

Sector Insights paper

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Stakeholder Perspectives on Therapeutic and Safe Building Design in Residential Care

Child Safety

Out-of-Home-Care

Schroder, C., Crivari, O., Carnemolla, P., & Callaway, L. (2026). Stakeholder Perspectives on Therapeutic and Safe Building Design in Residential Care. *Australian Journal of Social Issues*, 0, 1–12. <https://doi.org/10.1002/ajs4.70106>

Residential care accommodates around 7% of young people in out-of-home-care (OOHC) nationally, with approximately 500 children in residential care in Victoria at any given time, and 30% of whom are Aboriginal or Torres Strait Islander. While national policy has shifted toward Therapeutic Residential Care (TRC), the role of the built environment in shaping therapeutic and safety outcomes remains under-examined. This qualitative study explored how design influences experiences of home-like and therapeutic environments, and workplace safety in Victorian residential care.

Researchers conducted 14 semi-structured interviews and 7 focus groups (n=30) with 44 stakeholders across community service organisations, government, the workplace safety regulator, and peak bodies. Notably, no Aboriginal Community-Controlled Organisations or First Nations stakeholders were recruited despite attempts, which the authors flag as a key limitation.

Key Findings

Theme 1: Home-like environments are undermined by institutional design

Personalisation as the foundation of "home": Stakeholders identified personalisation (soft furnishings, colour schemes, young-person-led bedroom design) as the key strategy for fostering belonging and comfort. When young people had genuine buy-in, participants reported less property damage and stronger attachment to the space.

Institutional aesthetics persist: Fire safety equipment, surveillance windows, observation mirror domes, extensive locks, "department-style clinical bathrooms," and standardised layouts were consistently described as making homes feel commercially built rather than residential. These features are often the first things visible from the street.

Maintenance problems: Delayed or low-quality repairs (mismatched fittings, months-long wait times) were said to signal disrespect, normalise destruction for new residents, and serve as ongoing reminders of distressing incidents.

The "home-like" framing is problematic: A young person's frame of reference for "home" varies considerably based on prior experience. Communal spaces are frequently personalised to staff expectations of home rather than the young person's, and the dual function as a workplace makes a fully home-like environment structurally impossible.

Theme 2: Worker safety may be prioritised over therapeutic outcomes

Participants questioned why therapeutic outcomes, particularly safety for young people, were not afforded the same systematic protections as workplace safety. Surveillance windows, locked offices, and extensive use of locks were described as signalling containment rather than care and perpetuating power imbalances. Locked bedroom doors prevented young people from using rooms as a place of retreat. There was no consensus among participants on the use of locks or surveillance windows.

Theme 3: Designing for safety means designing for both groups

Participants argued that design which reduces triggers for young people can also reduce the risk of occupational violence and aggression toward staff. Reducing occupancy to two or three bedrooms per home was widely supported. Suggested design solutions included ensembles and soundproofed bedrooms, sound-dampening spaces, layouts allowing exit without confrontation, and clear visibility. There was no consensus on optimal staff space design.

Recommendations:

- Enforceable environmental design standards that balance child safety, the rights of the child, and workplace safety requirements. Collaborative, child-led personalisation approaches, supported by responsive maintenance.
- Safety in residential care should be reconceptualised as encompassing both physical and psychological dimensions, moving beyond risk-minimisation toward proactive, therapeutic strategies.
- Operational factors such as lower occupancy levels (two to three young people per home) were identified by participants as supporting both therapeutic outcomes and workforce safety.

Out-of-school suspension from primary school and early contact with police (*Summary Report*)

Youth Justice

Education

Laurens K, Piltz L, Graham L, Carpendale E, Tzoumakis S, Harris F, Whitten T, Carr V, Dean K & Green M 2026. Out-of-school suspension from primary school and early contact with police. *Trends & issues in crime and criminal justice* no. 728. Canberra: Australian Institute of Criminology. <https://doi.org/10.52922/ti78182>

Out-of-school suspension is widely used as a behaviour management tool in Australian schools, but in Australia, it is disproportionately imposed on boys, Aboriginal and Torres Strait Islander children, children with disability, children residing in poor or rural areas, and children in out-of-home care, which represent the same groups over-represented in the criminal justice system.

