

Sector insights paper

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2024 Queensland Children in Care Census

CHILD SAFETY

The 2024 Children in Care Census includes case file analyses for a representative sample of 2,413 children and young people in out-of-home care (OOHC) in Queensland. It provides a demographic profile including pre-care abuse, rates of disability and mental health concerns, educational outcomes, youth justice involvement, social skills, and placement and leaving care experiences. It also identifies relationships between these variables to portray the complexity of needs within this cohort.

Key findings

Children and young people in OOHC experience high rates of life challenges across multiple domains, including:

- **1 in 2** have limited relationships or significant relationship problems with family.
- **2 in 5** have a suspected or diagnosed disability.
- **1 in 4** have been excluded or suspended from an education facility.
- **3 in 10** have extreme instability or emotional responses that limit functioning.
- **3 in 10** have limited to severely limited intellectual functioning or developmental delays.
- **1 in 10** have attempted suicide.

OOHC entries

- The complexity of pre-care experiences has increased over the past year, with more children experiencing three or more types of abuse.
- Most children enter OOHC before the age of five.

Age at entry

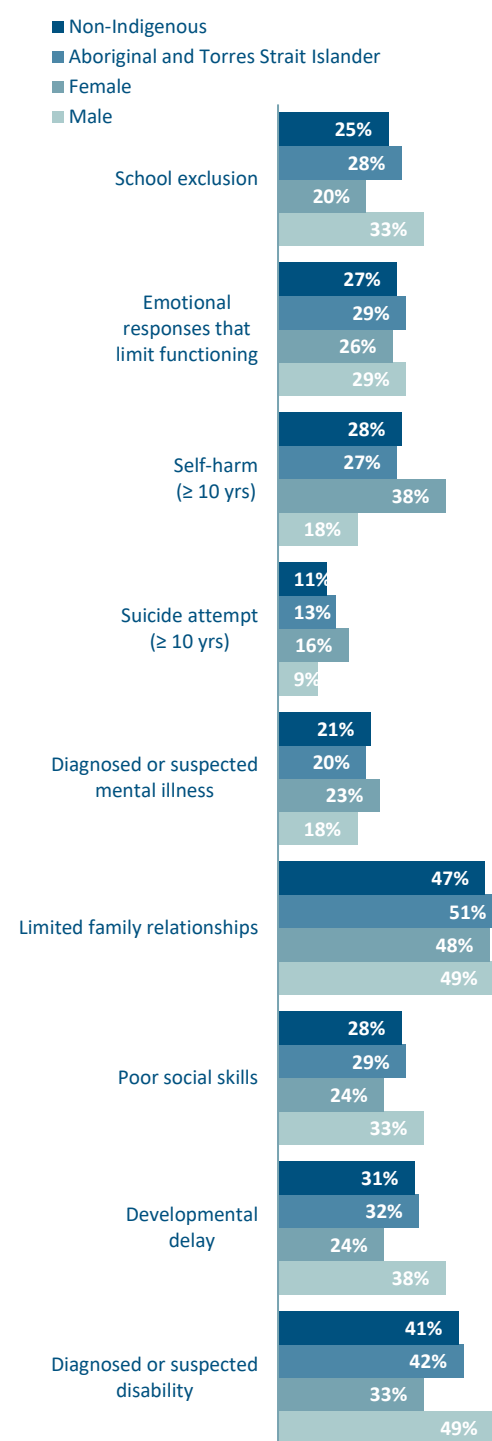
< 1 year	31%
1–4 years	35%
5–9 years	20%
≥ 10 years	15%

Pre-care experiences of abuse	2023	2024
Sexual abuse	10%	11%
Physical abuse	38%	46%
Emotional abuse	74%	83%
Neglect	80%	88%
DVF exposure	67%	68%
3 or more types	60%	69%

Demographic trends

- Young men are more likely to have a suspected or diagnosed disability, developmental delay, and have been excluded from school.
- Young women are more likely to have attempted suicide and engaged in self-harm.

Demographic profile of children and young people in OOHC



Children and young people in OOHC with complex needs

- Children and young people who have experienced sexual abuse have the highest rates of mental health conditions, suicide attempts, self-harm, school exclusion, self-placement, residential care placement, and frequent placement changes.
- Children and young people who have not experienced sexual or physical abuse have the least complex needs.
- Young people who enter OOHC at the age of 10 or older have higher rates of mental health conditions, suicide attempts, self-harm, and residential care.
- Children who enter care before the age of 1 are more likely to have a disability and/or developmental delay but are the least likely to have more than four placements.

Dual orders

Children and young people in OOHC with youth justice involvement are more likely to have experienced physical abuse, emotional abuse, and chronic neglect prior to entering OOHC. This cohort also has higher rates of negative experiences in OOHC, including:

4x more likely to attempt suicide.

3x more likely to be excluded from school.

3x more likely to 'self-place'.

2x more likely to self-harm.

2x more likely to have a developmental delay.

2x more likely to have ≥ 4 placements.

