Sector Insights paper

In this month's Insights paper

QUEENSLAND Family & Child Commission

Queensland Government

A decade of data: Trends in child protection system activity and expenditure in Australia between 2014–15 and 2023–24

Child protection | Child maltreatment | Government expenditure

Bull, C., Hutchinson, D., Neelakantan, L., Northam, J., Scott, D., & Higgins, D. J. (2026). A decade of data: Trends in child protection system activity and expenditure in Australia between 2014–15 and 2023–24. *Child Abuse & Neglect*, *108092*. https://doi.org/10.1016/j.chiabu.2026.108092

Key takeaway:

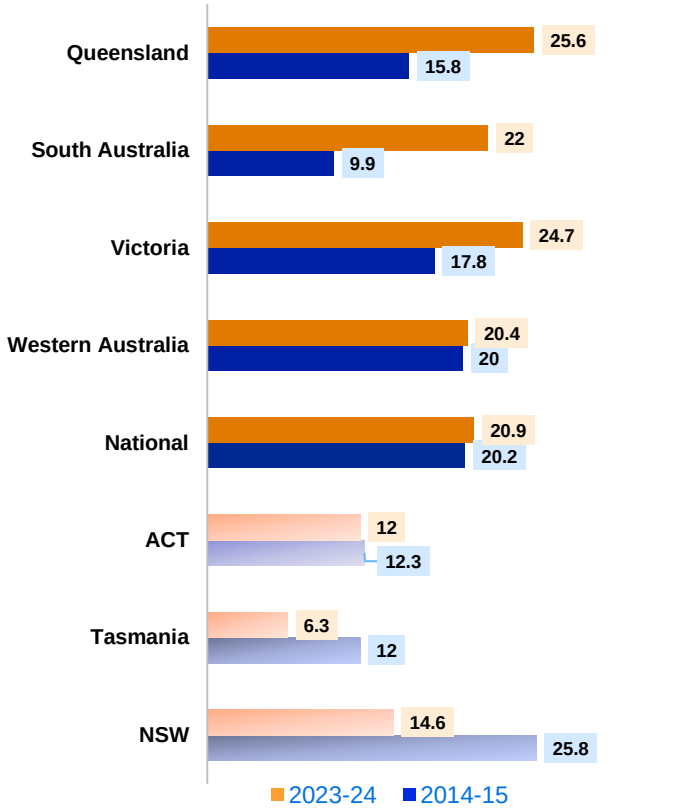
National child protection activity stayed flat over the decade while government spending nearly doubled, to AUD 10.2 billion, with a rising share going to out-of-home care rather than prevention. The study notes one recording caveat: the rise in substantiated emotional abuse is partly a 2012 recording change that counts family-violence exposure in that category. And while national activity was flat, Queensland's investigation and care-and-protection-order rates both rose over the same period.

About the study: It is a descriptive analysis of publicly reported, population-level data from the Australian Institute of Health and Welfare (AIHW) and the Productivity Commission's Report on Government Services (RoGS), covering all children under 18 in contact with statutory systems from 2014–15 to 2023–24. The authors noted that the statutory data captures only the most visible, typically most severe cases, so it is not a measure of maltreatment prevalence. Definitions and thresholds differ across jurisdictions, so interstate comparisons must be read with caution. Some of the key findings are summarised below.

1. National activity was flat; the states diverged sharply: *Figure 1* shows the contrast between states with an overall increase (solid colours) in investigation rate and overall decline (gradient colours) from 2014-15 to 2023-24. National investigation rates barely moved (20.2 per 1000 in 2014–15 to 20.9 in 2023–24), as did substantiations, orders and out-of-home care.

- Beneath that stability, Queensland's investigation rate rose markedly, from 15.8 to 25.6 per 1000, one of the larger jurisdictional increases.
- The Northern Territory remained an extreme outlier (not included in *Figure 1*), fluctuating from a high of 107.5 per 1000 in 2017-18 down to 62.4 in 2023-24.
- While other jurisdictions showed downwards trends, Queensland and South Australia have seen increases in the rate of **care and protection orders**.

Figure 1: National and State/territory investigation rate (per 1,000), 2014-15 to 2023-24



2. More than half of investigated children had been investigated before: The national repeat-client proportion was above 50 percent (72.8 percent in 2014–15, easing to 58.2 percent by 2023–24). The authors note it reflects the unresolved need, lack of effective response post-investigation, and system's own risk surveillance.

3. Emotional abuse became the dominant substantiated type: Nationally, it rose from 43.1 percent of substantiations in 2014–15 to 57.0 percent in 2023–24, while physical abuse, sexual abuse and neglect all declined. The authors attribute one of the reasons to a 2012–13 AIHW definitional change incorporating exposure to family violence into the emotional abuse category, so this is partly a recording shift, not purely a rise in underlying harm.

