

Title of Project: Connected Minds: Co-Designing Accessible Digital Mental Health Services for Neurodivergent Children in Regional Communities

HREC Approval Number: 2025/ETH/0067

WHAT IS THIS PROJECT ABOUT?

This research explores how digital mental health platforms can better support neurodivergent children, particularly in the areas of identity, self-advocacy, and emotional wellbeing.

The project objectives are to:

1. **Identify barriers and enablers** to:
 - o Neurodivergent children developing healthy identity and self-advocacy skills.
 - o Engaging with digital mental health platforms and services, particularly in regional Australia.
2. **Design and implement solutions** codesigned with neurodivergent children, caregivers, clinicians, and educators to address the identified barriers and enhance service delivery.
3. **Evaluate the impact** of these co-designed solutions on the accessibility and acceptability of an existing best-practice model utilising digital health technology (Secret Agent Society Small Group Program), through pre- and post-implementation stakeholder feedback.

You and your child have been invited to help us evaluate the impact because your child is taking part in the Secret Agent Society (SAS) Small Group Program through a participating service. We want to know whether the improvements made through co-design actually work in real-world settings. Your experience as a parent or caregiver and your child's experience in the program will help us understand what is working, what's not, and how to make it better.

This Participant Information Form explains what the project is about, what your participation would involve, possible risks and benefits, and how your information will be managed. Please read it carefully and ask the research team any questions you have. You can also discuss it with someone you trust before deciding whether to take part. Participation is entirely voluntary, and you can change your mind and withdraw at any time.

The research is being led by Social Science Translated Pty Ltd, in collaboration with Ramsay Psychology. A full list of researchers, their roles, and contact details is provided at the end of this document.

WHAT WILL WE BE EXPECTED TO DO?

If you agree, you'll both be asked to provide feedback about your and your child's experience with the program. Your answers and ideas will be recorded via written, audio, or visual recording and transcription.

You and your child may be invited to do one or more of the following:

Activity	What it involves	Duration	Format
Child Survey or Interview	A fun chat about their experience in the program	20–60 minutes	Online or in-person
Parent Survey	Questions about your experience supporting your child in the program	15–30 minutes	Online
Parent Interview or Focus Group	Sharing thoughts about accessibility, acceptability, and program content	30–60 minutes	Online or in-person

You and your child can decide which activities you would like to do. Support options (e.g., communication aids, rest breaks, sensory accommodations etc) will be available.

DO WE HAVE TO TAKE PART IN THIS RESEARCH PROJECT?

No—taking part is completely voluntary. Saying no won't affect your access to services. If you and your child say yes, you can stop at any time. You don't have to give a reason.

If you withdraw, we won't collect any new information. With both your consent and your child's consent, we may still use what you have already shared.

WHAT ARE THE POSSIBLE BENEFITS OF TAKING PART?

You will help improve services for children and families like yours. The research may lead to more affirming, accessible programs—you may have fun or find it interesting, but there may be no direct benefit to you or your child.

WHAT ARE THE POSSIBLE RISKS OR DISADVANTAGES OF TAKING PART?

This project involves low risk. Some questions or topics might be sensitive for your child or yourself. You can skip anything that feels uncomfortable. If you or your child become distressed, please tell the research team. We will help you find appropriate support.

If needed, we can support you or your child to pause or stop. Support is available through Lifeline (13 11 14), Beyond Blue (1300 22 4636), or local services.

We will ask everyone to keep shared stories private, but confidentiality in group settings cannot be guaranteed.

HOW WILL MY PRIVACY BE PROTECTED?

We will collect information directly from you and your child during interviews, surveys, or workshops. Your responses will be de-identified (your name and contact details removed) before analysis.

All data will be stored on securely protected servers managed by Social Science Translated, that undergo regular security audits. Only the research team will have access.

Data will be kept for 5 years after the project ends and then securely destroyed.

WHO WILL SEE THE RESULTS OF THE RESEARCH?

We may publish the findings in journals or presentations. You will not be named or identified. We may ask if we can use your de-identified data for future research on similar topics. You can say yes or no.

