

JANUARY 2026

Sector Insights paper

In this month's Insights paper

Early Intervention Opportunities to Prevent Female-Perpetrated Child Sexual Abuse	2
Mandatory Reporting of Child Abuse and Neglect in Early Childhood Education	3
Australian Institute of Health and Welfare– Youth Detention population in Australia in 2025	4
Childrens Court of Queensland - Annual Report 2024–25	5
Office of the Public Guardian – Annual Report 2024-25	6
The Aboriginal and Torres Strait Islander Community Health Service Brisbane – Annual Report 2024-25	7
National Strategy to Prevent and Respond to Child Sexual Abuse 2021-2030: Third Annual Report 2025	7
Impact of child maltreatment on the costs of health service use and productivity loss	8
Perinatal care and child protection for Aboriginal and Torres Strait Islander families	9
NSW Child Death Review Team Biennial Report 2022–2023	10
Decline in foster care numbers in Los Angeles County: What is reported	11



Early Intervention Opportunities to Prevent Female-Perpetrated Child Sexual Abuse

CHILD SAFETY

CHILD SEXUAL ABUSE

The study draws on qualitative interviews with 18 adult women in Australia who had been sentenced for child sexual abuse offences. Using inductive reflexive thematic analysis, the authors examined participants' reflections on what forms of support they believed may have prevented the onset of their offending.

Analysis of the interviews produced two overarching themes; desire for early-intervention supports, and multi-level barriers to accessing support.

Theme 1: Desire for Early-Intervention Supports

Participants identified several forms of support they believed may have altered their pathways into child sexual abuse offending. These included:

Professional counselling

Many participants described adverse childhood experiences, unresolved trauma, mental health difficulties, and maladaptive coping strategies. Participants expressed a desire for earlier, direct, and practical mental health support to help process experiences, build self-confidence, and manage emotions and behaviours.

Relationship education and exit support

Relationship toxicity, coercion, and exposure to domestic and family violence were frequently described. Participants reported a lack of education about healthy relationships, warning signs, and coercive behaviours, as well as limited access to practical supports to leave unsafe relationships.

Parenting education and support

Participants who were mothers described parenting stress, relationship instability, and limited guidance in managing parenting demands. Support with parenting skills, planning, and advocacy was identified as important, particularly in the context of complex adult relationships.

Theme 2: Multi-level barriers to accessing support

Participants described barriers to accessing support at the individual, relationship, and system levels. These included:

Lack of awareness and access

A number of participants stated they were unaware of what services existed or how to access them. Some reported not understanding that emotional abuse or coercive behaviours constituted domestic violence. Several indicated they only became aware of available community supports after entering custody.

Isolation, fear and shame

Participants described significant social isolation, often linked to controlling partners who restricted contact with family or friends. Fear of repercussions, including retaliation from partners or potential legal consequences, prevented disclosures. Shame and fear of judgement were commonly identified as barriers to seeking help.

Dismissed or inadequate responses

Some participants reported actively seeking help prior to offending but felt their concerns were dismissed or minimised by professionals or institutions, including schools, health practitioners, and government agencies. Several described receiving medication or generic coping advice without further assessments or follow-up.

Too little, too late

Some stated they would not have engaged with support even if it had been available, due to lack of insight or readiness at the time. Others described their offending as unplanned and occurring through opportunity or circumstance. The authors note that early intervention and prevention efforts may not be effective for all individuals.

Conclusion

The authors conclude that women's reflections point to missed opportunities for early intervention across multiple life stages. They identify three implications arising from the findings:

1. The need to improve **service accessibility**, not only service availability.
2. The importance of applying a **gender-responsive approach** to prevention.
3. The value of a **developmental life-course perspective** in preventing female-perpetrated child sexual abuse.

Priebe, B., Christensen, L. S., McKillop, N., & Rayment-McHugh, S. (2025). "What Could Have Stopped This?": Exploring opportunities for early intervention through the voices of women who have perpetrated child sexual abuse. *Journal of Child Sexual Abuse*. <https://doi.org/10.1080/10538712.2025.2598546>

Mandatory Reporting of Child Abuse and Neglect in Early Childhood Education

CHILD SAFETY

CHILD SEXUAL ABUSE

Child maltreatment is a pervasive phenomenon with well-documented detrimental consequences. Mandatory reporting by professionals working with children is a key strategy for initial case identification and response. Educators working in early childhood education and care (ECEC) services are essential for early intervention; however, their roles as mandatory reporters and the factors influencing their reporting practice have been under-researched. This PHD thesis investigated mandatory reporting self-efficacy and reporting collective efficacy, and their relationship with reporting intention, among Australian ECEC educators.