4. Spending nearly doubled while activity held steady: Total recurrent expenditure rose from AUD 5.4 billion to AUD 10.2 billion, and per-child spending from $1,007 to $1,765. Within that, the share going to frontline protective intervention fell (26.9 to 19.5 percent) while care services (all activities associated with OOHC and other supported placements) rose (56.5 to 64.9 percent), while funding for intensive family support services decreased (8.2 to 6.4 percent). Queensland was the third-largest spender nationally (22.4 percent of the total in 2023–24).

Summary: Across a decade, national child protection activity stayed broadly flat while spending nearly doubled and the money shifted toward care rather than prevention. Persistently high repeat-client rates point to unmet need that statutory responses are not resolving, and emotional abuse (much of it exposure to family violence) has become the most common substantiated harm.

Understanding the social wellbeing and supports of Australian families with children in the early years

Parenting behaviors | Parent mental health

Marshall, D. (2026). *Understanding the social wellbeing and supports of Australian families with children in the early years*. Australian Institute of Family Studies. https://apo.org.au/sites/default/files/resource-files/2026-05/apo-nid334364.pdf

This study, commissioned by the Department of Social Services and conducted by the Australian Institute of Family Studies, examines how empowered, connected and supported Australian families with children aged 0–5 are, and the factors associated with these. It draws on three national datasets: the 2021 Census, 2024 Labour Force Status of Families, and Household, Income, and Labour Dynamics in Australia survey for the wellbeing analysis. The work is explicitly exploratory, cross-sectional and descriptive, with findings indicating associations, not drivers.

Key Findings

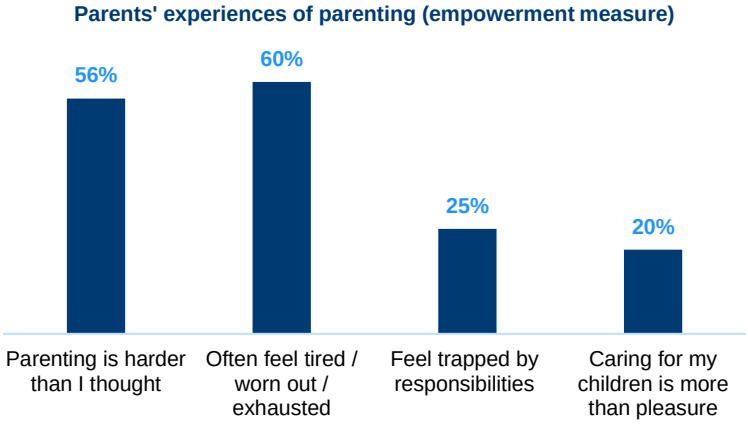
1. Families with young children are diverse, and a shrinking proportion

- Families with children aged 0–5 number over 1.37 million: 18% of all families and almost 40% of families with children, but have fallen as a percentage of families with children (41.6% in 2020 to 39.7% in 2024).
- While most are mixed-sex couples (85%) in single-family households (92%) with at least one parent employed (90%), substantial minorities sit outside this: 200,000+ single-parent families (14.2%), 80,000 multi-family households (6.2%) and 14,000 same-sex couple families (1.1%).

2. Empowerment: mixed experiences, with a gender gap

Parents reported mixed experiences of parenthood:

- Most had underestimated how hard parenting would be (56% agreed) and often felt tired or worn out (~60%), yet most did not feel trapped (75% did not agree; 61% actively disagreed) and only 20% felt parenting was more work than pleasure.
- Males reported more positive experiences than females on 3 of the 5 empowerment measures — a gap linked to parents (mostly mothers) who report doing more than their fair share of parenting.



3. Connection and support: single parents and distressed parents fare worse

- Most parents were generally socially connected and supported (about 65% had high support scores; only 10% were low). However, single parents reported significantly lower connection and support than couple parents (on 8 of 10 support measures).
- Notably, couple status made no significant difference to empowerment — the gap appears specific to social connection and support, not the experience of parenting itself.

4. Other findings

- Parents with low/moderate psychological distress (vs. High/very high psychological distress) reported higher empowerment, connection and support on every measure examined — the only factor associated with all three domains.
- Other factors consistently associated with more positive outcomes were being employed (full-time mattered most for empowerment), being an active club/association member, and not having a disability or long-term health condition (in the parent or the child).
- Around 32% of parents had used grandparents for child care in the prior week; this was associated with higher connection and support, but not empowerment. Education cut both ways: university-educated parents reported higher connection and support but lower empowerment (more negative parenting experiences) than non-university parents.