This paper used linked administrative data from the New South Wales Child Development Study (NSW-CDS) to examine associations between out-of-school suspension during Years 3–6 and contact with police by approximately age 14. The sample comprised 68,121 children attending NSW government schools between 2012 and 2015, with covariates controlling for sex, Aboriginal and/or Torres Strait Islander background, area socio-economic disadvantage, child maltreatment, emotional/behavioural problems, and early developmental vulnerability related to behaviour. The authors note this is an associational study and cannot establish causation.

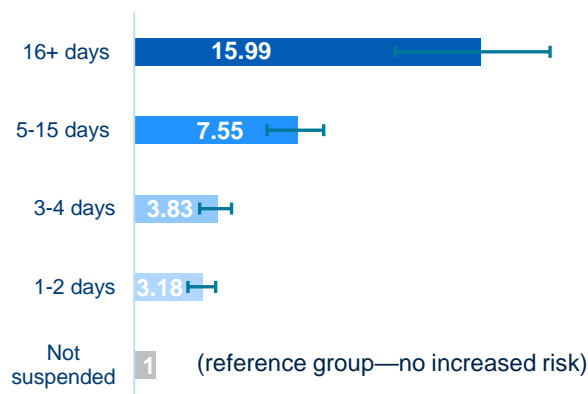
Key Findings

1. Suspension and police contact are both prevalent and overlap heavily

- Approximately 1 in 20 children (4.8%, n=3,291) received at least one out-of-school suspension during primary school, and 1 in 5 children (20.6%) had contact with police by an average age of 14.6 years.
- Among suspended children, 62.5% had police contact (compared to 18.4% of non-suspended children), with half (50.7%) experiencing contacts of multiple types.
- Among suspended children, contact with police solely as a victim was 27.6%, and 46.7% had contact as a victim alongside at least one other type—*Contact as person of interest* and *Contact as witness*.

3. More severe suspension patterns are associated with higher odds of police contact

This chart shows how many times more likely primary school children who were suspended are to later have contact with police as a person of interest (suspected of an offence), compared to children who were never suspended. The link gets stronger the longer children are suspended.



Numbers shown are 'adjusted odds ratios' — meaning they account for other factors like family background, socio-economic disadvantage, and early behavioural difficulties. Error bars show the range of uncertainty.

2. Suspension is significantly associated with later police contact, even after adjusting for covariates

After controlling for the six covariates, the odds of any police contact among suspended children were 3.46 times those of non-suspended children by the age of approximately 14 years. The odds of contact specifically as a person of interest (a suspected perpetrator) were 6.06 times those of non-suspended children.

4. For other dimensions examined (adjusted odds ratios for person-of-interest contact, vs. non-suspended children):

Number of suspensions: 1 suspension 3.51x odds;
5 or more = **15.51x** odds

Timing of first suspension: Years 5–6 = 5.36x odds;
Years 3–4 = 6.80x odds

Reason for suspension:

Aggressive behaviour (short) = 3.32x odds;
Persistent/serious misbehaviour (long) = **12.33x** odds;
Weapons / illegal substances / serious criminal behaviour = **13.75x** odds

Implication

The authors recommend alternative means for student infractions, and integrated multi-tiered systems of support to disrupt the school-to-prison pipeline, delivered through cross-agency partnerships across education, youth justice, child protection, and health. The high rate of suspended children with police contact as victims highlights the need for wraparound supports.

