Submission by

The Australian Association of Social Workers

Queensland Branch

Reducing Youth Suicide in Queensland

Professor Bob Lonne, AASW National President

Phone: 0401 960 580

E-mail: aaswnat@aasw.asn.au

Kandie Allen-Kelly, AASW Chief Executive Officer

Phone: 02 6273 0199

E-mail: Kandie.Allen-Kelly@aasw.asn.au

4 December 2009

Table of Contents

Executive Summary

The Australian Association of Social Workers (AASW) is the key professional body representing more than 6000 social workers throughout Australia. The social work profession is committed to the pursuit of social justice, the enhancement of the well being, quality of life and the development of the full potential of each individual, group and community in society.

The AASW Queensland Branch, in responding to the Commission for Children and Young People and Child Guardian's detailed review of the lives and deaths of children and young people in Queensland who completed suicide between 2004 and 2007, seeks to assist the development and implementation of effective universal and targeted prevention, early intervention and postvention programs to reduce youth suicide.

The submission is underpinned by a number of key principles. These include adopting an ecological approach to ensure holistic and child and young person focused policy development and service delivery that looks beyond the individual, to considering the interrelated relationships, social, cultural, economic and political influences and context that impact on each person.

The AASW supports a child and young person focussed collaborative framework. By placing the child or young person and their family at the centre of any strategic or intervention design, conceptualising and implementing targeted interventions is more effectively able to support individual and community resilience thereby strengthening a cohesive safety net for the child or young person at risk.

Further principles include a strong cross-cultural framework, polices and service delivery that is gender sensitive, inclusive decision making, advocacy, and consideration of socio-cultural factors influencing suicide risk in young people. Furthermore, the submission favours strategy and policy that acknowledge and highlight the critical differences between those living in rural and remote Indigenous and non Indigenous communities and urban or metropolitan communities.

The AASW has identified some particularly vulnerable groups of children and young people, highlighting the importance of developing targeted strategies to meet their unique needs. These groups include Aboriginal and Torres Strait Islander children and young people; lesbian, gay, bi-sexual and transgender young people; children and young people from culturally and linguistically diverse backgrounds and children and young people in and transitioning from care.

The submission considers the important role that youth culture has in the development of targeted responses to suicide prevention and intervention. Doing so highlights the importance of considering young people's engagement with technology and broader definitions of 'community' from a child or young person's perspective. Furthermore, the submission identifies the important role that a community development approach can have, as an inclusive, strengths orientated way of engaging with, and increasing participation of communities in response to suicide prevention activities.

The development of cross-sectorial strategies, partnerships and agreements targeted at reducing suicide risk and associated mortality are discussed. In keeping with an ecological approach, the AASW Queensland Branch encourages commitment to suicide prevention and mental health promotion strategies that are connected with broader national frameworks, ensuring whole of government strategic intervention and responses.

The particular complexities of suicide bereavement including exploration of the influence of the broader social network on those affected by suicide are discussed. The link between postvention responses and opportunities for preventative and early intervention work based on the identified risks, highlights the need for a commitment to further research and contribute to the 'evidence base' principles for all suicide bereavement support and postvention activities.

In order to evaluate and continue to develop responsive and effective prevention and postvention policy and activities, a commitment is required to establish a clear research agenda regarding suicide among children and young people. Inclusive research methodologies are supported as forming a critical part of the research agenda to ensure the voices of children and young people, their families and communities are heard. It is argued that this provides valuable insight and understanding, by 'giving voice' to the people who are affected by suicide.

The AASW identified 10 areas for consideration, key of which were:

1. Collaborative frameworks are child and young person focused, recognising barriers and challenges particularly relevant to rural and isolated and culturally diverse communities.

2. Embedded opportunities for children and young people to participate in decision making and program development are designed into programs and policy, to ensure responses are inclusive and occur in accordance with the rights and needs of the child or young person.

3. A requirement to focus policy and program development that prioritises the continuity of care relationships for children in and transitioning from care, to ensure an extension of support after the child turns eighteen or the statutory order expires.

4. That policy and program development targets strategies utilising the multi-technology access points used by young people in ensuring activities identify vulnerabilities, and therefore, opportunities for culturally appropriate and responsive prevention and postvention activities.

5. Formal leadership is required in Queensland to strengthen and ensure a holistic and whole of government response to suicide prevention activities, the research agenda and policy and program development and strategies. It is recommended this leadership rest with the role of the Commissioner for Children and Young People and Child Guardian.

Introduction

The Australian Association of Social Workers (AASW) is the key professional body representing more than 6000 social workers throughout Australia. In addition to advocating on behalf of our members and the profession, the AASW has a long history of advocating for and on behalf of vulnerable groups in society. The Queensland Branch of the AASW represents approximately 1000 social workers working in diverse settings, many of whom have supported either directly or indirectly, children and young people at risk of, or expressing suicidal ideation and self harming behaviours.

The Commission for Children, Young People and Child Guardian (CCYCG) is undertaking the Reducing Youth Suicide in Queensland (RYSQ) project, a detailed review of the lives and deaths of children and young people in Queensland who completed suicide between 2004 and 2007. The project aims to increase knowledge and understanding and identify key risk factors and warning signs in relation to children and young people at risk of suicide. It is understood by the AASW Queensland Branch, that this in-depth research will, in addition to meeting it's obligations under Section 89ZE of the *Commission for Children and Young People and Child Guardian Act 2000*, provide a solid and contemporary evidence base to inform prevention efforts targeted at children and young people, with the aim of reducing youth suicide in Queensland. The AASW commends the CCYPCG for undertaking this extremely important work and is committed to assisting the Commission.

The social work profession is committed to the pursuit of social justice, the enhancement of the well being, quality of life and the development of the full potential of each individual, group and community in society. Key principles informing this submission include the belief in human dignity and worth, social justice and service to humanity, which involves enabling people to develop their potential and to ensure their personal and social needs are met (AASW, 2000). The AASW Queensland Branch supports a focus on prevention and early intervention, socially inclusive and evidence informed policy and practice. Furthermore, any strategy and policy needs to acknowledge and highlight the critical differences between rural and remote Indigenous and non Indigenous communities and urban or metropolitan communities. Identifying these critical differences, including the social profile, infrastructure deficits or strengths, and practice style, must be part of any effective framework for prevention or early

intervention. This submission will highlight some of those critical differences in order to illustrate the need for strategies to be targeted and considerate of the uniqueness of the community's landscape.

