

**Submission
No 47**

PREVENTION OF YOUTH SUICIDE IN NEW SOUTH WALES

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About ACYP

The Advocate for Children and Young People (ACYP) is an independent statutory appointment overseen by the Parliamentary Joint Committee on Children and Young People. ACYP advocates for and promotes the safety, welfare, well-being and voice of all children and young people aged 0-24 years, with a focus on the needs of those who are vulnerable or disadvantaged.

Under the *Advocate for Children and Young People Act 2014*, the functions of ACYP include:

- making recommendations to Parliament, and government and non-government agencies on legislation, policies, practices and services that affect children and young people;
- promoting children and young people's participation in activities and decision-making about issues that affect their lives;
- conducting research into children's issues and monitoring children's well-being;
- holding inquiries into important issues relating to children and young people;
- providing information to help children and young people; and
- preparing, in consultation with the Minister responsible for youth, a three-year, whole-of-government Strategic Plan for Children and Young People (Plan). The inaugural Plan was launched in July 2016.

Further information about ACYP's work can be found at: www.acyp.nsw.gov.au.

Introduction

ACYP welcomes the opportunity to comment on the prevention of youth suicide in New South Wales (NSW).

All children have the right to health and health services,¹ and ACYP wishes to acknowledge the efforts of Government agencies, NGO's, schools and the broader community in ensuring that the mental health and wellbeing of children and young people is recognised. It is important that when services are working well for children and young people, they continue to be funded, adequately supported and accessible to all children and young people in NSW.

This submission provides an overview of key data and findings from the literature on youth suicide, and draws on results from our consultations with over 12,000 children and young people from across NSW on a broad range of issues to support them to be healthy and well and achieve their potential. Throughout these consultations the compassion of this generation of children and young people has emerged as an overarching characteristic.

¹ *United Nations Convention on the Rights of the Child* art 24.

Overview of literature

Australia was one of the first countries to develop a National Youth Suicide Prevention Strategy during the 1990's. There have been various other commendable initiatives working to prevent youth suicide, some of which include the development of the National Suicide Prevention Strategy (NSPS) and the National Suicide Prevention Strategy (LIFE) in 2000 (which was later redeveloped in 2007); the National Children's Commissioner Report in 2014; the House of Representatives Youth Suicide Inquiry in 2011 and the National Mental Health Commission Review into Programs and Services.

The Commonwealth recently announced a suite of mental health reforms, including a reinvigorated suicide prevention strategy and a role for the 31 Primary Health Networks², (PHNs) (of which there are 10 in NSW)³ to plan and commission regionally focused youth mental health services and suicide prevention responses.

Specific NSW initiatives include the New South Wales Suicide Prevention Strategy 2010-2015; the Youth Health Policy 2011-2016: Healthy bodies, healthy minds, vibrant future; The 2017 Youth Health Policy; and Living Well, A strategic Plan for Mental Health in NSW 2014-2024, authored by the Mental Health Commission of NSW.

While these efforts are commendable, for both young men and women between the ages of 15-24, the rate of youth suicide is at the highest it has been 10 years.⁴ The rate of youth suicide among those fourteen years and under is also increasing.⁵

One in four young Australians lives with a mental illness and one in three experiences moderate to high levels of psychological distress.⁶ Those aged 18-24 have the highest prevalence of mental disorders of any age group.⁷

According to the 2016 Mission Australia Annual Survey, 13.4% of 15-19 year olds were reported to be very or extremely concerned about suicide (females 15.8% / males 9.7%). This is slightly higher than the national rate of 13.2%.⁸

While youth suicide can affect all children and young people within a community, there are certain cohorts of children and young people for whom the risk is even greater. Young men continue to suicide at much higher rates than young women. In 2015, 72% of the deaths among young people aged 15-24 years attributable to suicide were male.⁹ Around 90% of young people who die by suicide have a reported experience of mental ill-health¹⁰ (affective disorders, schizophrenia and borderline personality disorder; eating disorders, particularly anorexia nervosa and bulimia nervosa; and a history of self harm) and it remains one of the strongest risk factors for suicide-related behaviour.

² http://www.health.gov.au/internet/main/publishing.nsf/content/primary_health_networks

³ <http://www.health.gov.au/internet/main/publishing.nsf/content/phn-maps-nsw>

⁴ Robinson, J, Bailey, E, Browne, V, Cox, G, & Hooper, C. Raising the bar for youth suicide prevention. Melbourne: Orygen, The National Centre of Excellence in Youth Mental Health, 2016.

