



2025–26

Annual report on the performance of the Queensland child protection system



QUEENSLAND
Family & Child
Commission





About this report

The Queensland Family and Child Commission (the Commission) is a statutory body of the Queensland Government. Its purpose is to influence change that improves the safety and wellbeing of Queensland's children and their families. This annual report describes the progress made in 2025–26 toward achieving the strategic objectives. These objectives are published in the *Queensland Family and Child Commission Strategic Plan 2022–26*. It sets out our legislative requirements. An electronic copy is available at: www.qfcc.qld.gov.au/annual-report

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Acknowledgement

The Commission acknowledges Aboriginal and Torres Strait Islander peoples as the Traditional Custodians across the lands, seas and skies on which we walk, live and work. We recognise Aboriginal and Torres Strait Islander peoples as two unique peoples, with their own rich and distinct cultures, strengths and knowledge. We celebrate the diversity of Aboriginal and Torres Strait Islander cultures across Queensland and pay our respects to their Elders past, present and emerging.

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Performance of the Queensland child protection system

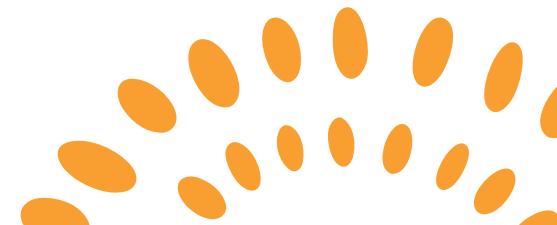
Assessing system performance

Section 40 of the *Family and Child Commission Act 2014* (the Act) requires the Queensland Family and Child Commission (the Commission) to report annually on Queensland's performance against state and national goals for the child protection system. The Act requires us to assess performance over time and against other jurisdictions and to examine Queensland's progress in reducing the number of Aboriginal and Torres Strait Islander children involved in the child protection system.

There is no single strategy against which the performance of this system can be assessed. Queensland's commitments are distributed across several state and national frameworks which, taken together, describe the outcomes governments have committed to achieving. The Queensland Government's objectives for the community include *Safety where you live*, incorporating commitments to fix the Child Safety system, strengthen early intervention and rehabilitation, improve responses to domestic and family violence and make communities safer. These objectives establish the state government's overarching direction for reform. Within that direction, the Department of Families, Seniors, Disability Services and Child Safety (Child Safety) *Strategic Plan 2025–2029* establishes specific responsibilities for the service system: enabling families to safely care for their children and young people and, where children cannot remain with their families, providing services that promote their safety, belonging, wellbeing and best interests.

The strategic plan also recognises the interconnected role of responses to domestic, family and sexual violence, disability, carers and broader family supports.

Queensland's performance must also be understood within the national reform agenda. *Safe and supported: The national framework for protecting Australia's children 2021–2031* seeks to shift Australia's child protection systems toward prevention and earlier support, particularly for children and families experiencing vulnerability or disadvantage. Its priorities include addressing the over-representation of Aboriginal and Torres Strait Islander children in child protection systems, strengthening the child and family services workforce, and improving information sharing, data and analysis. These priorities provide an important test of whether system reform is occurring upstream of statutory intervention. For Aboriginal and Torres Strait Islander children and families, these commitments are reinforced by Queensland's *Breaking Cycles: An action plan*. *Breaking Cycles* envisaged a system in which families have access to quality and culturally safe universal and targeted services; Aboriginal and Torres Strait Islander peoples and organisations exercise greater control over decisions affecting their children; law, policy and practice are culturally safe and responsive; and governments and services are accountable to Aboriginal and Torres Strait Islander peoples. The 2023–2025 Action Plan has now concluded, and at the time of this report, a successor action plan had not been published.



These state commitments sit alongside the *National Agreement on Closing the Gap*, which establishes measurable outcomes extending across the life course. Of particular relevance to this report are Target 4, concerning early childhood development; Target 11, reducing the over-representation of Aboriginal and Torres Strait Islander young people in detention by at least 30 per cent by 2031; Target 12, requiring a 45 per cent reduction in the rate of over-representation of Aboriginal and Torres Strait Islander children in out-of-home care by 2031; and Target 13, seeking at least a 50 per cent reduction in family violence and abuse against Aboriginal and Torres Strait Islander women and children.

While these frameworks differ in scope, they point in a broadly consistent direction. Success should mean fewer families reaching crisis, earlier and more effective support when difficulties emerge, fewer children requiring statutory intervention, safe and effective responses when intervention is necessary, reduced over-representation of Aboriginal and Torres Strait Islander children, and better experiences and outcomes for children who do enter statutory systems.

Opening comment on the context of 2025–26

The last financial year (2025–26) represented a period of significant structural examination and change in Queensland's child protection system. The landscape was defined by the convergence of the Commission of Inquiry, the implementation of the Child Safe Standards and the Reportable Conduct Scheme, and the Queensland Government's response to the Child Death Review Board's *In Plain Sight: Review into System Responses to Child Sexual Abuse* report. These all occurred against a backdrop of longstanding operational pressures, the implementation of a new case management system, and the unavailability of performance data.

In particular, this year, our task in assessing the performance of Queensland's child protection system became significantly more difficult following the implementation of Child Safety's Unify case management system.

While intended to modernise case management and improve information sharing, the transition substantially disrupted the continuity, availability and comparability of child protection performance data. The implementation affected both operational data and Child Safety's established corporate reporting. The disruption to data reporting also reduced the availability of contemporary performance information available for public and independent scrutiny. Throughout 2025 and 2026, Child Safety did not resume publication of its corporate child protection datasets, and no data was provided publicly until February 2026. On this date the department released a limited set of operational data relating to 31 March 2025 as an interim measure. This limited data, reflecting information that is 11 months old, provided a partial historical snapshot but could not provide a contemporary picture of system activity or performance. This constrained the ability of oversight agencies, researchers, policymakers, the Commission of Inquiry into the Child Safety System (the Inquiry) and the broader community to assess the performance of Queensland's child protection system or evaluate the impact of ongoing reforms.

The absence of reliable data also affected national reporting. Queensland child protection data was unavailable for key measures in both the 2025 and 2026 editions of the Report on Government Services. This included the absence of information relating to Aboriginal and Torres Strait Islander children in out-of-home care (OOHC). Given Queensland's population size, the scale of its child protection system and its substantial Aboriginal and Torres Strait Islander population, these omissions reduce the completeness of national reporting and limit the ability to monitor progress against national priorities.

Collectively, these issues created a significant gap in the oversight of the child protection system. In complex service systems, routine administrative data provides the longitudinal measures needed to distinguish short-term variation from sustained changes in demand, performance and outcomes. Reliable administrative data is fundamental to monitoring system performance, identifying emerging risks, evaluating reform and maintaining public accountability and confidence.

To be clear, system performance is distinct from departmental performance. Without consistent, comparable and timely reporting, it is not possible to accurately assess whether safety outcomes for children are improving, where pressures are increasing, or whether significant reforms are achieving their intended objectives. This data speaks directly to the safety of Queensland children and communities. From a performance-monitoring perspective, breaks in longitudinal administrative data reduce the capacity to distinguish genuine changes from changes arising from data definitions, changing thresholds, collection methods or information systems. Reliable administrative data is not simply a reporting function; it is part of the infrastructure required for effective community governance, enabling emerging pressures to be identified, reform impacts to be tested and the safety of children and families to be assessed over time.

As at 30 June 2026, publication of Child Safety's corporate child protection reporting had not resumed, and no comprehensive replacement dataset had been released beyond the March 2025 operational data. As such there remained no comprehensive, contemporary and routinely published dataset from which the overall size, activity and performance of the statutory child protection system could be assessed. The department has regularly indicated that historical reporting will be progressively restored during 2026. Until this occurs, the capacity of government, oversight bodies and the community to monitor the performance of one of Queensland's most significant statutory systems remains materially constrained.

On 30 July 2026, the government released its formal response to the Commission of Inquiry, and Child Safety published new performance data to 31 March 2026. On 10 August 2026, Child Safety also provided us with a partial response to the information requested for this report. This report incorporates our analysis of this newly available information, alongside the broader data, evidence and other sources considered in reaching our findings.

Commission of Inquiry into Queensland's Child Safety System

The final report of the Inquiry, led by Commissioner Paul Anastassiou KC, was released in June 2026 and provides a stark assessment of a system failing children and the community. The Inquiry identified the record number of children in care (13,568 as of March 2025) as a primary measure of systemic failure, stating that Queensland's aggregate and proportionate rates of children in care are higher than any other Australian state. A central focus of the Inquiry was the billion-dollar residential care sector, which the Commission observed has become a holding environment rather than a purposeful care response. The annual cost of residential care had escalated from approximately \$300,000 per child in 2019–20 to approximately \$500,000 per child in 2024–25. The growing number of children self-placing out of residential care signifies a failing model, with those children experiencing increased vulnerability and increased risk of abuse, including sexual exploitation. Analysis of critical incident reports found approximately 67 per cent of reported incidents of sexual abuse of children in care involved children placed in residential care.

The Inquiry's 52 recommendations call for a substantial structural reset of Queensland's child protection system. This includes the fundamental redesign of Child Safety to better align decision-making authority with executive accountability, a shift away from reliance on residential care towards family-based care and the creation of a statutory Child Guardian function to provide dedicated leadership for the state's corporate parenting obligations. Collectively, the recommendations seek to reorient the system around the needs, safety and long-term wellbeing of children.



The Inquiry proposes that the purpose of the reformed child safety system is:

- ***To give every child who comes within any part of the system support and care that is responsive to their individual circumstances; provide stability, permanency, and a sense of belonging in a place and community that 'feels like home'; and where they feel safe, valued, and accepted, with an ongoing, loving, nurturing attachment to at least one adult, that enables them to achieve developmental, physical, cognitive, emotional milestones.***

The Queensland Government released its formal response to the Commission of Inquiry on 30 July 2026, accepting 48 of the Inquiry's 52 recommendations either in full or in principle. The government's response establishes a broad reform agenda focused on restoring the best interests of children as the paramount consideration in decision-making, strengthening early intervention and support for families, increasing access to stable family-based care and permanency, reforming child protection litigation, and modernising the legislative and operational foundations of the system. The response was supported by an additional \$200 million investment in the 2026–27 State Budget to commence the implementation of the reforms.

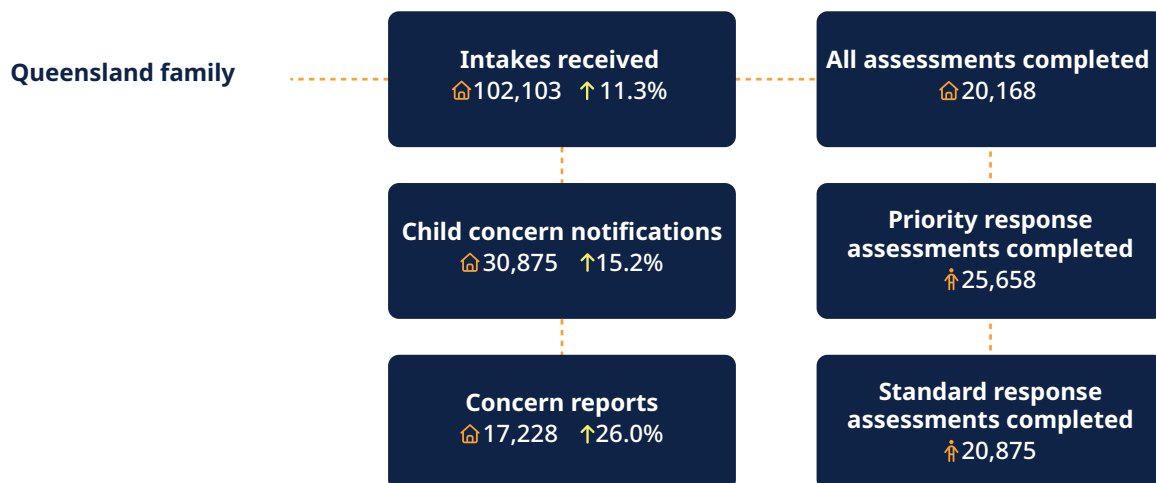
Consistent with the Inquiry's emphasis on reducing reliance on residential care, the Queensland Government has announced a policy that no child under five will remain in residential care. The government response also builds upon the broader government *Safer Children, Safer Communities* agenda, which has already committed to increasing child safety staffing by 20 per cent by 2028; introducing a dual-carer model for therapeutic residential care; and establishing a \$50 million therapeutic secure care facility for young people with the most complex needs. The 2025–26 State Budget provided \$50 million over three years for the secure care facility, \$28.8 million over four years for a professional foster care pilot, and additional support for foster and kinship carers, including \$1,500 to assist children in care to participate in extracurricular activities. The 2026–27 State Budget further develops this direction by fast-tracking and expanding the professional foster care pilot to provide more individualised family-based care for children with high and complex needs.

Implementation will now move into a 30-month reform program, with actions scheduled for immediate implementation and at three, six, 12, 18 and 30-month intervals. A Child Safety Cabinet Committee will oversee the reform agenda, including the significant legislative, policy and operational changes required to give effect to the Inquiry's recommendations. The next phase will require detailed policy and legislative design, engagement with children, families, carers and the sector, and coordinated implementation across government and service systems.

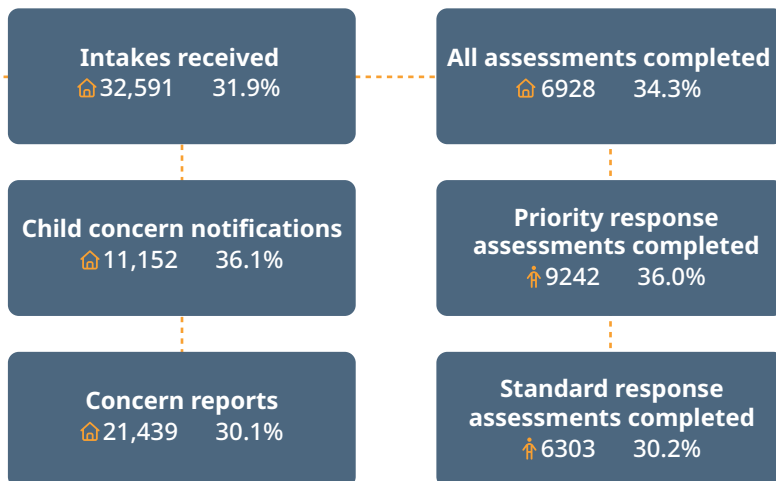


Queensland child protection system snapshot, 31 March 2026.

This is a snapshot of Queensland's child protection system, including the over-representation of Aboriginal and Torres Strait Islander children at key stages.



Queensland Aboriginal and Torres Strait Islander family

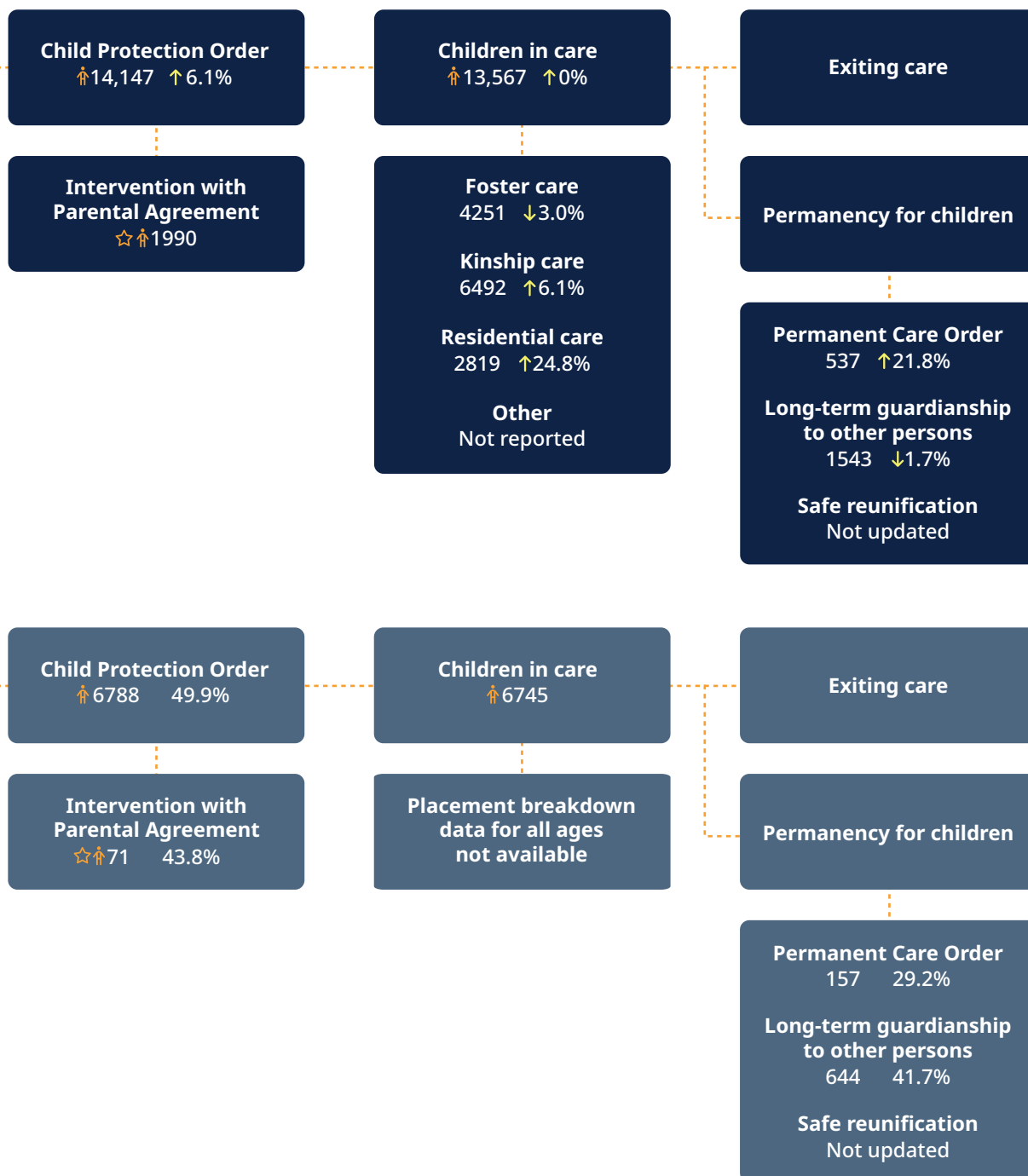


Over-representation in the child protection system:

Each percentage shows Aboriginal and Torres Strait Islander children as a proportion of all Queensland children at that stage of the system. Aboriginal and Torres Strait Islander children were 9.4 per cent of Queensland's estimated resident population aged 0–17 years at 30 June 2024.

🏠 Household count 👤 All children count ☆ Unpublished data ↑↓ Compared against previous 12 months

Note: The data presented are for the reporting period ending 31 March 2026. In April 2025, Child Safety introduced the Enhanced Intake and Assessment Approach (EIAA). This changed how some intake and assessment measures are defined and reported, meaning some results cannot be directly compared with earlier reporting periods. Where measures remain comparable, the increase and decrease arrows show the percentage change since 31 March 2025.



Changing social drivers



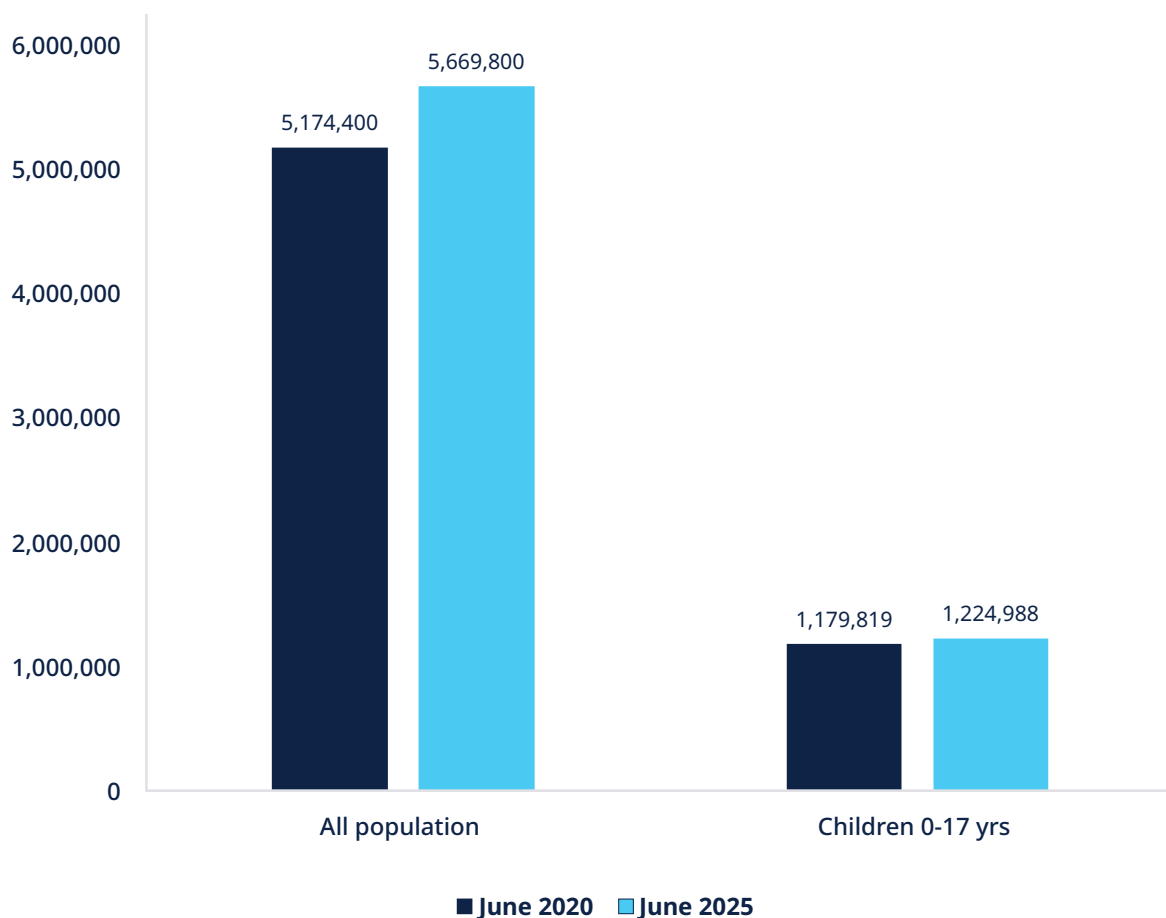
Queensland's children and families

Queensland is Australia's second largest state by area and one of its fastest growing populations. In 2025, the state's population reached approximately 5.7 million people, increasing by almost 10 per cent since 2020. Queensland remains one of Australia's youngest states, with around 1.7 million children and young people aged 0–24 years, representing almost one-third of the population.

The state's child population is also becoming increasingly diverse. Queensland is home to Australia's second largest Aboriginal and Torres Strait Islander population.

First Nations Queenslanders have a considerably younger age profile than the broader population, with more than half aged under 25.¹ As a result, Aboriginal and Torres Strait Islander people represent a larger share of Queensland's child and young adult population than of the population overall—around five per cent of Queenslanders aged 0–24. Further, around one in five young Queenslanders speak a language other than English at home. These demographic trends reinforce the importance of ensuring services are culturally safe, accessible and responsive to the diverse communities they serve.

Figure 1: Queensland population, June 2020 to June 2025



Source: Australian Bureau of Statistics. (2025, December). *National, state and territory population*.

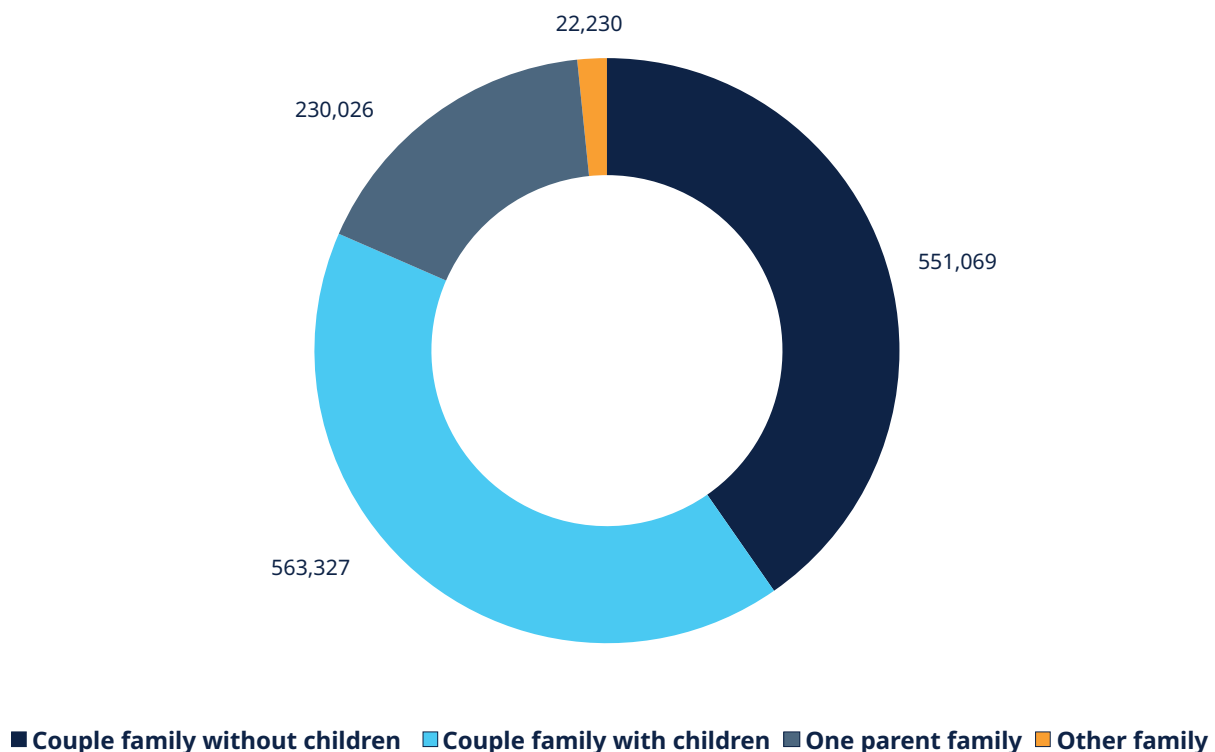
Changing demographics for families

Queensland is home to approximately 1.37 million families living across 1.87 million households, with family households accounting for more than 70 per cent of all households.² More than 50 per cent of families are raising dependent or non-dependent children at home, while the remainder comprise couples without children, lone-person households or other family arrangements. Although the traditional couple-with-children family remains the most common family type, Queensland families are becoming increasingly diverse in their structure, composition and formation. Research from the Australian Institute of Family Studies indicates that while families with children in the early years (0–5 years) remain a significant component of the population, they represent a shrinking

proportion of all Australian families with children, declining from 41.6 per cent in 2020 to 39.7 per cent in 2024.³

At the 2021 Census, Queensland had 230,026 one-parent families, representing 16.8 per cent of all families, slightly higher than the national average of 15.9 per cent. Around four in five (80 per cent) one-parent families were headed by women. While family diversity is a feature of modern Queensland, one-parent families continue to experience disproportionately poorer outcomes across a range of social indicators. Employment rates among single parents (55.3 per cent) are substantially lower than among couple families (95 per cent)⁴, more than one-third of children in single-parent households are projected to live below the poverty line,⁵ and single parents report lower levels of community connectedness and social support than couple parents.

Figure 2: Distribution of family types in Queensland households, 2021



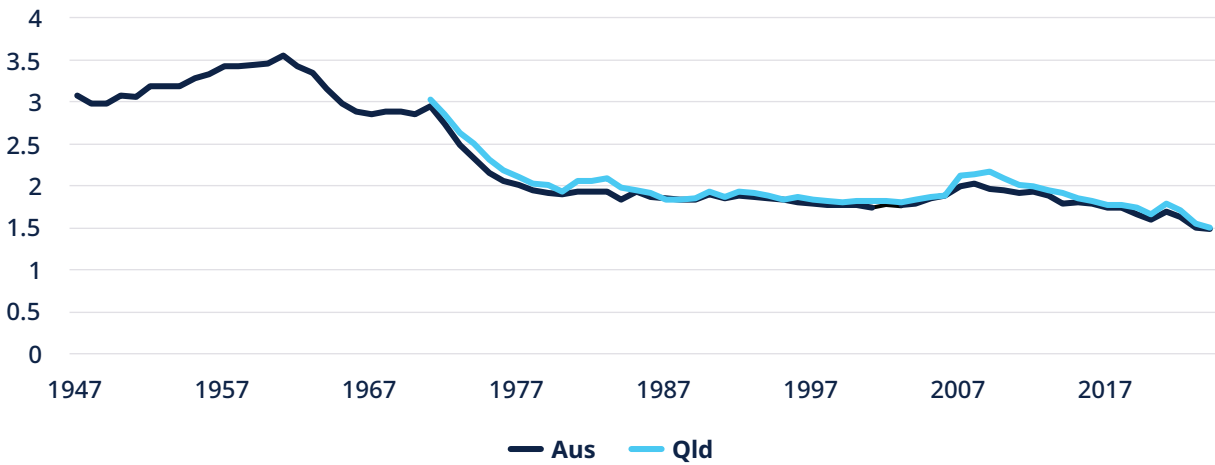
Source: ABS. (2021). *Queensland 2021 Census – All persons – Quick Stats*.

Family life is also increasingly characterised by separation and re-partnering. Many Queensland children now experience childhood across more than one household and within blended family arrangements that include step-parents, step-siblings and shared parenting arrangements. At the 2021 Census, around one in ten couple families with children were step or blended families, reflecting the growing diversity of children's family relationships and caregiving arrangements. Grandparents also play an increasingly important role in raising Queensland children. Across Australia, more than half of grandparents report providing regular childcare for their grandchildren, with 14 per cent stating they provide care for five or more days per week.⁶ These caregiving roles have become an important feature of family

support networks, particularly where parents experience illness, separation, substance misuse or other challenges.

Queensland households are also becoming smaller. Average household size has continued to decline over recent decades as fertility rates fall, people have children later in life, and more people live alone or as couples without children. In 2024, Queensland's total fertility rate fell to a record low of 1.505 births per woman, continuing a sustained decline in recent years.⁷ At the same time, parents are having children later, with the median age of mothers increasing from 30.1 years in 2014 to 31.2 years in 2024, and fathers from 32.1 to 33.0 years. These changes reflect long-term demographic shifts in family formation rather than short-term fluctuations in birth rates.

Figure 3: Total fertility rate, Queensland and Australia, 1974 to 2024



Source: ABS. (2024). Births, Australia.

Queensland also continues to record lower marriage rates and higher divorce rates than the national average.⁸ In 2025 there were 23,091 marriages, representing a crude marriage rate of 5.0 per 1000 population, compared with 5.3 nationally, while 10,780 divorces were granted, equating to 2.3 per 1000 population compared with 2.2 nationally. Although both marriage and divorce rates have gradually declined over the past decade, Queensland continues to experience fewer marriages and more divorces relative to its population than

Australia overall. Collectively, these trends demonstrate that Queensland families are becoming smaller and more diverse, with children increasingly growing up in smaller family units, and across a wider range of family structures and caregiving arrangements than in previous generations. While most families continue to provide safe, stable and nurturing environments for children, understanding these demographic changes is essential to ensuring policies and services reflect the realities of contemporary family life.



Queensland children are navigating the digital frontier

Children and young people are increasingly spending more time engaged with digital devices and platforms, which has exposed them to a range of emerging and evolving risks. This shift requires online safety to be embedded as a core element of child protection. Research from the eSafety Commissioner identifies four primary categories of online risk: content risks, where children are exposed to distressing or harmful material; contact risks, involving unwanted communication from adults intending harm; conduct risks, such as cyberbullying and sexual harassment; and contract risks, where children are exploited by commercial or illegal interests, including the distribution of sexual exploitation material.⁹ The 2023 Australian Child Maltreatment Study revealed that 7.6 per cent of participants had a sexual image shared without their consent before the age of 18, a figure that rises to 10.9 per cent for girls.¹⁰ Children are increasingly vulnerable to technology-facilitated domestic and family violence, including the use of tracking devices and location settings to stalk victims or exercise coercive control. These experiences can lead to severe social, emotional, and psychological impacts, including hypervigilance, self-harm, and a withdrawal from essential support networks. The intensity of these risks is often compounded for children with diverse needs. Research indicates that 61 per cent of young people with a disability reported that their time spent online had a negative impact on their lives, significantly higher than the national average of 55 per cent.¹¹

Recent eSafety research found that 96 per cent of Australian children aged 10–15 had used social media and 94 per cent had used communication platforms, while 14 per cent reported experiencing grooming-type behaviour online.¹² The distinction between children's online and offline environments is consequently becoming less meaningful: relationships can commence in one environment and continue in another, while risks can move rapidly across organisational and geographic boundaries. In response to these multifaceted threats, the regulatory environment is undergoing a significant shift toward holding digital

platforms more accountable for the safety of children. As of 10 December 2025, many major social media platforms are prohibited from allowing Australians under the age of 16 to have accounts, a measure intended to reduce exposure to harmful content and high-risk interactions. This reform is part of a broader effort to ensure that platforms take greater responsibility, with substantial penalties of up to \$49.5 million for failure to implement these changes.¹³

Social cohesion and belonging

A growing 'belonging gap' is emerging in Australia. The proportion of Australians reporting a strong sense of belonging declined from 63 per cent in 2020 to 46 per cent in 2025, with the decline particularly pronounced among younger generations.¹⁴ Only 31 per cent of Australian-born Gen Z and 34 per cent of Australian-born Millennials reported a strong sense of belonging in 2025. This generational divide is associated with broader economic and social pressures: younger people concerned about income inequality are significantly less likely to report a strong sense of belonging. This decline forms part of a broader weakening in social cohesion. The Scanlon Index of Social Cohesion remained at 78 in 2025, its lowest recorded level and unchanged for three consecutive years.¹⁵ Persistent financial hardship is associated with lower levels of wellbeing, interpersonal and institutional trust, and neighbourhood connection, with financial pressures particularly evident among younger people, renters and single-parent families. This study found that single and distressed parents fare worse in Australia, with single parents reporting significantly lower levels of social connection and support compared to couple parents.¹⁶

Attitudes towards migration and diversity are also entering regular public narrative. Two-thirds of Australians regard racism as a major problem. Among people born in Asia and Africa, 40 per cent reported discrimination based on skin colour, ethnic origin or religion in the previous year, while approximately half experienced at least one form of mistreatment, including exclusion, verbal or physical threats



or abuse, or unfair treatment at work. At the same time, support for multiculturalism remains high, with 84 per cent of Australians agreeing that multiculturalism has been good for Australia.¹⁷ For children and families, the emerging picture is one of widening differences in people's experience of connection, inclusion and security. Longitudinal evidence and systems evaluations show that deep cultural connection serves as the primary protective factor for Indigenous children's holistic wellbeing,¹⁸ while cultural safety in schools and health services is critical to ensuring families can access essential support without facing racism or systemic barriers.¹⁹

Deeper intersections of vulnerability and risk

Analysis from the Child Death Review Board's (the Board) 2024–25 Annual Report identifies a recurring combination of risk factors threatening family safety: domestic and family violence (DFV), methamphetamine use and housing instability. The co-occurrence of these factors is a defining feature of the majority of cases reviewed, with 77 per cent involving DFV and 39 per cent involving both methamphetamine use and housing instability.²⁰ Together, these factors create chronic and compounding vulnerability that exceeds the capacity of families to manage and single-service responses to resolve. These risks operate as key drivers of statutory system contact, while broader social and economic pressures, particularly housing affordability and cost-of-living pressures, act as upstream contributors to family instability. The Inquiry similarly concluded that demand on child protection systems will remain high unless these underlying drivers are addressed.