This submission is written from an ecological perspective, and accordingly, strategies, policies and service delivery needs to occur on a continuum from prevention and early intervention through to postvention. The AASW strongly supports the development of universal prevention and early intervention and targeted prevention programs to reduce youth suicide. A developmental prevention perspective is suggested as this *"refers to interventions aiming to reduce risk factors and promote protective factors that are hypothesised to have a significant effect on an individual's adjustment at later points of development"* (Tremblay &Craig, 1995, p. 156, cited in National Crime Prevention, 1999).

While it is understood the CCYPCG have provided discussion points and a questionnaire to assist responses, this submission will respond more broadly to the issues and priorities that underpin best practice in strategies that aim to reduce and respond to youth and childhood suicide. Vignettes and information about particular programs and practices identified as being effective, are provided throughout.

Child and Young Person Focused Collaborative Framework

The AASW Queensland Branch supports, in principle, a more inclusive approach to service delivery that assists to identify, monitor and support children and young people at risk of suicide. Social workers are often at the 'front line' of service delivery, working in collaboration with other agencies and disciplines wherever possible and practicable.

An ecological approach is recommended by the AASW Queensland Branch in ensuring the underpinning framework, strategies and interventions flow through the various interconnecting systems and layers that impact on and make up a child or young person's context. This includes their family, neighbours, school, friends, online communities, extended family members, health services, relevant child protection, family and community support services, and other clubs or networks the young person may engage with and feel safe with. It is noted that children and young people are more likely to engage or seek support from those closest to them and therefore, strategies that have

a broad reach are considered to have greater impact on strengthening a safety net for children and young people.

An ecological approach provides an holistic framework, integrating the multiple factors and levels of systems which impact on an individual. By recognising these and analysing the interrelationships, the model provides a comprehensive and inclusive way of considering and attempting to understand some of the challenges and factors impacting on a child or young person. An ecological approach demands we focus on each interconnecting level: from the individual or micro level, through to the macro level system, which includes underpinning social values and beliefs, particularly in relation to issues of gender inequality, power imbalances, gender socialisation, cultural differences and inequality (Besthorn & Pearson McMillan, 2002; Bronfenbrenner, 1979; Bronfenbrenner & Mahoney, 1975; Pecora et al., 2000; WHO, 2002). Of particular importance is its helpfulness in conceptualising and developing strategies that target the multiple layers involved, to achieve a multi focal, multi-disciplined, comprehensive integrated strategy. Further, an ecological model is consistent with the AASW's commitment to social justice and human dignity and worth.

Community practice is core to social work and consistent with an ecological-systems approach. This enables social workers to engage with clients and communities to: (1) view the client and the situation— the 'ecological unit'—as the proper focus for assessment and intervention; (2) see the teaching of environmental coping skills as the primary purpose of helping; and (3) place environmental modification and the provision of concrete services on an equal plane with direct, face-to-face interventions with clients (Hardcastle, 2004, p. 3). The success of interventions and responses are heightened when this work is based in the "naturally occurring" and "socially constructed networks within the social environment to provide social support" (Hardcastle, 2004, p. 3).

Key to community practice is communication, collaboration and consultation between relevant services. Often, the process of community practice can be fraught and many impediments exist that undermine or disallow the necessary level of consultation and liaison. This includes agency protocols and privacy legislation that, rather than facilitating appropriate consultation and information sharing can create additional challenges and barriers. This is exacerbated in smaller rural and remote communities, particularly in

terms of the privacy and confidentiality of individuals where, for example, workers may be related to, or have personal relationships to each other, or with clients. The AASW understands and supports the importance of confidentiality and privacy, indeed this is a key component of our value and ethical base. However, we also recognise the importance of facilitating greater communication between relevant services and organisations, in order to better support children and young people. It is suggested that achieving this requires a combination of review of current legislation, policy and protocols to enhance appropriate professional information sharing, removing some of the current barriers, together with education to achieve shared understandings about what appropriate information sharing involves and the importance of a whole of government/whole of community, holistic approach.

Successful collaborations rest on the quality and nature of the relationship between staff delivering services generally, however this is particularly pertinent for rural and remote communities. It is commonly experienced that the transient nature of the workforce, particularly in such communities, can impact on continuity of the worker and so, relationship building, thus impacting on the strength and reliability of the service network that may be critical for a vulnerable child or young person. While recognising this is a challenge for service delivery to rural and remote communities generally, consideration is required regarding how to better enhance relationships and continuity of service, particularly when considering suicide prevention and early intervention strategies.

It must be highlighted that where a safety net of service providers or supports has achieved effective collaboration, this connection can be a critical protective factor for the child or young person. Furthermore, research indicates an integrated and collaborative approach is required for effective intervention with children and young people engaging in self harming or high risk behaviour (Department of Child Safety, 2008).

Research highlights the protective response resulting from a 'key connection' for a child or young person in relation to preventing suicide. A sense of belonging and connectedness to family, and feeling loved and respected in the family, is a protective factor for a number of risk behaviours, including suicidal behaviour, substance abuse and violence (Fuller, McGraw, & Goodyear, 1999). It is important that opportunities for assisting and supporting those connections are considered in any prevention or early

intervention strategy. It is widely accepted that many children and young people at risk of suicide are disengaged or have not connected with service providers and therefore, efforts that seek to enhance a child or young person's existing support network must also be prioritised. Research clearly indicates that developing meaningful relationships with children and young people is a key component to effective engagement and to facilitating a sense of belonging and connectedness (Fuller, McGraw, & Goodyear, 1999).

The AASW Queensland Branch has identified the following qualities and indicators as being necessary for a child and young person focused collaborative model:

- Responsive to the unique needs of the child or young person, as opposed to a 'one size fits all' response.
- Consideration of socio-cultural factors that influence suicide in young people, including access to services, knowledge of services, support in accessing services, and getting to appointments.
- Consideration of the different views held by children, young people and their families, around seeking help and any associated stigma.
- An holistic approach that considers the child or young person within the context of their family, environment, community and the broader society.
- A sound cross-cultural framework and understandings by workers in contact with children / young people.
- A framework that is culturally and gender sensitive and appropriate.
- The child and young person is included as a key stakeholder in decision making wherever appropriate, without causing any further harm or distress.
- Recognition of the role of individual and systems advocacy to assist the child and/or young person to be heard.
- Timely communication, information sharing and consultation between relevant services and other key identified stakeholders both formal and informal.
- Open as opposed to time limited services.
- Accessible, available and non stigmatizing services.
- The participation of children and young people in decision making processes that affect their lives.