Identified concerns by age at OOHC entry

Age at entry	<1 yr	1-4 yrs	5-9 yrs	≥ 10 yrs
Diagnosed or suspected mental health condition	14%	20%	22%	33%
Suicide attempt	8%	12%	9%	19%
Self-harm	22%	24%	23%	40%
Residential care	19%	25%	30%	45%
Diagnosed or suspected disability	46%	41%	40%	34%
Developmental delay	33%	32%	30%	27%
≥ 4 placements	24%	44%	47%	43%

Identified concerns by pre-care experiences

Abuse type	Sexual (and/or any other)	Physical (and/or any other excl. sexual)	Emotional, neglect, DV exposure
Diagnosed or suspected mental health condition	40%	21%	16%
Suicide attempt	21%	11%	10%
Self-harm	44%	26%	24%
School exclusion	34%	29%	23%
≥ 3 placements	62%	56%	45%
Self-placement	39%	33%	28%

Transition to adulthood

40% of young people in OOHC who are aged over 15 will transition to adulthood in the next 12 months.

Many of these care leavers do not have the supports in place that they will need to live independently. Necessary application forms have not been submitted for:

- Over half of those who will require NDIS.
- Nearly a third of those who will require public housing.
- Two-thirds who are not registered with Centrelink.
- Over 10% who do not have a leaving care plan.

Young people leaving care within 12 months

Have a leaving care plan	89%
Are registered with Centrelink	36%
Will remain with carer	35%
Will require public housing	54%
On public housing waitlist (if required)	71%
Will require NDIS support	32%
NDIS Home and Live Options form submitted (if required)	42%

Experiences of Aboriginal families in navigating restorations from out-of-home care in New South Wales

CHILD SAFETY

OVER-REPRESENTATION

Research published in the *Australian Journal of Social Issues* examined the resistance strategies and resourcefulness of Aboriginal families navigating the out-of-home care system. It includes the views of 20 parents with experience of child removals who participated in *Bring Them Home, Keep Them Home*, a community-based child protection research project led by Aboriginal researchers, conducted in regional New South Wales.

Key themes

Aboriginal families recognised that the out-of-home care system was not designed to return children home or maintain family relationships. They described three main strategies to navigate these obstacles, including:

Strategic compliance

Following directives from caseworkers they predict would most be likely perceived as making progress towards goals, eg:

- Completing more parenting classes than required and insisting on continued drug testing.
- Gathering their own evidence for court to demonstrate that they had complied with their case plans.

Maintaining family connections against court orders

Defying harmful casework practices and court decisions perceived as an attempt to destroy their family, eg:

- Feigning compliance by pretending to leave relationships and restricting family contact.
- Young people self-placing to return home to their families.

Resistance and advocacy

Learning and acting on their own rights, and not giving up the fight to protect their family from the child protection system, eg:

- Seeking legal advice and independent advocates.
- Being assertive and speaking up even at the risk of being called aggressive or dysregulated.

Conclusion

Disrupting systematic oppression of Aboriginal families requires professionals to resist a parent-deficit and punishment approach to child protection and commit to an approach oriented in dignity and justice. This requires critical self-reflection to enhance understanding of how their work perpetuates harm against Aboriginal families. Professionals who work to reduce power imbalances and advocate for families can make a positive difference in the lives of families for generations.

Recommendations from families

- Families perceive caseworkers as engaging in administrative compliance but want genuine help.
- Families want caseworkers to remember that their decisions have profound intergenerational consequences.
- Families perceive restoration processes as a game where the odds are stacked against them and do not want feigned benevolence under the guise of support.
- Families feel judged and dehumanised by child protection workers and want to be treated with empathy and respect.
- Families feel excluded from information sharing about their children but desire clear, frequent communication.
- Families feel that caseworkers can provide ambiguous or misrepresented information and want caseworkers to avoid jargon and provide adequate explanations.

"On his 13th birthday he rang me up and told me, Mum, if you don't come and get me I'm going to kill myself... He was that resourceful that he literally got my number out of his grandmother's phone, wrote it in one of his school books and went to the local McDonalds and asked a stranger if he could use their phone to ring me. When I went there and I got him he literally just ran up to me and cuddled me. It was the best feeling in the world." (Chloe)

"Now that I have [ACCO] involved, [DCJ are] very focused on cultural needs and now they want to do restoration, do you know what I mean. It's almost like they're intimidated because I actually have someone by my side who knows what they're talking about and knows they can't push me around anymore sort of thing...even the way they talk to me they're starting to speak to me like I'm a person and not talk down to me. So, it's got a lot better." (Shellie)

How a High Court Decision on *doli incapax* influenced youth justice outcomes for 10–13 year olds in New South Wales

YOUTH JUSTICE

A report from the New South Wales Bureau of Crime Statistics and Research examined how a 2016 High Court decision on *doli incapax* has impacted youth justice outcomes among young people in New South Wales aged 10–13 years. The report draws on Bureau of Crime Statistics and Research and Australian Bureau of Statistics data from 2010–2023 to analyse trends in court appearances, proven charges, penalties, charges withdrawn, and guilty pleas.