Connection associated with lowest odds of non-suicidal self-injury and suicidal ideation among Australian youth

Adolescent Mental Health

Robertson, A. M., Sheanoda, V., Campbell, P., Knight, E., Cruwys, T., Proulx, J. D. E., Rathbone, J. A., & Reynolds, K. J. (2026). Among key social determinants, connection associated with lowest odds of non-suicidal self-injury and suicidal ideation among Australian youth. *Australian & New Zealand Journal of Psychiatry*, 0(0), 1–11. <https://doi.org/10.1177/00048674261438055>

Suicide is the leading cause of death for Australian youth aged 15-24. *Australian's National Suicide Prevention Strategy 2025–2035* prioritises social determinants as upstream prevention targets. This study used nationally representative data from 2020-2022 National Study of Mental Health and Wellbeing to examine seven social determinants alongside two outcomes: 12-month suicidal ideation and 12-month non-suicidal self-injury (NSSI).

Key Findings

- A one-unit increase in social connectedness (how strongly a young person felt part of a group or community) was associated with **52% lower odds** of suicidal ideation and **55% lower odds** of NSSI. This was the only determinant linked to lower odds of both outcomes.
- *Ever experienced homelessness* increased the odds of suicidal ideation by 116%, and *Each additional household financial stressor* (e.g., inability to pay bills on time) increased the odds of NSSI by 34%.
- Other determinants such as household income, income from government pension/allowance payments, work/study engagement, and urban residence were not statistically significant predictors.

Implications

- The authors suggest social connectedness interventions should be considered a priority next step in youth suicide and NSSI prevention. They note evidence-based approaches such as social prescribing, community-based initiatives, and structured psychosocial interventions.
- The differential associations suggest suicidal ideation and NSSI may warrant distinct prevention approaches.
- Key limitations: cross-sectional data, single-item connectedness measure, and exclusion of people currently experiencing homelessness, those in remote areas, and discrete Aboriginal and Torres Strait Islander communities.

Parental Mental Ill-Health: Experiences of Navigating Multiple Services

Family Support Services

Health

Blake-Holmes, K., McCartan, C., Allchin, B., Bagge, S., Davidson, G., Grant, A., Harris, J., Lagdon, S., Loudon, E., Maynard, E., Reupert, A., Yates, S., & Williams, G. (2026). Parental Mental Ill-Health: Experiences of Navigating Multiple Services—A Systematic Review Conducted by Learnt and Lived Experience Researchers. *Health & Social Care in the Community*, 2026: 3187904. <https://doi.org/10.1155/hsc/3187904>

Families in which a parent experiences mental ill-health often have complex, interrelated needs that require engagement with multiple services across mental health, child and family support, substance use, welfare, housing and physical health. This systematic review sought to synthesise qualitative research on family members' experiences of accessing multiple services. Notably, the authors report that **no** studies were found that directly addressed the navigation of complex support systems, highlighting a significant gap in the literature.

Key Findings: themes were organised into inhibitors and enablers across individual, professional, and service levels.

Inhibitors:

- Trauma and prior adverse service experiences shaped low expectations; stigma, shame, and fear of a perceived correlation between mental ill-health and child abuse/neglect led some parents to avoid services; practical barriers included transport, childcare, finances, complex eligibility criteria and waiting list.
- Professionals were often described as ill-equipped to navigate complexity, with contradictory recommendations between services.
- Fragmented provision and inconsistent thresholds between agencies left parents unable to access support until in crisis.

Enablers:

- Parental identity acted as a motivator to seek help, with help from family and peers in navigation.
- Strong therapeutic relationships characterised by trust, empathy, consistency and non-judgemental approached.
- Whole-family, wrap-around provision and co-located services with flexible appointment options were highly valued.

Implications: Findings point to a need for family-centred, flexible, and accessible services, co-located where possible, that attend to both parents' and children's needs together.