Parental substance use, particularly methamphetamine, is a key driver of child vulnerability, often co-occurring with DFV and housing instability. Methamphetamine disrupts parenting capacity through cycles of agitation, volatility, fatigue, and depression, which reduces supervision, attachment, and responsiveness. Prenatally, maternal use is associated with miscarriage, premature birth, and low birthweight. Postnatally, children face heightened risks of neglect, unsafe sleep environments, and injury. Longitudinal reviews by the Child Death Review Board found that methamphetamine use was present in approximately one-third (32.9 per cent) of the 170 child deaths reviewed between July 2020 and June 2023.²¹ This year, our review²² of 56 child deaths involving amphetamine-type stimulants between 2014 and 2025 highlights critical systemic risks:

- child death cases where amphetamine-type stimulants were detected in the child or parent almost doubled from 17 cases (2014–19) to 32 cases (2020–25)
- 80.4 per cent of deaths (45 cases) occurred in highly disadvantaged areas (SEIFA Q1 and Q2)
- First Nations children represented 39.2 per cent of the cohort (22 cases), experiencing a mortality rate of 1.7 per 100,000—six times higher than non-Indigenous children
- 60.7 per cent of all children (34 cases) and 68.0 per cent of infants aged 0–3 were known to child protection in the 12 months prior to their death.

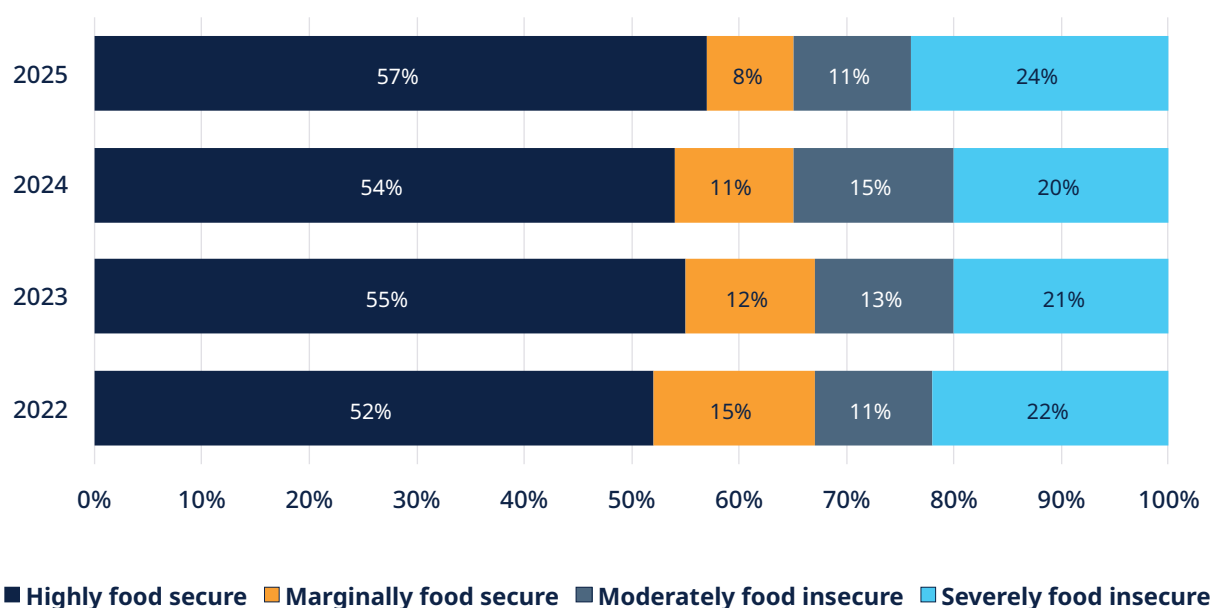
Increasing cost of living pressure on Queensland's children and families

Rising cost-of-living pressures are reshaping family life in Queensland and are emerging as a key structural driver of contact with the child protection system. Research indicates that 61.0 per cent of Queensland parents report difficulty meeting day-to-day living costs, while around one in seven families experienced food insecurity during the previous year.²³ While Queensland has historically exhibited lower rates of child poverty compared to other Australian jurisdictions, recent trends indicate a reversal. In June 2025, an estimated 12.0 per cent of Queensland children (approximately 155,800) were projected to be living in poverty.²⁴ Nationally, 5.7 per cent of children are projected to live in households with incomes below 30 per cent of the median. Single-parent families are disproportionately affected, with 36.6 per cent of children living below the poverty line and 10.8 per cent in extreme poverty. In Queensland, financial modelling indicates that a single-parent household with two children

faces a weekly budget shortfall of \$227.47, with the poverty line for a single adult projected at \$559.80 per week after housing costs.²⁵

The 2024 Australian Early Development Census (AEDC) showed that developmental vulnerability is at its highest level since 2009, with children from disadvantaged backgrounds significantly less likely to be on track in social and emotional domains. Growing up in poor quality or unhealthy housing increases the risk of serious and chronic illnesses, increasing the health burden through the life-course. Food insecurity is a direct and increasing manifestation of financial stress, affecting 35.0 per cent of Queensland households.²⁶ Cost-of-living pressures are the primary driver, cited by 91.0 per cent of affected families. Severe food insecurity affects 46.0 per cent of single-parent households and 67.0 per cent of households including a person with disability. For single parent families, food insecurity is no longer episodic but persistent, with 26.0 per cent reporting prolonged periods without adequate food. Inequitable food insecurity among Aboriginal and Torres Strait Islander children functions as a major health disparity, severely lowering diet quality and driving higher rates of dental disease.²⁷

Figure 4: Food insecurity, Regional Queensland, 2022 to 2025



Source: Foodbank Australia. (2025). *Foodbank Hunger Report 2025*.



Child safeguarding: increased visibility of the danger posed to children in organisations

In 2025, safeguarding within early childhood education and care settings emerged as a significant factor shaping both community concern and the broader safeguarding environment. Increased public attention followed a series of high-profile cases, including the charging of a childcare worker in Victoria and the conviction of Ashley Paul Griffith in Queensland.²⁸ These cases contributed to a broader shift in how safeguarding risk is understood. They demonstrated that serious harm can occur within regulated environments commonly assumed to be safe, and reinforced that organisational culture, workforce practices, information sharing and regulatory oversight are integral to preventing harm. This heightened focus has occurred alongside longer-term changes in the environments in which Australian children grow up. Children increasingly move between a network of family, educational, care, recreational and other institutional settings. In Queensland there were 3366 approved early childhood education and care services as at 30 June 2026, with regulated centre-based and other services collectively approved to provide 270,019 places at any one time.²⁹ Together, these changes are altering the safeguarding task. Protecting children can no longer be understood primarily as identifying risk within families or

responding after individual incidents of harm. The Queensland Ombudsman recommended Queensland Health enhance its identification and response to child neglect through clearer guidance on concepts like cumulative harm, following an investigation into the effectiveness of current public sector practices.³⁰ Evidence from Australian inquiries shows that harm, such as child sexual exploitation, is often driven by systemic failures within residential care, including poor placement matching, ill-equipped workforce, fractured reporting systems and disempowering practices.³¹

Increasingly, safeguarding requires attention to the systems and organisations that surround children: who has access to them, how workers are screened and supervised, how concerning behaviour is identified and shared, how organisations respond to allegations, and whether regulators can identify patterns of risk across organisations and sectors. The changing nature of childhood therefore strengthens the case for safeguarding approaches that operate across family, institutional and digital environments and are capable of identifying emerging risks before they result in serious harm.

Prevention and early supports

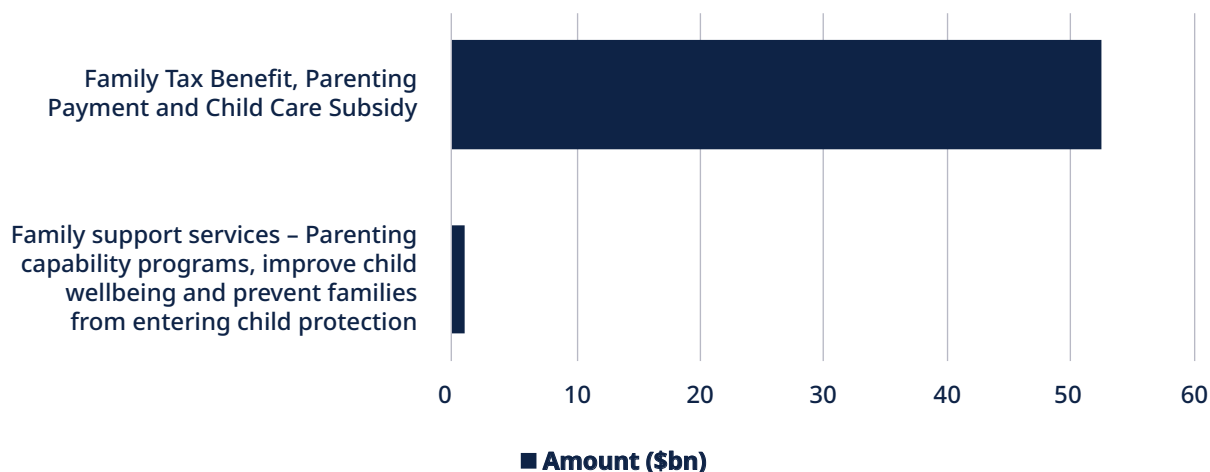


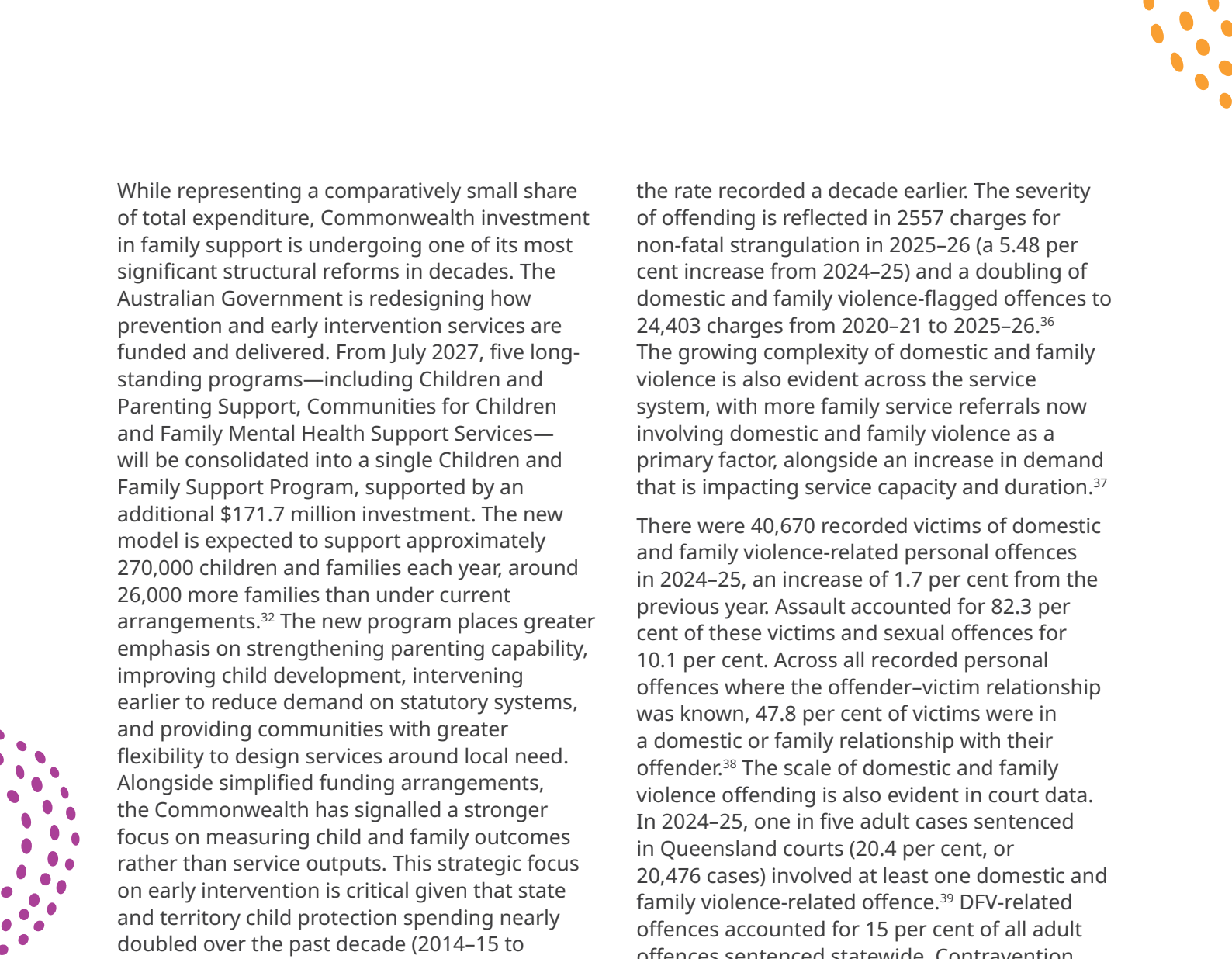
Reforming family support services—a test of Commonwealth and State coordination

Australia invests more than \$52 billion each year in supporting families with children, making family assistance one of the Australian Government's largest areas of social expenditure. Most investment is directed towards income support and workforce participation measures, including Family Tax Benefit, Parenting Payment and the Child Care Subsidy. By comparison, direct investment in targeted family support and harm prevention services represents a significantly small proportion. Of the \$52.5 billion allocated to family assistance in 2025–26, approximately \$1.1 billion (around two per cent) funded family support services designed to strengthen parenting capability, improve child wellbeing and prevent families from entering statutory child protection systems. The strategic plan also recognises the interconnected role of responses to domestic, family and sexual violence, disability, carers and broader family supports.

Queensland's performance must also be understood within the national reform agenda. *Safe and supported: The national framework for protecting Australia's children 2021–2031* seeks to shift Australia's child protection systems toward prevention and earlier support, particularly for children and families experiencing vulnerability or disadvantage. Its priorities include addressing the over-representation of Aboriginal and Torres Strait Islander children in child protection systems, strengthening the child and family services workforce, and improving information sharing, data and analysis. These priorities provide an important test of whether system reform is occurring upstream of statutory intervention. For Aboriginal and Torres Strait Islander children and families, these commitments are reinforced by Queensland's *Breaking Cycles: An action plan*. *Breaking Cycles* envisaged a system in which families have access to quality and culturally safe universal and targeted services; Aboriginal and Torres Strait Islander peoples and organisations exercise greater control over decisions affecting their children; law, policy and practice are culturally safe and responsive; and governments and services are accountable to Aboriginal and Torres Strait Islander peoples. The 2023–2025 Action Plan has now concluded, and at the time of this report, a successor action plan had not been published.

Figure 5: Commonwealth family assistance expenditure, 2025–26





While representing a comparatively small share of total expenditure, Commonwealth investment in family support is undergoing one of its most significant structural reforms in decades. The Australian Government is redesigning how prevention and early intervention services are funded and delivered. From July 2027, five long-standing programs—including Children and Parenting Support, Communities for Children and Family Mental Health Support Services—will be consolidated into a single Children and Family Support Program, supported by an additional \$171.7 million investment. The new model is expected to support approximately 270,000 children and families each year, around 26,000 more families than under current arrangements.³² The new program places greater emphasis on strengthening parenting capability, improving child development, intervening earlier to reduce demand on statutory systems, and providing communities with greater flexibility to design services around local need. Alongside simplified funding arrangements, the Commonwealth has signalled a stronger focus on measuring child and family outcomes rather than service outputs. This strategic focus on early intervention is critical given that state and territory child protection spending nearly doubled over the past decade (2014–15 to 2023–24) to \$10.2 billion, with the majority going to crisis-driven OOHHC.³³

Queensland's experience, including findings from the Inquiry, demonstrates that families are entering statutory systems at increasing rates.³⁴ From a policy perspective, the Commonwealth's reforms could represent an important rebalancing of investment.

Domestic and family violence

Domestic and family violence continues to generate substantial demand across Queensland's policing and justice systems. In 2024–25, the Queensland Police Service recorded 71,006 breaches of domestic violence orders (DVOs), an increase of 8.6 per cent in the number of recorded offences from the previous year and equivalent to a rate of 1257.7 offences per 100,000 people.³⁵ The rate of recorded DVO breaches increased by 6.3 per cent during the year and was more than three-and-a-half times

the rate recorded a decade earlier. The severity of offending is reflected in 2557 charges for non-fatal strangulation in 2025–26 (a 5.48 per cent increase from 2024–25) and a doubling of domestic and family violence-flagged offences to 24,403 charges from 2020–21 to 2025–26.³⁶ The growing complexity of domestic and family violence is also evident across the service system, with more family service referrals now involving domestic and family violence as a primary factor, alongside an increase in demand that is impacting service capacity and duration.³⁷

There were 40,670 recorded victims of domestic and family violence-related personal offences in 2024–25, an increase of 1.7 per cent from the previous year. Assault accounted for 82.3 per cent of these victims and sexual offences for 10.1 per cent. Across all recorded personal offences where the offender–victim relationship was known, 47.8 per cent of victims were in a domestic or family relationship with their offender.³⁸ The scale of domestic and family violence offending is also evident in court data. In 2024–25, one in five adult cases sentenced in Queensland courts (20.4 per cent, or 20,476 cases) involved at least one domestic and family violence-related offence.³⁹ DfV-related offences accounted for 15 per cent of all adult offences sentenced statewide. Contravention of a Domestic Violence Order (CDVO) was the second most common most-serious offence sentenced in Queensland courts, accounting for 11.2 per cent of adult cases, while CDVO offences comprised 68.2 per cent of all DfV-related offences sentenced. The number of sentenced CDVO charges increased by 257.7 per cent between 2013–14 and 2024–25, from 8944 to 31,994. In 2025–26, 20,843 defendants were convicted of CDVO. Despite a slight drop in total convictions, the number of defendants sentenced to physical imprisonment or detention for CDVO rose to 8938 (up from 8301 in 2024–25). This means that 42.88 per cent of all convicted CDVO defendants received a custodial sentence in 2025–26, up from 38.77 per cent in 2024–25.⁴⁰ For aggravated contraventions, more than half of imprisonment orders involved time spent on remand, with a median of 56 days in custody prior to sentencing. This growth has occurred alongside a substantial expansion in the number of breaches of domestic violence orders, which increased by 255.2 per cent between 2013–14 and 2022–23.⁴¹

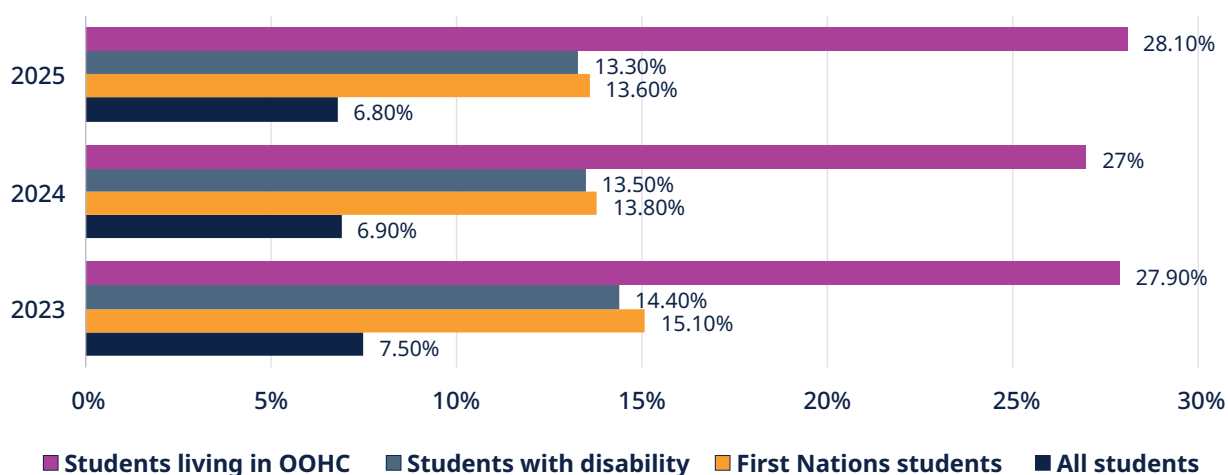
Recent legislative reforms have sought to strengthen the legal framework to better recognise the impact of domestic and family violence on children. Amendments to the *Criminal Law (Coercive Control and Affirmative Consent) and Other Legislation Amendment Act 2024* criminalised coercive control from 26 May 2025, while changes to the *Penalties and Sentences Act 1992* (Qld) require courts to treat violence against, or exposure of, children as an aggravating factor in sentencing, balanced against the potential hardship of imprisonment on dependent children.⁴²

School disengagement

School attendance remains a key protective factor for children; however, disengagement continues to increase. Over the past four years, Queensland state school attendance has declined, with 61.4 per cent of students attending school at least 90.0 per cent of the time.⁴³ In Semester 1, 2025, average attendance was 87.3 per cent in state schools compared with 91.0 per cent in independent schools and 90.7 per cent in Catholic schools. Attendance declines with age, reducing from 89.3 per cent in primary school to 84.4 per cent in secondary school, with the lowest attendance in Years 9 (82.5 per cent) and 10 (82.4 per cent). Attendance is strongly associated with

disadvantage. Students in the lowest ICSEA quarter attended at 81.9 per cent, compared with 92.0 per cent in the highest quarter. Aboriginal and Torres Strait Islander students attended at 78.8 per cent, with only 37.9 per cent meeting the 90.0 per cent attendance benchmark. This year the Board found that almost two-thirds of older compulsory school-aged children who died between 2020 and 2024, and known to child protection in the 12 months prior to their death, were disengaged from education, and that disengaged children were substantially more likely to engage in high risk behaviours than engaged peers (74.0 per cent compared to 16.0 per cent).⁴⁴ This vulnerability is compounded by exclusionary discipline practices. School suspensions disproportionately affect disadvantaged and First Nations students, with primary school suspensions correlated with increasing odds of police contact by early adolescence.⁴⁵ Although the total rate of School Disciplinary Absences (SDAs) declined to 6.8 per cent of all school students in 2025, disproportionality increased. More than 28.0 per cent of students in the care of the state received an SDA in 2025—more than four times the rate of the general student population. Exclusion is also occurring earlier, with 621 prep students receiving SDAs in 2025 (up from 381 in 2023), with 79 per cent having a disability.⁴⁶

Figure 6: Percentage of students who received an SDA, by demographic, 2023–25



Source: Queensland Family and Child Commission. (2026). *Beyond behaviour: Extending the analysis of school disciplinary absences in Queensland state schools*.

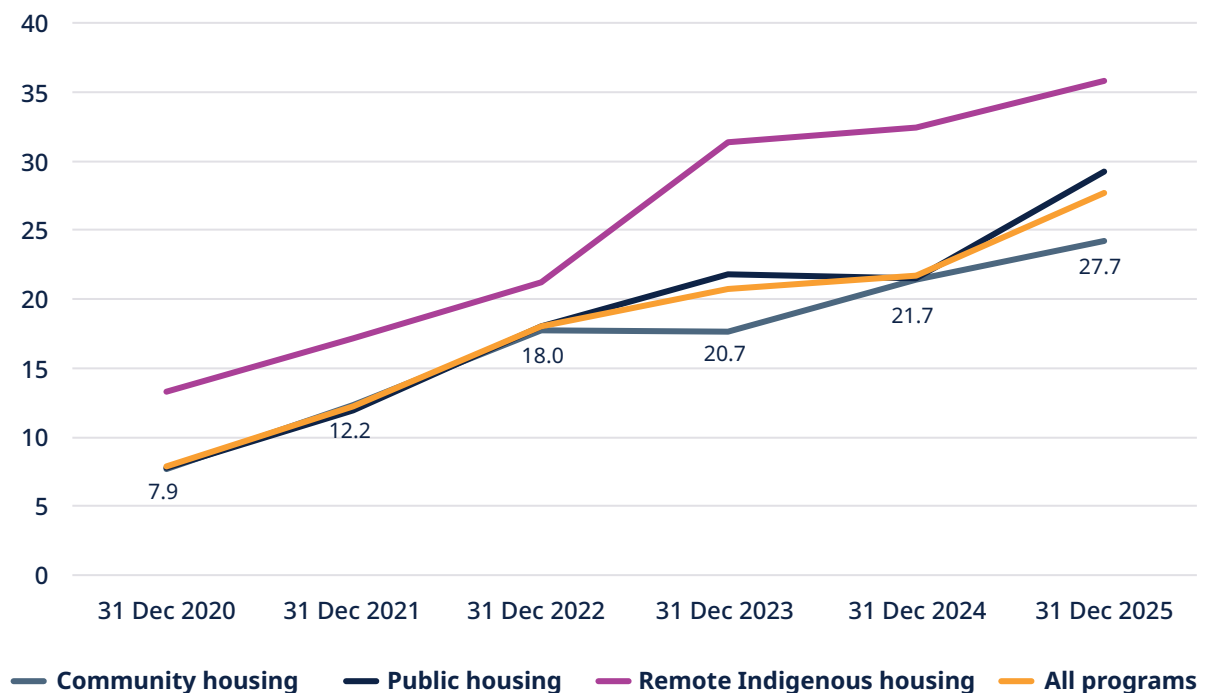
Housing instability and homelessness

Queensland's private rental market is under sustained pressure, with vulnerable families facing increasing barriers to accessing safe, affordable and stable housing. The Anglicare Rental Affordability Snapshot 2026 found that 0 per cent of advertised properties across metropolitan, regional and remote Queensland were affordable and appropriate for households reliant on income support.⁴⁷

Housing costs are the largest fixed expense for low-income families, consuming between 36 and 48 per cent of disposable income. Rental growth has been substantial, with Brisbane median rents increasing by 51.0 per cent in the five years to September 2025, alongside sharper rises in regional centres including Gladstone and Rockhampton.

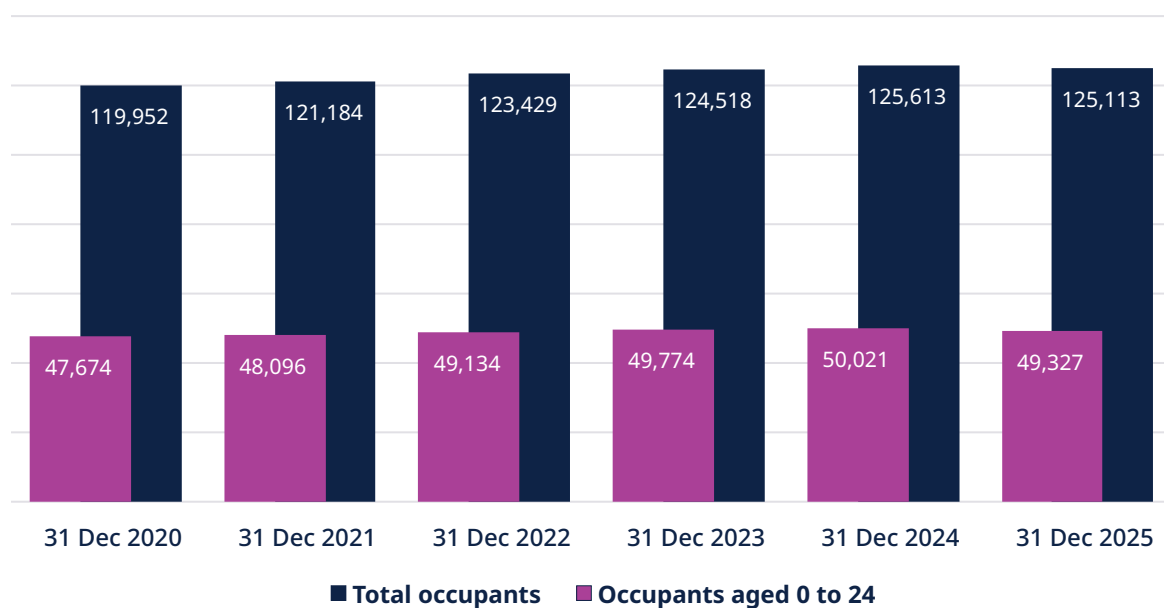
Demand for social housing continues to exceed supply.⁴⁸ As at 31 December 2025, the social housing register increased by 17.7 per cent to 10,611 family applications. Families with children face an average wait time of 26.8 months, increasing to 38.3 months in remote Aboriginal and Torres Strait Islander communities. These delays represent prolonged periods of instability during critical developmental stages. Despite this need, the total number of social housing tenancies decreased from 59,312 to 59,129 over the same period. This is also reflected in the number of occupants aged between 0 and 24 living in social housing tenancies which fell from 50,021 to 49,327.

Figure 7: Average months between application received date, to tenancy start date, for applications including at least one child under the age of 18, by housing program, 2020 to 2025



Source: Department of Housing Public Works. (2026) Unpublished data request.

Figure 8: Number of occupants of government-managed social rental housing, by occupant age and year, 2020 to 2025



Source: Department of Housing Public Works. (2026) Unpublished data request.

Government investment has increased in response. The 2025–26 State Budget⁴⁹ committed \$1.96 billion over four years, with \$500 million ongoing, to deliver 53,500 social and community homes by 2044, including targeted investments in youth foyers, domestic violence shelters, and housing in remote and discrete communities. A further \$1.024 billion was committed in the 2026–27 Budget⁵⁰ toward this target, alongside the Securing our Housing Foundations plan. Eight youth foyers across Queensland will provide housing and tailored support, including education and employment opportunities, for young people aged 16–25. Three existing youth foyers have supported over 430 young people since 2019, with five new foyers in development. A report from the Foyer Foundation highlighted the positive outcomes from these programs, with young people 1.6 times more likely to achieve a higher level of education compared to a Specialist Homelessness Service (SHS). Sixty-five per cent of foyer participants gain employment, compared to 51.0 per cent of SHS clients, and 80.0 per cent of foyer participants exit to stable housing, with 72.0 per cent exiting into private housing.^{51,52}

Housing instability is a key driver of homelessness and system contact. In 2024–25, approximately 54,700 Queenslanders accessed specialist homelessness services, representing 19.0 per cent of the national total. Of these, 61.0 per cent were already homeless at presentation. While updated SHS data is not yet available, more recent but granular data from Brisbane illustrates the extent to which homelessness is affecting families with children. Brisbane Zero recorded 1230 families and 2125 children experiencing homelessness during 2024–25.⁵³ Of these families, 604 (77.0 per cent of those for whom this measure was reported) were identified as experiencing homelessness for the first time, while 924 families still required permanent housing at the end of the year. This data provides a contemporary indication of the scale and persistence of housing instability affecting families in Brisbane, although they relate only to people participating in the Brisbane Zero By-Name List and should not be interpreted as a complete count of family homelessness.

Changing support for Queensland children living with disabilities

As at 31 March 2026, 165,611 Queenslanders were active National Disability Insurance Scheme (NDIS) participants, representing about one in 35 Queenslanders (2.9%). Queensland accounted for approximately 21.0 per cent of all NDIS participants nationally. Children make up a particularly large share of Queensland's NDIS population. There were approximately 87,650 Queensland children aged 0–18 with an active NDIS plan: 35,687 aged 0–8, 34,061 aged 9–14 and approximately 17,900 aged 15–18. This means around 53.0 per cent of all Queensland NDIS participants were children aged 18 or younger.⁵⁴ The participation rates are also significant. As at March 2026, 6.1 per cent of Queensland children aged 0–8, 7.9 per cent of children aged 9–14, and 6.0 per cent of young people aged 15–18 were NDIS participants. The rate for 9–14 year-olds equates to approximately one in every 13 Queensland children in that age group.

By comparison, only 2.9 per cent of the Queensland population overall participated in the NDIS. Autism is by far the largest primary disability category in Queensland's NDIS population. As at March 2026, 74,197 Queensland participants had autism recorded as their primary disability, equivalent to approximately 45.0 per cent of all Queensland participants. Developmental delay accounted for another 15,359 participants and intellectual disability for 18,859 participants.