Study design

The research used a **sequential mixed-methods design** comprising three phases:

- **Phase 1:** involved extensive literature review and consultation with an expert panel of ECEC practitioners to generate survey items. A new Reporting Collective Efficacy Scale (RCES) was developed, and the previously developed Mandatory Reporting Self-Efficacy Scale was revised (MRSES-R).
- **Phase 2:** piloted the survey to test administration.
- **Phase 3:** involved a large-scale national survey conducted in 2022 with 330 early childhood educators working in Australia

Areas of focus was self-efficacy, collective efficacy, past reporting behaviour, and future reporting intention.

Key concepts

- **Self-efficacy** refers to an individual's belief in their ability to successfully perform a specific task. In this study, it relates to educators' perceived ability to carry out mandatory reporting of child abuse and neglect.
- **Collective efficacy** refers to a group's shared belief in their conjoint capability to perform a specific task. In this study, it relates to educators' shared beliefs about their collective capacity to undertake mandatory reporting within ECEC settings.

Key findings

- **Collective efficacy was a key influence on reporting intention.** When predicting future reporting intention, collective efficacy was the strongest predictor, even after accounting for individual characteristics, workplace characteristics, and past reporting experience.
- **Self-efficacy and collective efficacy are related but distinct constructs.** Self-efficacy was influenced by individual characteristics such as age, years of experience, leadership roles, and previous reporting experiences, whereas collective efficacy was shaped by workplace characteristics and shared reporting experiences.
- **Collaboration strengthens reporting efficacy.** Assisting a colleague to make a report was positively associated with both higher self-efficacy and higher collective efficacy, highlighting the importance of shared practice and support in reporting child maltreatment.

Policy implications

- **Harmonisation of legislation and policy:** current laws and legislation vary significantly across jurisdictions, particularly regarding which professional groups must report and which subtypes of abuse are reportable.
- **Incentivising collaborative mentorship models:** collaborative models allow experienced educators to 'walk alongside' less experienced staff, during the reporting process, which has been shown to boost both individual and collective reporting efficacy.

Conclusion

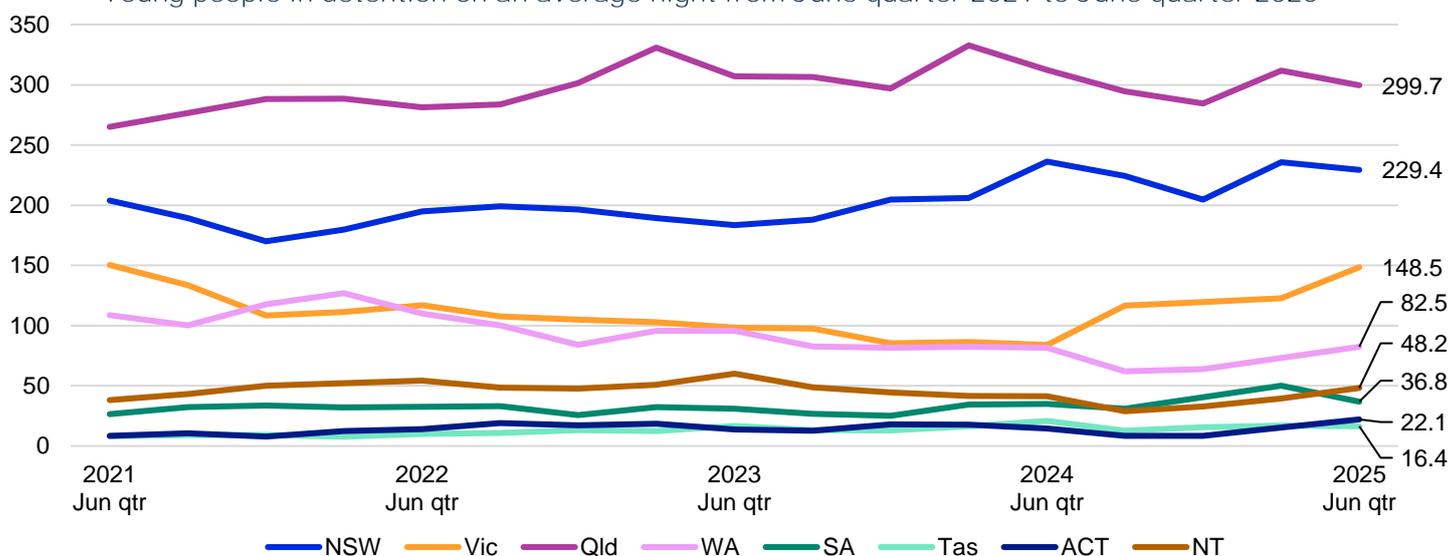
The study showed that collective efficacy plays an integral role in shaping reporting intention. Improving educators' self-efficacy and collective efficacy for reporting was identified as advantageous. Findings showed that opportunities for collaboration and leadership in reporting practice, including assisting a colleague to report, were associated with increases in both individual and collective efficacy. The thesis identifies mandatory reporting as involving both individual and collective responsibility within the ECEC sector.

