Sector Insights paper

In this month's Insights paper

Sexual offending in Australia 2023–24	2
The motivations of individuals and families who foster or adopt a child living with a disability	3
Domestic and family violence experienced by children and young people in NSW	3
Assessing the quality of transition plans in out-of-home care	4
The impact of remoteness on the outcomes of children with prenatal drug exposure	5
Toward trauma-informed and culturally responsive behaviour support in out-of-home care	6
Embracing risk: supporting pregnant and young parents in the child welfare system	6
Evidence summary	7-10

QUEENSLAND Family & Child Commission

Queensland Government

Sexual offending in Australia 2023–24

Child sexual abuse | Online child sexual abuse | Youth justice | Over-representation

Sullivan, T. (2026). *Sexual offending in Australia 2023–24* (Statistical Report No. 60). Australian Institute of Criminology. https://doi.org/10.52922/sr78328

Context: The Australian Sexual Offence Statistical (ASOS) collection brings together police-recorded data from every state and territory on all types of offending, including penetrative and non-penetrative offences, persistent sexual abuse, child sexual abuse material (CSAM), image-based sexual abuse and enabling conduct such as grooming and procurement. This report describes all individuals police proceeded against in 2023–24 and their identified victims. It does not capture unreported or undetected offending.

10,359
offenders proceeded against by police for a sexual offence

9767
identified victims, of whom 84% were female

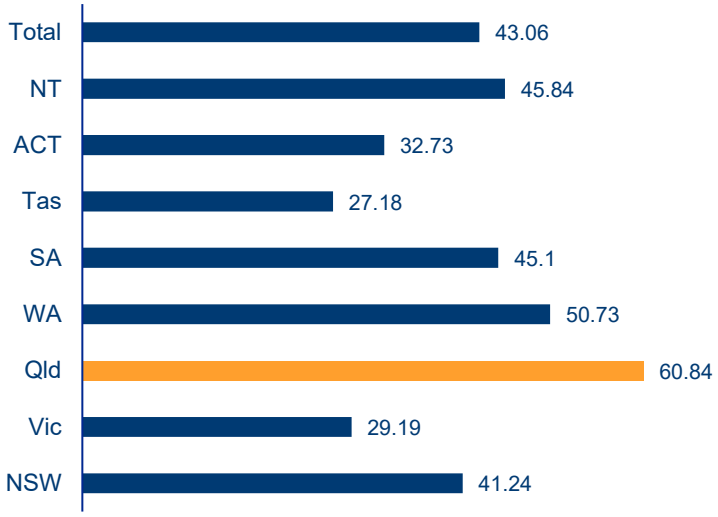
93%
of alleged sexual offenders were male

1 in 7
offenders was aged under 18 years

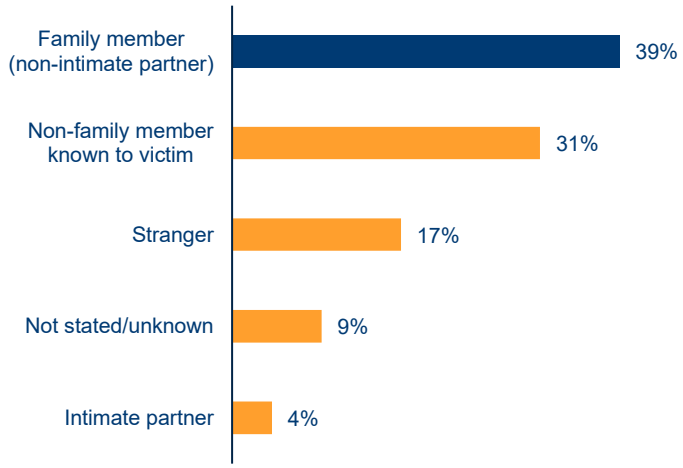
Key findings:

Non-penetrative sexual conduct was the most common offence type (58% of offenders). Youth offenders were most commonly proceeded against for CSAM offences (42%), partly reflecting 'sexting' between juveniles being classified as CSAM in some jurisdictions; 73% of girls proceeded against had a CSAM offence.

Total sexual offenders by jurisdiction, 2023-24 (Rate per 100,000 relevant population)



Relationship to primary victim, adults with child sexual offences (%)



- **National increase and state disparities:** In 2023-24, Australian police proceeded against 10,359 individuals for sexual offences, representing a slight national rate increase to 43.06 per 100,000 population (up from 42.61 in 2022-23), with rates varying significantly by state.
- **Queensland's high volume and rate**: While New South Wales (NSW) recorded the highest absolute number of offenders (3100), Queensland followed closely with the second-highest volume (2999) and registered the highest offender rate in the country at 60.84 per 100,000 population.