Summary

The study maps the diversity of families in the early years and evidence on their wellbeing based on the analysed measures. It identifies priority groups reporting lower empowerment, connection or support: parents experiencing higher levels of psychological distress, those managing their own or a child's disability or long-term health condition, and single parents, as candidates for more targeted support. It also points to initiatives that encourage and enable fathers' greater involvement in parenting and grandparent care. The authors stress these are associations requiring further (ideally longitudinal) research, and that results may partly reflect the limited measures available.

Exploring police use of diversion for sexual offences

Youth justice | Over-representation | Restorative justice | Police action

Price, S., McKillop, N., & Rayment-McHugh, S. (2026). Exploring police use of diversion for sexual offences. *Policing: An International Journal*, *49*(3), 625–640. https://doi.org/10.1108/PIJPSM-10-2025-0224

This study examines the role of police as gatekeepers to the criminal justice system through their use of diversion (in Queensland – formal cautions or restorative justice conference referrals that keep an accused person out of court) in response to sexual offending. It analyses **Queensland** Police Service administrative data for all sexual offence cases actioned between January 2012 and June 2021. The analysis is quantitative and exploratory. It examines the outcomes of police decisions, not the reasons behind them. It did not capture officer attitudes, victim characteristics or case details, so findings describe patterns and associations, not the drivers of individual decisions.

Key Findings

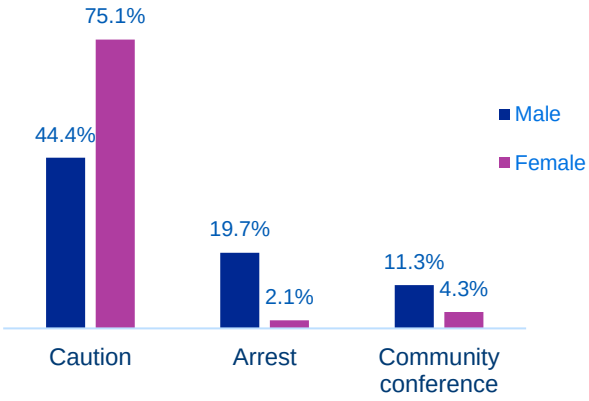
1. Diversion is almost entirely reserved for young people

Diversion was strongly associated with age: young people accounted for more than 99% of all diversionary actions, while adults were overwhelmingly directed to non-diversionary responses. Because adult diversion was so rare, the remaining analysis focused only on the juvenile sub-sample.

2. Young females were far more likely to be diverted than young males

- Among young people, 96.5% of females received a diversionary response, compared with 69.6% of males (Figure 1).
- As shown in Figure 1, the gap is not only in whether young people were diverted, but in how they were responded to: cautions (a type of formal warning) were the dominant response for females (75.1%) but applied to fewer than half of males (44.4%), while arrest was almost ten times more common for males (19.7%) than females (2.1%). Conference referrals were also more common for males (11.3%) than females (4.3%)

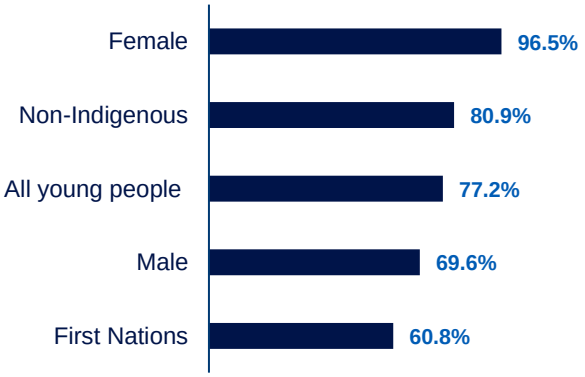
***Figure 1*: Police action by gender (juveniles)**



3. First Nations young people were less likely to be diverted (Figure 2)

- 60.8% of First Nations young people received a diversionary response, compared with 80.9% of non-Indigenous young people — a gap present in every year examined.
- However, when First Nations young people were diverted, they were more likely than non-Indigenous young people to be referred to a restorative justice conference rather than a caution. Diversion was most accessible to non-Indigenous females and least accessible to First Nations males.

***Figure 2*: Diversion rate by group (juveniles)**



4. Offence type was the strongest single influence

When controlling for gender, cultural heritage and time, the nature of the offence had the strongest effect on the response. Cases involving assaultive sexual offences were 7 times more likely to receive a non-diversionary response than non-assaultive offences. Young males were **81% less** likely to be diverted than females, and First Nations young people were twice as likely to receive a non-diversionary response than non-Indigenous young people.

Summary

Across 2012–2021, police diversion for sexual offences in Queensland was applied almost exclusively to young people and increased only slightly over time, concentrated on non-assaultive offences and cautions. Offence type was the strongest influence on response, but clear gender and cultural-heritage disparities persisted after controlling for it, which is consistent with existing evidence on police discretion and systemic disadvantage. The authors point to a missed opportunity to extend diversion's documented benefits where appropriate, and call for clearer guidelines and further research into police decision-making.