Australian Institute of Health and Welfare – Youth Detention population in Australia in 2025

YOUTH JUSTICE

The Australian Institute of Health and Welfare (AIHW) have published 2025 data for youth detention populations across Australia. This data release consists of the numbers of children and young people in sentenced and unsentenced detention, disaggregated by state or territory, First Nations status, and gender. The population numbers refer to the number of young people in detention on an average night, by quarter. This update contains data for the June 2025 quarter, and four years of prior data.

Young people in detention on an average night from June quarter 2021 to June quarter 2025



Queensland continues to detain the highest number of children and young people by a significant margin, representing a third of Australia’s total number of detained children and young people in the June 2025 quarter.

Age*

The majority of children and young people in youth detention were aged 14-17 years, both in Queensland and nationally.

In Queensland during the June 2025 quarter, there were an average of 26.4 children aged 10-13 in detention on an average night (8.8% of all children in detention), and 269.9 young people aged 14-17 (90.1% of all children in detention).

Gender

The vast majority of children and young people in detention are male.

For children in detention in the June 2025 quarter, 91.9% of children nationally, and 87.0% in Queensland, were male.

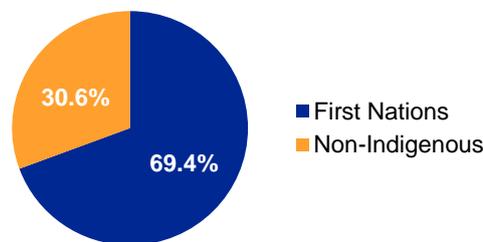
*The total number of young people in detention includes those aged 18 years; therefore, the sum of the 10–17 age groups does not equal the overall total.

Overrepresentation

First Nations children and young people continue to be significantly overrepresented in youth detention. It’s important to understand the data within the broader historical context. First Nations Australians have experienced a long history of trauma, cultural dispossession, forced displacement and assimilation, which continues to affect physical, mental and social wellbeing.

Nationally, First Nations children and young people represent 60% of 10–17-year-old young people in detention in the June 2025 quarter. In Queensland; First Nations children and young people represented 69.4% of the young people in detention in June 2025.

Queensland- proportion of 10-17-year olds in detention



Unsentenced and sentenced detention

In Queensland in the 2025 June quarter, 89.1% of children in detention were unsentenced, significantly higher than the national proportion of 71.5% children in detention being unsentenced across all jurisdictions.

The Childrens Court of Queensland Annual Report 2024–25 outlines court activity involving children across Queensland, including youth justice and child protection matters. The report presents data on court appearances, charges, penalties, supervised youth justice orders, youth detention, police watchhouse use, and applications under the *Child Protection Act 1999*, alongside trend information over time.

The reporting period reflects sustained system demand, with increasing child protection applications, continued use of detention and watchhouses, and persistent over-representation of Aboriginal and Torres Strait Islander children and young people. The report also includes commentary on legislative and operational pressures and observations regarding detention conditions and the wellbeing of children in custody.

Bail

Applications for bail reduced significantly in 2024–25:



Convictions for breach of bail increased significantly, from 6,704 charges in 2023-24 to 7,459 in 2024-25.

Conditional bail programs: offering community supervision and support to help young people comply with bail conditions, also saw a decrease with only 820 conditional bail programs being commenced. This represents a 7% drop from the previous year, and the lowest number in the last four years.

The lower number of applications for bail, and bail refusal, has coincided with increases in the population in detention and an increase in the duration of stay in detention over the last four years.

Convictions

Age groups: 17-year-olds remain the largest group of convicted defendants (25%), followed by 16-year olds (22%). There were 646 child defendants under the age of 15, representing 21.7% of all child defendants.

Offences: The three leading offence categories were theft (11,161 charges, 30.1%), offences against justice procedures and orders (8,872 charges, 24.0%) and burglary (6,357 charges, 17.2%).

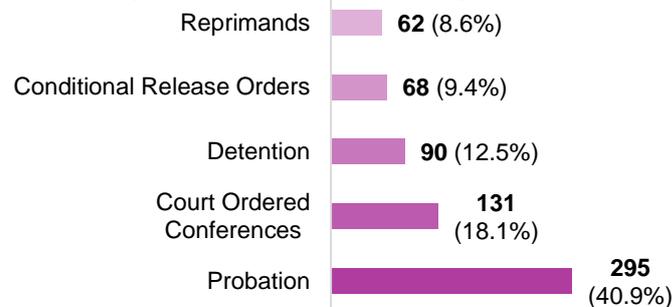
Outcomes: Of child defendants convicted, detention was the most serious penalty imposed in 375 (8.7%) appearances, with probation being the most common penalty (1,423, or 33.1% of all appearances).