Supported accommodation for unaccompanied children and young people experiencing homelessness

Child Safety

Homelessness

Robinson, C., Hobbs, C., Batterham, D., McGregor, J., & Stone, W. (2026). *Better futures: Supported accommodation for unaccompanied children and young people experiencing homelessness*. AHURI Final Report No. 459. Australian Housing and Urban Research Institute Limited. <https://doi.org/10.18408/ahuri4133801>

Unaccompanied child and youth homelessness, children aged 12-17 and young people 18-24 who experience homelessness without a parent or guardian, is a substantial and under-recognised problem in Australia. Unaccompanied child homelessness in Australia does not constitute grounds for state guardianship and parents retain legal responsibility. This study combined national Specialist Homelessness Services (SHS) data analysis with in-depth group interviews involving 51 young people across 10 different supported accommodation services and 29 SHS and youth outreach practitioners in Tasmania and Victoria.

Key Findings

Care needs are developmentally intense and require stability, not crisis cycling

- Young people and practitioners argued that short-term crisis accommodation “fails to provide the time or structure necessary to build trust, address trauma, and transition into dependence,” leaving young people cycling in and out of services.
- Participants emphasised the need for extended stays in home-like environments offering holistic, relational care.
- Mental health support emerged as a particularly urgent need, with nearly half of unaccompanied children and young people presenting to SHS experiencing mental health challenges.

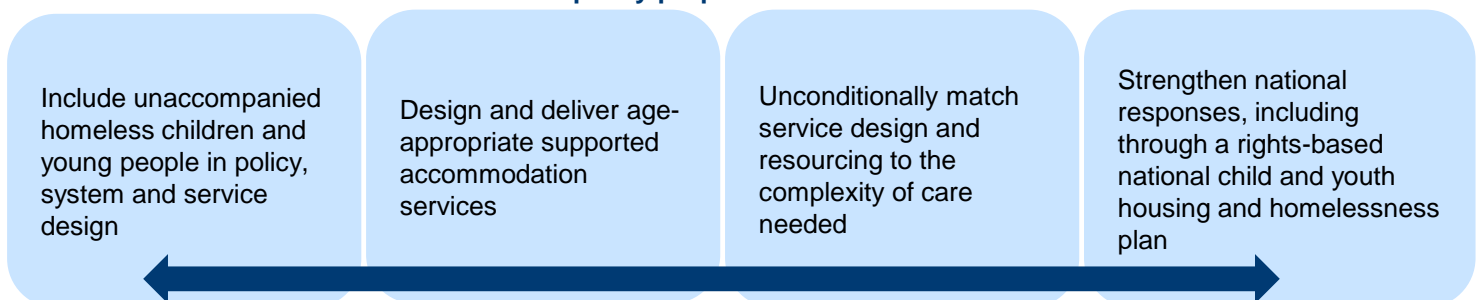
“Care conditionality” excludes those with the highest needs

- The concept of Care conditionality was developed to describe a systemic limitation in care provision. Conditional care is characterised by short periods of accommodation, under-staffing, service gaps and service design not-compliant with Child Safe Organisations legislation.
- It’s conditional on adherence to rules around risky behaviours and group living, often requiring young people to reach a high threshold of “housing readiness” to access services. Consequently, young people perceived as “higher risk”, those with mental ill-health, complex trauma, substance use, or criminal justice involvement, are excluded from support precisely when they need it most. Both unaccompanied children (under 18) and young people with complex needs were identified as the two cohorts **least likely** to access care.

Workforce strain compounds the problem

- Care conditionality also leaves staff exposed to high stress, ongoing moral injury and vicarious trauma, particularly in services using a no-worker model. Young people have reported limited capacity and skilled support for mental health needs among all supported accommodation types.

An ideal care continuum: four foundational policy proposals



Implications

The authors recommend immediate priority interventions including:

- Family reunification support (particularly for children at risk of unaccompanied homelessness)
- Rapid entry into low-barrier, care-focused, medium- and long-term services for those unable to return home
- Long-term mobile outreach for housing stabilisation, and a minimum two-worker staffing model

The report frames unaccompanied child homelessness as fundamentally “a crisis in care rather than in housing”—requiring a recentring of children’s rights to survive, be protected, and be supported to flourish. Investment in better national data collection is also called for, noting the Census cannot currently report on children’s unaccompanied status and AIHW only began reporting on under-15s in August 2025.

