qualitative software. • Throughout the process, the researchers will meet to compare the interpretations, align the coding approaches and refine the code frame as needed.

Survey responses: For questions where structured comparison is appropriate, such as comparing the proportion of participants who expressed specific attitudes or impacts, the approach described in Table 5 will be applied. However, for highly exploratory questions, a descriptive thematic approach will be used to identify key themes, patterns and illustrative examples that provide deeper insight into participants' perspectives and experiences.

Qualitative studies: Interviews, focus groups, and pre- and post-task responses will follow the thematic analysis approach described by Braun and Clarke (2006; 2019). As the purpose of the qualitative studies is to deepen understanding of the lived experiences of participants, sampling will prioritise participants with a range of experiences of the age restrictions. Analysis will focus on generating sufficiently rich and nuanced evidence to answer the evaluation questions (**Appendix C**), recognising that this can be achieved with relatively small samples (Gandy, 2024). Findings will be brought together into a summary of themes and insights, with collective sense-making discussions involving researchers and peer researchers to support interpretation of findings. If needed, additional interviews or follow-up focus groups may be conducted.

A more detailed description of the coding process and analysis is provided in the protocol paper, published on **OSF**.

Data integration methods

After analysing the quantitative and qualitative data separately, the findings will be brought together in a systematic way. Bringing together data from multiple sources will help to build a more complete understanding of the impacts of the SMMA. It can highlight where findings support each other or where unexpected patterns appear that may lead to new questions or areas to explore. Findings from each stage will also inform the next, allowing questions, analysis methods and data collection tools to be improved over time. To support this, an integration framework will be developed. This framework will show how each type of data contributes to answering the evaluation questions and drawing evaluative conclusions.

Questions that will guide the integration of data from different methods and sources include:

- **Consistency and convergence:** Where do different data sources tell a similar story, and what patterns are consistently observed across methods?
- **Divergence:** Where do findings differ or contradict each other, and what might account for these inconsistencies?
- **Complementarity:** How do different data sources add depth and nuance, and build on each other in explaining findings or themes?

- **Coverage and representation:** Do the combined data sources adequately represent key communities or perspectives?
- **Strength and weight of evidence:** How robust, reliable and relevant is the evidence from each data source, and how should it be weighted in forming conclusions? Where are there gaps that need to be explored?

This integration process will support the development of evaluative conclusions at the end of the two-year evaluation period that are well reasoned and evidenced, contextualised and justified.

Dissemination of findings

The findings of this evaluation will directly guide eSafety's approach to implementation of the age restrictions and will be one of several inputs considered as part of the independent statutory review. However, we recognise that, as a novel policy, the evaluation findings are of interest not only to government stakeholders, but also to a wide range of audiences both domestically and internationally. eSafety and the Academic Advisory Group have made a **commitment** to publishing the findings of the evaluation transparently, and in a timely and accessible manner. When available, these reports will be published on our website. Outputs from the evaluation will include:

- **Public-facing reports:** Easy-to-understand summaries of the key emerging evaluation insights.
- **Scientific publications:** More detailed and technical analyses that will appear in peer-reviewed academic journals. Where possible, we will also share these publications on the **evaluation hub** on eSafety's website, noting that access may depend on individual journal policies.
- **Webinars:** These may involve conversational discussions of evaluation insights, and question-and-answer formats to support public understanding of and engagement with evaluation insights.