Contextual safeguarding against harmful sexual behaviour and child sexual exploitation

Child sexual abuse | Child safe organisations | Residential care

Kor, K. (2026). Contextual safeguarding against harmful sexual behaviour and child sexual exploitation: a narrative review of Australian public inquiries into residential care. *Children and Youth Services Review, 186*, 109030. https://doi.org/10.1016/j.childyouth.2026.109030

Key takeaway:

Inquiry attention has long focused on adults sexually abusing children in residential care. The current review of 17 Australian public inquiries argues that harmful sexual behaviour and child sexual exploitation in residential care are driven partly by the system itself, through poor placement matching, an under-supported workforce, broken reporting, and practices that leave children unheard.

This is an interpretive synthesis of what inquiries reported, not a measured or quantified finding, and the evidence base leans heavily on Queensland and Victoria, with three jurisdictions contributing nothing.

Findings: Four interpretive themes, drawn from qualitative inquiry evidence

1. *Inappropriate placement matching.* Inquiries reported placement decisions driven by bed availability and operational pressure rather than safety.

- Providers described feeling “pressured” to accept referrals or risk losing funding.
- Decisions often made on limited or dated information; one Victorian inquiry suspected the department withheld information providers needed.
- The four-bed funding model is named as a driver: when one-on-one care was needed, demand quickly exceeded supply, and staffing funds were reportedly redirected from other essential services including health, education and Aboriginal workforce budgets.

2. *Ill-equipped workforce.* Disclosures were variously not believed, minimised, or met with blame, sometimes followed by no incident report, safety-plan review or counselling referral.

- High turnover and a casualised workforce undermined trusting relationships.
- Staff were described as ill-equipped to support children with disability or who identified as LGBTQI+.
- Where capacity was lacking, practice drifted to surveillance and punitive measures (e.g. removing a bedroom's power source); young people asked to be treated "like humans, not like prisoners" (QFCC, 2024).

3. *Fractured reporting systems.* Reporting was cumbersome and inconsistent between services and departments.

- Rape, indecent assault and CSE were reportedly logged under a generic "sexual behaviour" label.
- Victoria's "impact-based" system meant absences were recorded only once harm had occurred, so the most frequently missing young people accumulated the least documentation.
- One case recorded a 15-year-old's positive pregnancy test, bleeding and pain as "behaviour disruptive," unreviewed for three months.

4. *Disempowering practices.* Inquiries reported persistent shortfalls against the Aboriginal and Torres Strait Islander Child Placement Principle, plus weak participation and oversight.

- Missing or non-actionable cultural plans; children growing up "without knowing their skin names."
- Young people felt unheard and were rarely involved in case planning.
- Independent oversight was limited and performance indicators focused on throughput rather than children's safety; independent advocates, where available, were valued.

Summary

The review reframes HSB and CSE as partly products of systemic conditions: placement driven by beds and funding, an under-supported casualised workforce, reporting systems that misclassify harm, and practices that leave children unheard and culturally disconnected. Implications drawn directly from the study:

- Changing how residential care services are commissioned and increasing other home-based placement options.
- Increasing workforce stability, upskilling the workforce in identifying and responding to HSB and CSE, establishing a community of practice.
- Improving the classification systems and documentation on risk-related information.
- Elevating the voice of children and young people in care.

Dual system involvement: A scoping review on the intersection of child welfare and juvenile justice systems

Child protection | Youth justice | Cross-over youth

Magalhães, E., Park, K., d'Eça, L., & Brazão, N. (2026). Dual system involvement: A scoping review on the intersection of child welfare and juvenile justice systems. *Child Abuse & Neglect, 178*, Article 108147. https://doi.org/10.1016/j.chiabu.2026.108147

Youth who have contact with both the child welfare and juvenile justice systems, often referred to as dual-system involvement (DSI), represent a highly vulnerable population facing overlapping adversities and complex mental health needs. This scoping review synthesises 51 peer-reviewed empirical studies, examining population characteristics, contributing factors, and the systemic challenges these youth face. The review adopts an ecological perspective to identify areas for future research, practice, and policy, noting that the vast majority of current evidence originates from English-speaking countries (Australia, Canada and United States).

Key Findings

Varying Prevalence: Estimates of DSI range significantly from 2.5% to 85.5%. Prevalence is typically higher in studies using juvenile justice focal data (ranging from 7.0% to 85.5%) compared to child welfare-focused samples (ranging from 2.5% to 35.3%). Most studies conducted in Australia do not present prevalence data.

Demographic Disparities: There is a disproportionate representation of Black, Indigenous/Aboriginal, and LGBTQ+ youth among DSI populations. While DSI youth are more likely to be male compared to those only in child welfare, females are more prevalent in DSI groups than in juvenile justice-only groups, noting one study examining gender-nonconforming or transgender youth involved in juvenile justice are more likely to be removed from home than gender-conforming peers.

