Submission for the Western Australian Suicide Prevention Framework

Our holistic support to children, young people, and families

Parkerville Children and Youth Care is a For Purpose organisation that supports children, young people, and their families to build skills and capacity, address the impacts of trauma and adverse childhood experiences, and develop capabilities that will enable them to be the best versions of themselves.
We see a future where Western Australia is the safest place in the world and all children, young people, and their families feel safe to dream, to thrive, and to reach their fullest potential.
We have been working alongside vulnerable children, young people, and their families for over 120 years, and every year, we support more than 13,000 people across WA through our therapeutic, out-of-home care, and early intervention and prevention services. The future of those we serve depends on what we do in the present to support them to reach their potential.

Our Purpose

Our purpose as an organisation is to support children, young people, and their families to build skills and capacity, address the impacts of trauma and adverse childhood experiences, and develop capabilities that will enable them to be the best versions of themselves.

Our Vision

We see a future where Western Australia is the safest place in the world and all children, young people, and their families feel safe to dream, to thrive, and to reach their fullest potential.

Our Values

As a strong, values-based organisation, we are dedicated to an ongoing journey of self-awareness, learning and improvement in everything we do because the children and young people with whom we work deserve nothing less.

Bold and courageous: We stand up for what is right and amplify the voices of the children, young people, families, and communities we support.

Curious and humble: We search out information and data that will help us remain at the forefront of all that we do.

Caring and respectful: We acknowledge and embrace the diversity and individuality of everyone we meet and those we serve.

Hopeful: We believe in the power of positivity and are optimistic about change, having faith that together we can overcome any challenge we may face.

Truthful and accountable: We are committed to being open, honest, and taking responsibility for our actions.

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Parkerville CYC's services

Therapeutic Services

- **Multi-agency Investigation and Support Team (MIST):** co-located, multi-disciplinary, trauma-informed model to reduce harmful impacts of trauma from abuse. It is WA's first truly integrated child sexual abuse (CSA) response, with Child Advocacy Centres in Armadale (2011), Midland (2019), and Rockingham (2024). MIST's core principle is to reduce instances of children having to tell and re-tell their story, and coordinate services (including Police) to wrap around the child and family, through collaboration and knowledge-sharing.
- **Therapeutic Services:**
  CSATS: We provide a Child Sexual Abuse Therapeutic Service (CSATS) in a regional area of WA.
  PACTS: We also provide a Parents and Children's Therapeutic Service (PACTS) in a northern Perth suburb. 84% of children and young people receiving a service had experienced child sexual abuse.

Out of Home Care

- Parkerville CYC have had children in our care for the entirety of our 122-year history. We are implementing an innovative, award-winning new model, Our Way Home: radically personalised shared care, that focuses on the needs and desires of each child, and deliberately seeking to establish, maintain and deepen connections between children and their families. We care for children through a mixed provision across family group homes, foster care, and temporary care homes.

Early Intervention, Prevention and Youth Services

- **Child and Parent Centres (CPCs):** Parkerville runs two CPCs in Perth, servicing 12 primary schools in vulnerable communities. The centres work to create an entry point into the school system and help with school readiness, but importantly they focus on increasing family capacity and help them provide appropriate developmental experiences.
- **Kids' Hub:** multi-disciplinary approach to providing comprehensive mental health/wellbeing services for children aged 0-12 years, targeting mild to moderate emerging complexity. This service is a collaboration with Koya Aboriginal Corporation, Pregnancy to Parenthood, Lifespan Psychology Services, and MIFWA.
- **Family Support Network:** an early intervention program that connects families with coordinated services to strengthen child safety and prevent entry into out-of-home care.
- **Intensive Family Support Service:** in partnership with Koya Aboriginal Corporation, this service will provide practical, in-home support to families who are engaged with the Department of Communities (Child Protection), where children are either at significant risk of entering out-of-home care or are working towards reunification with their families.
- **Education Employment and Training Program (EET)**: For young people at extreme educational risk due to trauma, mental health, family issues.
- **Support and Community Services (SACS):** For families with children aged 4-14 that are experiencing homelessness, or at risk of homelessness and living in supported accommodation.
- **Moving Out, Moving On (MOMO):** service for young people aged 15-21 who are experiencing homelessness, or at significant risk of homelessness or transience.
- **Reconnect:** a diversion and early intervention service for families with young people (12-18) at risk of homelessness or family breakdown.
- **Young Women's Program:** medium-term accommodation and support for young women (including those with children) aged 16-25 experiencing or at risk of homelessness, or who need help to live independently.
- **Ruby's Reunification Program:** seeks to prevent youth homelessness through part-time accommodation, whilst engaging and supporting the family with counselling and practical support. It aims to foster hope for staying together or reunification, and keep young people out of the youth (and ultimately adult) homelessness sector.

