

Sector insights paper

FEBRUARY 2025

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Disclosure and non-disclosure of childhood sexual abuse in Australia: results from the Australian Child Maltreatment Study

CHILD SAFE ORGANISATIONS

CHILD SEXUAL ABUSE

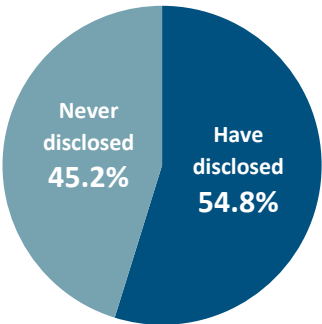
Research published in *International Journal of Child Abuse and Neglect* used data collected from the Australian Child Maltreatment Study (ACMS) to determine the prevalence of lifetime disclosure and non-disclosure rates of child sexual abuse (CSA). The research determines variances between disclosure rates and certain demographics such as gender, age group, abuse severity and perpetrator.

Results from the ACMS found that of the 8,503 respondents, **28.5%** (n=2,348) had experienced CSA and had provided information about disclosure. This subgroup of respondents were analysed for this study.

Prevalence of disclosure of CSA

54.8% of respondents reporting having disclosed their experience at some point in their lives, with 45.2% reporting never having disclosed.

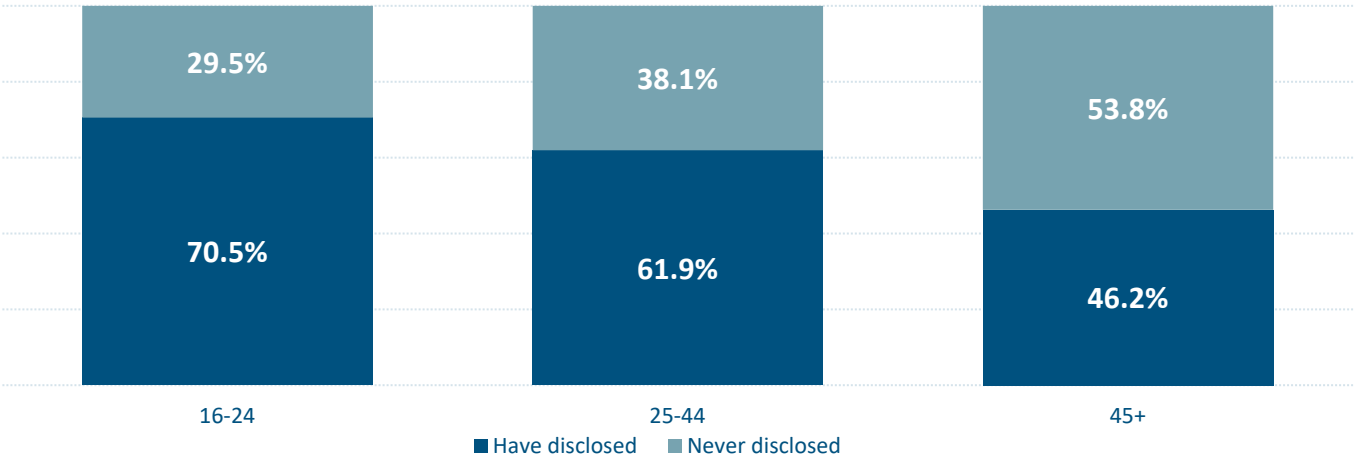
This has significant implications for public policy, health, and legal systems given these results suggest a large proportion of CSA cases remain unaddressed.



Perpetrator type	Severity/subtype of abuse
Disclosure rates were lower when the perpetrator was known to the survivor, particularly for CSA perpetrated by siblings, with only 33.8% of respondents reporting disclosing these experiences.	Disclosure varied across CSA subtypes. Low severity subtypes of abuse were less likely to be disclosed, with higher disclosure rates for the most severe subtypes of abuse.
Disclosure was highest for CSA perpetrated by unknown adults, with 66.2% of respondents reporting disclosing these experiences.	However significant non-disclosure persists even for the severe subtypes, highlighting the enduring challenges for survivors, most notably for women in older generations.

