Submission to Department for Health and Wellbeing
Draft Suicide Prevention Action Plan 2026-2029

Child and Family Focus SA

November 2025

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Commissioned by CAFFSA 2024

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Acknowledgement

We acknowledge the traditional lands of the Kaurna people and acknowledge the Kaurna people as the custodians of the Adelaide region and the Greater Adelaide Plains. We pay our respects to Kaurna Elders past and present.

We acknowledge the traditional custodians of land beyond Adelaide and the Adelaide Plains, and pay our respects to all Aboriginal Elders past, present and emerging.

We acknowledge and pay our respects to the cultural authority of our Aboriginal and Torres Strait Islander colleagues and are grateful for the cultural expertise that they represent.

The role of Child and Family Focus SA

CAFFSA is the South Australian peak body for child safety and wellbeing and child protection, representing the needs of South Australian children, young people, families, and the non-government, not-for-profit organizations who support them.

Contributors

This report was created in partnership with members of CAFFSA's Policy and Advocacy Committee, Intensive Family Support, Family Based Care, Residential Care and Practice Networks. Members of these groups comprise over 40 agencies across South Australia who provide services to children, young people and families involved in or at risk of involvement with the child protection system.

Purpose

Child and Family Focus SA provides this submission in response to the public consultation on the Department for Health and Wellbeing Draft Suicide Prevention Action Plan.

Background

CAFFSA's member organisations provide crucial services and responses to vulnerable children, young people, families and communities across South Australia. Most members provide this support through a mix of state, national and philanthropic funding programs, often with augmentation through their own fund-raising efforts.

CAFFSA's membership encompasses the broad range of Aboriginal Community Controlled Organisations (ACCOs) and Non-Government Organisations (NGOs) that work in the child and family sector in South Australia. Members share CAFFSA's commitment to the vision of:

A future where every child thrives, deeply connected to their family, community and culture, and empowered to reach their full potential. They are supported by a resilient and sustainable sector with resources and innovation to drive meaningful change.

CAFFSA has consulted with our membership to provide feedback to the Department's Draft Suicide Action Plan that is derived from a wide range of sector knowledge, experience and expertise. CAFFSA's membership can provide valuable feedback and opportunities for alignment of the Action Plan with current sector initiatives and frameworks, to increase service collaboration and success. We value the invitation to participate.

Key recommendations:

Overarching Recommendation: As an overarching mental health and suicide prevention action, The Department for Health and Wellbeing should prioritise the prevention of, and response to, child maltreatment, given the clear overlap between child maltreatment, mental health issues and suicide.

Recommendation 2: Explicitly partner with communities, Aboriginal Community Controlled Organisations andNon-Government Organisations to increase access to preventative, early response supports and reduce presentations to crisis and emergency department services.

Recommendation 3: Strengthen the focus for children and young people in out-of-home care by providing measures to ensure they receive priority access and resources in relation to mental health and suicide prevention given the greater prevalence of child maltreatment and related risk of mental health issues and suicide in this group. Particular attention should be given to Aboriginal and Torres Strait Islander children, due to their overrepresentation in out-of-home care and significantly higher prevalence of poor mental health and suicide.

Recommendation 4: Ensure the Department for Education, and education providers, are core partners in mental health support and suicide prevention.

Recommendation 5: Strengthen current workforce and community knowledge by increasing trauma-informed training and support.

Recommendation 6: Improve data and information sharing across government, Aboriginal Community Controlled Organisations and Non-Government Organisations to ensure a true picture of service availability and gaps is known, necessary resourcing is provided, and a shared response to mental health and suicide service delivery can be achieved.

Recommendation 7: Continue to strengthen and prioritise people with a lived experience across all stages of the Action Plan including, but not limited to, its design, governance, evaluation and associated workforce. This should include a strong focus on amplifying the voices of young people, particularly those with a current or previous out-of-home care experience.

Ensuring the Action Plan addresses the most preventable causes of harm

Child and Family Fous SA (CAFFSA) commends The Department for Health and Wellbeing (DHW) for the development of the Draft Suicide Prevention Action Plan 2026-2029 and appreciates the opportunity to provide a response to this important initiative. The DHW is exceptionally well placed to ensure that shared priorities to advance coordinated and aligned systems and pathways can provide improved access and transitions of care for people at risk of suicide.

