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Sector insights paper

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Examining the timing of mental health contacts across young female offending trajectories in Queensland

YOUTH JUSTICE

CHILD SAFETY

YOUTH MENTAL HEALTH

A study published in *Health Justice* analysed linked administrative data to identify the timing, prevalence and frequency of mental health service usage by age 30 among young women with justice involvement in Queensland. The study included a population sample of 40,416 women born in Queensland between 1983-84, of which 20.1% had justice contact. Offenders were divided into five categories.

Offender categories (proportion of all offenders)

Chronic early adult peak (2%)	High number of offences, earlier first offence, peak offence rate at age 22, highest rate of child protection notification history
Adolescent-limited low (42.2%)	Offending limited to adolescence, low rate of offences
Early onset young adult peak (6.9%)	Medium offence rate, peak offence rate at age 20
Early adult-onset escalating (6.2%)	Older at first offence, increased offence rate in adulthood
Adult-onset low (42.7%)	Older at first offence, low rate of offending

Key findings

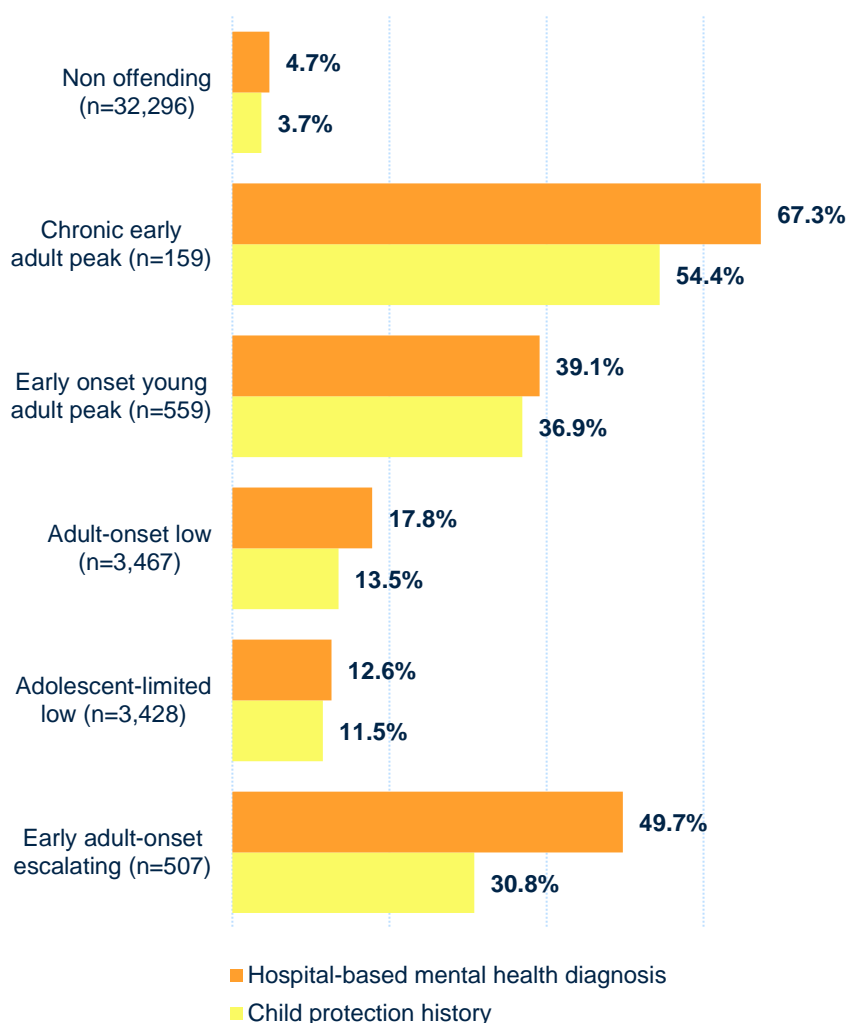
- Young women with offending histories were more likely to have a mental health diagnosis, particularly for the chronic early adult peak offending group.
- Mental health contact was more common after first offence, except for the adult-onset groups. Younger age at first mental health diagnosis increased the likelihood of offending in early adulthood and chronic offending.
- Chronic offenders had an earlier average age of first mental health hospitalisation.

Conclusion

Persistent female offending behaviour is associated with increased mental health service usage, hospital admissions, earlier and more frequent mental health diagnoses, and childhood histories of child protection involvement.