Introduction

Parkerville Children and Youth Care welcomes the opportunity to contribute to the Suicide Prevention Framework consultation. We call for children and young people to be centred more clearly in suicide prevention policy and system reform, with a particular emphasis on those most at risk due to complex trauma, multi-type maltreatment, and systemic disadvantage. Our submission highlights the need for intentional, targeted strategies that directly address the realities and heightened risks faced by these young people.

Summary of High-Level Reflections

The draft Suicide Prevention Framework recognises the need for holistic, coordinated action across wellbeing, early intervention, support, and postvention streams, and highlights the importance of addressing social determinants and intersectionality. This is very welcome, and establishes a strong baseline. However, there remains a critical gap in truly centring children and young people within both policy intent and implementation in practice, especially those affected by complex trauma, multi-type maltreatment, and systemic disadvantage. We know that children and young people are at heightened risk – the statistics show us this, and children and young people tell us themselves. Nevertheless, they continue to encounter adult-oriented and fragmented responses, with missed opportunities for early intervention, continuity of care, and trauma-informed, culturally responsive practice.

To realise the Framework's aspirations, it is essential to move beyond generic approaches and embed intentional, child- and youth-centred strategies at every level. This includes co-designing services and evaluation with children and young people, truly tailoring supports for those most at risk, and building workforce capacity for developmentally appropriate care that deeply understands the multi-faceted impacts of trauma. Robust cross-system governance, improved data and monitoring focused on outcomes for children and young people, and a commitment to removing structural barriers are also vital to achieving meaningful reductions in suicide and its impacts for all. Our recommendations, developed from our work with children and young people impacted by trauma and adversity, include:

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Recommendations

Centre Children and Young People in All Suicide Prevention Efforts: Place children and young people at the heart of all policy, system, and service responses, especially those affected by complex trauma, multi-type maltreatment, and systemic disadvantage. Ensure that their voices, needs, and lived experiences shape every level of prevention, intervention, and reform.

Adopt a Tiered Public Health Approach: Clear, practical, and sector-specific resources are needed to help organisations interpret and apply requirements efficiently across diverse service contexts, reducing confusion and duplication.

Universal strategies (mental health promotion, early identification, stigma reduction)

Selective strategies (targeted outreach and support for at-risk groups)

Indicated strategies (intensive, multidisciplinary interventions for those already showing signs of risk)

Integrate and Overhaul Systems for Seamless Care: Break down siloes between health, mental health, education, child protection, and community sectors. Foster genuine multi-agency collaboration and shared frameworks to ensure smooth, well-supported transitions for children and young people - whether leaving care, changing placements, relocating due to family violence or homelessness, or entering new schools. Prioritise continuity of care and coordinated support at every critical juncture.

Reduce Barriers and Ensure Equitable, Trauma-Informed Access: Address structural barriers like waitlists, eligibility restrictions, cost, and housing instability, so that all children and young people, but particularly especially those most at risk, can access timely, developmentally appropriate, and trauma-informed support. Ensure that services are culturally responsive and tailored to the diverse needs of Aboriginal, CALD, and LGBTQIA+ youth, with continuity of care during transitions and crises.

Strengthen Early Intervention, Prevention, and Resilience-Building: Invest in early intervention and prevention initiatives, including bullying prevention, emotional regulation, and resilience-building programs in schools and communities. Shift from risk-only to strengths-based, healing-focused approaches, and actively involve families and care-givers as partners in support and recovery.

Transforming Suicide Prevention for Children and Young People: A Tiered Approach

That suicide is the leading cause of death for young people in Western Australia should leave no illusion that we are facing a profound crisis in youth mental health; one that demands urgent, targeted, systemic action that moves beyond generic or adult-oriented approaches to one that is evidence-based, developmentally appropriate, and tailored to the unique risks and needs of children and young people - especially those most vulnerable.