In 46.1% of cases where a child was eventually sentenced to a detention order, they were released directly from court as they had already served their time required while being held unsentenced.

Making Queensland Safer legislation

In the annual report, the President of the Children’s Court of Queensland stated “at this stage it is not possible to assess whether the legislation has produced a reduction of finalised charges before the court”, noting only 2,535 of 6,612 charges were finalised under the new legislation.

Sentencing outcomes from the new legislation included:



Over-representation

The annual report details the stark and persistent over-representation of Aboriginal and Torres Strait Islander children at every stage of the youth justice system.

Proven offences: First Nations children account for 55% of all distinct young people with a proven charge.

Age: First Nations children are over-represented at greater rates in younger age groups: 83% of 10-11 year-olds, 72% of 12-year-olds, and 63% of 13-year-olds convicted are First Nations children.

Likelihood of charges: Aboriginal and Torres Strait Islander young person is 12.5 times more likely to have a proven charge finalised.

Supervised Orders: Account for 65% of distinct young offenders commencing a supervised order and are 18.9 times as likely to do so.

Youth detention population: First Nations children and young people account for 72% of young people in youth detention on an average day.

Detention likelihood: Aboriginal and Torres Strait Islander young person is 26 times as likely as other young people to be in youth detention—the highest rate in the last four years.

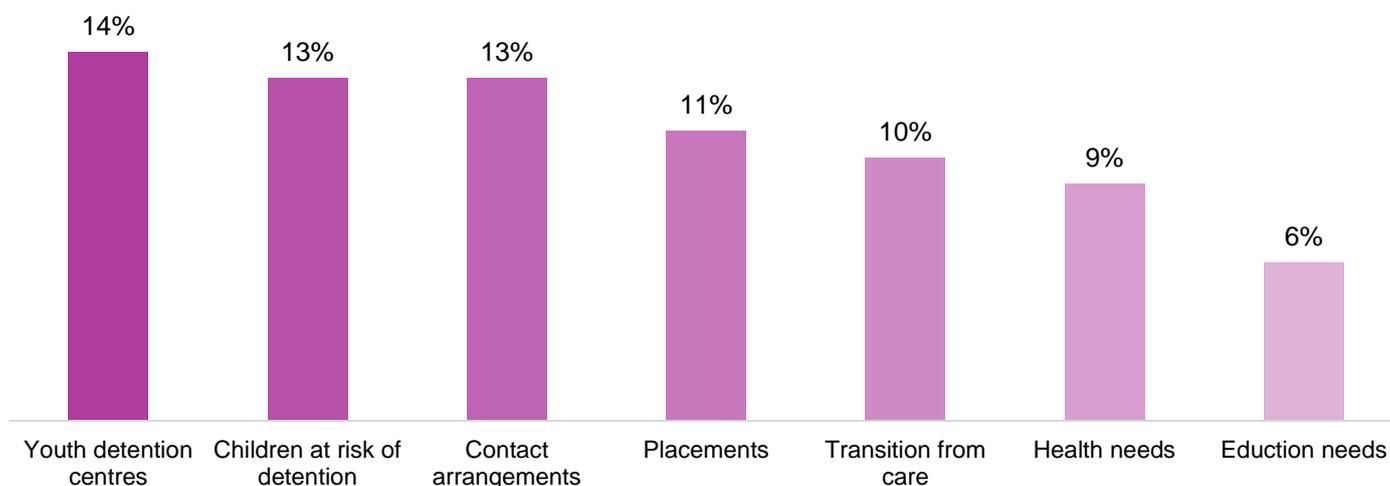
The Office of the Public Guardian's (OPG) Annual Report for 2024-25 outlined the agency's performance in safeguarding the rights and wellbeing of vulnerable Queenslanders. The report documents service delivery, operational context, and reform contributions during a period of demand and significant legislative change affecting youth justice, child safety, disability, and aged care system.

Key highlights

During 2024-25, the Office conducted:

- **15,210 community visits to 10,566 children and young people** at visitable locations across Queensland, raising **15,136 issues** on their behalf.
- Community visiting activity increased in youth detention settings, with **1,312 visits to 221 children and young people**, representing a **12% increase** in the number of children and young people receiving a community visit, compared with the previous year.
- The report also documents **545 children and young people** receiving child advocacy services during the year.
- The most common issues raised for children related to youth detention centres (14%), children at risk of detention (13%), contact arrangements (13%), placements (11%), transition from care (10%), and health needs (9%). Other issues related to education needs, social needs, safety, disability needs, high risk behaviours, case plans, and interventions.
- Placements, representing 11% of issues identified and raised by the OPG, refers to the suitability and stability of a child's placement in a foster or kinship home, or residential care facility. Additionally, 4% of issues raised on behalf of children across these locations were specifically related to safety.