CAFFSA's feedback on the Action Plan seeks to strengthen its impact by ensuring it responds to the most significant, evidence-based drivers of suicide in South Australia. The recommendations highlight the profound links between childhood maltreatment, early adversity, and suicide risk, and outline practical opportunities for the DHW to improve prevention and early intervention approaches within culturally grounded support and service coordination. Embedding these recommendations will help create a more effective, equitable and cohesive system that better meets the needs of children, young people, families and priority populations.

Overarching Recommendation: As an overarching suicide prevention action, the Department for Health and Wellbeing should prioritise the prevention of, and response to, child maltreatment, given the clear overlap between child maltreatment, mental health issues and suicide.

The links between harm, neglect and family violence and suicide were clearly delineated by a 2023 study[1] of the groundbreaking Australian Childhood Maltreatment Study (ACMS) with the data revealing that:

- **62.2%** of Australians have experienced at least one form of childhood maltreatment such as physical, sexual or emotional abuse, neglect, or exposure to domestic violence, making it a widespread public health issue, not just a child protection concern.
- Maltreatment is the **leading risk factor for suicide** in Australia, contributing to 41% of suicide attempts.
- Individuals exposed to childhood maltreatment are **4.6 times more likely to have attempted suicide** in the past year.
- Of those who experienced maltreatment, **48% developed a mental disorder** compared to 21% without such exposure.

[1] www.acms.au

- Further analysis of the ACMS data by Grummit et al in 2024[2] attributed 21–41% of mental health conditions in Australia to child maltreatment, with the greatest impact on suicide and self-harm, causing an estimated 184,000 years of healthy life lost.

In comparison, smoking causes 26% of cancers, and high blood pressure contributes to 46% of heart-related deaths, highlighting the urgent need to prioritise child maltreatment prevention in public health efforts.[3]

International research reports similar findings.[4] Children who experience physical, sexual, and emotional abuse or neglect are at least two to three times more likely to attempt suicide in later life, according to the largest research review carried out of the topic.

The analysis of 68 studies by psychologists at the University of Manchester and University of South Wales revealed that suicide attempts were:

- Three times more likely for people who experienced sexual abuse as a child
- Two and a half times more likely for people who experienced physical abuse as a child
- Two and a half times more likely for people who experienced emotional abuse or neglect as a child.

The financial cost of child maltreatment to the health care system

The cost of child maltreatment is significantly under researched, however conservative data from the ACMS show almost double the annual healthcare costs for individuals with any experience of child maltreatment, than those without ($1459 vs $759), with mental health related hospital admissions contributing significantly. On a national level costs related to child maltreatment and health service use have previously been estimated to be $21.6 billion annually, with a further $21.1 billion in associated productivity loss.[5]

The ACMS economic analyses also show that child maltreatment drives a large share of mental-health service use, hospitalisations and alcohol and other drug treatment costs.[6]

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[2] Grummitt, L, Baldwin JR, Lafoa'i J, Keyes KM, Barrett EL, 2024, 'Burden of mental disorders and suicide attributable to childhood maltreatment', JAMA Psychiatry, vol. 81, no. 8, pp. 782-788. https://lifeinmind.org.au/suicide-prevention/factors-that-contribute-to-suicidal-distress/adverse-childhood-experiences-and-suicidal-distress

[3] Life in Mind Australia (2025). *Adverse childhood experiences and suicidal distress*. https://lifeinmind.org.au/suicide-prevention/factors-that-contribute-to-suicidal-distress/adverse-childhood-experiences-and-suicidal-distress.

[4] Angelakis, I., Gillespie, E. L., & Panagioti, M. (2019). Childhood maltreatment and adult suicidality: A comprehensive systematic review with meta-analysis. *Psychological Medicine*, *49*(7), 1057–1078. https://doi.org/10.1017/S0033291718003823

[5] Quy Le *et al* (2025) Impact of child maltreatment on the costs of health service use and productivity loss: Findings from the Australian child maltreatment study. *Child Abuse & Neglect 171 (2026)*

[6] www.acms.au

Taken together, this evidence makes clear that identifying, preventing and responding early to child maltreatment is one of the most effective ways to reduce suicide risk and should be a central focus of the Action Plan 2026-2029, and reflected across all of its five priorities.

CAFFSA is aware that there is extraordinary unmet need for services that respond to these issues in South Australia and recommends that one of the most effective suicide prevention strategies this state could embark upon is adequate funding for child abuse prevention and family support services across this state. This includes the support services that exist outside of SA Health, through ACCOs, NGOs, other community-led organisations and groups, and education providers, including those operated under the Department for Education in addition to independent schools and childcare services.