We welcome the draft Framework's acknowledgement that early access to services, education on mental health, and co-designing services with young people are vital steps to reducing this risk. However, there must be:

- A stronger focus on those most at risk: 'young people aged 10 to 24 years with multiple and complex problems who are at risk of harm and have increased vulnerability of experiencing poor life outcomes. This includes at risk young people with repeated contact with the child protection and youth justice systems, vulnerable Aboriginal young people, young people in out-of-home

care (care), care leavers, young parents and young people experiencing homelessness' (At Risk Youth Strategy, 2022) and,

- Recognition that child maltreatment is a profound and pervasive risk factor for mental health vulnerability that defies conventional diagnostic categories.[1]

Without this, we risk missing critical opportunities for impact. Unless suicide prevention efforts are intentionally designed to reach and respond to the realities of these children and young people, we will not achieve meaningful change for those who need it most.

To address this crisis, we advocate for a tiered public health model, similar to the SAMHSA approach[2], which encapsulates the different streams of the draft Framework: wellbeing, early intervention, support, and postvention - but is specifically tailored for children and young people. This model goes beyond general wellbeing programs, AOD awareness-raising, and leaving school preparation, by recognising and responding to the multiple, entrenched factors and systems that shape mental health and suicide risks for children and young people.

In particular, this approach recognises that childhood maltreatment and cumulative adversity create complex and overlapping mental health risks that cannot be addressed without strategies that work across both universal and targeted responses. A multi-systemic view is essential: intervention points for children and young people are not limited to schools, but span multiple system touch points including health, child protection, justice, housing, and community services. Proportionate universalism must underpin our efforts, ensuring that while all children and young people benefit from prevention and support, those at heightened risk of mental health crisis receive the intensity and specificity of intervention that they need.

1. Primary Prevention – Universal Strategies

The draft Suicide Prevention Framework lays strong foundations for primary prevention, with a clear emphasis on wellbeing programs, anti-bullying initiatives, and support for school transitions, all of which are vital for reducing social isolation and promoting mental health among children and young people. Locating these efforts in and around schools is practical and effective, as schools are often the first to notice distress and can foster environments where help-seeking is normalised.

However, while this approach is necessary, it does not go far enough. Many children and young people at heightened risk due to complex trauma, maltreatment, or systemic disadvantage may be disengaged from education, lack safe adults in their lives, or face barriers that prevent them from accessing universal supports. They are therefore missed by school-based programs alone.

Effective primary prevention must therefore extend beyond schools, embedding trauma-informed, culturally responsive, and developmentally appropriate strategies across all settings where children and young people live, learn, and connect; including early childhood, community, health, and child protection systems. Universal approaches should be guided by proportionate universalism, ensuring that while all children and young people benefit, those at greatest risk receive additional support and outreach.

From our work alongside children and young people, we know how powerful it is to start conversations about mental health early and in every setting: schools, early childhood centres, social and community spaces. When we normalise messages like "it's ok not to be ok," we create environments where children feel safe to talk about their feelings and worries, no matter their age. Systems that support and care for

[1] Youth mental health: a framework for maltreatment healing - ACU
[2] Effective Suicide Prevention – Suicide Prevention Resource Center

children must be equipped to create safe, age-appropriate environments for these conversations, ensuring that staff are trained to identify a wide range of distress signals; not just overt behaviours like self-harm or withdrawal, but also more subtle signs of emotional or social difficulty.

2. Targeted Prevention

Children and young people affected by complex trauma, abuse, FDV, homelessness, or systemic disadvantage face significantly increased risks of crisis. We know that maltreatment and adversity are strongly linked to increased suicide rates; and that the indicators are visible in patterns of disengagement from school, instability in care, and repeated contact with child protection or youth justice. Early, coordinated support can interrupt patterns of harm and provide a foundation for recovery and stability.

To effectively target supports before distress becomes acute, it is critical to proactively identify children and young people showing early warning signs or in anticipation of significant changes, such as withdrawal, placement changes, or family breakdown; and offer trauma-informed, culturally safe, and developmentally appropriate supports. As the Commissioner for Children and Young People (2025) has highlighted, young people want timely, accessible, and relevant mental health support, but too often face long waits, high costs, and services that do not reflect their lived realities.

There are also significant data gaps that hinder effective prevention. For example, while national figures exist for children killed as a result of FDV, comparable figures for youth suicides in the context of FDV are not available, despite research indicating that it is a significant contributor (AIHW, 2025). Addressing these gaps is essential for targeted, evidence-based intervention.