Key issues identified and raised on behalf of children



Youth Detention

- This year, there was **an increase of 2,116 issues** raised by community visitors on behalf of children and young people in youth detention, compared with the previous year
- Similar to last year, the most common issues raised in youth detention centres related to behaviour management and security at the detention centre (22%), high-risk behaviours of other detainees (19%) and the living conditions at the detention centre (7%)
- Following the opening of the 76-bed Wacol Youth Remand Centre in March 2025, the office of the Public Guardian commenced weekly face-to-face visits, with additional Webex and phone visits for priority and vulnerable children.

Across these settings, Aboriginal and Torres Strait Islander children and young people represented almost half of those eligible to be visited (5,025 out of 10,536 children and young people), highlighting the importance of culturally responsive practice in safeguarding the rights and wellbeing of children and young people.

The Aboriginal and Torres Strait Islander Community Health Service Brisbane – Annual Report 2024-25

CHILD SAFETY

OVER-REPRESENTATION

The Aboriginal and Torres Strait Islander Community Health Service (ATSICHS) Brisbane have released their 2024-25 Annual Report highlighting the service's key achievements for the last financial year. ATSICHS is Queensland's largest First Nations medical health service, and the second oldest in Australia, delivering 45 distinct programs across 18 sites.

Key achievements highlighted in the report include:

- **Service impact:** Over 58,000 medical visits and a 12% increase in dental treatments delivered in 2024-25.
- **Program innovation:** launch of the Banjilam Bareibunn palliative care program and Youth Outreach Housing Program.
- **Stability and satisfaction:** ATSICHS maintained a 91% community satisfaction rate throughout the year.

Highlights relevant to services delivered to First Nations children, young people and families include:

- 206 children attended the *Deadly Kindy* program, and the Jajumbora Children and Family Centre saw 603 children engage with its programs and expanded allied health services.
- Outreach workers engaged 3,051 young people, providing 1,387 instances of transport to safety. The new Youth Outreach Housing Program successfully housed or reconnected 41 young people with family
- The Brighter Futures program supported 141 young adults (aged 18–21) leaving statutory care, providing over \$925,000 in financial support for housing, employment, and life skills.
- Delivered 69 Young, Black and Proud scholarships in coordination with the Queensland Family and Child Commission.

By delivering expanded, culturally safe services across health, housing, and family wellbeing, the report demonstrates that ATSICHS Brisbane has solidified its commitment to a thriving, self-determined community.

Aboriginal and Torres Strait Islander Community Health Service (ATSICHS) Brisbane. (2024). *Annual report 2024–25: Our community, our future, our way.* <https://atsichsbrisbane.org.au/about-us/>

National Strategy to Prevent and Respond to Child Sexual Abuse 2021-2030: Third Annual Report 2025

CHILD SAFETY

CHILD SEXUAL ABUSE

The Federal Attorney-General's Department has released the National Strategy to Prevent and Respond to Child Sexual Abuse (2021-2030): Third Annual Report 2025, providing an update on the progress made between December 2024 and December 2025. The report provides details on 62 activities under the action plan, designed to reduce the risk and impact of child sexual abuse in Australia. Highlights of the report include:

- **Implementation progress:** As of 31 December 2025, 16 National Strategy activities have been finalised, with \$12 million in grants awarded to 23 organisations to strengthen responses to child sexual abuse.
- **Offending prevention:** Jesuit Social Services were awarded a contract to deliver Australia's first national child sexual abuse offending service, aimed at intervention prior to offending or re-offending.
- **Working with Children Checks:** A number of significant steps were undertaken toward a national approach to the checks, which included an endorsement of an agreement for mutual recognition of checks across jurisdictions.
- **Improving the evidence base:** Key data milestones were reached, including the launch of the *Child Wellbeing Data Asset* for pilot projects and the delivery of rapid evidence reviews on key topics.
- **Awareness and education:** The 'One Talk at a Time' campaign continued to distribute resources to over 4,000 schools, with new 'My Say, My Way' resources co-created with First Nations communities to support body safety conversations.

The 2025 Third Annual Report showcases progress in the National Strategy's mission. As work begins on the Second Action Plan, the focus remains on a shared responsibility to reduce the risk and impact of abuse while ensuring survivors have access to high-quality, trauma-informed support throughout their lives.

Attorney-General's Department. (2025). *National Strategy to Prevent and Respond to Child Sexual Abuse (2021–2030): Third Annual Report 2025.* Commonwealth of Australia. <https://www.childsafety.gov.au>

Impact of child maltreatment on the costs of health service use and productivity loss

CHILD SAFETY

Child maltreatment (CM) is highly prevalent in Australia and is associated with long-term adverse physical and mental health outcomes. While these impacts are well established, less attention has been given to the economic consequences, particularly the costs associated with healthcare service use across adulthood. This study used nationally representative data from the Australian Child Maltreatment Study (ACMS) and quantifies differences in healthcare service utilisation (HSU) and costs between adults with and without experiences of child maltreatment.