These patterns highlight a need for early, targeted mental health support and early intervention.

Mental health and child protection history by offender group



Australian foster and kinship carers navigating complexity and systematic trauma in child protection systems

CHILD SAFETY

Research published in *Children and Youth Services Review* explored how Australian foster and kinship carers perceive statutory child protection systems and staff, as they undertake a parenting role within a complex and highly regulated system. The study identified themes that emerged from interviews with 28 carers across six states, which highlighted how carers often felt unheard and forced to comply with traumatising practices.

Barriers to trusting relationships with statutory staff

Carers frequently encountered difficulties in establishing and maintaining trust with child protection staff. This can stem from perceived inconsistencies, lack of communication, or feeling undervalued and unsupported by the system they are working with.

Systems that are premised on trauma

Participants articulated how the design and operation of the foster/kinship care systems inherently contributed to trauma for all involved, including children in care and carers. Carers identified irony in the name 'child protection system' because the system itself caused children harm. One carer described how the role of the carer was to "be traumatised by traumatised children".

Grappling with inconsistency in rules

Carers reported significant challenges due to inconsistent application of rules and policies. This created confusion, uncertainty and frustration, and made it difficult for carers to navigate their responsibilities effectively and confidently.

Risk-oriented systems that require compliance

Carers often perceived the child protection system as punitive and overly focused on risk assessment, leading to a climate where carers felt scrutinised rather than supported. Carers "feel forced to be compliant with their own traumatisation", indicating that the system's demands for compliance can be a source of stress and re-traumatisation for caregivers already dealing with complex situations.

This was seen to indicate a power imbalance where carers' needs and experiences were secondary to systemic demands.

Triangulation and parenting alongside the state

Carers often experienced a sense of 'triangulation', where they were placed in a challenging position between the child, the biological family, and the state. The concept of 'parenting alongside the state' highlighted a unique and difficult dynamic where carers must undertake the daily role of parenting children placed in their care within a highly regulated statutory framework.

The dual responsibility was described as cumbersome and conflicting, hindering autonomous and responsive caregiving.

Recommendations

The findings demonstrate a need for significant reform within the Australian child protection system, including:

- **Re-evaluating system design**
A fundamental re-evaluation of the child protection system's design is needed to minimise its potential to cause or exacerbate trauma.
- **Empowering carers**
Strategies must be implemented to ensure carers feel heard, valued, and actively involved in decision-making processes regarding the children in their care.
- **Promoting consistency and transparency**
Greater consistency in rules and increased transparency in all processes are crucial to building trust and reducing confusion.
- **Shifting from punitive to supportive**
The system should move away from a risk-oriented and punitive approach towards one that is more supportive, collaborative and trauma-informed for both children and carers.
- **Accountability**
Foster carer systems should implement "increased accountability and transparency of all processes". This is essential for addressing the systemic issues identified.

Out-of-home care professionals' views about reunification

CHILD SAFETY

OVER-REPRESENTATION

A study published in the *Journal of Public Welfare* explored child protection and out-of-home care professionals' views on reunification. The sample consisted of 30 caseworkers, managers, and other professionals who worked with families involved with the child protection system in New South Wales. Participants completed an online task to assess their perceived likelihood of reunification in 28 circumstances related to parental factors.

Key findings

The researchers categorised participants into three groups based on their responses to the task of identifying the likelihood of reunification in various circumstances.

56%

Strengths-based approach

- Mostly worked in urban areas.
- High number who were Indigenous or from a CALD background.

30%

Compliance-based approach

- Mostly professionals working in out-of-home care.
- None were Indigenous.

15%

Deficit-based approach

- Mostly managers in rural regions.
- None were Indigenous or from a CALD background.