FINANCIAL DISCLOSURE

The project is run by Social Science Translated and funded by Ramsay Hospital Research Foundation through the Social Determinants of Health Innovation Grant 2024. The research team includes clinical psychologists, researchers, and people with lived experience all who have experience working with neurodivergent children.

CONSENT PROCESS

If you decide to take part in this project, you will be asked to sign a consent form. Signing the consent form means that you:

- Understand the information in this Participant Information Sheet
- Have had the chance to ask questions and received answers you are satisfied with
- Agree to take part in the research activities described
- You will be given a copy of both this Participant Information Sheet and your signed consent form to keep.

For some activities, such as completing an anonymous online survey, consent may be implied by submitting your responses rather than signing a form. If this applies, it will be clearly stated at the beginning of the activity.

Participation is voluntary. You can choose to withdraw at any time, without giving a reason, and this will not affect any services you receive now or in the future.

As a parent/legal guardian of a participating child, additional consent will be sought by you for the child's participation prior to seeking the child's direct consent or assent.

Child Consent and Assent

This study follows the *National Statement on Ethical Conduct in Human Research* (2023) and all relevant state and territory legislation regarding child participation in research. Consent for children is obtained by their parent/legal guardian. Additional child consent/assent is based on an assessment of their capacity to understand the project and its implications, not on their age or diagnosis.



Children who can provide informed consent themselves will be invited to do so, in addition to their parent/caregiver providing consent.

Children who are not able to provide consent will be asked to give their assent after their parent/guardian has provided consent. Assent means the child agrees to take part after the project has been explained in age-appropriate language.

A child's decision not to participate will always be respected, even if their parent/guardian has provided consent.

WHERE CAN I GET MORE INFORMATION ABOUT THE PROJECT?

If you would like to know more about the project, or if you have any concerns which may be related to your involvement in the project, you can contact Social Science Translated:

Email: support@sst-institute.net

Phone: +61 3720 8740

Project Team

- Co-chief Investigators: Kathleen Davey and David Salles
- Co-ordinating Principal Investigator: Emma Benn
- Investigators: Jasmine Gough and Melissa Legree

ETHICS APPROVAL

This project has been reviewed and approved by the Ramsay Health Care Human Research Ethics Committee A as meeting the requirements of the *National Statement on Ethical Conduct in Human Research*, 2023. The ethics approval number is 2025/ETH/0067.

If you are concerned about the way this project is being conducted or you wish to make a complaint to someone independent from the project, please contact the HREC Executive Officer on HREC.RHC@ramsayhealth.com.au or (02) 9433 3854.

CONSENT FORM

Title of Project: Connected Minds: Co-Designing Accessible Digital Mental Health Services for Neurodivergent Children in Regional Communities

Coordinating Principal Investigator: Emma Benn

HREC Approval Number: 2025/ETH/0067

Declaration by Participant

By signing this consent form, I acknowledge that:

- I have read the Participant Information Sheet or someone has read it to me in a language that I understand.
- I understand the purposes, procedures and risks of the research described in the project.
- I have had an opportunity to ask questions and I am satisfied with the answers I have received.
- I freely agree to participate in this research project as described and understand that I am free to withdraw at any time during the project without affecting my future health care.
- I understand that this project has been approved by the Ramsay Health Care 2025/ETH/0067 Human Research Ethics Committee. I understand that the project is required to be carried out in line with the National Statement on Ethical Conduct in Human Research, 2023 (and updated from time-to-time).
- I understand that I will be given a signed copy of this document to keep.
- I agree to the use of audio or video recording during interviews, workshops or other activities for transcription purposes.
- I consent for my de-identified data to be stored and used for future ethically approved research projects related to child identity and self-advocacy or digital inclusion.

Parent/Caregiver Participant

Signature: _____ Date: _____

Name (please print): _____

Person conducting the informed consent discussion

I have given a verbal explanation of the research project, its procedures and risks and I believe that the participant has understood that explanation. I answered all of the participant's questions.



Signature: _____ Date: _____

Name (please print): _____

Each person must sign and personally date this consent form. If unable to provide signed written consent, verbal consent may be documented on this form via a witness.