Trauma and Maltreatment: Youth with DSI frequently experience cumulative and systemic trauma, including neglect, physical or sexual abuse, and polyvictimisation. **Neglect** emerged as the maltreatment dimension most strongly associated with the transition from the child welfare system to the juvenile justice system.

Neurodevelopmental Overrepresentation: Conditions such as ADHD, autism spectrum disorder, and intellectual disabilities are overrepresented in this population, which often correlates with an earlier onset of offending behaviors and more complex management needs.

Systemic Risks in the Exosystem: Factors such as placement instability (frequent moves) and residency in group homes or congregate care significantly increase the likelihood of justice system involvement compared to youth in stable foster homes.

Macro-systemic Influences: Beyond individual traits, socioeconomic disadvantage, neighbourhood deprivation, and economic hardship are critical drivers that increase the risk of a youth being referred to both systems.

Restorative Protective Factors: Key factors that can buffer against delinquency include caring adult relationships, strong attachment bonds with caregivers, and effective parenting skills.

Summary

- **Mental health and behavioral health challenges**: Approximately 80% of youth with DSI have co-occurring mental health issues, including mood disorders and substance use, yet they often face significant barriers to accessing appropriate, non-stigmatised care.
- **Life-course disruptions**: DSI involvement is closely linked to academic failure (higher rates of chronic absenteeism and truancy) and an elevated risk of homelessness or housing instability as youth transition into adulthood.
- **Need for strengths-based approaches**: Current research is dominated by a pathogenic lens that focuses on risks; there is an urgent need to shift toward identifying assets and resources like interpersonal competencies, meaning-making processes and self-regulation.
- **Systemic barriers to collaboration**: Effective support is hindered by fragmented service delivery, poor data sharing, and conflicting organisational cultures between the Child Welfare and Youth Justice agencies.
- **Integrated policy recommendations**: The findings advocate for trauma-informed, culturally responsive models like the Crossover Youth Practice Model, which emphasises multisystem collaboration and family engagement to interrupt cycles of victimisation and incarceration.
- **Participatory future eesearch**: Future studies should incorporate the voices of youth and families through participatory methods to move beyond administrative data and better understand the lived experience of DSI.

Supported visitation in out-of-home care: a scoping review of how practices are described, implemented, and experienced

Out-of-home care | Child safety practice

Gerdts-Andresen, T., & Hegdahl-Galterudhøgda, A. (2026). Supported visitation in out-of-home care: A scoping review of how practices are described, implemented, and experienced. *Children and Youth Services Review, 186*, Article 109042. https://doi.org/10.1016/j.childyouth.2026.109042

Children in out-of-home care have a recognised right to contact with birth parents, but visits often occur amid trauma, grief and disrupted relationships, and case law increasingly stresses contact quality over mere frequency. This review asks how "supported or guided visitation", referring to structured coaching, preparation or debriefing before, during or after contact, is described, implemented and experienced. Four themes were extracted:

1. **Support is overwhelmingly aimed at adults, not children.** Most interventions targeted parents, foster carers or professionals, assuming children benefit indirectly via improved adult functioning. The authors note this adult-oriented focus is striking given the child's rights basis for contact.
2. **Visitation has a dual function rarely acknowledged.** Support can simultaneously serve as covert assessment of parenting capacity, especially where reunification is in play. One included study found better contact was associated with longer, more frequent visits and shaped professional judgements. The authors warn this risks turning a chance for growth into a hidden test of competence.
3. **Trauma-informed practices lack institutional support.** Study found training raised awareness but practice reverted to logistics and risk management, citing weak supervision, no shared language, and time pressure. Relational practice depended on individual commitment rather than institutional support.
4. **Task-oriented rather than relationship-oriented contact.** There is an absence of frameworks supporting children's emotional and relational sense-making. Support was often tied to discrete events such as preparation and debriefing.

Summary: The review concludes that contact does not foster connection on its own; its relational value depends on how it is framed and supported. The study emphasised on the importance of child as an active participant, distinguishing between support as an intervention and surveillance, and organisational scaffolding for relational goals.

Child protection contact, emotional well-being and school engagement among CALD and non-CALD children

Child maltreatment | Child protection | Child well-being | Cultural and Linguistic Diversity

Abdul Rahim, R., Pilkington, R., D'Onise, K., & Lynch, J. (2026). Child protection contact, emotional well-being and school engagement among CALD and non-CALD children: A whole-population linked data study. *Child Protection and Practice, 9*, Article 100322. https://doi.org/10.1016/j.childyouth.2026.100322

Child maltreatment is associated with later mental health problems and poorer social-emotional well-being. Earlier work by this team found that children of culturally and linguistically diverse (CALD) backgrounds in Australia have lower contact with child protection (CP) than non-CALD children. This study examines the difference in self-reported low well-being between CALD and non-CALD children, among children with the same level of CP contact. This study used whole population linked administrative de-identified data from the South Australian Better Evidence, BEBOLD platform.