Higher healthcare costs among adults with child maltreatment - *Figure 1*

Adults who experienced any form of child maltreatment had higher annual healthcare service use costs than those without maltreatment. This difference was observed both at the per-person level and among those who accessed healthcare services.

Figure 1: Comparison of annual HSU by CM status

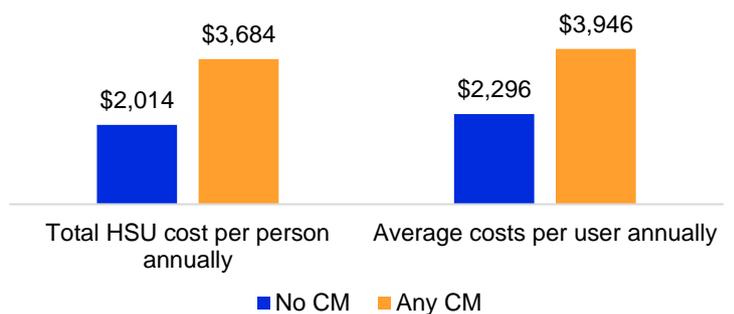
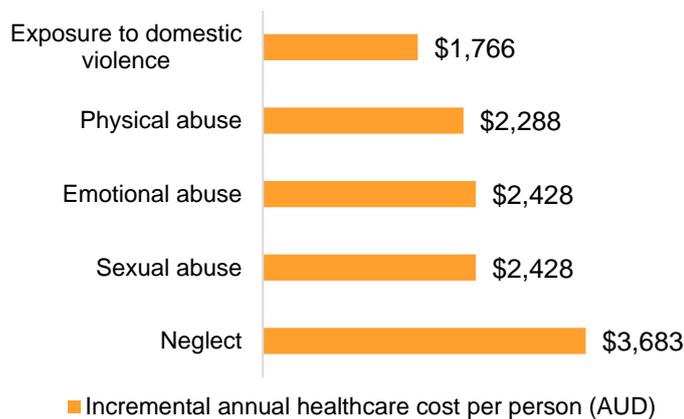


Figure 2: Incremental per person costs compared with no CM



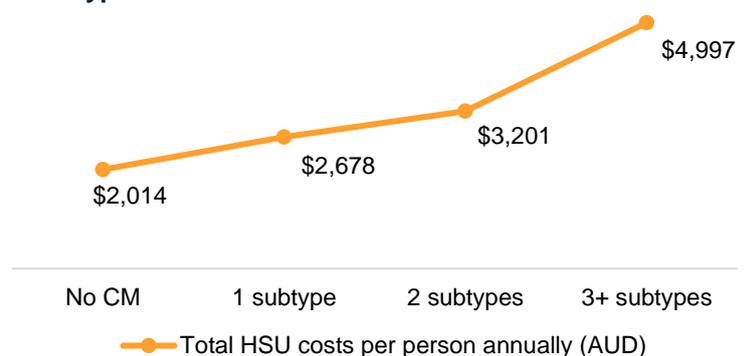
Incremental costs across maltreatment subtypes - *Figure 2*

Experiencing any of the five child maltreatment subtypes was associated with higher incremental healthcare costs per person compared with individuals with no maltreatment. The highest point estimate of incremental cost per person was observed among those reporting neglect, although differences between subtypes were not statistically significant. Across all subtypes, higher per-person costs reflected both increased likelihood of service use and higher service use among users.

Dose-response relationship with multiple maltreatment exposures - *Figure 3*

A clear dose-response relationship was observed between the number of child maltreatment subtypes experienced and healthcare service use costs. Average annual costs per person increased progressively from individuals with one maltreatment subtype, to those with two subtypes, and were highest among those reporting three or more subtypes. These costs were substantially higher than those for individuals with no maltreatment experience.

Figure 3: HSU costs per person by number of CM subtypes



Population-level impact (healthcare and productivity)

Using population estimates for Australians aged 16 years and over, and the prevalence of child maltreatment reported in the ACMS, the study estimated an additional **\$21.6 billion** in total HSU costs annually in Australia. The study also reported that productivity loss costs showed similar patterns to healthcare costs across all CM categories, associated with an additional **\$24.1 billion** (2021–22 AUD) in productivity loss in Australia.