Figure 1.1   Eco-map for young person

The diagram shows a central circle (young person's family — Mr X, Mrs, Young Person, sibling, sibling) surrounded by circles: School, Carer, Community health service, Child Safety Officer, Peers/other young people, Indigenous Child Safety Support Officer, Sister in care, Friends 'online', Auntie / extended family.
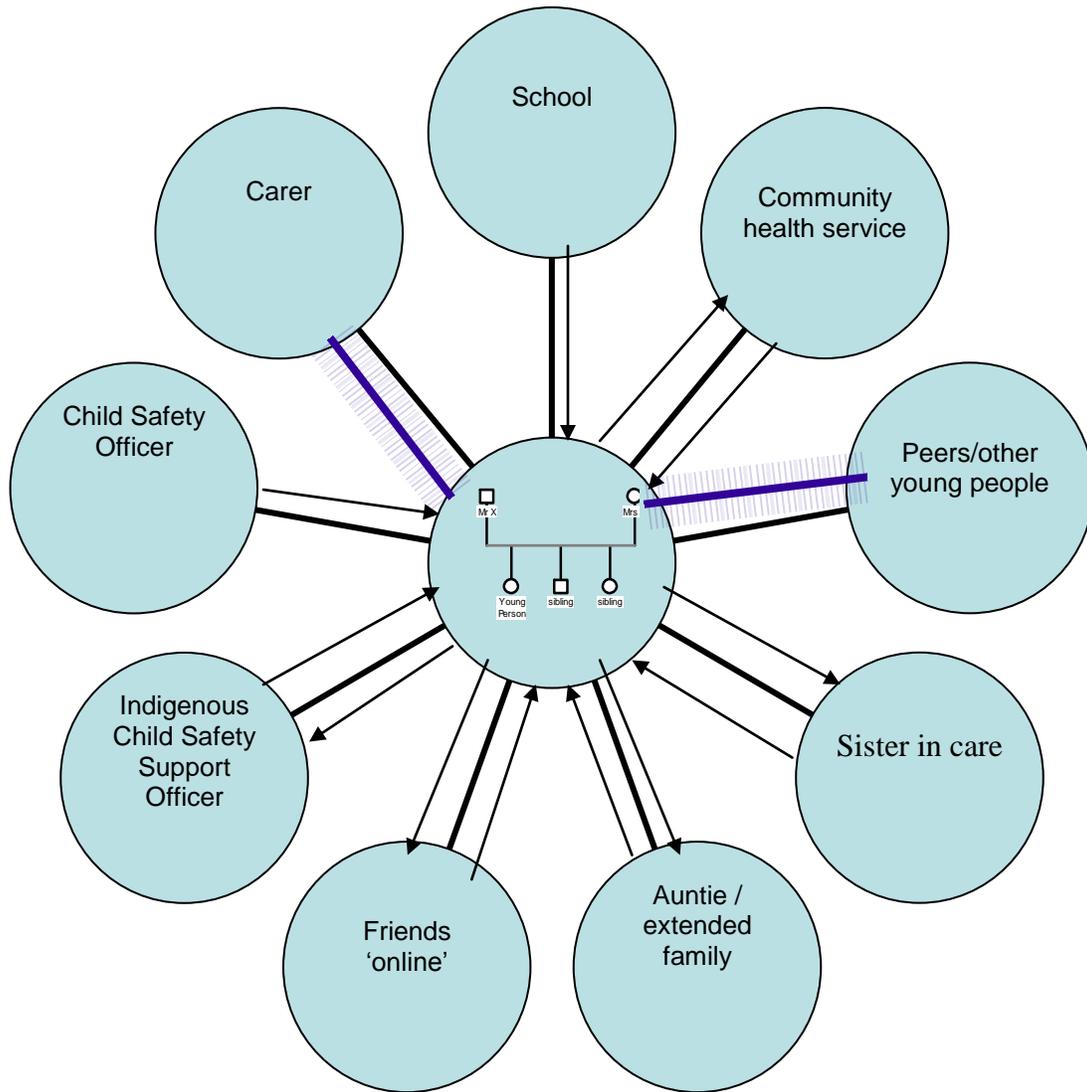
Key

Conflicted Relationship

Relationship with support one directional

Strong relationship in both directions

Diagram Explanation

This eco-map of a fictitious Indigenous young person shows that she is in the care of the Department of Communities (Child Safety Services), along with her sister. We can see the relationship with her sister is strong, as is her relationship with her parents and her

auntie. The young person also has a positive connection with the Community Health Worker, however, has a negative relationship with the carer. There is a positive relationship with the Indigenous Child Safety Support Officer, however, her relationship with her Child Safety Officer is not experienced as inclusive and participatory. The young person has some positive relationships with her on line friends, however, there are conflictual relationships with other peers, primarily around issues of bullying.

This eco-map provides an opportunity to view the young person holistically, as part of the broader system and can be a powerful tool to observe the young person's interactions and sources of support, while also allowing us to identify strengths in their system. Therefore, intervention strategies or case plans can focus on supporting and enhancing existing strengths and addressing and attempting to minimise areas of conflict or discord. When working with young people at risk of suicide or deliberate self harm, there is an importance in considering their total system in order to develop and strengthen their safety net.

Policy and Practice – Target Groups

As part of this submission, the AASW Queensland Branch would like to focus on some key groups of children and young people identified as being predominantly vulnerable and therefore, requiring particular attention.

Aboriginal and Torres Strait Islander children and young people

Suicide was not common in traditional Aboriginal and Torres Strait Islander societies; it was only in the 1970s that we saw the incidence rates of suicide and suicidal behaviour start to increase. Since that time, suicide has become a significant contributor to premature mortality among Aboriginal and Torres Strait Islander people (Elliot-Farrelly, 2004). Importantly, this reflects the significant social, cultural, economic and community level issues impacting on many Aboriginal and Torres Strait Islander people, highlighting the impact of the broader macro level factors. Therefore, when considering risk factors for suicide for Aboriginal and Torres Strait Islander people, it is more useful to consider *"lifestyle rather than vulnerability to suicide as such. Risk should be considered at the community rather than individual level…"* (Elliot-Farrelly, 2004, p.3).

Data provided from Queensland, Western Australia, South Australia and the Northern Territory indicated that 31% of young Indigenous deaths in 2004 resulted from intentional self harm (AIHW, 2006, p.207). Furthermore, 2002-2004 data indicated suicide as a leading cause of death of Indigenous people living in rural and remote communities (AIHW, 2008, p. 85). Queensland data indicates that suicide mortality rates for Aboriginal and Torres Strait Islander people, across all age ranges were significantly higher than comparative rates for non Indigenous people in the state, evidenced in particular among the younger age groups.[1] Research also suggests that in relation to the Indigenous population, *"for each completed suicide there may be up to 50 male and 300 female attempted suicides"* (Elliot-Farrelly, 2004). Furthermore, that suicide appears to occur in *"clusters"* within certain Indigenous communities, during particular times. There are however, few documented prevention and intervention strategies that specifically target the unique needs of Aboriginal and Torres Strait Islander people in Australia.