Key Findings

- Among children with no CP contact, the gap in low well-being was small, under 1 percentage point for happiness, sadness, worry and several engagement subdomains. The clear exception was "overall health," where more CALD children reported poor health.
- Among children with CP contact, CALD children reported low well-being less often. At both ages, across most subdomains, a smaller proportion of CALD children reported low well-being than non-CALD children at the same CP level.
- The gap widened as CP contact intensified, but not uniformly. The risk difference generally grew from "notification only" up to "substantiated and/or OOHC," most consistently for emotional well-being at both ages and for learning readiness at age 11/12.

Summary: The findings suggest that the burden of low well-being at ages 9/10 and 11/12 is lower in CALD children than in non-CALD children with similar CP contact histories up to age 8, and that this gap grows as CP contact intensifies. Because the design is descriptive, the authors do not claim CP contact caused low well-being, and they offer several possible explanations they could not test, including reporting or social desirability bias, cultural differences in child rearing, and stronger social support in some CALD communities. .

Evidence summary

Title	Type & Matter	Summary
Association of adverse childhood experiences with health-related quality of life and quality-adjusted life-years among adolescents in the United Kingdom	Quantitative Adolescent health ACEs	• Adverse childhood experiences (ACEs), whether self-reported or officially recorded, were associated with greater quality-adjusted life-years (QALYs) losses and lower health-related quality of life (HRQoL), with the strength of association increasing as the number of ACEs increases. • Adolescents with White ethnicity and older female adolescents have larger QALYs losses, compared to their counterparts. • The findings suggest universal preventive intervention for ACEs and related health problems.
Barriers and Enablers Influencing the Implementation of Programs in Residential Out-of-Home Care: A Scoping Review	Scoping review Out-of-home care System enablers & barriers	• Effective implementation of innovations to support children and young people (CYP) in residential out-of-home care (OoHC) is not well understood. • Only 13 studies included. Determinants related to the Innovation, Inner Setting, and Characteristics of Individuals were most prominent. Clear program design and perceived relevant increase motivation and engagement among staff and CYP. • Among determinants related to the characteristics of individuals, opportunity was the most common, reflecting adequate time, resources and organisational support are essential for implementation success. • There is limited attention to Outer Setting and Implementation Process determinants. Future studies examining system-level influences such as policies, funding structures are needed.
What happens after a child protection report during pregnancy? Using administrative data to explore 12-month outcomes	Quantitative Child safety Prenatal report Infant removal Over-representation	• The study use administrative population data from NSW to examine the nature and extent of prenatal reporting, and subsequent child protection involvement for up to 12 months. • Nearly 40 in every 1,000 (3.86%) in NSW resulted in at least one prenatal report to child protection services. Half those reported prenatally had no further child protection involvement, only a small proportion were removed on the basis of a prenatal report alone (4.5%). • Women reported during pregnancy are young and disadvantaged. Aboriginal women are over-represented among the prenatally reported, racial disparities in child protection involvement started in utero. • Health services were the most common reporters but the most common overall reason was unspecified “prenatal reports”— indicating multiple reasons for reporting, or other children in the family have been reported previously. Domestic/family violence report made prenatally was more likely lead to infants not being removed. • Based on the findings, the authors questioned whether many of the parents were not a risk to the safety of their newborn. Given that prenatal reports are not mandatory, and half of the repots were not subsequently reported, indicating over-reporting may be an issue.
Mapping Sector Capacity to Respond to Technology-Facilitated Child Sexual Abuse in Australia	Mixed methods Online Child sexual abuse Interagency collaboration Systemic barriers	• This study maps the capacity of the Australian sexual assault sector to support victims of technology-facilitated child sexual abuse (TF-CSEA), including victims of child sexual abuse material and online child sexual extortion. • The study identified a demand for cross-disciplinary specialisation, with deliberate integration of TF-CSEA to the existing guiding frameworks anchored in “in-person” paradigms. • Participants expressed confusion about where to seek professional guidance, inconsistent collaboration with law enforcement, and lack of support in managing the digital and legal complexities of TF-CSEA. Findings reflect the structural and policy constraints rather than practitioner deficits.