In 2026 the scheme is undergoing significant reform to reduce annual expenditure growth to 8.0 per cent by 2026–27.⁵⁵ These reforms are expected to reduce entry rates and increase exits, particularly for children accessing early intervention who do not meet the permanency requirements for lifetime support. At the time of writing this report, Queensland is the last remaining state yet to sign a bilateral agreement with the Commonwealth to enact Thriving Kids. The Queensland Government has raised concerns that the Australian Government has not consulted effectively with the states to ensure participants would have their needs met.⁵⁶ For families, this creates uncertainty regarding eligibility and continuity of support.





Youth suicide and youth mental health services

In 2024–25, 24 children died by suicide.⁵⁷

The Board's research identified youth suicide as the outcome of cumulative and intersecting risks rather than a single event. Exposure to domestic, family and sexual violence is strongly associated with suicidal ideation, self-harm and suicide, with risks compounded by abuse, neglect, parental substance use and parental mental illness. Trauma, social disadvantage, housing instability and justice system involvement can further intersect and increase vulnerability. Against these cumulative risks, a stable relationship with a primary caregiver remains the strongest protective factor. However, nearly 60 per cent of parents report feeling tired or exhausted, with higher rates among those experiencing psychological distress.⁵⁸

Accessible, affordable and inclusive mental health support is a leading priority for young Queenslanders, with 58.0 per cent identifying it as a top-five issue in 2024–25. This occurs against comparatively high levels of mental ill-health: in 2022, the age-standardised prevalence of long-term mental and behavioural conditions was 31.0 per cent in Queensland, compared with 26.2 per cent nationally, rising to 50.8 per cent among Queensland females aged 15–24.⁵⁹ Preventing youth suicide therefore requires coordinated, trauma-informed responses that address intersecting adversity while strengthening the protective relationships around children and families.

Mental health issues are present in 65.0 per cent of households with a child in need of protection, and nearly one-quarter of children in OOHC report poor or very poor mental health. Young people with lived experience describe the cumulative impacts of trauma and system contact and emphasise the need for trauma-informed care and support from trusted adults with lived experience. Barriers to adolescent mental health care are primarily structural. Of those who attempted to access youth mental health services in the past three years, 72.0 per cent reported long waitlists and 58.0 per cent identified cost as a barrier. Young people consistently report the need for free or subsidised counselling and expanded Medicare coverage, with cost-of-living pressures identified

as a direct contributor to psychological distress. In regional and remote areas, limited service availability further constrains access, often requiring relocation and increasing financial and emotional burden.

The Queensland Government has committed \$1.65 billion through the *Better Care Together* plan and expanded acute response services across hospital and Health services. These reforms align with the strategic direction set out in *Shifting minds 2023–2028*, which establishes a whole-of-community, whole-of-person and whole-of-system approach to mental health and wellbeing, with a strong emphasis on prevention, early intervention, and integrated, person-centred care. The plan prioritises improving access to coordinated community-based supports, addressing inequitable service access, and strengthening responses for children and young people experiencing adversity.

Prevalence of child sexual offending in Queensland

Data from the Australian Institute of Criminology (AIC) published in June 2026 reveals that in 2023–24, police proceeded against 2999 individuals for sexual offences in Queensland, representing a state rate of 60.84 per 100,000 population. This positions Queensland as having the second-highest absolute headcount of offenders nationally. While men continue to represent the vast majority of offenders, Queensland reported the highest number of female sexual offenders in the country, with 278 individuals proceeded against during the reporting period. Offending involving children represents a substantial and complex component of this landscape, with Queensland documenting 975 adults proceeded against exclusively for child sexual offences in 2023–24. Within this adult cohort, the most frequent offence type was non-penetrative sexual conduct, involving 591 individuals, followed by 291 cases of penetrative sexual conduct and 76 cases of conduct enabling unlawful sexual conduct. Notably, 140 of these adult offenders in Queensland were linked to two or more unique victims, indicating a concerning level of multiple-victim offending. These patterns are further underscored by a disproportionately high prevalence of offences relating to Child Sexual Abuse Material (CSAM).

Queensland recorded 616 CSAM offenders, accounting for 34.4 per cent of the national total. The state's CSAM offender rate of 12.50 per 100,000 is nearly 70 per cent higher than the national rate of 7.44, either reflecting an acute concentration of technology-facilitated harm or exceptional policing within the jurisdiction.

The statistical outlier status of Queensland is most pronounced within the youth cohort, where offending rates are more than double the national average. In 2023–24, there were 659 youth sexual offenders in Queensland, accounting for 46 per cent of all youth offenders documented nationally. This resulted in a youth sexual offender rate of 113.83 per 100,000 population aged 10–17, more than double the national youth rate of 53.22. Nationally, the primary driver for youth proceedings is the handling of CSAM (42%), a trend frequently linked to peer-to-peer electronic sharing. Despite the focus on external threats, AIC data indicates that strangers are responsible for only 17.0 per cent of child sexual offences perpetrated by adults. Instead, harm is overwhelmingly perpetrated by individuals known to the victim, with 39.0 per cent identified as non-intimate partner family members and 31.0 per cent as other known individuals. This relational proximity corresponds with the finding that 78.0 per cent of adult child sexual offences occurred at or around a residential location, illustrating that the domestic environment remains the primary site of risk for children.

Disadvantage defining the youth justice cohort

The Youth Justice Census (2020–2025)⁶⁰ provides a detailed profile of children and young people under supervision and in custody, highlighting the complexity and intensity of need within this cohort.⁶⁰ The survey responses are provided by case managers/workers and reflect the case manager's knowledge at the time of entry.

Indicators of social disadvantage are evident across both supervised and custodial cohorts. In 2025, 26.0 per cent of young people under supervision were living in unstable or unsuitable accommodation, increasing to 34.0 per cent for those in detention. Disengagement from school and employment was similarly high, affecting 53.0 per cent of the supervised cohort and

54.0 per cent of those in detention. Exposure to domestic and family violence (DFV) was also widespread, with 62.0 per cent of all supervised youth and 73.0 per cent of those in detention having experienced or been directly impacted by violence. This represents a substantial increase over time, with DFV exposure in the detention cohort rising from 57.0 per cent in 2020.

The prevalence of disability and neurodevelopmental conditions within the detention cohort is particularly pronounced. In 2025, 75.0 per cent of children in detention were diagnosed with, or suspected of having, a cognitive, physical, or sensory disability. Attention Deficit Hyperactivity Disorder (ADHD) was identified in 64.0 per cent of detained children, while 23.0 per cent were identified as having Fetal Alcohol Spectrum Disorder (FASD). These figures indicate that neurodevelopmental impairment is a significant factor in youth justice involvement.

Mental health concerns have also increased over time. Between 2020 and 2025, the proportion of young people in the youth justice system with diagnosed or suspected mental health conditions rose from 32.0 per cent to 46.0 per cent across all supervision, and from 28.0 per cent to 43.0 per cent in detention (peaking at 47 per cent in 2024). Within the detention cohort, anxiety increased from 16.0 per cent to 29.0 per cent, post-traumatic stress disorder from 17.0 per cent to 24.0 per cent, and depression from 14.0 per cent to 20.0 per cent over the same period. Behavioural disorders, including conduct disorder and oppositional defiance, were present in 23.0 per cent of the detention cohort in 2025. Substance use remains a near-universal feature of the cohort. In 2025, 83.0 per cent of young people under supervision and 87.0 per cent of those in detention reported active substance use. Cannabis was the most commonly used substance, with 81.0 per cent of detained young people reporting use. Methamphetamine (ice) use remained persistently high, reported by 24.0 per cent of the supervised cohort and 40.0 per cent of those in detention. A notable increase was observed in stimulant use (excluding methamphetamines), rising to eight per cent under supervision and 15.0 per cent in detention in 2025, although this change is attributed in part to improved data capture.

The census also highlights the intergenerational nature of disadvantage. In 2025, 35.0 per cent of young people under supervision had a parent or guardian who had previously been incarcerated, increasing to 42.0 per cent within the detention cohort. This reflects a continuation of patterns observed since 2020 and underscores the role of intergenerational contact with the criminal justice system as a contributing factor to youth offending. Overall, the data demonstrates that

children and young people in the youth justice system experience multiple, intersecting forms of disadvantage, including trauma, disability, mental health concerns, substance use, and social exclusion. These findings reinforce the need for responses that move beyond justice-based interventions to address the underlying drivers of offending through coordinated and prevention-focused approaches.

Table 1: Profile snapshot of young people under youth justice supervision or in youth detention, 2020 and 2025

	Individuals under youth justice supervision			Individuals in youth detention		
	2020	2025	Change	2020	2025	Change
	1578 Surveys	1407 Surveys		218 Surveys	283 Surveys	
Living in unstable and/or unsuitable accommodation	29%	26%	3% ↓	44%	34%	10% ↓
Experienced or been impacted by DFV	60%	62%	2% ↑	57%	73%	16% ↑
Used at least one substance ^a	80%	83%	3% ↑	84%	87%	3% ↑
Have at least one diagnosed or suspected disability ^b	31%	60%	29% ↑	43%	75%	32% ↑
Have at least one diagnosed or suspected mental health condition ^c	32%	46%	14% ↑	28%	43%	15% ↑

^aReported substances include marijuana, tobacco, vape, alcohol, ice and other methamphetamines, solvent inhalation, misused prescription medication, stimulants and other substances; ^bReported disabilities include Fetal Alcohol Spectrum Disorder, Attention Deficit Hyperactivity Disorder, Autism Spectrum Disorder, Developmental/Language Disorder, Cognitive/Intellectual, Physical, Sensory (visual or auditory); ^cReported mental health conditions include Anxiety, Depression, Post-traumatic stress disorder, Personality disorder, Psychosis, Bipolar disorder, Eating disorder, Obsessive-Compulsive disorder.

Source: Department of Youth Justice and Victim Support (2026) Unpublished correspondence.

Intervention and diversion



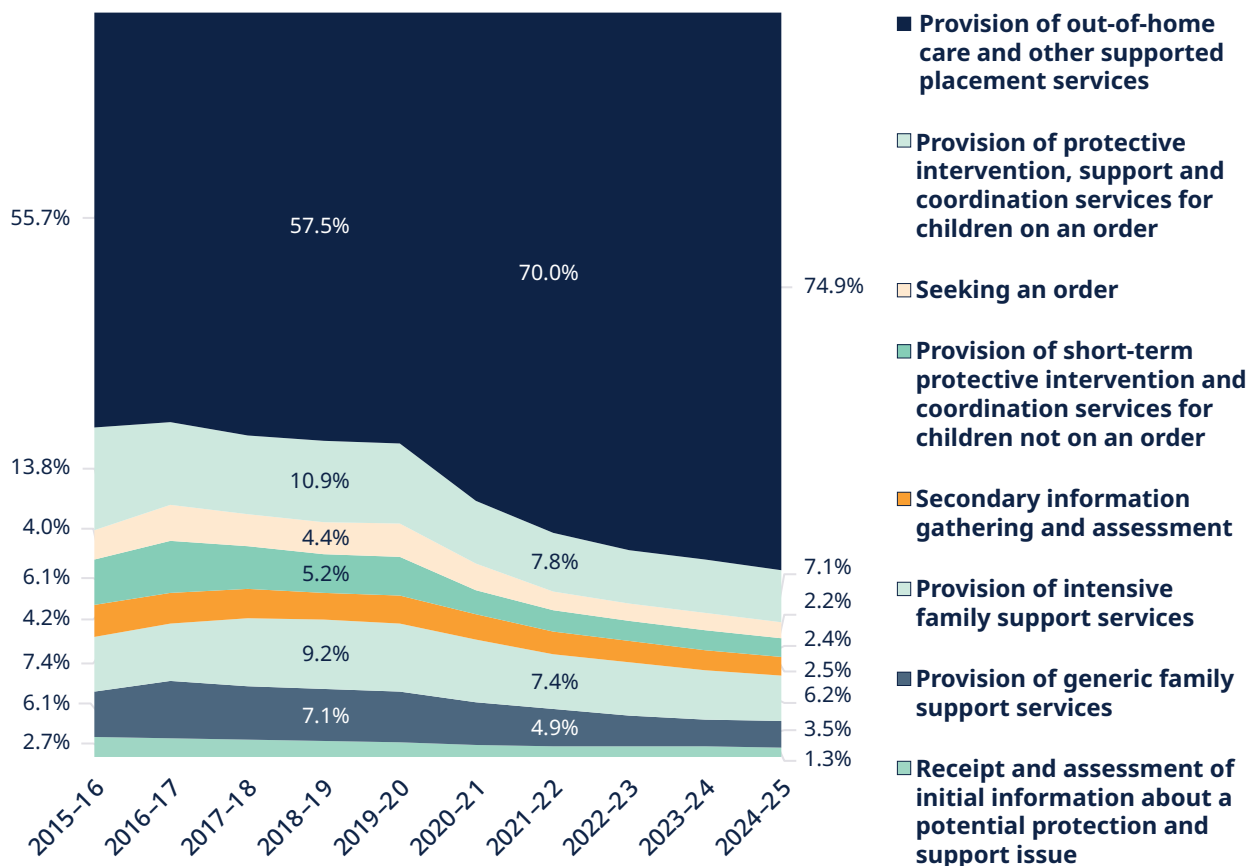
Investment imbalance in Queensland's child protection system

Over the past decade, there has been a significant structural shift in Queensland's child protection expenditure toward downstream crisis responses. While total system expenditure has increased substantially over this time, rising from \$887.9 million in 2019–20 to \$2.01 billion in 2024–25, the majority of additional investment has been directed toward OOHC rather than upstream prevention and early intervention. In 2015–16, 55.7 per cent of total expenditure was allocated to OOHC and placement services; by 2024–25 this had increased to 74.9 per cent.

Over the same period, investment in family support services has declined proportionally, with intensive family support services representing just 2.5 per cent of total expenditure and family support services 1.3 per cent.⁶¹ This represents a service system increasingly weighted toward crisis response rather than earlier support for families with risks.

The 2025–26 Queensland Budget included \$3.62 billion for Child Safety⁶²; however, a significant proportion of this funding is directed to residential care, rather than preventative family support. Overall, the current funding profile reflects a system in which insufficient upstream investment contributes to increase downstream demand.

Figure 9: Activity group unit costs, Queensland, proportion of total expenditure, 2015–16 to 2024–25



Source: Productivity Commission. (2026). *Report on Government Services 2025: Child protection*. Table 16A.29A

Reduction in the use of Family Support Services

Queensland funds different tiers of family support. Family Wellbeing Services (FWS) are Aboriginal and Torres Strait Islander community-controlled services providing culturally responsive support to families. Intensive Family Support (IFS) works with families who are at higher risk of entering the child protection system. Across the last 12 months to March 2026 there has been a marked reduction in the number of families receiving family support.

The data shows that engagement with the three lower intensity programs all fell, while the most intensive service increased. Together the three services opened 2110 fewer cases than the year before, a decline of 7.6 per cent.

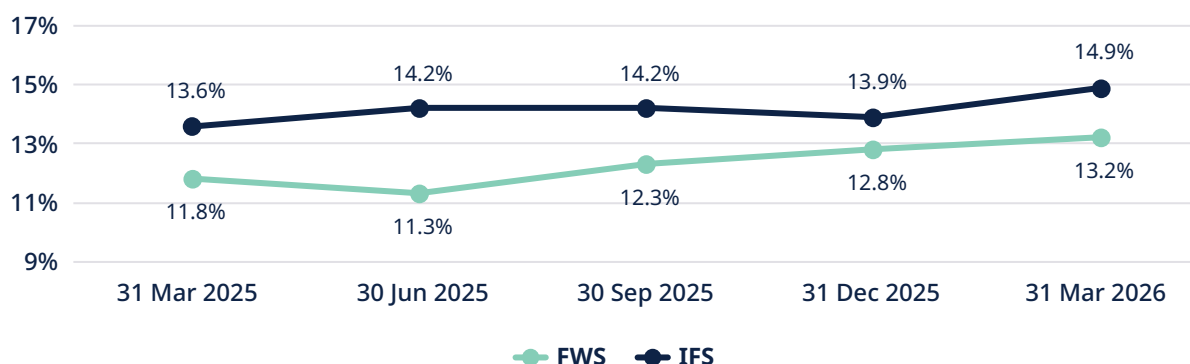
Both FWS and IFS recorded reductions in families consenting to receive the service, from 40.5 per cent to 38.8 per cent for FWS, and from 37.9 per cent to 36.1 per cent for IFS.

Table 2: Enquiries received and cases open across FaCC, FWS, IFS, 31 March 2025 to 31 March 2026

Service	Year to 31 Mar 2025	Year to 31 Mar 2026	Change
FaCC, enquiries received	26,344	23,663	10.2% ↓
FaCC, cases opened	15,050	13,075	13.1% ↓
FWS, cases opened	5836	5411	7.3% ↓
IFS, cases opened	6764	7054	4.3% ↑
Total cases opened, all three services	27,650	25,540	7.6% ↓

Source: Department of Families, Seniors, Disability Services and Child Safety (2026). *Our Performance – Supporting Queensland families.*

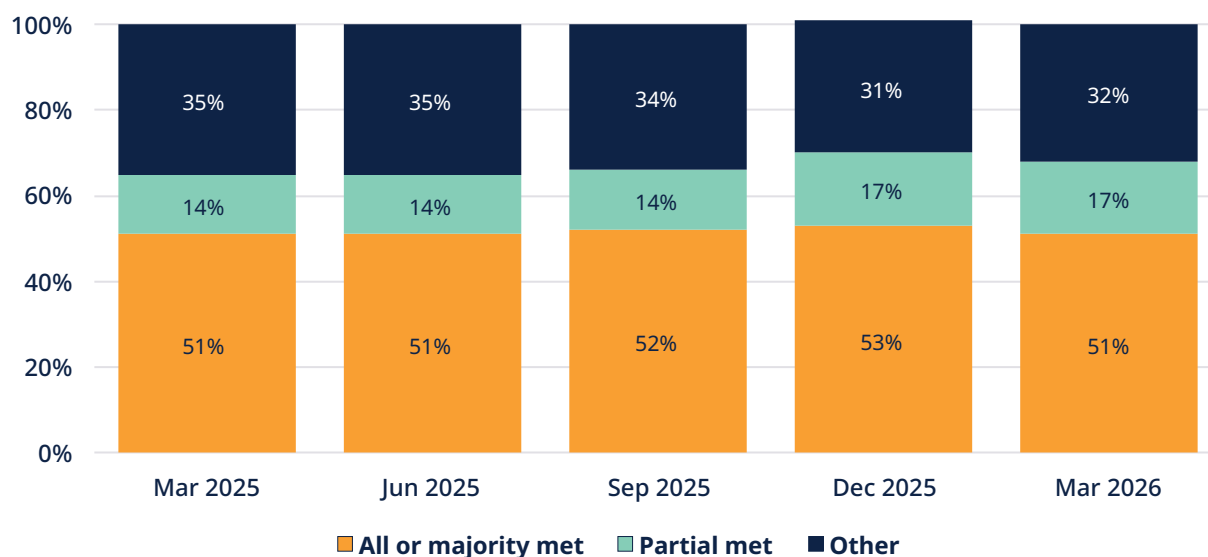
Figure 10: Families who refused support, 31 March 2025 to 31 March 2026



Source: Department of Families, Seniors, Disability Services and Child Safety (2026). *Our Performance – Supporting Queensland families.*

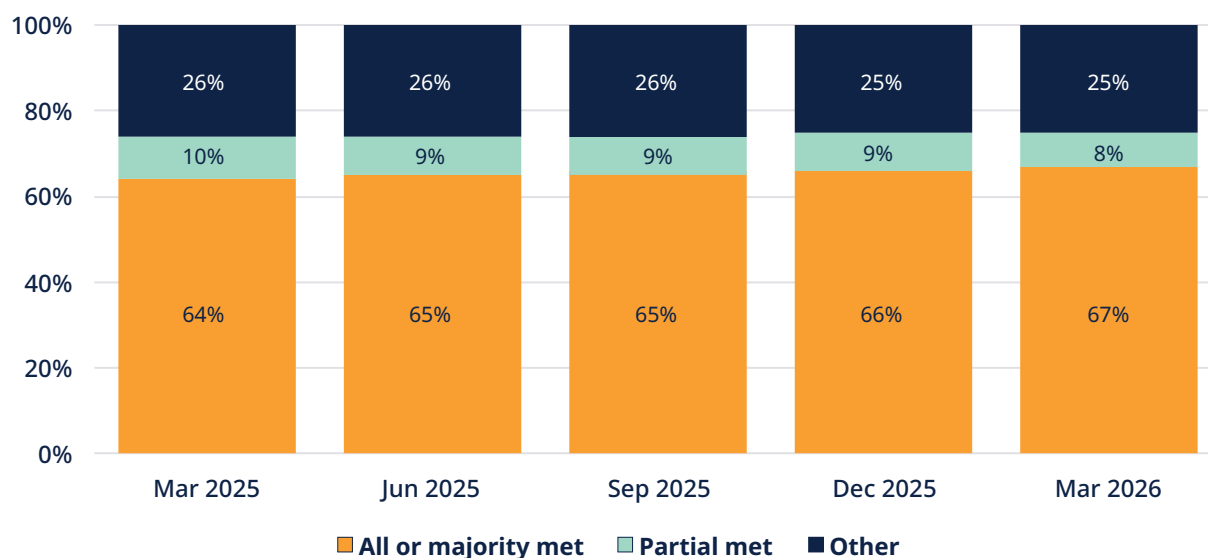
For families that did engage with these services the majority resulted in success with between half and two-thirds achieving their case plan goals.

Figure 11: FWS—family needs met, 31 March 2025 to 31 March 2026



Source: Department of Families, Seniors, Disability Services and Child Safety (2026). *Our Performance – Supporting Queensland families*.

Figure 12: IFS—family case plan goals achieved, 31 March 2025 to 31 March 2026



Source: Department of Families, Seniors, Disability Services and Child Safety (2026). *Our Performance – Supporting Queensland families*.



Case churn in Intensive Family Support engagement

Intensive Family Support occupies an important position in Queensland's child protection system. It is intended to work with families experiencing significant and multiple vulnerabilities before those concerns escalate to a level requiring statutory child protection intervention. By strengthening parenting capability, addressing underlying family needs and connecting families with other supports, IFS provides one of the principal mechanisms through which the system can intervene to keep children safely with their families. The Inquiry reinforced the importance of this function, identifying targeted intervention and family support as critical components of an effective child protection system. The rationale is both social and economic: where families can be stabilised safely through effective early support, children can avoid deeper statutory intervention and the substantially greater personal and financial costs associated with entry to OOHC. For that model to work, however, families need to receive support sufficiently early and remain engaged for long enough for the intervention to have an effect. The available data identifies challenges at both points.

Firstly, families are waiting longer for support. Demand for IFS is increasingly exceeding the capacity to allocate families promptly. In 2023–24, 1133 IFS case summaries remained unallocated for 91 days or more. By 2024–25, this had increased to 1551 cases, an increase of 36.9 per cent in a single year. This was more than twice the 17 per cent growth in overall allocations over the same period. The increase is significant because a three-month wait is substantially longer than contemplated by the IFS service model. Child Safety considers a family to be waitlisted where a worker cannot commence with them within four weeks.⁶³ Against that benchmark, approximately 40 per cent of cases exceeded the four-week threshold in 2024–25, compared with 38 per cent in the previous year. The data shows pressure accumulating at the point at which preventative intervention is intended to occur. A service designed around early intervention becomes progressively less preventative if substantial numbers of families cannot receive it promptly.

Secondly, a significant proportion of referrals do not progress to service delivery. Capacity is only part of the issue. The data also indicates considerable attrition between referral and actual engagement. Families may be unable to be contacted, assessed as inappropriate for IFS, found to already be receiving another service or exited for other administrative or service reasons. Between 2020–21 and 2024–25:

- Referrals closed because they were assessed as inappropriate increased by 84 per cent, from 405 to 747
- Closures because the family was already engaged with another service more than doubled, from 290 to 636
- Cases involving a supported referral to another service because IFS was at capacity fell by one-third, from 278 to 185
- Cases closed because the service was unable to contact or locate the family increased from 398 to 444.

These trends require careful interpretation. The 84 per cent increase in inappropriate referrals could reflect changes in referral quality or classification as well as changes in the families by the time they presented to the service. A family waiting three months for an intensive service may be materially different by the time contact occurs. Similarly, the doubling of referrals involving families already engaged elsewhere may indicate duplication, changing service patterns or limited visibility across the family-support system. The administrative data cannot distinguish between these explanations. Crucially, there is currently no data source available to quantify the overall volume of IFS referrals closed prior to case management contact with an allocated caseworker⁶⁴, and the system does not track outcomes for these families. Nevertheless, the aggregate pattern is important. Increasing numbers of families are being identified and referred for intensive support without the referral necessarily resulting in an IFS intervention. The group that cannot be contacted warrants particular attention. Across the five years examined, between 384 and 459 referrals each year were closed because the family could not be contacted or located. These represent families for whom a need for support was identified, a referral was made, but meaningful engagement was not achieved.

Reducing use of Intervention with Parental Agreement

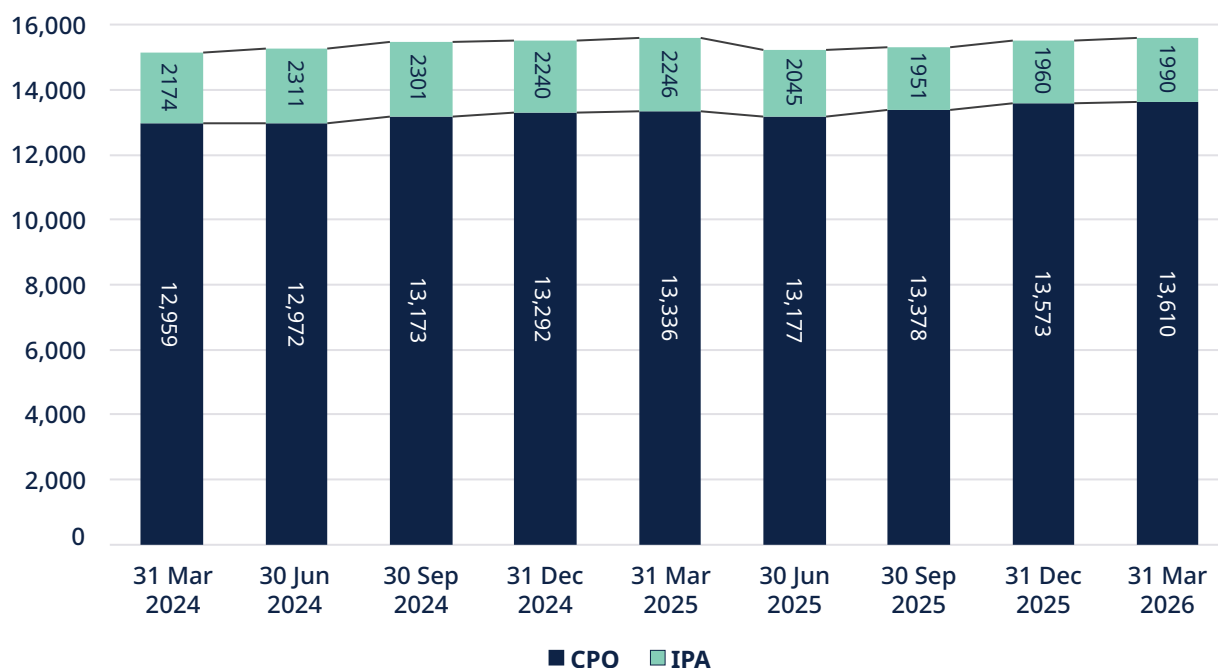
An Intervention with Parental Agreement (IPA) is a time-limited, non-court-based agreement initiated when Child Safety assesses that parents are willing and able to work cooperatively to address protective concerns. Conversely, a Child Protection Order (CPO) is a court-ordered intervention initiated when a child is assessed as being in need of protection and voluntary collaboration is deemed impossible or inappropriate, frequently resulting in the removal of the child from the home and placement into the OOHC system.

Between 30 June 2025 and 31 March 2026, the total number of children subject to active ongoing intervention in Queensland rose from 15,222 to 15,600—a net expansion of 378 children (+2.48%) in nine months. A critical insight from the updated dataset is the widening gap between court-ordered intervention and

voluntary, partnership-based safety agreements over the last two financial years. The number of children subject to IPAs fell by 8.5 per cent while the number of children on orders rose five per cent. This suggests the system is undergoing a critical structural shift — moving away from collaborative, partnership-based interventions toward court-ordered supervision.

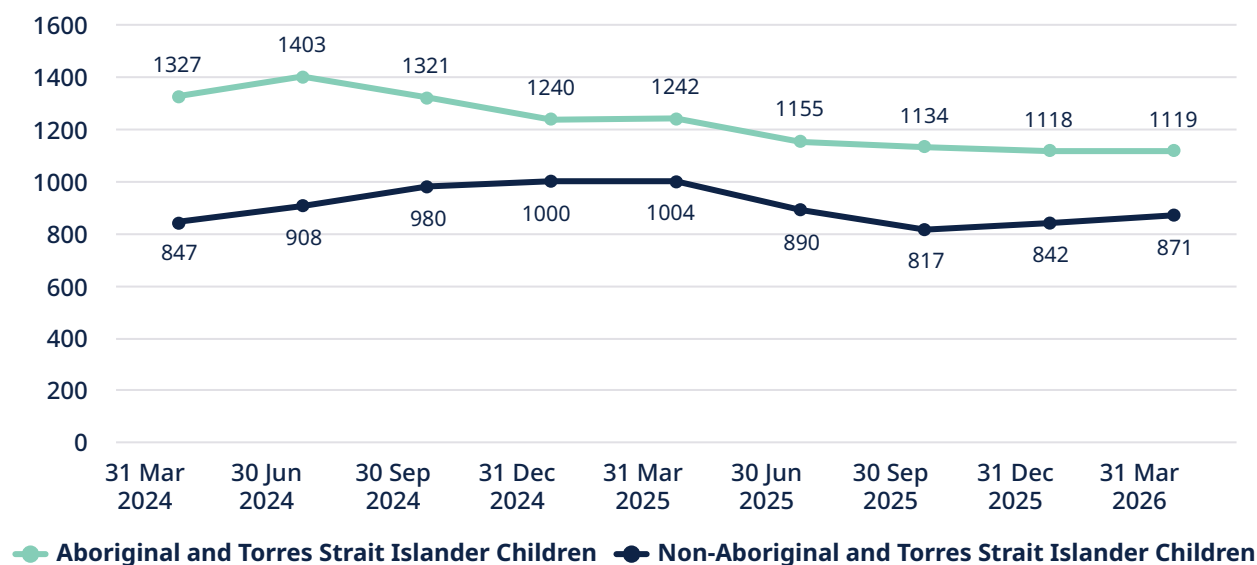
There appears to have been a concentrated effort to increase the use of IPAs between March 2024 and March 2025, followed by a decline in the March 2025 to March 2026. The Inquiry found that funding, commissioning and service delivery models remain heavily weighted towards tertiary out-of-home care placements, with court-ordered reunifications and families on IPAs frequently deprioritised. These findings are consistent with the Commission's earlier reviews of IPAs. In our 2022 *Keeping children in focus* review, the Commission found that support services often prioritised children already in care, and that the capacity of the secondary sectors constrained the timely and effective support available to keep children safe.

Figure 13: Children subject to ongoing intervention, 31 March 2024 to 31 March 2026



Source: Department of Families, Seniors, Disability Services and Child Safety (2026). *Our Performance – Improving care and post care support*.

Figure 14: Children subject to IPA, 31 March 2024 to 31 March 2026



Source: Department of Families, Seniors, Disability Services and Child Safety (2026). *Our Performance – Improving care and post care support*.

Increased investment in the youth justice portfolio

Queensland is entering a substantially different phase of youth justice investment, simultaneously expanding detention capacity and investing in community-based intervention and alternatives to detention. The Wacol Youth Remand Centre (WYRC) commenced in March 2025, while further capacity being developed at Woodford Youth Detention Centre.⁶⁵ At the same time, significant new investment is being directed to early intervention, bail monitoring, post-release rehabilitation and alternative sentencing models.⁶⁶ The Staying on Track program represents one of the most significant changes to the post-detention model, providing up to 12 months of support, including at least six months of intensive rehabilitation following release. This sits alongside new early-intervention investment and the development of the Circuit Breaker Sentencing program as an intensive alternative intervention model.

The significance of these investments means that Queensland is increasing both its capacity to detain children and the interventions intended to prevent their return. This creates a clearer test of system performance. Queensland begins

from a challenging baseline: it detains more children than any other state, and it has the highest national rate of return to sentenced supervision⁶⁷.

There is evidence that integrated and place-based interventions can achieve better results. Youth co-responder teams have been associated with seven fewer offences per young person within six months, including a 73.0 per cent reduction among serious repeat offenders,⁶⁸ while the Pathways to Prevention project demonstrated a 50.0 per cent reduction in later offending through early childhood education and family support.⁶⁹ This is particularly important given the concentration of vulnerability within the youth justice cohort: 73.0 per cent have had prior child protection contact, 71.0 per cent of young people in detention have disability, and 72.0 per cent of the dual-order cohort have experienced school exclusion or suspension.^{70, 71, 72} The Queensland Government's \$560 million investment in preventative and rehabilitative initiatives under Safer Children, Safer Communities, including the \$50 million Regional Reset program, creates an opportunity to test whether greater investment in prevention and rehabilitation can alter these trajectories.⁷³



Changes in the use of youth justice diversion, bail and electronic monitoring

Queensland is recording fewer young people coming into contact with police for offending, but a small cohort continues to experience increasingly concentrated justice-system contact. In 2024–25, the number of unique youth offenders aged 10–17 fell to 10,056—966 fewer than the previous year and an 8.8 per cent reduction. The population-adjusted rate fell to 1722.8 per 100,000, the lowest in the available ten-year series, 36.8 per cent below 2014–15 and below even the unusually low rate recorded during COVID-19 restrictions in 2021–22. Yet the number of young people subject to police action on 10 or more separate days almost doubled over the decade, from 52 to 102.⁷⁴ This cohort represents only 1.0 per cent of youth offenders but accounts for disproportionate repeat system contact and community harm.