Practitioners in the field regularly comment on the particular needs of Indigenous communities and the importance of building connections in order to encourage resilience, strengthen support networks and relationships with others. Social Work Practitioners describe the need to focus on creating and locating opportunities to engage in 'conversations' with young people and community members as a way of building these connections. Importantly, it takes time to develop relationships with Indigenous young people and their families and communities. Actively facilitating an inclusive decision making process is central to this process of building connections and increasing resiliency, as is continuity and consistency of service providers. Clearly, policy and program implementation requires staff having a strong cross-cultural framework.

The AASW Queensland Branch supports a framework for responding to Aboriginal and Torres Strait Islander children and young people at risk of suicide that places them and their family (where safe and appropriate) at the centre. Ecologically framed child and community focussed practice requires that policies and services are flexible and responsive to the diverse needs of children and young people, and their communities, recognising they are not a homogenous group. This also recognises the importance of

---

[1] For the period 2002-2004, the rate of suicide mortality for Aboriginal and Torres Strait Islander males aged 15-24 was 56.47 per 100,000, over twice the Queensland rate, and for the 25-34 year old age group, 108.08 per 100,000, almost three times that of the Queensland rate. For females aged 15-24, the rate was 28.5 per 100,000, more than four times the Queensland rate (De Leo, Klieve & Milner, 2006, pp. 85-86).

considering the context in which the child and young person lives and the multiple factors that impact on them.

Therefore, any suicide prevention strategy requires consideration of the broader social and structural factors and context impacting on Aboriginal and Torres Strait Islander children and young people. This needs to take into consideration the history of oppression and dislocation, historical changes to the very fabric of the social structure, dispossession and alienation, together with the current challenges experienced by many Indigenous communities in terms of poor access to basic human needs and key services and facilities. It requires active and meaningful engagement with the various communities, utilising principles of community development, together with a whole of government approach to address both structural and individual disadvantage.

Vignette 1

A remote town in the Far North of Queensland experienced a spate of contagion suicides of young people that had far reaching ramifications not only to the local community, but the entire region as well. Affecting children as young as 10, support came in the form of early intervention as a postvention strategy. Leaders in the community, such as trusted elders, community recreation officers, youth mentors, among others identified by the community as possessing trusted and valued relationships with the areas young people, were quickly recruited and trained to team up with identified children and young people at risk and form a buddy system. The primary goal of the community buddy system was to increase and maintain relationships and contact with the identified children and youth at risk as well as to monitor as many of the town's children and youth who may not have been deemed at high risk but who could easily and quickly slip into the high risk group.

The buddy system used existing community activities such as sports, dancing and music to further facilitate the program; other activities and one-on-one interactions were created to include those not already participating in any current activities. The buddy system program was a highly successful way of using informal methods to secure formal safe outcomes during a very volatile emotional time. One 12 year old boy stated to his buddy how much he enjoyed having someone who was from the town he could talk to and knew what had been going on and understood how he was feeling as it was hard to explain things some times. The boy disclosed that he had been thinking about 'joining his dead friends' but didn't feel so alone and isolated anymore and realised that suicide wasn't the best option.

> ***Vignette 2***
>
> *In 2007 and 2008, the Drop the Rock Program trained over 15 Indigenous support workers from Cape York toward a Certificate IV in Mental Health [non clinical]. This program used relational and participatory group empowerment methodologies, mixing personal development and best practice adult learning techniques. Intensive support with actual employment and the creation of a sense of belonging within the program group enabled students to persist with the program despite many structural difficulties that would ordinarily prevent inclusion. 13 people completed the Certificate. The program was envisaged as an initial step in a range of wellbeing vocational pathways which might lead toward further wellbeing work: for example participants built visions toward further TAFE training, community development, counselling, nursing, health work, or social work education.*

The development of an Indigenous "Wellbeing Workforce" that represents and links into remote communities is critical for successful social interventions that reduce youth suicide in regional and remote communities. This workforce can create a knowledge and practice link between traditional methodologies and professional methodologies. This workforce requires long term and bi partisan strategies through which Aboriginal and Torres Strait Islander people can consolidate their own cultural knowledge and gain generalist skills regarding emotional and social wellbeing. The development of such a workforce requires a range of empowerment and education pathways that challenge barriers currently posed by secondary, tertiary and VET training for Indigenous people.

Lesbian, Gay, Bi-sexual and Transgender (LGBT) children and young people

Importantly, research indicates that lesbian, gay, bi-sexual and transgender young people are up to 13.9 times more likely than heterosexual young people to attempt suicide, and are more likely to attempt suicide at an earlier age (Brown 2007). In 2008, research conducted by Open Doors Youth Service found that 36.6% of those young people surveyed had attempted suicide and 82.3% reported having had suicidal thoughts at some stage (Thorpy and Reid, 2008). Transgender young people are at even greater risk with some studies indicating up to 34% of transgender young people have attempted suicide (Whittle, Turner & El Alami 2007). Issues of gender and sexual identity are noted as not the risk in themselves, rather the experiences of discrimination, prejudice and homophobia increase the risk.

Research indicates that a sense of connection significantly reduces suicide risk, which has been identified as a common theme for children and young people generally.

Programs and strategies that seek to establish and strengthen supportive networks for lesbian, gay, bi-sexual and transgender young people and provide training to service providers (such as the 'Open Doors' Youth Service), is vital in ensuring targeted suicide prevention activities within a community development framework. In addition, it is fundamental that program funding is responsive to the needs of service delivery and respectful of the timeframes required to establish relationships and confidence from key stakeholders.

The LGBT group also includes Aboriginal and Torres Strait Islander and culturally and linguistically diverse children and young people. The consideration here needs to be on the multiple interrelated and interconnected issues of marginalisation and disadvantaged.

Culturally and Linguistically Diverse Background (CALDB) children and young people

Interventions and contact with children and young people from CALD backgrounds require service providers to have a cross-cultural framework and broad understandings of refugee/migration experiences. This includes the 'pre-arrival' to Australia experiences, and experiences of 'on arrival', such as for those held in detention centres before granted a Visa. A cross-cultural framework is required that can reach the young person's diverse world views as well as the myriad of personal experiences, recognising this may challenge a service provider's frame of reference. It is highly recommended that strategies targeting vulnerable transitional periods or situations, including during the child or young person's settlement period, need to be considered and implemented. It is suggested that 'it is never too early to provide information and/or support to the young person or their family if at risk situations are identified.