- **Most child sexual offending occurred close to home:** Adults proceeded against for only child sexual offences were most commonly a non-intimate partner family member of the victim (39%), and only 17% were strangers to their primary victim. 78 per cent of adults with child sexual offences offended at or around a residential location.
- 16 per cent of youth offenders and 12 per cent of adult offenders were Aboriginal, Aboriginal and Torres Strait Islander, or Torres Strait Islander.

Summary: This report provides the most complete national picture of police-recorded sexual offending to date. Offending remains overwhelmingly male-perpetrated and for child victims, most often by someone known to the child in a residential setting. The large share of young people proceeded against for CSAM has mostly been dealt with by caution. The reported data reflects police action only, not the true prevalence of sexual violence.

The motivations of individuals and families who foster or adopt a child living with a disability: A scoping review

Foster care | Adoption | Permanency planning | Children with disability

Sherring, L., Rockloff, S., & Lane-Krebs, K. (2026). The motivations of individuals and families who foster or adopt a child living with a disability: A scoping review. *Child & Family Social Work*. Advance online publication. https://doi.org/10.1111/cfs.70217

Context: Children with disability are over-represented in out-of-home care internationally, yet carers are in chronic short supply, and placements for these children break down more often. Understanding what motivates people to foster or adopt a child with disability is positioned as useful for recruitment, support and retention. The review asks "what motivates individuals and families in industrialised Western countries to care for a non-biological child living with a disability?"

Key findings:

Across 12 international studies, the review groups carers' motivations to foster or adopt a child with disability into four themes.

- Altruism, a general desire to help vulnerable children, was the most common stated motivation, but the review reports it is usually generic rather than disability-specific and tends to initiate rather than sustain caregiving.
- Enduring commitment to the ongoing medical, behavioural and advocacy demands of disability care, was tied more to carers' preparedness and lived experience than to initial intentions.
- A third theme linked caregiving to personal values and faith, with several studies describing it as a moral or religious choice.
- Fewer studies described disability care as mutually beneficial and enriching to family life rather than a sacrifice.

Summary: Recruitment that leans on altruistic appeals alone may not produce carers who stay, because sustaining a disability placement depends more on preparedness and evolving acceptance of disability as part of family life, drawn from a limited, heterogenous evidence base with no Australian studies. Authors flag the need for larger, longitudinal, disability type specific and kinship inclusive research.

Domestic and family violence experienced by children and young people in NSW

Domestic and family violence | Implementation gap | Child rights

Nelson, J. (2026). *Domestic and family violence experienced by children and young people in NSW* (Research Paper No. 2026-03). NSW Parliamentary Research Service, Parliament of New South Wales.

Key takeaway: This paper describes domestic and family violence as the most common form of child maltreatment in Australia. The Australian Child Maltreatment Study found 39.6 per cent of people aged 16 to 65 had been exposed to domestic violence as a child at least once. The paper argues that children and young people experience this violence directly and should be recognised as victim-survivors in their own right rather than only as dependents of an adult victim-survivor. It finds that NSW has begun to embed this understanding in some policy and service settings, but that recognition is not yet consistent across social services, education, justice and child protection.

Key findings: This is a literature review and evidence synthesis prepared by the NSW Parliamentary Research Service.

- It reports that intake systems, eligibility rules and risk tools are often designed around adults and gives examples where parental consent requirements can act as a barrier or a means of continued control.
- The review notes an overlap between young people who use violence and those who have experienced it and describes services for adolescent violence in the home as limited.

- The NSW child protection system remains largely 'crisis-driven'. Budgetary data highlights this imbalance: 61 per cent of expenditure is allocated to out-of-home care (OOHC) compared to only 13 per cent for family support services.
- It reports that Aboriginal children made up 45 per cent of children in OOHC as at June 2023, while seven per cent of NSW children are Aboriginal, and that 7.2 per cent of targeted early intervention funding went to Aboriginal Community-Controlled Organisations (ACCOs) as at 2024, against a 2017 commitment to reach 30 per cent.

Summary: The paper concludes that NSW has made policy commitments to recognising children as victim-survivors of domestic and family violence and some progress in implementing them, but that workforce capability, data collection and service integration remain uneven. It presents this as recognition stated in strategy but not yet consistent in practice.