Age-related trends on disclosure

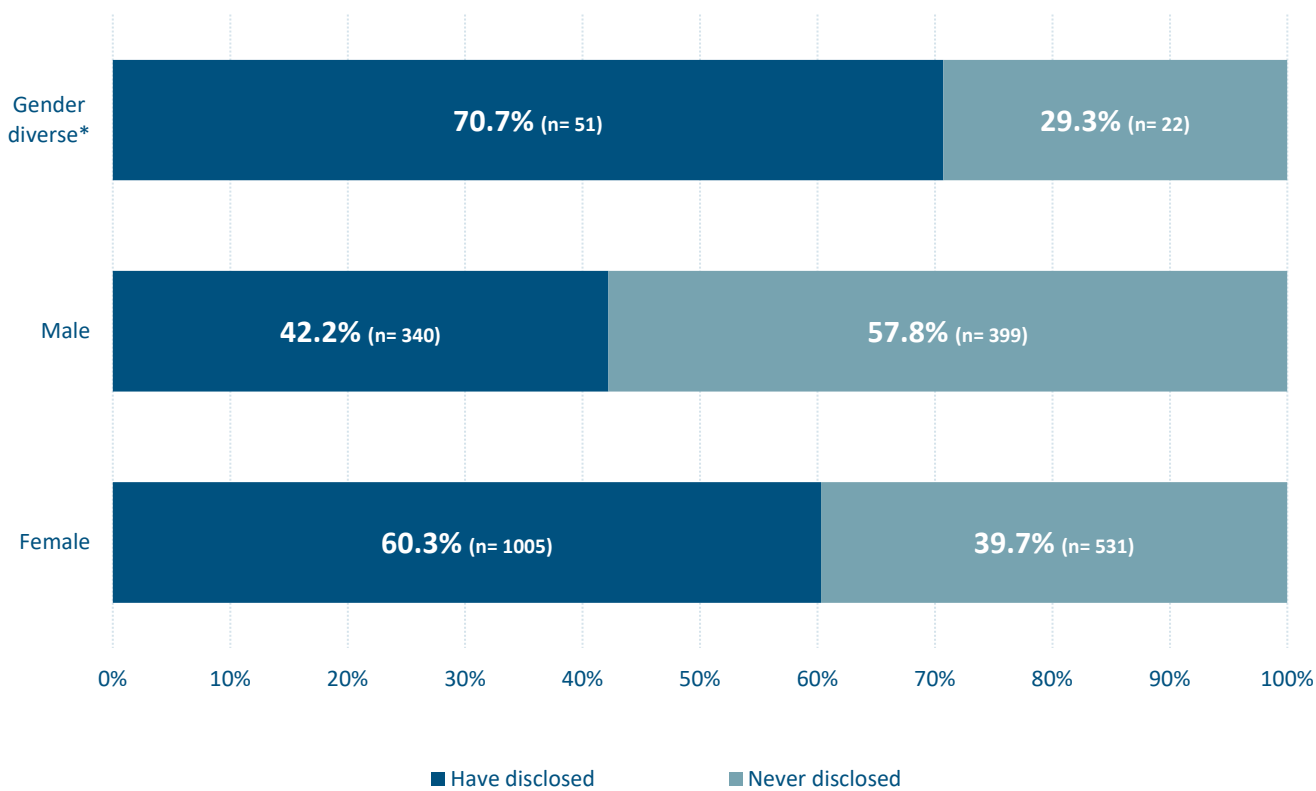
Disclosure rates were statistically higher among younger age groups, with 70.5% of 16-24 year olds reporting disclosure, decreasing down to 46.2% of 45+ year olds.



Continued — Disclosure and non-disclosure of childhood sexual abuse in Australia: results from the Australian Child Maltreatment Study

Gender differences in disclosure

Women and people who identify as gender diverse* were more likely than men to have made disclosures. However, there was a greater number of women (n=531) who had never disclosed than men (n=399). These figures highlight the complex factors impacting disclosure, where men face unique barriers to disclosure, but the total number of women who experience CSA is significantly higher.



**The results for gender-diverse respondents should be interpreted with caution due to a small sample size that may not be representative of the population.*

Findings

The findings highlight the ongoing challenges survivors face in seeking help, particularly men and older individuals. While increased disclosure among younger generations is a positive sign, continued efforts are needed to raise awareness, reduce stigma, and provide support for all CSA survivors, regardless of gender, age, or the severity and nature of the abuse. Equipping support systems with the ability to respond appropriately when disclosures are made is also crucial.

Mathews, B., Finkelhor, D., Collin-Vézina, D., Malacova, E., Thomas, H. J., Scott, J. G., Higgins, D. J., Meinck, F., Pacella, R., Erskine, H. E., Haslam, D. M., & Lawrence, D. (2025). Disclosure and non-disclosure of childhood sexual abuse in Australia: Results from a national survey. *Child Abuse & Neglect*, 160, 107183-. <https://doi.org/10.1016/j.chiabu.2024.107183>

Group conferencing is associated with lower rates of repeated recidivism among high-risk youth, and enhanced effects for attendees

YOUTH JUSTICE

Research published in *Youth Violence and Juvenile Justice* investigated the effectiveness of group conferencing (a restorative justice approach) in reducing recidivism rates among high-risk young people processed through the Children's Court of Victoria. The study also examined the effect of the varying composition of attendees on recidivism among other positive effects – challenging the assumption that direct victim participation is the sole driver of success in restorative justice programs.

The study sample consisted of **2,366** young people processed through the Children's Court of Victoria between 2012 and 2018. Of this group, **836** were referred to a group conferencing program, leaving a 'control' group of **1,530** young people.

Reduction in recidivism

The study found:

↓ **26% reduced likelihood of recidivism from referral alone** (including meetings to prepare the conference)

↓ **40% reduction in likelihood of recidivism upon completion of the conferencing program.**

Researchers found the trend in recidivism reduction still held after controlling for other risk factors.