Suicide by South Australian children and young people is a growing concern

1. Overall Suicide Rates – Children and Young People (Aged 5–17)

The data[7] shows a concerning upward trend in the suicide rate among children and young people in South Australia over the past decade:

- 2012–2016: The suicide rate was 1.9 per 100,000 population.
- 2017–2021: This increased to 2.1 per 100,000 – a moderate rise, indicating a worsening trend.
- 2018–2022: The rate further rose to 2.4 per 100,000, confirming that suicide among children and young people continues to increase in South Australia

The ten-year increase from 1.9 to 2.4 per 100,000 indicates a 26% increase in the state's child and youth suicide rate. Notably, South Australia's rate has caught up to the national average of 2.4 per 100,000 for the 2018–2022 period (which stayed constant from 2014–2018). This suggests that local support systems or youth mental health may have deteriorated, as the national rate has stagnated.

2. National and State-Level Perspectives on the Suicide Rates of Aboriginal Children and Young People (Aged 5–17 years)

In 2018–2022, the national suicide rate for Aboriginal children was 7.3 per 100,000, which is far higher than the rate for the non-Aboriginal population of the same age. Despite falling from the 10.1 per 100,000 reported for 2013–2017, Aboriginal children have a suicide death rate that is more than three times higher than the national average for all children.

[7] Child Development Council. (2024). How are they faring? South Australia's 2023 Report Card for children and young people. Government of South Australia. https://childrensa.sa.gov.au/wp content/uploads/2024/02/How-are-they-faring-SAs-2023-Report-Card-FINAL-2024-01-25.pdf

Given this, CAFFSA strongly supports the inclusion of children and young people, and Aboriginal children and young people as priority populations in the Action Plan as outlined in Appendix D of the Action Plan. Furthermore, CAFFSA commends the Action Plan's recognition of children and young people in out-of-home care, those exiting care, adults with a past experience of care, and children and young people in youth justice as priority populations. Given the findings outlined earlier in the submission regarding greater risk for those who have experienced early life adversity, an additional targeted focus on this sub-group amongst young people and young Aboriginal people would also be warranted.

The Action Plan's recognition that tailored approaches for priority populations are required is also commended, with mention that strength, expertise and the lived experience within communities and community organisations will be required.

CAFFSA's members recommend the Action Plan includes the following elements across all Priorities:

- Investments in early, community embedded, non-clinical supports to reduce reliance on emergency departments and police-driven crisis pathways.
- Strong collaboration between SA Health services with services outside of SA Health that are key stakeholders in supporting at-risk populations and priority groups, to address risks and build protective factors across the lifespan to reduce and prevent distress well before mental health challenges become chronic and/or suicide crises occur.
- Measures to implement cohesive, connected and cross-sector approaches from broad public awareness and community skill building to practical and compassionate supports for individuals, to the sharing of knowledge, expertise and data.
- CAFFSA recommends community expertise referenced in the requirements for tailored approaches to priority populations in Appendix D of the Action Plan extends to specify a commitment to ongoing consultation with cultural and community leaders.

Recommendation 2: Explicitly partner with communities, ACCOs and NGOs to increase access to preventative, early response supports and reduce presentations to crisis and emergency department services.

Suicide prevention involves taking action to build wellbeing, address adversities and strengthen the protective factors already protecting individuals and communities. It is understanding and addressing the social and interpersonal context of people's lives that may lead to distress (for example: childhood adversities, family violence, community

turmoil, social disconnection and financial hardship) and building community awareness and capacity to respond.

While the draft plan acknowledges that suicide prevention cannot be the responsibility of a single agency, its actions remain framed largely within the health system; stronger cross-portfolio responsibility would better reflect the multisectoral nature of suicide risk and prevention. The draft Action Plan also does not address the wider social and structural determinants of suicide risk - such as housing instability, economic insecurity, youth unemployment, family violence, social isolation and community disconnection - which evidence shows are critical drivers alongside childhood adversity.

During CAFFSA's consultations, member organisations clearly identified the need to eradicate service siloing to allow for cohesive partnerships, increased awareness of available services, engagement and partnering with ACCOs, NGOs, educational services, local community groups, leaders and services who hold trusted relationships with vulnerable children, families, individuals and communities.