Assessing the quality of transition plans in out-of-home care

Transition planning | Care leavers | Residential care | Housing

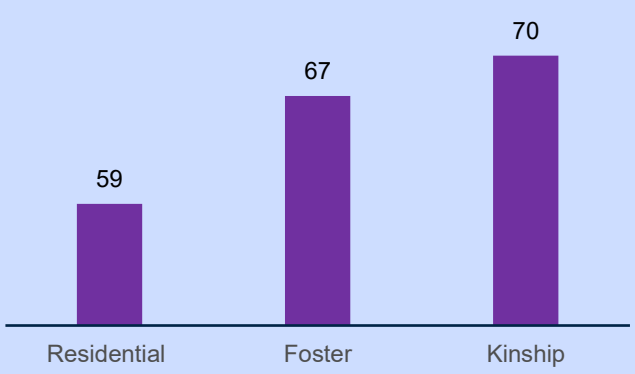
Wainwright, H., Savaglio, M., Morris, S., Newton, D., Devery, A., Luke, J., Grage-Moore, S., Gonsalves, S., Halfpenny, N., Nyblom, C., James, C., Mendes, P., & Skouteris, H. (2026). Assessing the quality of transition plans in out-of-home care. *Child & Family Social Work* 1–17. https://doi.org/10.1111/cfs.70224.

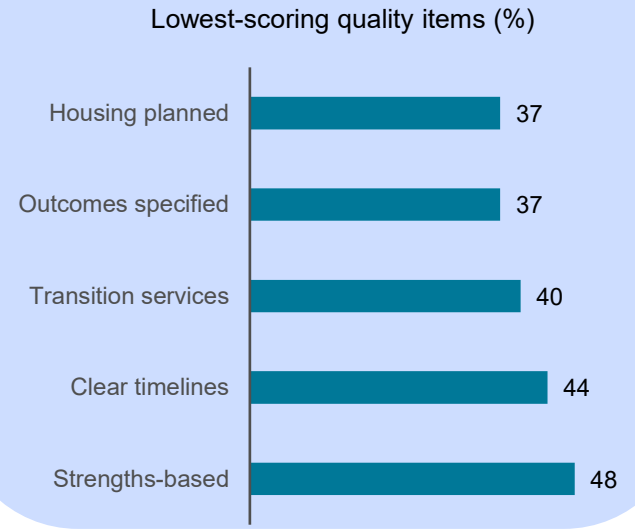
Key takeaway: Written transition plans for young people leaving OOHC in Victoria were mostly of moderate quality with plans for young people living in residential care rated significantly lower in quality than home-based care plans. The study assessed written documentation only, so gaps in plans may reflect recording practices rather than the absence of planning or support.

About the study: Mixed-methods document analysis of 196 de-identified Care and Transition Plans for young people aged 15 to 17 years, drawn from three community service organisations and one ACCO in Victoria.

Key findings:

- Across 196 plans, the mean quality score was 62.2 per cent. Most plans (85%) were of moderate quality, 11 per cent were high quality and five per cent were low quality.
- Plans for young people in residential care scored lower on average (59.3%) than kinship (69.7%) and foster care plans (67.3%). Longer time in placement was also associated with lower plan quality.
- Plans developed with the input from the young person were of higher quality (63.9%) than those where input was not sought (58.2%). Involvement was reported in almost three out of four plans (73%).
- Housing was addressed in only 10 per cent of plans, and where addressed, was of low quality (37.3%); engagement with transition-from-care services was 14 per cent and of low quality (40%). Only 2 of 128 residential care plans sufficiently addressed housing. One contributing factor for the absence of housing may be the design of the planning template, which dates from 2012 and has not been updated to reflect new policy and other developments.
- Plans for Aboriginal and Torres Strait Islander young people scored lower overall (59.5% compared to 63.2% Non-Aboriginal and Torres Strait Islander young people). The three plans developed by an ACCO scored higher (84.2%) than those from mainstream providers (55.8%).
- The authors recommend redesigning the planning tool, mandated practitioner training, quality monitoring beyond compliance, and stronger cultural support for Aboriginal and Torres Strait Islander young people.