What is '*doli incapax*'?

Doli incapax presumes that children aged 10 to 13 years cannot be criminally responsible because they do not sufficiently understand the difference between right and wrong.

Legal precedent

In December 2016, the High Court of Australia decided the case of *RP v R 2016* (RP), an appeal to overturn two child sex offence convictions where the alleged offender was under 14 years old.

The High Court's decision found:

- The prosecution must prove that the child understood that what they were doing was “seriously wrong” and not just “naughty”.
- The prosecution could not assume that the child knew their actions were “seriously wrong” based on how their actions may have been “obviously wrong”.
- The prosecution must provide proof that goes beyond simply showing that the child committed the offence.

Key findings

A dramatic decline in proven outcomes directly coincided with the *doli incapax* decision.

- The High Court's decision in RP was immediately followed by a decrease in the proportion of finalised court appearances for children aged 10–13 years resulting in a proven outcome (charge).
- Between 2015–16 and 2022–23, the proportion of matters among children aged 10–13 who were found guilty of one or more charges dropped from 76% to 16%.

The sharp decline in proven outcomes is likely attributable to the RP decision's clarification of *doli incapax*.

- By clarifying what evidence is required to rebut the presumption of *doli incapax*, RP appears to have raised the practical threshold of prosecuting and convicting children.

The decline in proven outcomes among children aged 10–13 coincided with a shift in legal strategies from guilty pleas to prosecution withdrawals.

- Between 2015–16 and 2022–23, the proportion of cases where the prosecution withdrew all charges increased from 12% to 53%.
- Between 2015–16 and 2022–23, the proportion of cases where the child entered a guilty plea decreased from 54% to 14%.
- These findings indicate prosecutors are less confident in their ability to rebut *doli incapax* because of RP.

No impact on number of children appearing in court as a result of *doli incapax*.

- There was no significant change in the number of children and young people appearing in court following the *doli incapax* decision.
- This indicates that RP had no impact on the rates of police initiating legal proceedings against children in NSW.

Conclusion

This study highlights the importance of *doli incapax* as a firm threshold that must be overcome by prosecutors before a child aged 10–13 years enters the criminal justice system. The study found that despite many jurisdictions maintaining a minimum age of criminal responsibility of 10 years, *doli incapax* acts as a ‘filter’ preventing high numbers of convictions of this cohort of children.

Shifting the focus from crisis to prevention: the role of First Nations community-controlled organisations in child and youth wellbeing

OVER-REPRESENTATION

FAMILY SUPPORT SERVICES

A study published in *BMC Health Services Research* describes a First Nations-led, co-designed evaluation of community-controlled health and youth services in Far North Queensland. It includes workshop and interview data from 47 staff members from 27 organisations in Cairns and Yarrabah to map service characteristics.

Key findings

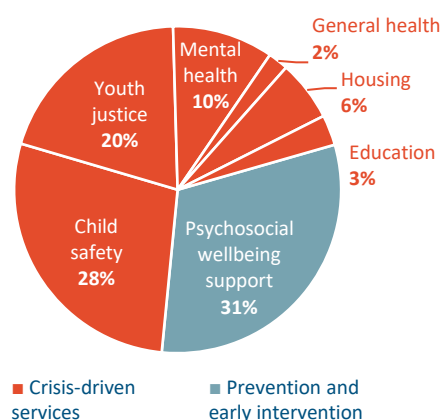
Participants identified mismatches between funding and community needs, including:

- Only 23% of youth services in Far North Queensland are delivered by Aboriginal and Torres Strait Islander community-controlled organisations (ACCOs), despite evidence demonstrating their effectiveness and cultural appropriateness.
- ACCOs are mostly funded to deliver services for young people with complex and high needs, while mainstream NGOs and government departments receive a greater share of prevention and early intervention funding.
- Most ACCO services reflect a crisis-driven response to address youth justice, child safety, acute mental health, disengagement from education and homelessness.
- Less than one third of ACCO services focus on prevention and early intervention, and these are limited to psychosocial wellbeing.
- Funding mandates undermined cultural safety and holistic care because providers were unable to tailor programs to community needs.

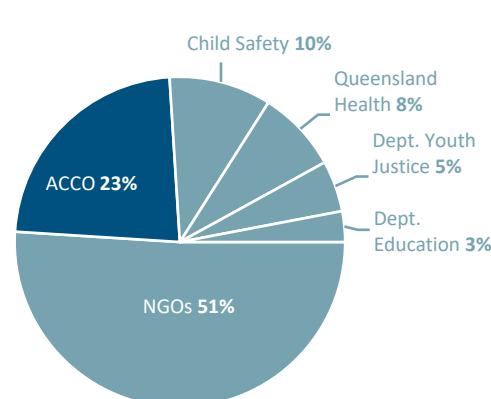
Policy recommendations

- Greater investment in ACCOs to fund programs that promote youth wellbeing, resilience, and family connection before crises occur.
- Address *Closing the Gap* reform areas, including shared decision-making and community-controlled service sector growth.
- Shift focus from narrow KPIs to outcomes defined by community – e.g. strengthened kinship, safety and identity.
- Address service delivery gaps by establishing additional school-based and after hours wellbeing programs, peer mentoring and cultural identity programs, and youth hubs with drop-in and wrap-around support.
- Mandate governments to publish funding allocation reviews and create pathways for ACCOs to access early intervention funding equitably.
- Co-design funding agreements with ACCOs to ensure cultural safety, alignment with community need, delivery flexibility and program sustainability.