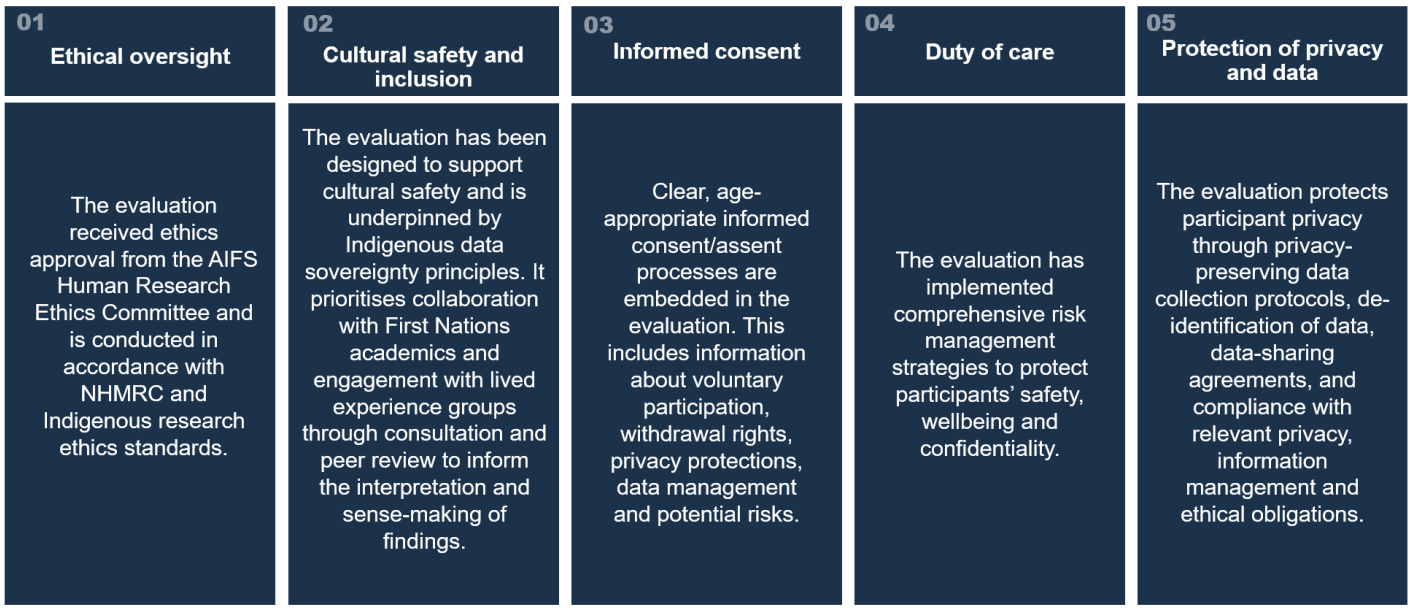
eSafety's Strategic Communications team will support the public dissemination of evaluation findings, including distributing summaries and links to research reports in newsletter communications, preparing media releases, and facilitating engagement between the media and members of the study team, where appropriate. These activities will help to promote transparency and public understanding of the evaluation and its findings.

Ethical considerations

In this section, we outline the ways in which the study team has considered and responded to important ethical considerations related to the evaluation.

The evaluation involves children, addresses sensitive topics such as mental health and exposure to online harms, and includes the collection of sensitive personal information, including health data. The study has been designed by eSafety evaluators and academic experts with significant experience in conducting research on sensitive and stigmatised issues with children and young people. Throughout the study, a range of measures have been implemented to address these considerations proactively, carefully and respectfully (Figure 8).

Figure 8: Overview of ethical considerations



Ethical oversight

The evaluation received **ethical approval** from the AIFS Human Research Ethics Committee on 10 November 2025 (approval number 2025/06) and complies with the National Statement on Ethical Conduct in Human Research (National Health and Medical Research Council, 2025) and the AIATSIS Code of Ethics for Aboriginal and Torres Strait Islander Research (Australian Institute of Aboriginal and Torres Strait Islander Studies, 2020). Any changes to the evaluation protocol are submitted via amendments for committee approval.

Cultural safety and inclusion

The SMMA is a population-wide policy intervention; however, we acknowledge that different children and families may experience, and be impacted by, the age restrictions in different ways. An important goal of the evaluation is to explore these differences critically and respectfully.

The evaluation methodology was reviewed by Indigenous collaborators to ensure cultural safety. It was also reviewed by experts in technology, mental health, and research with young people on sensitive and stigmatised topics to ensure the methods were appropriate and relevant for the intended audience. Peer researchers from eSafety's Youth Council have also reviewed aspects of the methodology to support a youth-centred approach to the evaluation.

Each stage of this study will be guided by the **Maiam nayri Wingara Indigenous Data Sovereignty principles**. First Nations researchers are involved in the design of the evaluation, and in the analysis and interpretation of findings, and are engaged in reviewing all evaluation outputs where data relating to First Nations people is of interest. Alongside this academic peer review, in later stages of the evaluation input from participants with particular lived experience, and/or representatives of advocacy organisations, will be sought for First Nations, disability, LGBTIQ+ and other communities identified as critical to support sense-making and corroboration with respect to broader communities.