Summary: This is the first Australian study to assess the quality of written transition plans across placement types. Most plans sat in the moderate band, with quality varying by placement type, the young person's age and involvement, time in placement, and who authored the plan. Health needs were the strongest area, while housing, transition-from-care services, outcome specification and timelines were the weakest. The authors note that many gaps may trace to the design of the 2012 planning template and to system constraints, such as housing sitting outside practitioners' direct control, rather than to individual practice alone. The findings support tool redesign and system-wide quality monitoring rather than compliance checking.

The impact of remoteness on the outcomes of children with prenatal drug exposure: A population-based cohort study

Out-of-home care | Parental substance use | Health inequities | Rural and remote

Colligan, T., Oei, J. L., Bajuk, B., et al. (2026). The impact of remoteness on the outcomes of children with prenatal drug exposure: A population-based cohort study. *Journal of Paediatrics and Child Health*. https://doi.org/10.1111/jpc.70438

Context: Children with prenatal drug exposure (PDE) face elevated risks of death, hospitalisation and OOHC, and PDE is growing fastest in regional and remote areas. This is the first population-level study of geographical disparities in PDE outcomes. Using linked records for all babies (~1.8 million) born in NSW between 2001 and 2020, it compares children with exposure to smoking, alcohol or other substances in pregnancy (n=208,492) with unexposed children (n=1,607,662), adjusting for First Nations status, maternal age, maternal mental illness and social disadvantage.

Key findings:

208,492
NSW children born with prenatal drug exposure, 2001-2020

52x
More likely to be placed in OOHC than unexposed children

2.9x
More likely to die than unexposed children

68%
More likely to die if children diagnosed with NAS living outside major cities

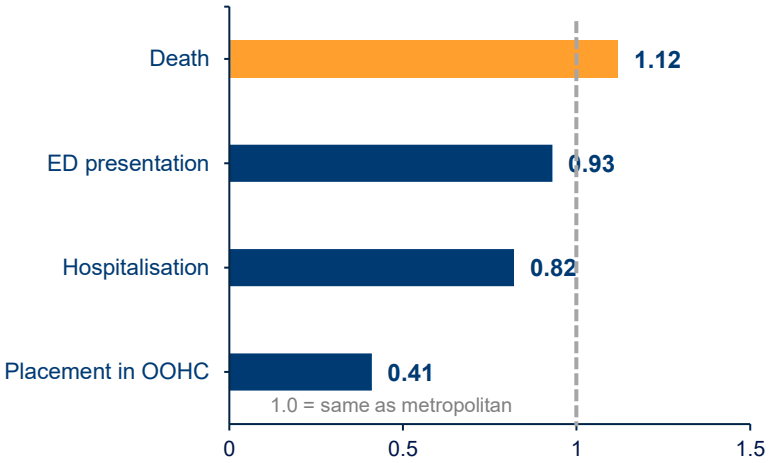
Note: Incidence Rate Ratio (IRR): A statistical measure used to compare how much more frequently a health event happens in one specific group compared to another over time.

Neonatal Abstinence Syndrome (NAS): The medical withdrawal symptoms infants with PDE experience.

Children with vs without PDE exposure

Compared with other NSW children, children with PDE were more likely to die (IRR 2.90), be placed in **OOHC (52.43),** be hospitalised (1.22) and attend an emergency department (1.06). Disparities persisted into adolescence, even for children without a NAS diagnosis.

Regional vs metropolitan children with PDE (adjusted IRR)



Regional vs metropolitan

Compared to metropolitan children with PDE, regional children were less likely to be hospitalised (IRR 0.82) and were far less likely to be placed in OOHC (0.41), yet were more likely to die (1.12), mainly from preventable causes such as accidents.

- Emergency department (ED) presentations for regional children with PDE increased up to 2.5-fold between 2001 and 2020, and OOHC placements rose in remote and very remote areas while falling in most metropolitan areas.
- NAS appears underdiagnosed in rural cohorts, attributed to limited antenatal screening and fear of child removal, particularly in First Nations communities, which could delay intervention and support.

Summary

Lower service use combined with higher mortality indicates an access problem, not lower need: children with PDE in regional and remote areas are not reaching the preventative health and psychosocial support that metropolitan children receive. The authors call for equitable access to preventative health care and psychosocial support, with implications for how child protection and health systems reach drug-exposed children outside the cities.