Against this reduction in overall offending, the use of diversion has also declined. Cautions remained relatively stable at 28.2 per cent of police actions, with theft accounting for 29.1 per cent of cautioned offences. Drug diversion changed more substantially following legislative reforms: traditional drug cautions fell 43.9 per cent, while 1852 drug diversion warnings were issued in the first full year.⁷⁵ The new *Illicit Drug Enforcement and Diversion Framework* retains diversion for minor cannabis offences and police discretion in other cases, but removes the previous graduated, multi-opportunity model.⁷⁶

Other diversionary pathways also contracted. Restorative justice referrals fell 14 per cent to 1916 young people, overall admissions to diversionary programs declined seven per cent, and court-ordered diversionary referrals and related orders fell 18.9 per cent.⁷⁷ The combination warrants attention: fewer young people are entering the justice system, but those who do are encountering a system making less use of several established diversionary pathways, while a small high-frequency cohort remains entrenched in repeat contact.

Bail is another increasingly important point of intervention. In 2024–25 there were 7459 convicted breach-of-bail charges against children, an increase of 11.3 per cent in one year, despite a 9.2 per cent decline in the number of distinct young people with a proven charge. Over the same period, the average completed period of unsentenced detention increased from 48 to 54 days.^{78, 79} This suggests increasing intensity of justice-system contact among a smaller cohort and strengthens the case for examining whether community-based alternatives can safely reduce reliance on remand.

Electronic monitoring has emerged as one such alternative. Queensland's 2025 evaluation⁸⁰ found that children subject to electronic monitoring had an 11 per cent higher bail-completion rate, were less likely to reoffend, committed fewer victim-involved offences and spent less time in custody while on bail than a comparison cohort. Importantly, the evaluation could not isolate the effect of electronic monitoring from the intensive wraparound support delivered alongside it, concluding that the combination may be effective for some young people. The model was also operationally intensive: 5667 confirmed monitoring alerts—around 50 per order—resulted in only 33 breaches of bail.

From 30 April 2026, electronic monitoring became a permanent statewide bail option and eligibility expanded to children aged 10–17. The expansion now creates a clear evaluation question: whether the positive outcomes observed in the more narrowly selected trial cohort can be sustained at scale, whether electronic monitoring reduces reliance on remand, and whether the operational resources required are proportionate to its additional risk-management benefit. Critically, evaluation will need to distinguish the effect of the technology itself from the intensive supports surrounding it.

Statutory system intervention



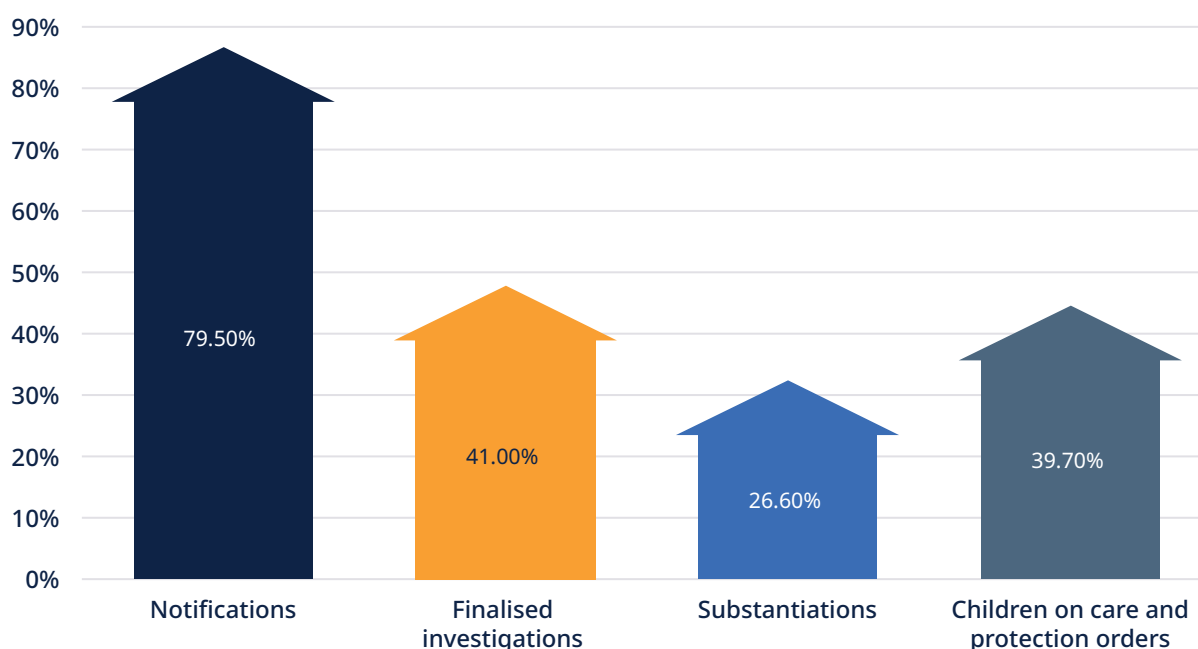
Growing gaps between system demand and system capacity

Queensland's child protection system is managing substantially greater demand at its front door, but this growth has not translated into a comparable increase in investigations or children found to have experienced significant harm.

Between 2015–16 and 2023–24,⁸¹ the number of children subject to notifications increased by 79.5 per cent, from 19,905 to 35,723.

Over the same period, finalised investigations increased by 41.0 per cent and substantiations by 26.6 per cent. The result is a widening gap between the volume of concerns being reported to Child Safety and the number of matters progressing through investigation to a finding of substantiated harm.

Figure 15: Growth in key child protection measures, 2015–16 to 2023–24



Source: Report on Government Services, Child Protection, Productivity Commission 2026

This gap between demand and capacity is particularly apparent in the relationship between notifications and substantiations. In 2015–16, there was approximately one substantiation for every 3.5 notifications, with substantiations equivalent to 28.2 per cent of notifications. By 2023–24, there was approximately one substantiation for every five notifications, with the equivalent ratio falling to 19.9 per cent. Put another way, notifications increased by almost 16,000 over the period, while annual substantiations increased by around 1500. This divergence has important implications for

understanding system demand. Notifications measure concerns reaching the statutory system, rather than the prevalence of child abuse and neglect, and increases can be influenced by mandatory reporting requirements, community awareness, reporting practices and changes in how concerns are identified and referred. The data shows that Child Safety must now process and assess a much larger volume of reports to identify a comparatively modest increase in the number of children ultimately found to require statutory intervention.



While notifications have continued to place increasing pressure on intake and assessment functions, growth in investigations and substantiations has been considerably more constrained. This may reflect changes in the nature of matters being reported, screening and assessment practices, or the capacity of the system to respond to increasing demand. Between 2015–16 and 2023–24, the number of children subject to care and protection orders increased by 39.7 per cent, substantially faster than the growth in annual substantiations. Unlike notifications and substantiations, which primarily reflect annual flows through the system, the population of children on orders reflects not only the number of children entering statutory care but also the duration of their involvement, including the effectiveness and timeliness of reunification, restoration and permanency pathways. This creates continuing demand for placements, casework and services even where the number of newly substantiated children is relatively stable. This distinction is important for system planning. Increasing demand cannot be understood simply by counting notifications or children in care; it requires understanding how children move through the system, where demand is being absorbed, and where capacity constraints may be emerging.

The overall picture is consequently one of pressure at both ends of the statutory system: a rapidly expanding volume of concerns requiring assessment at the front, alongside an accumulated population of children requiring ongoing statutory care. This pressure is also experienced unevenly. Since 2021–22, the number of non-Indigenous children on care and protection orders has remained broadly stable at around 7000, while the number of Aboriginal and Torres Strait Islander children has continued to increase, reaching 6363 as at 30 June 2024. Aboriginal and Torres Strait Islander children consequently accounted for 47.5 per cent of children on care and protection orders, up from 41.6 per cent in 2015–16, despite comprising a much smaller proportion of Queensland's child population. The increasing concentration of statutory intervention among Aboriginal and Torres Strait Islander children is therefore a distinct and continuing feature of system demand. Understanding the factors contributing to entry, duration of orders, restoration and reunification outcomes is essential both to reducing pressure on the statutory system and to Queensland's commitments to reduce the over-representation of Aboriginal and Torres Strait Islander children in OOHC.

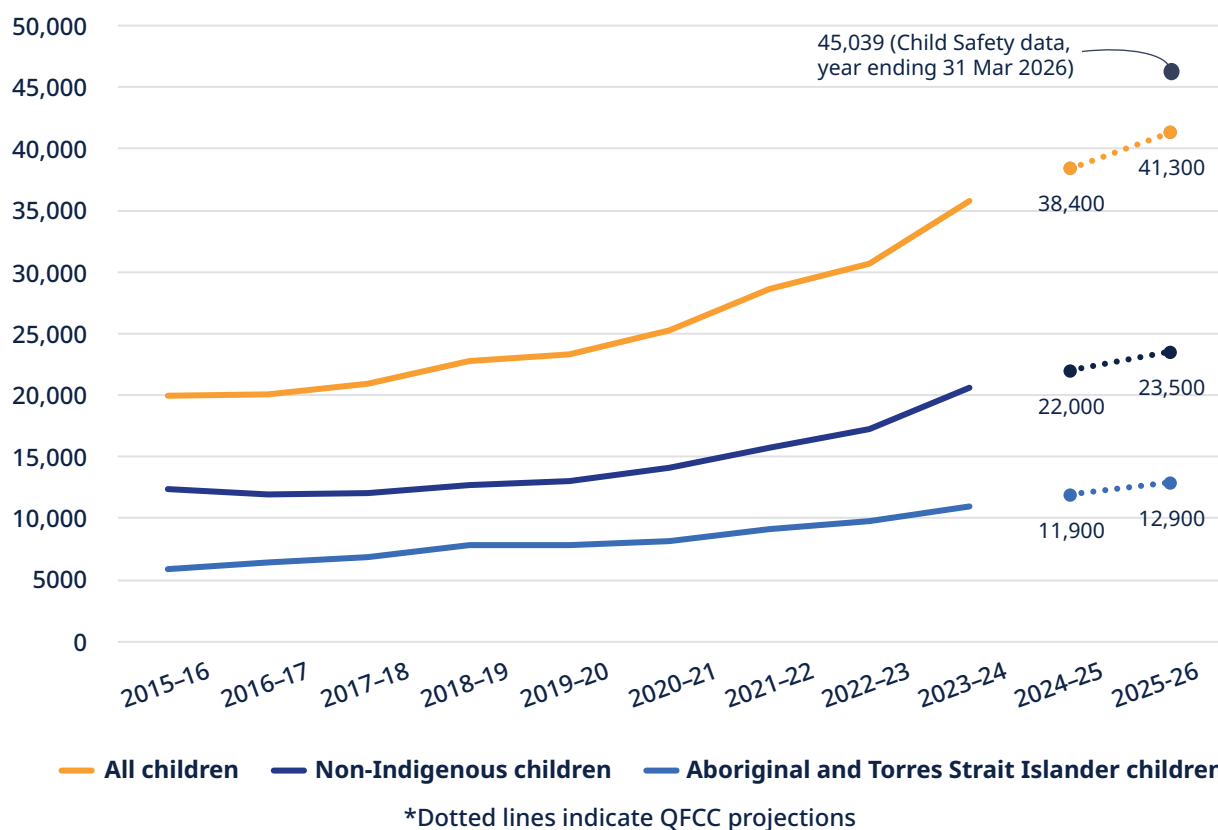


Increases in notifications of child abuse and neglect

Over the decade to 2023–24, Queensland experienced sustained growth in demand at the front end of the child protection system. The number of children subject to a notification increased from 19,905 in 2015–16 to 35,723 in 2023–24, an increase of almost 80 per cent. Growth also accelerated over time: notifications increased at an average annual rate of 7.6 per cent across the full period, compared with 11.3 per cent over the most recent five years and 12.3 per cent over the final three years. This established a clear trajectory of increasing statutory demand immediately before the interruption to Queensland's public child protection data.

The implementation of the Unify case management system subsequently removed the comparable administrative series for 2024–25 and 2025–26. In the absence of actual data, the Commission used historical growth rates to understand the scale of demand Queensland could reasonably expect if previous trends continued. Applying the long-term, five-year and three-year growth rates to the last published result produced a projected range of approximately 38,400–40,100 children subject to notifications in 2024–25 and 41,300–45,100 in 2025–26. These were not forecasts of actual performance, but scenario estimates illustrating the likely scale of demand if historical growth persisted.

Figure 16: Distinct children subject to a notification, 2015–16 to 2023–24, projection for 2024–25 and 2025–26



Source: Report on Government Services, Child Protection, Productivity Commission 2026; Child Safety data released 30 July 2026.

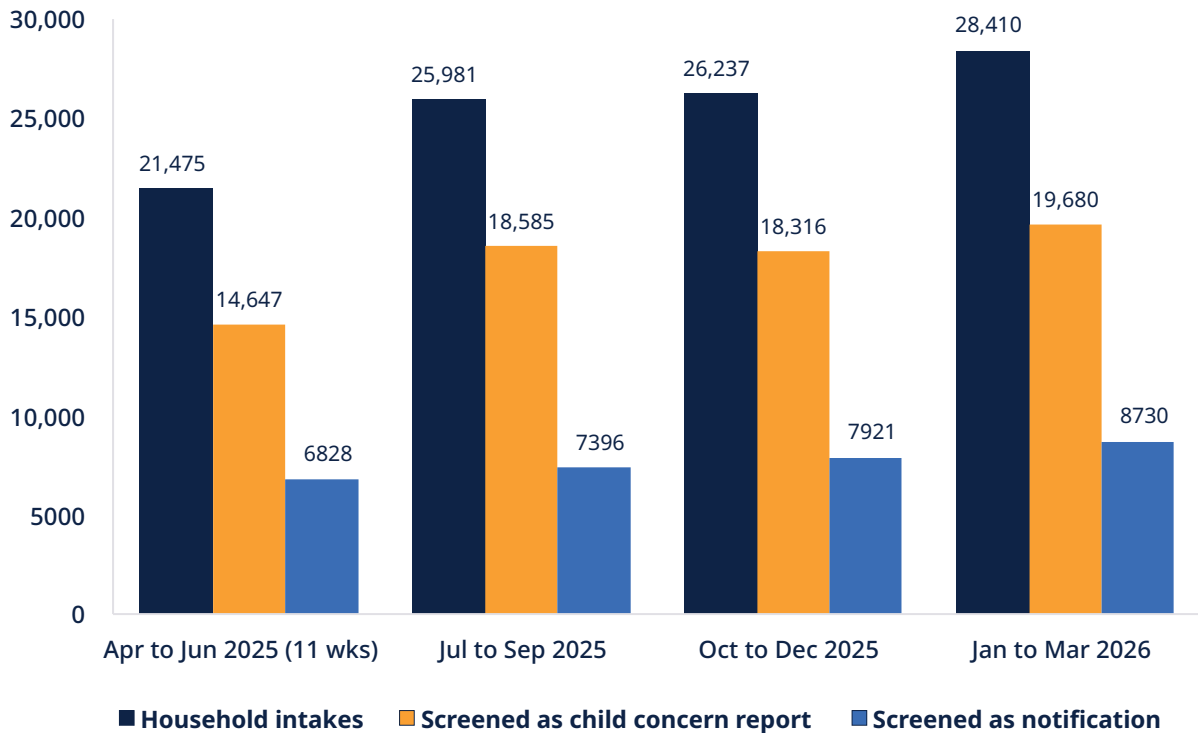


The first substantial data from the new system, received by the Commission on 10 August 2026, now provides greater visibility of what occurred during this period. In the 12 months to 31 March 2026, Child Safety recorded 102,103 household intakes, comprising 71,228 child concern reports and 30,875 household intakes screened as notifications. Around 30.2 per cent of intakes were screened as notifications, meaning they crossed the threshold at which there was reasonable suspicion that a child was in need of protection.

More than 102,000 concerns reached the intake system in the 12 months to March 2026, and both the volume and statutory intensity of those intakes were increasing across the available

quarters. Comparing the first full quarter following implementation of the new system with the most recent quarter, household intakes increased from 25,981 in July–September 2025 to 28,410 in January–March 2026, an increase of 9.3 per cent. Notifications increased more rapidly, from 7396 to 8730, up 18.0 per cent, while the proportion of intakes screened as notifications increased from 28.5 to 30.7 per cent. This suggests that growth was occurring not only in the volume of concerns reaching Child Safety, but also in the proportion assessed as meeting the statutory notification threshold.

Figure 17: Household intakes and notifications per quarter, April 2025 to March 2026



Source: Child Safety Data Released 30 July 2026.



Child protection investigations

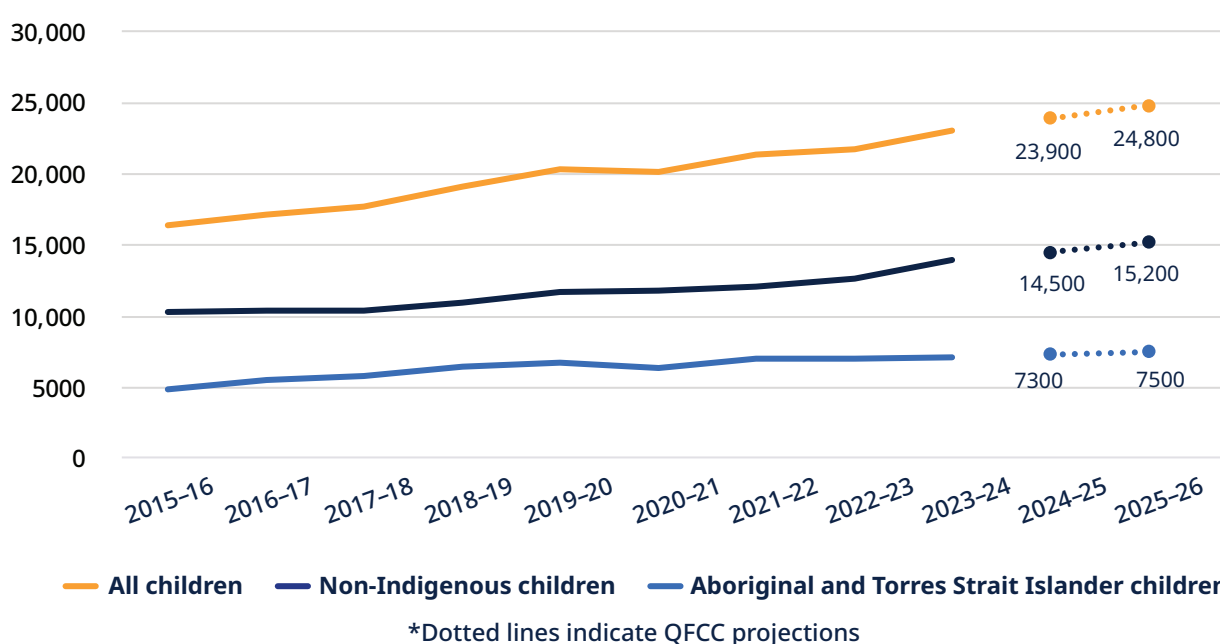
The longer-term data show that child protection investigation activity increased substantially over the decade to 2023–24, but that the rate of growth had begun to moderate before comparable public reporting ceased. Using published Queensland data from 2015–16 to 2023–24, the number of children subject to a finalised child protection investigation increased from 16,347 to 23,049, an increase of 41.0 per cent. This represents average annual growth of approximately 4.4 per cent across the period. The population-adjusted investigation rate also increased, from 14.5 children per 1000 in 2015–16 to 18.9 per 1000 in 2023–24. The increase therefore reflects more than population growth: by 2023–24, a greater proportion of Queensland children were coming into contact with the statutory investigation system than a decade earlier.

The trajectory was not uniform across the decade. Growth moderated in the later years of the series, indicating that investigation

activity was beginning to stabilise at a comparatively high level. This was particularly evident for Aboriginal and Torres Strait Islander children. Between 2017–18 and 2023–24, their investigation rate increased from 54.5 to 62.2 per 1000 children, although the number of children investigated showed considerably less growth in the latter part of the period. For non-Indigenous children, by contrast, the investigation rate continued to rise, increasing from 9.9 to 12.6 per 1000 over the same period.

Comparable published data is not available for 2024–25 and 2025–26 following implementation of the Unify case management system. In the absence of this data, we used the established historical series to estimate the likely scale of investigation activity had recent trends continued. Applying the lower growth observed toward the end of the published series suggested approximately 23,700 to 24,100 children in 2024–25, increasing to approximately 24,300 to 25,200 children in 2025–26. These were not forecasts of Child Safety's performance, but an analytical range against which subsequently available information could be assessed.

Figure 18: Distinct children subject to a notification, 2015–16 to 2023–24, projection for 2024–25 and 2025–26



Source: Report on Government Services, Child Protection, Productivity Commission 2026; Child Safety data released 30 July 2026.

Information subsequently provided to the Commission in August 2026 provides the first substantive view of investigation activity during the period for which comparable public reporting has been unavailable. It does not recreate the former published series and therefore cannot be directly compared with the projections above. In particular, the new data counts assessments, rather than unique children subject to finalised investigations. Nevertheless, it provides important evidence about the volume, composition and outcomes of contemporary investigation activity.

Between 1 April 2025 and 31 March 2026, 20,169 assessments were completed. On average, approximately 1681 assessments were completed each month, or around 388 each week. This measure counts every assessment finalised during the 12-month period, irrespective of when the original intake was received. Of these, 13,519 assessments (67%) produced a recorded outcome for at least one child. The remaining 6650 assessments (33%) were completed without an outcome recorded for any child. The new data therefore reveals not only the scale of investigative activity, but also a substantial difference between the volume of assessments processed by the system and the volume that ultimately produces a child-level outcome.

Assessments relating to Aboriginal and Torres Strait Islander children accounted for 34.3 per cent of all completed assessments, equivalent to approximately 6900 assessments across the year. That proportion remained relatively stable across the reporting period. The persistence of this share is particularly significant when considered against the much smaller proportion of Queensland children who are Aboriginal and Torres Strait Islander however it is consistent with the substantial over-representation evident throughout the historical investigation series and indicates that this feature of the system has persisted through the transition to Unify.

The new information also changes what can confidently be concluded from the historical projections. It does not establish that the number of children investigated in 2025–26 was 20,169, nor does it demonstrate that investigation activity fell below the Commission's projected range of 24,300 to 25,200 children. The measures are not equivalent: an assessment may involve more than one child, while the historical series counted children rather than assessments. A direct numerical comparison would therefore risk interpreting a change in measurement as a change in system activity. The data does establish that Queensland continued to process a substantial volume of child protection assessments during 2025–26, broadly consistent with a system operating at the elevated level of demand evident before comparable reporting ceased. Importantly, however, the changed reporting framework makes it substantially more difficult to determine whether the longer-term growth in the number and rate of children investigated has continued, stabilised or reversed. The August 2026 data improves visibility of activity but does not yet restore visibility of children. This distinction matters for system oversight. Measures of assessments describe workload and administrative activity; measures of unique children describe the reach of statutory intervention into the child population. Both are important, but they answer different questions. Until a comparable child-level series is restored, it will remain difficult to assess whether Queensland's child protection system is investigating a greater or smaller proportion of children than it did before the implementation of Unify, or whether the substantial over-representation of Aboriginal and Torres Strait Islander children is improving.



Timeliness of child protection investigations

The timeliness of child protection investigations provides an important measure of the capacity of the statutory system to respond to reported concerns about children. Queensland's historical data shows that timeliness had been under pressure for several years before changes to Child Safety's assessment model altered the established performance series in 2025.

In April 2025, Child Safety introduced the Enhanced Intake and Assessment Approach (EIAA) to establish a flexible model focused on earlier assessment and targeted support. These practice and pathway changes triggered time series breaks, rendering some subsequent performance measures not directly comparable to historical data. Over the decade preceding those changes, routinely published data showed a system managing increasing demand while experiencing persistent difficulty commencing and completing investigations within expected timeframes. Immediately before the reporting change, approximately 66.0 to 69.0 per cent of investigations and assessments were reported as commencing within the required timeframe. While performance fluctuated, the longer-term series provided a reasonably consistent basis for monitoring whether statutory response capacity was keeping pace with demand.

That series effectively ended in April 2025, when Child Safety introduced a new investigation and assessment model. The previous commencement priorities of 24 hours, five days and 10 days were replaced by 24 hours, 72 hours and seven days. These changes represent

a material strengthening of the timeliness expected of the system, but performance before and after April 2025 cannot be directly compared.

The Inquiry provided a window into the data gap when it subsequently obtained and published departmental data extending to March 2026. For 24-hour priority responses, it reported compliance declining from 96 per cent in 2021–22 to 91 per cent between July 2024 and March 2025 and 44 per cent between April 2025 and March 2026. It also reported 2025–26 commencement compliance of 13 per cent for 72-hour assessments and six per cent for seven-day assessments, with median commencement times of 41 and 63 days respectively. Those figures provided important evidence of operational pressure. However, the subsequent release of more detailed departmental data allows the results to be interpreted more precisely. In particular, the April 2025 reforms mean that some apparent comparisons across the period combine different service standards and different measurement methodologies. The 72-hour priority did not exist in the previous framework, while the seven-day priority replaced the previous five- and 10-day categories. The historical commencement measure was also calculated on a per-child basis against the previous priority categories. The pre- and post-April 2025 figures should therefore not be treated as a single continuous performance series. The evidence still indicates significant timeliness pressure, but the scale of change cannot reliably be inferred simply by comparing percentages on either side of April 2025.



New data provides a clearer view of timeliness performance

Newly available quarterly data now provides the first opportunity to examine performance under the new framework over a sustained period. The clearest measure is the new 72-hour priority assessment category. On this measure, performance has deteriorated consistently across each reported quarter. The proportion of 72-hour priority assessments commenced within the required timeframe fell from 24.6 per cent in April–June 2025 to 8.8 per cent in January–March 2026. By January–March 2026, fewer than one in 11 priority assessments requiring commencement within 72 hours were commencing within that timeframe.

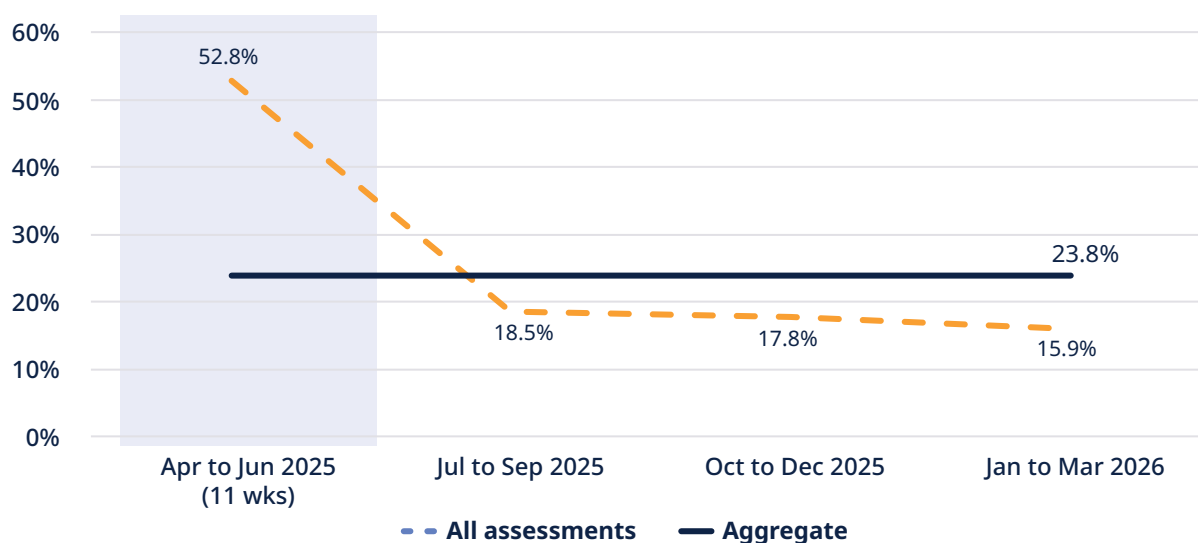
The 24-hour category provides a useful counterpoint. Unlike the other categories, the 24-hour standard was retained through the April 2025 reforms. The newly released quarterly data shows performance remaining at approximately 89 per cent. This suggests that the system has maintained substantially stronger performance for children assessed as requiring the most urgent response, while experiencing much greater difficulty meeting the new intermediate priority timeframe.

This may indicate a system successfully prioritising the most urgent cases under constrained capacity, but with insufficient capacity remaining to meet the required response for the next tier of risk.

On the latest available data, three findings are particularly significant:

- The system appears to be maintaining strong performance for the most urgent 24-hour responses, at around 89 per cent.
- Performance against the newly introduced 72-hour priority has deteriorated in every reported quarter, from 24.6 per cent to 8.8 per cent.
- Completion timeliness remains a critical challenge. While the reporting period aggregate of 23.8 per cent result reflects the processing of pre-EIAA assessments and should be interpreted cautiously, the latest quarterly result of 15.9 per cent indicates that the large majority of investigations and assessments are not being completed within the applicable timeframe.

Figure 19: Assessment completion within timeframe, by quarter, April 2025 to March 2026



Source: Child Safety data released 30 July 2026.

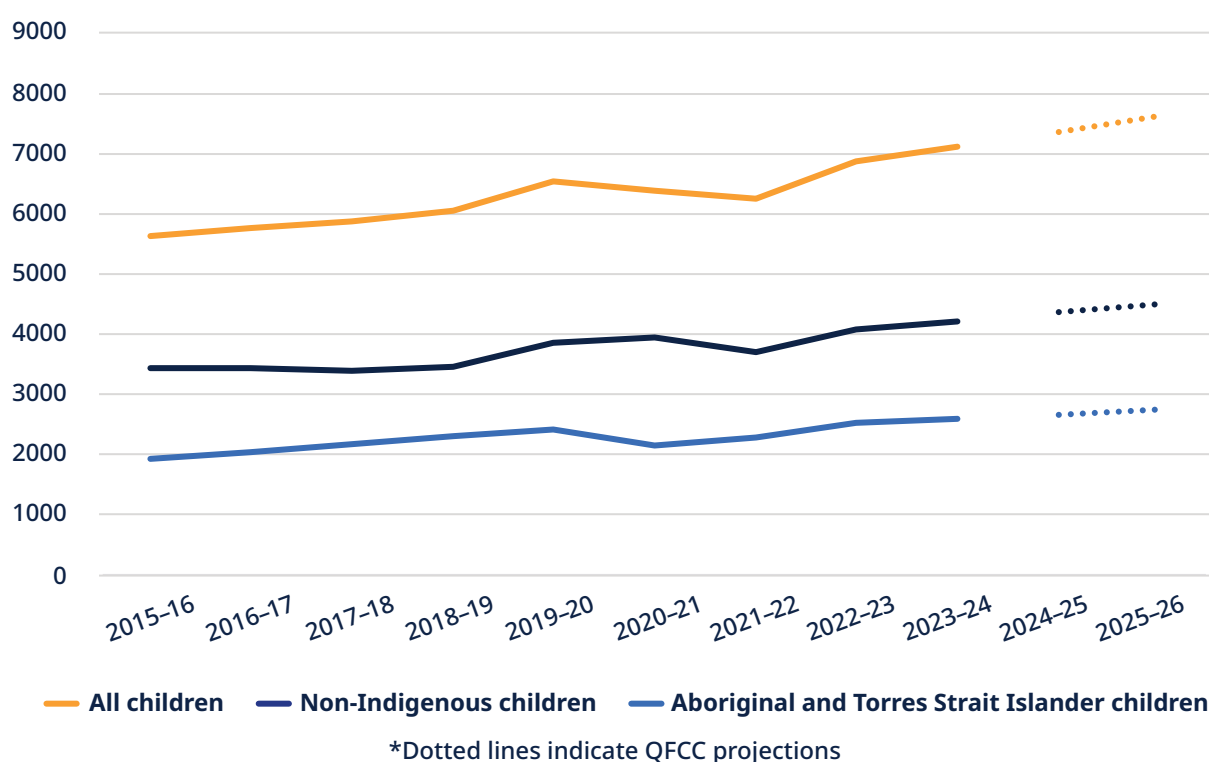
Children assessed as in need of protection

Over the decade to 2023–24, the number of Queensland children with substantiated child protection concerns increased from 5621 in 2015–16 to 7115 in 2023–24, an increase of 26.6 per cent. Substantiations grew at an average annual rate of approximately 3.0 per cent, and by 2.1 per cent annually over the final five years. Growth strengthened somewhat immediately before the interruption to reporting, averaging 4.4 per cent over the final three years. The implementation of the Unify case management system interrupted this comparable series for 2024–25 and 2025–26. In the absence of actual data, the Commission applied the long-term, five-year and recent growth rates to understand the scale of substantiations that might reasonably have been expected had historical trends continued. This produced an indicative range of approximately 7260–7430 children in 2024–25 and 7410–7760 in 2025–26. These projections were not estimates

of actual performance, but scenarios against which the likely trajectory of the system could be considered during the reporting gap.

The first substantial data from the new system, received by the Commission on 10 August 2026, provides greater visibility of outcomes to 31 March 2026, but it does not restore the historical substantiation series. Under the previous framework, a substantiation could result in either a finding that a child was in need of protection, or that significant harm had occurred but the child was not in need of protection because a parent was able and willing to protect them. Following introduction of the new assessment framework in 2025, the latter category ceased to exist. The new outcome of child not in need of protection therefore includes both children for whom no significant harm was identified and children who may have experienced significant harm but have a protective parent. As a result, Child Safety no longer separately reports the total number of children assessed as having experienced significant harm.