- Compared to males, females had approximately 40% lower likelihood of new charges and a 40% lower rate of charges across two years.
- Partial or non-compliance with the conference program indicated a 2.6 times greater recidivism rate for crimes against the person, and 2.2 times higher rate of property or deception charges.

Stakeholder participation impact on recidivism

The composition of stakeholders who participated in the conferencing influenced recidivism rates.

- Conferences in which **primary and secondary victims** attended together were associated with a **60%** reduction in the likelihood of recidivism.
- Compared to conferences attended by primary victims only, conferences where **secondary victims attended without a primary victim** were associated with a **45%** lower rate of overall charges and a **57%** lower rate of property-based charges.
- Conferences attended by a **secondary victim and primary police officers** were associated with the **greatest reduction** in post-conferencing recidivism, particularly in comparison to conferences attended by the primary victim only.
- Recidivism rates **did not differ** between conferences attended by **no victim or those attended by a primary victim**.
- The presence of familial social support for young people was associated with lower rates of crime against the person, however was linked to higher rates of property crime recidivism.

Findings

The results dispute the traditional understanding that direct victim participation in restorative justice conferences is the primary mechanism for behaviour change. **Rather, it appears that other stakeholders such as police and secondary victims can contribute to the process and generate positive outcomes.** This highlights the importance of considering the composition of conference attendees, particularly the inclusion of secondary victim participation.

The findings show positive results on the impact of group conferencing on the recidivism rates of young people, but caution conferencing should be considered only part of a long-term strategy to reduce offending rates, recognising that behavioural change is gradual and conferencing can play a role in the process.

Early parenthood among care-experienced young women exiting care in New South Wales

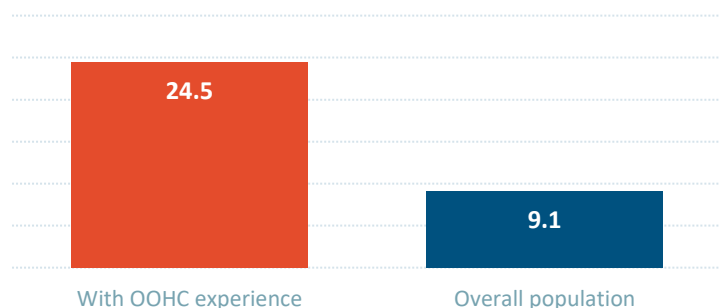
CHILD SAFETY

A study published in the *Child and Adolescent Social Work Journal* linked ten years of administrative data from the New South Wales Human Services Dataset (HSDS) to identify and describe the population of young mothers ages 15-24 in New South Wales with an out-of-home care history.

Disproportionate rates of early parenthood

The study identified an overall birth rate of 15.81%, with an average age of 18.8 years at the time of first birth. This reflects a birthrate nearly three times higher than the majority population of young women in NSW ages 15-19.

Birth rates of 15-19 year old women (per 1,000)



Over half of all first births occurred among care-experienced young women between the ages of 18-20. Birth rates were higher among young women who aged out of out-of-home care than those who exited to permanency.

38% of care-experienced young mothers had multiple children. The vast majority of first births occurred in regional areas with fewer specialised services for young mothers.

Prenatal healthcare concerns

- Almost half of care-experienced young mothers attended fewer than the ten prenatal healthcare visits recommended in the *Australian Pregnancy Care Guidelines*.
- 10% attended between zero and four healthcare visits.
- Half of all care-experienced young mothers reported smoking during pregnancy.

Implications for practice and policy

This study demonstrates that pathways into motherhood from OOHC are often marked by instability and uncertainty and coincide with leaving care. It identifies that targeted interventions are needed to promote placement stability and increase the availability of appropriate placements for co-residing young mothers and their children.

This study highlights the need for policymakers and practitioners to ensure that adequate supports are available to young mothers transitioning from care and their children. It also emphasises the importance of targeted interventions aimed at improving mother and child health outcomes by addressing high rates of inadequate prenatal healthcare and smoking during pregnancy.

Instability during and after pregnancy

Nearly half of the 227 young mothers who gave birth while in out-of-home care changed placements during pregnancy.

- **38%** of young women experienced multiple placement changes during pregnancy.
- Nearly **15%** changed placements less than six weeks prior to giving birth.
- **27%** of young mothers changed placements less than six weeks after giving birth.

Most placement changes during and after first pregnancies included a change in placement type, with an overall trend of exiting residential care and entering semi-independent living.

- Nearly **20%** of all young mothers were at least eight weeks pregnant when they aged out of out-of-home care.
- A third of these young mothers gave birth within six weeks of aging out.