Evidence summary

Title	Type & Matter	Summary
Adult Involvement in the Exercise of Agency in Child Protection: Children's Desires and Perceptions	Qualitative Child protection Children's agency Child and youth participation	• There are many limitations that children perceive in exercising agency, particularly in their relationships with social workers. The study aims to understand the relational aspect of children's agency in the context of child protection. The study interviewed 37 children aged 10-17 with their first removal from family experience in Quebec, Canada. • The study found: children's desire for support and exercise of agency is aligned and dependent on the relationship with adults; absence of adult support includes lack of adult availability, perception of indifference towards children and not maintaining confidentiality; Children's desires for autonomy and support co-exist. • Implication emphasises that children must be informed, involved and encouraged to participate in decision-making and goal-oriented actions. Guidance on incorporating children's agency and participation should be part of formal training and ongoing professional development.
Too hard, too confronting: the reluctance of schools to publicly acknowledge harm	Qualitative Child safe organisations Child safety Child safe standards	• Acknowledging harm strengthens child safety practices and school culture. The article examines acknowledgement of harm in Victorian (Australia) school settings from analysis of public inquiries, child safety policies, news media, school websites and correspondence and interviews with school principals and policymakers. • Based on the low number of public harm-acknowledgement responses from Victorian schools, the authors concluded that majority of school leaders with non-recent child harm in their schools are unwilling to lead harm acknowledgement responses, and suggested that the Victorian Child Safe Standards framework as an important contributor. • Policy guidance and advice are urgently required to equip school leaders navigate harm acknowledgement responses.
Burnout as an obstacle to parenting in families at risk of child abuse or neglect: Associations unique from parent mental health symptoms and child externalizing	Quantitative Parental burnout Parenting behaviors Parent mental health Child maltreatment	• The study investigates if a higher level of parental burnout in at-risk families relates to decreased positive and increased negative parenting behaviours. Study participants included 140 primary caregivers with 67% born in Australia. • Caregivers reporting a higher level of burnout in total also reported fewer positive and more negative parenting behaviours, and less involvement and autonomy support of their children. Caregivers who reported more mental health symptoms and those reported their children with higher level of externalizing behaviours, reported increased negative parenting behaviour, **but not** less positive parenting behaviour. • It was recommended that parenting support programs should address burnout experiences for stressed parents to maintain positivity, even after identifying their mental health impacts. • The study also found that parents with negative perception of their parenting are more likely to experience regret and guilt in their parenting roles, contributing to the lower warmth and greater coercion and hostility in interacting with their children. Further, a higher level of child externalizing behaviours was not found to strengthen the association of parental burnout with poorer parenting behaviours.
Using Machine Learning Methodology to Identify Predictors of Non-Response to MTSS-B: a Focus on Discipline Problems and Juvenile Justice Involvement	Quantitative Youth justice School-to-prison pipeline Positive behavioral support Family involvement	• This study utilised machine learning to identify elementary school predictors of "non-response" to behavioural supports, specifically tracking in-school suspension (ISS), out-of-school suspension (OSS), and juvenile arrest records for over 16,000 students in grades 6-12 across 42 schools in the US. • Family involvement at school emerged as a universal protective factor against all three negative outcomes, while family problems were identified as a uniquely strong predictor for future arrests. • The study found that the primary risk factors for these outcomes remained nearly identical regardless of whether schools implemented standard universal supports (Tier 1) or more targeted group interventions (Tier 2). Outcome-specific screening tools and earlier family-focused interventions to help disrupt the "school-to-prison pipeline" was recommended.