Toward trauma-informed and culturally responsive behaviour support in out-of-home care

Out-of-home care | Culturally responsive practice

Abayakoon-Stanborough, M., Leif, E., Stanborough, M., Berger, E., & Allen, K.-A. (2026). Toward trauma-informed and culturally responsive behaviour support in out-of-home care: A qualitative exploration of practices, enablers, and barriers. *Social Science Research Network*. https://doi.org/10.2139/ssrn.6809275

Context: Many children living in OOHC display behaviours that communicate distress and unmet needs. This study surveyed 95 NSW practitioners who develop behaviour support plans (BSPs) for children in OOHC. Of these, 52 per cent were caseworkers and 38 per cent were psychologists, with 15 per cent identifying as Aboriginal.

Key findings: Practitioners deliberately applied trauma-informed principles: safety, choice and empowerment. A key challenge was carers who minimise or misread trauma, believing the child is 'choosing' to behave in challenging ways.

Culturally responsive practice centred on three themes: recognising each child's unique cultural identity in the plan; consultation and collaboration with family and community; and embedding cultural understanding and connection into behaviour support strategies.

What helps:

- Specialist expertise and role clarification
- Comprehensive and practical training
- Enhanced cultural responsiveness and consultation
- Improved systems, data and documentation
- Effective delivery and consistency of plans

What hinders:

- Time constraints, workload and competing demands
- Insufficient knowledge, training and professional confidence
- Lack of stakeholder buy-in, consistency and carer capacity
- Absence of crucial information; data collection challenges
- Cultural barriers and lack of cultural expertise
- Document design, length and utility

Summary: Practitioners show strong commitment to trauma-informed and culturally responsive behaviour support, but face significant systemic, structural and knowledge barriers. Strengthening organisational support, role clarity, ongoing training, and culturally grounded consultation processes guided by children, families and communities is essential.

Embracing risk: supporting pregnant and young parents in the child welfare system

Child protection | Workforce practice | Care leavers | Infant removal

Jones, M., McLaren, H., Brodie, T., Bishop, J., York, K., Edney, L., Regan, J., & Travers, K. (2026). Embracing risk: Supporting pregnant and young parents in the child welfare system. *Journal of Risk Research, 29*(7), 875–888. https://doi.org/10.1080/13669877.2026.2674657

Context: This study explores My Place, a South Australian trauma-responsive service that provides health and therapeutic support to young pregnant care-leavers (aged 12-24) who are at risk of having their infants removed. These young people face intersecting risks, having often experienced intergenerational trauma and the challenges of transitioning to adulthood without stable support systems. The research evaluated how the program navigates, manages, and "holds" risk across child welfare and health systems.

Key findings:

- **Relational trauma-informed practice**: Workers engage in relational risk-work, building trust to directly negotiate risk-taking behaviours with young people, such as emotional regulation and health decisions like contraception.
- **Collaborative services and systems**: My Place acts as an intermediary, bridging siloed systems (health, disability, and child protection) to drive collaborative assessments and ensure young parents receive flexible, non-judgmental support. By making risks explicit and involving service users in assessments, the program establishes epistemic trust, allowing young parents to exercise greater self-determination.
- **"Holding" and sharing risk**: Unlike risk-averse agencies that may avoid "high-risk" clients, My Place has a higher risk tolerance, often "carrying" or "holding" the risk for other services to maintain a stable relationship with the parent even during infant removal processes.

Summary: The study concludes that shifting from a culture of risk avoidance to a relational "risk engagement" framework allows practitioners to build protective factors around vulnerable parents. By embedding services within a trauma-responsive learning system, organisations can safely manage uncertainty and provide the scaffolding necessary to help disrupt intergenerational cycles of OOHC.