Our collective responses to meaningfully addressing child and young person mental health must be centred on building genuine, long-term attachment with trusted adults, offering flexible and responsive support, and partnering with children and young people in decisions about their care. Targeted prevention must remove barriers before they escalate, ensure continuity through transitions, and create the conditions for safety, belonging, and ongoing wellbeing; long before a crisis point is reached.

Proactive Outreach and Early Identification

We see in practice how often children and young people at risk are missed until their needs escalate to crisis. Schools are understandably positioned as primary line-of-defence or identifiers: in our MOMO program, school staff are often the only consistent adults in young people's lives, with 40% of those we supported across January–June 2025 initially presenting with school avoidance. Through targeted intervention with our program, over half improved their connection to schooling, and a number were supported into alternative education or further studies.

Recent findings from our SACS program reinforce the complexity and persistence of school avoidance and refusal. Anxiety, bullying, social isolation linked to homelessness, caregiver mental health, shame about lacking resources such as uniforms, apathy regarding school attendance, lack of transportation, physical disabilities, and technology addiction were all significant drivers of disengagement from education. These factors, alongside ongoing crisis and safety concerns, mean that many children and young people experience erratic or no engagement with school or traditional services.

Given this level of complexity and the reality of stretched resources, school staff are often only able to identify overt behaviours such as self-harm, while more subtle signs like withdrawal or disengagement may go unnoticed. To address this, proactive engagement must extend beyond schools to include community, housing, and health services, and use known risk factors, such as repeated moves, homelessness, or history of child protection involvement, to identify those who need support early. Staff

must be equipped to recognise the full spectrum of distress, not just crisis behaviours, and to reach out assertively to those who may be isolated or disconnected.

Trauma-Informed, Culturally Responsive, and Developmentally Appropriate Support

Children and young people impacted by complex trauma, abuse, and identity-based rejection require support that is fundamentally different from adult-oriented or generic models. Many have experienced repeated invalidation, discrimination, or culturally unsafe responses. Trauma-informed and developmentally-appropriate care must be the baseline: professionals across sectors that support children and young people must understand trauma's impact on behaviour, avoid re-traumatisation, and provide consistent, safe relationships.

To strengthen our own trauma-informed approach, Parkerville has adopted the SafeSide Prevention framework, to equip our staff with practical tools for recognising and responding to suicide risk, supporting collaborative safety planning and consistent, developmentally-appropriate care. Embedding these principles ensures our practice is aligned with national best practice and creates environments where children and young people feel safe to seek help and participate in their own recovery.

Continuity of Care and Transition Planning

While the Draft WA Suicide Prevention Framework acknowledges the importance of navigating life transitions, it remains too abstract to address the acute realities faced by children and young people experiencing complex disadvantage and trauma. For those in out-of-home care, moving between placements or entering and exiting care, and for those fleeing FDV into transitional housing (often uprooted from their communities and schools) these transitions are critical junctures that can profoundly destabilise wellbeing and sharply elevate risk. Without explicit, targeted system responses, the significance and impact of these transitions on vulnerable children and young people will continue to be underestimated and inadequately addressed.

Too often, these transitions are poorly managed when systems operate in siloes or fail to prioritise the needs of the child or young person, leaving them to manage significant changes alone and resulting in sudden gaps in care. Effective selective strategies require proactive, planned multi-agency support during transitions, starting early and involving the child or young person in all decisions and reducing the need for repetition of their story and needs. Placement stability and a sense of belonging are critical protective factors; frequent moves and disconnection from natural supports increase risk of self-harm and suicide.

Removing Structural Barriers

In navigating systems alongside children, young people and families, we frequently see structural barriers like long waitlists, restrictive eligibility, cost, lack of discharge paperwork, and housing instability actively preventing children and young people from accessing and maintaining support. These barriers are direct contributors to disengagement and risk escalation. Services must prioritise reducing these barriers by offering flexible eligibility, reducing or eliminating costs, and ensuring accessibility regardless of location or background. Outreach should be provided in places where children and young people already are, and at times that suit their lives. Housing instability in particular disrupts continuity of care and must be addressed as a core suicide prevention strategy.