Service provision types:
Cairns and Yarrabah ACCOs



Service provider types: First Nations
child and youth wellbeing care



Service delivery gaps

- Supports for children aged 8–12.
- Weekend and after-hours crisis support.
- Mental health early intervention service.
- Mental health crisis services.
- 'On-Country' programs.
- Primary health care.
- Family advocacy.
- School-based interventions.

Conclusion

Increased funding for early intervention and prevention with greater flexibility for ACCOs can improve outcomes and reduce systemic harm for First Nations children and young people while reducing future service costs.

Australian foster parents' experiences of abuse by children in their care

OUT-OF-HOME CARE

Research published in the *British Journal of Social Work* examined Australian foster parents' experiences of parental abuse perpetrated by the children in their care. Existing literature on parental abuse by children has focused almost exclusively on biological parents. This research addresses a critical gap by examining such abuse in the context of foster care, where children often have histories of trauma.

The authors of the study identify parental abuse by children as a form of domestic and family violence. While acknowledging this may be uncomfortable, this classification of behaviour enables nuanced understanding of the dynamics of power and control, even when the abusive party is a child. It is important to note that the typical responses to resolve parent/child violence would not be analogous to the standard responses to domestic and family violence.

Living with the threat of escalating abuse

Parents reported living in constant fear of violence, with frequent verbal abuse, threats and significant property damage, though physical assaults were less common. Property damage was a major concern due to costly repairs and limited access to compensation. Parents often managed their child's behavior by confining them, which sometimes led to further destruction, or by isolating themselves for safety. Even without physical assault, the persistent threat of violence and unpredictability of abuse created a tense and unsafe environment.

Minimising experiences of parental abuse

Researchers observed that parents often downplayed their foster child's abusive behavior. While not denying it entirely, they tended to minimise its severity – referring to it as “just verbal abuse” or attributing it to involuntary actions like “automatic rage”. Some rejected the label of ‘domestic violence’ even as they described serious impacts, using terms like “battered”. Others normalised the behavior, asking rhetorically whether actions like hitting or spitting were simply “normal for kids in care”, especially if they didn't result in hospitalisation.

Understanding triggers to mitigate abuse

Participants reduced the risk of further abuse by identifying and managing their foster children's triggers. They supported children in understanding their needs and provided “tools” to manage distress, which helped lessen violent behavior. Some learned that unmet needs – like structure and routine – could lead to outbursts. Conversely, others found that strict schedules or transitions themselves could be triggering, prompting them to adjust their approach. This theme highlights the complexity when framing parental abuse as domestic violence, as it typically involves the parent learning the triggers of the child to stay in the relationship.

In response to:

“Have you ever experienced or witnessed violence or anything that you'd classify as abuse in your role as a carer?”

“No. I would say in terms of physically no. We've been hit and battered but not in a 'I need to go to the hospital'. Just as in a child, kids hit and kick and spit and that sort of thing. But isn't that normal for kids in care?”

*‘Fiona’,
foster parent*

Conclusion

This research highlights the limited public and agency attention given to parental abuse in foster care, which is often left out of broader conversations about domestic and family violence. This silence can contribute to feelings of shame and lead to under-reporting by foster parents. While recognising parental abuse as a form of domestic violence can deepen understanding, effective responses require a focus on safety, tailored support, proactive prevention, better information-sharing, and breaking the silence around the issue through data and public awareness. This involves not just individual care teams but the entire sector.

Preventing and responding to child sexual abuse in Australian sports

CHILD SAFE ORGANISATIONS

CHILD SEXUAL ABUSE

A study published in *Child Abuse & Neglect* uses 'systems thinking' to examine three investigative reports into child sexual abuse in Australian sport. The study identifies factors which enable child sexual abuse in swimming, cricket, gymnastics, football and tennis, and makes safeguarding recommendations.

Enabling factors

- Abuse of authority and power.
- Inadequate reporting processes.
- Staff lacking working with children checks.
- Lack of supervision.
- Grooming or coercion.
- Isolation of athletes.
- Poor cultural accountability.
- No reporting feedback loops.
- Lack of policy dissemination to frontline staff.
- Victims not knowing how or where to report.