Strong privacy protections are applied to ensure cultural safety in reporting, including the use of aggregated data, the avoidance of identifiable details or quotes, and secured data storage. Our evaluation approach also enables accountability and self-determination by involving First Nations researchers in setting evaluation priorities, sharing findings with First Nations study participants and organisations who indicated interest in receiving them during the research process, and working with these stakeholders to enable access to results while safeguarding community interests.

Informed consent

Informed consent and assent to participate in each study activity and the evaluation more broadly was obtained from parents and children. During the consent process, it is made clear to participants that their participation is strictly voluntary, that they can withdraw from the study or from any individual data collection activity at any time, and that their data will be de-identified prior to analysis. They are also informed of how their data will be managed, and who will have access to it. Potential risks associated with participation are communicated thoroughly to both children and parents in consent materials and processes,

and during data collection as appropriate and in accessible formats – for example, through a brief animated video.

Careful consideration was given to supporting data transparency and participant autonomy for the passive smartphone tracking and data linkage components of the study. For passive smartphone tracking, this was supported through clear, plain-language communication about the timing and cessation of tracking, deactivation of tracking at the end of the study, and ongoing opportunities for participants to withdraw. For data linkage, particular attention was given to balancing the legal requirements of the data custodian for informed consent with the developmental needs of young participants, ensuring that information was accessible, age-appropriate and meaningful for children providing assent and consent.

In line with the National Statement on Ethical Conduct in Human Research (2025), **a waiver of consent** was sought for the analysis of non-linked, population-level administrative datasets on the basis that the data is de-identified and poses low risk, and that it isn't practical to obtain consent from all the individuals represented. This waiver was approved by the AIFS Human Research Ethics Committee.

Duty of care

eSafety is taking several steps to reduce the risk of harm to participants by ensuring that their best interests are served and that the research conducted provides for their safety, emotional and psychological security, and wellbeing (National Health and Medical Research Council, 2025). **We have identified potential risks to participants, and initiated appropriate risk mitigation strategies**, both of which are actively tracked throughout the evaluation.

We acknowledge the potential for participants to feel distress or discomfort when answering questions about sensitive topics. We ensure the following to minimise the risk of this distress or discomfort:

- Research activities are designed and facilitated by experienced and appropriately qualified researchers, with discussion guides carefully developed to minimise potential harm.
- Questions in the surveys and qualitative studies use developmentally appropriate language and methods and give participants choice and agency where they involve sensitive topics.
- Study participants are equipped with a list of help-seeking information, including services they can contact if they feel distressed or need support, particularly when their scores on mental health survey measures indicate potential distress or low wellbeing.

- When required, eSafety's Distress and Disclosure Protocol will be followed, which outlines steps for identifying and managing participant distress that may occur before, during or after data collection, and details how disclosures that trigger reporting obligations will be managed and responded to.

Confidentiality is prioritised during all data collection activities. We acknowledge that parents may be in the room when their child is filling out the survey or participating in qualitative studies. This gives rise to a risk of unintentional disclosures to parents, or children feeling they cannot answer questions truthfully. To minimise these risks and other potential threats to confidentiality, we will:

- provide forewarning about the nature of certain questions – for example, questions on gender, sexuality and online sexual harms – and give children the option to display them or not
- prioritise qualitative methods that promote anonymity and confidentiality – for example, pseudo-anonymous text-based discussion groups
- discourage participants from sharing any personally identifiable information throughout the evaluation
- inform participants that confidentiality may be limited in exceptional circumstances where information disclosed suggests a risk of serious harm or where eSafety has a legal obligation to report – with any such disclosures being managed in line with eSafety's Distress and Disclosure Protocol
- ensure that all data is de-identified in analysis and reporting.

Finally, all study participants are reimbursed for the time they spent participating in each study activity, as approved by the AIFS Human Research Ethics Committee and per panel requirements.