Case Study redacted

Genuine Youth Participation

We see directly how children and young people are much more likely to engage and benefit from services when they are actively involved in shaping their own support. Lack of agency and involvement leads to disengagement and increased risk. Genuine participation means respecting child and young person expertise in their own lives, and ensuring that their voices are consistently heard, from individual care planning to system reform. This also includes supporting young people to develop tools for managing their mental health and navigating distress, and building resilience and strengths rather than focusing solely on risk.

3. Intensive/Individualised Intervention

Children and young people in acute distress require more than fragmented or crisis-driven responses. The Australian Child Maltreatment Study found that young people aged 16-24 who experienced maltreatment were 4.5 times more likely to have attempted suicide in the prior year compared to their peers, and that child maltreatment is a profound and pervasive risk factor for mental health vulnerability and suicide attempts. The Ombudsman's report on suicide by children and young people in Western Australia (2020) further highlights that those who have experienced abuse, neglect, or cumulative adversity are at significantly higher risk, and that system fragmentation, long wait times, and poorly coordinated care continue to leave the most vulnerable young people unsupported.

To disrupt this trajectory, intensive and individualised intervention must be urgent, holistic, and unwavering. Policy and research consistently call for integrated, multidisciplinary teams that can respond rapidly and wrap support around the whole child or young person, not just the presenting crisis. This means providing immediate access to specialist mental health care, integrated case management that bridges mental health, housing, education, and child protection, and proactive monitoring and flexible re-engagement through every transition. It also requires the active involvement of families, caregivers, and communities, and a commitment to trauma-informed, child-centred, and culturally responsive practice. As the At Risk Youth Strategy and AMA Position Statement (2024) both emphasise, no young person should be discharged into unsafe or unsupported situations, and transitions like leaving care or hospital are critical points where coordinated, ongoing support is essential to prevent further harm.

Case Study redacted

Immediate, Intensive, and Integrated Support

Children and young people in acute distress require urgent, wraparound intervention that is developmentally appropriate and trauma-informed. Too often, responses are inconsistent, crisis-driven, and adult-oriented, leaving young people discharged from emergency departments or mental health services without adequate follow-up, sometimes into homelessness or unsafe placements, and forced to navigate fragmented systems alone.

However, practice experience highlights several persistent barriers that undermine the effectiveness of even the most intensive interventions:

- **Long Waitlists and Disengagement:** Waitlists for specialist services are so lengthy that many young people become disheartened and "don't bother" seeking help, instead turning to self-medication or developing their own coping strategies. This disengagement is compounded when, after finally being allocated a counsellor or psychologist, a poor match means that the young

person must return to the bottom of the waitlist if they request a change; effectively penalising them for seeking a therapeutic relationship that works for them.

- **Unsafe Caregiver Involvement:** For homeless or transient young people, especially those whose caregivers are unsafe or actively abusive, attempts to engage with services can be sabotaged by those very caregivers, undermining the development of a trusting professional relationship.
- **Restrictive Eligibility Criteria:** Eligibility criteria for many services often exclude young people with complex and/or comorbid risk factors; the very cohort most in need of support. Even low-barrier services, designed to be accessible, are often difficult to access due to high demand and limited capacity.

Recent evidence from our MOMO outreach program underscores the scale and urgency of these challenges. In our latest reporting period, every young person engaged presented with mental health issues requiring case management, and 41% exhibited acute or severe problems such as suicidal ideation and chronic self-harm; double the rate seen previously. Waitlists for specialist services now stretch from six to twenty-four months, with many young people losing hope and resorting to self-medication or disengaging from support altogether. Notably, 100% of young people reported that FDV directly influenced their decision to leave home, highlighting the intersection of trauma, homelessness, and mental health risk. Our experience shows that advocacy and unwavering, low-barrier support are essential for survival and stability in this environment.

Effective strategies must therefore go beyond rapid access to crisis intervention and specialist mental health care. They must also address these systemic barriers by ensuring flexible, low-barrier entry points, responsive matching between young people and practitioners, and robust safeguarding measures to protect young people from unsafe adults. Integrated case management and system navigation are essential, including a single point of accountability for coordinated care and advocacy.

Ongoing Monitoring, Follow-Up, and Supported Transitions

Risk does not end when a young person leaves hospital or crisis care. Many children and young people experience repeated crises, especially during transitions such as leaving care, changing placements, returning to or joining a new school, relocation due to FDV or homelessness, and periods of family breakdown or reunification. These are critical junctures that can profoundly destabilise wellbeing and sharply elevate risk, particularly for those already unsettled and trauma-impacted.