Female engagement in offline and online sexual offending and their interactions with the criminal justice system

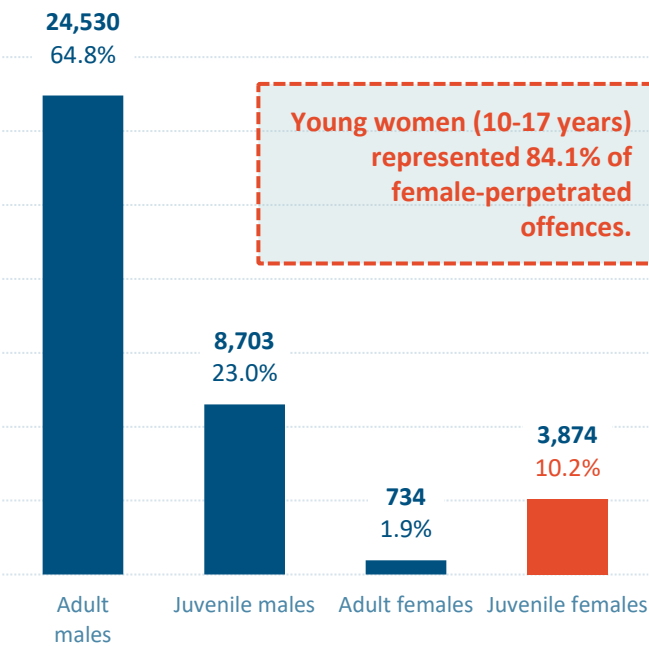
A recent study published in the *Journal of Interpersonal Violence* identified that juvenile females (aged 14-17) who committed online sexual offences made up the majority of female-perpetrated sexual offences over a ten year period in Queensland.

Researchers analysed Queensland Police Service data for all sexual assault and related offences between 1 January 2012 and 30 June 2021, representing 37,841 offences. Perpetrator age was classified into juvenile (10-17 years of age) and adult (18+ years of age).

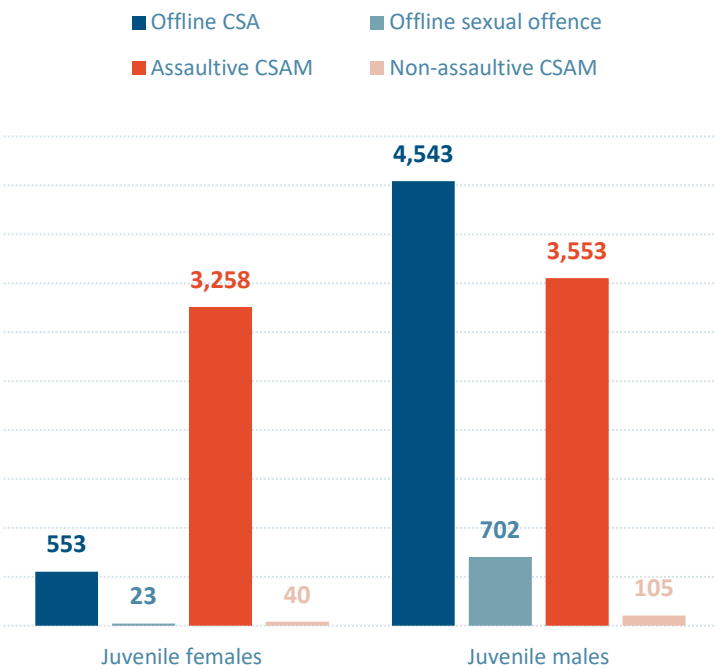
Findings

- Consistent with previous studies, most offending was perpetrated by males.
- Juvenile females mostly perpetuated assaultive child sexual abuse material (CSAM) offences, and juvenile males mostly perpetrated offline child sexual abuse (CSA) offences.
- Juvenile females were 20 times more likely than both adult males and females, and 7.7 times more likely than young males to perpetrate an online assaultive CSAM offence, involving a child in making sexual abuse material, including of themselves.
- Offences committed by juvenile females were the least likely to result in arrest or court appearance, with police diversion the most common outcome. This trend is likely due to the circumstances of the offending.
- The study did not identify if cases involved self-generated material or explicit images being shared by peers.

Number of offences by sub-group (all sexual offences)



Number of offences committed by type



Hull, I., Christensen, L. S., McKillop, N., & Rayment-McHugh, S. (2024). Females’ Engagement in Offline and Online Sexual Offending and Their Interactions With the Criminal Justice System: A Gender and Age Comparison. *Journal of Interpersonal Violence*, 0(0). <https://doi.org/10.1177/08862605241299445>

Improving health to reduce risk of youth reoffending: results of a nurse navigator program for people involved in the youth justice system

YOUTH JUSTICE

Researchers examined the results of the Navigate Your Health program offered to young people involved in the youth justice system in Queensland, which aims to lower the risk of reoffending among young people by providing individualised, targeted healthcare assistance. The program utilises nurse navigators to assess health needs, coordinate care, and facilitate access to healthcare services for young people under youth justice supervision.