CAFFSA commends DHW's recognition of the need to form strong partnerships to prevent and respond to suicide, through the inclusion of **Priority 1 in the Action Plan** and the need to "Enable multisectoral and whole of community approaches to suicide prevention". CAFFSA endorses refences made to individual elements of Priority 1, notably the development of a lived experience workforce, improved workforce training, partnership with Preventative Health SA and the need for data sharing measures.

CAFFSA recommends the Action Plan strengthen the following elements by:

- **Action 1.1:** Ensuring a lived experience workforce has access to long-term, specialised support, mentoring and supervision to prevent re-traumatisation or traumatic stress associated with such roles, and allow the workforce to be successfully sustained.
- **Action 1.2:** Extend Suicide Prevention Initiatives outside of SA Health services including, but not limited to, the sharing of training, education, research, data and resources. Sharing such elements with the ACCOs, NGOs and other community and educational services outside of SA Health's clinical services, will allow the Action Plan to truly achieve its Priority 1 goal of "enabling multisectoral and whole of community approaches" with the understanding that these services are key stakeholders in suicide prevention due to the long standing relationships they hold with priority groups at risk of suicide. Such information sharing and collaboration can therefore contribute to reducing the presentation of people to SA Health services including emergency departments.
- **Action 1.3:** In reference to the above, the proposed partnership with Preventative Health SA to link community wide initiatives with DHW's clinical prevention work should include the ACCO, ACCHO, NGO and education sectors and other relevant community groups in their collaborations.

- **Actions 1.4 and 1.5:** CAFFSA recommends the Action Plan include measures for sharing data between SA Health services and ACCO, ACCHO, NGO, education and community services, particularly given the high number of people in the identified priority groups these organisations support.
- **Action 4.5:** Consider including independent members on the Suicide Prevention Committee from organisations outside of SA Health services, in recognition of these services as key stakeholders in supporting priority populations referenced in the Action Plan. Consideration should also be given for the inclusion of the voices and wisdom of young people, lived experience and Aboriginal members on the Committee.
- Action 4.6: That DHW work with other government agencies—including Housing, Education, Child Protection, Human Services, Justice and Treasury—to develop shared prevention actions that address the structural determinants of suicide risk, ensuring the Action Plan aligns with broader state priorities and reduces reliance on crisis-driven responses.

Recommendation 3: Strengthen the focus for children and young people in out-of-home care in the Action Plan to address the prevalence of child maltreatment and related risk of mental health issues and suicide for this group. Particular attention should be given to Aboriginal and Torres Strait Islander children, due to their overrepresentation in out-of-home care and significantly higher prevalence of poor mental health and suicide.

As previously outlined, CAFFSA commends the inclusion of children and young people in out-of-home care, with particular attention to Aboriginal children and young people in care, as priority populations in the plan. Recognition must be drawn to the high rates of Adverse Childhood Experiences and child maltreatment of this population group, including but not limited to, the impact of domestic, family and sexual violence and that the effects of this must be addressed.

By way of example, service priority has been stipulated in National frameworks, such as the Medicare Mental Health Kids Hubs National Service Model, which identifies children involved with child protection and out-of-home care as priority groups and recommends trauma-informed, culturally safe and relational approaches, including support delivered through ACCOs.[8]

Reference to the following research further evidences the targeted focus that the Action Plan must provide in order to prevent suicide and promote effective healing and recovery.

[8]Australian Government Department of Health and Aged Care. (2025). *Medicare Mental Health Kids Hubs: National Service Model*. Canberra, ACT: Australian Government.

International research regarding children and young people in care

A study in the United States[9] found that maltreatment is a major contributing factor to outcomes associated to suicide among children in care. The results of the systematic review[10] and meta-analysis confirmed that suicide attempts are more than three times as likely in children and young people placed in care compared to non-care populations. According to research, children who have been sexually or physically abused are more likely to consider suicide than children who have been the victims of other types of abuse. Furthermore, a child's likelihood of having suicidal thoughts rises much more when they experience various forms of maltreatment. Sexual abuse is the type of maltreatment that is most strongly linked to an increased risk of suicide attempts. This implies that the degree and type of abuse have a significant impact on how well children in care fare mentally.