Figure 20: Children in substantiated cases, 2015–16 to 2025–26

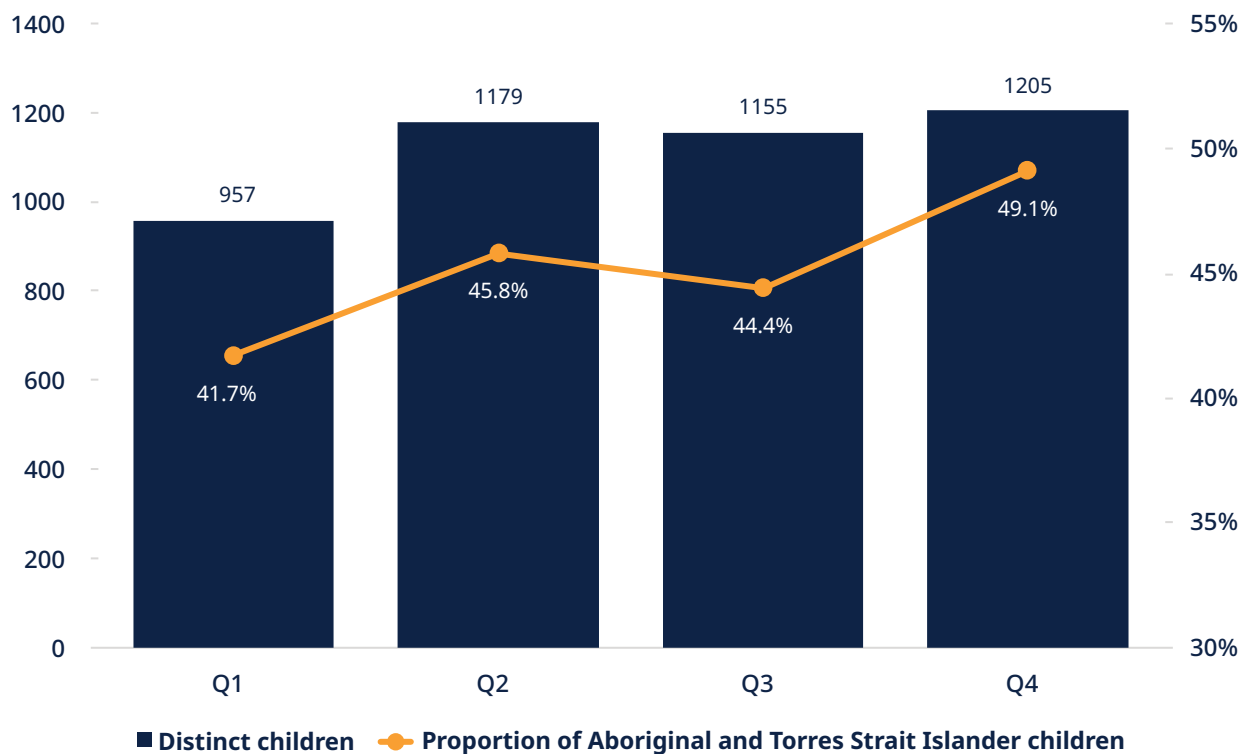


Source: Report on Government Services, Child Protection, Productivity Commission 2026; Child Safety data released 30 July 2026.

This definitional change is critical to interpreting the new data. In the 12 months to 31 March 2026, 4496 children were assessed as being in need of protection. This is substantially below the Commission's projected historical substantiation range of 7410–7760, but the difference should not be interpreted as a reduction in substantiated harm. The new measure is definitionally narrower and excludes a category of children previously included within substantiation reporting. Within the new measure itself, however, an emerging pattern can be identified. Quarterly numbers increased from 957 children in April–June 2025 to 1179 in July–September, 1155 in October–December and 1205 in January–March 2026. The March-quarter result was 25.9 per cent higher than the first quarter, although much of that increase occurred between the first and second quarters; across the final three quarters the number

remained comparatively stable at between 1155 and 1205 children. More significant is the changing relationship between assessments and outcomes. The proportion of children subject to priority assessment who were found to be in need of protection declined from 21.3 per cent in April–June 2025 to 15.1 per cent in January–March 2026, a reduction of 6.2 percentage points, or approximately 29 per cent in relative terms. This occurred while front-end demand was increasing: over the available period, household intakes and notifications increased and the proportion of intakes crossing the notification threshold also rose. The emerging picture is therefore of more concerns entering the statutory pathway, but a declining proportion of assessed children ultimately being found in need of protection.

Figure 21: Children in need of protection per quarter, 14 April 2025 to 31 March 2026



Source: Unpublished Child Safety data received 10 August 2026.



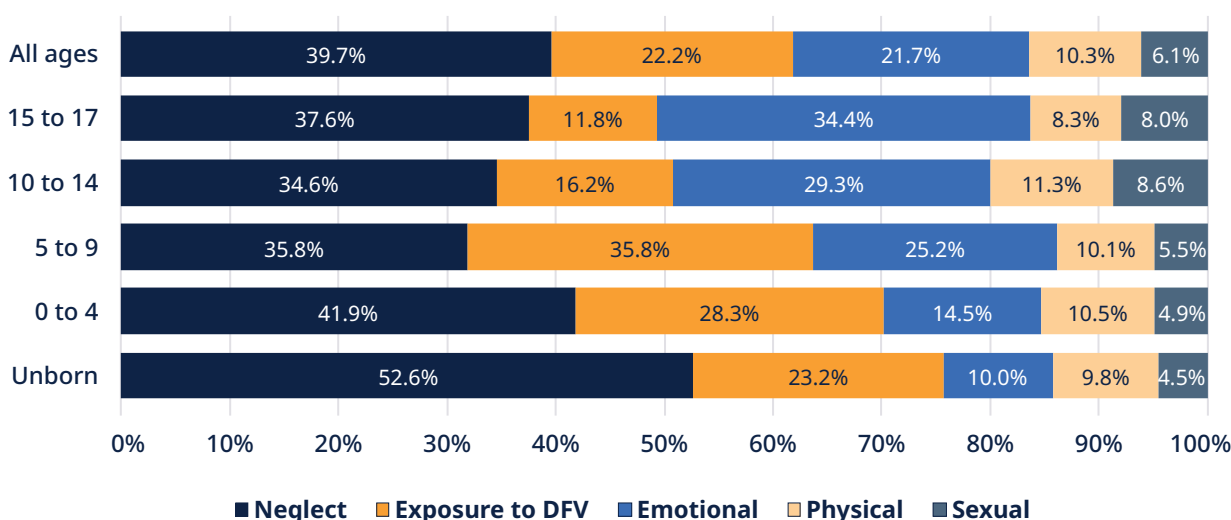
Increase in neglect and exposure to domestic and family violence

Between 14 April 2025 and 31 March 2026, a total of 4496 distinct children were assessed as being in need of protection (defined as having suffered, suffering, or at unacceptable risk of significant harm with no parent able and willing to protect them). First Nations children are heavily over-represented, accounting for 2044 children (45.46%) of this cohort, despite representing only 9 per cent of the state's child population.

An important development in Queensland's new intake and assessment approach is the explicit recognition of exposure to DFV as a form of abuse capable of causing harm to a child, alongside physical abuse, emotional or psychological abuse, neglect and sexual abuse.⁸² This is an important conceptual and practice shift because it recognises children as people who can experience harm from domestic and family violence in their own right, rather than treating violence primarily as an adult relationship issue or only recognising its impact where a child is physically assaulted. Queensland's revised practice framework requires assessment of the impact of the

violence on the child and recognises that patterns of behaviour, including coercive and controlling behaviour, can produce cumulative physical, psychological and emotional harm. Queensland is not alone in moving in this direction. Comparable approaches operate in other jurisdictions, with South Australia explicitly recognising domestic and family violence as a distinct type of risk and harm,⁸³ New South Wales identifying it as a basis for a child being at risk of significant harm,⁸⁴ and Victoria screening all child protection reports for family violence through a dedicated category within its SAFER children assessment framework.⁸⁵ The Queensland reform aligns with a broader national shift towards recognising children as victim-survivors of DFV and assessing the cumulative impact of coercion, control and violence on their safety, development and wellbeing.⁸⁶ Disaggregating children in need of protection by abuse type shows assessments identifying significant numbers of neglect and exposure to domestic and family violence, with neglect accounting for 52.6 per cent of unborn child notifications, 41.8 per cent of the 0–4 age group and 37.6 per cent of the 15–17 age group. Exposure to DFV accounted for 28.3 per cent of the 0 to 4 age group, 23.2 per cent of the five to nine age group and 23.4 per cent of the 10 to 14 age group.

Figure 22: Most serious abuse type as a percentage of children in need of protection, by age group, 14 April 2025 to 31 March 2026



Source: Unpublished Child Safety data received 10 August 2026.



Children on care and protection orders

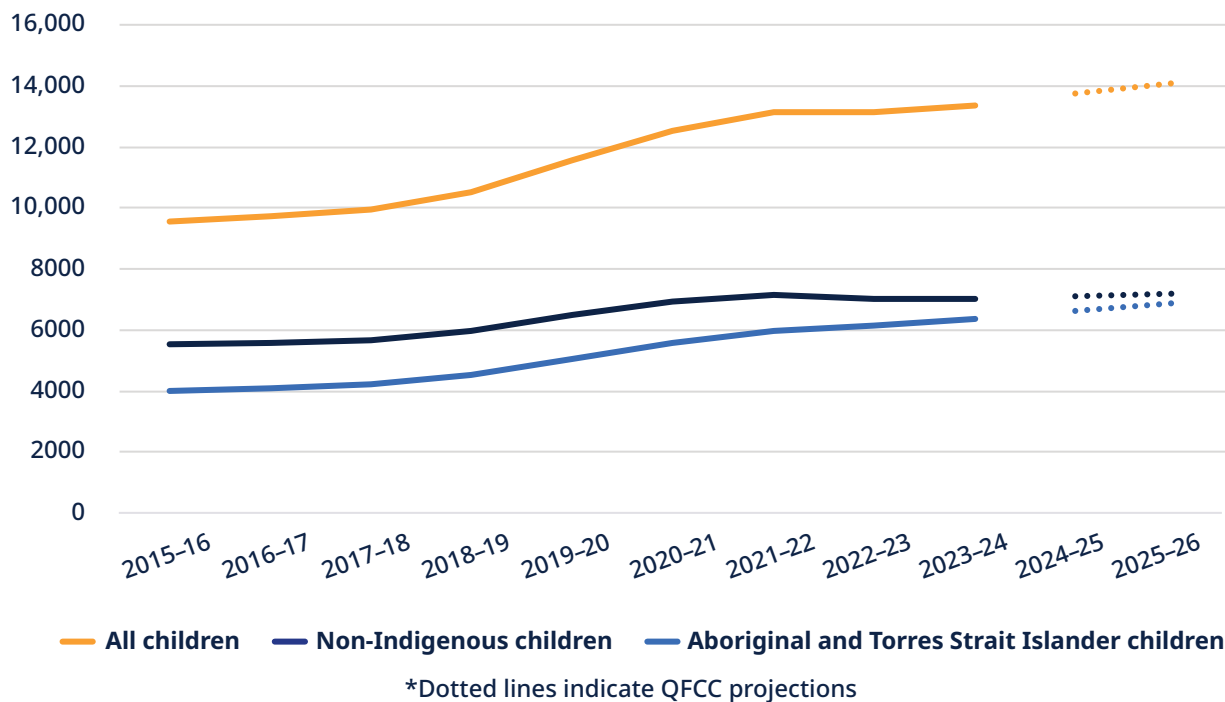
The number of Queensland children subject to care and protection orders increased substantially over the decade to 2023–24. Between 30 June 2016 and 30 June 2024, the number of children on care and protection orders increased from 9580 to 13,383, an increase of 39.7 per cent and average annual growth of approximately 4.3 per cent. The population-adjusted rate increased from 8.4 to 10.9 children per 1000 over the same period, demonstrating that growth in the statutory care population exceeded growth in Queensland's child population.

Growth was not evenly distributed. Over the eight years to 2023–24, the number of Aboriginal and Torres Strait Islander children on care and protection orders increased by approximately 59 per cent, compared with 26 per cent for non-Indigenous children. However, the pace of overall growth moderated considerably toward the end of the published series with the average annual growth reducing from 4.3 per cent across the full eight-year period to 3.7 per cent over the most recent five years and approximately 0.6 per cent over the final three years. That stabilisation was concentrated among non-Indigenous children. Over the final three years of the published series, the number of non-Indigenous children on orders was effectively unchanged, while the number of Aboriginal and Torres Strait Islander children continued to increase. Comparable publicly reported Queensland data were unavailable following implementation of the Unify case management system. In the absence of those data, the Commission used the established historical series to estimate the likely size of the statutory care population

if recent trends continued. The Commission estimated that the number of children on care and protection orders would increase from 13,383 as at 30 June 2024 to approximately 13,600–13,900 at 30 June 2025, and 13,900–14,400 at 30 June 2026.

Data subsequently provided to the Commission in August 2026 allow these projections to be tested against actual system performance. As at 30 June 2025, 13,643 children were subject to child protection orders in Queensland. This was an increase of 260 children, or 1.9 per cent, from 13,383 at June 2024. The actual result fell within the Commission's projected range of 13,600–13,900, confirming the assessment that the substantial growth experienced earlier in the decade had moderated during 2024–25, however the trajectory changed during 2025–26. By 31 March 2026, 14,147 children were subject to child protection orders. This represents an increase of 504 children, or 3.7 per cent, in nine months from June 2025. It is also 764 children, or 5.7 per cent, higher than as at June 2024. Importantly, by March 2026 the number of children on orders had already reached the Commission's projected range of 13,900–14,400 for 30 June 2026, with three months of the financial year remaining. While the March figure cannot determine the eventual June 2026 result, it provides evidence that the period of near-stability evident in the final years of the historical series did not continue through 2025–26. Instead, the statutory care population began growing again at a materially faster rate.

Figure 23: Queensland children on care and protection orders, 2015–16 to 2025–26



Source: Productivity Commission. (2026). *Report on Government Services: Child protection*.

The composition of this growth is equally significant. Aboriginal and Torres Strait Islander children accounted for 48 per cent of children on orders as at June 2025 and 49 per cent by March 2026. Applied to the reported totals, this equates to approximately 6550 Aboriginal and Torres Strait Islander children at June 2025 and 6930 at March 2026. The increasing share is consistent with the longer-term trend identified in the historical data: growth in Queensland’s statutory care population continues to be disproportionately concentrated among Aboriginal and Torres Strait Islander children. Viewed across the full period, the new data therefore refine rather than overturn the historical analysis. The decade to 2023–24 was characterised by substantial growth followed by a marked period of moderation. The June 2025 result was consistent with that trajectory and closely aligned with the Commission’s projection. The subsequent increase to March 2026, however, provides an early indication of renewed growth. This is particularly important because children on care and protection orders represent an accumulated statutory population,

rather than a measure of annual activity. An increase of more than 500 children over nine months means that, across that period, additions to the population of children subject to orders exceeded exits by that amount. Whether this reflects increased entries, longer durations on orders, fewer exits or a combination of these factors cannot be determined.

Data provided by the Office of the Director for Child Protection Litigation (DCPL) shows 4195 child protection matters were received from Child Safety in 2025–26, compared to 4126 in 2024–26—a slight increase of 1.7 per cent. The Office of the DCPL’s Annual Report 2024–25 reports an increase of 15.5 per cent of child protection matters received from the previous financial year. The proportion of matters relating to Aboriginal and Torres Strait Islander children has increased from 44.4 per cent in 2024–25 to 48.7 per cent in 2025–26.

By March 2026, Queensland will be approaching a system of care where the majority of children in care are Aboriginal, Aboriginal and Torres Strait Islander, or Torres Strait Islander.

Placement capacity

Growth in the number of children requiring statutory care has not been matched by equivalent growth in Queensland's family-based placement capacity. The latest Productivity Commission report on child protection services details the number of foster and relative/kinship carer households with a child placement.⁸⁷ Over the period for which comparable data are available, the system accommodated increasing demand principally through growth in kinship care households, while the number of foster care households declined. Between 2020 and 2024, the number of children on care and protection orders increased from 11,570 to 13,383, an increase of 15.7 per cent. Over the same period, the combined number of foster and kinship care households with children placed increased from 3948 to 4279, an increase of only 8.4 per cent. The statutory care population grew at almost twice the rate of the available family-based carer household population.

The aggregate increase in placement households also masks a significant change in the composition of Queensland's family-based care system. Foster care households with children placement declined from 1992 in 2020 to 1880 in 2024, a reduction of 112 households or 5.6 per cent. While 2024 recorded a modest increase of 26 foster households from the previous year, this was insufficient to reverse the longer-term decline. The Queensland experience broadly reflected a national contraction in foster care capacity, with foster households nationally declining by 13.3 per cent over the same period. Kinship care moved in the opposite direction. The number of kinship care households increased from 1956 in 2020 to 2399 in 2024, an additional 443 households or 22.6 per cent. As a result, all of the net increase in Queensland's family-based placement capacity over this period was attributable to kinship care. Without this growth, Queensland would have experienced a net reduction in family-based carer households at the same time as the number of children subject to statutory orders was increasing.

This has fundamentally changed the composition of Queensland's family-based care system. In 2020, foster households accounted for 50.5 per cent and kinship households for 49.5 per cent.

By 2024, those proportions had shifted to 43.9 per cent foster households and 56.1 per cent kinship households. Kinship care had become the dominant form of family-based carer household in Queensland. This transition is consistent with the policy objective of maintaining children's relationships with family, community and culture wherever it is safe to do so. It is particularly important for Aboriginal and Torres Strait Islander children and the implementation of the Aboriginal and Torres Strait Islander Child Placement Principle.

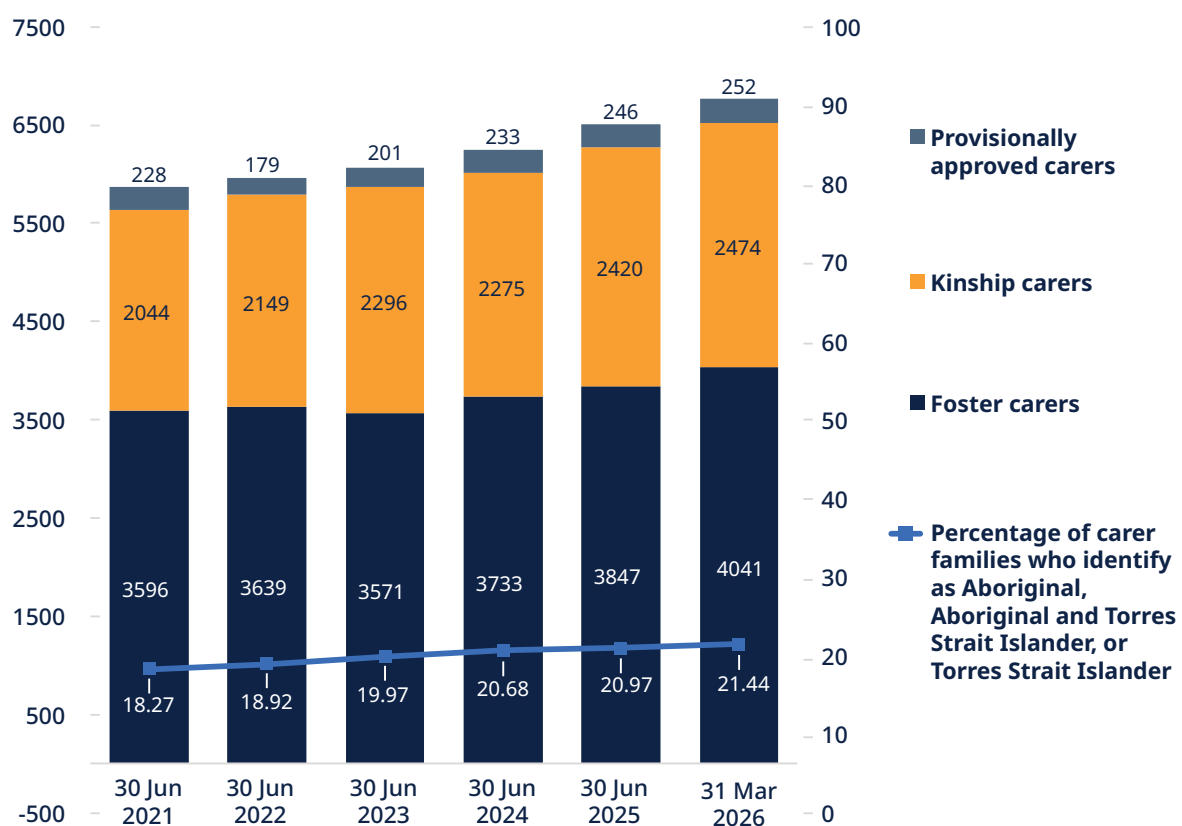
Before the disruption to data associated with Child Safety's transition to Unify, three pressures were evident. First, the population requiring statutory intervention was growing more quickly than the family-based carer population. Second, growth in capacity was becoming increasingly dependent on kinship care. The addition of 443 kinship households more than offset the loss of 112 foster households, producing the net increase of 331 family-based carer households. This meant that the apparent growth in aggregate capacity concealed a continuing contraction in the pool of foster households available to the system. Third, demand was changing as well as increasing. Between 2020 and 2024, the number of Aboriginal and Torres Strait Islander children on care and protection orders increased by approximately 25.8 per cent, compared with 7.9 per cent for non-Indigenous children. This increased the need for additional placements that are family-based and capable of maintaining children's family, cultural and community connections. Taken together, these trends indicated that maintaining the existing ratio of carers to children would require continuing growth in family-based care capacity, while the declining foster carer population made the system increasingly dependent on the ability to identify, approve and sustain kinship carers.

More recent child safety data offers additional insight into placement capacity; however, disruptions associated with the implementation of Unify mean it cannot be directly aligned with the historical Productivity Commission series. Child Safety data also differs from the Productivity Commission dataset, which reports both foster and kinship carers as households with a child placed. The new Child Safety data includes all foster carers regardless of current child placement status.

In contrast, kinship carers and provisionally approved carers are counted only when they have a child placement. Child Safety reports 2503 kinship carer households in 2025, increasing from 2399 in 2024. This represents an additional 104 households, or 4.3 per cent, and indicates that the expansion of kinship care evident throughout the historical series continued beyond 2024.

As at 31 March 2026, 2474 kinship carer households were reported. This was 29 fewer than the 2025 figure, a reduction of approximately 1.2 per cent. While the March 2026 figure is a point-in-time it nevertheless provides no evidence, at that point in the year, of the strong growth in kinship households that had characterised the preceding period.

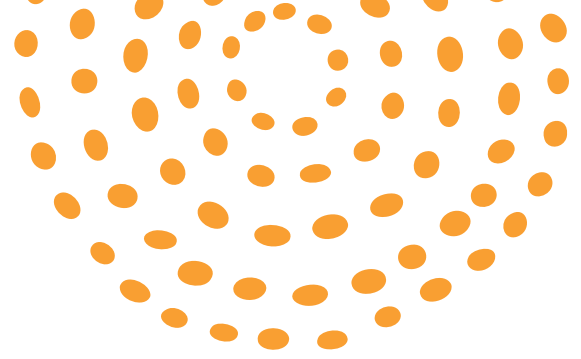
Figure 24: Number of carer families, by type, 30 June 2021 to 31 March 2026



Source: Child Safety data released 30 July 2026.

Additional data provided by Child Safety suggests that between 30 June 2025 and 31 March 2026, Queensland's active carer family pool expanded by 3.9 per cent, growing from 6513 to 6767 families.⁸⁸ Overall growth was sustained by continuous recruitment streams, which offset total exit volumes across the period. During the year ending 31 March 2026, 1824 carer families exited the system. Kinship carers represented the largest proportion of exits at 37.2 per cent (679 families), followed by foster carers at 32.0 per cent (583 families) and provisionally approved carers at 30.8 per cent (562 families).

Regionally, exit activity was concentrated in Brisbane and Moreton Bay (405 exits) and South West (397 exits). While Brisbane and Moreton Bay achieved positive net growth (+65 carer families, reflecting 420 commencements against 405 exits), the South West region recorded a break-even turnover rate, with 395 commencements nearly offset by 397 exits. Across the state, provisionally approved carers accounted for 73.5 per cent (1396) of all 1900 new commencements for the year ending 31 March 2026.

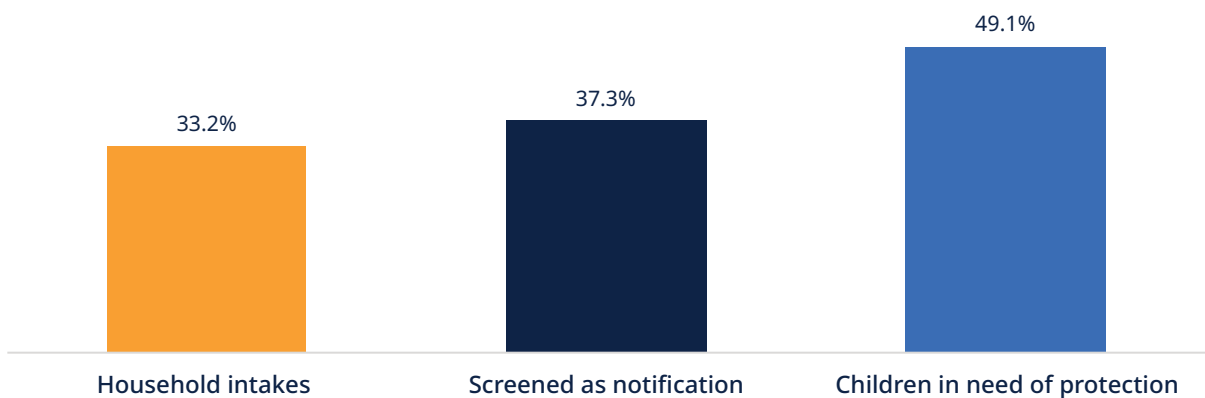


Increasing concentration among Aboriginal and Torres Strait Islander children

One of the most significant structural trends in Queensland's child protection system is the increasing concentration of statutory intervention among Aboriginal and Torres Strait Islander children. While the overall number of children subject to some forms of statutory intervention has begun to stabilise,

this aggregate picture masks markedly different trajectories for Aboriginal and Torres Strait Islander and non-Indigenous children. Across each major stage of the statutory system, growth in the number of Aboriginal and Torres Strait Islander children has exceeded that for non-Indigenous children.

Figure 25: Over-representation rises at each decision point, January to March 2026



Source: Unpublished Child Safety data, received 10 August 2026.

Between 2015–16 and 2023–24, notifications involving Aboriginal and Torres Strait Islander children increased by 88.9 per cent, compared with 66.7 per cent for non-Indigenous children. Finalised investigations increased by 46.2 per cent, compared with 35.6 per cent; substantiations by 34.3 per cent, compared with 22.2 per cent; and the number of Aboriginal and Torres Strait Islander children on care and protection orders increased by 59.5 per cent, more than twice the 26.4 per cent increase among non-Indigenous children. Rate data demonstrate that this is not simply a consequence of population growth. For non-Indigenous children, the rate of children on care and protection orders increased from 5.4 per 1000 in 2017–18 to 6.6 per 1000 in 2021–22, before declining to 6.3 per 1000 in 2023–24.

For Aboriginal and Torres Strait Islander children, the rate increased in every year for which data were available, from 39.7 to 55.1 per 1,000 over the same six-year period—an increase of almost 39 per cent. By 2023–24, an Aboriginal and Torres Strait Islander child was approximately 8.7 times more likely to be on a care and protection order than a non-Indigenous child.

More recent data indicate that this divergence has continued. As at 31 March 2026, Aboriginal and Torres Strait Islander children comprised 49.7 per cent of all children in care, up from 47.8 per cent in March 2025. In absolute terms, 6745 Aboriginal and Torres Strait Islander children were living away from their parents. The rate of Aboriginal and Torres Strait Islander children in care had already increased

from 44.8 per 1,000 in June 2021 to 54.2 per 1,000 in June 2025, meaning more than one in 20 Aboriginal and Torres Strait Islander children in Queensland were living in OOHC. These trends are particularly significant in the context of Closing the Gap Target 12, which seeks to reduce the rate of over-representation of Aboriginal and Torres Strait Islander children in OOHC by 45 per cent by 2031.

The changing composition of individual placement types provides a further indication of this concentration. As at March 2026, Aboriginal and Torres Strait Islander children represented 52.8 per cent of children in foster care, up 2.5 percentage points from 50.3 per cent in March 2025. Aboriginal and Torres Strait Islander children comprise a majority of Queensland children in foster care, representing 48.3 per cent of children in kinship care, up 1.8 percentage points from 46.5 per cent, and 48.3 per cent of children in residential care, up 2 percentage points from 46.3 per cent.

Over-representation is also geographically concentrated. In Far North Queensland, Aboriginal and Torres Strait Islander children account for 75.6 per cent of children subject to ongoing intervention. The disparity is evident from the earliest stages of life: analysis of newborn cases in Far North Queensland found

that 86 per cent of infants subject to emergent or other child protection orders between 2021 and 2025 were Aboriginal and Torres Strait Islander. The concentration of statutory intervention among newborn children points to the importance of support during pregnancy and the period immediately following birth, before risks escalate to the point of statutory intervention. Taken together, the data show that over-representation is not simply a persistent feature of Queensland's child protection system; on several important measures, the disparity has widened. Aggregate stability in the overall statutory care population therefore cannot, by itself, be interpreted as evidence of equivalent improvement across population groups. The central performance question is increasingly whether Queensland can reduce the rate at which Aboriginal and Torres Strait Islander children enter and remain in statutory care, increase safe restoration and permanency, strengthen compliance with the Aboriginal and Torres Strait Islander Child Placement Principle, and expand Aboriginal and Torres Strait Islander-led prevention and decision-making. Progress against these measures will be important to assessing whether broader child protection reform is reducing, rather than reproducing, the existing disparity.



Delegated authority and the value of community-based interventions

As at 10 December 2025, the use of delegated authority in Queensland remained limited. Data provided to the Inquiry showed that delegated authority had been conferred for 439 children across the state. Most delegations were concentrated in the Sunshine Coast and Central Region (284 children), while substantially fewer occurred in Brisbane and Moreton Bay (37), South East (34), South West (28), Far North Queensland (27) and North Queensland (29). The Inquiry observed that, despite strong advocacy for broader implementation, delegated authority had to date been used on a relatively limited scale.⁸⁹ By mid-2026, delegated authority has expanded from early pilot activity into a statewide framework, encompassing 19 service responses across 25 child safety service centres delivered by 14 Aboriginal and Torres Strait Islander community-controlled organisations (ACCOS).⁹⁰ This represents a 310 per cent increase in reach since 2022. Evidence of impact is strongest in relation to reunification and diversion. Internal data indicates that 90 per cent of children reunified with family were supported within a Delegated Authority catchment. Programs such as Nyanya Munjindei demonstrate accelerated pathways from supervised contact to full-time family reunification within six months.⁹¹ Diversion outcomes are also notable, with a 2025 case study of the HALT collective in Brisbane finding that only four per cent of cases progressed to ongoing statutory intervention when intake and assessment were led by ACCOs.⁹² Despite this expansion, investment has not kept pace with need and the system continues to be weighted toward crisis response rather than the foundational community control required to achieve Closing the Gap commitments.⁹³

Children in adult watch houses

The continued use of police watch houses to detain children remains one of the clearest indicators of systemic failure across Queensland's youth justice and child protection systems. These facilities are widely recognised as unsuitable for children; however, their use persists due to capacity constraints within the youth detention system. Legislative amendments introduced in August 2023 have entrenched this practice, explicitly permitting the detention of children in watch houses until a youth detention placement becomes available.⁹⁴ This framework is underpinned by a time-limited human rights override, in effect until 31 December 2026.

In November 2023, the Commission published *Who's responsible: Understanding why young people are being held longer in Queensland watch houses*.⁹⁵ The review considered the issues contributing to extended stays in Queensland watch houses, why they were occurring and who was empowered to monitor and address the issue. The Commission recommended the Queensland Government establish public reporting on the number and circumstances of young people held in watch houses, which commenced soon after the report was released.⁹⁶

While these recent improvements have enhanced transparency, reporting gaps remain. Facilities such as the WYRC are not consistently captured within watch house reporting despite operating as short-term custodial environments.⁹⁷ This results in an underestimation of the number of children held in settings not designed for youth detention.