Background

- Young people in the youth justice system experience significantly lower levels of health compared to the general population, including higher rates of non-communicable and communicable disease, mental illness, neurological disabilities, traumatic head injury and foetal alcohol spectrum disorder. They also experience greater difficulties in accessing health services.
- Emerging research suggests a complex relationship between health and offending, beyond simple correlation. Poor health can be a predictor of offending, potentially mediated by factors like problems in education and family relationships. Even when controlling for demographic factors (income, race, gender etc.), a predictive effect of poor health on offending behavior remains, with involvement in the criminal justice system and its associated negative health impacts forming a reciprocal relationship that increases the likelihood of reoffending.

Navigate Your Health program

The Navigate Your Health program allocated nurse navigators to young people with unmet health needs who were engaged with the youth justice system. The program was offered on a voluntary basis.

178 participants were discharged from the program, with **112** considered the 'engaged cohort' (attending healthcare appointments that were facilitated).

The fundamental goal of the program was to improve the overall health and wellbeing of participants to consequently reduce the risk of reoffending.

The study analysing the efficacy of the program adopted the Likert scale to measure wellbeing. Caseworkers determined a young person's position in multiple domains on a 1-5 scale.

Key findings

The study showed general improvements in wellbeing for the young people who engaged in the program.

- The mean score for participants with 'poor' initial wellbeing improved from **1.70** to **2.61**.
- Participants with an initial wellbeing assessment of 'okay/good' noted an improvement in all domains except for housing which remained static.
- The proportion of the participants with 'okay/good' wellbeing increased from **37.3%** to **64.5%** following completion of the program.

The results show overall improvement for all subgroups of participants in all domains except for housing. The study's authors posit this factor is due to housing being affected by socioeconomic factors other than health.

Implications

The results of the study show that young people who offend have significant health needs, and that services that assist in facilitating engagement with health services can significantly improve a young person's wellbeing.

Researchers suggest the impact of addressing health needs may have a 'cascading effect' that serves to address other criminogenic factors and theoretically reduce reoffending.

The lack of improvement in the housing domain suggests a need for specific programs to address the housing needs to further address the predictors of offending.

The study was not able to assess reoffending rates, signalling a need for future research to examine reoffending data to determine the programs efficacy on this key metric.

Analysis of linked longitudinal administrative data on child protection involvement for NSW families with DFV, AOD and mental health issues

CHILD SAFETY

DOMESTIC AND FAMILY VIOLENCE

Research published by Australia's National Research Organisation for Women's Safety (ANROWS) analysed data from the New South Wales Child Protection Helpline to examine the prevalence and co-occurrence of risk factors including parental domestic and family violence (DFV), alcohol and other drug (AOD) use and mental health (MH) issues in families involved with the child protection system in New South Wales.

The study used the NSW Human Services Dataset (HSDS), which contains comprehensive, population-based data containing records for children born or living in NSW since 1990 and their family members. Researchers focused on children who had their first report to the NSW Child Protection Helpline from January 2004 to June 2018, and reports in the subsequent 12 months. There were **584,365** children who meet this criteria.

Intersectionality of issues

- **33%** of children (n=193,705) who had a first report of the Helpline between January 2004 and June 2018 had either parental DFV, or DFV alongside parental AOD use and/or MH issues, as identified concerns in Helpline reports in the subsequent 12 months.
- Of the 193,705 children, **81%** (n=157,356) of children had reports relating to DFV only.
- DVO alone, and co-occurring risk factors were associated with earlier involvement with child protection services. Children who did not have DFV listed as a concern in the first report, on average were aged 7.4 years. For children with DFV alone reported, the average age was 5.6 years. Children with reported DVF, parental AOD use and MH issues were on average 2.2 years old.
- Additional co-occurring factors increased the number of child concern reports and reports that met the threshold for 'risk of significant harm' throughout the child's interaction with the system.

Association with out-of-home care

Children experiencing co-occurring parental DFV, AOD use and MH issues were significantly more likely to enter out-of-home care, with children experiencing all three risk factors being twice as likely to be removed from their parents' care.

The odds of entering out-of-home care:



increased 6.6 times for two risk factors

increased 22.2 times for all three risk factors.

Sibling orders also affected the odds of children entering out-of-home care.

Parental interactions with services

When parental DFV, AOD use and MH issues were identified in child concern reports, there were often markers of these issues in parental records in other services and systems before the children's first Helpline report.

These include court appearances, police reports, use of mental health services, and admissions to hospital for MH issues or AOD use. These results suggest an opportunity to provide support pathways for children who are experiencing such parental risk factors.

Findings

The findings highlight the need for targeted prevention and early intervention services in areas with a high prevalence of co-occurring DFV, AOD use, and MH issues.

Improved collaboration between child and family services and adult-focused services is crucial to address the complex needs of these families, with policy and service delivery needing to adopt a coordinated approach that recognises the intersection of these risk factors.

Supporting incarcerated mothers: a mixed methods evaluation of the NSW co-located caseworker program

CHILD SAFETY

The Australian Institute of Criminology has published research evaluating the New South Wales co-located caseworker program (CLCW). The research was commissioned by the New South Wales Department of Corrections to assess the efficacy of the program and to determine where improvements are required.