Evidence summary

Title	Type & Matter	Summary
Hidden worlds: How child sexual abuse offenders portray themselves in clear-web paedophile community interactions and dark-web survey responses	Quantitative Online child sexual abuse	• This study uses computer-mediated discourse analysis to compare how online child sexual abuse (CSA) offenders present themselves in private clear-web chats versus anonymous dark-web surveys. It investigates how these different online environments and audiences influence the way offenders construct their identities and rationalise their criminal behaviours. • While clear-web community members often glorified their actions and dehumanised victims in supportive "echo-chambers," dark-web survey respondents were significantly more likely to express shame and self-loathing. This divergence suggests that offenders strategically tailor their self-presentation based on whether they are interacting with like-minded peers or being observed by "outside" researchers. • It concludes that online communities play a critical role in radicalising offenders by reinforcing harmful ideologies and providing a sense of belonging. It recommends that treatment programs must address these identity-tailoring behaviours and focus on countering the dehumanising cognitive distortions prevalent in online offender spaces.
Examining representations of and responses to children affected by parental alcohol consumption in Australian health and social policy	Qualitative Parental substance use Adverse childhood experiences Health and social policy	• This article examines how Australian health and social policies represent the relationship between children's adverse experiences and parental alcohol consumption. • The study found that Australian policies consistently represent parental alcohol consumption as directly causing children's adverse experiences, using moral judgments that emphasise individual responsibility while largely ignoring social and structural factors. This framing uses gender-neutral language that erases men's disproportionate role in alcohol-related harms and constrains the scope of potential policy responses. • The analysis reveals that these representations constrain policy responses and limit government accountability. The study argues for more nuanced approaches that acknowledge gender differences, social determinants, and the complexity of children's experiences rather than simplistic cause-and-effect relationships.
Suicidality following sexual abuse among children aged 10 to 17 years	Quantitative Adolescent mental health Suicide prevention Child sexual abuse	• Survivors of CSA frequently face long-term trauma-related consequences, including elevated risks for developing psychiatric disorders. The study compared the characteristics of those who experienced subsequent suicidality against those who did not, using electronic health records of children aged 10-17 from a child advocacy centre in the United States. It further explored how the victim-perpetrator relationship influenced this outcome. • Approximately 11 per cent of the youth experienced suicidality within three months, with nearly 22 per cent of that group attempting suicide. Risk factors included identifying as sexual and gender diverse, having prior depressive symptoms, or being abused by a nonrelative rather than a family member. • The study concludes that ongoing suicide screening is vital both at the time of initial evaluation and in the subsequent months. Prompt and trauma-informed mental health care is critical to prevent further harm for high-risk youth.
Reframing outcomes in intensive family preservation services: practitioners' perspectives on positive change	Mixed methods Family support services Workforce practice	• This study examines Intensive Family Preservation Services in Flanders (Belgium), focusing on how frontline practitioners define and achieve "success" during short-term crisis interventions intended to prevent OOHC placement. • Practitioners define success as meaningful progress like improved communication or restored routines, even when underlying family vulnerabilities remain. These are enabled by four dynamic dimensions: structural alignment, relational co-construction with the family, professional directivity, and the moral sustainability of the work for the practitioner. • The study concludes that success should be reframed as achieving realistic movement within a bounded intervention space rather than total elimination of family problems. It recommends that organisations provide robust clinical supervision and reflective spaces to help staff manage the emotional and ethical challenges inherent in high-stakes crisis work.

Evidence summary

Title	Type & Matter	Summary
A pedagogy of connection: building young peoples' resilience through social prescribing	Qualitative Adolescent mental health Community support Workforce practice	• Social prescribing is a person-centred, community-based intervention that connects young people with non-clinical resources and relationships to improve their mental health and well-being. By bridging gaps between education, health, and social care, this model offers a relational and preventative alternative to traditional medical approaches that often over-pathologise emotional distress. • The research highlights how social prescribing integrates youth work principles and social pedagogy, using a "Head, Heart, and Hands" framework to balance critical reflection, empathy, and practical action. Practitioners act as trusted figures who "walk with" young people, providing the necessary scaffolding to help them build confidence and move toward independent community participation. • Evaluation of the "Connect Together" pilot showed that 88 per cent of participants reported improved emotional well-being and 78 per cent felt better equipped to manage life challenges. These successful results were driven by a "no wrong door" philosophy and a whole-family approach that addresses wider social determinants of health, such as sleep, diet, and school attendance.
Food insecurity and mental health among high school students: Evidence from national and Virginia Youth Risk Behavior Surveillance data	Quantitative Adolescent mental health Food insecurity School policy	• Amidst a rising adolescent mental health crisis, this study used 2023 surveillance data to examine how food insecurity impacts the well-being of students in Virginia and across the United States. Researchers developed a new multidimensional index to track both immediate meal skipping and long-term nutritional compromises. • The results show a consistent link where increased food insecurity predicts higher odds of persistent sadness and hopelessness in both state and national samples. Vulnerability was notably higher for female students and those experiencing bullying, with mental health risks rising as food scarcity worsened. • The findings suggest that nutritional scarcity is a major risk factor for poor mental health and recommends that schools integrate food assistance programs with behavioural health supports.
Suicide prevention guidelines for young people in youth justice detention settings in Australia: an expert consensus study	Mixed methods Suicide prevention Youth justice Workforce practice	• Incarcerated youth in Australia face a suicide risk estimated to be three to 18 times higher than their peers, yet frontline staff often lack evidence-based guidance on how to best support them. This study addressed this critical gap by using a Delphi expert consensus method to establish the first set of best-practice guidelines specifically for Australian detention settings. • The expert panel reached consensus on 237 items, emphasising that building trust and positive relationships are the most vital tools for identifying mood changes and mitigating suicide risk. Notably, experts strongly rejected the use of restrictive interventions like isolation and handcuffs as primary prevention measures, indicating these can increase a young person's suicidal distress. • The study concludes that suicide prevention must shift from traditional "care and control" models toward therapeutic, relationship-centred approaches that prioritise child-centred support. It recommends that youth justice departments immediately integrate these guidelines into their policies and use them to develop specialised suicide prevention training for custodial staff.
Kinship care and Aboriginal children with disabilities in out-of-home care: "My boy, I was his voice	Qualitative Indigenous children Kinship care Children with disability	• This study explored the experiences of 46 Aboriginal kinship carers in Western Australia who support children with disabilities. It addresses a critical evidence gap regarding the needs of this over-represented and often "hidden" population within the child protection system. • Carers face insurmountable barriers to obtaining timely disability assessments, which often results in missed early intervention and children being criminalised before receiving support. Findings also highlight a systemic lack of training and advocacy, forcing carers to navigate complex health and welfare systems without adequate departmental assistance. • The study calls for urgent systemic reform, significant investment in co-designed culturally safe services, and the adoption of trauma-responsive support models.