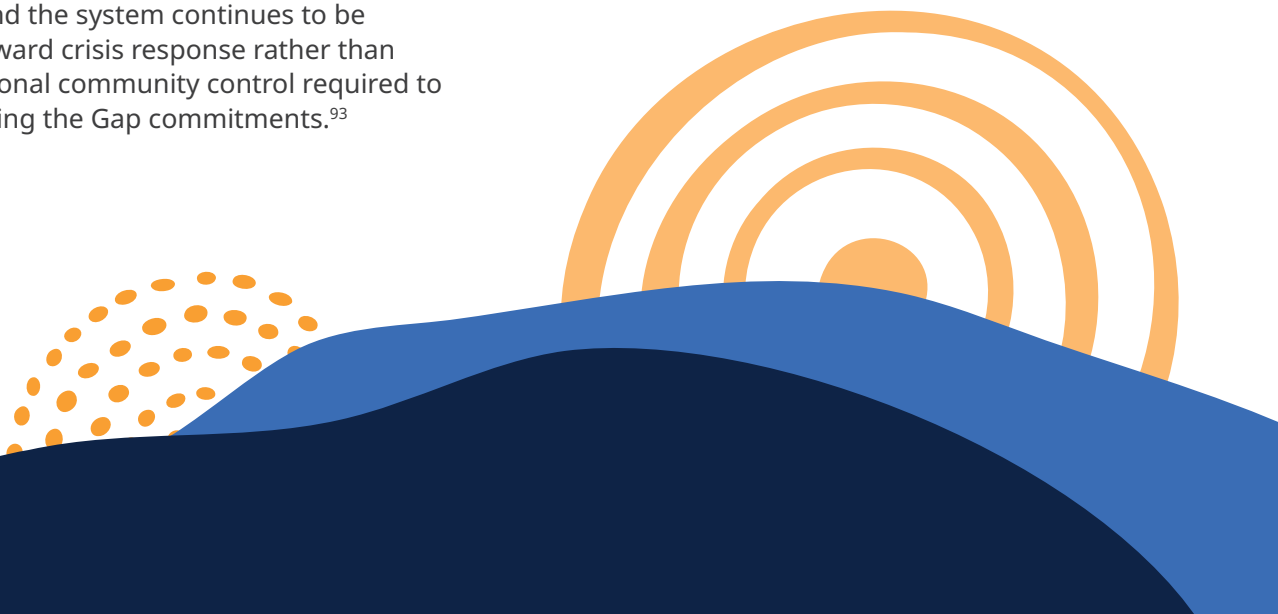
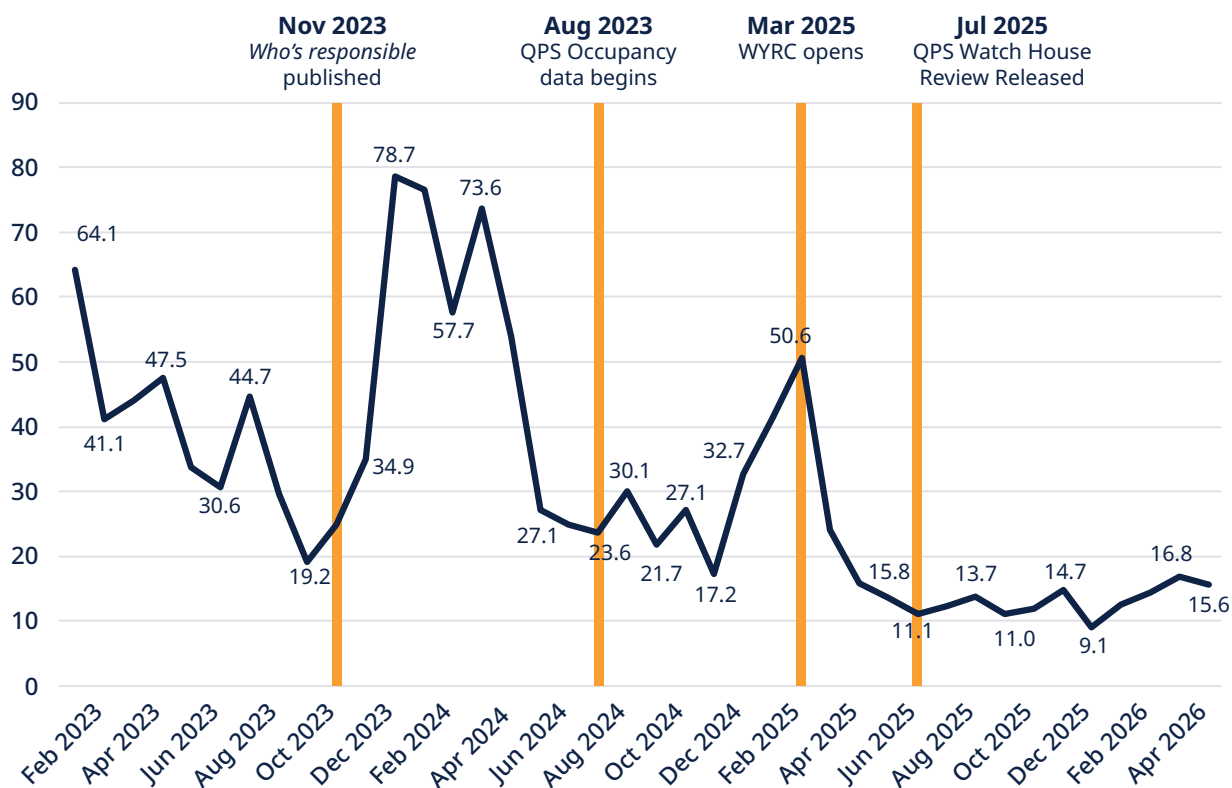




Figure 26: Average daily number of children in watch houses, February 2023 to April 2026



Source: Unpublished Office of the Public Guardian data.

A clear reduction in watch house use followed the opening of the WYRC in March 2025, with average daily numbers falling from a peak of 50.6 children to 13.6 by June 2025. However, this decline has not been sustained. Daily averages began to rise again in early 2026, increasing from 9.1 in January to 16.8 in April, indicating that reliance on watch houses remains embedded within the system. While currently gazetted as a youth detention centre, the WYRC is designed as a police watch house and continues to operate in a form not purpose-built for youth detention. The continued reliance on watch houses—supported by legislative override, driven by capacity constraints, and sustained by system gaps—demonstrates a system under pressure. While infrastructure responses have provided temporary relief, they have not addressed the underlying drivers of demand. As a result, children continue to be held in environments that do not meet their needs.

Foster carer funding and extra-curricular support

In Queensland, approved foster and kinship carers receive a fortnightly caring allowance ranging from \$652.40 to \$763.98 per child (from 1 January 2026), depending on the child's age, together with additional payments where children have high or complex support needs.⁹⁸ Importantly, Child Safety states that the fortnightly caring allowance is not intended to meet all costs associated with caring for a child, but rather to assist with day-to-day expenses such as food, clothing, education, transport and recreation.

In 2024–25 the Queensland Government provided eligible carers with a new additional payment of \$1,500 as an annual extracurricular activities payment for each child.⁹⁹ While Queensland has expanded targeted supports in



recent years, the evidence suggests that carers continue to make substantial personal financial contributions, particularly where children have experienced trauma, live with disability or exhibit complex behavioural and health needs. This has implications not only for the financial wellbeing and retention of existing carers, but also for the recruitment of new foster and kinship carers at a time when demand for family-based care continues to increase.

Concern about the sustainability of foster care has increasingly shifted from a focus on recruiting more carers to understanding why fewer Australian households are able or willing to foster, and what is required to retain those who do. In 2024, the Commission began examining the financial pressures facing carers.¹⁰⁰ Its analysis found that 53 per cent of foster and kinship carers surveyed were dissatisfied with carer allowances, up from 16 per cent in 2014, while 66 per cent considered annual CPI increases insufficient to meet the actual costs of caring for a child. This occurred within a system in which average expenditure on residential care exceeded \$400,000 per child each year, compared with just over \$30,000 for family-based care. The issue was reinforced through the Commission's independent oversight of Queensland's residential care

review. Young people with experience of care consistently emphasised the importance of maintaining stable relationships and argued that greater support for carers could prevent otherwise viable family placements from breaking down. This contributed to a broader proposition emerging from *A system that cares*, strengthening family-based care requires investment not only in recruiting carers, but in creating the financial, practical and professional conditions that allow them to continue caring.¹⁰¹ The Commission subsequently partnered with PeakCare and The Demographics Group to test the future sustainability of the foster care model. The resulting 2024 report, *Preserving a Vital System: The Future of Foster Care*, identified a structural demographic challenge.¹⁰² Queensland's population is growing, but the pool of households realistically positioned to foster is tightening as a result of rising housing and living costs, fewer spare bedrooms, high workforce participation, later family formation and changing generational circumstances. The analysis concluded that traditional recruitment campaigns alone were unlikely to generate the number and range of carers required over the coming decade. It called for foster-carer allowances to reflect the actual cost of care, superannuation contributions on



allowance payments, a national benchmark for carer support costs, foster-care leave entitlements, practical housing supports and more flexible and professionalised models of home-based care.

In 2025, the Principal Commissioner made a submission to the Australian Institute of Family Studies review of foster, kinship and permanent carer payments, arguing for financial arrangements that better recognise the real costs associated with providing stable family-based care.¹⁰³ The national review similarly heard that existing payment structures frequently fail to cover the full cost of caring and identified opportunities to improve the adequacy, consistency and accessibility of financial support.¹⁰⁴

A key finding of the reviews was a widespread consensus that current carer payments are insufficient and do not reflect the actual cost of raising a child in OOHC. Specifically, the study estimated that raising a child in OOHC is 12 per cent to 18 per cent more expensive for a couple household compared to raising a child who is not in OOHC. This financial gap is even more pronounced for those caring for children with complex or additional needs, as these situations often require more time and result in higher expenses.

From 1 July 2025, the Queensland Government provided \$1,500 per child per year for extracurricular activities, as part of a \$70.1 million investment over three years.¹⁰⁵ For children in family-based care, this is paid as two automatic payments of \$750 to carers or guardians; equivalent funding is available for children in non-family-based care.

By September 2025, the Government reported that more than 10,000 children living in family-based care had benefited from the first round of payments, with almost \$8 million distributed to foster and kinship carers.¹⁰⁶ The funding is intended to reduce the financial cost of providing care while ensuring children in care can participate in the same developmental and community activities as their peers, including sport, tutoring, music and arts, clubs, recreation, On Country programs and camps. The stated objective extends beyond financial assistance: participation is intended to strengthen children's skills, confidence, wellbeing, cultural and community connection, and social and emotional development. A second \$750 payment was scheduled for January 2026, making the annual entitlement \$1,500 for each eligible child.



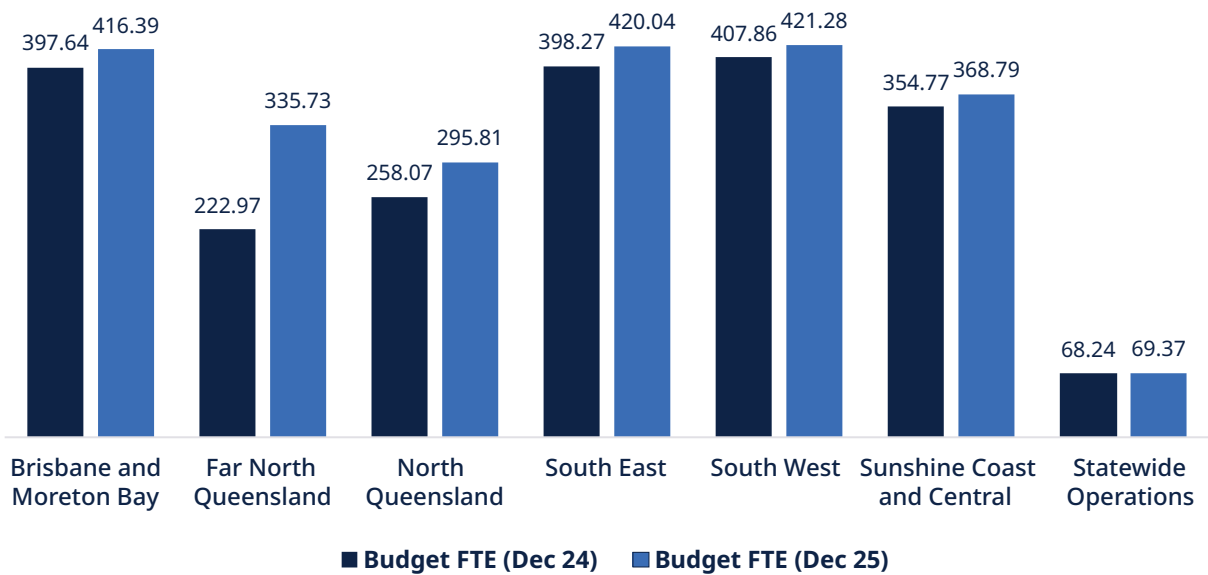
Child protection workforce—caseloads and capacity

The Queensland child protection workforce during the 2025–26 period is defined by a divergence between budgeted capacity and actual operational capability.¹⁰⁷ The child protection caseworker workforce has seen an expansion in its budgeted full time equivalent (FTE) allocation, rising from 2108 FTE in December 2024 to 2225 FTE in December 2025. The budgeted frontline child protection workforce comprises 1773.16 FTE across three key operational roles. This includes 1345.91 child safety officers responsible for core statutory child protection functions, supported by 134.01 child safety support officers and 293.24 senior team leaders providing operational supervision and leadership. Child safety officers account for approximately 76 per cent of this frontline workforce, with around one senior team leader for every 4.6 child safety officers. However, a persistent gap exists between these authorised positions and active paid personnel. While active paid FTE rose to 2135.68 by late 2025, the number of vacant caseworker FTE positions increased by 57.9 per cent, jumping

from 56.70 FTE in 2024 to 89.51 FTE in 2025. These vacancies are highly concentrated, with remote and regional areas bearing the greatest burden. In 2024–25, the ten Child Safety Service Centres (CSSCs) with the highest average vacancy rates were all in regional and remote areas, led by the Fitzroy CSSC at 13.05 per cent. Localised staffing shortages are even more severe at specific points in the year; for example, as of April 2024, multiple South West CSSCs reported vacancy rates between 25 and 40 per cent, with the Roma CSSC peaking at an 52.25 per cent. This high vacancy rate directly compounds the pressure on active staff, leading to severe caseload bottlenecks.

In the Commission’s *2025 Statutory systems workforce survey*, 77 per cent of child safety employees reported direct risks to their safety or wellbeing at work, citing threats, physical assaults, and secondary trauma.¹⁰⁸ These findings are mirrored in the department’s own 2024 Working for Queensland survey, which revealed that: one in six (15%) of employees intend to leave their positions within the next 12 months.¹⁰⁹ To address these capacity gaps, the Queensland Government’s Safer Children, Safer Communities budget platform has committed to a 20 per cent frontline child safety staffing uplift by 2028.¹¹⁰

Figure 27: Child Safety budget FTE, by region, December 2024 and December 2025



Source: Unpublished Child Safety data, received 5 February 2026.

Increasing programmatic links between detention and behaviour change

Queensland has substantially increased investment in programs intended to improve young people's transition from detention and strengthen educational engagement. The reforms respond to issues identified through several years of Commission oversight: high rates of reoffending following detention, inadequate transition support and significant educational disengagement among young people involved in youth justice.

In 2024, the Commission's *Exiting youth detention: Preventing crime by improving post-detention reintegration* examined whether transition and rehabilitation arrangements were addressing the factors contributing to offending.¹¹¹ At the time, 91.26 per cent of children released from detention in 2020–21 returned to sentenced supervision within 12 months, with other Queensland data indicating 12-month reoffending rates of between 84 and 96 per cent. The review found transition planning and rehabilitation programs were not operating as effectively as they could and recommended stronger post-detention support addressing the underlying causes of offending. This was consistent with Queensland Audit Office findings that 53 per cent of young people leaving detention reoffended within two weeks—most commonly on the first day—and 28 per cent of serious repeat offenders examined had no transition plan when released.¹¹²

The Government's \$225 million Staying on Track program represents a significant shift towards the sustained reintegration model recommended by the Commission.¹¹³ Young people leaving detention can receive up to 12 months of rehabilitation and support,

including at least six months of intensive assistance across housing, education and employment, health and wellbeing and family connection. With government material reporting post-detention reoffending at approximately 94 per cent, the program begins from a clear and exceptionally high baseline against which its impact can be assessed.¹¹⁴

Education represents a second important point of intervention. The Commission's *Changing the Sentence* review found approximately 53 per cent of children in the statutory youth justice system were disengaged from education, training or employment and identified educational engagement, prevention and early intervention, and targeted responses for serious repeat offenders as priorities.¹¹⁵ It highlighted initiatives including the Education Justice Initiative, flexi-spaces, alternative schooling and regional youth engagement hubs.

Subsequent work, including *Include me, don't exclude me* and *Beyond behaviour*, has continued to identify disproportionate school exclusion among First Nations children, children with disability and children in out-of-home care—cohorts also disproportionately represented in statutory systems.¹¹⁶ The Queensland Government has now committed \$90 million to specialised education responses, comprising \$50 million for *Crime Prevention Schools* and \$40 million for *Youth Justice Schools*.¹¹⁷ These models are intended to provide smaller, more intensive learning environments, behavioural support and stronger integration with youth justice and other services. Together with Staying on Track, Transition to Success and other re-engagement initiatives, this represents substantial investment at both the education and post-detention stages of the youth justice pathway.



Section 5

Experiences of children in statutory systems

Residential care numbers: a well-known and worsening system failure

Over the last three years, the Commission has spoken directly with hundreds of children and young people about their experiences of Queensland's residential care system. The titles of the reports arising from that work—always drawn directly from the words of young people themselves—tell their own story: *I was raised by a checklist*, *Treat us like humans*, *I became my own carer* and *Treated as broken collectively* describe a system in which children too often experience care as institutional and procedural rather than relational, stable and nurturing.

Queensland's over-reliance on residential care is not a new or emerging problem. For several years, government has known that too many children are being placed in residential care, that many do not require this form of care, and that continued growth is neither appropriate for children nor financially sustainable. In July 2023, the then Minister for Child Safety initiated a comprehensive review of Queensland's residential care system specifically in response to concerns about the growing number of children and young people living in residential care and whether those arrangements were meeting their needs. At that time, the then Queensland Government had already set an objective of reducing the proportion of children in residential care to seven per cent by 2027. The review was therefore not undertaken to establish whether Queensland had a problem with residential care; that problem was already recognised. Its purpose was to determine what needed to change.

Across 2023, the Commission was asked to provide strategic and independent oversight and advice to the review. Through visits to residential care services, consultation with Child Safety and sector workers, engagement with young people and analysis of the system, the Commission identified a consistent set of structural problems. Residential care had lost its intended purpose as a specialised response for a relatively small cohort of young people with complex needs. Instead, shortages in foster, kinship and alternative care models were causing children to be escalated into residential

care because there was nowhere else for them to live. The Commission found broad recognition that many children already living in residential care did not require that model of care, and that it was unfit to meet their needs. The Queensland Government's review resulted in the *Roadmap for Residential Care in Queensland*, released in February 2024 with 31 actions.

In April 2024, the Commission published its formal advice to the then Minister for Child Safety, *A system that cares*. That advice: it set out practical mechanisms for reducing Queensland's dependence by calling for greater investment in kinship and foster care, new home-based and therapeutic models between traditional foster care and residential care, better support to retain carers, differentiated models of residential care, stronger service standards, outcome-focused contracting and substantially greater government stewardship of the market. Importantly, the Commission also warned against responding to increasing demand simply by purchasing more of the existing model. *A system that cares* recommended that new residential care contracts should not be entered. The Commission also identified the stark economic imbalance in the system: residential care was approximately 13.77 times more expensive per child than family-based care. The implication was clear—considerable resources were already available within the system, but they needed to be redirected toward care arrangements capable of preventing children entering residential care.

By December 2024, the Commission's assessment had hardened. *Too little, too late* examined implementation of the Roadmap and concluded that the required transformation had not occurred. After six months of review and ten months of implementation, the Commission could not identify what material benefit children living in residential care had

received. Major building blocks—including new models of care, revised service standards and a performance framework—had not commenced. The Commission concluded that Child Safety had continued to make incremental adjustments to an ineffective system rather than undertaking the structural reform required. *Too little, too late* consequently made a series of direct recommendations. It called for a new integrated strategy for the entire OOHC system; greater public transparency; an immediate end to generic residential care contracts; new residential houses to be established only as strategic pilots of alternative models; an outcomes framework; and rapid implementation and expansion of professional foster care as an alternative to residential care.

Buyer beware, published by the Commission in August 2025, found that since March 2024 a further 30 residential care contracts had been executed and 173 placements procured, notwithstanding the earlier recommendation to cease expanding the generic model. The Commission found that the system had continued to grow reactively, with inadequate capacity planning, weak market stewardship and insufficient investment in alternatives. Residential care expenditure had increased from approximately \$200 million in 2014–15 to \$1.12 billion in 2024, without corresponding improvements in capacity, quality or outcomes. *Buyer beware* warned that, without intervention, Queensland would require approximately 5000 additional OOHC placements by 2030, around 4000 of which would be residential care placements, and annual OOHC expenditure would exceed \$7 billion. More immediately, the

modelling projected that during the period of the Inquiry, the residential care system could grow by almost 1000 places, or 33 per cent.

The subsequent evidence before the Inquiry reinforced rather than displaced these concerns. As at 31 March 2025, 2258 children were living in residential care, including 78 children aged under five and 472 aged between five and nine. By 18 February 2026, 19.7 per cent of Queensland children in OOHC were in residential care, compared with approximately seven per cent in New South Wales, five per cent in Victoria and eight per cent in Western Australia. Queensland accounted for nearly half of Australia's residential care population despite representing approximately one-fifth of the national population.

Child Safety data provided to the Inquiry indicated that, as at 27 March 2026, approximately 2800 children were living in residential care and 1555 of them were assessed as suitable for family-based care with intensive supports if such a placement were available. More than half of the children in residential care were therefore in residential care because the system lacked sufficient alternatives.

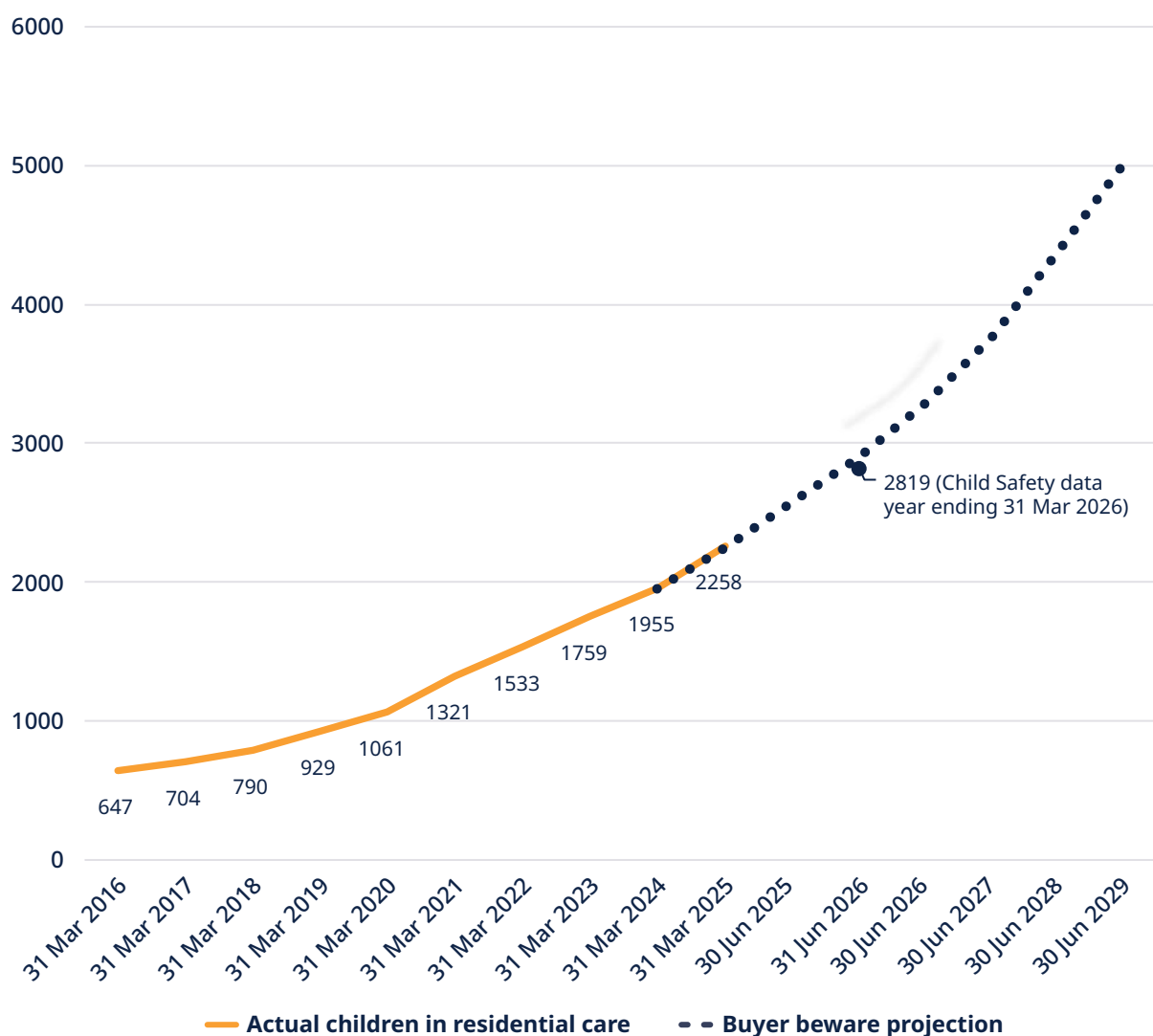
When Child Safety released new data on 31 July 2026 it confirmed that the projected growth projected in *Buyer beware* is occurring. The change from 2258 children at 31 March 2025 to 2819 children by 31 March 2026 represents an increase of 561 children, or almost 25 per cent, in just 12 months. That is equivalent to an average net increase of almost 11 children every week. It is also strikingly consistent with the direction of the Commission's *Buyer beware* modelling.



System growth has further impacted placement quality and sibling co-placement rates. By 31 March 2026, 1942 children in residential care had a sibling in care, just over half (982 children) were placed with a sibling, leaving 960 children separated from a sibling in care as the residential care population grew.¹¹⁸

The new data provided to the Commission in August demonstrates that the underlying system dynamics identified through the 2023 *Residential Care Review*, the 2024 *A system that cares*, the 2024 *Too little, too late* and the 2025 *Buyer beware* reports have not yet been sufficiently altered to change the trajectory.

Figure 28: Actual number of children in residential care against Buyer Beware projections



Source: Queensland Family and Child Commission (2026).

The rising cost of care

Queensland’s increasing reliance on residential care has profound financial consequences. Residential care is not only the most intensive form of OOHC; it is also the most expensive by a considerable margin. As the number of children entering residential care has increased, expenditure has followed. The available Queensland data shows the average annual cost of maintaining a child in residential care increasing from approximately \$300,000 in 2019–20 to around \$500,000 by 2024–25. This is substantially higher than family-based care. In 2023–24, a foster or kinship care placement cost approximately \$48 per child per night, compared with approximately \$1,192 per night for residential care—around 25 times the placement cost. For individual children requiring highly intensive arrangements, annual placement expenditure has reached as high as \$1.9 million.

The latest national data reinforces the scale of this cost differential. The Productivity Commission’s *Report on Government Services 2026* found that, in jurisdictions for which comparable 2024–25 data was available, residential care cost between approximately \$660,000 and \$1.2 million per child per year, compared with between approximately \$58,000 and \$79,000 for non-residential care.

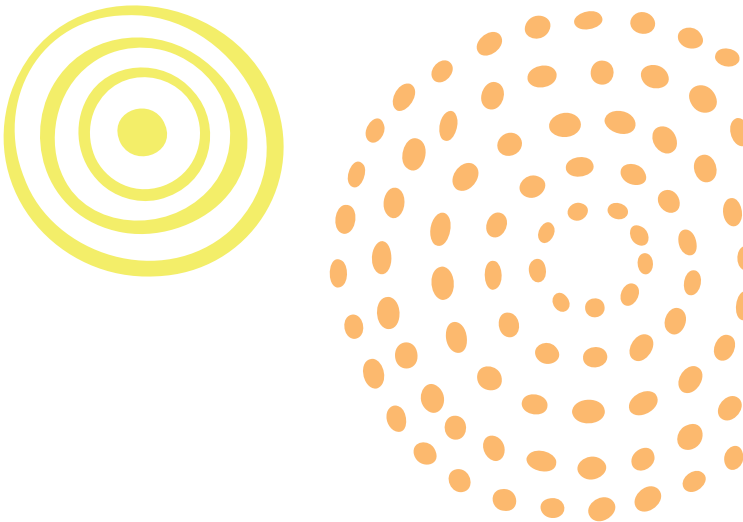
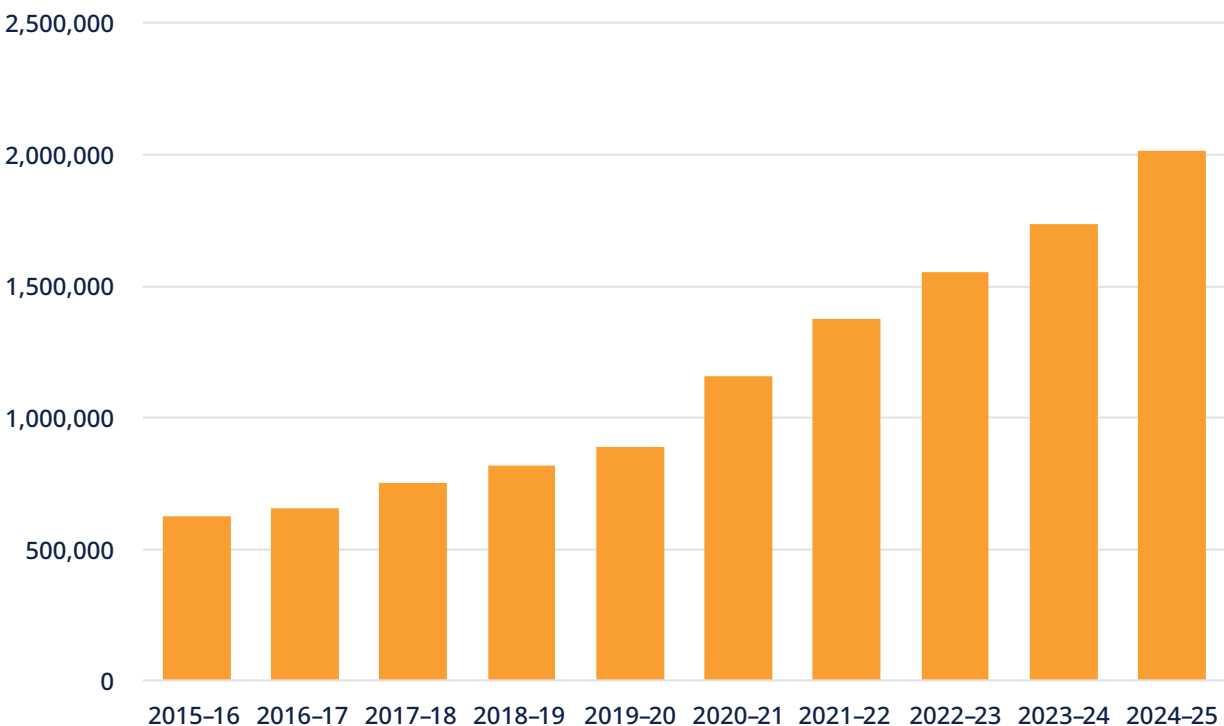


Figure 29: Real expenditure on care services (\$'000) in Queensland, 2015–16 to 2024–25



Source: Productivity Commission. (2026). *Report on Government Services: Child protection*. Table 16A.38

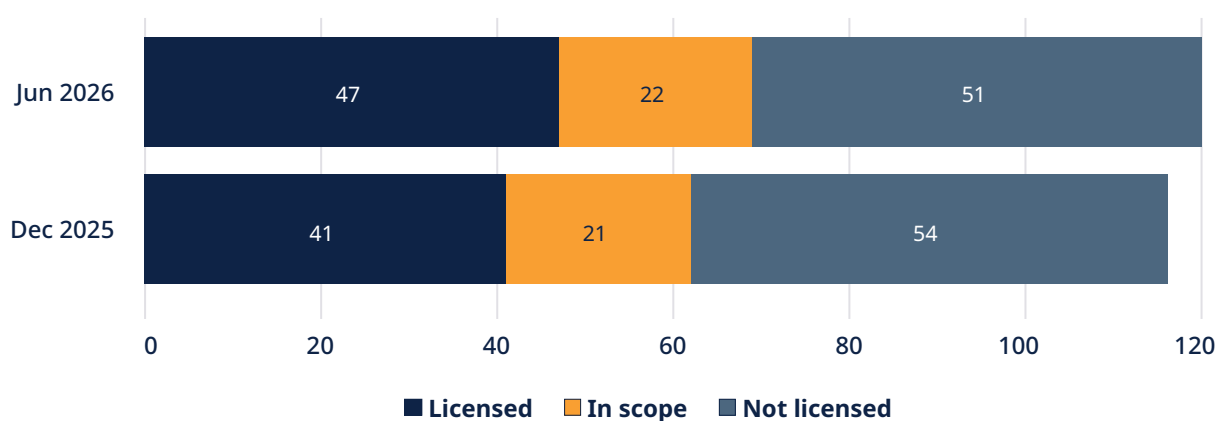
Continuing growth in residential care providers

The Commission has consistently identified residential care commissioning as a structural contributor to both increasing costs and variable care quality. In December 2024 in *Too little, too late*, the Commission found that generic contracting and service standards continued to purchase residential care capacity without sufficiently tailoring funding, service expectations and performance measures to the needs and outcomes of individual children. The report made a very clear recommendation that the Queensland Government cease using generic residential care contracting. It called for individualised, outcomes-based commissioning, supported by performance measures operating at the level of the child, house, provider, region and longer-term outcomes. The Commission's recommendation was not simply to improve the existing generic contract. It argued: 'The failing to understand, after months of consistent feedback, that the generic contracts and related service standards were causing harm, frustration and inefficiency is discouraging.' Despite this, *Buyer beware* published in June 2025 subsequently found that contracting arrangements had continued largely unchanged, with 30 new generic contracts covering 173 placements entered after the Commission's earlier recommendation. At that time (30 April 2025), Queensland's residential care market

comprised 118 organisations, of which only 37 were licensed and 81 were unlicensed. Licensed organisations provided 69 per cent of placements, while the 81 unlicensed providers delivered the remaining 31 per cent. The Commission's analysis was that rapid demand growth, combined with insufficient market stewardship and generic purchasing arrangements, had increasingly positioned government as a price taker—purchasing available capacity in response to immediate placement demand rather than actively shaping a provider market around the quality, stability and outcomes required for children.

As at 30 June 2026 the number of funded providers has again risen—from 116 in 2025 to 120. Within that, licensed providers rose from 41 to 47, and providers recorded as not licensed fell from 54 to 51. This means the licensed proportion of the market rose from 35.3 per cent to 39.2 per cent. Of the 120 providers funded to deliver residential care at June 2026, 108 were funded at December 2025. Of these, 94 held the same licensing status at both dates and 14 held a different status. Eight providers moved from not licensed to in scope. Six moved from in scope to licensed. No provider moved to a lower status over the period, and 12 new providers therefore entered the system. In a reform environment focussed on the urgent need to dramatically reduce the use of residential care the growth in new providers is notable.

Figure 30: Residential care providers by licensing status, December 2025 and June 2026



Source: DFSDSCS (2026). Unpublished data request.