Evidence summary

Title	Type & Matter	Summary
Enhanced Maternal and Child Health Program Performance	Program Audit Maternal and Child health	• Victorian Auditor-General's audit (tabled April 2026) examining whether Victoria's Enhanced Maternal and Child Health program (EMCH) improves access, participation and outcomes for vulnerable children and families. • EMCH supplements universal MCH by providing each family an average of 20 service delivery hours (22.67 for families in rural areas). • The findings suggest that EMCH may not be reaching everyone who needs it; that the department does not understand EMCH demand enough to inform funding allocations; and the department does not monitor or accurately report on EMCH performance or outcome measures.
Rapid scoping review of protective factors for parent and child wellbeing.	Rapid scoping review Parent and Child wellbeing	• 60% of included studies focused on the positive impact of programs and interventions supporting parents (often mothers) and their children in the early years, while 40% focused on the relationship between protective factors and parent and child outcomes. • Positive parenting practices and supportive parent relationships emerged as important protective factors for parent and child outcomes. • The period of **infancy and early childhood** is a critical time for programs and interventions and an opportunity for parents and families to access and engage with a range of supports.
A longitudinal study on timing, type, and frequency of violence victimization and preterm birth	Quantitative Childhood maltreatment Domestic and Family Violence Maternal and Child health	• The study used linked longitudinal administrative data for all individuals registered as born in **Queensland** in 1990. • Mothers identifying as Aboriginal and/or Torres Strait Islander and teenage mothers were at increased risk of having preterm birth (PTB). • Experiencing violence for the first time within one-year before childbirth, experience violence in both childhood and adulthood, experiencing childhood neglect and exposure to domestic violence, and experiencing multiple episodes of victimization, were significantly associated with the risk of PTB. • Recommendations: Screening for presence of violence during antenatal check-ups, specialised care for teenage mothers, culturally appropriate and evidence-based care for Aboriginal and/or Torres Strait Islander women.
Happy at Home? A Comparative Study of Psychological Well-Being and Psychiatric Risk in Home- and School-Educated Children	Quantitative Home education Mental health	• The study examined well-being and psychiatric risk between home- and school-educated children aged 6-16 years from the UK or Ireland. • Findings indicate school- educated children showed greater psychosocial difficulties and are at greater psychiatric risk than home-educated children. • The differences may reflect the variation in autonomy support, relational quality, instructional responsiveness and behavioural expectations, rather than educational location alone.
Years apart: Australia's growing educational inequality	Evaluation report Education inequality	• The analysis was conducted using publicly available NAPLAN data from 2008 to 2025. The results show Australia's NAPLAN results reveal significant and persistent disparities in learning outcomes by student socioeconomic background, and the gaps are widening over time. • Funding models must address the 'double disadvantage' (disadvantaged backgrounds and social composition of the schools they attend) some students face. • Government must address the factors driving the growing socioeconomic divide and do more to address emerging inequality in the early years.
Risk Factors as Predictors of Maternal Filicide	Thesis Child safety Child deaths	• No single factor was independently associated with maternal filicide. Child, maternal, and situational risk factors were not sufficient to predict maternal filicide when considered individually. • Child risk factors include behavioural, learning, and medical risk factors formed the best model in predicting maternal filicide among mothers referred to Child Protective Services; while maternal risk factors of alcohol and drug abuse indicators formed the best model; situational risk factors include domestic violence, housing, and financial problems.

Evidence summary

Title	Type & Matter	Summary
Patterns of adolescent social connection and their associations with mental health and suicidal ideation in regional Australia: A cross-sectional latent class analysis	Quantitative Adolescent mental health Social connection Rural Australia Inclusive education	• In-person connections, particularly with peers at school is strongly linked to better adolescent mental health in regional Australia. • Social isolation was linked to poorer mental health, particularly for those with low in-person and high online engagement. Girls and nonbinary adolescents were more likely to experience this pattern of social connection. • Recommend high-quality, inclusive, in-person social environments for youth in school sand communities.
Breastfeeding Experiences of Aboriginal Women With Child Protection Involvement: A Qualitative Study	Qualitative Child protection Infant removal Cultural safety Aboriginal health	• The study found that midwives and nurses often failed to provide culturally safe support, at times prioritizing child protection meetings over breastfeeding or misinterpreting standard breastfeeding tools (such as syringes used for expressing milk) as evidence of substance use or neglect. • Aboriginal women reported experiencing intense scrutiny, judgmental attitudes, and "surveillance disguised as support," where their parenting and breastfeeding were monitored in ways that felt oppressive and undermined their autonomy. • Involvement with child protection services frequently led to the forced cessation of breastfeeding and the separation of mothers and infants, which significantly disrupted mother-infant attachment and compounded existing intergenerational trauma. • The authors advocate for a restorative approach that privileges breastfeeding as a right and holds health and child protection professionals accountable for working in culturally safe ways to ensure equitable health outcomes for Aboriginal infants.
Child and adolescent referrals to transgender healthcare centers in the Netherlands and Australia	Quantitative Transgender healthcare Child and adolescent health	• Contrary to widespread public and political claims of an "exponential" surge, the study found that referral rates for children and adolescents have largely plateaued in both countries since 2016. • A temporary increase in referrals was noted between 2020 and 2022, which researchers suggest was a side effect of COVID-19 lockdowns providing young people more space for introspection and self-exploration. • The study confirmed that the majority of current referrals are adolescents aged 14–17 and individuals assigned female at birth (AFAB), a trend consistent with other global transgender care services. • Normalised data indicates a cumulative prevalence of roughly 0.45%, which aligns with expected population estimates and suggests that current referral rates reflect a point of saturation rather than an uncontrolled increase.
Examining Domestic and Family Violence Typologies Using **Queensland** Police Data: Differences in Risk of Harm	Quantitative Domestic and family violence	• Using objective police records, researchers identified four offender categories: Homicidal (highest harm), Generally Violent/Antisocial (GVA), Low-Level Antisocial (LLA), and Family-Only. • Homicidal and GVA offenders represent the highest risk, demonstrating more frequent and severe violence both inside and outside the family, while causing significantly more total harm than other groups. • The largest group (47%) were **Family-Only offenders**, who showed the lowest levels of general criminality and whose offending was primarily restricted to domestic and family violence incidents. • The study demonstrates that police can use offending histories as a tool to flag high-risk perpetrators and prioritize resources or tailored interventions without needing resource-intensive clinical psychological assessments.