Policy recommendations

- Fund, mandate, and monitor reporting, analysis and learning systems across all levels of Australian sport.
- Strengthen national oversight and align with international child protection standards.
- Invest in leadership development, organisational culture audits and strategies to prevent grooming and coercion.
- Increase focus on tracking behaviour change, ongoing evaluation and supporting cultural safety over time.
- Provide resources, flexible training and funding for child safeguarding staff in community sport.
- Monitor and respond to ongoing issues (ie: coach turnover).

Conclusion

Child sexual abuse in Australian sport is the result of multiple system failures, including fragmented, top-down and static policy responses. A unified and responsive whole-of-system safeguarding approach is needed.

Dodd, K., Salmon, P. M., Solomon, C., & McLean, S. (2025). Applying a systems thinking lens to child sexual abuse in sport: an analysis of investigative report findings and recommendations, *Child Abuse & Neglect*. 165, 107488. <https://doi.org/10.1016/j.chiabu.2025.107488>

Foster and kinship carers recommendations for improving sport participation for children and young people in out-of-home care

CHILD SAFETY

CHILD SAFE ORGANISATIONS

A study published in *Child Abuse & Neglect* explored how to improve sport participation among children in out-of-home care in Western Australia. It included the views of 42 foster and kinship carers in surveys and interviews.

Key findings

Inclusion must be built into mainstream sport

- Carers identified that children in care do want to participate in programs that single them out as "at-risk."
- Policies should promote inclusive practices within community sports rather than separate services.

Sport providers need trauma-informed training

- Carers emphasised the need for coaches and staff to be equipped to support children with trauma histories.
- Mandating or incentivising trauma-informed education for community sport organisations can build safer, more supportive environments.

Carers need support to facilitate participation

- Carers described navigating sports options as time-consuming and costly.
- Carers desire accessible, up-to-date information and streamlined funding pathways.

Conclusion

Targeted, inclusive sport policies that recognise the unique challenges of children in care can foster better physical, social, and emotional outcomes and help ensure no child is left out of the benefits of participation.

A searchable digital directory of inclusive, trauma-aware programs would support carers in locating appropriate opportunities.

Simpson, A., Budden, T., Willis, C., Dimmock, J., Lin, A., Ashleigh L. Thornton, A. L., Furzer, B., Jetic, I., Rosenberg, M., & Jackson, B. (2025). Improving sport opportunities, participation, and experiences for children in out-of-home care: A mixed-methods study. *Child Abuse & Neglect*, 165, 107476. <https://doi.org/10.1016/j.chiabu.2025.107476>.

Service providers' views on barriers to mental health service delivery for children and young people in out-of-home care in New South Wales

CHILD SAFETY

ADOLESCENT MENTAL HEALTH

A study published in *Children Australia* identified the views of out-of-home care providers in New South Wales regarding barriers to timely and appropriate mental health service delivery for children and young people in their care.

Findings are presented from an audit tool for out-of-home care services in New South Wales, completed by 11 out of 17 invited agencies.

Key findings

Trauma is misunderstood and misdiagnosed

- Practitioners often misinterpret trauma responses as behavioural issues rather than mental health concerns.
- Common diagnoses (e.g. ADHD, ODD) are frequently assigned without acknowledging trauma histories.
- Cognitive therapies like CBT are often a poor fit for children with complex trauma.

Scarcity of services

- Long wait times and inadequate availability of trauma-informed specialists are widespread.
- Some regions have no services available, or practitioners are not accepting new clients.
- Children with dual disability and mental health needs face especially limited support.

Systems failures and misunderstandings

- Mental health professionals often misunderstand out-of-home care systems, case management roles and legal responsibilities (e.g. statutory parental authority).
- Children in care are often denied access to services or discharged early due to misplaced assumptions that agencies provide sufficient support.
- Children are sometimes refused treatment during acute crises, including suicidal episodes.

Structural and legal barriers

- Complex compliance requirements (ie: for medication, restrictive practices) are often ignored or misunderstood by providers.
- Confidentiality concerns are often used to justify withholding information from agencies who make decisions.

Policy recommendations

Priority access to mental health services

- Establish children and young people in out-of-home care as a priority cohort for public and private mental health services.
- Ensure fast-tracked referral pathways within Child and Adolescent Mental Health Services, Primary Health Networks, and Local Health Networks.
- Embed prioritisation in national and state mental health funding agreements and service delivery targets.

Invest in prevention and early intervention

- Allocate dedicated funding for trauma-informed and evidence based preventative and adjunct therapies.
- Children should be assessed when entering out-of-home care to enable early diagnosis and appropriate support.
- Support school-based wellbeing programs that are responsive to the needs of children in out-of-home care.

Build a trauma-informed mental health workforce

- Fund specialist training for mental-health professionals on complex and developmental trauma, child protection systems and the context of out-of-home care, and on differentiating trauma responses from behavioural disorders.
- Require trauma-informed care capabilities as part of accreditation for youth mental health practitioners.

Improve cross-system collaboration and accountability

- Develop formal interagency protocols between out-of-home care services and health systems which define roles and responsibilities, shared data use, information-sharing agreements, and minimum referral response times.

