Queensland Aboriginal and Torres Strait Islander
Child Protection Peak Limited

Commission of Inquiry Submission:

Respond early, act together: Change futures

FEBRUARY 2026

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Acknowledgement of Country

QATSICPP acknowledges the Traditional Custodians across all the lands that make up the State of Queensland. We acknowledge the oldest living cultures of Aboriginal and Torres Strait Islander peoples and the continued connections to Country, language and tradition.

We pay our respect to Elders past and present and acknowledge future generations of Aboriginal and Torres Strait Islander children and young people and the bright future they will have.

About QATSICPP

The Queensland Aboriginal and Torres Strait Islander Child Protection Peak (QATSICPP) is the peak body for Aboriginal and Torres Strait Islander community-controlled organisations (ATSICCOs) delivering child, youth and family support services in Queensland. QATSICPP is also Queensland's Youth Justice Peak, collaborating with Aboriginal and Torres Strait Islander and non-Indigenous service providers to strengthen outcomes across the child protection and youth justice systems.

Our membership includes 38 ATSICCOs, delivering vital services, guidance and culturally grounded supports to ensure the safety and wellbeing of Aboriginal and Torres Strait Islander children, young people and families.

QATSICPP's vision is that all Aboriginal and Torres Strait Islander children and young people are physically, emotionally and spiritually strong; live in safe, caring and nurturing environments within their families and communities; and are afforded the same life opportunities as other children and young people to reach their full potential.

Over its 21 years, QATSICPP has worked in partnership with Aboriginal and Torres Strait Islander leaders and the Queensland Government to promote approaches that are culturally responsive and community led. With a strong history of collaboration, QATSICPP continues to lead the development of solutions that respond to the unique strengths and needs of Aboriginal and Torres Strait Islander children, families, and communities.

1 Background

This submission responds to the Commission of Inquiry into Child Safety's call for evidence on corporate parenting and the relationship between the child safety and youth justice systems.

As the peak body for both child protection and youth justice services in Queensland, QATSICPP sees first-hand the profound impact of dual system involvement on children. As of 31 March 2025, 220 children aged 10 to 17 years were subject to both a child protection order and a supervised youth justice order.[A] This is only 3.1 percent of children aged 10 to 17 years living in Out of Home Care (OOHC), yet these children's outcomes reveal serious and preventable system failure.[B]

Within this dual order group, 111 children subject to a child protection order were classified as serious repeat offenders, making up almost one third of all serious repeat offenders in Queensland.[C] Twenty-five of these children were living in residential care at the time of reporting. Dual order children experience high levels of school exclusion, suspension and disrupted attendance. They also face significant and unmet disability and mental health needs.[1] For many, behaviours linked to disability, trauma or distress are more likely to attract a justice response than timely therapeutic support.[2]

Residential care is associated with disconnection from family and culture, unmet disability and mental health needs, disrupted schooling and increased criminalisation.[3] Dual order children demonstrate the clearest evidence of system failure: children with the highest needs receive the least appropriate support and risks escalate when needs are not identified and met early.[4]

Detention delivers the worst long-term outcomes of any placement setting. For children entering detention, statistically, their predicted outcomes are bleak. Queensland research shows children exiting youth justice face quadrupled premature death risk, driven by suicide, accidents and drug poisoning, highlighting a critical need for stronger post release supports.[5]

Children who enter the child protection and youth justice systems are being failed by the very systems meant to support them. The heaviest burden falls on Aboriginal and Torres Strait Islander children, who remain significantly overrepresented in both systems.

2 Aboriginal and Torres Strait Islander children

Before colonisation, there was no child protection system. Aboriginal and Torres Strait Islander children were raised within kinship systems, connected to family and Country, where cultural practices safeguarded their wellbeing. Matters of justice were managed through lore and culture, supporting healing, restoration and sustainability, without carceral interventions. In this way, Aboriginal and Torres Strait Islander cultures have thrived for more than 65,000 years.