⁵ ABS 2016. 3303.0 - Causes of Death, Australia, 2015, viewed 30 October 2016 at <http://www.abs.gov.au/ausstats/abs@.nsf/mf/3303.0>

⁶ <https://nswmentalhealthcommission.com.au/mental-health-and/youth-and-young-adults>

⁷ <http://www.blackdoginstitute.org.au/docs/CALDpaper.pdf>

⁸ Bailey, V., Baker, A-M., Cave, L., Fildes, J., Perrens, B., Plummer, J. and Wearing, A. 2016, Mission Australia's 2016 Youth Survey Report, Mission Australia.

⁹ ABS, 2016

¹⁰ DE SILVA, S., PARKER, A., PURCELL, R., CALLAHAN, P., LIU, P. & HETRICK, S. 2013. Mapping the evidence of prevention and intervention studies for suicidal and self-harming behaviors in young people. *Crisis*, 34, 223-32.; FLEISCHMANN, A., BERTOLOTE, J. M., BELFER, M. & BEAUTRAIS, A. 2005. Completed suicide and psychiatric diagnoses in young people: a critical examination of the evidence. *Am J Orthopsychiatry*, 75, 676-83.

Young people who have been in contact with the juvenile justice system, those who live in rural and remote areas¹¹ and those who have left statutory care are disproportionately affected by youth suicide, with one longitudinal study reporting that one in three had tried to commit suicide after leaving care.¹²

For groups who experience significant and often persistent discrimination, marginalisation, harassment and rejection including Aboriginal, gender variant and sexuality diverse children and young people, the rate of suicide is higher than other groups in Australia.

Aboriginal young people are between four and five times more likely to die by suicide than their non-Aboriginal counterparts¹³ and rates of suicide, anxiety and depression have all increased among young Aboriginal and Torres Strait Islander young people.¹⁴ For gender variant and sexuality diverse young people, the rates of suicide and self harm are up to six times higher than the general population.¹⁵

In a national online survey, of which 1032 young people between the ages of 16-27 participated, at least two out of five acknowledged thinking about self-harm (41%) and/or suicide (42%). In addition, 33% of LGBTIQ young people who participated in the survey had harmed themselves in the past, and 16% had attempted to take their own lives.¹⁶

Up to 80% of same-sex attracted and gender questioning young Australians experience public insult, 20% explicit threats and 18% physical abuse and 26% 'other' forms of homophobia (80% of this abuse occurs at school).¹⁷

While we know that the rate of mental health and suicide is higher among these groups, children and young people with higher support needs are often the ones who miss out on vital mental health support. In consultations with ACYP, issues concerning availability of and accessibility to appropriate mental health support services are often raised as major barriers to treatment for children and young people.

While mental ill-health is not always an indicator for suicide, it remains one of the strongest risk factors for suicide related behaviour and is present in around ninety per cent of young people who die by suicide.¹⁸

¹¹ ABS 2016. 3303.0 - Causes of Death, Australia, 2015, viewed 30 October 2016 at <http://www.abs.gov.au/ausstats/abs@.nsf/mf/3303.0> AUSTRALIAN INSTITUTE OF HEALTH AND WELFARE 2007. Rural, regional and remote health: a study on mortality (2nd ed.). *Rural Health Series*. Canberra: AIHW.

¹² CASHMORE, J. & PAXMAN, M. 2007. Wards Leaving Care: four to five years on. A longitudinal study. NSW Department of Community Services.

Robinson, J, Bailey, E, Browne, V, Cox, G, & Hooper, C. Raising the bar for youth suicide prevention. Melbourne: Orygen, The National Centre of Excellence in Youth Mental Health, 2016.

¹³ Robinson, J, Bailey, E, Browne, V, Cox, G, & Hooper, C. Raising the bar for youth suicide prevention. Melbourne: Orygen, The National Centre of Excellence in Youth Mental Health, 2016.

¹⁴ DUDGEON, P., WALKER, R., SCRINE, C., SHEPHERD, C., CALMA, T. & RING, I. 2014b. Effective strategies to strengthen the mental health and wellbeing of Aboriginal and Torres Strait Islander people. . Canberra: Australian Institute of Family Studies.