Cost effectiveness of an early intervention program in South Australia aimed at reducing second generation out-of-home care

CHILD SAFETY

A study published in *Australian Social Work* evaluated an early intervention program to prevent child removals among high-risk care leavers in South Australia. The program was delivered over 18 months to 26 participants.

Program aims

The intervention was modelled on a UK program aimed at reducing the number of care-leavers' children entering out-of-home care by:

- Pregnancy prevention.
- Parenting skill development.
- Supporting 'healthier relinquishment' if needed.
- Reducing rates of drug and alcohol use, domestic and family violence, criminal justice involvement, sex work and mental health concerns.

The program included:

- Antenatal care and education.
- Risk assessment and safety planning.
- Therapeutic engagement and complex care planning.
- Multiagency consultation and specialist healthcare referrals.

Evaluation strategy

The evaluation sought to estimate avoided costs of child protection involvement among participant's children by:

- Assuming the number of children participants would give birth to and have removed from their care if they did not participate in the program.
- Estimating avoided costs of antenatal care, out-of-home care, and healthcare and service costs associated with domestic and family violence and alcohol and other substance abuse based on government expenditures.

Participants

51 eligible young people were referred to the program, of which 25 did not engage due to: declining (n=4); unable to be located (n=3); lack of program capacity (n=18).

Participant demographics	(n=26)
Median age	18.9 yrs
Female	22
Aboriginal	16
Exposure to domestic, family or sexual violence	26
Homelessness/transience	12
Justice system involvement	12
Substance use	17
Alcohol use	14

Conclusion

Intensive, culturally-responsive and trauma-informed early intervention supports can reduce intergenerational child removals and future service system costs for at-risk young people exiting out-of-home care. However, more rigorous evaluation frameworks are needed to strengthen the evidence base.

Key findings

- 7 children born during the program were assumed to have otherwise been placed into out-of-home care.
- 2 children were returned to their parent's care as a result of advocacy from the program.
- 9 clients who were supported to start using contraception would otherwise have given birth, and 84% of these children would have been placed into out-of-home care.
- 10 clients reduced their alcohol and drug use during the program, avoiding future healthcare and treatment costs.
- 4 clients experienced a reduction in domestic and family violence victimisation during the program, reducing future service costs.
- The total program funding was \$767,150, with 95% of the budget allocated to staffing, including 2 social workers and 1 midwife, with an Aboriginal Social and Emotional Wellbeing role vacant for most of the program due to recruiting issues.
- The annual program cost per participant was \$11,742.
- The combined avoided costs assumed from these calculations was \$1,828,110, reflecting a savings of \$3 for every \$1 spent.

Queensland Ombudsman identifies inaccuracies in documents published by the Department of Youth Justice

YOUTH JUSTICE

The 2025 Casebook from the Office of the Queensland Ombudsman highlights examples of the Office's investigations into complaints about Queensland Government agencies to inform their decision-making and administrative processes. One case study pertains to youth justice and involves a pre-sentence report provided to the Childrens Court.

Complaint summary

The complainant, Yuki, was the grandmother and guardian of a young person with youth justice involvement. She requested a copy of her grandson's pre-sentence report from the Department of Youth Justice and Victim Support.

The Department refused to provide the document on the basis that the court could disclose the report, citing the *Youth Justice Act 1992*. Yuki was dissatisfied, believing the Department misinterpreted the Act.

Initial investigation

- Assessed if the department's response was reasonable.
- Reviewed various materials and legal advice on the Youth Justice Act.
- Requested additional information from the Department.

Response

The investigation was initially discontinued on the basis that the Department's response was reasonable, because documents given to the court become court property. The Department was advised to clarify its reasoning in future responses.

The complainant requested an internal review. Although the original decision was upheld, the review found the Department had not fully responded to one of the Office's queries, and that some public documents contained incorrect or inconsistent information. The Department agreed to correct these.

Ombudsman insight

The Department needs to ensure both publicly available information and information provided to complainants is accurate and clear.

Queensland Ombudsman. (2025). *Casebook 2025: Helping agencies to improve decision-making*. Queensland Government. <https://www.ombudsman.qld.gov.au/publications/casebooks/casebook-2025-helping-agencies-to-improve-decision-making>

Analysis of Australian home education policy describes tensions between parental rights and state responsibility to protect children

CHILD SAFETY

A paper published in the *Journal of Education Policy* examines the evolving "policy problematisation" of home education in Australia. It includes analyses of senate inquiries in Queensland (2003) and New South Wales (2014) to highlight ongoing challenges pertaining to state oversight to prevent educational neglect.

Key themes

- Unregistered home educators remain "invisible to the state," posing challenges to the state's ability to ensure all children receive a quality education and are adequately cared for.
- Government information-sharing schemes and regular monitoring by home schooling organisations can help ensure the care and safety of home-educated children.
- Home education registration requirements can lead to mistrust and hostility between home-educating families and the state, which poses a barrier to state oversight and safeguarding efforts.