This strength endures today, with 93.9% of Aboriginal and Torres Strait Islander children in Queensland living safely with their families, supported by kin, culture and community.[D]

Only a small proportion of Aboriginal and Torres Strait Islander children are subject to statutory intervention. As of 31 March 2025, approximately 6.05% of all Aboriginal and Torres Strait Islander children

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[A] Data supplied to QATSICP by Queensland Government under Family Matters data sharing agreement

[B] Ibid

[C] Queensland Government, 2025: https://statements.qld.gov.au/statements/102584

[D] Data supplied to QATSICP by Queensland Government under Family Matters data sharing agreement

living in Queensland were subject to a child protection order, and 1.4% of Aboriginal and Torres Strait Islander children aged 10–17 were under youth justice supervision (with only 0.4% in detention).[E]

Despite representing a small share of the total children in Queensland, on an average day Aboriginal and Torres Strait Islander children make up around half of all children in OOHC, and 72% of children under youth justice supervision.[F]

The evidence is unquestionable: Aboriginal and Torres Strait Islander children raised with family, cultural and community connections have stronger wellbeing outcomes than their peers who enter statutory child protection or youth justice systems.[6] Overrepresentation is not a reflection of Aboriginal and Torres Strait Islander parenting, it is the result of structural inequities such as poverty, housing stress, systemic racism, and limited access to culturally safe early supports. These factors intersect with intergenerational trauma, a legacy of harmful government interventions including the forced removal of children (Stolen Generations), displacement from land, wage theft and economic and educational exclusion, to disrupt family life and increase the likelihood of state intervention.

On 31 March 2025, of the estimated 113,805 Aboriginal and Torres Strait Islander children in Queensland, including 50,864 aged between 10 and 17 years:

- 5,025 were living in family based OOHC.[G]
- 1,041 were living in residential care, with Queensland placing more children into residential care than any other state. [H]
- 158 children were subject to both a child protection order and a supervised youth justice order. [I]

When the State intervenes in the lives of children at this scale, it holds extraordinary influence over their safety, identity, stability and future. As the State increases control over these children's lives, and they are progressively distanced from their strongest protective factors such as family, culture, kin, community and Country, wellbeing outcomes progressively worsen and harm escalates.

With only 158 Aboriginal and Torres Strait Islander children subject to dual orders), the size of this group is so small, that failing to meet these children's needs is not a matter of them 'falling through the cracks' - this data shows they are being systematically pushed.

Each one of these children represents an opportunity for the State to do better and to ensure that intervention leads to healing, not harm. This can only happen when the system honours cultural authority and works with families and communities to uphold the strengths that keep children safe.

[E] Data supplied to QATSICP by Queensland Government under Family Matters data sharing agreement
[F] ROGS, 2026
[G] Data supplied to QATSICP by Queensland Government under Family Matters data sharing agreement
[H] Ibid
[I] Family Matters 2025 Report

3 QATSICPP Position Statement

A consistent pattern emerges across Queensland's systems. As State authority and control increase, and children are separated from their family, community and culture, the supports needed to uphold their identity and wellbeing reduce. With each escalation in statutory involvement, from family-based care to residential care, dual orders and then youth detention, the State's responsibility to act as a capable parent grows, yet outcomes worsen.

When the State removes parental authority from families and communities, it is a reasonable community expectation it will lead to better, not worse, outcomes. Yet this is not the reality. Harm compounds at every stage. Removal disrupts relationships and identity. Placement instability erodes safety and belonging. These outcomes are not inevitable. They reflect failures across child protection, youth justice, policing, education, health, disability and housing.[7]

Once the State assumes decision making authority over a child's life, it takes on the role of 'parent'. With that comes a responsibility to provide the highest standard of care and to prioritise each child's safety, identity and development. Meeting this responsibility requires a coordinated and sophisticated system of support that begins in early childhood and continues through adolescence, preventing escalation into statutory child protection or unnecessary involvement in the justice system.