Evidence summary

Title	Type	Matter	Summary
Parent, peer and school connections may help reduce suicide risk for young Australians	Quantitative; The Longitudinal Study of Australian Children (LSAC)	<div data-bbox="544 367 852 421">Adolescent mental health</div> <div data-bbox="544 421 852 474">Suicide risk</div> <div data-bbox="544 474 852 528">Education</div>	<ul style="list-style-type: none"> School belonging is associated with reductions in suicidal thoughts and behaviours. Strong parental trust, communication and involvement at ages 16-17 are associated with later lower risk. Findings highlight the importance of everyday settings (schools) and relationships (parent–young person and peer-to-peer) as core components of suicide prevention policy. The evidence supports a cross-portfolio, prevention-focused approach aligned with the National Suicide Prevention Strategy 2025–2035, integrating education, health and family services.
Removal of Aboriginal infants in a hospital setting: Examining practices	Qualitative; Multiple-case study	<div data-bbox="544 698 852 752">Over-representation</div> <div data-bbox="544 752 852 806">Infant removals</div> <div data-bbox="544 806 852 860">Aboriginal health</div>	<ul style="list-style-type: none"> 60% of mothers presented to the hospital in the first two trimesters of their pregnancy, mothers were not supported to build their parenting capacity nor advised about the risk of imminent removal. Evidence of systemic racism through a combination of a lack of culturally sensitive practice and respect, and exclusion of Aboriginal Healthcare providers from provision of cultural care. The authors question the necessity for removals to occur within health services where the infant is safe, noting the provision of post-removal social care to the mother was limited.
Mental health and wellbeing differences between crossover and non-crossover youth: A study of clinically referred individuals in Ontario, Canada	Quantitative	<div data-bbox="544 1057 852 1111">Youth justice</div> <div data-bbox="544 1111 852 1164">Cross-over youth</div> <div data-bbox="544 1164 852 1218">Child safety</div>	<ul style="list-style-type: none"> Crossover youth tend to belong to more complex families where complications including maltreatment, trauma, substance abuse, parental and child mental health disorders were more common. Crossover youth experience significant academic and social difficulties. Importance on the collaboration between mental health professionals, child welfare and juvenile justice system.
Coping Strategies and Trauma-Informed Interventions for Residential Support Workers: We Lean on Each Other	Qualitative	<div data-bbox="544 1303 852 1357">Residential care</div> <div data-bbox="544 1357 852 1411">Workforce turnover</div>	<ul style="list-style-type: none"> Residential support workers in out-of-home-care use peer support as the central coping mechanism for their sustained capacity in emotionally demanding roles, highlighting the fragility of the system when teams were fragmented through turnover or poor leadership. Individual coping routines demonstrate that workers actively calibrate their emotional availability, especially when organisational structures fail to provide consistency or safety. Reflective supervision is irregular and inconsistent, but transformative when done well. CALD workers experience additionally layers of vulnerability including racialised interaction, increased suspicion during allegations, and cultural stigma. Findings highlight that trauma-informed care for young people is inseparable from trauma-informed care for the workers who support them.
Child Sexual Abuse Allegations in Child Custody, Child Visitation, and Child Protection Proceedings: A Scoping Review	Scoping Review	<div data-bbox="544 1774 852 1827">Child sexual abuse</div> <div data-bbox="544 1827 852 1881">Child safety</div> <div data-bbox="544 1881 852 1935">Custody dispute</div>	<ul style="list-style-type: none"> Substantiation often hinges on child statements, yet children may be interviewed/evaluated with questionable indicators (drawings, behaviour). Professionals must balance risks: avoiding both dismissal of genuine allegations and undue restrictions from unsubstantiated but good-faith concerns. Policies should reflect that deliberate false allegations are rare, ensuring that non-substantiation is not equated with fabrication. Given CSA's rarity but gravity in family law, legal systems need safeguards that both protect children from abuse and prevent unjust custody losses based on weak evidence

