CAFFSA Submission on South Australian Suicide Prevention Plan 2027-2032.

Child and Family Focus SA

October 2026

'Reconciliation' by Kobe and Hamish Collins
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Contents

1. Purpose 4

2. Background 5

2.1 South Australia's suicide prevention framework 5

2.2 The role of the child and family sector in suicide prevention 5

2.3 Building on CAFFSA's previous advocacy and current reforms 6

2.4 Progress and remaining gaps in recent prevention planning 6

2.5 A shared approach to preventing harm and strengthening wellbeing 7

3. Summary of Recommendations 8

4. Response to Consultation Questions 10

4.1 Consultation Question 1. Proposed direction 10

4.1.1 Aboriginal leadership, cultural authority and social and emotional wellbeing 10

4.1.2 Recognising the strengths of Aboriginal and culturally grounded approaches to prevention 11

4.1.3 Addressing structural drivers of distress for Aboriginal people 12

4.1.4 Preventing childhood abuse, neglect and cumulative adversity 12

4.1.5 Understanding the drivers and intersecting impacts of adversity 12

4.2 Consultation Question 2. Important issues and challenges 13

4.2.1 Aboriginal families, access to support and the long-term impacts of suicide 13

4.2.2 Aboriginal children experiencing maltreatment, removal and disrupted relationships 14

4.2.3 Strengthening identity, belonging and relational connection 14

4.2.4 Children, young people and adults affected by childhood abuse and neglect 15

4.2.5 Domestic, family and sexual violence 16

4.2.6 Structural disadvantage, discrimination and emerging challenges 16

4.3 Consultation Question 3. Areas requiring strengthening or greater focus 18

4.3.1 Aboriginal-led responses, cultural knowledge and community authority 19

4.3.2 Aligning suicide prevention, preventive health and child maltreatment prevention 19

4.3.3 Alignment with the State Strategy for the Safety and Support of Children and Young People 20

4.3.4 Strengthening access and continuity across mental health services 21

4.3.5 Broader approaches to prevention and support 22

4.3.6 Workforce capability.....22
4.3.7 Lived and living experience leadership, roles and participation 23
4.4 Consultation Question 4. Practical, achievable and capable of making a difference .24
4.4.1 Aboriginal-led implementation and accountability.....24
4.4.2 Coordinated prevention investment and accountability 24
4.4.3 Building on evidence from early family support.....25
4.4.4 Measuring risk reduction and protective factors 26
4.4.5 Community-led and place-based approaches.....27
4.5 Consultation Question 5: Final feedback 28
5. Conclusion.....29

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 and present.

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

Child and Family Focus SA (CAFFSA) is the South Australian peak body representing the needs and interests of children, young people and families, particularly those connected with or at risk of entering the child protection system, and the range of Aboriginal Community Controlled Organisations (ACCOs) and Non-Government Organisations (NGOs) that support them.

Contributors

This submission was prepared with input from members of CAFFSA's Policy and Advocacy Committee, the Aboriginal Leadership Group, the Intensive Family Support, Family Based Care, Working with Culturally and Linguistically Diverse Clients and Communities, Lived Experience in the Workforce, Disability and Residential Care Networks. Members of these groups comprise over 45 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.

1. Purpose

Child and Family Focus SA (CAFFSA) welcomes the opportunity to provide a submission to the South Australian Suicide Prevention Council's consultation on the development of the South Australian Suicide Prevention Plan 2027–2032 (Plan).

This submission draws on consultation with CAFFSA members incorporating their frontline practice experience and insights into the needs of children, young people and families. It also builds on CAFFSA's established policy and advocacy positions, previous submissions, relevant research and analysis of current legislative and policy developments across suicide prevention, preventive health, child abuse and neglect, domestic, family and sexual violence, and child and family wellbeing.

CAFFSA broadly supports the proposed directions for the next Plan, and commends the stronger emphasis on prevention, equity, community and lived experience leadership and coordinated action and accountability.

Our submission seeks to strengthen these directions through greater recognition of Aboriginal-led prevention strategies and the need to incorporate cultural authority and social and emotional wellbeing concerns in the design and delivery of services and responses. The importance of highlighting the need for the prevention and response activities regarding childhood abuse, neglect and cumulative adversity as significant contributors to suicide-related distress is also incorporated in our response, as is

suggestions to strengthen alignment between suicide prevention, preventive health and child and family reforms, with a particular focus on translating strategic commitments into practical, adequately resourced and measurable action.

2. 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 a range of ACCOs and 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.

2.1 South Australia's suicide prevention framework

The *Suicide Prevention Act 2021* establishes South Australia's legislative framework for suicide prevention, including the South Australian Suicide Prevention Council and the development of State Suicide Prevention Plans.

The *South Australian Suicide Prevention Plan 2023–2026* established five priorities: Partner, Respect, Prevent, Respond and Review, recognising suicide prevention as a shared responsibility requiring coordinated action across government, services and communities. Of particular importance was the *Respect* priority, which recognised the importance of Aboriginal social and emotional wellbeing, self-determination, cultural identity and Aboriginal-led approaches to suicide prevention. The previous Plan also acknowledged childhood adversity, family violence, financial hardship and social disconnection as circumstances that may contribute to suicide-related distress. It recognised the importance of cross-sector prevention, community-based support and strengthening protective factors.

These commitments provide an important foundation for the 2027–2032 Plan, which offers an opportunity to review implementation, learn from the previous period and strengthen the state's approach to preventing distress before crisis occurs.

2.2 The role of the child and family sector in suicide prevention

CAFFSA's member organisations support children, young people and families experiencing, or at risk of experiencing, abuse, neglect, domestic and family violence, cumulative adversity and other forms of disadvantage. As a result, the sector helps strengthen protective factors such as safe and nurturing relationships, family stability, cultural identity, belonging and community connection. Services also provide opportunities to identify emerging concerns, respond to trauma, support families before adversity and distress escalate and refer to appropriate services when required.

Evidence demonstrates significant associations between childhood maltreatment, subsequent mental ill-health and suicide-related distress.[1] Just as suicide prevention extends beyond mental health services, preventing childhood abuse and neglect is not solely the responsibility of child protection systems. Both require coordinated public health approaches addressing the social, economic and structural conditions contributing to adversity, while strengthening individual, family and community protective factors.

For Aboriginal children, young people and families, this requires recognition of the continuing impacts of colonisation, systemic racism, intergenerational trauma and disproportionate child protection involvement. Equally important is recognition of the Aboriginal community's strengths, knowledge and established approaches to social and emotional wellbeing, including kinship, cultural identity, connection to Country, community relationships and commitment to self-determination.

2.3 Building on CAFFSA's previous advocacy and current reforms

CAFFSA has consistently advocated for stronger recognition of the links between childhood adversity, family wellbeing, mental health and suicide prevention through submissions to previous consultations, including:

- The Department of Human Services Draft Suicide Prevention Action Plan 2025–2028 (April 2025).
- The Department for Health and Wellbeing Draft Suicide Prevention Action Plan 2026–2029 (November 2025).
- The Adelaide Primary Health Network and SA Health Joint Mental Health and Suicide Prevention Plan 2026–2031 (December 2025).
- The Federal Inquiry into the Relationship Between Domestic, Family and Sexual Violence and Suicide (April 2026).
- Preventive Health SA's Draft Strategic Plan for Preventive Health Action 2026–2034 (June 2026).[2]

Across these submissions, CAFFSA has emphasised the importance of Aboriginal-led and culturally grounded responses, preventing childhood maltreatment and cumulative adversity, strengthening early family support, recognising children and young people in care as a priority population, and improving cross-system coordination, workforce capability and accountability.

2.4 Progress and remaining gaps in recent prevention planning

CAFFSA's comparison of recent consultation drafts and released plans identifies encouraging developments consistent with our advocacy.

The final *DHS Suicide Prevention Action Plan* explicitly added the *SA Youth Action Plan 2025–2028* to its aligned strategies and strengthened measures for engagement and joint initiatives with peak bodies and funded services.