Under the current system, opportunities for healing are repeatedly missed. Queensland must shift from fragmented crisis driven responses, to coordinated, accountable care. A whole of government approach in which every agency understands its role in shaping a child's daily life and long-term outcomes is required. Only when all parts of government accept and act on their shared responsibility will the State deliver the safety, connection and wellbeing every child deserves.

For Aboriginal and Torres Strait Islander children, there is an additional and critical need. An extensive Australian evidence base, including longitudinal studies, consistently confirms cultural identity, kinship and community connection as being core protective factors that strengthen lifelong wellbeing for Aboriginal and Torres Strait Islander children.[8] Culture and community are central to good parenting.[9] The State cannot meet this need on its own. The wellbeing benefits that come from cultural connection and self-determination can only be enabled by our communities. If Aboriginal and Torres Strait Islander children in the State's care are to grow into confident learners, responsible citizens and strong contributors to community, then partnership, shared decision making and self-determination are essential.

Queensland now needs a new system. One where early risk is identified, needs are met through coordinated and therapeutic responses, and all government agencies share responsibility for lifelong outcomes. For Aboriginal and Torres Strait Islander children, cultural and community connection is the central consideration in determining the best interest of the child, both now and throughout their lives.

4 Is the Department of Families, Seniors, Child Safety and Disability Services an effective corporate parent and meeting community expectations of parenting?

To assess if the Department of Families, Seniors, Child Safety and Disability Services (the Department) is meeting community expectations in its role as a corporate parent, it is first necessary to define the term corporate parent and clarify the expectations held by Aboriginal and Torres Strait Islander communities in the context of Queensland's child protection and youth justice systems.

4.1 Definitions

4.1.1 Corporate parent

The term 'corporate parent' is not used within Queensland's legislative, policy or practice frameworks, nor is it commonly applied elsewhere in Australia. It's use in child and family welfare is largely confined to the United Kingdom, most notably Scotland. In the absence of a Queensland or Australian definition, QATSICPP draws on the definition and responsibilities set out in the *Children and Young People (Scotland) Act 2014*.

Scotland defines corporate parenting as "*the formal and local partnerships between all services responsible for working together to meet the needs of looked after children, young people and care leavers*." In legislation, Scottish corporate parents include Ministers, local authorities and a broad range of government agencies including health and housing agencies, legal aid providers, and organisations responsible for arts, sport, education, and training.

Under this framework, all corporate parents share statutory responsibility to take action to respond to the significant challenges faced by care experienced children, including poorer health, reduced educational attainment, instability, difficulties forming trusting relationships, and disproportionate involvement in the justice system. Corporate parenting seeks to ensure these young people have the support, opportunities, and resources needed to thrive, from infancy to adulthood.

Outcomes from Scotland after 10 years of corporate parenting

Over ten years, Scotland's corporate parenting framework has strengthened outcomes for looked after children by embedding coordinated responsibilities across government agencies. National reporting shows significant expansion of whole family and early help supports, including major investments in holistic family wellbeing services and funding for more than one hundred community organisations to improve stability, throughcare and aftercare. The 2024 progress update highlights better access to mental health care, expanded family support, strengthened education pathways and increased housing assistance for care experienced children, alongside national efforts to reduce crisis responses and keep children safely within family networks. These duties have also improved cross agency information sharing, identification of wellbeing risks and the inclusion of children's voices in planning. Together, these reforms have led to more consistent support, stronger relationships and better long-term outcomes for children in state care.[10]

4.1.2 Wellbeing for Aboriginal and Torres Strait Islander children in Queensland

For this submission, QATSICPP defines community expectations of parenting as the aspirations and indicators outlined in the *Wellbeing Outcomes Framework for Aboriginal and Torres Strait Islander children and young people in Queensland* ('The Framework').[11] This Framework, co designed with community and grounded in culture, should be the lens through which 'good parenting' for Aboriginal and Torres Strait Islander children in Queensland is assessed.