Culture shock can potentially increase the risk of mental illness, combined with distrust of services in Australia. Further factors that require consideration include experiences of multiple layers of trauma, cultural conflict in second generation children and young people, and a secret double life of second generation children and young people *'not fully living in either culture, disturbance in identity and support networks'* (Dusevic, 2001). Understanding the developmental impact that such loss, of trauma and the unique factors associated with the adjustment period for recently arrived migrants or

refugees, can potentially have on a child or young person (Chauvin, 2001), is key to ensuring programs or interventions are available and responsive as the child or young person grows and experiences cultural identity issues and negotiates key relationships in their lives.

The target group of children and young people from CALD backgrounds is important given the diversity in itself, which includes those who are from non-English speaking backgrounds (NESB), and first generation Australian born. Some of the identifiable groups are: migrants; refugees (onshore and offshore); unaccompanied minors (refugees or asylum seekers); temporary visa holders; international students; and those sponsored to come to Australia (at times) under 25 years of age.

Vignette 3

The son, a young person from a family from a Pacific Island expresses suicidal thoughts and plans. The young person was already connected to health systems due to having a permanent disability. Interventions included information dissemination, explanations and supported understandings of the mental health system, including attendance of a bicultural worker. At a subsequent meeting the parents disclosed that their son had not attended a mental health assessment. Further exploration as to why identified statements indicating they were fearful that their son 'will be taken away to one of those places' and away from them – the parents.

Vignette 4

An unaccompanied minor arrives in Brisbane following a lengthy period of being in a detention centre. He discloses to the case worker via an interpreter that 'all he wants is to have a home and his family'. He is placed in a mainstream foster care home. While the response met the child's basic needs, it is queried as to whether a cross-cultural framework has been utilised to consider the child in the context of a strengthened support system that meets all aspects of his needs.

Vignettes 3 and 4 highlight the ongoing challenges for service providers when working with families and/or young people from CALD backgrounds. The considerations of supported, consistent and appropriate use of culturally sensitive strategies need to be applied and reinforced in early intervention and ongoing strategies. Additionally, the consideration that familial and community connections need to be considered and accessed when assessed as safe for children or young people from CALD backgrounds. The coined phase that 'one size does not fit all', is of particular relevance as the risks of suicide meld into the complexity of cultural beliefs, practices, culture shock as well as the

interrelated connections of trauma for children and young people from CALD backgrounds.

Children and young people in care

The RYSQ report indicates in its preliminary findings that 40% of the children and young people that suicided between 2004 and 2007 had experienced childhood abuse, chronic familial conflict and family violence. Of those, it is noted, a significant proportion were known to the Department of Communities (Child Safety Services) or had a current case file with Child Safety Services.

Children and young people in care are significantly at risk of suicide and self harm due to the psychological and emotional effects of abuse and neglect. They are at risk of depression and trauma and poor physical health. Studies suggest that 15-20% of children and young people in care experience severe psychological and behavioural problems. This highlights the importance of placement matching, ongoing support both to the children/young people and the carer, and monitoring throughout placement and beyond (Create Foundation, 2008).

These young people are also often lacking in many of the protective factors noted as influencing and supporting resiliency. The often multiple experiences of grief and loss through multiple placements, identity issues and disruptions to being able to form close and secure attachments with a supportive adult in their life, can leave the child or young person particularly vulnerable to poor life outcomes. Children and young people leaving care are further isolated and marginalised, and many experience structural disadvantages upon transitioning due to the lack of a secure and supportive home base to assist them, along with limited available resources to facilitate or support and navigate this process. Research has found that for those young people who have left care and who have not experienced a sense of security, had multiple placements and not experienced a caring environment, they faired worse than their peers not in care. This includes: low levels of educational attainment, high rates of unemployment, mobility, homelessness, financial difficulty, loneliness, physical and mental health problems (Cashmore and Paxman, 2006).

Aboriginal and Torres Strait Islander children and young people, account for a significant majority of children in care. Family and community connections and spirituality have been identified as being a source of inner strength and resilience, and can be elements that are potentially protective for the Aboriginal or Torres Strait Islander person throughout their life. This allows the child as they grow, to see themselves as part "*of an interconnected network of people and a journey*", therefore giving them greater capacity to deal with life and any challenges faced (Sleight, 2005).

The question then is how to ensure Aboriginal and Torres Strait Islander children and young people in out of home care have the opportunity to connect to, learn and grow their cultural strengths and spirituality throughout their childhood. The cornerstone to achieving this is maintaining and supporting meaningful connections to family and kinship, which includes immediate and extended family, non-biological family and the individual's community. This strategy supports the view that where assessed as appropriate, community and family are best placed to provide links into culture and spirituality for Aboriginal and Torres Strait Islander, CALD background, and more generally, children and young people.

Greater focus of policy and service delivery is required on **'**continuity of care relationships' for young people in care, in terms of continuing secure and supportive relationships after a child attains the age of 18 or their statutory order expires. This is essential to developing the young person's capacity to form trusting relationships and a sense of security, belonging, self efficacy and hope.

<u>Transitioning from care</u>

There has been a common assumption here in Australia and the United Kingdom (UK), that when they turn 18 or their order expires, the young person will move out of their placement. This has been challenged by the emerging practice in the UK and USA, which aims to provide continuity of care beyond the age of 18 and beyond care. We know for a number of children and young people, their carers become enduring and important relationships. The aim is to increase this experience for all children in care. In the UK this involves providing personal advisors for young people during and after they leave care. Also being considered is re-designing foster placements as supported accommodation, to provide extended support to the young person and carer. In the

USA, some young people are not discharged from care until they reach 21, which has proven to be of benefit (Cashmore and Paxman, 2006).

Research shows that carers are more likely to allow young people to live with them after their order has expired, or the placement has officially ended, if they are positively supported and have clear expectations (Cashmore and Paxman, 2006). This further highlights the importance of a long term strategy in working with carers, children and young people in out of home care, which includes ensuring adequate support, effective communication and participation by the child and young person in decision making and greater focus on transition planning.

A common theme identified has been the need to reduce the sense of rejection and isolation that young people may experience after leaving care. For most of these young people, they have already experienced a great deal of rejection, separation and loss. A common way of dealing with this by the young person is to 'move on', and for many of these young people, they can experience difficulties in maintaining relationships.