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[1] Burden of Mental Disorders and Suicide Attributable to Childhood Maltreatment | Psychiatry and Behavioral Health | JAMA Psychiatry | JAMA Network

[2] 2026 Reports and Submissions - Child and Family Focus SA (CAFFSA)

The final *DHW Suicide Prevention Action Plan* strengthened Aboriginal-led suicide prevention pathways and more explicitly recognised Aboriginal community-controlled, non-government and lived experience-led organisations in implementation arrangements.

Adelaide PHN and SA Health's *Towards Wellness Plan 2026–2031* also strengthened cross-sector collaboration by explicitly identifying education, child protection, housing, justice, peak bodies and social services as partners, alongside clearer commitments to trauma-informed workforce development, information sharing and lived experience participation.

Although broader commitments, including recognition of childhood adversity, children and young people in care, lived experience and service integration, were already present in the original drafts or previous plans, the subsequent changes align with CAFFSA's advocacy, and we are grateful the responses to the vulnerable groups we represent were strengthened.

Despite these developments, a significant gap remains between recognising childhood adversity and taking specific, resourced and measurable action to prevent it. The plans do not yet establish dedicated investment in preventing childhood maltreatment and strengthening early family support, or targeted access and outcomes for children and young people with care experience.

The State Suicide Prevention Plan 2027–2032 provides an opportunity to address these gaps through clearer prevention priorities, shared cross-government responsibilities, coordinated investment and measurable outcomes.

2.5 A shared approach to preventing harm and strengthening wellbeing

Preventing childhood maltreatment and reducing suicide-related distress require coordinated approaches that address overlapping social and structural determinants, including poverty, housing insecurity, domestic and family violence, racism, discrimination and barriers to accessing services. Both also require investment in safe relationships, effective caregiving, cultural and community connections, belonging and timely support before difficulties escalate.

The requirement to develop a State Strategy and Agency Plans for the Safety and Support of Children and Young People, under the *Children and Young People (Safety and Support) Act 2025*, provides a legislative basis to align these prevention priorities with broader child and family reforms.

The South Australian Child and Family Support System (CFSS), led by the Department of Human Services is a system of services and supports to prevent child abuse and neglect, strengthen family wellbeing and help children remain safely connected to family, community and culture. It brings together government, non-government and Aboriginal community-controlled services to provide targeted and intensive support to families experiencing child safety concerns and multiple and complex challenges.[3]

The sector-led *Thriving Families 2025–2045* generational vision, provides further opportunities to strengthen collaboration across health, education, child protection, housing and community services. CAFFSA encourages the South Australian Suicide Prevention Council, Preventive Health SA and relevant government agencies to use these complementary service delivery and joint planning processes to

[3] https://dhs.sa.gov.au/how-we-help/child-and-family-support/about-the-child-and-family-support-system?

establish shared prevention priorities, coordinated investment, clear responsibilities and measurable outcomes.

Importantly, greater investment in upstream prevention should complement, rather than replace, adequately resourced specialist mental health, crisis and suicide prevention services.

3. Summary of Recommendations

Recommendation 1: Ensure that the South Australian Suicide Prevention Plan 2027–2032 retains a distinct and clearly identifiable Aboriginal and Torres Strait Islander suicide prevention component, as required by section 21 of the *Suicide Prevention Act 2021*. This component should be developed through Aboriginal-led engagement and decision-making and include specific policies, actions, workforce development, measurable outcomes and commensurate investment commitments, while embedding cultural authority, self-determination and social and emotional wellbeing across all other Plan priorities.

Recommendation 2: Explicitly recognise, respect and sustainably resource existing Aboriginal-led and culturally grounded prevention and healing approaches, ensuring Aboriginal communities retain authority over how their cultural knowledge is used, shared and evaluated, while recognising the importance of children's and young people's voices.

Recommendation 3: Recognise the prevention of and response to childhood abuse, neglect and cumulative adversity as an explicit suicide prevention priority across the life course, supported by investment in early family support, safe and supportive caregiver relationships, cultural connection, material security and opportunities for participation and belonging.

Recommendation 4: Strengthen access to culturally safe, trusted and affordable legal, psychosocial and community-based support for Aboriginal families, including men and fathers experiencing separation and other significant life transitions, alongside sustained and culturally appropriate postvention support for children, families, kinship networks and communities bereaved by suicide.

Recommendation 5: Strengthen trauma-responsive and culturally safe approaches for children and young people affected by adversity, family separation or out-of-home care, prioritising outcomes that promote safe and enduring relationships, identity, belonging, cultural connection and continuity of support, with Aboriginal-led decision-making for Aboriginal children and families.

Recommendation 6: Explicitly prioritise children, young people and adults affected by childhood maltreatment and cumulative trauma, including those with an out-of-home care experience, through timely, culturally safe and trauma-responsive support, coordinated service pathways and continuity of care through significant life transitions.

Recommendation 7: Strengthen integration between suicide prevention and DFSV responses, including early family support and specialist services, recognising children and young people as victim-survivors in their own right, improving culturally safe and developmentally appropriate referral pathways, and ensuring responses to threats of suicide or self-harm address both potential suicide risk and coercive control while protecting victim-survivor safety.

Recommendation 8: Adopt an intersectional approach to prevention that addresses the social, economic and systemic conditions contributing to suicide-related distress, including racism, discrimination, poverty, housing insecurity, online exploitation, co-occurring mental health and alcohol

and other drug concerns, disaster-related impacts, barriers to support in regional and remote communities and the specific needs of the LGBTQI community.

Recommendation 9: Establish formal mechanisms for Aboriginal-led governance, decision-making and accountability across the Plan's implementation, supported by sustained investment in Aboriginal Community Controlled Organisations, Aboriginal-led workforces, culturally grounded evaluation and Aboriginal data sovereignty.

Recommendation 10: Strengthen alignment between the Suicide Prevention Plan 2027–2032, the Preventive Health SA Strategic Plan 2026–2034 and the State Strategy for the Safety and Support of Children and Young People, with the Suicide Prevention Council coordinating shared priorities, responsibilities, investment and measurable outcomes through existing statutory planning and reporting arrangements.

Recommendation 11: Implement Recommendation 101 of South Australia's Royal Commission into Domestic, Family and Sexual Violence and address gaps between acute mental health services and community-based support by establishing clearer responsibilities across triage and service eligibility thresholds, timely access to specialist advice, coordinated referral pathways, proactive aftercare following suicidal crises or hospital discharge, and interim support for people awaiting services.

Recommendation 12: Invest in a broader continuum of culturally responsive, flexible and community-based prevention and support, including peer-led approaches, outreach, social prescribing, informal support networks and practical assistance, developed in partnership with communities and provided alongside accessible specialist clinical services.

Recommendation 13: Strengthen trauma-responsive and culturally safe workforce capability across health, child and family services and first responders through specialist consultation, professional development, reflective supervision, clear escalation pathways and appropriate support following critical incidents.

Recommendation 14: Strengthen and appropriately resource lived and living experience participation and leadership in suicide prevention through designated lived experience and peer roles, advisory and leadership opportunities, opportunities to co-design service delivery responses and evaluation, and ensure these are supported by clear role expectations, recognition, remuneration, supervision and wellbeing supports.

Recommendation 15: Ensure children and young people have meaningful opportunities to directly inform and influence suicide prevention policy, service design, implementation and evaluation through developmentally appropriate, culturally safe and trauma-responsive participation, with mechanisms to demonstrate how their contributions inform decisions and outcomes.

Recommendation 16: Develop and publish a funded, staged implementation and accountability framework that builds on existing, relevant statutory planning and reporting arrangements and identifies specific actions, responsible agencies and delivery partners, workforce and investment requirements, implementation timeframes, measurable outcomes, review mechanisms and transparent public reporting, incorporating Aboriginal-led governance and decision-making embedded throughout.

Recommendation 17: Increase sustained investment in upstream prevention initiatives, including Aboriginal-led and community-led approaches, family support before the advent or escalation of abuse or neglect, other childhood maltreatment prevention activities, and those that reduce domestic and

family violence and housing instability, while maintaining adequate investment in specialist mental health, crisis and aftercare services.

Recommendation 18: Strengthen the Plan's monitoring and evaluation framework with clear lead and lag indicators measuring service access, implementation, unmet need, suicide-related distress, childhood adversity and protective factors, supported by transparent public reporting, culturally safe evaluation and Aboriginal data sovereignty.