The chronicity of maltreatment, or the length of time and persistence of a child's abuse, is a significant component in addition to the type of abuse. Children frequently enter the child welfare system because of chronic abuse, which has also been connected to heightened susceptibility to mental health issues including suicidal thoughts and actions. Children who experience prolonged physical or psychological abuse are particularly vulnerable, underscoring the long-term effects of recurrent trauma.

Australian research regarding children and young people in care

An Australian study involving 326 young people in home-based out-of-home care found that 6.7% of those aged 13-17 made a suicide attempt that required medical treatment in the previous twelve months.[11] This study found that suicide attempts by those in foster care were also of a more 'serious nature' than those made in the broader population.

Aboriginal and Torres Strait Islander children in care

The Family Matters Report 2024[12] identified that despite representing only 6% of the total child population in Australia, Aboriginal and Torres Strait Islander children represented 41% of all children in out-of-home care in the country. [9]

The evidence is clear:

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[9] Evans, R., White, J., Turley, R., Slater, T., Morgan, H., Strange, H., & Scourfield, J. (2017). Comparison of suicidal ideation, suicide attempt and suicide in children and young people in care and non-care populations: Systematic review and meta-analysis of prevalence. Children and Youth Services Review, 82, 122–129. https://doi.org/10.1016/j.childyouth.2017.09.020

[10] (Evans et al., 2017).

[11] Sawyer, M., Carbone, J., Searle, A., & Robinson, P. (2007). The mental health and wellbeing of children and adolescents in home-based foster care. Medical Journal of Australia, 186(4), 187-190.

[12] SNAICC (2024), Family Matters Report 2024: Strong communities. Strong culture. Stronger children. 250207-Family-Matters-Report-2024.pdf

- Mental health challenges and suicide attempt rates are significantly higher for people with an out-of-home care experience.
- Aboriginal children are intolerably overrepresented in out-of-home care.
- Aboriginal children and young people experience a suicide death rate that is more than three times that of non-Aboriginal children.

CAFFSA strongly recommends the Action Plan provide measures to ensure priority access and resources for the priority populations identified in Appendix D of the Action Plan.

As such the following recommendations should be broadly incorporated across the Action Plan:

- Stipulate that children in out-of-home care, and adults with a past out-of-home care experience, be given priority access across the entire spectrum of SA Health's mental health and suicide services, from preventative and early interventions to long-term healing and recovery supports, in addition to crisis and emergency services.
- Specifically identify Aboriginal and Torres Strait Islander children, particularly those with an out-of-home care experience, as a priority population of their own.
- Include plans to develop specialised resources to be made available for priority groups, outlining their individual needs and range of services available to them including SA Health services, and services *outside* of SA Health. This should include resources for Aboriginal and Torres Strait Islander peoples, including those with a care experience, and include services provided by ACCOs and ACCHOs, together with the provision of additionally culturally safe choices for individuals not wishing to access services from an ACCO/ACCHO.

Additional recommendations include:

- **Action 2.2:** Ensure Aboriginal ways of knowing, being, connecting and doing with regards to suicide prevention, recovery and healing are truly heard and implemented in ongoing consultation processes.
- **Action 2.3:** Recognise that there is a wealth of Aboriginal knowledge, expertise and leadership within the NGO sector as well as that available in the ACCO and ACCHO sectors, and these voices should be considered and included in ongoing consultation processes.
- **Action 2.4:** Enable measures for Aboriginal specific suicide prevention training to be shared outside of SA Health services in order to truly achieve the multisectoral collaboration and partnerships required to prevent suicides in South Australia.

Recommendation 4: Ensure the Department for Education, and education providers, are core partners in suicide prevention.

Research shows that children's suicide risk is closely linked to what is happening at home. Parental mental health challenges, alcohol and other drug use, family violence, poverty, housing instability and unsupported single parenting are some of the strongest predictors of children's mental ill-health and suicidality.[13] These issues shape children's wellbeing long before they access mental health services.

The Centre for Excellence in Child and Family Welfare's Youth Mental Health Consultation,[14] along with infant mental health evidence[15] both show that children's safety and wellbeing depend heavily on the stability and emotional health of their caregivers, especially in early childhood. Schools, preschools and early learning services are often the first places to notice when a child is struggling and are well positioned to engage with families early.