The Framework sets out outcomes that reflect Aboriginal and Torres Strait Islander families' and communities' hopes for their children, how it should be measured, and the conditions required for Aboriginal and Torres Strait Islander children and young people to grow strong across eight domains including: health, mental health and emotional wellbeing, learning and skills, economic empowerment, home and environment, and safety. Culture and Connection operate as a discrete domain while also being the lens through which the other domains are viewed. The empowerment domain reflects self-determination and highlights the Children's voice, agency, and participation in decisions and freedom from systemic barriers.

This Framework is also distinctive in that it makes explicit the responsibility of adult institutions for Aboriginal and Torres Strait Islander children's wellbeing. It emphasises that adults hold the greatest influence on children's lives and outlines the specific responsibilities of families and kin, the services and communities that support children, and government in creating the conditions for Aboriginal and Torres Strait Islander children to thrive.

4.2 Our terminology

Across QATSICPP's membership and the youth justice sector we represent, there is a consistent and strong view that the term *corporate parent* does not reflect the lived experience of children in OOHC, nor does it resonate with the values that should guide the State's responsibilities. Members describe the term as institutional, disconnected and, for many, evocative of punitive systems rather than care. While we acknowledge the Commission's intent to examine the collective responsibility of government agencies to ensure children in OOHC are safe, supported and able to thrive, the language of *corporate parenting* is not one that our sector embraces. For the purposes of this submission, we therefore refer to the role of the State as *Guardian*. Using *Guardian* better aligns with community expectations of what a good parent does, placing a child's everyday wellbeing, safety and cultural identity at the centre of decisions, rather than institutional detachment.

4.3 Assessing system performance: Shared, whole of government responsibility

A core element of Scotland's corporate parenting model is responsibility for the wellbeing and outcomes of children and young people with care experience is shared across government and public services, rather than held by any single agency. In Queensland, the function most closely aligned with this concept is the Charter of Rights for Children in Care under the *Child Protection Act 1999*. The Charter sets out children's entitlements to safety, respect, cultural connection, participation in decisions, privacy, education, health and support for transition to independence. It establishes a duty not only to prevent harm but also to actively support each child's wellbeing, cultural identity, participation and future development. It requires that children are informed about their rights and supported to exercise them throughout their time in care.

However, the qualification that the Chief Executive must ensure these rights only "as far as reasonably practicable" reduces their real effect. It allows resource limitations, organisational constraints and

competing priorities to justify incomplete implementation, meaning the rights of children in care may depend more on system capacity than on clear entitlement.

Additional expectations that Queensland, as Guardian, must deliver safe, stable and culturally strong care, timely access to health and education, genuine participation and early planning for adulthood are found across state, national and international instruments.[12] Despite this, the *Child Protection Act 1999* does not require all government agencies to meet the needs of children in care. Legislated responsibilities relate to reporting concerns and information sharing, rather than mandating provision of support. This legislative gap means that when a child's needs fall across multiple systems, coordination relies on goodwill, informal arrangements and variable practice rather than enforceable obligations.

In the absence of legislation requiring shared responsibility, Queensland's approach relies on a collection of operations and activities, including direct service delivery and investment in non-government organisations, carers and commercial providers. This patchwork of arrangements does not constitute a coherent system of care and often leaves children navigating services that are disconnected and inconsistent.

The results tell a story of ineffective information sharing, where no one agency sees the whole child, no system coordinates their care, resulting in disjointed experiences of care where opportunities for healing are repeatedly missed. Thomas' story is a heartbreaking real example of what happens when government coordination fails in its responsibility to protect a young person in its care.

Thomas's story

Thomas* is a young person detained at Brisbane Youth Detention Centre who was experiencing acute psychosis, confusion about his family, delusional beliefs, hallucinations and rapid escalation to aggression. He lives with ADHD, ADD and FASD, and the absence of treatment contributed to offending that led to his arrest and dual order status.

Before his arrest, Child Safety's response to escalating risk was inadequate. His mother repeatedly sought help, yet no timely mental health intervention occurred. Queensland Health discharged him within hours despite clear signs of psychosis, and no coordinated planning or follow up took place, contributing to his deterioration.