Le, T., et al. (2025). *Impact of child maltreatment on the costs of health service use and productivity loss: Findings from the Australian Child Maltreatment Study.* <https://apo.org.au/sites/default/files/resource-files/2025-11/apo-nid333093.pdf>

Perinatal care and child protection for Aboriginal and Torres Strait Islander families

CHILD SAFETY

OVER-REPRESENTATION

This article reports findings from Aboriginal-led qualitative research examining perinatal care experiences of Aboriginal and Torres Strait Islander families who intersect with child protection systems. The study focuses on pregnancy and the first year of life, a period identified in existing research as having increasing child protection notifications and interventions, particularly involving Aboriginal and Torres Strait Islander infants.

The paper draws on data from two Aboriginal-led research projects—*Healing the Past by Nurturing the Future* and *Replanting the Birthing Trees*. Together, these projects explored experiences of perinatal care, service engagement, and system responses where child protection involvement was anticipated or occurred.

Study design and participants

Data were collected through:

- discussion groups with service providers
- discussion groups with 22 parents
- two national workshops involving practitioners and researchers.

In total, 102 participants contributed to the research, with 61% identifying as Aboriginal and/or Torres Strait Islander. The research was governed by Aboriginal leadership and oversight, with analysis undertaken using reflexive thematic analysis. The authors note that the study was not originally designed to examine child protection systems specifically; rather, systemic findings emerged inductively from participant accounts.

Child protection as a colonial system

Participants described child protection as a system shaped by colonisation and historical child removal practices. Child protection and allied systems, including hospitals, were described as unsafe, characterised by power imbalances, lack of transparency, and control over decision-making. Fear of child removal was reported to influence families' engagement with perinatal and support services, including avoidance of care during pregnancy.

Risk-averse practice within child protection and allied systems

Participants described risk-averse practice across child protection and allied services, including early notifications during pregnancy, limited opportunities for parents to demonstrate capacity, and reliance on future risk assessments. Service providers described challenges navigating risk thresholds, limited guidance, and inconsistent interagency collaboration. Examples were provided where advocacy and collaboration between services enabled alternative responses to removal.

Centring Aboriginal and Torres Strait Islander peoples and knowledges

Participants emphasised Aboriginal and Torres Strait Islander leadership, community decision-making, and Indigenous knowledges as central to perinatal care. Sub-themes included place-based responses, community-defined safety, Grandmother's Lore, relational responsibility, and prioritising relationships over procedural requirements. This theme was described by the authors as the inverse of the first two themes.

You cannot have identity without belonging. That is what the whole principle of Grandmother Lore is about, bring[ing] people home... reclamation."

Elder, workshop participant

Conclusion

The authors conclude that preventative perinatal care for Aboriginal and Torres Strait Islander families is shaped by broader child protection and allied systems that are experienced as risk-focused and unsafe. The findings highlight the importance of Aboriginal-led approaches, community authority, and Indigenous knowledges in perinatal care contexts involving child protection. The paper notes that without broader systemic change, the capacity of perinatal care models to prevent child protection involvement is constrained.

Mucabel-Bue, N., et al. (2025). *Keeping ourselves safe from the system': Perinatal care model considerations for Aboriginal and Torres Strait Islander families intersecting with child protection*. Australian Journal of Social Issues. <https://onlinelibrary.wiley.com/doi/pdf/10.1002/ajs4.70088>

The *Child Deaths in NSW 2022 and 2023 Biennial Report* presents the NSW Child Death Review Team’s analysis of **885 deaths of children aged 0–17 years** that occurred across 2022 and 2023. The report also places these deaths within a broader **15-year context (2009–2023)**, examining longer-term trends, demographic patterns, and cause-specific findings. It provides detailed breakdowns of deaths from natural causes, external causes (transport, drowning, other injury), suicide, homicide, and sudden unexpected death in infancy (SUDI), as well as emerging issues.

The report is structured around cause-of-death chapters, demographic analyses, and cross-cutting risk themes, and includes appendices outlining definitions, methodology, and reporting measures.

Methodology

The NSW Child Death Review Team (CDRT) undertakes a retrospective analysis of child deaths using data sourced from the NSW Register of Child Deaths. According to the report:

- The analysis covers all infant and child deaths in NSW for the reporting period and compares them with **7,653 deaths over 2009–2023** to establish trend data.
- Deaths are categorised by **cause, demographic characteristics, location, and child protection history**.
- The report applies **statistical significance testing** to identify true changes over time; references to an increase, decrease, or ‘no change’ denote statistically significant findings unless otherwise stated.
- Mortality rates are standardised and rounded for comparability. Percentages are rounded to whole numbers.
- Specific age groupings (neonatal, post-neonatal, 1–4, 5–9, 10–14, 15–17) are used consistently throughout the report.

This methodology enables consistent comparison across years and causes, and allows over-representation patterns (e.g., disadvantage, First Nations children, regional/remote areas) to be reliably identified.