Background

- The female prison population in Australia increased by **64%** between 2009 and 2019.
- First Nations women are significantly over-represented in the female prisons (**45%** of the total population).
- A large number of incarcerated women are mothers of minor-aged children, with prior research finding that **38%** of prison entrants had children who were reliant on them for their basic needs, with women being more likely than men to report having dependent children (**54%** to **36%** respectively).
- Women in prisons experience difficulties in maintaining contact with their children in out-of-home care, and participating and decision making for their children (such as child protection meetings and family court).

Co-Located Caseworker Program (CLCW)

- Introduced in 2020, the CLCW program places child protection caseworkers within women's correctional centres.
- The program aims to reduce recidivism and increase permanency for children in OOHC.
- The program responds to recommendations made by the NSW *Family is Culture* review, which identified the need to improve child protection casework practice for Aboriginal children with incarcerated parents.

Participants

- 400 women were referred to the program between June 2020 and March 2022.
- 53.5% of participants (n=214) identified as First Nations.
- Participants were aged between 18 to 55 years (average of 32.9 years).

Positive impacts of the program

1. **Improved access to information and services:** women reported that the program helped them locate and re-establish contact with their children, contact child protection staff and receive updates on their child.
2. **Advocacy and support:** co-located caseworkers advocated for women in various situations, giving them 'a voice'.
3. **Improved wellbeing and motivation:** the program had a positive impact on the wellbeing of mothers in custody, helping them "do our time easier." It motivated them to address mental health and substance abuse issues.
4. **Positive impact on children:** increased contact between mothers and children positively impacted children's emotional and mental wellbeing.
5. **Streamlined interagency coordination:** CSNSW staff noted improved workplace efficiency due to having a single point of contact for child protection matters.

Key findings

The study made several recommendations for areas of improvement to the CLCW program but determined that overall, it was a valuable initiative with potential to improve the wellbeing of incarcerated mothers and their children through coordination between the corrections and child protection systems.

By addressing the complex needs of this vulnerable population and fostering collaboration between services, the program contributed to **reduced recidivism, increased permanency for children in OOHC, and improved family wellbeing.**

Young people who spend unauthorised time away from care: a scoping review

CHILD SAFETY

A scoping review published in *Children and Youth Services Review* examines the existing literature on children and young people in out-of-home care (OOHC) who spend time away from their placements without permission. The review identifies the characteristics, motivations, experiences, and support needs of this population.

The review highlights the importance of improving the OOHC experience, understanding the needs of youth while they are away, and providing consistent and appropriate services. A crucial gap identified is the lack of youth involvement in the design and implementation of research.

“Challenging the simplistic ‘push-pull’ narrative, we suggest that spending time away from placement is ultimately a strategy utilized by young people to get their needs met and is often an act of resistance against a system that exerts control over their lives.”

Key findings

Young people spend time away from their placements to fulfill unmet needs for safety, stability, connection, and autonomy. However, these needs are generally not met during time spent away; experiences are often characterized by a lack of safety and stability. Spending time away is an act of resistance or a response to a system over which children and young people have little control.

The review calls for improved policy and practices to support young people in finding safety, stability, and belonging within their placements.

Harris, L., Powell, M.A., Moore, T., Dickson, J. & Ghani, F. (2025). [Young people who spend unauthorised time away from care: A scoping review](#). *Children and Youth Services Review*, 108137

SNAICC report: reviewing implementation of the Aboriginal and Torres Strait Islander child placement principle Queensland 2021-23

CHILD SAFETY

OVER-REPRESENTATION

A recent SNAICC report evaluates implementation of the Aboriginal and Torres Strait Islander placement principle in Queensland between 1 July 2021 and 30 June 2023. It includes each of the five elements of the child placement principle: **prevention**, **partnership**, **placement**, **participation**, and **connection**.

Prevention

- The highest rate of Aboriginal and Torres Strait Islander over-representation in Queensland in a decade was in 2023 at 9.4.
- 778 Aboriginal and Torres Strait Islander children were subject to an Intervention with Parental Agreement (IPA) in 2020–21 aimed at preventing removals, at a rate of eight times more likely than non-Indigenous children.
- In 2022–23, Aboriginal and Torres Strait Islander families were 12.3 times more likely to commence Intensive Family Support Service (IFSS) than non-Indigenous families.
- 89.4% of families receiving Family Wellbeing Services (FWS) delivered by Aboriginal and Torres Strait Islander Community Controlled Organisations (ATSICCOs) required no further contact with Department of Child Safety (DCSSDS) for six months.

2023 pilot to reduce cultural bias in Investigations and Assessments (I&As)

- Aboriginal and Torres Strait Islander staff processing of intakes for all Aboriginal and Torres Strait Islander children.
- Aim of redirecting cases to secondary systems when possible.
- Not co-designed with Aboriginal and Torres Strait Islander people.
- Is likely to increase the number of referrals to ATSICCOs without any increase in funding.