Strengths-based	Compliance-based	Deficit-based
<ul style="list-style-type: none"> • Optimism toward parents' capacity to change. 	<ul style="list-style-type: none"> • More pessimistic attitudes towards reunification. 	<ul style="list-style-type: none"> • Focused on limitations and past failure as preventing reunification.
<ul style="list-style-type: none"> • Focused on parental strengths. 	<ul style="list-style-type: none"> • Focused on parental behaviours during contact visits. 	<ul style="list-style-type: none"> • Focused on expert evidence, capacity assessments and parents demonstrating personal responsibility for their "failures".
<ul style="list-style-type: none"> • Preferred to work on issues parents were motivated to change. 	<ul style="list-style-type: none"> • Expectation of parents to work on issues identified by professionals. 	<ul style="list-style-type: none"> • Adversarial attitudes toward parents. • No recognition of the impact of trauma and the oppressive environment of statutory child protection interventions.
<ul style="list-style-type: none"> • Trauma-informed. • Non-judgemental towards 'non-compliant' behaviours. • Pragmatic. • Focused on parental insight into child's best interests, attachment behaviours, and practical parenting skills. 	<ul style="list-style-type: none"> • Viewed reunification as realistic when parents are 'easy to work with' and do what they are told without hesitating, questioning, making excuses or blaming others. • Focused on behaviour change rather than informal support or structural factors such availability of formal services. 	<ul style="list-style-type: none"> • Resolving issues that led to out-of-home care viewed as insufficient for reunification. • Dismissive towards evidence suggesting a parental commitment to change.

Nearly half of participants expressed views that did not align with evidence-based approaches to reunification, including strengths-based, person-centered, and trauma-informed practices. This demonstrates the need for training that moves beyond compliance towards positive relationships between workers and parents. Separating child protection from family support and advocacy services for parents can eliminate the ambiguity of workers' roles.

Profiles of Australian young people convicted of assaulting police officers

YOUTH JUSTICE

CHILD SAFETY

YOUTH MENTAL HEALTH

A study published in the *Australian Journal of Social Issues* examined factors which contributed to youth violence towards Australian police officers. The study used Power Threat Meaning Framework (PTM) to analyse reports for all Australian cases where a young person aged 12–14 was convicted of assaulting a police officer between 2010 and 2023. A total of 40 cases were identified.

Demographics (n=40)							
Gender		Age		First Nations		Criminal history	
M	F	10–17	18–24	Y	N/n/a	Y	N
34	6	7	33	15	25	25	15

Profile of young people convicted of assaulting police officers

Most young people who assaulted police officers had experienced childhood trauma, disrupted attachments, institutionalisation, and social/economic disadvantage.

- **45%** had adverse childhood experiences, including abuse, neglect and statutory intervention.
- **50%** had disrupted family relationships.
- **47.5%** were experiencing mental health issues during the offence, including paranoia, hallucinations, psychosis and emotional dysregulation.
- **30%** reported low self-worth and overwhelming negative feelings of suicidality.
- **72.5%** were substance-affected during the offence.
- **65%** were addicted to or dependent on substances.
- **27.5%** were diagnosed with cognitive, neuro-developmental or physical disabilities.
- **37.5%** had experienced homelessness, poverty or transience.
- **35%** were disengaged from education.

Power and threat: context of assaults

Assaults commonly occurred in circumstances where the young person felt threatened, including:

- **42.5%** during arrests.
- **32.5%** watchhouse confinement.
- **25%** police pursuit.

Violence was usually motivated by an attempt to protect themselves from perceived danger and assert control or autonomy.

- **50%** were evading police apprehension.
- **30%** used threats of violence in an attempt to regain control.
- **17.5%** were motivated by perceived defence of self, family, friends or partner.
- **12.5%** were motivated by a sense of injustice due to perceived unfair detention, unreasonable directions and misuse of power by police.

Young people attributed different meanings to the violence

- **22.5%** had no conscious memory of the violence due to substance misuse.
- **35%** expressed remorse.

Conclusion

Police are increasingly responding to young people with complex mental health and trauma backgrounds. Youth violence against police is usually not impulsive aggression, but a survival behaviour in response to perceived threats, triggered by feelings of fear, loss of autonomy, and re-traumatisation.

Responses to youth violence against police must be trauma-informed and developmentally appropriate while balancing the need for officer safety. The PTM Framework can be used to train police officers on developmental trauma, chronic stress, and childhood adversity to contextualise behaviour. This may prevent negative interactions and reduce the need for restrictive and control-based safety mechanisms.

Continued paternalism and pressure to place in the Australian child protection system

CHILD SAFETY

OVER-REPRESENTATION

Research published in the *Australian Journal of Social Issues* included interviews with 32 First Nations individuals and five non-Indigenous individuals in New South Wales to highlight how the child protection system prioritised permanency at the expense of restoration, resulting in over-representation. The study found that reforms emphasising guardianship were deeply rooted in Western ideologies and were fundamentally contradictory to First Nations perspectives of parenting, child-rearing and community living, which was perpetuating cultural disconnection and assimilation.