Recommendation 19: Support sustained, place-based and community-designed prevention approaches that build on existing cultural knowledge, community strengths and initiatives such as Our Town, with meaningful community decision-making authority, appropriate resourcing and evaluation of outcomes.

Recommendation 20: Publish the findings of the review of the South Australian Suicide Prevention Plan 2023–2026, identifying achievements, implementation gaps and lessons learned, and demonstrate how these have informed the priorities, investment and accountability arrangements of the 2027–2032 Plan.

4. Response to Consultation Questions

4.1 Consultation Question 1. Proposed direction

Does the proposed direction reflect the right priorities for suicide prevention in South Australia?

The five proposed priority areas, particularly the stronger emphasis on prevention, wellbeing, equity, community leadership and shared responsibility are broadly supported. The proposed direction could be strengthened in the following areas.

4.1.1 Aboriginal leadership, cultural authority and social and emotional wellbeing

CAFFSA members strongly support the proposed commitment to Aboriginal leadership, self-determination and culturally safe approaches. While these principles are recognised within the proposed directions, Aboriginal leadership and social and emotional wellbeing are addressed most explicitly under *Equity and Inclusion*. CAFFSA considers it important that these commitments retain a distinct and visible focus throughout the Plan's priorities, governance, implementation and accountability arrangements.

The 2023–2026 Plan established a dedicated *Respect* priority focused on promoting Aboriginal social and emotional wellbeing and preventing and responding to suicide risk for Aboriginal communities. The next Plan provides an opportunity to build on this foundation, ensuring Aboriginal leadership, cultural authority and self-determination remain central to prevention efforts and are supported by clear implementation commitments and accountability.

Aboriginal understandings of social and emotional wellbeing recognise the interconnectedness of family, kinship, Country, culture, community, identity, spirituality and physical and mental wellbeing. These understandings are reflected in the Australian Government Department of Health, Disability and Ageing's Aboriginal-led *Gayaa Dhuwi (Proud Spirit) Declaration Framework and Implementation Plan 2025–2035*,

which positions cultural strength, Aboriginal leadership, self-determination and culturally grounded approaches as essential foundations for mental health and suicide prevention.[4]

Recommendation 1: Ensure that the South Australian Suicide Prevention Plan 2027–2032 retains a distinct and clearly identifiable Aboriginal and Torres Strait Islander suicide prevention component, as required by section 21 of the *Suicide Prevention Act 2021*. This component should be developed through Aboriginal-led engagement and decision-making and include specific policies, actions, workforce development, measurable outcomes and commensurate investment commitments, while embedding cultural authority, self-determination and social and emotional wellbeing across all other Plan priorities.

4.1.2 Recognising the strengths of Aboriginal and culturally grounded approaches to prevention

A particularly important theme raised by CAFFSA members was the need to recognise that Aboriginal communities and other culturally diverse communities already hold significant knowledge, expertise and longstanding approaches to promoting wellbeing, supporting families and preventing harm. These approaches often recognise wellbeing as holistic and relational, grounded in family, kinship, identity, cultural continuity, community responsibility and collective connection.

Members emphasised that culturally grounded approaches should not be considered peripheral or simply alternatives to mainstream services. Rather, they represent important knowledge and established practice that can inform how prevention is understood, designed and delivered. Members also highlighted the value of cultural practices that actively elevate children's and young people's voices, recognising their agency and contributions within families and communities.

Mainstream systems should be encouraged to recognise and learn from the longstanding knowledge, expertise and approaches of Aboriginal and Torres Strait Islander peoples and culturally diverse communities in promoting holistic wellbeing, strengthening relationships and supporting families, children and communities.

As one member emphasised, effective approaches already exist within communities, and greater consideration should be given to how these can inform broader prevention efforts. This includes recognising the strengths of community-led approaches, supporting communities to build on what is already working and elevating the voices of children and young people.

CAFFSA considers that this requires genuine partnership, respect for Aboriginal cultural authority and self-determination, and appropriate investment in the existing work of ACCOs, Aboriginal-led workforces and culturally grounded community-based services.

Recommendation 2: Explicitly recognise, respect and sustainably resource existing Aboriginal-led and culturally grounded prevention and healing approaches, ensuring Aboriginal communities retain authority over how their cultural knowledge is used, shared and evaluated, while recognising the importance of children's and young people's voices.

[4] Gayaa Dhuwi (Proud Spirit) Declaration Framework and Implementation Plan | Australian Government Department of Health, Disability and Ageing

4.1.3 Addressing structural drivers of distress for Aboriginal people

Member consultation reinforced the importance of recognising the ongoing impacts of colonisation, racism, intergenerational trauma, family separation and systemic discrimination. These experiences may intersect with poverty, housing insecurity, family violence, disability, mental health concerns and barriers to accessing culturally appropriate support.

Members drew attention to barriers to culturally appropriate support during significant life transitions, including family separation and interactions with legal systems. These concerns, including how to reach people who may not actively seek help, are considered in more detail under Consultation Question 2. Responses must also protect the safety and rights of all family members, including victim-survivors of domestic and family violence.

4.1.4 Preventing childhood abuse, neglect and cumulative adversity

The prevention of childhood maltreatment and cumulative adversity should be explicitly recognised as a major suicide prevention priority. The Australian Child Maltreatment Study (ACMS; Mathews et al., 2023) found that, among Australians aged 16 years and over:

- 62.2% reported experiencing at least one form of childhood maltreatment.
- 39.6% reported exposure to domestic violence between parents during childhood.[5]

Further research by Grummitt et al. (2024), drawing on ACMS prevalence data and other evidence, estimated that 41% of suicide attempts in Australia could be attributed to childhood maltreatment, based on population-attributable modelling.[6]

This research highlights the substantial contribution of childhood maltreatment to suicide-related distress and reinforces the importance of preventing childhood adversity as a public health and suicide prevention priority. Preventing childhood abuse and neglect is therefore not solely a child protection responsibility. It is an important preventive health and suicide prevention priority and requires investment in safe and supportive caregiving environments, early family support, protection from violence, stable relationships, support for cultural connection, material security and opportunities for participation and belonging.

4.1.5 Understanding the drivers and intersecting impacts of adversity

Childhood maltreatment does not occur independently of broader social, economic and structural conditions. These are not simply co-occurring challenges; they can contribute to the circumstances in which adversity and harm arise. Domestic and family violence itself constitutes childhood maltreatment, while poverty, housing insecurity, racism, discrimination and barriers to accessing support can increase family stress, constrain choices and undermine protective factors. Parental mental health and substance use concerns may further compound these pressures, particularly where timely support is unavailable.[7]

Members also highlighted that for Aboriginal children and families, these experiences may be compounded by the ongoing impacts of colonisation, intergenerational trauma, institutional racism, disproportionate child protection involvement and separation from family, culture and Country. At the

[5] https://www.acms.au/findings

[6] Grummitt et al., 2024

[7] Risk and protective factors for child abuse and neglect

same time, cultural identity, kinship, connection to Country and community strengths provide important protective factors.

Recognising these drivers must not mean conflating poverty, disability, parental distress or unmet support needs with abuse or neglect. Rather, prevention requires coordinated action to address underlying conditions, strengthen protective relationships and provide timely, culturally safe and practical family support.

Recommendation 3: Recognise the prevention of and response to childhood abuse, neglect and cumulative adversity as an explicit suicide prevention priority across the life course, supported by investment in early family support, safe and supportive caregiver relationships, cultural connection, material security and opportunities for participation and belonging.

4.2 Consultation Question 2. Important issues and challenges

Are there any important issues, communities or emerging challenges that have not been addressed?

While the consultation paper recognises a broad range of issues and priority populations, CAFFSA considers several areas require greater visibility and targeted action.

4.2.1 Aboriginal families, access to support and the long-term impacts of suicide

During CAFFSA's member consultation, an Aboriginal member shared a deeply personal family experience of suicide bereavement, highlighting significant gaps in support for Aboriginal men and fathers experiencing family separation, parenting disputes and interactions with the legal system. The member described barriers to accessing affordable legal representation and emphasised the need for equitable, culturally appropriate legal, psychosocial and community-based support during periods of significant distress.