Partnership

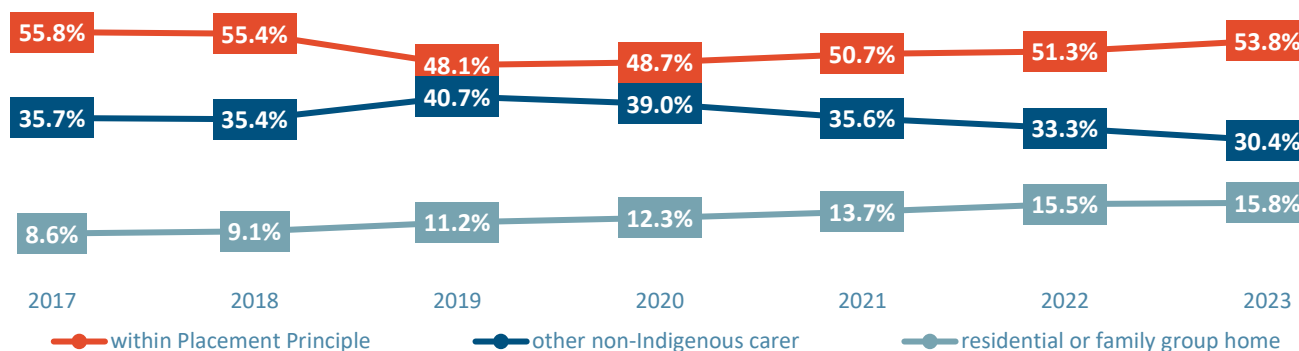
- \$107.8 million allocated until 2027-2028 to support delegated authority.
- DCSSDS delegated authority team established with 14 regional and five central team members.
- *Breaking Cycles 2023-2025*, the next *Our Way* action plan, co-designed with Queensland Aboriginal and Torres Strait Islander Child Protection Peak (QATSICPP) and includes actions towards transforming how the government partners with ATSICCOs.
- Action yet to be taken on *Our Way* community consultation recommendations from September 2022:
 1. co-creating performance indicators for cultural responsiveness in government departments.
 2. establishing a Commissioner for Aboriginal and Torres Strait Islander children and young people.

Placement

- DCSSDS's strategic plan 2022–2026 performance indicators aim to reduce the proportion of children in residential care and increase the proportion of children in kinship care.
- DCSSDS aims to increase the proportion of children in kinship care to 70% by 2026, but no specific target for the reduction in residential care has been set.
- The proportion of placements with relatives/kin remained relatively stable between 2017 and 2023, while residential care placements increased.
- DCSSDS established kinship care teams to find, assess and support kin carers and is trialing new kinship care investment specifications to improve carer financial support.
- DCSSDS is trialing the family caring for family model, which aims to enable families to care for children outside of the out-of-home care (OOHC) system.

Continued — SNAICC report: reviewing implementation of the Aboriginal and Torres Strait Islander child placement principle Queensland 2021-23