¹⁵ DYSON, S., MITCHELL, A., SMITH, A., DOWSETT, G., PITTS, M. & HILLIER, L. 2003. Don't ask, don't tell. Report of the same-sex attracted youth suicide data collection project; Robinson, KH, Bansel, P, Denson, N, Ovenden, G & Davies, C 2014, *Growing Up Queer: Issues Facing Young Australians Who Are Gender Variant and Sexuality Diverse*, Young and Well Cooperative Research Centre, Melbourne. Melbourne: Australian Research Centre in Sex, Health and Society, Latrobe University.

¹⁶ Robinson, KH, Bansel, P, Denson, N, Ovenden, G & Davies, C 2014, *Growing Up Queer: Issues Facing Young Australians Who Are Gender Variant and Sexuality Diverse*, Young and Well Cooperative Research Centre, Melbourne. Melbourne: Australian Research Centre in Sex, Health and Society, Latrobe University.

¹⁷ Hillier, L. et al. (2010) *Writing Themselves in 3: The third national study on the sexual health and wellbeing of same sex attracted and gender questioning young people*. Australian Research Centre in Sex, Health and Society, La Trobe University. Melbourne

¹⁸ Robinson, J, Bailey, E, Browne, V, Cox, G, & Hooper, C. Raising the bar for youth suicide prevention. Melbourne: Orygen, The National Centre of Excellence in Youth Mental Health, 2016

There is a large body of evidence supporting the importance of early intervention with teens and individuals in their early 20s. Mental illness manifests in 75% of individuals before the age of 24. There is also evidence that for 50% of people who experience mental illness, the first episode occurs before the age of 14.¹⁹ For suicide related behaviour it is typically between 15-17 years.²⁰

Early intervention during this critical developmental phase is therefore paramount, to reduce the long term impact of mental health problems and protect against the development of more severe forms of mental ill-health.²¹

Research has shown that suicide deaths among children and young people are more likely to occur in clusters than what is evident within adult populations. Recent suicide clusters among young populations in NSW have taken place in Young, Grafton and the Sydney region of Pittwater.

NSW Strategic Plan for Children and Young People

In 2015, ACYP consulted with over 4,000 children and young people to inform the development of the first whole-of-government NSW Strategic Plan for Children and Young People (the Plan). The themes of the Plan were informed by children and young people themselves and are Safe, Connect, Respect, Opportunity, Wellbeing and Voice. These themes were endorsed by NSW Government departments and the Plan includes an outline of the activities underway across government as they relate to these six themes.

Wellbeing refers to how people feel about their own lives and is underpinned by access to essential services including high quality health care. It can be supported through early intervention, diversion and prevention programs. Children's health and wellbeing is also supported by empowering them with the knowledge and skills to make positive choices, which support their own and others mental health and wellbeing. Youth suicide is a significant issue for children and young people, and there are a number of initiatives in the Plan that are aimed at supporting the mental health of all children and young people, with a particular focus on groups who may be at higher risk.

While the theme of Wellbeing captures the range of activities the government is undertaking to support children and young people's mental health, all of the themes of the Plan touch on issues that are integral to supporting children and young people to reach their potential, including safety from harm, connections to people and communities, respectful relationships, education and employment opportunities, and the ability to have a voice in the decisions that affect them. A summary of key government initiatives and indicators in the Plan is provided at the end of this submission.

NSW Strategic Plan for Children and Young People and Mental Ill-Health

In consultations on the Plan young people spoke favourably about the support available for those with mental health problems, though some told us they would like to see greater mental health awareness and support, including information on how they could support their friends going through tough times. Young people also raised the issue of not having access to sufficient support services outside business hours or over the weekend.

¹⁹ <https://nswmentalhealthcommission.com.au/mental-health-and/youth-and-young-adults>

²⁰

²¹ NSW Commission for Children and Young People (2014). Support in Tough Times: Encouraging young people to seek help for their friends. Sydney: NSW Commission for Children and Young people; Mental Health Commission for New South Wales 2014

While 23% reported that general health care was working well for them, only nine per cent reported that mental health services were working well.

The consultations also indicate that mental health services are working differently for children and young people depending on age. While 23% of 18-24 year olds reported that mental health services were working well, only eight percent of 11-17 year olds felt that mental health services were working well for them.²²

Children and young people reported that mental health support and awareness was the third most important priority (23%) for government.²³ Mental health /counselling for school pressure (22%), more mental health support services (26%) and better mental health care (21%) were also reported to be key priority areas where improvements were needed.