Conclusion

Policies that balance the need for state oversight with recognition of parental rights regarding children's education, and removing administrative barriers to home education registration can promote better collaboration between government agencies, home schooling organisations and families to enable child safeguarding.

Gerrard, J., McCaw, C.T., Zonca, B., Cabiles B., & Martinussen, M. (2025). Parental rights and state concerns: the policy problematisation of home education, *Journal of Education Policy*, in press. <https://doi.org/10.1080/02680939.2025.2498884>

National Suicide Prevention Strategy 2025-2035 priorities for child safety and adolescent mental health

CHILD SAFE ORGANISATIONS

ADOLESCENT MENTAL HEALTH

The National Suicide Prevention Strategy 2025-2035 outlines a whole-of-government framework for evidence-based and compassionate suicide prevention. It promotes mental health and wellbeing beginning in early childhood, and culturally-safe, equitable, trauma-informed care.

The strategy focuses on social, economic and environmental conditions that are social determinants of suicide. These include experiences of discrimination, economic insecurity, stigma, poor health outcomes and reduced access to supports.

Relevant priority groups:

- Young Australians.
- Aboriginal and Torres Strait Islander peoples.
- Culturally and linguistically diverse people
- People with disability.
- LGBTIQ+ people.
- People with mental illness.
- Families, carers and kin.

Highlights

Prevention objective 1.2: *Address risks to personal safety*

Action 1.2a

Reduce the prevalence and impact of child abuse and neglect and family, domestic and sexual violence.

Action 1.2b

Ensure mental health services and other relevant supports, particularly those provided to children and young people, work in a trauma-informed and culturally-safe way.

Action 1.2c

Design and deliver nationally consistent wrap-around services to support children and young people impacted by adversity (for example, experiences of trauma, abuse and neglect, residing in out-of-home care, or significant conflict with primary caregivers).

Action 1.2d

Provide assistance and guidance for primary and secondary schools to implement evidence-based bullying prevention programs.

Prevention objective 4.2: *Address loneliness and social exclusion*

Action 4.2a

Implement and evaluate programs to build social connectedness and a sense of belonging; and improve relationships, including through funding community-based programs that focus on reducing loneliness among groups that experience high rates of social disconnection and exclusion, particularly men, older Australians, young people, people with disability, and people living and working in regional, rural and remote communities.

Action 4.2b

Co-design, deliver and evaluate culturally-appropriate programs for communities who experience stigma, discrimination and internalised shame. This includes initiatives that focus on combating homophobia, transphobia, ageism, racism and disability discrimination.

Prevention objective 5.1: *Assist people to thrive in key life stages*

Action 5.1a

Continue to implement the National Children's Mental Health and Wellbeing Strategy.

Action 5.1b

Review the effectiveness of existing programs, including in schools, that build life skills and foster the wellbeing of children and young people, with a view to implementing and evaluating a coordinated, accessible and nationally consistent approach.

The program should be co-designed with children and young people, but could include:

- adaptive coping and problem-solving, and improving self-esteem and self-efficacy.
- financial literacy.
- self-help and peer support skills.
- safe and effective interaction with technology and digital media.
- tailored components to build the social and emotional wellbeing of Aboriginal and Torres Strait Islander children and young people.

Australian Institute of Family Studies report on men’s use of intimate partner violence

DOMESTIC AND FAMILY VIOLENCE

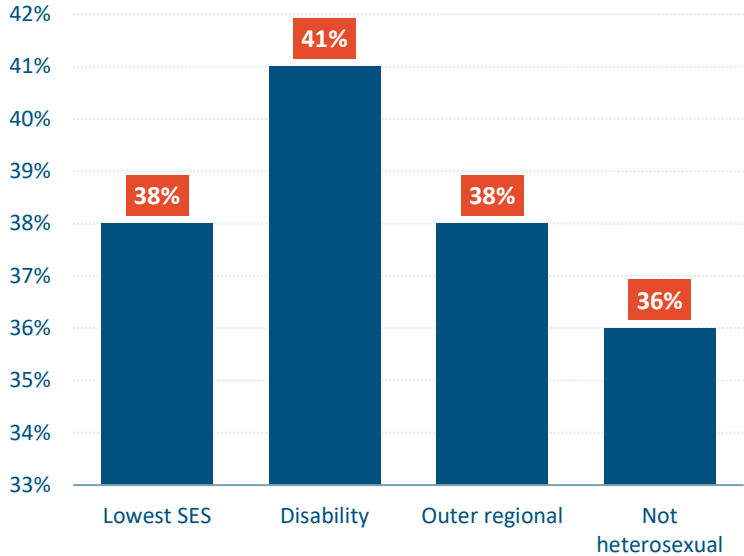
The Australian Institute of Family Studies (AIFS) has released a new report on intimate partner violence (IPV) from the Ten to Men study based on validated survey data from a representative sample of Australian men, aged 18-57 at the start of the study. The report includes longitudinal data collected from 16,000 men in Australia in 2013–14 and 2022.