The research team has also implemented a range of measures to support the wellbeing and participation of youth peer researchers throughout the project. Youth peer researchers receive training in safe and ethical research practices and will be closely supervised by experienced researchers at all stages of data collection. They don't undertake data collection activities alone, and will be supported by established distress protocols, regular check-ins and debriefs before and after research activities, and access to emotional and practical support from a member of the research team trained in Youth Mental Health First Aid. To minimise any perceived pressure associated with their role, it will be made clear that participation in the project is voluntary, separate from their involvement with the eSafety Youth Council, and can be discontinued at any time without affecting their relationship with eSafety. Additional support pathways will also be available to peer researchers through both the research team and Youth Council staff.

Protection of privacy and data

eSafety has undertaken a Privacy Impact Assessment (PIA) to support the evaluation and fulfil our obligations under the *Privacy Act 1988* (Cth). The PIA informs the arrangements for the collection, storage, use, disclosure and management of evaluation data.

Data collected as part of this evaluation will be stored in a de-identified format and made available to researchers named on the approved ethics application, including academic partners. Data sharing will be governed by formal data-sharing agreements and memoranda of understanding that specify data access, use, storage and confidentiality requirements.

The evaluation adheres to eSafety's obligations under the ***Privacy Act 1988*** **(Cth)**, the ***Freedom of Information Act 1982*** **(Cth)** and the ***Public Governance, Performance and Accountability Act 2013*** **(Cth)**, which ensures that eSafety handles, manages and protects personal information. eSafety only uses or discloses personal information for the purpose for which it was collected or in other permitted circumstances, such as where consent is given for it to be used or disclosed for another purpose. eSafety won't disclose sensitive information about a person unless they agree to its disclosure or in other limited circumstances, such as when eSafety is required or authorised by law. Consistent with these requirements and in line with our ethics approval, de-identified evaluation data won't be made publicly available.

Survey responses will be provided to eSafety in de-identified form. While SRC, Octopus, PureProfile and ORU already hold personal information for panel members as part of their panel management functions, eSafety won't collect or have access to participants' personal information unless participants consent to being contacted for further qualitative research. Where participants consent to data linkage, the information required to enable linkage will be collected and stored securely by SRC separately from survey responses. Personal information will only be used for approved research purposes and will be removed or de-identified once it is no longer required in an identifiable form. Survey responses and linked data provided to eSafety won't contain directly identifying information.

Evaluation governance

In this section, we highlight the governance arrangements for the outcome evaluation of the SMMA.

The evaluation of the SMMA legislation is funded by the eSafety Commissioner and led by eSafety's Research and Evaluation team, in collaboration with the Lead Academic Partner, SML, and the AAG, comprising 11 domestic and international experts. The AAG provides independent, evidence-based input across study design, analysis and interpretation. Its involvement strengthens accountability and credibility through independent expertise and oversight.

Key governance documentation for the evaluation – for example, terms of reference for the AAG and meeting minutes – are published on the **evaluation hub** on eSafety's website.

Managing conflicts of interest

eSafety has established safeguards to protect the independence and integrity of the evaluation. The evaluation is grounded in a developmental approach, allowing findings to inform the implementation of the SMMA in real time. eSafety leads the evaluation to enable timely translation of insights to support implementation, and the independence of the evaluation is upheld through academic partnerships, data governance, and access arrangements and publication rights.

As an independent statutory regulator, the eSafety Commissioner operates at arm's length from government in individual decision making. Internally, the Research and Evaluation function is separate from operational areas responsible for SMMA implementation and sits within a distinct division. This separation is intended to support the conduct of evaluation activities free from undue organisational or political influence.

Memoranda of understanding between eSafety and participating academic institutions explicitly provide for academic independence, including the right of researchers to lead analyses and publish findings irrespective of study outcomes. This enables analyses to be conducted across a range of disciplinary perspectives without eSafety approval of methods or interpretations. eSafety may review manuscripts prior to publication for factual accuracy and protection of confidential or sensitive information but cannot prevent publication.

To safeguard the transparency and integrity of the evaluation, a formal conflict of interest (COI) management process has been established, requiring AAG members to complete annual COI declarations. Any actual, perceived or potential conflicts are assessed and managed by eSafety.

Strengths and limitations

In this section, we outline the key strengths and limitations of the evaluation as designed. It highlights the features that strengthen the likely quality and usefulness of the evidence the evaluation will generate, as well as the methodological and practical constraints that influence how the findings should be interpreted.