Connection to culture, which is a protective factor against mental-ill health and suicide, was reported to be working well for one in five Aboriginal children and young people. In subsequent consultations the importance of connection to culture has continued to emerge as a strong theme for Aboriginal children and young people.

Mental Health

Mental health remains a significant issue for children and young people in NSW. In our consultations, ACYP asks children and young people what is working well for them, what is not working well for them and what the Government should be prioritising. While mental health is sometimes reported as working well for children and young people, more often it is raised as an area that is concerning for children and young people and one which requires greater investment.

In 2016, ACYP asked a representative sample of children and young people aged 12-24, to rate their mental health. While the majority of children and young people (79%) rate their mental health as excellent, very good and good, one in five children and young people (22%) rate their mental health as just fair or poor.²⁴ Young women were more likely to rate their mental health as fair (21% compared to 9%). Those with disability were more likely to rate their mental health as fair or poor (48% compared to 19%).

Significant government resources have been allocated to youth mental health in recent years and mental health organisations have been effective in getting important messages to children and young people. This has led to children and young people speaking about mental health in consultation with ACYP candidly and often without the shame and stigma that is often associated with talking about mental ill-health amongst adult population groups.

While it is important to celebrate the significant work of the mental health sector in breaking down stigma, barriers to support and service system gaps remain for children and young people. These barriers and gaps are often raised in our consultations with children and young people.

²² Office of the Advocate for Children and Young People, The NSW Strategic Plan for Children and Young People 2016-2019, July 2016

²³ Office of the Advocate for Children and Young People, The NSW Strategic Plan for Children and Young People 2016-2019, July 2016

²⁴ Galaxy Report, 2016 Poll of Children and young People Living in NSW. Prepared for the Advocate for Children and Young People. June 2016

Homelessness and Mental Ill-Health

Mental ill-health and suicide are higher among children and young people experiencing homelessness than those growing up in stable housing.^{25,26} This group often face multiple stressors which increases their risks of developing mental-ill health including school disengagement, drug and alcohol use, poor nutrition and engagement with the juvenile justice system. They are more likely to have been a victim of violence and engage in risky behaviours.

A recent Australian study revealed that one in five (20%) young women experiencing homelessness had attempted suicide in the past six months compared to around one in ten (12%) young men. The report also found that more than one in four (28%) young women experiencing homelessness engages in non-suicidal self-injury behaviours compared with 17% of young men.²⁷

In ACYP consultations with children and young people experiencing homelessness, mental health concerns were noted in the majority of the ten consultations. Experiences of depression, anxiety, and trauma were most often reported by participants, which are all risk factors for suicide.²⁸ Suicide attempts and suicidal ideation was also reported. Co-morbidity is common among children and young people experiencing or at risk of homelessness and while children and young people expressed strong desires to enter drug and alcohol rehabilitation, they reported significant barriers to accessing detox and rehabilitation facilities in NSW. This was predominately due to insufficient or inappropriate facilities. It was reported that when facilities did exist, they were primarily designed to support adult populations, and were unaware of the specific needs of children and young people. Children and young people in detention centres also raised issues relating to accessing mental health support.

Some children and young people reported that Headspace was working well for them. Headspace was considered to be a beneficial service to children and young people who didn't feel comfortable accessing a mainstream doctor. However in certain regions of NSW, it was reported that some clinic waitlists were up to six weeks. This is problematic for children and young people who are frequently moving between refuges as it can result in children and young people missing out on mental health support altogether.

Children and young people mentioned the barriers they encountered traveling to and from support services in general, including mental health appointments. This was attributed to the cost of travel, availability of transport, particularly in regional and rural areas, and the lack of services available outside of business hours. Children and young people reported wanting better access to and availability of support services.

When services were conveniently located and easily accessible to children and young people, it was reported that they worked well.

²⁵ Edan L. Jorgensen, Stacia L. Jorgensen, Malcolm P. Heard, M and Les B. Whitbeck, Suicidal Ideation among Homeless Youth: The Impact of Family Dysfunction, Morbidity and Deliberate Self-harm, [J Adolescence](#). Published online 2009 Jun 17.