Systemic level: paternalism, assimilation, and a broken system

- Most participants (81%) considered the child protection system “broken” and that it served to perpetuate historical traumas. First Nations participants viewed involvement in the system as resulting in the loss of children.
- The system was seen as punitive, particularly targeting families impacted by structural racism and compounding factors like addiction, poverty and incarceration, with parents feeling ‘continually punished’.
- Participants viewed the child protection system as fundamentally paternalistic, assimilationist and founded in Western concepts of ‘care’ and ‘safety’, where First Nations kinship practices may be misidentified as neglect or abuse.

Policy level: the push towards ‘permanency’ away from family and culture

- Participants identified a policy shift toward permanency primarily through guardianship, rather than restoration or reunification. Most participants (73%) expressed anxiety and uncertainty about the policy shift, and the change was widely seen as a contemporary manifestation of assimilationist policies, analogous to a new form of adoption or re-enactment of the Stolen Generations.
- The ‘Western policy lens’ was found to have a profound misalignment with First Nations understandings of permanency. Western policy often prioritised stability within a small, nuclear family unit, which directly contrasted with First Nations families’ concepts that are rooted in kinship, connection to culture, and connection to Country.

Practice level: barriers to restoration and lack of accountability

- The Western understanding of ‘guardianship’ and ‘adoption’ were considered to be in conflict with the First Nations understanding, where some participants indicated these concepts “are not a part of our living... our culture.”
- Participants described a lack of departmental accountability, with guardianship orders seen as pushed to reduce children “in the system” for statistical purposes, rather than genuinely focusing on family connection. Participants felt there was little altruism in the Department’s practices.
- The increasing privatisation of out-of-home care services was seen by participants to be commodifying First Nations children, potentially incentivising long-term care over restoration, while poor communication misled families about guardianship’s full implications, leaving them unsupported.

“So the common reason for removals would simply be what they say is neglect, but is overcrowding in housing

when kin is trying to help and care within kinship (the department) would say there is too many people in this house and the kid is being neglected.”

– Camilla, Aboriginal cultural manager

“And when we look at this out-of-home care and that forced adoption legislation, [the] thing that came through last year, guardianship, that is just heart-breaking. If that is not another re-enactment of the stolen generation you tell me what that is, that our people can be taken away”

– Barbara, Aboriginal agency staff and community member

First Nations child removal in New South Wales out-of-home care: a historical analysis of policy

CHILD SAFETY

OVER-REPRESENTATION

An article published in *Genealogy* traced the relationship between historical legacies of First Nations child removals and continued rates of over-representation, identifying how contemporary child protection policies in New South Wales failed to recognise First Nations complexities and best interests. The article analysed secondary sources from key eras and the evolution of policy and child protection practice beginning with the time of Western colonial settlement.

Invasion and resistance (1788 to 1800s)

British colonisation in 1788 fundamentally disrupted generations of First Nations parenting, child-rearing, kinship and care practices. Eurocentric philosophies and systems of intervention were introduced, driven by a desire of colonial powers to enforce conformity and homogenisation of First Nations peoples. Colonisers sought to commercialise First Nations peoples through exploitation of their labour, and to remove them to be presented to international audiences. Children orphaned in the wake of colonisation were often placed in orphanages, prisons, or asylums under vagrancy laws.

The Black Native Institution (1814 to 1833) and the emergence and decline of institutionalism (1820 to 1880)

Driven by 'civilising' and the desire for cheap labour, institutions like the Native Institution forcibly removed First Nations children for Western education and training as servants, labourers, often under poor or prison-like conditions. Legislation such as the Industrial and Reformatory Schools Act 1865 authorised the removal of 'destitute' children, including First Nations children.

The Aborigines Protection Board (1880 to 1940)

The Aborigines Protection Board gained exclusive authority over First Nations children in 1910, and in 1915 gained the legislative power to remove children without court hearings, parental consent or proof of neglect. The fundamental aim was to "die out full-blooded people" and assimilate 'mixed-race' children into colonial society.