Placement of Indigenous children in OOHC by caregiver



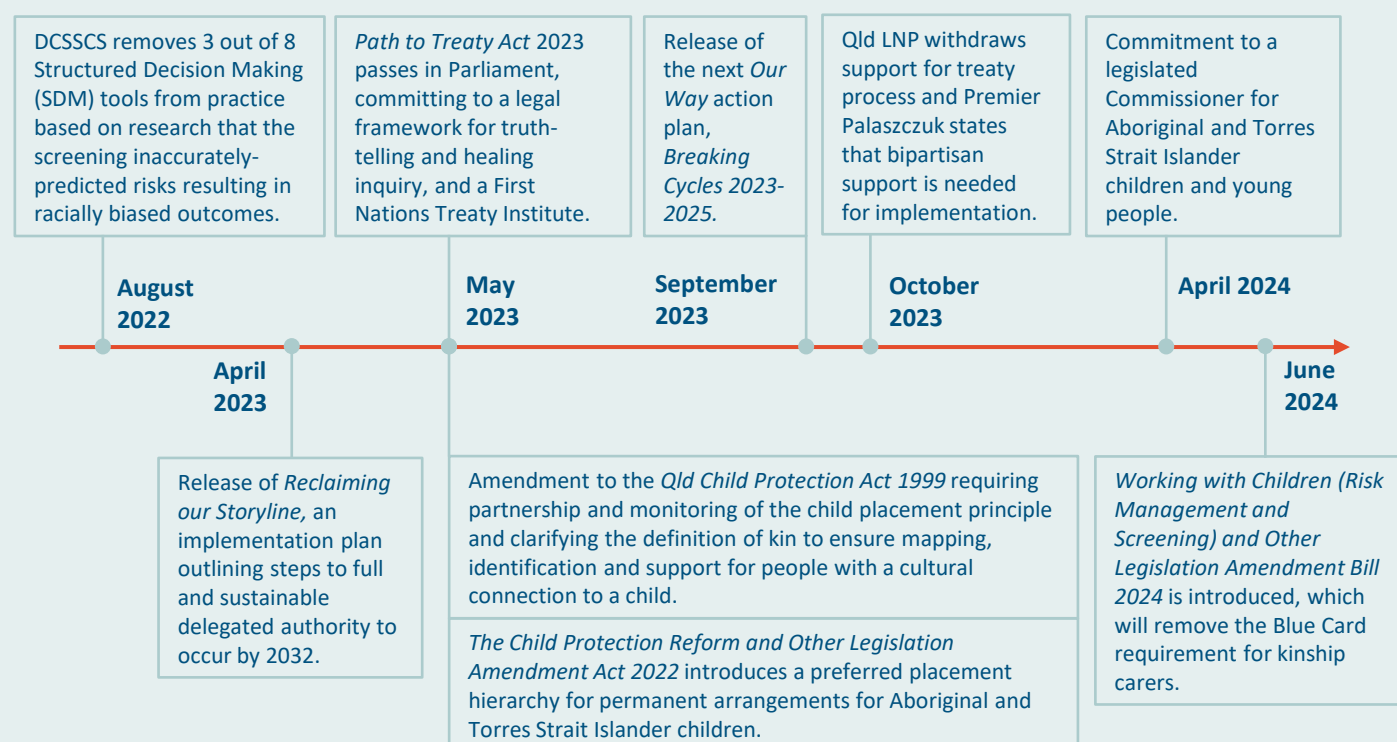
Participation

- DCSSDS released the *Decisions About Aboriginal and Torres Strait Islander Children* policy in 2023 detailing how Aboriginal and Torres Strait Islander people must be supported to participate in decisions about children.
- The Family Participation Program (FPP) is delivered through 15 funded ATSICCOs and received \$22.5 million in funding over four years from 2024–25 to expand the program.
- Data on the usage of FPP was not made available by the DCSSDS for this review.

Connection

- As of 30 June 2022, 95.2% of Queensland children in care had a current cultural support plan, compared to 78% nationally.
- The Queensland Government child safety practice manual was updated in 2022 to provide additional information about cultural support plans.
- In 2021–22, 486 Aboriginal and Torres Strait Islander children aged 0–16 years exited OOHC to a permanency arrangement.
- No Aboriginal or Torres Strait Islander children were adopted in 2021–2022.

Timeline of key dates in implementation of the child placement principle



Queensland Department of Child Safety performance data: 30 September 2024

CHILD SAFETY

The Queensland Department of Families, Seniors, Disability Services and Child Safety (DFSDSCS) has released its latest quarterly performance data for the quarter ending 30 September 2024.

Notifications

Outcomes

In the 12 months ending 30 September 2024:

- ↑ The number of notifications **not yet finalised** increased by **39.8%** (from 5,628 to 7,870).
- ↑ The number of notification outcomes classified as **other** increased **105.1%** (from 4,172 to 8,558).
- ↑ The number of notification outcomes with **no subject child** increased by **26.6%** (from 743 to 941).

Commencements

The number of commencements not yet recorded is steadily increasing.

- ↑ In the quarter ending 30 September 2024, the number of **commencements not yet recorded** increased by **9.2%** (from 5,285 to 5,773).
- ↑ In the 12 months ending 30 September 2024, the number of **commencements not yet recorded** increased by **58.2%** (from 3,649 to 5,773).

Family support services

In the 12 months ending 30 September 2024:

- ↓ **7.4% decrease** in families receiving **family wellbeing services** (4,156).
- ↓ **7.9% decrease** in families receiving **intensive family support services** (4,133).

Standard of care and harm reports

The total number of harm reports decreased, however the number of substantiated harm reports increased.

In the 12 months ending 30 September 2024:

- ↓ **9.2% decrease** in the number of **harm reports**.
- ↑ **20.8% increase** in **substantiated harm reports**.
- ↑ **21.5% increase** in **standard of care reviews**.
- ↑ **5.4% increase** in the proportion of **harm reports that were substantiated** (44.9% to 50.3%).

Out-of-home care

Carer families

The number of children in OOHC increased more than carer families. In the 12 months ending 30 September 2024:

- ↑ **3.2% increase** in the number of **carer families**.
- ↑ **5.4% increase** in the number of **children in OOHC**.

This indicates that the increase in the number carer families is insufficient to need.

Foster care

The number of children in foster care is decreasing:

- ↓ **2.6% decrease** in 12 months to **4,057**.
- ↓ **12.6% decrease** since 30 June 2021 by **586**.

Residential care

The number of children in residential care is increasing. Between 30 June 2024 and 30 September 2024:

- ↑ **34.8% increase** in ages **0-4 years**.
- ↑ **6.9% increase** in ages **5-9 years**.
- ↑ **4.1% increase** in ages **10-14 years**.

Between 30 September 2023 and 30 September 2024:

- ↑ **77.1% increase** in ages **0-4 years**.
- ↑ **21.1% increase** in ages **5-9 years**.
- ↑ **10.1% increase** in ages **10-14 years**.

“Other living arrangements”

In the 12 months ending 30 September 2024, the number of children in ‘other living arrangements’ increased **12.8%**. This includes “youth detention centres, boarding schools, hospitals, disability facilities, independent living and so on.”