Too often, these transitions are poorly managed, resulting in abrupt loss of support and heightened vulnerability. Effective system integration is essential to break down siloes between health, mental health, education, child protection, and community sectors and to foster genuine multi-agency collaboration with the child or young person at the centre. Proactive planning and support for all such transitions must ensure continuity of care, strong communication between agencies, and the involvement of trusted adults and networks.

Ongoing, proactive monitoring and support should include regular check-ins, flexible re-engagement, and carefully planned, supported transitions. Discharge from any service must only happen with a clear, actionable plan, with all relevant parties informed and involved. This integrated approach is essential to reduce risk, promote stability, and foster resilience and recovery for children and young people.

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The Value of Free Digital Supports for Vulnerable Young People

Access to free, high-quality digital and online mental health supports is increasingly vital for young people, especially those who are isolated, transient, or face barriers to engaging with traditional, in-person services. For many of the young people that we serve through outreach programs, factors such as geographical isolation, unstable housing, family breakdown, or unsafe caregiving environments can make it extremely difficult to attend regular appointments or build consistent relationships with face-to-face providers.

Digital platforms can offer a flexible, stigma-reducing, and accessible alternative, allowing young people to seek help in their own time and space, maintain continuity of support during periods of instability or transition, and access resources without the need for transport, referrals, or waiting lists. For those who may be hesitant to engage with services due to previous negative experiences or concerns about confidentiality, online supports can provide a crucial first step towards help-seeking and recovery.

A strong example of this approach is the Moderated Online Social Therapy (MOST) app, with free mental health support for young people in a moderated online environment, where users can access therapeutic content, connect with peers, and receive guidance from clinicians. This offers particular potential value for young people who are transient, lack reliable in-person supports, or need help outside of standard service hours.

Trauma-Informed, Child-Centred, and Culturally Responsive Practice

Many services remain adult-oriented, procedural, and insufficiently trauma-informed. Risk assessments can be superficial, missing the underlying trauma and context, and interventions may not be developmentally appropriate. Indicated strategies must centre the child or young person's experience, providing care that is sensitive to trauma, affirming of identity, and responsive to cultural context. This includes adapting communication, involving the young person in decisions, and ensuring that interventions are strengths-based and focused on building resilience, not just managing risk.

Case Study redacted

Concluding Remarks

Parkerville Children and Youth Care welcomes the opportunity to contribute to the development and refinement of the Suicide Prevention Framework. Our experience, alongside the evidence presented, demonstrates that effective suicide prevention for children and young people must be holistic, trauma-informed, and embedded across all aspects of policy and practice.

We know that suicide risk is shaped by a complex interplay of social, economic, and environmental factors, with child maltreatment, family adversity, and systemic disadvantage exerting profound and lasting impacts on mental health and wellbeing. Children and young people who have experienced abuse, neglect, or repeated adversity are at significantly higher risk of self-harm and suicide attempts, and these risks are compounded by fragmented systems, long wait times, and poorly integrated services.

A truly child-centred approach recognises that vulnerability and the need for support do not end at 18, and that critical transitions, such as leaving care, changing placements, or moving between services, are high-risk periods that demand coordinated, proactive, and ongoing support. We believe that the Framework should prioritise accessible, evidence-based, and timely mental health services, with a particular focus on prevention, early intervention, and continuity of care. Community-based, youth-friendly, and trauma-informed services must be expanded and resourced to meet demand, ensuring that

every child and young person can receive developmentally appropriate care when and where they need it. Systems must work together to provide streamlined pathways, reducing the system navigation and advocacy burden on families and children and young people themselves.

Above all, suicide prevention efforts must be grounded in genuine partnership with children, young people, and their families: amplifying their voices, respecting their expertise, and actively involving them in the design and delivery of services. By embedding child safety, resilience, and recovery as core values, and fostering a culture of shared learning and vigilance, the Framework can deliver meaningful, lasting change for those who need it most.

Parkerville looks forward to ongoing collaboration to realise this vision and strengthen the systems that support the wellbeing and potential of all children, young people, and families.

Yours sincerely,

Kim Brooklyn
Chief Executive Officer

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Contact details

For further enquiries on this submission, please contact:

Dr. Sarah Priest
Research and Advocacy Lead
Sarah.priest@parkerville.org.au

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