Evidence summary

Title	Type & Matter	Summary
Leadership beyond boundaries: Unifying fragmented services in youth re-engagement through strategic systems thinking	Thesis System fragmentation Cross-sector collaboration	• The study explored how strategic leadership can help coordinate education, workforce and social services for unengaged young people. • Findings showed that youth faced the greatest challenges at service transition points (i.e. leaving school, entering workforce, referral to mental health service, etc). • The findings suggest leadership and system misalignment, rather than lack of services, are drivers of system fragmentation, with a need for stronger cross-sector coordination.
Bridging competency gaps understanding school counsellor perceived preparedness for suicide prevention among LGBTQ+ youth	Quantitative LGBTQIA+ youth Suicide prevention School-based support	• The study examines how prepared school counsellors felt to support LGBTQ+ youth at risk of suicide, and whether preparedness differed by demographic and professional characteristics. Sampled from US schools. • Counsellors who were themselves LGBTQ+ reported higher levels of knowledge, attitude and competence than straight counsellors, and doctorate-level counsellors reported greater suicide-prevention skills and competency than master level or below counsellors. • Findings suggest that LGBTQ+ specific competence and training are associated with stronger suicide-prevention competency to support at-risk youth.
Financial hardship and psychological distress among Indigenous children: The buffering role of family and community	Quantitative Indigenous children Financial hardship Child wellbeing Health and social policy	• The article examines the relationship between financial difficulties and psychological distress among Aboriginal and Torres Strait Islander children, assessing both immediate and cumulative effects of financial stress. • Children who experienced financial difficulties reported higher levels of psychological distress, and persistent financial difficulty was associated with greater long-term impacts. Positive child-mother relationships, supportive communities, and the child's primary carer's psychological wellbeing were found to have a buffering effect on the negative psychological impact of financial difficulties. • The data demonstrates that financial stress within Indigenous families is deeply systemic and intergenerational, operating through the emotional well-being of the primary caregiver. Policy and practice must design holistic, culturally responsive interventions that intentionally foster resilience at both the family unit and the broader community level.
Arguing the need for Aboriginal-specific testing of attachment theory as a foundation of culturally informed child protection and attachment best practice	Review Child protection Indigenous children Cultural safety	• This paper draws on cross-cultural research and 25 years of clinical expertise to critique the uncritical application of mainstream attachment theory within Australian child protection systems. The author argues that a predominantly non-Indigenous workforce frequently misclassifies distinct Aboriginal parenting practices, such as collective caregiving and kinship obligations, as developmental deficits, driving a crisis where Aboriginal children are removed at 11 times the rate of non-Indigenous children. • The study highlights that while the standard Strange Situation Procedure (SSP) has been validated in over 40 countries, it has never been empirically tested or validated with Aboriginal Australian populations. Empirical testing of SSP with Aboriginal populations is urgently needed, alongside measurable cultural competency standards for the workforce across systems, to interrupt the misclassified child removals and intergenerational trauma.
Improving community sport volunteers' response to abuse of children in sport: a theory informed educational workshop	Mixed methods Community sport Child safe organisations Child abuse	• This study evaluates an educational workshop grounded in the COM-B theory of behaviour change, designed to help Australian community sport volunteers better recognise and respond to child abuse. It addresses the critical gap between high-level safeguarding policies and implementation. • While volunteers initially showed high motivation, they lacked the specific capabilities and opportunities needed to act; however, the workshop significantly increased their knowledge of trauma-informed care and reportable conduct. Despite these improvements, persistent fears of social repercussions and confusion over where "tough" coaching ends and abuse begins remained significant barriers. • The researchers conclude that while theory-driven education effectively builds individual confidence, systemic cultural shifts are still required to overcome the normalisation of abusive behaviours in sport.