Planning for transition from care is therefore critical. Cashmore and Paxman (2006) found that for those young people who could not, or did not wish to remain with their carers, the most pressing issue was to find safe and secure accommodation and ensure ongoing support. This highlights the importance of ensuring that no young person leaves care without adequate planning and support to maximise their outcomes. Therefore, the AASW Queensland identified that a collaborative and integrated suicide prevention strategy requires strong connections with the Department of Communities and foster care service providers to ensure policies, strategies and practices regarding children and young people in out of home care are planned in order to minimise negative experiences, and therefore, the risks of suicide or self harm by children and young people in care. This necessarily involves a comprehensive and holistic consideration of transition planning.

Youth Culture

An understanding of youth culture, more generally, must also be central to targeted responses to suicide prevention. In addition to ethnicity, race, gender and geographic

differences, young people operate in diverse sub cultures and an understanding of the context in which young people live their lives, is vital in ensuring strategies connect with them and their communities. This is particularly relevant when considering young people's engagement with technology and the broader definition of 'community', as defined by young people. Through engagement with virtual communities and multi-technology access points such as the mobile phone, social networking sites and messaging, young people can be vulnerable to harm through the often public and instant nature of the relationship communication.

While there are vulnerabilities associated with the new and expanding technology and relationships for young people, there is also significant opportunity for policy and programs to target strategies utilising these communication pathways in order to be accessible and culturally appropriate. Involving children and young people is essential in developing strategies and policies that best meet their needs and 'speak to them' with regards to issues of suicide prevention, bullying and other aggressive or persecuting behaviour.

Community Development

The AASW QLD Branch supports a community development model for responding to suicide prevention. Community development involves community members, children and young people in the development, implementation and evaluation of the intervention or program. 'It is not something that is done 'to' or 'for' communities, rather it is done 'by' and 'with' communities' (Mitchell, 1999). Involving communities through support groups and needs assessments, development of networks and projects, are likely to be more sustainable when embedded in the community and championed by the community. Community development also operates at a systems level rather than an individual level and while increased capacity and skills of front-line services are supported, interventions applied at 'multiple levels' and over time are most likely to result in behavioural change (Mitchell, 1999).

In order to encourage conversations in communities to develop strategies, consideration must be given to utilising a variety of mediums that are culturally appropriate and meaningful to children and young people. Positive outcomes have been achieved with young people when strategies engage them through creative arts, the media, movement,

forums and sporting activities. The process of participation can be a protective factor for young people encouraging a sense of community and increasing their support network. When these connections are formed, the relationship can be built upon to provide support and connectedness.

Service Delivery

The Queensland Plan for Mental Health, 2007-2017 has identified mental health promotion, prevention and early intervention as a priority area. As part of this, additional funds have been allocated to support activities, which include supporting ongoing development of cross sectoral strategies, partnerships and agreements targeted at reducing suicide risk and associated mortality. This includes the development of a risk management framework for the detection and management of suicide risk (Queensland Government, 2008). Any collaborative strategy identified therefore needs to work in closely with Queensland Health to ensure a targeted and integrated response.

It is recognised that for children and young people experiencing mental health issues, the journey to receiving targeted mental health services can be long and fraught with challenges, with some people never receiving specialised support. In addition, in regional, rural and remote Australia, often access to specialised mental health services is extremely limited. The AASW Queensland Branch views that the role of mental health practitioners is vital in complimenting the broader social and community responses to children and young people at risk. However, in recognition of the limited resources available, particularly for rural and remote communities, we therefore need to ensure that general practitioners, the nursing and community health practitioners and other primary and community primary health care practitioners receive regular professional development to enable them to identify risk factors, and with the provision of evidence based resources, assist to inform how they respond. This is needed in metropolitan, rural and regional Australia.

In keeping with an ecological approach, the AASW Queensland Branch encourages commitment to suicide prevention strategies and mental health promotion strategies to be connected with broader national frameworks, ensuring a whole of government strategic response. The current national framework agenda in the areas of mental

health, homelessness, child protection and domestic and family violence should be engaged in by policy and program developers to ensure the needs and voices of children and young people, particularly in relation to suicidal risk, are heard. In this way, the knowledge gained from existing efforts can be harnessed and built on, while also avoiding unnecessary duplication.

It is the view of the AASW Queensland Branch that, given the seriousness of the issue of suicide among children and young people, there is a need for strengthened and resourced leadership in terms of the implementation of strategies related to suicide prevention. This leadership should formally rest with the role of the Commissioner for Children and Young People and Child Guardian, which would allow for an holistic approach to suicide prevention activities and strategies.

Postvention

The link between bereavement and adverse health outcomes is evident in the literature related to grief and loss. Suicide survivors tend to exhibit a greater incidence of complicated, prolonged or pathological bereavement. It is acknowledged the process of bereavement following a suicide is also typically prolonged. Research indicates bereavement after suicide can be more complex than bereavement following a natural death (Botha, Guilfoyle & Botha 2009). It has been suggested that the influence of the broader social network significantly impacts on the bereaved individual or family. Weight must be given to the impact social stigma and lack of knowledge related to 'appropriate' responses from family members has on the bereaved individual who can feel further rejected and isolated when support is not provided or limited (Flynn, 2008).

In addition, Botha, Guilfoyle and Botha (2009) suggest that the response immediately following suicide includes involvement from many frontline service providers including police, ambulance and paramedical personnel, health care practitioners, funeral services and notifiers. This response is considered pivotal in influencing either positively or negatively, the course of events for the bereaved. Attention must be given to those professionals immediately involved following the suicide of a child or young person, to ensure they receive appropriate training to enable them to respond sensitively and effectively. This includes understanding and adhering to key practice standards with

regards to appropriate use of language, information provision and supporting responses. Furthermore, due to the particularities of suicide bereavement, greater emphasis is emphasis on continuity of care to those bereaved.

Postvention activities encompass responses to those affected by suicide at an individual and community level. Effective bereavement support programs can provide support, information, and establish links between family's and individuals grieving the loss of a loved one through suicide. It is therefore important that such groups, where possible are facilitated and supported by those with an existing relationship with the community. This is particularly relevant in Aboriginal and Torres Strait Islander communities, culturally and linguistically diverse communities and smaller rural and remote communities more generally.

Survivors of suicide can be left burdened with many unanswered questions and given the complex community reactions to suicide, people can feel further isolated, vulnerable and disconnected. The AASW Queensland Branch supports community driven responses to suicide bereavement, acknowledging this can occur in a variety of forms, consistent with the particular needs of the community. Informing this work is a focus on using community development methods with postvention responses.

Consideration must also be given to the role of spirituality in the design of postvention activities. As spirituality may be part of the child or young person's 'belonging system', strengthening existing or familial spiritual ties has the potential of increasing protective factors and acknowledges and links the child or young person to their social systems. Again, a focus on the total system the child or young person operates in allows for a strengthened and more sustainable support plan.