Evidence summary

Title	Type	Matter	Summary
School-Based Abuse Prevention Education Programs for Preschool-Aged Children: a Scoping Review	Scoping Review	<ul style="list-style-type: none"> Child safety Child abuse Education program 	<ul style="list-style-type: none"> Findings suggest that school-based abuse prevention education for preschool-aged children is both feasible and beneficial when delivered in developmentally appropriate ways. Nearly all addressed physical and sexual abuse in some form, creative approaches such as puppet storytelling may help make complex or sensitive concepts more accessible. Longer-duration programs and programs delivered weekly or bi-weekly allowed more time for reinforcement and appeared to yield stronger or more sustained knowledge gains.
2025 National Youth Survey Summary Report	Summary Report	<ul style="list-style-type: none"> Youth voice Youth participation Health 	<ul style="list-style-type: none"> 98% of young people think it's important the Australian Government considers their views when making decisions. 39% of young people reported they did not know how to engage with the Australian Government, and 73% would like to hear about what the Australian Government is doing for them via Social media. Cost of living (47%) is the top issue for young people, followed by Mental health (28%).
Empowering Vulnerable Mothers An Eval of the BBP (Baby Bundle program)	Evaluation Report	<ul style="list-style-type: none"> Family support services Cost of living 	<ul style="list-style-type: none"> Baby Bundle program gifts essential perinatal and newborn items to vulnerable new and expecting mothers across Qld and northern NSW. 91.7% of participants reported positive impact on their wellbeing, 89.7% reported increased sense of trust in support services, with direct implications for future health service engagement. Qualitative response: <i>A Weight Lifted, I've got this, Surprised by Kindness, More Than Just Words...</i>
Concurrent homelessness and mental illness in Australia: a systematic review using the Gelberg – Anderson Model	Systematic Review	<ul style="list-style-type: none"> System fragmentation Mental health Homelessness 	<ul style="list-style-type: none"> This study used Gelberg –Anderson model to identify who is most likely to be excluded from stable care and housing pathway across the life course, and pointing to where prevention and early intervention should be targeted. Youth and emerging adults in out-of-home-care represented a distinct high-risk cohort, with high rates of homelessness following OOH exit, with co-occurring mental illness and substance use. Prevention and early stabilisation efforts should concentrate at predictable transition points. A cross-cutting enabling barrier identified in the Australian evidence base was definitional fragmentation, undermining eligibility alignment, data linkage and continuity tracking. Enabling factors including housing access, system coordination, practical supports, and continuity mechanisms shaped whether individuals stabilised or cycled through crisis services.
Effects of continuous nurse home visits on the parenting practices of pregnant females and mothers with infants or preschool children: A systematic review and meta-analysis	Systematic Review	<ul style="list-style-type: none"> Child safety Family support services Maternal health 	<ul style="list-style-type: none"> This study examined whether home visits by nurses improve the parenting practices of pregnant and postpartum females through a systematic review and meta-analysis. Positive parenting behaviours increased significantly after nurse-led home visits and negative parenting behaviours decreased. Findings suggest home visiting programs are flexibly adjusted for varying goals and roles, leading to various interventional approaches.