Of particular concern was the difficulty of identifying and supporting people who may not disclose their distress or actively seek assistance. The member questioned how suicide prevention approaches can reach those who remain silent, particularly men experiencing relationship breakdown, family separation and other significant life challenges. Their contribution reinforced that awareness-raising alone is insufficient without accessible, trusted and proactive pathways to support.

The drew attention to national suicide statistics, emphasising the profound impacts behind the numbers. Revised Australian Bureau of Statistics data recorded 3,326 deaths by suicide in Australia in 2024, with men accounting for more than three-quarters of these deaths.[8] Suicide Prevention Australia also reports that more than seven million Australian adults are close to someone who has died by suicide or attempted suicide.[9]

Importantly, the member highlighted that the consequences of suicide extend far beyond the individual, affecting children, parents, siblings, extended families and communities. They emphasised the need for

[8] Australian Bureau of Statistics. (2026). Intentional self-harm (suicide) deaths, 2024. Revised data, 7 May 2026. https://www.abs.gov.au/statistics/health/causes-death/intentional-self-harm-suicide-deaths/2024

[9] Suicide Prevention Australia. (n.d.). Stats and Facts. https://www.suicidepreventionaust.org/news/statsandfacts

greater investment across prevention, early intervention, crisis support and sustained postvention, particularly for children and families living with the enduring impacts of suicide bereavement.

This contribution was acknowledged during the consultation, with subsequent discussion reinforcing the importance of holistic, culturally grounded and community-led approaches to prevention and wellbeing. Members highlighted the value of existing Aboriginal and culturally diverse community knowledge and practices, including approaches that strengthen relationships, cultural connection and support outside westernised clinical settings.

These perspectives reinforce the need for suicide prevention approaches that recognise the circumstances of Aboriginal men and fathers, strengthen access to appropriate support before crisis occurs, and provide sustained, culturally safe support for families, kinship networks and communities affected by suicide.

Recommendation 4: Strengthen access to culturally safe, trusted and affordable legal, psychosocial and community-based support for Aboriginal families, including men and fathers experiencing separation and other significant life transitions, alongside sustained and culturally appropriate postvention support for children, families, kinship networks and communities bereaved by suicide.

4.2.2 Aboriginal children experiencing maltreatment, removal and disrupted relationships

The relationship between childhood adversity, child protection involvement, cultural identity and suicide-related distress requires particular attention for Aboriginal children and young people.

Experiences of childhood maltreatment and domestic and family violence must be understood alongside the broader structural conditions that contribute to adversity and shape access to support, including colonisation, intergenerational trauma, institutional racism and systemic inequity. Where statutory intervention is necessary to ensure safety, removal from family, placement instability and disruption to cultural and family relationships can compound existing adversity and distress.

Prevention must therefore address both the underlying drivers of harm and the potential impacts of child protection intervention. This requires early, culturally safe and Aboriginal-led family support to keep children safely connected to family, kin, culture and community wherever possible. Where children cannot safely remain at home, services must prioritise relational and cultural continuity, including connections with family, siblings, kinship networks, community and Country.

4.2.3 Strengthening identity, belonging and relational connection

Members highlighted the importance of safe and enduring relationships, identity, belonging and connection to family, community and culture as protective factors for children's and young people's wellbeing.

One member with experience in out-of-home care emphasised the importance of distinguishing between placement stability and relational stability. They highlighted how children and young people may experience distress when they have limited knowledge of their family history, lack photographs and personal records, or experience disrupted relationships with siblings, kin and community. This reinforces the importance of life story work, maintaining significant relationships and supporting identity and belonging throughout children's experiences of care, rather than focusing solely on placement arrangements.

Emerging evidence reinforces the importance of relational safety for children and young people in out-of-home care. A recent scoping review by Modderman et al. (2026) identified childhood trauma, placement instability and systemic challenges among factors associated with suicide-related risk, while highlighting relational safety, trusted caregivers and culturally affirming support as important protective factors.[10]

For Aboriginal children and young people, relational continuity must also encompass kinship, cultural identity, connection to Country and community, and Aboriginal cultural authority and self-determination.

Recommendation 5: Strengthen trauma-responsive and culturally safe approaches for children and young people affected by adversity, family separation or out-of-home care, prioritising outcomes that promote safe and enduring relationships, identity, belonging, cultural connection and continuity of support, with Aboriginal-led decision-making for Aboriginal children and families.

4.2.4 Children, young people and adults affected by childhood abuse and neglect

CAFFSA recommends more explicit recognition of people who have experienced childhood abuse, neglect, domestic and family violence and cumulative adversity. The effects of childhood maltreatment may extend across the life course, intersecting with mental ill-health, substance use, social exclusion, housing instability and relationship difficulties.

While the proposed directions recognise children and young people, people affected by trauma and adversity, and those experiencing significant life transitions, including leaving care, greater attention is needed to the specific and ongoing support requirements of these populations.

The Plan should recognise both the importance of preventing childhood maltreatment and the need for timely, culturally safe, trauma-responsive and sustained support for those already affected. This includes children living with families experiencing adversity, children in out-of-home care, young people transitioning from care and adults experiencing the longer-term impacts of childhood trauma.

A 2017 systematic review and meta-analysis by Evans et al[11] found that suicide attempts were more than three times as likely among children and young people in care compared with non-care populations, reinforcing the importance of targeted prevention and accessible support.

Care-experienced children and young people need timely, developmentally appropriate mental health support and clearly coordinated responsibilities across Health, Child Protection, Education and community services.

For young people leaving care, continuity of support is particularly important, including access to safe housing, education, employment pathways, mental health services and practical assistance during the transition to adulthood. Support should also remain accessible through reunification, placement changes and other significant transitions, recognising the importance of stable relationships and ongoing therapeutic care.

Recommendation 6: Explicitly prioritise children, young people and adults affected by childhood maltreatment and cumulative trauma, including those with an out-of-home care experience,

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[10] Suicide risk, protective factors, and interventions for young people in out-of-home care: a scoping review | BMC Pediatrics | Springer Nature Link

[11] 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 - ScienceDirect

through timely, culturally safe and trauma-responsive support, coordinated service pathways and continuity of care through significant life transitions.

4.2.5 Domestic, family and sexual violence

CAFFSA's April 2026 submission to the Inquiry into the Relationship Between Domestic, Family and Sexual Violence (DFSV) and Suicide[12] together with the findings of South Australia's Royal Commission into DFSV[13] highlights the links between violence, coercive control, cumulative trauma and suicide-related distress, including the experiences and support needs of children and young people.

While the proposed directions recognise trauma, adversity and the importance of coordinated prevention, more explicit recognition of DFSV as a contributor to suicide-related distress and stronger integration between suicide prevention, early family support and specialist DFSV responses is required.

There are important opportunities to build on existing South Australian reforms. The Royal Commission into Domestic, Family and Sexual Violence (2025) recognised the role of Child and Family Support Services, with Recommendation 48 calling for additional resources to expand statewide availability, particularly in regional and remote areas. Recommendation 109 also calls for the review and funded implementation of a service model to ensure children and young people presenting to Domestic and Family Violence Safety Alliance services receive a response in their own right.

Together, these recommendations provide opportunities to strengthen connections between early intervention, specialist DFSV responses and suicide prevention, while ensuring children and young people are recognised and supported as victim-survivors in their own right.

Effective responses require culturally safe, developmentally appropriate and coordinated assessment, referral and support pathways across DFSV services, child and family support, child protection, mental health, housing, justice and education. The Plan should also recognise that threats of suicide or self-harm may be used as tactics of coercive control. Responses must appropriately assess suicide-related risk while recognising coercive dynamics and ensuring that victim-survivor safety is not compromised.

Recommendation 7: Strengthen integration between suicide prevention and DFSV responses, including early family support and specialist services, recognising children and young people as victim-survivors in their own right, improving culturally safe and developmentally appropriate referral pathways, and ensuring responses to threats of suicide or self-harm address both potential suicide risk and coercive control while protecting victim-survivor safety.

4.2.6 Structural disadvantage, discrimination and emerging challenges

The proposed stronger emphasis on the social and economic conditions contributing to suicide-related distress is welcome. Members identified intersecting disadvantage, including poverty, housing insecurity, racism, systemic discrimination, homophobia and transphobia affecting LGBTIQA+ people. Emerging online harms, including bullying, sextortion[14] and technology-facilitated exploitation, were also raised as concerns for children and young people.