Proportion of men who reported they have ever used IPV

Age start of study	2013-14	2022
18-24 years	12.5%	30.0%
25-34 years	22.5%	37.5%
35-44 years	24.5%	36.0%
45-57 years	22.5%	35.5%
TOTAL	24.1%	35.4%

Reported type of IPV	2013-14	2022
Emotional	21.0%	32.0%
Physical	6.0%	9.0%
Sexual	2.0%	NA

Demographic groups with highest reported rates of IPV in 2022



Key findings

- The proportion of men reporting that they have ever used intimate partner violence increased from 1 in 4 in 2013-14 to 1 in 3 in 2022.
- Young men aged 18-24 at the start of the study reported the greatest increase in IPV use between 2013-14 and 2022.
- Nearly three quarters of men who reported using IVP also reported experiencing IPV.
- Depression and suicidal behaviours increased the risk of IPV use.
- Social support and paternal affection in childhood decreased the risk of IPV use.
- Higher-risk cohorts include men from highly socio-economically disadvantaged areas, outer regional areas, who are non-heterosexual, or living with disability.
- There were no significant associations between anxiety diagnosis or overall life satisfaction and use of IPV after accounting for other mental health, wellbeing, economic, and psychological factors.

Risk and protective factors

Mental health issues reported in 2013-14 were associated with an increased risk of IPV use by 2022. High levels of social support and strong paternal affection in childhood reported in 2013-14 were associated with a **decreased risk** of IPV use by 2022.

Variables associated with risk of IPV use	
Mild depression	32% ↑
Moderate/severe depression	62% ↑
Suicidal thoughts/plans/attempts	47% ↑
High levels of social support	26% ↓
Strong paternal affection in childhood	48% ↓

Conclusion

Mental health support, positive early role modelling from fathers, and access to healthy coping mechanisms via social support can help prevent men’s use of IPV. Interventions should be tailored for higher-risk cohorts, including men from areas of socio-economic disadvantage, who are non-heterosexual, and with disability.

O'Donnell, K., Woldegiorgis, M., Gasser, C., Scurrah, K., Andersson, C., McKay, H., Hegarty, K., Seidler Z., & Martin, S. (2025). *Ten to Men Insights Report #3, Chapter 1: The use of intimate partner violence among Australian men*. AIFS. <https://apo.org.au/sites/default/files/resource-files/2025-06/apo-nid330890.pdf>

Review of safety and wellbeing among Australian children and young people by ARACY and UNICEF Australia

CHILD SAFETY

YOUTH JUSTICE

A report published by ARACY and UNICEF Australia provides an analysis of existing national data related to the "Valued, Loved and Safe" domain of The Nest framework. It draws from and expands on data presented in the Australian Children's Wellbeing Index.

Key challenges

- **10x** over-representation of Aboriginal and Torres Strait Islander children in out-of-home care and youth justice.
- **45% increase** in reports of online child exploitation between 2022-23 and 2023-24.
- **\$1 billion** per year spent on youth detention in 2024, nearly double the spending since 2014-15.
- **7x** more children in the lowest socio-economic areas under youth justice supervision.

Emerging issues for Australian children and young people

- 1) Blanket social media ban does not empower young people to safely navigate the internet.
- 2) Cost-of-living crisis increasing homelessness rates and preventing domestic violence victims from leaving.
- 3) Climate disasters separating families and creating stress that increases domestic violence.

Policy recommendations

- Incorporate commitments from the United Nations Convention on the Rights of the Child into Australian law.
- Create a central agency for children in the Prime Minister's Office and Cabinet Minister for Children to be responsible for the wellbeing and rights of children, co-ordinating Commonwealth government portfolios with responsibilities for children.
- Increase investments in family services, prevention programs to reduce harm to children in youth justice, and Aboriginal Community-Controlled Organisations.

✓ Doing well

- Decrease in the national rate of substantiated child protection notifications among children under age 1.
- Decrease in the national rate of injury deaths among children aged 0-4.
- Extended paid parental leave to increase to 26 weeks by 2026.
- Decrease in the national rate of youth justice supervision among children ages 10 to 14 over the past decade.
- Decrease in the national rate of youth detention among children aged 10 to 14 over the past five years.
- Most children in out-of-home care report feeling safe and having a significant adult in their lives.
- The rate of substantiated child protection concerns among young people aged 15-17 has recently decreased.
- Australia is ranked 10th out of 42 countries in the OECD for confidence among young people.

✗ Needs improvement

- Children under the age of 1 have the highest rate of substantiations out of all age groups nationwide.
- Children under the age of 1 have the highest rate of out-of-home care entry out of all age groups.
- Paid parental leave remains lower than OECD average of 39 weeks.
- Age of criminal responsibility is below international standards at 10 years old in every jurisdiction but ACT.
- Increase in the rate of sexual assaults among children under age 14, especially among girls.
- Australia has one of the highest rates of bullying in the world, at 35th out of 43 countries in the OECD.
- Few young people have a say on issues that matter to them.
- Most teenagers are exposed to hate speech online, and many have been exposed to self-harm content.