Evidence summary

Title	Type	Matter	Summary
Characteristics, Circumstances and Support Needs of Older Young People Entering Care for the First Time: A Scoping Review	Scoping Review	<div data-bbox="550 383 858 439">Out-of-home care</div>	<ul style="list-style-type: none"> Findings identified evidence gaps in literature on older young people (OYP, 15-17-year-olds) entering care for the first time). OYP entering care for the first time likely have more complex support needs that can exceed the capacity of parents and carers, including once in OOHC. In addition to parental risk factors (abuse, neglect and abandonment), child-rated risk factors including behavioural problems, criminal offending, disability and mental health play a key role in entering care when compared to younger children.
Examining alexithymia among prison populations studies through a systematic review	Systematic Review	<div data-bbox="550 633 858 689">Youth justice</div> <div data-bbox="550 696 858 752">Adolescent mental health</div> <div data-bbox="550 759 858 815">Rehabilitation</div>	<ul style="list-style-type: none"> Five of the 32 identified studies examined alexithymia (defined as difficulty in identifying, describing and regulating emotions due to limited cognitive processing of emotions) focused on adolescent or juvenile offenders, who frequently exhibited low emotional adaptability and higher aggression in response to stress, suggesting impaired emotional development. Alexithymia was most commonly associated with individuals who had experienced early-life trauma or familial disruption, and more strongly associated with violent and sexual offences than with non-violent offences. Correctional systems need to recognise alexithymia as a distinct but related emotional processing difficulty and consider its relevance in rehabilitation planning and mental health intervention.
Protect and prosecute: a post-structural analysis of police policies on responding to children of arrestees in Australia	Policy Analysis	<div data-bbox="550 1030 858 1086">Child safety</div> <div data-bbox="550 1093 858 1149">Children of Arrestees</div> <div data-bbox="550 1155 858 1211">Police policy</div>	<ul style="list-style-type: none"> Findings suggest that this group of children are largely invisible to law enforcement in the existing policies related to children of arrestees in Australia, characterised by the absence of clear policy guidance on identification and discretionary practices. Policy representation of the issue should not be reduced merely to a lack of care after arrest, but also include protection of this group of children from unnecessary distressing scenes and framing of harm and support beyond the immediate arrest. Offering support such as diversion initiatives, mental health or family-centred supports could be particularly useful for children whose parents are arrested but not charged. Policy reforms should establish a clearer and more accountable framework for police responsibilities toward children of arrestees.
"That Sense of Belonging ... That Comes from Within": Beyond Legal Permanence: Aboriginal Understandings of Cultural Connection, Belonging and Child Wellbeing, and Cultural Adaptation in Child Welfare Reform	Qualitative	<div data-bbox="550 1393 858 1449">Child safety</div> <div data-bbox="550 1456 858 1512">Family support services</div> <div data-bbox="550 1518 858 1574">Permanency planning</div> <div data-bbox="550 1581 858 1637">Indigenous children</div>	<ul style="list-style-type: none"> Using the example of legislative reforms in NSW, this study explores how privileging legal permanence leads to ongoing failures to account for Aboriginal worldviews and child-rearing practices. Participants' understandings of permanence as the relational, emotional, spiritual, social and cultural state, challenged Western assumptions about its physical dimensions. International permanency scholarship supports establishing connectedness, rather than legal status, as the foundation of permanence. Normative child-rearing practices such as shared care or children regularly moving amongst family members should be embedded and supported in child and family system interventions.
What Risk and Protective Factors Influence the Relationship Between Child Sexual Abuse Disclosure and Suicidal Behaviours? A Scoping Review of the Literature	Scoping Review	<div data-bbox="550 1731 858 1787">Child safety</div> <div data-bbox="550 1794 858 1850">Child sexual abuse</div> <div data-bbox="550 1856 858 1912">Suicide risk</div>	<ul style="list-style-type: none"> Disclosure emerged as a critical relational moment from included studies: a potential for connection and validation or renewed betrayal and isolation, suggesting that the interpersonal and systemic context surrounding disclosure, rather than disclosure itself, is central to understanding victims' and survivors' lived experiences. Experiences of blame or silencing may intensify feelings of isolation and burdensomeness, thereby strengthening suicidal desire. Protective factors centred on the quality and authenticity of support. Service frameworks should integrate suicide prevention and disclosure of child sexual abuse response systems.