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[12] Microsoft Word - CAFFSA Submission_Relationship between FDSV and suicide

[13] Royal Commission into Domestic, Family and Sexual Violence | Royal Commission into Domestic, Family and Sexual Violence

[14] AFP launches community education resource as annual online child sexual exploitation reports pass 100,000 | Australian Federal Police

Addressing practical barriers that prevent children and young people from participating in school, sport and community activities is also important. One member described how the costs of uniforms, equipment and transport can exclude children from opportunities that strengthen social connection, confidence and belonging.

These examples reinforce the importance of practical and material assistance alongside therapeutic interventions, recognising that effective prevention must also address the everyday conditions that influence children's participation, relationships and wellbeing.

There are also significant gaps in responses to co-occurring mental health and alcohol and other drug concerns. One member described how young people can be redirected between services when substance use and mental health needs occur together, with eligibility requirements creating barriers to timely assistance. This highlights the need for integrated, non-exclusionary service pathways that respond to co-occurring needs rather than requiring individuals to resolve one concern before receiving support for another. Members also highlighted barriers to timely and appropriate support in regional and remote communities.

One of the key recommendations in the National Action Plan for the Health and Wellbeing of LGBTIQA+ 2025-2035[15] is to ensure mental health and suicide prevention services are culturally safe and responsive to the needs of LGBTIQA+ people

Community-led organisations, people and allies have worked hard to improve the health and wellbeing of LGBTIQA+ people in Australia, including through driving and advocating for policy changes. However, disparities in health and wellbeing outcomes are still present. Of key concern are the poorer self-rated health, mental health and suicide outcomes experienced by LGBTIQA+ people, in comparison to the broader population. A higher number of people in LGBTQ+ communities experience poorer social, emotional and psychological wellbeing and mental health. This may lead to issues with work, relationships, finances, housing and other elements of life. The Australian Childhood Maltreatment Study[16] found the proportion of sexuality diverse participants who had experienced any type of child maltreatment (84%) was significantly higher than for heterosexual participants (61%). This pattern was observed for all types of maltreatment.

Sexuality diverse participants were significantly more likely to experience more than one type of child maltreatment (multi-type maltreatment) than heterosexual participants:

- Almost 2 in 3 (64%) sexuality diverse participants had experienced 2 or more types of maltreatment compared with 38% of heterosexual participants

[15] National Action Plan for the Health and Wellbeing of LGBTIQA+ People 2025–2035 | Australian Government Department of Health, Disability and Ageing

[16] Higgins DJ, Lawrence D, Haslam DM, Mathews B, Malacova E, Erskine HE, Finkelhor D, Pacella R, Meinck F, Thomas HJ and Scott JG (2024) 'Prevalence of diverse genders and sexualities in Australia and associations with five forms of child maltreatment and multi-type maltreatment', *Child maltreatment*- external site opens in new window, doi:10.1177/10775595231226331

- Just under half (47%) of sexuality diverse participants had experienced 3 or more types of maltreatment compared with 22% of heterosexual participants

Similar findings were also reported for gender diverse participants. The proportion of gender diverse participants who had experienced any type of child maltreatment (82%) was significantly higher than for women (66%) and men (58%). This pattern was observed for all types of maltreatment.

Gender diverse participants were significantly more likely to experience more than one type of child maltreatment (multi-type maltreatment) than women and men:

- 2 in 3 (66%) gender diverse participants had experienced 2 or more types of maltreatment compared with 43% of women and 35% of men
- 1 in 2 (51%) gender diverse participants had experienced 3 or more types of maltreatment compared with 28% of women and 18% of men.

A higher proportion of gender diverse participants aged 16–24 years (91%) had experienced child maltreatment when compared with older gender diverse participants (82% for those aged 25-44 years and 70% for those aged 45 years or more)

Clearly, the needs of the LGBTQIA+ community, and particularly young people in this community, need to be addressed in the plan.

The cumulative impacts of disasters and other emergencies, particularly for communities already experiencing social, economic or geographic disadvantage require consideration. There are opportunities to strengthen alignment with South Australia's Disaster Resilience Strategy 2026–2030 (currently under development) and the existing People at Increased Risk in Emergencies Framework 2025–2029. These initiatives provide a foundation for more coordinated approaches to preparedness, response and recovery, including consideration of psychosocial wellbeing, suicide-related distress and ongoing support for children, young people and families experiencing adversity.

The Plan should adopt an intersectional approach that recognises how these overlapping experiences may compound distress and barriers to support. Coordinated action is required to address structural inequities while strengthening individual, family and community protective factors and ensuring accessible, culturally safe and responsive services.

Recommendation 8: Adopt an intersectional approach to prevention that addresses the social, economic and systemic conditions contributing to suicide-related distress, including racism, discrimination, poverty, housing insecurity, online exploitation, co-occurring mental health and alcohol and other drug concerns, disaster-related impacts, barriers to support in regional and remote communities and the specific needs of LGBTIQA+ community.

4.3 Consultation Question 3. Areas requiring strengthening or greater focus

Are there areas that should be strengthened, clarified or given greater focus?

CAFFSA members recommend greater clarity about how the proposed priorities will be translated into coordinated action across government, services and communities. In particular, the Plan should strengthen arrangements for Aboriginal-led decision-making, cross-sector prevention, timely access to support, workforce capability and meaningful participation by people with lived and living experience.

4.3.1 Aboriginal-led responses, cultural knowledge and community authority

CAFFSA members recommend that Aboriginal leadership, cultural authority and self-determination be embedded across the Plan's governance, service development, implementation and evaluation, workforce development, and investment strategy. This should include formal mechanisms for Aboriginal-led decision-making, sustained investment in ACCOs, Aboriginal-led workforce development and culturally grounded approaches to data governance and evaluation.

The practical test is whether Aboriginal communities and organisations can exercise authority over priority setting, commissioning, delivery and evaluation, rather than being asked only to advise on arrangements developed elsewhere. These mechanisms must include clear decision-making authority, equitable resourcing and safeguards for cultural knowledge and Aboriginal data sovereignty. The Plan should explicitly explain how Aboriginal leadership will shape implementation decisions and how that influence will be assessed.

Recommendation 9: Establish formal mechanisms for Aboriginal-led governance, decision-making and accountability across the Plan's implementation, supported by sustained investment in Aboriginal Community Controlled Organisations, Aboriginal-led workforces, culturally grounded evaluation and Aboriginal data sovereignty.

4.3.2 Aligning suicide prevention, preventive health and child maltreatment prevention

CAFFSA recommends stronger alignment between the Suicide Prevention Plan 2027–2032 and Preventive Health SA's developing Strategic Plan for Preventive Health Action 2026–2034.

As outlined earlier, CAFFSA's June 2026 submission to the draft Preventive Health Strategic Plan advocated for a broader understanding of preventive health that recognises childhood experiences, family wellbeing, safety, cultural connection and the prevention of maltreatment and cumulative adversity as fundamental determinants of lifelong health. Several themes consistent with this position were reflected in Preventive Health SA's subsequent *What We Heard* consultation report, although the report does not confirm which recommendations will be adopted.

The practical opportunity is to assign shared prevention responsibilities across health, education, child protection, housing and family support, rather than create separate initiatives addressing overlapping sources of adversity and distress. As outlined in Section 2.5, existing initiatives, including the sector-led *Thriving Families 2025–2045* generational vision [17]and the Child and Family Support System (which provides intensive early intervention family support services across South Australia), provide opportunities to connect government agencies, ACCOs, NGOs, researchers and communities around shared prevention priorities.

CAFFSA members recommend that Preventive Health SA and the South Australian Suicide Prevention Council work with relevant government agencies and the child and family sector to identify practical opportunities for coordinated prevention investment, implementation and outcome measurement. This should include clearer responsibilities across portfolios and opportunities to build on existing services, partnerships and evidence rather than developing disconnected responses to overlapping causes of harm.

[17] Thriving Families SA | child and family wellbeing SA | South Australia, Australia

4.3.3 Alignment with the State Strategy for the Safety and Support of Children and Young People

The development of the State Suicide Prevention Plan provides an important opportunity to strengthen alignment between two complementary legislative frameworks and establish clearer shared responsibilities for preventing harm and improving outcomes for children, young people and families.