Protection to welfare, boarding-out, and control (1940 to 1970)

Policy shifted from protectionism to 'biological absorption and assimilation' following World War II. Child removals increased, focusing on placements in institutions and non-Indigenous foster families with the intention of introducing removed children to 'white people's lifestyle'. The 'boarding-out' system became the preferred placement type, seen as a step towards assimilation.

Activism, welfarism, and self-determination (1970s to 1980s)

Government policy shifted towards strengthening family units, but removals continued during this time. First Nations activism resulted in the establishment of independent Aboriginal and Torres Strait Islander Child Care Agencies. This era saw advocacy for First Nations self-determination in child welfare and the development of the Aboriginal and Torres Strait Islander Child Placement Principles to prioritise placement with kin or community.

Change in agency and the Bringing Them Home report (1990 to 2000)

Reconciliation efforts emerged, including Paul Keating's 1992 'Redfern speech' acknowledging past harms. The *Bringing Them Home* report provided a comprehensive account of forced removals and made 54 recommendations for reform and reparations, few of which were implemented. This era saw an increase in the privatisation of out-of-home care services.

From the Bringing Them Home report to the FIC report (2000 to 2019)

Prime Minister Kevin Rudd issued a formal apology in 2008, with the 2008 Wood Report highlighting an overburdened system leading to all out-of-home care moving to non-government accredited organisations. New permanency reforms in 2014 were seen to risk embedding a 'new-iteration of colonialism'. First Nations communities, such as Grandmothers Against Removals resisted these ongoing removals.

Colonisation and continued over-representation

The increasing rate of over-representation reflects an ongoing systematic process of colonisation. First Nations people have been denied from participating in making care decisions for their children, serving to "reinscribe the mistakes and atrocities of the past".

Young carers: the impacts of caring on children's learning and wellbeing

FAMILY SUPPORT SERVICES

The Australian Institute of Family Studies published a report using data from the Longitudinal Study of Australian Children (LSAC) to identify educational and psychosocial outcomes among young carers. The report identified relationships between educational outcomes and the early home environments of children who subsequently became young carers.

Key findings

The number of young carers in Australia

Carer Payment data identified approximately 11,000 carers aged under 25 in Australia. This was a very low estimate because it excluded young carers who did not receive payments but faced similar support needs. LSAC data collected in 2014, when study participants were aged 14-15 identified that 40% provided some type of care.

5.6%

provided core assistance for a household member

16.3%

provided core assistance for someone they did not live with

4.8%

cared for a household member daily, or for 5+ hours a week

4.9%

cared for someone they did not live with daily, or for 5+ hours a week

Early home environments

Future young carers were read to less frequently at age 4–5.

Future young carers had fewer family outings, such as trips to playgrounds, swimming pools, libraries, religious services, community and cultural events, live performances and museums at age 4–5.

These differences were likely due to their parent's illness or caring burden, which indicates early disadvantage in cognitive stimulation.

At age 4–5, future young carers lived in households with lower incomes and were more likely to be living in a jobless household.

Psychosocial and educational outcomes

Young carers had lower NAPLAN scores compared to those with no caring responsibilities.

These gaps were not just a result of caregiving duties at age 14-15, but early-life disadvantage (e.g. having a parent with high caring demands, living in households with illness/disability, household financial stress and lower-quality home learning environments).

There was no statistically significant link between carer status and school engagement after controlling for socio-economic and disability-related factors.

Despite facing challenges, young carers' psychosocial wellbeing was comparable to peers.

Recommendations

- Encourage families with restrictive health conditions to enrol young children in high-quality early childhood education, especially 3-year-old preschool.
- Expand eligibility for the Federal Young Carer Bursary Program.
- Equip teachers with information on how to support students with caring responsibilities.
- Provide respite care to allow young carers time for study and social connection.

Conclusion

Young carers experience educational barriers due to socio-economic disadvantages and lower-quality home learning environments, which can have long-term effects on life opportunities.

Current policies do not adequately address young carers' learning needs.

Targeted assistance is also needed for young children with household members with a long-term health condition or disability.

Aboriginal workers' views on good practice with Aboriginal children in child protection

CHILD SAFETY

OVER-REPRESENTATION

Researchers at Griffith University and Aboriginal child protection workers in the Northern Territory developed a guide to Aboriginal-led child safety practices, developed within the principles of co-design and Indigenous data sovereignty. The guide offers insights for both Aboriginal and non-Aboriginal workers on culturally-safe, relational-based child protection practices.