Where children in care live

Over the decade for which comparable data was available, the most significant change in Queensland's out-of-home care system was not simply growth in the number of children in care, but a fundamental change in where those children were living. Between 2016 and 2024, the number of children living in home-based care increased from 8044 to 8098—just 54 additional children, or 0.7 per cent, over eight years. Within that relatively fixed capacity, however, the composition changed. Foster care declined from 4205 to 3870 children, while relative and kinship care increased from 3839 to 4228. In effect, the growth of kinship care largely replaced lost foster care capacity rather than expanding the overall number of children who could be accommodated in family-based settings.

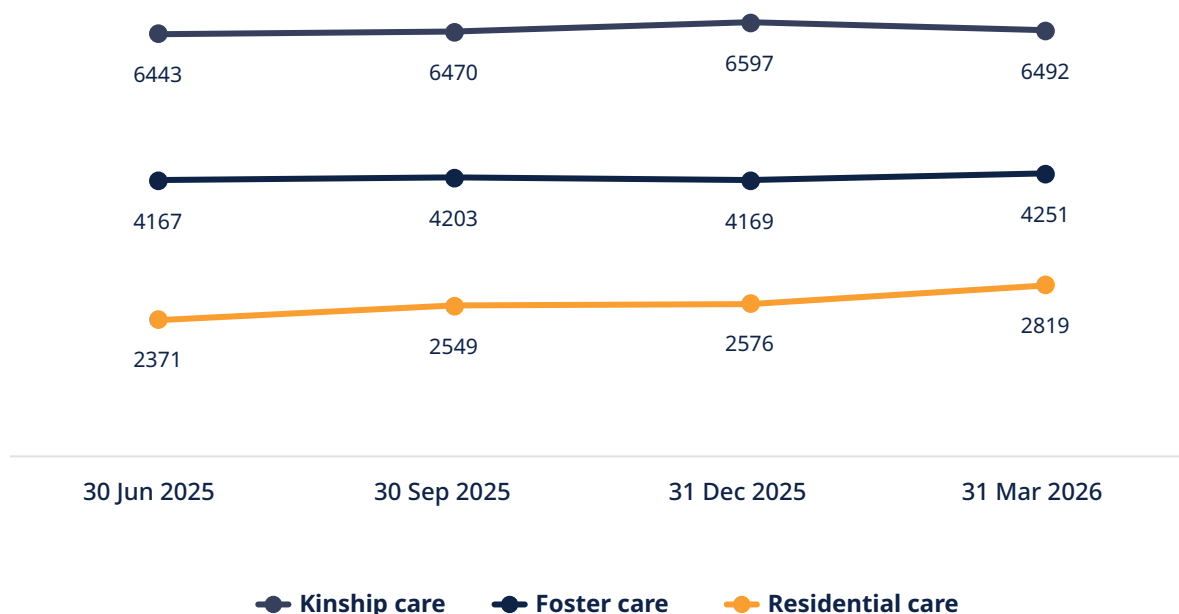
Residential care followed a very different trajectory. Between 2016 and 2024, the number of children living in residential care increased from 626 to 1994, an increase of 218.5 per cent.

Its share of the out-of-home care population increased from 7.2 per cent to 19.8 per cent—moving from around one in fourteen children in care to almost one in five. Over the same period, Queensland's total care population increased by 1422 children, while residential care increased by 1368.

On the available historical series, approximately 96 per cent of the net growth in the care population was therefore accommodated in residential care rather than through additional family-based capacity. The interruption to published placement data during 2024–25 and 2025–26 meant the Commission could not initially determine whether this structural shift had continued.

New information provided by Child Safety on 30 July 2026 now allows part of that projection to be tested against actual experience. As at 30 June 2025, 2371 children were living in residential care and by 31 March 2026, that number had increased to 2819.

Figure 31: Placement types, June 2025 to March 2026



Source: Department of Families, Seniors, Disability Services and Child Safety (2026). *Our Performance*.

There is an important limitation in connecting the new figures directly to the historical series. Child Safety's contemporary operational data was produced following implementation of Unify and is described as indicative rather than equivalent to previously published corporate data. In particular, the substantial discontinuity in reported kinship and home-based care numbers means those figures should not simply be appended to the earlier time series as though definitions and reporting methods were unchanged. The new data is therefore most useful for assessing the contemporary direction and composition of placement growth, rather than constructing an uninterrupted historical series. On that basis, however, the central trend identified in the historical data has not been arrested; it has intensified. Residential care continues to absorb a disproportionate share of growth. The issue is therefore no longer simply that Queensland has more children in care.

Census of children absent from care

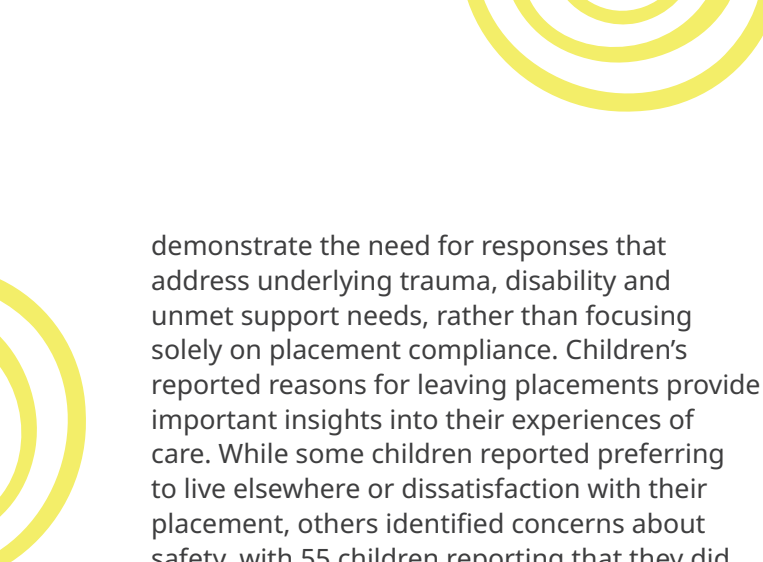
A critical missing part of the current data picture is the circumstances of children who were historically recorded within the 'other' placement category. For many years, the Commission has called for greater transparency about this cohort, recognising that more than 800 children have at times been recorded outside their approved placement and may therefore be exposed to heightened risks in unapproved locations, including rough sleeping or environments in which they may be vulnerable to exploitation, violence and abuse. These circumstances are often described as 'self-placing', but that terminology can obscure what is actually occurring. While some children may actively choose to stay elsewhere, in other cases the more accurate description is placement breakdown, placement instability or an inability of the system to provide and maintain a safe and suitable placement. Describing a child as 'self-placing' risks locating responsibility with the child for where they are living, rather than examining why an approved placement is unavailable, unsuitable or unable to keep them connected.

For an oversight body, the critical question is therefore not simply whether a child has left their approved placement, but where that

child is actually living, whether they are safe, why the approved placement has not been sustained, and what the system is doing to restore a safe and stable care arrangement. The Queensland Government's first statewide census of self-placing children, commissioned in July 2025 and released in September 2025, identified 772 children who were absent from their approved placements or living without an authorised care arrangement. The Queensland Government should be recognised and thanked for leading this transparent work and encouraged to publish the 2026 and all future reports.

The 2025 findings highlighted a cohort experiencing significant complexity and vulnerability, with many children presenting with overlapping disability, mental health, trauma and justice system needs. Self-placement was most prevalent among adolescents; however, the census also identified younger children experiencing placement instability, including 27 children under 12 years of age, with the youngest child identified as eight years old. More than three-quarters of children identified in the census were recorded as frequently missing or absent, demonstrating that self-placement is often not an isolated event but part of an ongoing pattern of disengagement from care arrangements. Children who leave approved foster, kinship or residential care placements without an alternative safe arrangement represent one of the clearest indicators of instability within the OOHC system. The Inquiry described self-placement as a 'literal and figurative exit poll' of children's experiences of care, highlighting that children's decisions to leave placements provide important insights into whether care arrangements are meeting their safety, relational and developmental needs. For children who self-place, the absence of a safe and supported placement pathway can increase exposure to homelessness, exploitation, victimisation and contact with the youth justice system.

The cohort also reflected a high prevalence of disability and mental health needs. Almost 77 per cent of children who self-placed had either a diagnosed or suspected disability or mental health condition. Youth justice involvement was also significant, with 81 children subject to a youth justice order and 51 young people self-placing while on bail. These intersections



demonstrate the need for responses that address underlying trauma, disability and unmet support needs, rather than focusing solely on placement compliance. Children's reported reasons for leaving placements provide important insights into their experiences of care. While some children reported preferring to live elsewhere or dissatisfaction with their placement, others identified concerns about safety, with 55 children reporting that they did not feel safe in their approved care environment. These experiences highlight the importance of understanding absence from care as a communication of unmet need and a potential indicator of placement failure.

In response to the census findings, the Queensland Government has commenced trials to embed Child Safety Officers alongside police at three locations to improve information sharing and strengthen coordinated responses when children are absent from care. These initiatives reflect a shift toward recognising self-placement as a child safety concern requiring active intervention, rather than solely as a placement compliance issue.

In a related move the Board has recommended stronger oversight of placement instability, including joint case management reviews for children experiencing more than two placement changes within a year and for children under 12 years living in residential care. These approaches recognise that repeated placement disruption is a key indicator of vulnerability and that earlier, coordinated intervention is required to maintain children's connection, safety and visibility.

With the return of Unify system capacity to report on the placements of children, the missing visibility of this cohort can now be corrected.

Legal permanence in care

Achieving permanence for children who cannot safely return to their parents is a central objective of the child protection system. Permanence encompasses more than the legal status of a placement: it includes stable and enduring relationships, belonging, cultural and family connection, and confidence about where and with whom a child will grow up. Legal orders can support these outcomes by transferring

guardianship from the state to a suitable family member or long-term carer and reducing a child's continuing reliance on statutory care.

Recent data show increasing use of permanent care orders (PCOs) in Queensland. Between March 2024 and March 2026, the number of active PCOs increased by 53.9 per cent, from 349 to 537. This represents a substantial increase in the use of this form of legal permanence over a relatively short period. However, there was no corresponding growth in long-term guardianship to suitable family members: the number of Long-Term Guardianship (LTG) orders to relatives or other suitable people declined slightly, by 1.9 per cent, from 1573 to 1543 over the same period.

Taken together, 2080 children were subject to these two forms of family-based permanent or long-term legal arrangement at March 2026. While the growth in PCOs demonstrates greater use of one pathway to legal permanence, the overall scale of family-based legal permanence remains relatively small when considered against the size of Queensland's OOHC population, which comprised 13,382 children in late 2024. The comparison is not exact—the populations and reference dates differ and not every child in OOHC requires an alternative permanent legal arrangement—but it illustrates the comparatively limited scale at which guardianship has been transferred away from the Chief Executive.

This issue was examined directly by the Inquiry which identified a tendency for Child Safety to pursue Long-Term Guardianship to the Chief Executive (LTG-CE) rather than systematically considering the full hierarchy of permanency options. More than 80 per cent of litigation referrals sought LTG-CE, indicating that state guardianship remained the predominant legal pathway in cases progressing towards long-term orders. The Inquiry's analysis raises an important distinction between *placement stability* and *legal permanence*: a child may remain with the same foster or kinship carer for many years while guardianship continues to rest with the state. A stable placement therefore does not necessarily provide the same legal, relational and decision-making permanence as guardianship transferred to an enduring family.

There is also a significant disparity for Aboriginal and Torres Strait Islander children. As at 31 March 2026, First Nations children

represented 38.5 per cent of children subject to active PCOs or long-term family-based guardianship arrangements—801 of 2,080 children. By comparison, Aboriginal and Torres Strait Islander children comprised 49.7 per cent of Queensland's overall OOHC population. First Nations children are therefore substantially less represented among children who have achieved these forms of family-based legal permanence than they are within the care population from which those arrangements arise. This disparity is particularly important because permanence for Aboriginal and Torres Strait Islander children cannot be considered solely through the transfer of legal guardianship. Decisions must also preserve identity, culture, kinship and connection to family and community and operate consistently with the Aboriginal and Torres Strait Islander Child Placement Principle.

The Inquiry identified compounded challenges in achieving permanence for First Nations children, meaning that reducing their over-representation in care requires attention not only to entry into care, but also to restoration, culturally appropriate guardianship and other pathways by which children can leave long-term state guardianship. The age profile of children achieving permanent legal arrangements warrants further attention. Between June 2025 and March 2026, the number of children aged 0–4 years on permanent orders declined by 6.5 per cent, from 153 to 143, while the number aged 5–9 years increased by 9.8 per cent, from 541 to 594. The data do not establish how long individual children waited to achieve permanence, but the contrasting trajectories raise an important question about timeliness. Early childhood is a particularly significant developmental period, and where restoration is not achievable, timely decisions about a child's long-term family and legal arrangements can reduce prolonged uncertainty and repeated statutory decision-making.

Viewed together, the data suggests that Queensland has substantially increased its use of PCOs, but this growth has occurred alongside a slight decline in long-term guardianship to relatives and other suitable people, continued predominance of long-term guardianship to the Chief Executive in litigation referrals, and significant disparity in access to family-based legal permanence for Aboriginal and Torres Strait Islander children.

The crossover between child protection and youth justice

Children who experience both the child protection and youth justice systems experience multiple and interacting vulnerabilities and require coordinated responses across systems that would otherwise operate with different legislative purposes, service models and accountabilities. For children subject simultaneously to child protection and youth justice orders, the State has responsibilities both for their care and protection and for responding to their offending behaviour. The extent to which children progress from protective intervention into youth justice is therefore an important indicator of how effectively those systems are working together.

The Commission has maintained a sustained focus on this crossover cohort. In its 2022 issues paper, *Designing a better response to youth offending in Queensland*, the Commission identified children subject to dual child protection and youth justice orders as a group requiring particular attention, noting that 411 children were subject to dual orders during 2019–20. The Commission drew attention to the complex needs of these children and the particular difficulties experienced by young people moving between residential care, informal placements and youth justice supervision. The Commission subsequently undertook dedicated analysis of the crossover cohort, using departmental data obtained through its statutory information-gathering powers. This resulted in the 2024 *Crossover cohort insights* paper, which examined the interaction between child protection and youth justice at multiple points in the systems. The analysis found that, as at 30 June 2023, 20.7 per cent of young people in Queensland youth detention centres—51 of 246 young people—were simultaneously subject to a child protection order and a supervised youth justice order. Among the 452 young people classified as serious repeat offenders, 133, or 29.4 per cent, had an active child protection order.

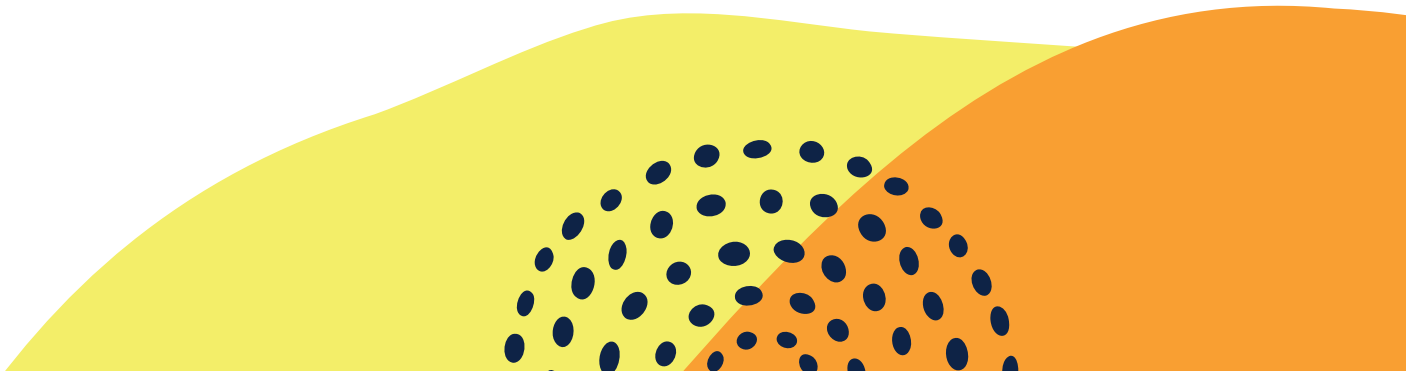
The analysis also identified a substantial disparity for Aboriginal and Torres Strait Islander children. Among young people aged 10 and

over already subject to a child protection order, 4.6 per cent of First Nations children were also subject to a youth justice order in 2023, compared with 1.8 per cent of non-Indigenous children. While both rates had declined from earlier years, a First Nations child already subject to a protection order remained more than twice as likely to also be subject to a youth justice order.

The latest linked national Australian Institute of Health and Welfare (AIHW) analysis found that 25 per cent of young people under community-based youth justice supervision in 2022–23 had experienced OOHC during the preceding decade. Among young people in detention, the proportion was 28 per cent.¹¹⁹ The overlap becomes more significant when placement histories are examined. Among justice-involved young people with an OOHC history, 39 per cent of those under community supervision had experienced five or more placements. Around two-thirds of justice-involved young people who had experienced OOHC had also experienced residential care—68 per cent of those under community supervision and 66 per cent of those in detention.¹²⁰ Again, these figures do not establish that OOHC causes offending. Children who experience multiple placements or residential care generally have substantially more complex histories and needs than the broader child protection population. The data does, however, demonstrate a considerable overlap between two expensive statutory systems. For government, this creates an important prevention opportunity. Many of the young people subsequently requiring intensive youth justice intervention were already known to another statutory system during childhood. Better longitudinal analysis could therefore identify the characteristics and experiences most strongly associated with movement between the child protection and youth justice systems and enable earlier intervention.

Residential care is an important part of this intersection. The Commission's earlier analysis found substantial regional variation in youth justice involvement among children living in residential care. As at 31 March 2023, 5.1 per cent of Queensland children aged 10–17 living in residential care were subject to a youth justice order, but the rate ranged from 2.5 per cent in North Queensland to 13.8 per cent in the South West, with rates of 6.3 per cent in the South East and 6.0 per cent in the Sunshine Coast and Central region. This variation suggested that the relationship between residential care and youth justice involvement was not uniform and warranted closer examination of local placement, service and justice-system factors.

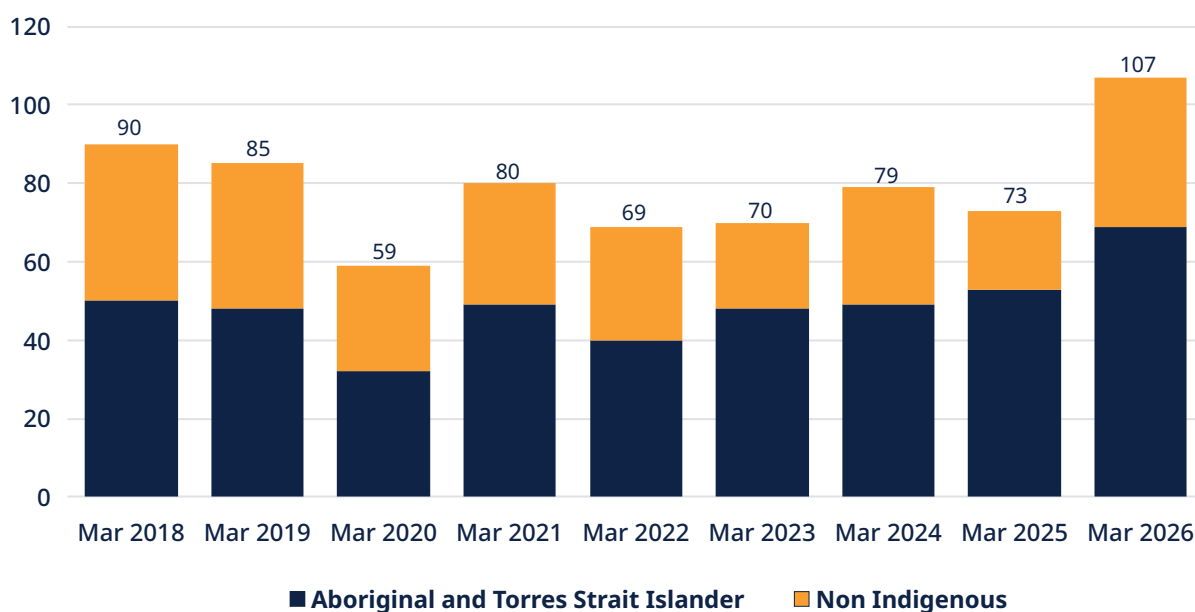
More recent Child Safety data indicate a significant increase in the number of children experiencing this dual involvement while living in residential care. The number of children aged 10–17 in residential care who were simultaneously subject to a child protection order and a supervised youth justice order increased from 73 in March 2025 to 107 in March 2026—an increase of 47 per cent in one year. The March 2026 figure is the highest recorded across the published series commencing in 2018. Of these 107 children, 69 were Aboriginal and Torres Strait Islander, meaning First Nations children represented approximately 64.5 per cent of this crossover cohort. This is particularly significant when considered against the broader composition of residential care. Aboriginal and Torres Strait Islander children represented 48.3 per cent of children in residential care at March 2026, yet accounted for 64.5 per cent of children in residential care simultaneously subject to child protection and supervised youth justice orders. The comparison indicates that the over-representation of First Nations children becomes more pronounced at the intersection between the two statutory systems.



The Commission's work has consistently argued that these children should not be understood simply as a youth justice cohort. Their involvement in youth justice occurs in the context of an existing statutory responsibility for their care and protection. This makes the interface between the systems particularly important: placement instability, absence from care, inappropriate criminalisation of behaviour within care environments, inadequate coordination between agencies and the availability of suitable placements can all affect a child's trajectory through the two systems. The latest data therefore warrant close attention.

The increase from 73 to 107 children in a single year does not, by itself, establish why crossover has increased or whether the increase reflects changes in offending, residential care populations, supervision practices or other system factors. It does, however, identify a growing cohort of children for whom the State simultaneously exercises protective and justice responsibilities. The concentration of Aboriginal and Torres Strait Islander children within that cohort further reinforces the importance of coordinated, culturally responsive intervention.

Figure 32: Children in residential care on dual child protection and supervised youth justice orders, March 2018 to March 2026



Source: Department of Families, Seniors, Disability Services and Child Safety (2026). *Our Performance – Improving care and post care support*.

Children in the statutory youth justice system

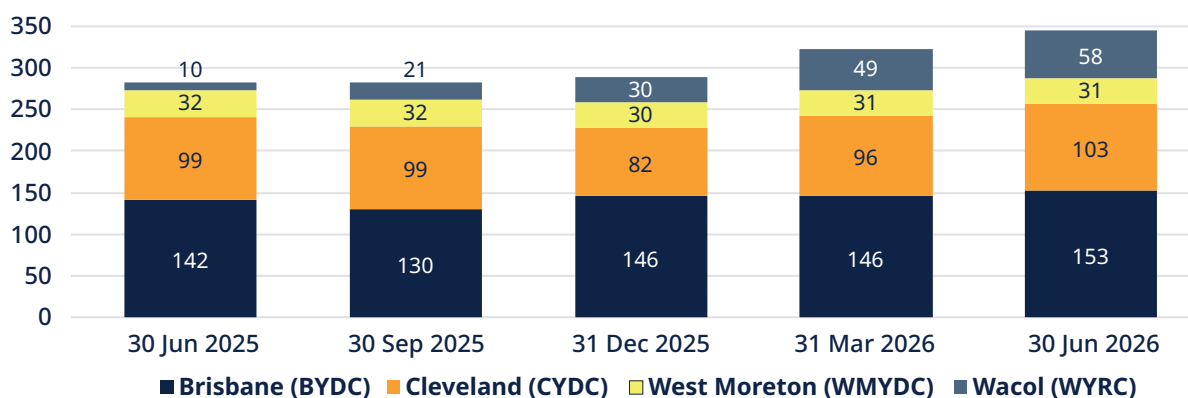
Administrative data reveals a diverging trend between community-based supervision and custodial detention. There has been a sustained, long-term decline in the average daily number of young people under community-based supervision. From a peak of 1636 in 2018–19, the community caseload fell 27.0 per cent to 1195 in 2024–25 (representing a stabilising of workload with just three more children per day than the previous year). Conversely, the average daily number of young people in youth detention has experienced an acute long-term increase, climbing from 184 in 2015–16 to 285 in 2024–25, representing a 54.9 per cent expansion of the daily incarcerated cohort over ten years.

Current data from the 2026 Report on Government Services indicates that while the overall rate of youth justice supervision in Queensland has declined from its peak in 2018–19, the state continues to record supervision volumes and rates significantly above the national average. In 2024–25, the rate of young people aged 10–17 under youth justice supervision in Queensland was 19.6 per 10,000, compared to a national rate of 11.9. Consequently the physical capacity of Queensland's youth detention system remains under critical strain. The state's permanently funded, purpose-built youth detention centres (Brisbane, Cleveland, and West Moreton)

remain strictly capped at 288 beds. To provide emergency relief, the Department of Youth Justice transitioned the WYRC into operation in April 2025, temporarily expanding operational capacity to 364 beds. While this expansion successfully lowered the statewide detention utilisation rate to 78.3 per cent (down from the near-overflow rate of 99.6 per cent recorded in 2023–24), the temporary nature of this facility conceals severe safeguarding compromises. Crucially, the WYRC was originally designed and constructed by the Queensland Police Service (QPS) as an adult watch house and remand facility. It has been loaned to the youth justice department until 2027, when the permanent, purpose-built Woodford Youth Detention Centre is scheduled to open.

The primary driver of the capacity issues in Queensland's detention centres is the overwhelming reliance on unsentenced remand. On an average day in 2024–25, 88.5 per cent of all young people in custody (252 out of 285 per day) were unsentenced. This represents children who have not been convicted of their current charges and are awaiting court finalisation. Unsentenced custody has climbed to its highest level in a decade, representing an 88.4 per cent increase from 2014–15 (when the daily unsentenced average was 134). In contrast, the daily average of sentenced young people in detention has declined over the last decade, falling to a historical low of just 33 per day in 2024–25 (down from 40 the previous year).

Figure 33: Children in youth detention by centre, June 2025 to June 2026



Note: daily point-in-time counts at five quarter end dates. Counts are of children held on a single day.

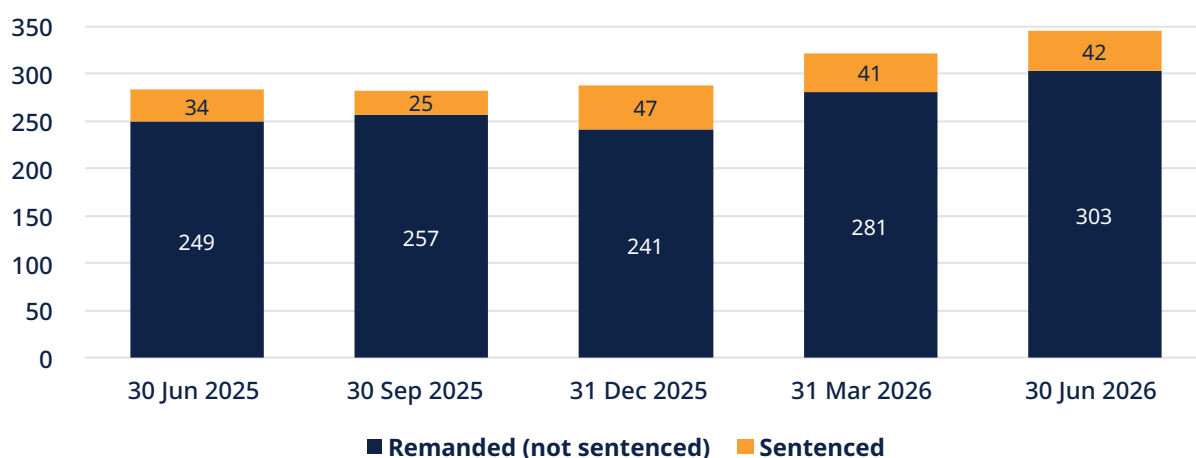
Source: Queensland Police Service. (2026). *Watch-house data*.



The number of children in youth detention rose from 283 to 345 over the year, and increase of 62 children or 21.9 per cent. Almost all of that increase was held at the Wacol Youth Remand Centre, which grew from 10 children to 58. Most children in youth detention have not been sentenced. Across all five dates, children on

remand made up between 83.7 and 91.1 per cent of detention population. The proportion of children on remand did not shift materially over the year. Because remand accounts for most of the population, it also accounts for most of the additional children, 54 of the 62.

Figure 34: Average daily number of young people in youth detention centres by legal status—time series, June 2025 to June 2026



Source: Productivity Commission. (2026). *Report on Government Services 2026*. 17 Youth justice services.

Not only are more children being held unsentenced, but they are also being detained for significantly longer periods. In 2024–25, the average length of stay in detention per unsentenced episode rose to 54 days—an increase of six days over the previous year, and a near doubling over the past decade (up from 36 nights in 2014–15). This prolonged remand has severe impacts on court outcomes. In 2024–25, 46.1 per cent of all finalised appearances in which a detention order was made resulted in the young person being immediately released from court with ‘time served’ on remand. In 26 per cent of these appearances, the child was released with no supervised orders or transition support. This indicates the system is increasingly utilising high-security incarceration as a front-end containment mechanism.

Aboriginal and Torres Strait Islander young people continue to experience severe and worsening over-representation in Queensland’s

youth justice system, particularly in custody. In 2024–25, First Nations young people comprised 72 per cent of the average daily detention population (204 out of 285 children per day), despite making up only 8.2 per cent of Queensland’s child population. On an average day, First Nations young people were 26.1 times more likely to be in youth detention than their non-Indigenous peers (a custodial rate of 39.9 per 10,000 compared to 1.5 per 10,000)—the highest disproportionality ratio in the last four years. This over-representation is particularly pronounced among younger children (aged 10–13 years). In 2024–25, Queensland recorded the highest volume of First Nations children aged 10–13 in the system nationally, with 147 under community supervision and 91 in detention. Within this young cohort, First Nations children accounted for 73.4 per cent of those in detention and 72.8 per cent of those under community supervision. Furthermore, this group is heavily characterised by ‘crossover’ contact with child safety. AIHW data confirms

that 73 per cent of young people under youth justice supervision in Queensland have had documented child protection contact in the preceding ten years. This crossover rate reflects a systemic failure to intervene early with family support, converting child protection vulnerability into tertiary justice system entrenchment.

The financial cost of maintaining this detention model has escalated dramatically. Between 2015–16 and 2024–25, real recurrent expenditure on youth justice services in Queensland more than doubled, rising from \$214.8 million to \$536.1 million. In 2024–25, Queensland's recurrent expenditure exceeded all other major jurisdictions, including New South Wales (\$327.1 million) and Victoria (\$438.0 million). Crucially, the Queensland Audit Office (QAO) identified that over 90 per cent of this \$1.25 billion total five-year spend is directed into internal, detention-based services and departmental programs with limited independent evaluation of core rehabilitation outcomes.

These figures call into question the efficacy of current interventions. Queensland continues to record particularly high rates of return to youth justice supervision.¹²¹ Of young people aged 10–16 released from sentenced supervision in 2022–23, 71.5 per cent returned to sentenced supervision within 12 months — the highest rate reported among Australian jurisdictions and substantially above the national rate of 56.7 per cent. This compares with 60.5 per cent in Queensland in 2014–15, although rates have fluctuated over the intervening period. The persistence of high return rates is significant when considered alongside the substantial resources directed towards the most intensive end of the youth justice system. Nationally, two-thirds (66.2 per cent) of the \$1.7 billion spent on youth justice supervision in 2024–25 was directed to detention-based supervision. Together, these indicators reinforce the importance of assessing not only the scale of investment in youth justice, but whether expenditure is producing sustained reductions in reoffending and successful reintegration following supervision.

Rehabilitation, education, health and safety in detention

Whether detention contributes to reduced offending also depends on what occurs during the period of custody. Removing a child from the community does not itself constitute rehabilitation. Detention can reasonably be expected to contribute to improved outcomes only where children have reliable access to education, therapeutic intervention, health care, family connection and structured activity.

Historical evidence identified significant limitations in this respect. QAO analysis of serious repeat offenders found that 18 per cent received no rehabilitation program while detained, while 34 per cent had no recorded participation in CHART, then the Department's principal cognitive-behavioural intervention.

Operational pressures also affected the capacity to deliver these interventions. At Cleveland Youth Detention Centre, daytime operational lockdown increased from 12 per cent in 2018–19 to 81 per cent in 2022–23. Over a similar period, the number of young people completing rehabilitation programs at Cleveland fell from 215 in 2018 to 31 in 2022, an 86 per cent reduction. Although youth detention schools were intended to provide approximately 17 hours of education each week, most children received only three to five hours of face-to-face education per week during the period examined.

These historical figures should not be treated as measures of current service delivery. They do, however, establish an important performance baseline. More recent evidence indicates that operational constraints have remained relevant, including periods during which units at Cleveland operated in separation or 'night mode'. Independent inspection has also continued to identify the relationship between staffing levels, separation and children's ability to participate in ordinary activities and services.