The area of postvention in school settings is somewhat contentious. Many people can be affected by the suicide in a school community including teachers and those positioned to support the needs of children and young people in the school setting. According to Suicide Prevention Australia (2009), there exists a dilemma of preventing 'heroism in tributes to the deceased young person, and the risk of imitative or copycat suicides'.

Literature regarding postvention activities indicates suicidal behaviour is elevated in those exposed to suicide by peers. It should be noted however, that empirical data is scant. Queensland education settings have solid policy in place with regards to limiting suicide education due to the potential for adverse consequences for the young person if it is contributed to the romanticism of suicide. Botha, Guilfoyle and Botha (2009) identified that approaches that target the broader social and developmental risk factors for poor life outcomes, serve to also respond to the same risk factors associated with suicide. Examples of such responses are highlighted by the 'Mind Matters' program that aims to embed promotion, prevention and early intervention activities for mental health and well being in Australian secondary schools'.

Risk is also associated with vicarious trauma for volunteers of suicide bereavement support groups, service providers and the community more generally. With this in mind, it is important that postvention activities also consider the impact on the broader social system involved.

Research indicates there is increased risk associated with young people bereaved by suicide and this risk can be influenced through media reporting; how they found out about the suicide; whether they had recently seen or spent time with the young person; if they were a member of the person's family or peer group; and if the person was a role model. Therefore, postvention activities also serve as important effective prevention interventions to an identified 'at risk' group.

The AASW Queensland Branch therefore supports a commitment to further research to contribute to the 'evidence base' principles for all suicide bereavement support and postvention activities. In addition, specialised training and resource provision is pivotal in ensuring responders, health practitioners and broader community service providers are adhering to the principles of 'do no harm', provision of support in a manner consistent with best practice standards, and sensitive to the diverse needs of all children and young people. To further facilitate this outcome, it is suggested that information and education be provided to a range of 'non traditional' service provider roles, including community recreation officers, primary industry outreach staff and those that provide a mentoring or voluntary role with children and young people.

Research Agenda

Establishing a clear research agenda regarding suicide among children and young people, including the effectiveness of prevention and postvention policies and programs is a fundamental aspect of any strategy. Research data, particularly in terms of evaluation of policies and programs is key to ensuring that strategies are targeted and effective.

It is the view of the AASW Queensland Branch that in keeping with the principles of social work, inclusive research methodologies, such as participative action research and other qualitative research orientations, must also form a critical part of the research agenda into suicide prevention. When considered in combination with quantitative research, this can provide an additional source of rich, robust and meaningful knowledge that can inform practice and policy in relation to children, young people and their families. It is important to note that caution is warranted where prevalence or single studies are solely used to inform policy and practice in the absence of other meaningful research, such as the inclusion of the 'voices of children and young people', practice wisdom and research and learning's from the field

Community practitioners draw from the experiences and stories of communities and individuals within those communities, often identifying rich narratives of people's stories. These narratives provide an invaluable insight, and 'give voice' to the people who are affected by the particular issues or problems, such as suicide. It is important to recognise the importance and potential of these narratives in informing and influencing the design of targeted strategies and prevention work. The CCYPCG's review includes a feedback process engaging a broad cross section of professionals and organisations working within the sector. The AASW Queensland Branch encourages the inclusion of these voices and narratives in its review process.

Ensuring strategies are responsive to the particular needs of children and young people require contemporary knowledge of the systems children and young people connect with. As highlighted in this submission, further research is required in the area of technology and the variety of mediums utilized by children and young people to communicate with others. These mediums result in virtual community creation that can be a source of risk, as well as potential. We assert that deeper analysis of these

communities and mediums is required in order to identify risks where they exist, and ensure strategic policy and program work is consistent with the reality of children and young people's lives.

The AASW Queensland Branch encourages the CCYPCG to establish a research agenda to ensure that policies and programs are grounded in evidence, and are informed by the voices of children and young people. Furthermore, linkages need to be made with other intersecting areas, such as the newly developing Federal Government's research agenda on child abuse and neglect, the national framework on domestic and family violence, along with other relevant areas. It is only through this, that we can ensure policies and programs are being truly effective.

Conclusion

The Commission's review provides a sobering view of the extent and depth of this issue of children and young people and suicide. Identifying those groups at particular risk of suicide, along with situations that can increase vulnerability, provides cues and signposts for those working with children and young people to be alert and responsive. This data, in addition to the narratives, practice wisdom, the voices of children and young people and knowledge gained from research, can inform Queensland's approach to suicide prevention across the continuum. The AASW Queensland Branch supports consideration of an ecological framework in ensuring interventions and approaches holistically consider the various levels and systems that impact on a child and young person, in this way, increasing and strengthening both individual and community resilience.

Importantly, focussed intervention is required in partnership with the specific target groups outlined in this submission. Emphasis must be placed on the formation of or, enhanced support of enduring relationships in the design and delivery of such strategies, together with adopting a sound framework that is culturally and gender sensitive, together with a cross cultural framework. Resilience building and community development approaches are also recommended to ensure activities are consistent and work with existing community settings and relationships, are flexible to the particular needs of a community, and able to be creative and led by and with those affected by

suicide. The need for evidence-based principles of good practice is required to ensure service delivery does 'no harm' and provides consistency and high standards in responding to the issue of children and young people and suicide. A whole-of-government, whole of community approach to this issue is necessary to ensure focussed policy development, collaboration and holistic service delivery. It is the view of the AASW Queensland Branch that there is a compelling argument for a key organisation to take leadership in continuing to drive and implement bi partisan strategies to prevent and address issues of suicide among children and young people and that this leadership would sit well with the role, functions and duties of the Children's Commissioner and Child Guardian.

Recommendations

The AASW respectfully makes the following recommendations

1. An ecological framework is utilised in policy, program and intervention development to ensure a comprehensive, holistic and multi dimensional approach that considers the interconnecting layers and systems that impact on a child and young person.

2. Collaborative frameworks are child and young person focused, recognising barriers and challenges particularly relevant to rural and isolated and culturally diverse communities.

3. Embedded opportunities for children and young people to participate in decision making and program development are designed into programs and policy, to ensure responses are inclusive and occur in accordance with the rights and needs of the child or young person.

4. Activities and interventions responding to Aboriginal and Torres Strait Islander children and young people at risk of suicide are designed to be flexible, responsive and based within a framework of community focussed practice.

5. Programs and strategies that seek to establish and strengthen supportive networks for lesbian, gay, bi-sexual and transgender young people and provide training to service providers, are further resourced and developed to ensure targeted suicide prevention activities occur within a community development framework.