The *Suicide Prevention Act 2021* establishes responsibilities for statewide suicide prevention, including requirements for State authorities to have regard to and seek to give effect to the State Plan, and for prescribed State authorities to prepare their own suicide prevention action plans.

The *Children and Young People (Safety and Support) Act 2025* legislatively mandates the development of a State Strategy and accompanying Agency Plans that, under section 66, must address reducing risk factors leading to child abuse and neglect, providing targeted assistance to prevent children and young people entering care, and ensuring priority support for those in care, leaving care or who have left care. As demonstrated earlier in this submission, these objectives are directly relevant to suicide prevention.

The new legislation also provides for prescribed State authorities to prepare Children and Young People Safety and Support Plans, identifying how they will give effect to the State Strategy, their implementation responsibilities, intended outcomes and performance measures. These requirements will apply following commencement of the relevant provisions of the Act.

Together, these legislative frameworks provide opportunities for agencies operating across both systems to identify shared prevention priorities, clarify responsibilities and strengthen coordination through their respective agency plans. Practical areas for alignment include preventing childhood maltreatment, strengthening family support before harm occurs or escalates, supporting cultural connection and safe relationships, improving access to mental health and suicide prevention services, and ensuring continuity of support for children and young people in care and during significant life transitions.

The South Australian Suicide Prevention Council has an important role in supporting this coordination through its statutory responsibilities for statewide planning, implementation oversight, cross-sector collaboration and reporting on prescribed agencies' suicide prevention action plans. Importantly, the Council's membership includes both the Commissioner for Children and Young People and the Commissioner for Aboriginal Children and Young People, providing an existing opportunity to strengthen connections between suicide prevention and the safety, wellbeing and rights of children and young people.

CAFFSA recommends that the 2027–2032 State Plan establish clearer expectations for prescribed State authorities to translate statewide prevention priorities into specific actions within their departmental Suicide Prevention Action Plans. This should include identifying shared responsibilities across Health, Human Services, Child Protection, Education and other relevant agencies for preventing childhood maltreatment, supporting families experiencing adversity, improving access to services for children and young people in care, and strengthening cross-sector referral and information-sharing arrangements.

Progress should be monitored through existing statutory planning and reporting mechanisms, with clear indicators of implementation, collaboration, investment and outcomes, rather than relying solely on measures of consultation, policy development or training activities. The Council, Preventive Health SA and relevant agencies should work alongside ACCOs and the child and family sector to identify practical opportunities for coordinated implementation and accountability.

Recommendation 10: Strengthen alignment between the Suicide Prevention Plan 2027–2032, the Preventive Health SA Strategic Plan 2026–2034 and the State Strategy for the Safety and Support of Children and Young People, with the Suicide Prevention Council coordinating shared priorities, responsibilities, investment and measurable outcomes through existing statutory planning and reporting arrangements.

4.3.4 Strengthening access and continuity across mental health services

Members identified significant gaps between acute mental health services and community-based support, particularly for children and young people experiencing suicidal ideation, self-harm or significant psychological distress.

The needs of some young people can be considered too acute for community-based services but not sufficiently acute to access specialist mental health intervention. This can result in repeated referrals, lengthy waiting periods, fragmented responsibility and accountability and individuals and families being left without appropriate support.

Of particular concern is the reliance on family support practitioners and other generalist workers to advocate for access to specialist services, sometimes without a clear pathway for securing an appropriate response. Given how complex they found negotiating these barriers, members questioned how people who are not already connected with services or supported by a practitioner are expected to navigate them.

Concerns were also raised about lengthy wait times and inadequate follow-up following hospital presentations or suicide attempts.

These concerns are consistent with Recommendation 101 of South Australia's Royal Commission into Domestic, Family and Sexual Violence, which called for a review of the statewide accessibility of child and adolescent mental health and related services. The recommendation specifically identified the need to examine service eligibility, referral pathways, waiting times and unmet need, including for children under guardianship, young people aged 15–18 years and children and young people in regional and remote areas.[18]

CAFFSA recommends that the State Suicide Prevention Plan build on this work by strengthening cross-agency responsibility for addressing service gaps, ensuring timely access to specialist advice and intervention, and improving continuity of care between hospital, community mental health, child protection and non-government services.

CAFFSA also proposes that the Plan incorporate exploring the extended use of peer support workers in responding to a person experiences a suicidal crisis The concern highlights the importance of ensuring crisis responses are appropriate to individual circumstances and do not inadvertently increase distress.

The Plan should clarify the roles of different responders (including peer-based support where appropriate) and how decisions are made within crisis response pathways to support safe, trauma-responsive and culturally appropriate responses that are proportionate to individual circumstances, minimise avoidable distress and strengthen continuity of care beyond the immediate crisis.

[18] The Commission's Recommendations - Royal Commission into Domestic, Family and Sexual Violence

Recommendation 11: Implement Recommendation 101 of South Australia's Royal Commission into Domestic, Family and Sexual Violence and address gaps between acute mental health services and community-based support by establishing clearer responsibilities across triage and service eligibility thresholds, timely access to specialist advice, coordinated referral pathways, proactive aftercare following suicidal crises or hospital discharge, and interim support for people awaiting services.

4.3.5 Broader approaches to prevention and support

Members emphasised that conventional counselling and clinical interventions do not meet everyone's needs and may not always represent the most accessible or appropriate first response. The Plan should recognise a broader continuum of culturally responsive and community-based approaches, including peer support, outreach, social prescribing, informal support networks and practical assistance.

Service responses should be shaped by the person experiencing distress, recognising that inflexible or poorly coordinated interventions may themselves cause further distress. This reinforces the importance of person-led, trauma-responsive approaches that extend beyond clinical risk assessment.

These approaches may be particularly important for people who are reluctant to access formal services, those experiencing barriers to help-seeking and people whose distress is closely connected to social, relational or economic circumstances. There is also a crucial need to strengthen connections between individuals, services and communities, rather than expecting all people to be able to navigate formal systems independently.

Recommendation 12: Invest in a broader continuum of culturally responsive, flexible and community-based prevention and support, including peer-led approaches, outreach, social prescribing, informal support networks and practical assistance, developed in partnership with communities and provided alongside accessible specialist clinical services.

4.3.6 Workforce capability

There is an increasing complexity in issues confronting frontline practitioners supporting children, young people and families experiencing trauma, self-harm, suicidal ideation and significant psychosocial distress. Youth workers, residential care staff, social workers and family support practitioners may be required to respond to substantial risk without timely access to specialist mental health advice or support or clear referral pathways. Members emphasised that generalist workers cannot reasonably be expected to provide specialist responses without appropriate training and access to consultation, supervision and service-system support. The Plan should address strengthened trauma-responsive and culturally safe workforce capability, including access to specialist consultation, reflective supervision, clear escalation pathways and appropriate support following critical incidents.

One member emphasised that trauma-responsive suicide prevention practice must extend beyond risk assessment to understanding the experiences, distress and circumstances of children and young people. They said “If kids go to 100 different services, they'll probably get 100 different responses.” The importance of consistent approaches across services that support practitioners to engage relationally, respond compassionately and recognise the factors contributing to distress was highlighted.

This reinforces the need for shared practice guidance, coordinated responses and workforce development across child and family services, health, education and crisis response settings, rather than leaving individual practitioners or organisations to devise their own approaches.

Particular attention should be given to the wellbeing of practitioners involved in responding to suicidal crises, and suicide deaths and subsequent coronial processes, recognising the potential and well recognised impacts of vicarious trauma and cumulative workplace stress.

Recommendation 13: Strengthen trauma-responsive and culturally safe workforce capability across health, child and family services and first responders through specialist consultation, professional development, reflective supervision, clear escalation pathways and appropriate support following critical incidents.

4.3.7 Lived and living experience leadership, roles and participation

CAFFSA welcomes the proposed stronger emphasis on lived and living experience leadership and participation, including recognition of the importance of supervision, wellbeing support and peer connection. Building on these commitments, recognition of the different ways lived experience expertise can contribute to suicide prevention, including through designated lived experience and peer support roles, advisory and leadership positions, consultation, co-design, service delivery, monitoring and evaluation, should be incorporated. The next Plan should recognise these contributions and provide opportunities for people with lived and living experience to meaningfully influence decisions, service development and system improvement.