²⁶ More Than a Place to Sleep: Understanding the Health and Well-Being of Homeless High School Students ICPHusa.org, March 2017

²⁷ P Flatau *et al* (2015). The cost of youth homelessness in Australia Study. Snapshot Report. The Australian Youth Homelessness Experience.

²⁸ NSW Mental Health Commission (2015), *Proposed suicide prevention framework for NSW*, prepared by the NHMRC Centre for Research Excellence in Suicide Prevention and the Black Dog Institute.

Bullying and Mental Ill-Health

There is a body of evidence analysing the relationship between bullying and suicidal ideation and behaviour.²⁹ While in every situation, there may be range of factors underpinning suicide behaviour, bullying is a strong risk factor. A link between cyber bullying and suicide has also been reported.³⁰

No singular type of bullying has emerged as the strongest predictor of suicidal ideation and related behaviours. Victims, perpetrators and those who are both victims and perpetrators (i.e. bully victims) have been implicated as groups likely to consider or attempt suicide.³¹

Bullying has been raised unprompted as a key issue by children and young people in ACYP consultations over the past two years. To explore the issue further, ACYP has recently undertaken a series of targeted consultations with children and young people and also conducted an online survey with 1000 children and young people from around NSW.

The polling results³² indicate that bullying is commonplace (97% report this) and 98% of respondents reported that bullying is a serious issue for children. Children and young people living in regional and rural areas felt it was a more significant issue than for children and young people in metropolitan areas (80% compared to 71%).

It was reported that bullying occurs online and offline, and often moves between the two. Children and young people talked about the cyclical and fluid nature of the bullying moving from the classroom to online environments and then back to the school yard. It was expressed that neither bullying online or offline was more serious than the other, and the majority felt that bullying could lead to anxiety, depression, feeling sad, alone and isolated and reduced confidence.

Children and young people believe the most common reasons why someone might be bullied are because of their looks (85%), social status/popularity (77%), race (75%), disability (73%) and sexuality (72%).

Children and young people think that most bullying occurs at school (91%), online (70%) and in the workplace (25%). Young people asked for schools to be stricter in dealing with bullying. They want schools to take bullying seriously; enforce suspensions; expel students; get police involved and take legal action in certain cases.

In face to face ACYP consultations, children and young people reported that they would like teachers to do more to assist; including dealing with incidents properly rather than ignoring them, being more approachable, talking with students more and listening to them, and providing school guidelines for what young people can and cannot say online.

School counsellor involvement was also offered as a way to reduce bullying (16.8%). Young people suggested that the counsellor should come to each class once a week to normalise speaking to the counsellor. Some also reported not knowing where in the school the counsellor's office was located while others said the counsellor's office should be more inviting and friendly.

²⁹ Melissa K. Holt, , Alana M. Vivolo-Kantor, MPH, , Joshua R. Polanin, , Kristin M. Holland, , Sarah DeGue, Jennifer L. Matjasko, , Misty Wolfe, , Gerald Reid, Bullying and Suicidal Ideation and Behaviours: A Meta-Analysis, PEDIATRICS Volume 135, number 2, February 2015

³⁰ Van Geel, M., Vedder, P. & Tanilon, J. 2014. Relationship between peer victimization, cyberbullying, and suicide in children and adolescents: A meta-analysis. *JAMA Paediatrics*, 168, 435-442.

³¹ Melissa K. Holt, , Alana M. Vivolo-Kantor, MPH, , Joshua R. Polanin, , Kristin M. Holland, , Sarah DeGue, Jennifer L. Matjasko, , Misty Wolfe, , Gerald Reid, Bullying and Suicidal Ideation and Behaviors: A Meta-Analysis, PEDIATRICS Volume 135, number 2, February 2015

³² Galaxy Research, 2017 Bullying Survey. A poll of children and young people living in NSW. Prepared for the NSW Advocate for Children and Young People, June 2017

Consultations with Aboriginal Children and Young People

ACYP has consulted with over 1000 Aboriginal children and young people. In consultations with Aboriginal children and young people, almost 60% of young people raised discrimination, racism and youth stereotypes as issues within their communities. Some reported that peer groups at school are defined by race; others spoke about sexism and racist teachers at school. Some young people also spoke about shopkeepers stereotyping young people as criminals.

Whilst outside the bounds of the inquiry, there is significant literature pertaining to the association of racial discrimination on social and emotional health in adult populations, however less is known about the effects of racism on health outcomes for Australian Aboriginal children and young people.