Key findings

Relational foundations

- Connection and trust are built by being known in community, sustaining relationships, and respecting cultural protocols.
- Aboriginal practitioners balance their professional roles with obligations as community members, often working across "two worlds."
- Aboriginal practitioners intertwine lived experience, cultural knowledges, disciplinary training, institutional practice, and community protocols.

Communication strategies

- Authentic engagement is preferred over formal interviewing with children. This includes everyday interactions, play, and observation to build rapport and elicit disclosures from children.
- Approaches are strength-based, trauma-informed, and grounded in local cultural context.
- Aboriginal practitioners adapt their communication and presentation to suit cultural norms (e.g., avoiding direct eye contact, using Kriol or local language).

Practice challenges

- Deep recognition of the legacy of "Welfare" and its impact on community trust.
- More difficult to maintain connections in remote communities requiring fly in/fly out visits.
- Aboriginal workers with community ties may not be trusted due to a perceived risk of breaking confidentiality.
- A lack of cultural awareness among non-Aboriginal staff.
- Added emotional toll of carrying multiple community and professional roles.

Getting ready	Collect background information, consult with team, build community connections through regular contact, understand local norms.
Beginning	Explain role, ask family's permission to speak with them, offer to have support people present.
Helping the child	Engage in non-directive shared activities, chat about what interests them, ensure language and demeanour are age-appropriate, meet physical (food, water) and emotional (reassurance, respect) needs, normalise the experience and maintain contact.
Identifying concerns	Use cues, open questions, and indirect discussion, use probing questions in between general discussion, don't make assumptions.
Conclusion	Summarise what you discussed, be honest about what will happen next, identify how you can be contacted and when you will be in touch.

Sources of support among care leavers in South-East Queensland

CHILD SAFETY

A study published in the *Australian Journal of Social Issues* described the identities and family relationships of 12 care leavers in South-East Queensland, aged 18–23. It draws on data and fieldwork notes collected in 2017–2018.

Key findings

- Participants described difficulties securing stable and affordable housing, finishing school, navigating pathways to higher education and employment, and managing mental health issues with limited support after leaving care.
- Three participants talked about their communication online or in person with their previous caseworker or counsellor from when they were children in out-of-home care.
- Three participants remained in contact with a caseworker or counsellor who provided sporadic but reliable emotional support.
- Most received financial support from aftercare services that also provided helpful support through ongoing contact.
- Some experienced conflict after returning to live with family but did not have access to formal support to navigate family relationships.
- Young people described learning about their cultural identities after being disconnected in care.
- Some described frustration over receiving heavily redacted care files which they had hoped would help them understand the chronology of their lives in care.

Conclusion

Services should be responsive to the complexities of leaving care to provide a formal safety net as young people develop social networks.

Boman, M. (2025). Relationships and Identity: An Ethnographic Study With Young People in South-East Queensland Who Had Left Out-Of-Home Care. *Australian Journal of Social Issues*. <https://doi.org/10.1002/ais4.70021>

Resilience and mental health among care leavers: social inclusion, self-determination and independent living skills

CHILD SAFETY

YOUTH MENTAL HEALTH

A longitudinal study published in *Child Abuse & Neglect* examined administrative data and self-reported survey responses to identify factors that promote good mental health and resilience among care leavers. The study included a sample of 122 young people in Western Australia aged 15–25, who were followed for two years.

Key findings

- Young people in kinship care reported having better mental health and greater capacity to cope with adversity.
- Young people who left care more than two years ago reported poorer mental health.
- Young people who reported having high levels of independent living skills also reported better mental health and resilience.
- Young people who reported feeling socially included and having agency in their lives (self-determination) also reported high levels of resilience.

Predictors of poor mental health

- Long-term residential care.
- Long-term self-placement.
- Placement instability.
- High number of child protection notifications.
- Maltreatment history.
- Comorbid substance abuse.

Conclusion

Policies and practices which support placement stability, social inclusion, independent living skill development, and provide a sense of self-agency can promote good mental health and resilience among care leavers.

Chikwava, F., Cordier, R., Ferrante, A., & O'Donnell, M. (2025). Resilience and mental health among care leavers: Role of social inclusion, self-determination, and independent living skills. *Child Abuse & Neglect*, 165, 107489, <https://doi.org/10.1016/j.chiabu.2025.107489>