Overall patterns (2022-2023)

- 885 child deaths occurred in NSW.
- Cause of death were:
 - 71% natural causes
 - 19% external causes
 - 5% pending
 - 4% undetermined
- Infants under 1 year accounted for 54% of deaths.
- 28% of children (252) who died had a child protection history

Leading causes of death: 15 year findings (2009-2023)

Cause	% of child deaths
Perinatal	26%
Cancer	9%
Congenital	8%
Transport	8%
Suicide	6%

Long-term trends (2009-2023)

- Infant mortality has **reduced by 33%**, and mortality among children 1–17 years has **reduced by 20%** over the 15-year period.
- However, the mortality rate from **homicide** shows **little change**, and **suicide rates have increased by 11%** over the 15-year period.

Overrepresentation

Children who died were more likely to:

- Live in socioeconomically disadvantaged areas
- Be Aboriginal or Torres Strait Islander
- Live in regional or remote areas
- Be male

Children with a **child protection history** were consistently over-represented among child deaths across the reporting period.

Key observations

- The Biennial Report identifies persistent overrepresentation of certain groups in child mortality; however, it does not provide a comprehensive causal analysis of the underlying drivers of these disparities.
- The report demonstrates sustained reductions in child mortality over time, particularly for infants, while also identifying persistent inequities and specific causes of preventable death.
- The findings highlight the continued importance of prevention, early intervention, and targeted responses for children experiencing disadvantage, including Aboriginal and Torres Strait Islander children and those with prior child protection involvement.

Decline in foster care numbers in Los Angeles County: What is reported

CHILD SAFETY

FAMILY SUPPORT SERVICES

This article reports a substantial decline in the number of children and young people in foster care in Los Angeles County, drawing on county data, state data, and interviews with child protection officials, attorneys, judges, advocates, parents, and people with lived experience of the child welfare system. According to the article, there are 11,745 children and young people aged 20 and younger in county custody, compared with 21,637 in 2020, representing the lowest foster care population on record in the county.

The article states that no single explanation was offered for the decline. Instead, interviewees identified multiple contributing factors, including demographic change, policy and legislative reform, advocacy-led system change, and expanded connections with community-based services

Reported drivers of the decline

The article identifies the following factors as contributing to reduced foster care numbers, as described by interviewees and officials:

- **Declining birth rates**

The article notes that the number of children born in Los Angeles County has fallen, reducing the overall population of infants and young children and contributing to fewer foster care entries.

- **Policy and legislative changes**

State and federal laws enacted since 2023 scaled back the definition of what constitutes a reportable child maltreatment claim. One law narrowed the definition of neglect, and another prohibits removing children solely due to poverty or homelessness. A 2024 state law also requires judges to consider the trauma associated with separating children from parents.

- **Changes in hotline and investigation practice**

Allegations of abuse or neglect reported to the Child Protection Hotline declined by 26% over five years, according to state data. Hotline screeners now divert some calls to the Hotline to Helpline program, which connects families to community-based supports rather than initiating investigations. The number of families served through the helpline increased from 4,000 to more than 7,000 over five years.

- **Prevention and early legal support initiatives**

Los Angeles County introduced pilot programs providing families with support before court involvement, including pre-petition legal representation, peer advocacy, and practical assistance. Of 209 pre-petition referrals, nine resulted in child removal, according to county data.

- **Hospital and newborn response changes**

Under a 2022 policy change, hospitals no longer automatically report positive drug tests at birth. A pilot program operating in five hospitals referred families to community-based support instead of CPS. Of 70 cases between March and August 2025, nine resulted in CPS investigations, according to early data.

- **Advocacy and racial justice efforts**

Advocacy following 2020 highlighted racial disparities in child welfare involvement. Groups including the Reimagine Child Safety Coalition presented reform demands to county supervisors, some of which resulted in expanded legal representation, service access, and changes to mandated reporting practices.

Evidence note

This Insight is based on **journalistic reporting**, including administrative data and stakeholder interviews. The trends described are **not statistically tested or formally evaluated** within the article, as is typical of research-based Insight papers, and multiple explanations for the decline are reported without a single causal conclusion.

Reported perspectives and cautions

Interviewees described the decline in foster care use as deliberate rather than temporary, noting that dependency case closures have exceeded new case openings for four consecutive years and have not been accompanied by a significant increase in confirmed child fatalities or repeat maltreatment. The article also reports ongoing concerns about racial disproportionality in foster care placements and cautions that remaining cases are increasingly complex and may be affected by future funding pressures and reductions to social safety net programs

The Imprint (2024). *The number of children in Los Angeles County foster care has plunged. The Imprint set out to discover why.* <https://imprintnews.org/foster-care/the-number-of-children-in-los-angeles-county-foster-care-has-plunged-the-imprint-set-out-to-discover-why/269320>