When education settings are supported with wellbeing staff, family engagement workers, and trauma-aware and culturally responsive practices, they can play a vital role in intervening early and preventing more significant challenges or crises. Education providers can become referral pathways to both clinical and non-clinical services provided by health and non-government services, but they must be equipped with the adequate training, service information and resourcing to do so, to ensure families access help earlier and in ways that feel safe and culturally connected.CAFFSA recommends aligning this approach with South Australia's Flying Start and Preschool+ reforms which would strengthen early support systems and improve coordination between education, health and family services. The evidence clearly supports treating education not just as a place where children learn, but as a core partner in whole-family, community-connected suicide prevention.

CAFFSA recommends the Action Plan includes measures and resourcing, across all Priority areas of the Action Plan to:

- Equip schools, preschools and early childhood providers with wellbeing staff, family engagement roles, and trauma-aware, culturally responsive practices, recognising that children's mental health and suicide risk are closely tied to their family circumstances.
- Align suicide-prevention efforts with Flying Start, preschool and early childhood reforms to identify and respond earlier to family vulnerabilities such as parental

[13] www.acms.au and Higgins, D. (2023). Understanding pathways from childhood adversity to youth mental health: Implications for prevention. *Australian Institute of Family Studies Webinar Series.* Melbourne, VIC: AIFS.

[14] Centre for Excellence in Child and Family Welfare. (2025). *Youth Mental Health Consultation Report.* Melbourne, VIC: CFECFW.

[15] Centre for Excellence in Child and Family Welfare. (2024). *Seeing the world through a baby's eyes: Why infant mental health matters.* Melbourne, VIC: CFECFW.

mental health challenges, alcohol and other drug use, family violence, poverty, housing instability and unsupported single parenting and social isolation.

- Strengthen education settings as key connectors to community, ACCO and NGO organisations and culturally led supports, ensuring families receive help early and helping reduce prevalence of chronic mental health challenges and crises.

Recommendation 5: Strengthen service access and outcomes through sector collaboration, shared practices, coordinated pathways and increased workforce and community training.

National and state-based evidence shows that activities targeting trauma prevention and response are most effective when systems share common principles, aligned policies, coordinated pathways and a supported workforce. The Kids Hubs National Service Model[16] demonstrates that children and families benefit most when health, education, child protection, family services, alcohol and other drug services and community organisations use shared principles, culturally safe approaches and multidisciplinary teamwork. The National Children's Mental Health and Wellbeing Strategy[17] reinforces this by calling for integrated, trauma-informed and family-centred support across early childhood services, schools, community organisations and health systems.

South Australia has already taken important steps toward this through the Trauma Responsive System Framework, developed by the Child and Family Support Directorate within the Department of Human Services. The Framework provides a clear, evidence-informed foundation for a system-wide trauma-responsive approach, including principles of safety, trust, collaboration, empowerment, cultural responsiveness, peer and community support, and reflective learning. It also includes practical tools—through the Emerging Minds Focus Tool and related resources—that help organisations build capability, improve practice and embed trauma responsiveness across service settings.[18]

Research from Centre for Excellence in Child and Family Welfare's infant mental health work[19] shows that babies and young children rely on stable, nurturing relationships, and that early trauma or adversity has a major impact on later mental health and suicide risk.

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[16] Australian Government Department of Health and Aged Care. (2025). *Medicare Mental Health Kids Hubs: National Service Model*. Canberra, ACT: Australian Government.

[17] National Mental Health Commission. National Children's Mental Health and Wellbeing Strategy. 2021, National Mental Health Commission.

[18] Department of Human Services (2025).https://dhs.sa.gov.au/how-we-help/child-and-family-support-system-cfss/about-cfss/early-intervention-research-directorate/trauma-responsive-system-framework

[19] Centre for Excellence in Child and Family Welfare. (2024). *Seeing the world through a baby's eyes: Why infant mental health matters*. Melbourne, VIC: CFECFW.

When services are fragmented or operate in isolation, families face gaps, duplication, and repeated storytelling, which can further compound distress.

Suicide Prevention Australia (SPA)'s Adverse Childhood Experiences Background Paper[20] identifies childhood adversity as one of the strongest and most preventable drivers of suicide risk. SPA emphasises that effective suicide prevention requires coordinated, cross-portfolio action and system level responses, where health, education, child protection, alcohol and other drugs, justice and community services work together through shared trauma-responsive and culturally grounded frameworks. This national guidance strongly reinforces the need for South Australia's child and family-serving systems to embed not only trauma informed practice, but whole of system consistent trauma-responsiveness, relational approaches, and culturally grounded ways of working that create safety and consistency across all points of support.