Importantly, these approaches must extend beyond adult perspectives to meaningfully include children and young people. Children and young people, including those with experiences of out-of-home care, family violence, childhood adversity and mental health concerns, hold valuable knowledge about the circumstances contributing to distress, the protective factors supporting their wellbeing and what makes services accessible, safe and responsive.

Members raised concerns that children's perspectives may be underestimated or represented primarily through adults, rather than children and young people being supported to contribute their own views, experiences and priorities. Meaningful participation requires developmentally appropriate, culturally safe and trauma-responsive approaches that recognise children's rights, agency and evolving capacities. Children and young people should be able to contribute their expertise without being required to disclose personal experiences of trauma or suicidal distress.

Members also identified opportunities to explore how lived experience and peer-based approaches, which are more established in adult services, might be appropriately developed or adapted for children and young people. The development of designated lived experience roles and other participation approaches must be supported by clear role definitions, appropriate recognition and remuneration, supervision, wellbeing supports and organisational readiness to ensure safe and sustainable implementation.

Importantly, participation should extend beyond consultation to genuine influence over decisions. This requires closing the feedback loop by demonstrating how lived and living experience contributions have informed policy, service development, improvements and evaluations is now widely accepted.

Recommendation 14: Strengthen and appropriately resource lived and living experience participation and leadership in suicide prevention through designated lived experience and peer roles, advisory and leadership opportunities, opportunities to co-design service delivery responses and evaluation, and ensure these are supported by clear role expectations, recognition, remuneration, supervision and wellbeing supports.

Recommendation 15: Ensure children and young people have meaningful opportunities to directly inform and influence suicide prevention policy, service design, implementation and evaluation through developmentally appropriate, culturally safe and trauma-responsive participation, with mechanisms to demonstrate how their contributions inform decisions and outcomes.

4.4 Consultation Question 4. Practical, achievable and capable of making a difference

Is the proposed approach practical, achievable and capable of making a meaningful difference?

CAFFSA considers that the proposed directions provide a positive strategic foundation and have the potential to make a meaningful difference. The stronger emphasis on prevention and wellbeing, equity, community leadership, coordinated support and accountability is welcomed. These directions build on commitments already established in the South Australian Suicide Prevention Plan 2023–2026, including multisectoral collaboration, Aboriginal social and emotional wellbeing, community-led prevention, accessible support and monitoring and evaluation.

However, their effectiveness will depend on how existing and proposed commitments are translated into coordinated, adequately resourced and measurable action across government, NGO and ACCO services and communities. Members emphasised that broad strategic commitments alone are insufficient. Practical implementation requires clear responsibilities, sustained investment, meaningful participation and transparent accountability for outcomes.

4.4.1 Aboriginal-led implementation and accountability

Implementation should specify how the distinct Aboriginal and Torres Strait Islander component will be resourced, who holds decision-making authority, how commissioning and service design will be influenced, and what outcomes will be reported. Aboriginal data governance should shape how information is collected, interpreted and used.

Measures of success should recognise cultural connection, family and kinship relationships, community wellbeing, cultural safety and the effectiveness of Aboriginal-led prevention alongside suicide-related outcomes.

4.4.2 Coordinated prevention investment and accountability

A funded implementation and accountability framework should identify specific actions, lead agencies, delivery partners, milestones, resources and measurable outcomes.

The framework should identify joint investment where responsibilities intersect, particularly for Aboriginal-led responses and those that focus on early family support, child maltreatment prevention, domestic and family violence, housing stability and community wellbeing. This upstream investment must complement, rather than replace, specialist mental health, crisis intervention and aftercare services.

Implementation arrangements should also identify responsibilities for cross-agency coordination, including how barriers to service access, gaps between systems and unmet demand will be addressed. Transparent reporting should build on the existing statutory reporting arrangements and enable government, service providers and communities to assess whether commitments have been delivered and whether they are contributing to meaningful improvements in outcomes.

Evaluation should also consider whether children, young people and people with lived and living experience have had meaningful opportunities to influence implementation and whether their contributions have resulted in identifiable changes to policy, services or practice. Feedback should be provided to participants about how their input has informed decisions and outcomes.

Recommendation 16: Develop and publish a funded, staged implementation and accountability framework that builds on existing, relevant statutory planning and reporting arrangements and identifies specific actions, responsible agencies and delivery partners, workforce and investment requirements, implementation timeframes, measurable outcomes, review mechanisms and transparent public reporting, incorporating Aboriginal-led governance and decision-making embedded throughout.

4.4.3 Building on evidence from early family support

South Australian evidence demonstrates the potential benefits of investment in early family support, particularly for families experiencing multiple and overlapping forms of adversity and preventing escalation into statutory systems.

The Department of Human Services and BetterStart evaluation of Intensive Family Services (IFS) found that among children in families receiving IFS, 74.7% experienced parental mental health concerns, 62.7% domestic and family violence, and 53.3% parental drug and alcohol misuse. Half (50.1%) experienced three or four overlapping domains of family complexity, demonstrating the significant levels of cumulative adversity among families accessing intensive support.[19]

The Department of Human Services also reports that 66% of engaged IFS referrals accepted during 2022–23 had closure outcomes indicating that risk or safety concerns had improved sufficiently that intensive family support was no longer required.[20]

The BetterStart evaluation of IFS further found that funding IFS prevented entry to out-of-home care over a 24-month follow-up period, for a small number of children, estimating approximately $1.86 in avoided future out-of-home-care costs for every $1 invested.[21]

While these findings do not directly measure suicide prevention outcomes, they demonstrate measurable benefits associated with earlier family support and highlight opportunities to evaluate longer-term outcomes across health, mental health and child protection systems.

However, significant unmet demand limits access to early family support. The Department of Human Services' *A Learning Approach for the Child and Family Support System* (2026) reports that approximately 3,500 referrals are received annually for Intensive Family Services, with only 37% able to be allocated within existing service capacity.[22] This highlights the substantial gap between identified family support

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[19] BetterStart-Evaluation-of-Intensive-Family-Supports.pdf

[20] A learning approach for the Child and Family Support System

[21] BetterStart Health and Development Research Group, University of Adelaide. (2025). *DHS Intensive Family Service: Quasi-experimental evaluation*. Department of Human Services, Government of South Australia. See also DHS, *Service impact – measuring change*. https://dhs.sa.gov.au/how-we-help/child-and-family-support/about-the-child-and-family-support-system/our-research/a-learning-approach-for-the-CFSS/service-impactmeasuring-change

[22] A learning approach for the Child and Family Support System | DHS

needs and the availability of services, reinforcing the importance of sustained investment in early intervention.

The 2023–2026 Suicide Prevention Plan recognised childhood adversity and family violence as contributors to distress. The proposed 2027–2032 direction also supports addressing trauma, disadvantage and social determinants of wellbeing. Crucially, the consultation paper does *not* specifically identify early family support or the prevention of childhood maltreatment as dedicated prevention investment priorities.

CAFFSA recommends that the next Plan make this connection explicit, recognising family support prior to the onset or escalation of abuse or neglect and the prevention of childhood adversity as important components of upstream suicide prevention, supported by appropriate investment and evaluation. This should include opportunities to strengthen existing services and initiatives that encourage safe and supportive caregiver relationships, family stability, cultural connection, housing security, opportunities for participation and belonging and community wellbeing.

Recommendation 17: Increase sustained investment in upstream prevention initiatives, including Aboriginal-led and community-led approaches, family support before the advent or escalation of abuse or neglect, other childhood maltreatment prevention activities, and those that reduce domestic and family violence and housing instability, while maintaining adequate investment in specialist mental health, crisis and aftercare services.

4.4.4 Measuring risk reduction and protective factors

The 2023–2026 Plan established an important foundation for monitoring suicide prevention through proposed lead and lag indicators, including measures relating to suicide, psychological distress, wellbeing, protective factors, social connectedness and Aboriginal cultural wellbeing.