Evidence summary

Title	Type & Matter	Summary
Health literacy of Pacific Islander, Northeast Asian and Southeast Asian young people living in Queensland	Qualitative Health literacy Culturally and linguistically diverse Youth voice	• Health literacy is a critical health determinant influencing equity, access and outcomes of care. Given the entrenched health inequalities among culturally and linguistically diverse populations in Australia, this study used the voice of culturally and linguistically diverse migrant young people to inform future interventions. • Findings suggest culturally and linguistically diverse young people value good health, but experience challenges in achieving it, including competing priorities, navigating stigma and cultural taboos, long wait times and use of inaccessible medical terminology. • Authors concluded that achieving health equity for young migrants in Australia requires adapting healthcare systems to their specific cultural and health literacy needs while actively dismantling systemic and historical barriers to care.
A systematic metareview of the Impact of Social Media Use on Adolescent Mental Health	Systematic reviews Adolescent mental health Child and adolescent health	• The current study aimed to summarise and evaluate existing reviews in social media and adolescent mental health and examined whether the literature established a causal relationship. • 15 of the 32 reviews found high levels of social media use associated with poor adolescent mental health, while 15 found mixed results and the remaining two found positive effect on sense of belonging and social connection. • The findings suggest a negative trend linking social media to poor adolescent sleep, yet establishing mental health causation remains challenging. The authors noted that the evolving nature of technology makes it difficult to draw definitive conclusions.
Governing through 'Othering': Problematising 'culture' in the NSW child protection system	Qualitative Child protection Culturally and linguistically diverse Institutional racism Child safety practice	• The article examines how "culture" is represented in the NSW child protection system, arguing that "culturally safe" practice is institutionalised through policy. It shows that "culture talk" is produced mainly for racialised children and families via the population category "culturally and linguistically diverse," framed through fixed, performative indicators of cultural competence and lifestyle. • It finds that policy links "culture" primarily to interpersonal experiences of racism, while rendering institutional whiteness and institutional racism largely invisible. Drawing on Critical Whiteness perspectives and related scholarship, it argues this reinforces Otherness by treating Western parenting norms as the benchmark against which non-White practices are assessed. • Although the reforms are often well intentioned, the overrepresentation and racialisation of child protection persist. The article suggests solutions include revising discursive assumptions in policy, treating culture as relevant to all families, and directly acknowledging institutional racism
Understanding the link between Adverse Childhood Experiences (ACEs) and school engagement: Investigating the role of child self-concept as a mediator	Quantitative School engagement Adverse childhood experiences	• This longitudinal study uses data from Growing Up in New Zealand to examine whether early adversity (Adverse Childhood Experiences (ACEs) measured to age eight) predicts lower school engagement at age 12, and whether children's self-concept explains that link. It finds that more ACEs are associated with reduced school engagement, and that this relationship is partially mediated by self-esteem and scholastic self-concept measured at age eight, with similar effects across Māori, Pacific, Asian, and NZ European/Other students. • The study interprets these patterns through established mechanisms by which trauma and adversity can shift children's cognitive, psychological, and behavioural functioning, contributing to lower confidence and competence beliefs that then undermine engagement. It emphasises that the instruments and pathways tested appear to operate consistently across ethnic groups, supporting cross-cultural robustness for the proposed mediation model. • The authors argue that the findings strengthen the case for primary ACE prevention, early identification of at-risk children, and trauma-informed, supportive school environments. They also suggest that building self-esteem and scholastic self-concept could be a practical intervention target.