The few studies that have explored this area have found that racial discrimination are important determinants of health and wellbeing of children and young people³³ and that it may be risk factor for mental ill- health (including depression anxiety and negative self esteem), particularly for young people with few or no friends.³⁴

When asked what is working well more than one-quarter of Aboriginal young people (29%) said that some support services for young people were working well; including Kids Helpline, Headspace and support groups for young people (e.g. drug and alcohol).³⁵ The importance of connection to culture has also emerged as a key theme throughout various consultations with Aboriginal children and young people.

When asked what is not working well, children and young people raised racism and discrimination, bullying and mental health in schools, and suicide. It was reported that Aboriginal children and young people are reluctant to speak up or report instances of bullying in schools due to shame and embarrassment; counsellors being too intimidating and the school not taking students seriously or taking any action.

When asked about the best ways to stop bullying in schools, young people reported that people needed to be more respectful and that support programs should be more interesting, particularly those delivered in schools.

Government Initiatives in the NSW Strategic Plan for Children and Young People

In drafting the NSW Strategic Plan for Children and young people all NSW Government departments were requested to outline some of their major initiatives dealing with mental health and wellbeing. Some of the government programs listed in the Plan are outlined below.

Education

- Provide an additional 236 counsellor and psychologist positions and deliver flexible funding for wellbeing services to help improve students' wellbeing through the Supported Students Successful Students initiative in NSW public schools.

³³ Priest et al. BMC Public Health 2011, 11:568; SCRGSP (Steering Committee for the Review of Government Service Provision): Overcoming Indigenous Disadvantage: Key Indicators 2009 Canberra, Productivity Commission; 2009; Williams DR, Mohammed SA: Discrimination and racial disparities in health: evidence and needed research. J Behav Med 2009, 32:20-47.

³⁴ Priest, Naomi & Paradies, Yin & Trenerry, Brigid & Truong, Mandy & Karlsen, Saffron & Kelly, Yvonne. (2012). A systematic review of studies examining the relationship between reported racism and health and wellbeing for children and young people. Social science & medicine; Priest et al. BMC Public Health 2011, 11:568

³⁵ The Office of the Advocate for Children and Young People Nations of Origin Consultation Report 2017

- 21 Networked Specialist Centres established to directly link the surrounding schools and families with government and non-government specialist health and community services.
- Investing significantly in school resourcing reform to address diverse cultural, social and economic factors which can contribute to children and young people experiencing disadvantage in their school education.
- All public schools implement the new Wellbeing Framework for Schools during 2015-16 requiring them to explicitly incorporate strategies for improving student engagement and wellbeing into school planning.

Justice

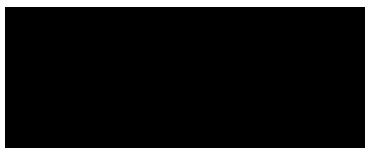
- Counselling pilot in Juvenile Justice Centres – Victims Services have partnered with Juvenile Justice to deliver counselling services within Juvenile Justice centres aimed at reducing the trauma associated with prior histories of victimisation. Victims Services delivers a number of evidence-based interventions to reduce trauma and victimisation amongst children and young people.
- The NSW Police Force focuses on reducing the supply and demand of drugs and Police Citizens Youth Clubs work to reduce harm to young drug users.

Health

- Committing additional funding to drug and alcohol programs to help young people by intervening early and addressing drug addiction.
- State-wide expansion of the Schools based Getting on Track in Time (Got it) specialist mental health early intervention programs for children aged 5-8 years with conduct disorder.
- Commitment for youth homelessness initiatives that adopt an investment approach and prioritise young people leaving out-of-home-care with high risk of homelessness.
- Funding enhancement to youth crisis services to increase intake options for young people and better case management through improved support ratios will provide better paths to independence in the medium to long term which includes young people returning to their families.

Indicators in the NSW Plan for Children and Young People

- Increase in the number of schools receiving evidence based specialist mental health early intervention programs for children aged 5-8 years with conduct problems and their families.
- Improve service levels in hospitals by facilitating 81% of patients through emergency departments within four hours.
- Increase the proportion of young people who successfully move from Specialist Homelessness Services to long term accommodation by 10%.
- Reduce the percentage of Aboriginal people in custody.



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