The proposed 2027–2032 direction seeks to strengthen accountability, outcome tracking, equity monitoring and transparent reporting, including alignment with the National Suicide Prevention Outcomes Framework. CAFFSA supports these directions and recommends that the next Plan build on the existing monitoring framework with clearer, published indicators that demonstrate whether prevention investment, service coordination and early intervention are improving outcomes for children, young people, families and communities. This should include suicide-related distress, self-harm, suicide attempts, service access and aftercare, alongside broader measures of childhood adversity, family wellbeing, cultural connection, a sense of belonging, access to supportive relationships, housing stability and community participation.

Table 1: Illustrative measures for monitoring prevention, service access and outcomes

Prevention priority	**Examples of meaningful measures**
Earlier family support	Unmet demand, referral-to-service commencement times, access to culturally safe support and changes in family wellbeing
Children and young people in care	Timely mental health assessment, access to therapeutic supports, continuity following placement changes and support during transitions from care

Mental health and substance misuse service coordination	Successful referrals, referral-from-service-to new-service commencement times, hospital-to-community follow-up and availability of interim support
Cross-sector accountability	Shared agency actions completed, joint funding commitments and evidence of improvements arising from collaboration
Lived experience participation	Positions and opportunities created, evidence that contributions influenced decisions, service changes or implementation, alongside participant wellbeing and safety
Aboriginal-led prevention	Community-defined outcomes with appropriate Aboriginal data governance

These are illustrative measures rather than a proposed final indicator framework. Their development would require agreement with relevant agencies, Aboriginal people with cultural authority and people with lived and living experience.

The framework should distinguish between new implementation activities and improvements in access to and quality of existing services. This would enable government and communities to understand not only what activities have occurred, but whether services are becoming more accessible, coordinated and effective, including for people who have been unable to access appropriate support.

Evaluation should recognise Aboriginal cultural knowledge, lived and living experience, community perspectives and practice evidence alongside research and administrative data. Outcomes should be examined across priority populations and intersecting experiences of disadvantage, with appropriate data disaggregation and meaningful participation in evaluation.

Importantly, monitoring of childhood adversity should be prevention-focused and ethically undertaken, using appropriate population-level measures rather than creating expectations of unnecessary screening or repeated disclosure of trauma. Clear baselines, regular public reporting, privacy protections, consent where appropriate, cultural safety and Aboriginal data sovereignty and governance will be essential to responsible and meaningful evaluation.

Recommendation 18: Strengthen the Plan's monitoring and evaluation framework with clear lead and lag indicators measuring service access, implementation, unmet need, suicide-related distress, childhood adversity and protective factors, supported by transparent public reporting, culturally safe evaluation and Aboriginal data sovereignty.

4.4.5 Community-led and place-based approaches

CAFFSA welcomes the stronger focus proposed for community leadership, peer support, community healing and sustainable local action. The 2023–2026 Plan already recognised the importance of communities determining locally appropriate suicide prevention activities. The next Plan provides an opportunity to strengthen the resourcing, continuity and evaluation of these approaches.

Members highlighted opportunities to build on sustained community-led and place-based approaches, including learning from regional mental health promotion and prevention initiatives such as *Our Town*. Supported by the Fay Fuller Foundation, The Australian Centre for Social Innovation (TACSI) and Clear Horizon, the initiative has documented promising developments in community leadership, local

participation and community-designed wellbeing initiatives. While longer-term mental health and suicide prevention outcomes remain under evaluation, Impact Reports for the initiative identify the value of sustained investment in communities to identify local priorities, develop appropriate responses and evaluate outcomes. [23]

Importantly, culturally grounded prevention and healing approaches already exist within Aboriginal and other culturally diverse communities. These should be recognised, respected and appropriately resourced rather than overlooked in favour of newly developed mainstream service models.

Community-led approaches can strengthen trusted relationships, social connection, cultural identity, participation and the capacity of communities to recognise and respond to distress. Longer-term and flexible funding arrangements are particularly important to enabling communities to sustain relationships, adapt approaches and demonstrate outcomes over time. Community participation should extend beyond consultation to meaningful involvement in decision-making, implementation and evaluation. Members also suggested opportunities to trial and evaluate innovative community-designed approaches, including greater community and young people's participation in funding and commissioning decisions.

Recommendation 19: Support sustained, place-based and community-designed prevention approaches that build on existing cultural knowledge, community strengths and initiatives such as *Our Town*, with meaningful community decision-making authority, appropriate resourcing and evaluation of outcomes.

4.5 Consultation Question 5: Final feedback

Is there final feedback you would like to provide on the 2023–2026 Suicide Prevention Plan that could inform the future approach?

As outlined in Section 2, the South Australian Suicide Prevention Plan 2023–2026 established five priorities and commitments to Aboriginal-led prevention, early intervention, cross-sector collaboration, aftercare and evaluation. CAFFSA members have asked for information on how these commitments were implemented and what outcomes were achieved.

The consultation paper indicates that a review of the South Australian Suicide Prevention Plan 2023–2026 has informed the proposed directions for the next Plan. This is welcomed. However, the consultation paper provides limited detail about the review's findings, including the extent to which the previous Plan's priorities have been implemented, whether the intended outcomes were achieved, or if other improvements were demonstrated for individuals, families and communities.

Greater transparency about these findings will strengthen understanding of what has worked, where gaps remain and how lessons from the previous Plan will inform future priorities, investment and accountability.

The 2023–2026 Plan also committed to the development of an indicator framework incorporating lead and lag indicators, alongside annual reporting responsibilities for prescribed State authorities. CAFFSA

[23] Our learnings | Our Town

recommends that the findings of the review be made publicly available, including a transparent assessment of implementation, progress and outcomes across the following areas:

- Progress against the five priorities and intended outcomes of the 2023–2026 Plan, particularly the Aboriginal-focused *Respect* priority.
- Actions undertaken by prescribed State authorities and evidence of effective cross-sector collaboration.
- Investment in Aboriginal-led prevention, community-based support and early intervention.
- Improvements in service accessibility, referral pathways, aftercare and continuity of support following suicidal crises.
- Progress in addressing childhood adversity, intersecting disadvantage and inequities experienced by priority populations.
- Whether the proposed indicator framework was developed and used, including evidence of changes in protective factors, suicide-related distress and service-system outcomes.
- Areas where implementation has been delayed, outcomes have not been achieved or gaps remain, and the lessons informing future action.

Importantly, evaluation should have considered whether prevention commitments have translated into meaningful outcomes or improvements in the experiences of individuals, families and communities, rather than relying primarily on activities undertaken or programs delivered.

CAFFSA also encourages greater transparency about how previous consultation findings, lived and living experience, Aboriginal community knowledge and emerging evidence have informed implementation and subsequent policy decisions.

Recommendation 20: Publish the findings of the review of the South Australian Suicide Prevention Plan 2023–2026, identifying achievements, implementation gaps and lessons learned, and demonstrate how these have informed the priorities, investment and accountability arrangements of the 2027–2032 Plan.

5. Conclusion

CAFFSA welcomes the stronger emphasis on prevention, equity, community leadership and accountability proposed for the South Australian Suicide Prevention Plan 2027–2032. We particularly encourage the South Australian Suicide Prevention Council to place Aboriginal leadership, cultural authority and social and emotional wellbeing at the forefront of the next Plan. This must include recognition of the strengths, knowledge and established prevention and healing approaches within Aboriginal communities, alongside sustained investment in Aboriginal-led responses and action to address racism, systemic inequity and intergenerational trauma.

Equally important is greater recognition of the relationship between childhood abuse, neglect, cumulative adversity and suicide-related distress across the life course. Effective prevention must address the intersecting impacts of domestic and family violence, poverty, housing insecurity, discrimination and other forms of disadvantage, while strengthening the relationships, cultural

connections and community supports that promote safety and wellbeing. This includes prioritising timely, culturally safe and trauma-responsive support for children and young people in out-of-home care and those transitioning from care.

CAFFSA thanks the South Australian Suicide Prevention Council for the opportunity to contribute to this consultation. We welcome continued engagement throughout the development, implementation and evaluation of the Plan

Contact:
Melissa Gibson
Chief Executive Officer
Child and Family Focus SA
Mobile: 0473 617 782
Email: admin@childandfamily-sa.org.au