6. Strategies are developed that target vulnerable transitional periods or situations for children and young people from culturally and linguistically diverse backgrounds including during the settlement period for recently arrived migrants or refugees.

7. A requirement to focus policy and program development that prioritises the continuity of care relationships for children in, and transitioning from care, ensuring an extension of support after the child turns eighteen or the statutory order expires. Child protection policy and practice must be reviewed and attention given to planning for the reduction of negative experiences for children and young people in care in order to reduce the associated risks of suicide or self harm. This involves considerable review of current transition planning practices.

8. That policy and program strategies are developed utilising the multi-technology access points used by children and young people to enable greater connections and identification of vulnerabilities and opportunities, for culturally appropriate and responsive prevention and postvention activities.

9. The development and implementation of a broad education strategy targeting health care practitioners, allied health and community workers, occurs providing evidence based resources, training and best practice guidelines for suicide risk identification, early intervention and postvention responses.

10. Formal leadership is required in Queensland to strengthen and ensure an holistic and whole of government response to suicide prevention activities, a targeted research agenda and policy and program development and strategies. It is recommended this leadership rest with the role of the Commissioner for Children and Young People and Child Guardian.

Bibliography

AASW (1999). *Australian Association of Social Workers Code of Ethics.* Canberra: AASW.

Australian Institute of Health and Welfare. (2006). *Australia's Health 2006: The tenth biennial health report of the Australian Institute of Health and Welfare.* Cat. No. AUS73. Canberra: AIHW.

Australian Institute of Health and Welfare. (2009). *Australia's Health 2008: The eleventh biennial report by the Australian Institute of Health and Welfare.* Cat. No. AUS99. Canberra: AIHW.

Besthorn, F. H., & Pearson McMillen, D. (2002). The oppression of women and nature: Ecofeminism as a framework for an expanded ecological social work (Frameworks for practice). *Families in Society: The Journal of Contemporary Human Services, 83*(3), 221-212.

Bronfenbrenner, U. (1979) *The ecology of human development experiments by nature and design.* Harvard University Press, Massachusetts.

Bronfenbrenner, U., & Mahoney, M, A. (1975). *Influences on human development.* The Dryden Press, Illinois.

Brown, R. (2007). *Self harm and suicide risk for same sex attracted young people.* Melbourne: LaTrobe University

Botha, K.J., Guilfoyle, A., Botha, D. (2009). Beyond normal grief: A critical reflection on immediate post-death experiences of survivors of suicide. *Australian ejournal for the Advancement of Mental Health, 1*(1).

Cashmore, J. & Paxman, M. (2006). *'Felt' security and after-care outcomes. Child and Family Social Work, 11*, 232-241.

Chauvin, A. (2001). Young people from diverse cultural and linguistic backgrounds – The issues of suicide and self harm. *Paper presented at Voices from the Edge, Young People from Culturally and Linguistically Diverse Communities and the Issues of Self Harm and Suicide Conference, 2001*. Brisbane: Youth Affairs Network of Queensland.

Create Foundation. (2008). CREATE *Report Card: Transitioning from care March 2008*. (Written by Dr J. McDowall). NSW. Available online from: http://www.create.org.au/.

De Leo, D., Klieve, H., & Milner, A. (2006). Suicide in Queensland, 2002-2004: Mortality rates and related data. Brisbane: Australian Institute for Suicide Research and Prevention.

Department of Child Safety. (2008). Practice Paper: A framework for practice with 'high risk' young people (12-17 years). Queensland: Queensland Government.

Dusevic, N. (2001). Panoramic vision: the benefits for the entire community of examining the needs of young people from CALD backgrounds. *Paper presented at Voices from the Edge, Young People from Culturally and Linguistically Diverse Communities and the Issues of Self Harm and Suicide Conference, 2001*. Brisbane: Youth Affairs Network of Queensland.

Elliott-Farrelly, T. (2004). Australian Aboriginal suicide: The need for an Aboriginal suicidology? *Australian e-Journal for the Advancement of Mental Health (AdJAMH), 3*(3). Accessed 13 November, 2009 from, **http://auseinet.com/journal**.

Flynn,L. (2009). Is suicide bereavement different?: The experience of support after suicide. Grief Matters: *The Australian Journal of Grief and Bereavement, 12*(1) Autumn, 18-21. Accessed 24 November 2009 from, www.mindmatters.edu.au

Fuller, A., McGraw, K., Goodyear, M. (1999). *The Mind of Youth*. Melbourne: Department of Education.

Hardcastle, D.A. (2004). *Community Practice: Theories and Skills for Social Workers*. Cary, NC, USA: Oxford University Press Incorporated.

Mitchell, P. (1999). *Community development and community support in the prevention of youth suicide in Australia, Data from the first national stocktake of youth suicide prevention activities. Melbourne: Australian Institute of Family Studies.* Available online from, http://www.aifs.gov.au/institute/pubs/ysp/stcomdev.html.

National Crime Prevention. (1999). *Pathways to prevention: Developmental and early intervention approaches to crime in Australia*. ACT: Commonwealth Attorney-General's Department.

Pecora, P.J., Whittaker, J.K., Maluccio, A.N., & Barth, R.P. (2000). T*he child welfare challenge: Policy, practice and research*. 2nd edn. Aldine De Gruyter, New York.

Queensland Government. (2008). *Queensland plan for mental health 2007-2011*. Brisbane: Queensland Government.

Sleight, J. (2005). Stable and strong out of home care for Aboriginal and Torres Strait Islander children. *SNAICC News, August*, 2005.

Suicide Prevention Australia. (May 2009). *Position Statement: Suicide Bereavement and Postvention*. Leichhardt NSW: Suicide Prevention Australia. Accessed 23 November 2009, from www.suicidepreventionaust.org

Thorpy, L., & Reid, R (2008). Prevalence of and intervention into lesbian, gay, bisexual and/or transgender youth suicide in Queensland. *Paper delivered at the Qld Suicide and Self Harm Prevention Conference*.

Whittle, S., Turner, L., & El Alami, M. (2007). *Engendered penalties: Transgender and transsexual peoples experiences of inequality and discrimination.* London: The Equalities Review.

World Health Organisation (WHO). (2002). *World report on violence and health*. (Eds: Krug, E.G., Dahlberg, L.L., Mercy, J.A., Zwi, A,B., & Lozano, R.) World Health Organisation: Geneva. Accessed 26 November, 2008 from http://whqlibdoc.who.int/.

Wild, R., & Anderson, P. (2007). *Little children are sacred. Board of inquiry into the protection of children from sexual abuse*. NT: Northern Territory Government.