Strengths

- The longitudinal study tracks children and their parents over two years via five waves of surveys. A **longitudinal design** was chosen because it can strengthen understanding of how social media use and children and young people's mental health may be related over time, including patterns of change, individual differences and potential developmental changes. This is particularly important given the wide variation in impacts across children.
- The evaluation uses a **mixed-methods approach** which combines quantitative and qualitative evidence, providing a more comprehensive understanding of the measurable and explanatory impact of the SMMA, and of the context driving any observed outcomes. In particular, the integration of self-report, device-recorded and linked administrative data enables the triangulation of findings across multiple data sources, while the inclusion of qualitative studies supports the contextualisation of findings within the everyday lives of children and families.
- The large **study sample**, especially towards the beginning of data collection activities for the evaluation, provides strong statistical power, meaning it included sufficient participants to identify meaningful effects and differences where they exist. In addition, following parent–child pairs over time helps us to understand how experiences and outcomes change between families in addition to across individuals, and the cohort.
- In designing the study, careful attention was given to its ability to assess differential impacts across population groups. The **sampling approach** was intentionally designed to ensure the cohort includes the diversity of the Australian population. By combining probability-based and non-probability-based sampling, the study was able to recruit a large cohort while maintaining broad population representativeness. Census-based quotas and targeted oversampling of First Nations children further strengthened representation, while survey weighting allows estimates to be adjusted over time to better reflect the broader population.

- The AAG brings together a wide range of expertise and perspectives. Its **multidisciplinary input** strengthens the evaluation by supporting independent analysis, robust interpretation of findings and rigorous review of all eSafety outputs. Members also contribute to scientific publications, enhancing both the depth of analysis and the discoverability of evaluation findings.

Limitations

- We expect that approximately 50% of the sample may drop out of the study at each survey wave. If **attrition** is higher than expected, or is uneven across groups, it could impact statistical power, internal validity, and our ability to generalise from longer-term follow-ups. We will aim to reduce drop-out, particularly among certain groups of children and parents who may be less likely to stay involved. To support this, we will develop a retention strategy in collaboration with SRC and the peer researchers. This will include practical steps such as regular reminders, flexible timing for participation, and making the process as easy and positive as possible for participants, as well as offering appropriate incentives.
- The study uses **self-reported data**, which is subject to **response bias**, where participants may misreport or selectively recall their experience. To address this, we are integrating multiple data sources, including behavioural data, to build a more comprehensive picture of participant behaviour and experiences. This triangulation strengthens the rigour of our findings and helps to promote confidence in the conclusions that can be drawn.
- As with all survey-based research, findings may be subject to **question-order and framing effects**. The sequence and wording of questions may have influenced how participants interpreted and responded to subsequent items. In addition, the evaluation took place in the context of a significant policy change, which may have heightened awareness of relevant issues and shaped participants' attitudes and responses. As a result, some findings may reflect the influence of the policy context and associated public discussion, in addition to participants' underlying views and behaviours.
- As the evaluation lead, eSafety's role may influence participants' responses based on their perceptions of government or attitudes towards the SMMA. While eSafety's role in the evaluation brings benefits, such as being able to leverage relevant datasets for the evaluation that aren't available to private organisations, it also introduces the potential for **response bias**. This includes social desirability bias (the tendency to provide responses perceived as socially acceptable), demand characteristics (where responses are influenced by participants' perceptions of the evaluation's purpose or

expectations), and mischievous or protest reporting (where respondents intentionally provide inaccurate responses to show opposition). The evaluation design incorporates several features that may help to identify or reduce these potential sources of bias, including parent–child comparisons, device-recorded smartphone use data for a subset of participants, repeated measurement over time, survey quality checks and qualitative research. However, potential sources of bias cannot be eliminated entirely and should be considered when interpreting self-reported findings.