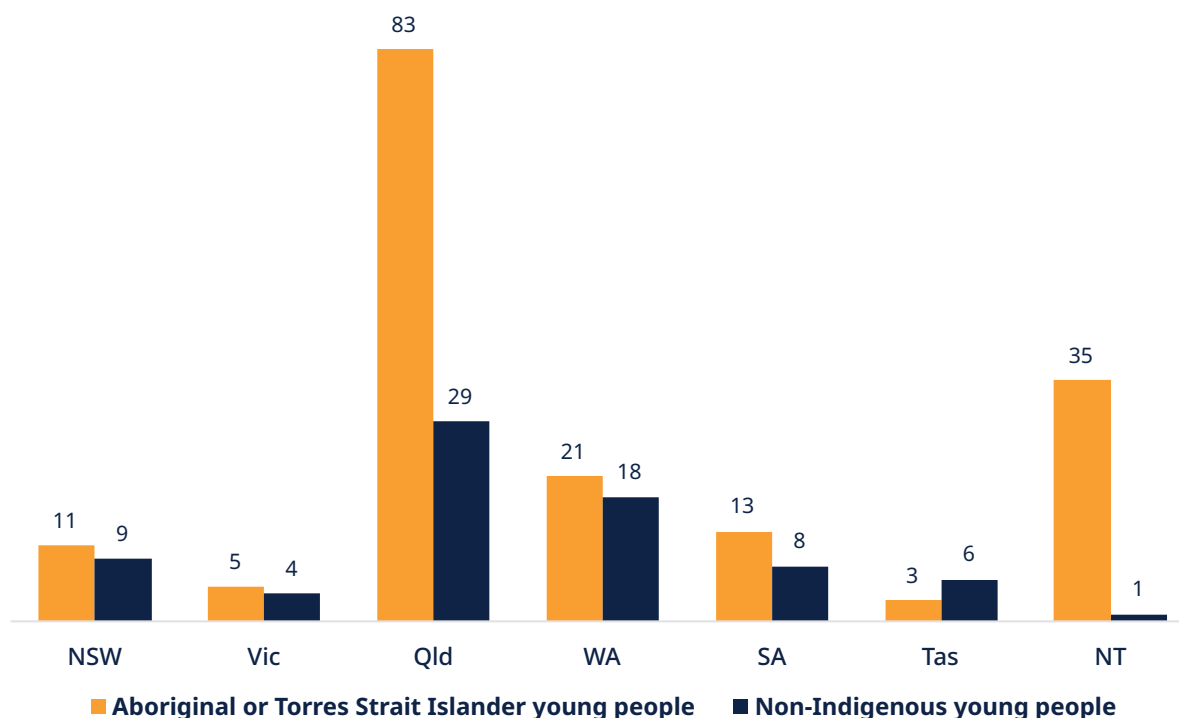
The significance of separation extends beyond the amount of time children spend outside their rooms. Restrictions on movement can affect access to education, rehabilitation programs, recreation, health services and family contact. These are not peripheral activities:

they are among the principal mechanisms through which detention is intended to address offending behaviour and prepare children for successful return to the community. The health and developmental characteristics of children in detention make these issues particularly important. Children entering youth justice commonly experience multiple and overlapping vulnerabilities, including mental ill-health, substance use, disability, disrupted education and previous exposure to trauma.

Safety within detention therefore provides another important measure of performance. The Productivity Commission's Report on

Government Services includes nationally comparable reporting on self-harm and attempted suicide in custody, including incidents requiring hospitalisation and other incidents requiring psychological or medical treatment, expressed relative to custody nights. These measures provide an important complement to traditional measures of security and offending because they assess whether children are being kept safe while deprived of their liberty.

Figure 35: Incidents of self-harm and attempted suicide resulting in psychological or medical treatment, or hospitalisation, by jurisdiction, 2024–25



Source: Productivity Commission (2026). Report on Government Services 2026, Table 17A.19.

Taken together, these measures provide a broader test of detention performance. A detention system should not be assessed solely by whether it securely contains children. Its performance also depends on whether children are safe while detained, receive

meaningful education and rehabilitation, maintain appropriate connections with family and community, and leave custody better equipped to live safely in the community than when they entered.



Mechanisms of complaint for children in care

In 2025–26, Child Safety's complaints system recorded a total of 4397 formal matters. The First Attempt at Resolution (FAAR) process remains the primary mechanism for managing complaints. FAAR matters accounted for 82.58 per cent (3631 matters) of all complaints received, while only 14.51 per cent (638 matters) progressed to formal complaints and 2.91 per cent (128 matters) to internal review. This distribution indicates that the majority of concerns are addressed at a local level rather than through formal investigative pathways. For matters that do escalate, outcomes data indicates a low rate of corrective action. Of the 638 formal complaints finalised in 2025–26, 71.47 per cent (456 matters) resulted in no further action, while only 13.01 per cent (83 matters) led to further action. Similarly, 65.63 per cent (84 matters) of internal reviews were closed with no further action, compared to 17.19 per cent (22 matters) that resulted in additional action.

These figures demonstrate a substantial gap between complaint escalation and the likelihood of achieving a change in decision or practice.

The dataset also highlights the limited direct participation of children and young people in the complaints process. Only 72 complaints (1.64%) were initiated by a young person, while the majority were lodged by adults, including mothers (36.6%), fathers (16.58%), grandparents (11.89%), and approved carers (10.58%). Further disparities are evident in representation across population groups. Aboriginal and Torres Strait Islander complainants accounted for 17.49 per cent (769 matters) of all complaints, which is significantly lower than their representation within the child protection system. This difference suggests a gap between system involvement and engagement with formal complaints mechanisms.

For those matters that were categorised, the most common issues related to decision-making and procedural fairness (28.05%), communication and participation (17.92%), and contact and family connection (15.01%).

Marked increase in suicide deaths for children known to child safety

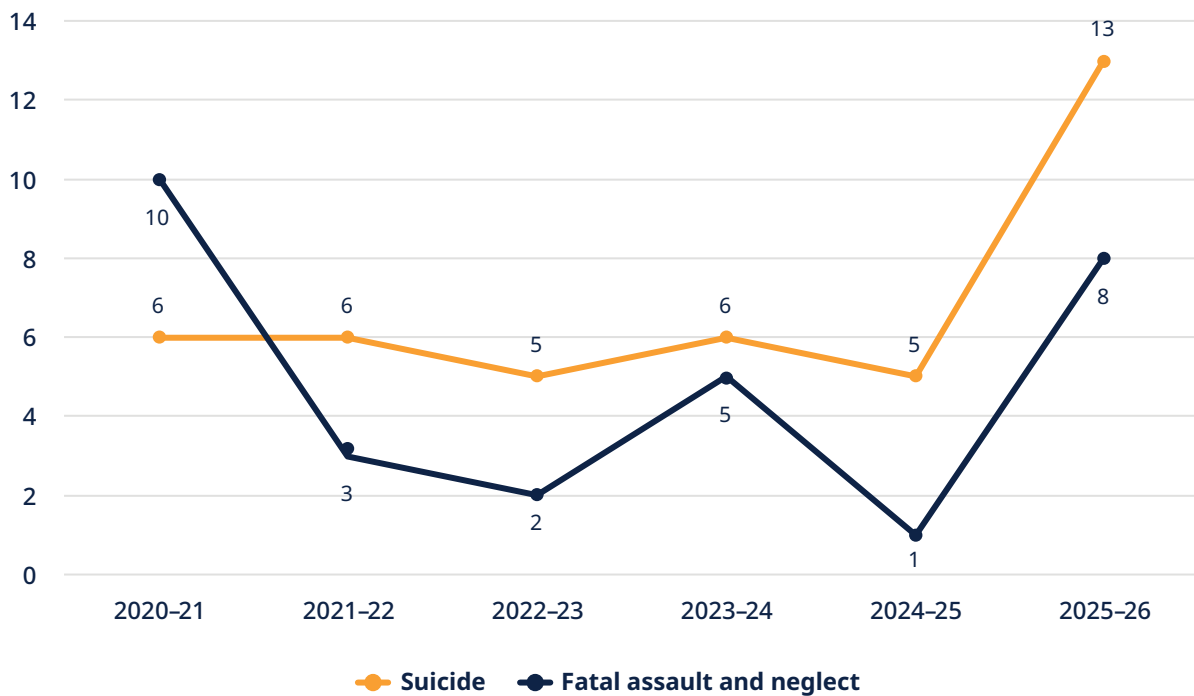
The number of suicide deaths among children known to the child protection system increased substantially in 2025–26. The Board reviewed 13 suicide deaths, more than double the number reviewed in the previous year (five suicide deaths) and the highest number recorded during the six-year reporting period. In the preceding five years, annual suicide deaths remained relatively stable, ranging between five and seven cases.

While year-to-year fluctuations are expected given the relatively small number of deaths, the increase observed in 2025–26 represents a

significant departure from the pattern seen over recent years. The children reviewed commonly experienced complex and cumulative adversity, including involvement with multiple service systems, mental ill-health, family violence, trauma, placement instability and other longstanding vulnerabilities.

The increase reinforces the importance of sustained attention to suicide prevention for children known to the child protection system. It also highlights the need for coordinated responses across child protection, mental health, education and community services to identify risk earlier and intervene before children reach crisis.

Figure 36: Number of deaths reviewed by the Board of children known to the child protection system within 12 months of their death, with suicide or fatal assault and neglect as cause of death, 2020–21 to 2025–26



Source: Child Death Review Board (2026). Unpublished data.

Spike in deaths of Queensland children from fatal assault and neglect

Fatal assault and neglect, including filicide, is a relatively uncommon but potentially preventable cause of child death. Current child death data indicates an increase in these deaths during 2025–26, with 13 children dying from fatal assault or neglect, compared with three in 2024–25 and four in 2023–24. While small numbers mean annual fluctuations should be interpreted cautiously, the increase warrants close examination of the circumstances and risks preceding these deaths.

Analysis of the 2025–26 cohort identified a concentration of known vulnerabilities:

- 78 per cent of children had experienced previous abuse
- 52 per cent of families had a documented history of domestic and family violence
- 39 per cent of perpetrators had a history of criminal offending
- 57 per cent of perpetrators had suspected or diagnosed mental health concerns
- 43 per cent of perpetrators had a history of alcohol or substance misuse.

These contemporary findings are consistent with the Commission's earlier analysis of 109 Queensland child deaths between 2004 and 2019 in which a parent or caregiver was responsible. That analysis found that:

- 47 per cent of victims had experienced repeated child protection concerns
- Biological parents were responsible for the majority of deaths (65 of 90 events), compared with step-parents, extended family members or other caregivers
- Most deaths occurred in the context of fatal child abuse (44 events) or domestic homicide (31 events)
- In 49 per cent of cases, a government agency had previously recorded threats by the perpetrator to kill the child.

Taken together, the current and historical evidence shows that fatal assault and neglect rarely occurs in isolation or without preceding indicators of vulnerability. Prior abuse, domestic and family violence, parental mental ill-health, substance misuse and offending frequently intersect, and in some cases explicit threats to the child are known to services before the death occurs.

Prevention therefore depends on recognising the accumulation and escalation of risk across incidents and service systems, rather than assessing individual events in isolation. This requires effective information sharing across health, child protection, justice and community services, and timely intervention where multiple or escalating risks are identified. It also requires domestic and family violence responses to assess children's safety as victims in their own right, particularly where threats, coercive behaviour or escalating violence indicate a direct risk to the child.





Outcomes after exiting statutory systems





Long-term outcomes for people with child protection involvement

The consequences associated with childhood maltreatment and child protection involvement extend well beyond the period in which a child receives statutory services. Australian longitudinal and linked administrative data identify elevated rates of mental ill-health, homelessness, income-support receipt, health-service use and justice-system involvement extending through young adulthood.^{122, 123, 124}

Importantly, recent research challenges a simple interpretation that these outcomes are caused by placement in OOHC itself. Children entering care are a highly selected population who have generally experienced more severe and accumulated maltreatment and other forms of adversity before entering care. The more useful analytical question is therefore whether the poorer outcomes observed among care-experienced people reflect the effects of maltreatment and pre-existing adversity, the experience and stability of care, or the interaction between these factors. Maltreatment appears to be a stronger determinant of mental health than care itself.

Recent Australian research provides important new evidence on this distinction. A 2025 study drawing on the *Australian Child Maltreatment Study* compared 395 people who had experienced OOHC with 395 maltreated people who had not entered care. The groups were statistically matched according to characteristics including the age of onset, duration, frequency, perpetrator, type and range of maltreatment experienced. Once differences in maltreatment intensity were taken into account, experience of OOHC was not independently associated with increased odds of any of the four mental disorders examined—post-traumatic stress disorder, major depressive disorder, generalised anxiety disorder and alcohol use disorder. The combined estimate was not statistically significant and the researchers concluded that the intensity and characteristics of childhood maltreatment were more important determinants of subsequent mental disorder than the experience of OOHC itself.¹²⁵ This is an important qualification to the conventional

narrative about outcomes for children in care. Comparisons between care-experienced people and the general population can substantially conflate the effects of care with the adversity that preceded it.

This does not make the quality of care irrelevant. Australian research involving more than 2000 children with an OOHC history has found that placement instability, longer and more frequent exposure to maltreatment and other characteristics of the child's care and child protection history are associated with educational underachievement, diagnosed mental disorder and police contact. The evidence therefore suggests considerable variation within the care population itself. The performance question for the child protection system is consequently more sophisticated than whether people who experienced care subsequently achieve the same outcomes as the general population. Children entering care frequently begin from a substantially different baseline. The relevant question is whether statutory intervention reduces the effects of prior adversity and provides sufficient safety, stability, relationships and therapeutic support to improve the child's longer-term trajectory.

Economic disadvantage extends well beyond leaving care

The most comprehensive national evidence of longer-term economic outcomes comes from AIHW's linkage of state and territory OOHC records with Commonwealth income-support data. This allows outcomes to be followed beyond the immediate transition from care and through to 30 years of age.¹²⁶ Across ages 16–30, 56 per cent of the OOHC study population received income support—



approximately three times the proportion in the comparable Australian population. The difference remained substantial at age 30, when people with an OOHC history were almost four times as likely to receive income support as the broader population.¹²⁷

The pattern is not limited to short-term assistance immediately after leaving care. Earlier AIHW analysis found that young people transitioning from care were substantially more likely to receive unemployment, parenting and disability support payments and were four times as likely to remain on payments for longer periods than other young people.¹²⁸ The type of income support also changes as care-experienced people move through adulthood. AIHW found comparatively high use of unemployment, parenting and disability-related payments, while teenagers with an OOHC history were up to six times as likely to receive parenting payments as other Australian teenagers. Young people who exited care at ages 17 or 18 were also more likely to receive income support.¹²⁹

These findings suggest that the economic consequences associated with childhood adversity and child protection involvement are not confined to a difficult transition at age 18. For a significant cohort, disadvantage remains visible well into adulthood.

The effects are visible across health and other service systems

Recent Australian population-level research provides an unusually broad view of these longer-term outcomes. A 2024 Western Australian linked-data study examined a birth cohort of 414,266 people, comprising 6526 people with an OOHC history, 78,095 who had child protection contact but had not entered care, and 329,645 with no recorded child protection contact.¹³⁰ The three-group comparison is analytically important. Care-experienced young people experienced significantly poorer outcomes across physical and mental health, disability, education, social housing and criminal justice involvement than people with no child protection contact. However, people who had experienced child protection involvement without entering care

also experienced poorer outcomes than those with no child protection contact.¹³¹ The findings demonstrate a gradient of disadvantage rather than a simple distinction between people who have and have not experienced care. That pattern is consistent with the emerging evidence about maltreatment intensity. Placement in care identifies a population with particularly significant needs, but the underlying association with poorer outcomes is already observable among children known to child protection who never enter care. This suggests that the longer-term policy issue extends beyond care leavers. Child protection involvement itself identifies a population at elevated risk of future health and social disadvantage, with the level of risk increasing among children experiencing the greatest accumulation of adversity including in the statutory system.

The transition from care is substantial in scale

Nationally, approximately 11,000 children were discharged from OOHC during 2023–24. Around 41 per cent were reunified with family, while approximately 2300 children—21 per cent of all children discharged—aged out of care.¹³² This represents a substantial annual cohort moving from comparatively intensive statutory support towards either greater independence, or isolation. Governments across Australia now provide leaving-care assistance beyond 18, generally to at least age 21, including various combinations of housing, financial, education, employment, health and community support.¹³³ The emerging longitudinal evidence suggests that this transition period warrants particular attention. The risks associated with leaving care do not occur independently: housing instability can disrupt education and employment; poor mental health can affect housing stability; financial insecurity can increase reliance on crisis services; and justice involvement can further disrupt housing and employment.

From child protection expenditure to lifetime service demand

Taken together, the evidence has significant implications for how child protection performance and expenditure are assessed. Traditional child protection measures largely end at the boundary of the statutory system: notifications, investigations, substantiations, placement type, placement stability, reunification and expenditure on OOHC. These measures describe what happens within child protection, but provide limited information about what happens to children afterwards. The emerging Australian linked-data evidence demonstrates that disadvantage remains visible across government systems long after statutory child protection involvement has ended. People with an OOHC history are three times as likely to receive income support across ages 16–30; more than half of one longitudinal Victorian care-leaver cohort accessed homelessness services within four years; and approximately one-quarter of young people under youth justice supervision have an OOHC history.^{134, 135, 136} This creates an important distinction between the immediate cost of the child protection system and the longer-term service demand associated with childhood adversity. Where the effects of maltreatment, developmental need, disrupted education, housing instability and mental ill-health persist, people may need support from homelessness, health, mental health, income support and justice systems later in life.

The 2025 *Australian Child Maltreatment Study* analysis provides an important qualification to that conclusion. It suggests that this downstream disadvantage should not simply be characterised as an outcome of being placed in care. Maltreatment intensity appears to be a more important determinant of subsequent mental disorder than OOHC itself.¹³⁷ That finding arguably increases the importance of effective child protection intervention. If the children entering care already carry a substantially elevated lifetime risk arising from maltreatment and accumulated adversity, the purpose of care cannot be limited to providing immediate safety. Statutory intervention represents an opportunity to alter a longer-term trajectory.

Programs supporting care-leavers

Queensland significantly expanded its support for young people leaving care from 1 July 2023 through Extended Post Care Support (EPCS). The reform effectively extended support to age 21 rather than expecting young people to transition abruptly to independence at 18. Young people remaining with foster or kinship carers can have the fortnightly caring allowance continue until age 21, while eligible young people living independently can receive financial support of up to \$16,000 per year, administered through an EPCS provider alongside intensive case support. That support can include assistance to secure and maintain housing, meet everyday living costs, access education, training and employment, and maintain connections with family, culture and community.

EPCS operates alongside Next Step Plus, Queensland's longer-standing transition and after-care service. Next Step Plus works with young people from age 15 while they are still in care to build the skills and connections required for adulthood and remains available to care leavers up to age 25. Support is tailored to the young person and can include assistance with housing, finances and entitlements, education and employment, health and other practical aspects of independent living. The two programs therefore perform complementary functions: EPCS provides an enhanced entitlement to financial and case support to age 21 for the eligible post-2023 cohort, while Next Step Plus provides a broader transition and after-care service extending to age 25.

The first year of EPCS provides useful evidence about implementation. During 2023–24, 517 young people turned 18 and left statutory care to live in their own arrangements, making them eligible for the independent-living component of EPCS. Of these, 331 received financial assistance during the year, equivalent to around 64 per cent of the eligible cohort. The Government provided \$4.35 million to EPCS services to support the 517 eligible young people—\$999,000 in the first half of the financial year and \$3.352 million in the second.¹³⁸

Importantly, the Government acknowledged at the time that its information systems could not readily provide more detailed utilisation data. Collection was described as a manual process reliant on reporting by funded providers, six-monthly utilisation figures were unavailable, and expenditure actually incurred on individual young people could not yet be reconciled. This is analytically significant: the introduction of an entitlement does not necessarily demonstrate that young people are accessing it, and the first year showed a material difference between the number eligible for financial assistance and the number recorded as receiving it.

The program subsequently expanded. Departmental reporting indicates that 831 eligible young people were supported through the extension of post-care support in 2024–25. The 2024–25 State Budget provided \$31.8 million for 18 EPCS services and direct support payments, with the government estimating at the time that around 1658 young people would become eligible for the enhanced supports in the program's second year.

Repeat offending following detention

A central measure of the effectiveness of youth detention is what happens after children leave it. Queensland has substantially increased its investment in youth justice and detention, but high rates of repeat contact with the justice system remain a persistent performance challenge. The contemporary evidence suggests that the issue is not simply whether detention capacity is available, but whether detention and the transition back to the community are contributing to a sustained reduction in offending.

The latest nationally comparable data demonstrates the scale of this challenge. Of Queensland young people aged 10–16 released from sentenced supervision in 2022–23, 71.5 per cent returned to sentenced supervision within 12 months. This was the highest proportion

reported by any Australian jurisdiction for which comparable data was available. The comparable national proportion was 56.7 per cent, while the lowest jurisdictional result was 39.9 per cent.

This measure requires careful interpretation. A return to sentenced supervision is not the same as reoffending. It only captures young people who subsequently receive another supervised sentence and can include returns associated with breach of an existing order. It does not capture offending that does not come to the attention of authorities or result in another supervised sentence.

The Productivity Commission therefore expressly cautions against interpreting the measure as a direct measure of recidivism. It nevertheless provides a nationally consistent indication of repeated involvement in the youth justice system, and Queensland's result remains materially above the national rate.

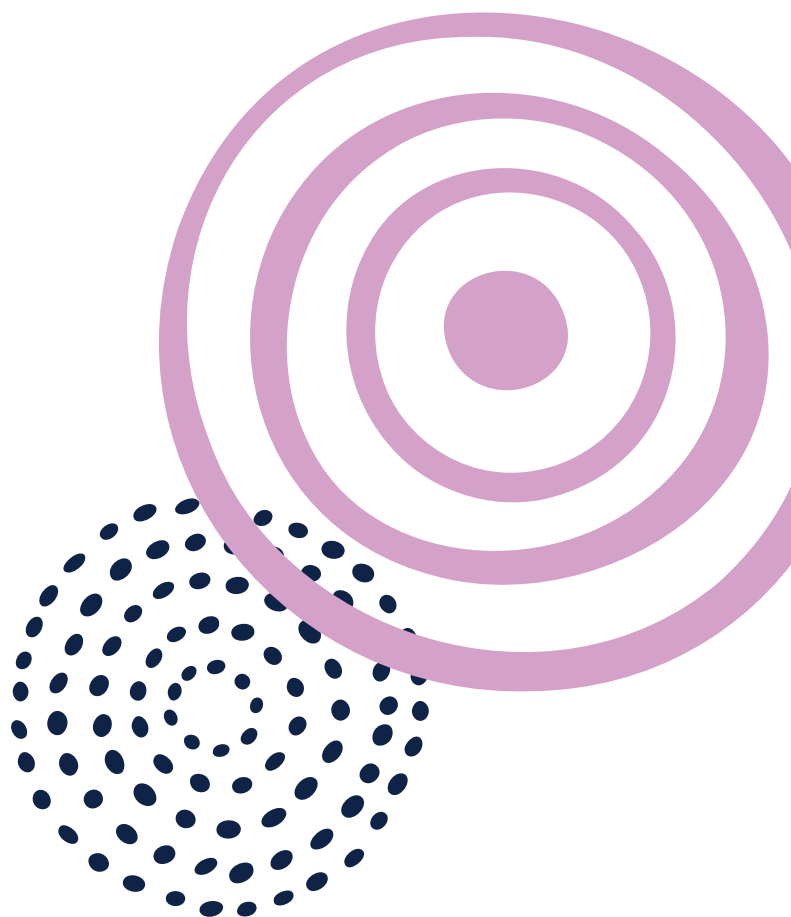
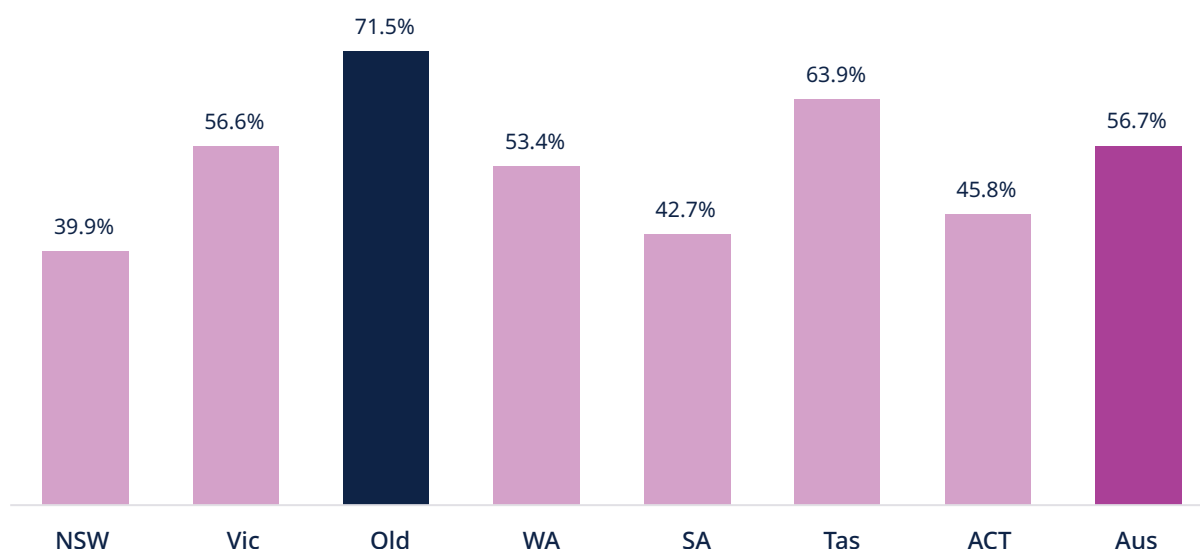


Figure 37: Proportion of young people released from sentenced supervision who returned to sentenced supervision within 12 months, 2022–23



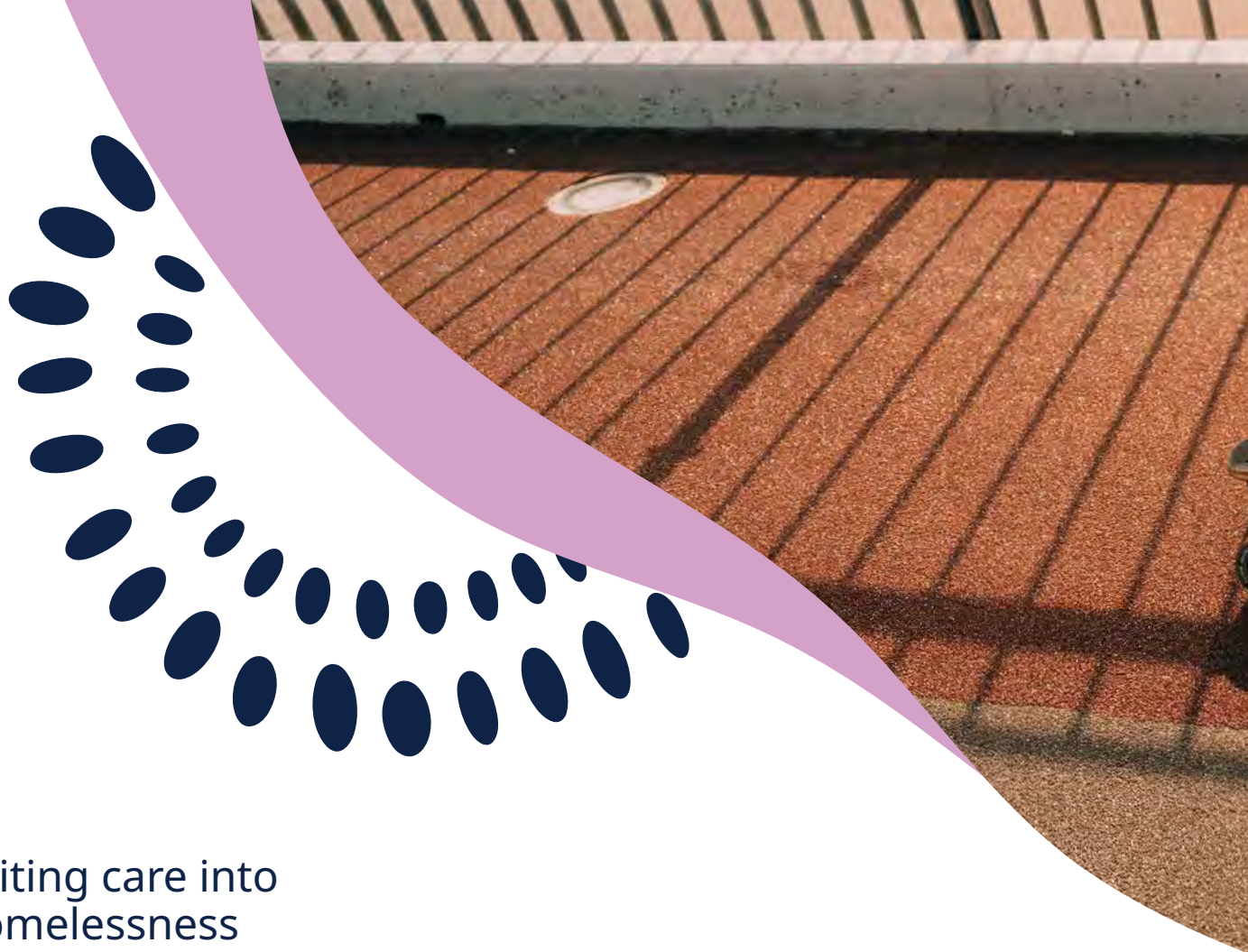
Source: Productivity Commission (2026). *Report on Government Services 2026*, Table 17A.26.

Other Queensland evidence points to the same underlying challenge. Queensland Government material has reported post-detention reoffending at approximately 94 per cent. While this is a different measure and should not be directly compared with the Productivity Commission's return-to-supervision measure, both indicate a very high level of continuing justice-system contact among children who have experienced detention. Of particular concern is how quickly offending has historically occurred following release. The QAO examined children leaving detention between 2018–19 and 2021–22 and found that approximately 75 per cent subsequently reoffended. More than half — 53 per cent — reoffended within two weeks of release. Reoffending was particularly concentrated on the first day after release, with further peaks on the fourth and fifth days.

The period immediately following detention is therefore a critical point of intervention. For many children, the highest risk of further offending has historically been measured in days rather than months. This makes the quality of transition planning, accommodation, family support and continuity of therapeutic and other services an important part of assessing the effectiveness of detention itself.

Previous transition arrangements did not always reflect this level of risk. QAO found that the Department relied substantially on a 72-hour transition planning model, introduced in March 2022, despite being unable to demonstrate an evidentiary basis for selecting that period. QAO concluded that children leaving detention required support over a longer period.

There has subsequently been a significant change in approach. The Government's Staying on Track model provides children transitioning from detention with rehabilitation and support for up to 12 months, including at least six months of intensive support, with assistance intended to address at-risk behaviours and support engagement in education, training and employment. This is a material shift from the previous transition model and responds to an identifiable weakness in the system. The performance question now becomes whether that change produces measurable improvement: fewer children reoffending after detention, a longer period before any subsequent offence, fewer returns to sentenced supervision and improved engagement with accommodation, education, training and employment.



Exiting care into homelessness

Housing instability is increasingly visible across the child protection system, affecting children while subject to statutory intervention and continuing for many young people after they leave care. The available data indicates that this interaction is not simply more common among children known to child protection; it is frequently repeated, prolonged and unresolved. In Queensland, 16.7 per 10,000 children on care and protection orders accessed Specialist Homelessness Services (SHS), above the national rate of 14.7 per 10,000. Nationally, approximately 8500 children on care and protection orders received specialist homelessness assistance in 2024–25, of whom 58 per cent were returning clients. The median duration of support increased to 109 days, from 102 days in 2022–23, indicating that engagement is often both repeated and prolonged.¹³⁹

Their reasons for seeking assistance also demonstrate the intersection between housing instability and broader family vulnerability. Thirty-eight per cent identified family and domestic violence as their principal reason for seeking assistance and a further 17 per cent identified a housing crisis. Compared with the overall SHS population, children on care and protection orders were substantially more likely to require assistance for family and domestic

violence (41% compared with 28%), family or relationship issues (19% compared with 11%), educational assistance (12% compared with 7.7%) and school liaison (7.7% compared with 3.0%). Demand for accommodation frequently exceeds the assistance available. Around 61 per cent of children on care and protection orders—approximately 5200 children—needed accommodation assistance in 2024–25, but only around 3800 received accommodation. This reflects broader capacity constraints within the homelessness system, where nationally around one-third of SHS clients requiring accommodation received neither accommodation nor a referral to another service.

Importantly, receiving homelessness assistance does not necessarily result in housing stability. Of approximately 2700 children on care and protection orders who were homeless when SHS support commenced, around 1400 remained homeless when support ended, most living in short-term accommodation or couch surfing. A further 340 children who had been at risk of homelessness when support commenced were homeless by the end of their support period. These outcomes suggest that housing instability can persist alongside statutory child protection intervention rather than being resolved through it.



The pattern continues into the transition from care. Nationally, approximately 6200 people leaving care accessed homelessness services in 2024–25. Of these, 69 per cent were returning clients, indicating that homelessness-service contact was generally not a first or isolated episode. Among clients aged 18–24, 71 per cent had previously received specialist homelessness assistance.¹⁴⁰ Leaving-care homelessness also intersects with other service systems: among clients whose dwelling type was recorded when support commenced, approximately 20 per cent were in a psychiatric hospital or unit and 16 per cent were in another hospital setting.¹⁴¹

Longitudinal research demonstrates how these risks can accumulate into early adulthood. An Australian Housing and Urban Research Institute study following 1848 Victorian young people who left care in 2013 and 2014 found that 54 per

cent accessed homelessness services within four years of leaving care. The same cohort had substantial involvement with mental health, alcohol and other drug, hospital and justice services, with use of alcohol and other drug, justice and homelessness services estimated at seven times that of the comparable general population.¹⁴²

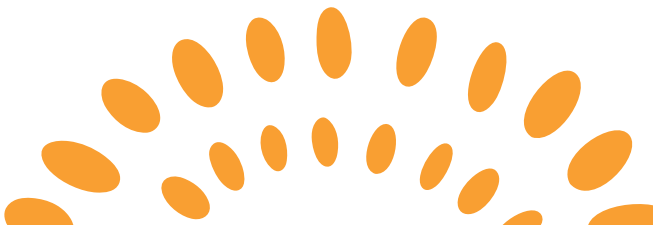
Taken together, the data reveals a continuum of housing instability across children's interaction with the child protection system. Children on care and protection orders access homelessness services at higher rates, more than half are repeat users, and for many homelessness persists despite receiving assistance. After leaving care, repeated homelessness-service use remains common and increasingly intersects with mental health, substance use, hospital and justice systems.

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