Another review[21] finds that child mental health policies across Australia are often poorly aligned with each other and inconsistently implemented, contributing to system fragmentation and limiting the effectiveness of early intervention and positive outcomes. The ACMS cited earlier also identified that cumulative harm and early trauma correlates to a higher risk of mental illness and suicidality and requires a system-wide approach to prevention and coordinated care.

CAFFSA recommends the Action Plan includes measures and resourcing, across all Priority areas of the Action Plan to incorporate:

- Shared training across ACCOs, ACCHOs, NGOs, education providers and other community groups to establish aligned values, goals and knowledge bases while enabling consistency in service responses.
- Guidance for implementing a whole-of-system trauma-responsive framework (such as the DHS *Trauma Responsive System Framework* cited earlier) to ensure children, families and individuals experience predictable, coordinated, culturally grounded care.
- Investment in training and support for workforce and community groups relating to trauma-informed care, mental health first aid and recognising, preventing and responding to suicide. Training should be consistent in its content and practice guidance, to ensure consistent responses across services.

[20] Suicide Prevention Australia. (2025). *Understanding adverse childhood experiences (ACEs) and suicide risk: Background paper.* Sydney, NSW: Suicide Prevention Australia

[21] Stonnill, J., Smith, R., & Marshall, K. (2025). Are Australian child mental health policies fit for purpose? A national policy scoping review. *Health Promotion Journal of Australia, 36*(1), 45–57

Additional recommendations include:

- **Action 2.4:** Enable measures for Aboriginal-specific suicide prevention training to be shared with ACCOs, ACCHOs, NGOs, education providers and other community groups. Content adjustments may be required to allow for the appropriate delivery to a variety of audiences.
- **Action 3.1:** Consider sharing the proposed online training tool outside of SA Health services. Partnering and consulting with these services on how they already train their staff will be beneficial in the development of the tool as many great tools already exist. Collaboration in developmental stages will also contribute to service alignment and consistency.
- **Action 3.4:** As above, consider sharing Safety Plans with ACCOs, ACCHOs, NGOs, education providers and other community groups to allow for consistency in service delivery outcomes. CAFFSA commends the input of lived experience consultation in this process.
- **Action 3.5:** Enable measures for stigma reduction and suicide prevention strategies, activities and events to be provided through ACCOs, ACCHOs, NGOs, education providers and other community groups. Content adjustments may be required to allow for the appropriate delivery to a variety of audiences.
- **Action 4.5:** Consider including independent members on the Suicide Prevention Committee from organisations outside of SA Health services, in recognition of these services as key stakeholders in supporting priority populations referenced in the Action Plan. Consideration should also be given for the inclusion of the voices and wisdom of young people, lived experience and Aboriginal members on the Committee.

Recommendation 6: Improve data and information sharing across government, ACCOs and NGOs and strengthen system accountability to ensure a clear picture of service availability and gaps is known, necessary resourcing is provided, and a shared response to mental health and suicide service delivery can be achieved.

In South Australia, repeated coronial findings have shown that failures in data collection and information sharing have contributed to preventable harm for vulnerable children and young people. Across several inquests, the South Australian Coroner's Court identified that critical risk information such as self-harm behaviours, mental health concerns, maltreatment history, and service involvement was not shared between

government departments and services, non-government and community organisations, leading to negative outcomes and missed opportunities for early intervention.[22]

Additionally, evidence from The ACMS shows that while childhood maltreatment is a major contributor to later mental ill-health and suicide attempts, administrative systems do not routinely track Adverse Childhood Experiences, maltreatment patterns or cross-agency service pathways in ways that guide prevention.[23]

The Centre for Excellence in Child and Family Wellbeing's Youth Mental Health Consultation[24] similarly describes how young people, particularly those in out-of-home care, often "disappear" between services due to siloed and incomplete data systems.

When critical information is missing or not shared, children experience delayed, inadequate or non-existent support, repeated traumatisation and missed opportunities for early intervention, increasing the risk of avoidable long-term mental health challenges and crises.