- The study's **passive tracking configuration doesn't capture the use of age-restricted platforms in browser activity** (outside of the mobile application), due to the potential risk of capturing personally identifiable information. This is a limitation the study accepts in order to prioritise the privacy and confidentiality of participants.
- The study doesn't include a **comparison group** who were not exposed to the SMMA after its implementation, a common challenge for evaluations of population-wide interventions such as the SMMA. As the legislation will apply nationally, it is difficult to separate changes in outcomes (e.g. parent–child conflict, wellbeing and stress) that may be associated with the legislation, from changes that would have occurred anyway, such as normal adolescent development, or broader social trends. A randomised controlled trial would provide the strongest evidence about cause and effect, but this isn't possible because of the nation-wide implementation. To strengthen our understanding of the legislation's likely impact, we will use analytical approaches such as comparing outcomes between participants who adhere to the new restrictions and those who don't. While these approaches cannot fully rule out alternative explanations, they can help in estimating the extent to which observed changes are consistent with an effect of the legislation and increase confidence in the findings.
- The policy seeks to influence outcomes that are complex and shaped by multiple factors. While the Theory of Change indicates that some longer-term outcomes may take 5 to 10 years to emerge following implementation of the SMMA, **the current evaluation follows participants for two years** and is therefore focused on assessing short- to medium-term outcomes. Longer-term follow-up would provide valuable opportunities to examine how intended and unintended impacts evolve over time and whether any early outcomes are sustained over time.
- We have made considerable efforts to recruit a **sample that is broadly representative of our target population**. However, we recognise the limitations inherent in our primary recruitment method, which relies on online research panels. Some groups are less likely to be represented through panels, including children in out-of-home care, families from migrant or refugee backgrounds, those living in very remote areas of Australia, and families who may face barriers to participating in online research, such

as those with limited digital access or English proficiency. We also recognise that the experiences of children and families in the study may differ in systematic ways from those who aren't represented. To help ensure that these perspectives are included, targeted consultations will be undertaken in the second year of the evaluation with relevant peak bodies and advocacy organisations.

What the evaluation can and cannot do

The evaluation **will not** provide a definitive answer as to whether social media age restrictions are working as intended. Instead, it will evaluate the extent to which this specific legislation has been effective, as designed and implemented in Australia. While the findings may be useful for other jurisdictions, they won't determine whether age-based restrictions are effective as a broader policy approach.

The evaluation has a strong design for examining whether observed changes are consistent with the Social Media Minimum Age obligation **contributing to** outcomes for children, young people and families. Its longitudinal, mixed-methods, theory-based approach provides a solid foundation for assessing the policy's contribution. However, because it was implemented nationally without a comparison group, within a system that is complex, dynamic and involves complementary policy measures designed to improve children and young people's safety and wellbeing, the evaluation will be less able to determine whether observed outcomes were **caused by** the policy alone. As a result, the findings are likely to provide stronger evidence of contribution than definitive evidence of attribution.

As a world-first policy, there are many questions its introduction raises regarding how it works, and the changes that arise from its implementation. **No single study can address all of these questions.** This evaluation has been designed to generate the strongest possible evidence to inform policy implementation and oversight, with particular attention paid to the remit of the eSafety Commissioner, and the overarching objectives and key evaluation questions. At the same time, we acknowledge and welcome the growing number of independent evaluations and research projects focused on the SMMA. Together, these studies employ a diverse range of methodologies, examine different populations and contexts, and bring a broad range of perspectives to support a more comprehensive understanding of the policy and its impacts.

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Appendix A

Example of a creative pre-task for 10- to 11-year-olds

Think about the stuff you see on your social media – the videos, pictures, messages from friends, and even the things that make you feel a bit weird or unsure.

Now, **imagine social media is a person**. What kind of person would it be?

Use the form below to tell us! You can **write, draw, make a collage – whatever helps you share your ideas best.**

This is all about showing us what your relationship with social media feels like.

- What's their name?
- What would they be like at school? (loud, quiet, fun, boring, something else)
- How would they make you feel?
- Would they be a good listener? Or would they talk over you all the time?
- What would be the number 1 thing they care about most in their life?
- What would they make you think about?
- How might they make you behave?
- What do you think you would like about them?
- What do you think you wouldn't like about them?
- What do you think grown-ups would say about them?

Appendix B

Table Appendix B: Target and achieved quotas

Children demographics	Population (10–16 years) (%)	Online sample (%)	Online sample (*n*)	Achieved sample (%)*	Achieved sample (*n*)*
Gender by age**		**Target (quota)**	**Target (quota)**	**Achieved**	**Achieved**
Male aged 10–13	29.9	29	1,160	30	1,230
Female aged 10–13	28.3	27	1,080	24	992
Male aged 14–16	21.6	20	800	24	992
Female aged 14–16	20.2	19	760	21	882
Other than cisgender (any age)	Unknown	Natural fall-out (up to 6%)		1	25
State/territory					
NSW	31.5	31	1,240	31	1,272
VIC	24.6	25	1,000	27	1,118
QLD	21.6	21	840	19	794
WA	10.8	11	440	10	421
SA	6.6	7	280	7	298
ACT, TAS, NT	4.8	5	200	5	217
SEIFA					
IRSAD Quintile 1	18.5	19	760	15	635
IRSAD Quintile 2	19.3	19	760	18	747
IRSAD Quintile 3	20.5	20	800	24	1,008
IRSAD Quintile 4	20.7	21	840	23	940
IRSAD Quintile 5	20.9	21	840	19	788

Remoteness					
Major cities	71.1	71	2,840	77	3,186
Regional and remote areas	28.9	29	1,160	23	934
Aboriginal and Torres Strait Islander		**Minimum (quota)**			
Aboriginal and/or Torres Strait Islander	6.0	6	240	9	357
Total	100	100	4,000	100	4,121

* Numbers based on unweighted final counts for the baseline survey, following data cleaning. Weighted results will differ.

** Gender of the child was asked of both children and parents. This table presents parent-reported gender.

Appendix C

Table Appendix C: Key research questions for qualitative sub-studies

Theme	Pre-implementation insight	Potential questions to explore
Differences in experiences	The implementation and impacts of the social media age restrictions were expected to be experienced differently by different groups of children, parents and families. These groups included, but were not limited to, children with existing mental health conditions, LGBTIQ+ children, children with disability and First Nations children.	How do different groups of children, parents and families describe and explain their experience of the implementation and impacts of the social media age restrictions, and how do these experiences vary across contexts and circumstances?
Implementation	There was broad awareness of the social media age restrictions, but some confusion about how these would be implemented, which influenced attitudes to and preparations for the change.	How prepared and supported did children and parents feel? Were there circumstances where people felt more or less prepared or supported? What factors do children and parents identify as shaping their experiences of the change, and how do they describe and understand these?
	While the intention of the law was broadly supported, many questioned how it would be enforced and anticipated possible workarounds.	Has support for the law changed? If so, what do children and parents think has influenced this change? How do children describe their sense of safety online following the change? How do parents describe and understand children's online safety following the change? Did children use workarounds? How, and to what effect? Did parents help them? How? What was their motivation?

Impacts	Parents and children alike agreed that more needs to be done to protect children on social media, but perceptions were mixed as to whether the age restrictions would be the best solution.	To what extent do children and parents consider that the law had contributed to children's safety online? Do children and parents think there have been any changes in children's exposure to online harms? If so, how? Have children and parents identified any changes in attitudes or behaviours related to social media? If so, what do these changes look like? Has the law supported parents to set boundaries around children's social media use? If so, how? Has the law created any new considerations or challenges in relation to digital parenting? How, if at all, has the law influenced children's and parents' views of government and social media platforms?
	Some children felt excited, relieved or ambivalent, while others felt frustrated and unfairly punished. Many felt the perceived benefits of social media outweighed the potential harms.	What has it been like for children and parents to live through this change? What has been surprising, unsurprising, challenging or straightforward? What feelings have children and parents experienced as a result? How and where are children spending their time online following the change? To what extent are other spaces fulfilling the needs identified as previously being fulfilled by social media?

	The age restrictions were expected to impact children's social connectedness, with some anticipating stronger relationships and others fearing increased isolation.	How, if at all, has children's sense of social connectedness changed? What do children see as the main reasons for this change? Has the nature of children's relationships with their peers and families changed? Has children's sense of connection to the broader community and culture been affected? If so, how? Has children's connection to specific communities or cultures that are critical to their wellbeing been affected? If so, how? What are the barriers and enablers for children to accessing social connectedness outside of social media?
	Losing access to social media was expected to bring both mental health and wellbeing benefits as well as potential new challenges.	How are children spending their time online, and has this changed? Has family life changed? If so, what impacts are identified? How have children been spending their time offline, and has this changed? How do children and their families describe the influence these changes have had on how children are feeling, thinking and behaving?