CAFFSA recommends the Action Plan include measures to allow for the following (relating to Actions 1.4, 1.5, 5.1, 5.2, 5.3):

- The involvement of ACCOs, ACCHOs, NGOs education and community services on Communities of Practice groups (relevant to each individual CoP).
- The collection, reporting and monitoring of Adverse Childhood Experiences and maltreatment to enable collaborated responses and priority access to services for those at related risk of suicide.
- The collection and reporting of mental health challenges including the existence of self-harm and suicidality and among South Australian children, families and individuals, especially those with an out-of-home care and/or youth justice experience.
- Formal, cross-agency data-sharing agreements between government departments, primary and local health networks, as well as the non-government and community organisations and groups that support vulnerable children, families and individuals. Expanding information sharing capabilities outside of

[22] Coroner's Court of South Australia. (2018). *Findings of the inquest into the death of Chloe Lee Valentine* (Deputy State Coroner Anthony Schapel). Adelaide, SA: Government of South Australia / Coroner's Court of South Australia. (2020). *Findings of the inquest into the death of Child AO.* Adelaide, SA: Government of South Australia / Coroner's Court of South Australia. (2022). *Findings of the inquest into the death of Child BF.* Adelaide, SA: Government of South Australia.

[23] Mathews, B., Pacella, R., Dunne, M. P., Simunovic, M., & Marston, C. (2023). *The Australian Child Maltreatment Study: Final report.* Canberra, ACT: Australian Government, National Mental Health Commission

[24] Centre for Excellence in Child and Family Welfare (2025). *Youth Mental Health Consultation Report*. https://cfecfw.org.au/app/uploads/2025/09/2505-Youth-Mental-Health-consultation-CFECFW.pdf

government and health settings will allow for more holistic and effective early interventions of mental health challenges and risks of suicide to occur, increasing prevention and lowering incidences. Where these mechanisms currently exist, they should be more clearly communicated and more commonly utilised.

Recommendation 7: Continue to strengthen and prioritise people with a lived experience across all stages of the Action Plan including, but not limited to, its design, governance, evaluation and associated workforce. This should include a strong focus on amplifying the voices of young people, particularly those with a current or previous out-of-home care experience.

Evidence from national frameworks and sector consultations demonstrates that mental health and suicide-prevention systems work better when people with lived experience are meaningfully involved,[25] with services becoming more relevant, safe and accessible when young people, including those with care experience, help shape how services are designed, delivered and reviewed.

The Kids Hubs National Service Model[26] also calls for co-design with children, young people, families and communities and recommends involving lived-experience representatives in governance, evaluation and decision-making.

National bodies like Suicide Prevention Australia highlight that peer and lived experience roles can reduce stigma, build trust and improve engagement, but only when these roles are properly supported, supervised and culturally safe. For young people who have lived in out-of-home care, their experiences offer crucial insights into how systems such as child protection, youth justice, education and mental health can better prevent distress and negative outcomes by instead providing early proactive responses.

The evidence clearly supports embedding lived experience, especially from care-experienced young people at every stage of planning, design, governance, workforce development and evaluation, while avoiding tokenistic approaches that do not provide proper structural support or safety for peer workers.

During CAFFSA's consultations, those with lived experience strongly felt the need to ensure young people with a care experience were included in the development of responses and resources, along with the exploration of peer-to-peer counselling or support services. This included feedback from one young person with a lived experience

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[25] Centre for Excellence in Child and Family Welfare (2025). *Youth Mental Health Consultation Report*. https://cfecfw.org.au/app/uploads/2025/09/2505-Youth-Mental-Health-consultation-CFECFW.pdf

[26] Australian Government Department of Health and Aged Care. (2025). *Medicare Mental Health Kids Hubs: National Service Model*. Canberra, ACT: Australian Government.

of out-of-home care who felt strongly that mental health support should include peer-to-peer modalities in addition to those that are professionally based, given the level of understanding and compassion that can only be borne through lived experience.

CAFFSA recommends the Action Plan ensures:

- People with a lived experience of mental health and/or suicide are included in all stages of the Action Plan. Lived experience involvement should include a diverse range of ages, cultures and experiences.
- Young people from priority groups (particularly those with an out-of-home care experience, and Aboriginal children and young people) are included in all aspects of the Action Plan. This could be through avenues such as the establishment of a youth co-design panel or youth reference group.
- Peer workforce roles are appropriately supported and supervised with cultural safety being a paramount priority.

Thank you for the opportunity to comment on this important initiative. CAFFSA is confident that the inclusion of these recommendations will strengthen South Australia's commitment to a well-targeted, just and compassionate health and social service system for all. CAFFSA would be pleased to contribute further detail on any aspect of this submission. Should this be required, contact details are as follows:

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SUBMISSION ENDS