In detention he received his first mental health treatment, was diagnosed with First Episode Psychosis and placed on a Treatment Authority. On arrival he had no clothing or hygiene items, and there was no evidence Child Safety had checked his welfare. The QATSICPP member service intervened, initiating a Family Led Decision Making process involving family, Child Safety, Youth Justice, mental health services, Delegated Authority representatives and cultural advisors. Cultural healing, including smoking ceremonies, and kinship care options were prioritised, helping to begin rebuilding his connection to family and community.

Source: QATSICPP Member Organisation

4.4 Assessing system performance: Wellbeing outcomes

The following assessment examines key wellbeing outcomes as a practical test of system performance. Each outcome is considered in terms of what is expected, how the Department seeks to deliver it and what the results show for Aboriginal and Torres Strait Islander children in Queensland's care.

4.4.1 Culture and Connection

The Framework identifies Culture and Connection as both a core domain of wellbeing and the lens through which all other domains must be understood. This reflects the central role that culture, family, trusted adults and community play in shaping identity, belonging and safety for Aboriginal and Torres Strait Islander children. Strong relational and cultural foundations are essential for wellbeing.

Developed in response to the profound harms caused by child removal policies, including those that led to the Stolen Generations, and affirmed through the landmark *Bringing Them Home Report (*1997), the Aboriginal and Torres Strait Islander Child Placement Principle (the Principle) is a national framework that upholds the rights of Aboriginal and Torres Strait Islander children by ensuring that culture, family, community and Country remain central to all child protection decisions and that, whenever safe, children remain connected to their family, kin, community and culture.[13] The Principle is expressed through five elements: Prevention, Partnership, Placement, Participation and Connection.

Queensland's *Child Protection Act 1999* embeds the Aboriginal and Torres Strait Islander Child Placement Principle to the standard of active efforts, which is purposeful, thorough and timely efforts that aim to maintain or reunite an Aboriginal Torres Strait Islander child with his or her family.

In principle, this recognises that maintaining cultural and family connection is a core obligation of the State when it assumes parental responsibility. In practice, however, key indicators show a widening gap between intent and implementation. Rising removal rates, limited investment in prevention, underfunding of ATSICCOs, low kinship placement and reunification rates, and rapid growth in residential care, all point to a pattern of systemic failure to uphold active efforts.[14]

Cultural Support Plans remain the primary mechanism for recording and supporting cultural connection. While reported coverage is high, quality and implementation vary considerably, and the existence of a plan does not ensure lived cultural connection. A survey of children in care showed that about one third of Aboriginal and Torres Strait Islander respondents felt strongly connected to their culture, while another third reported little connection. Only 18% of Indigenous children and young people were aware of having a Cultural Support Plan,[J] demonstrating a clear disconnect between policy requirements and the lived experience of children in care.

The data from residential care confirms the pattern that as the State's authority increases, the actions needed to support cultural identity diminish and outcomes worsen. A 2022 Queensland Family and Commission (QFCC) case file review found no evidence of active efforts to support cultural connection for First Nations children in residential placements. With only one ATSICCO delivering residential care among roughly 180 providers, culturally grounded and self-determining models of care are largely unavailable.[15] The relational and kin-based foundations of Aboriginal and Torres Strait Islander childrearing cannot be replicated in institutional, rostered environments that prioritise compliance over relationships. Staff are often not supported to develop cultural capability, and responsibility is too frequently placed on children to explain or teach their culture, reflecting a systemic failure to build workforce capacity and meet cultural needs.[16]

[J] CREATE Foundation, 2018: https://create.org.au/wp-content/uploads/2019/03/CREATE-OOHC-In-Care-2018-Report.pdf

Children on dual orders frequently experience shifts between placements, including residential care, emergency placements, crisis responses and justice supervision.[17] CREATE's lived experience surveys highlight that Cultural Support Plans frequently drop away when children move between placements, especially into youth justice settings.[18][19] This loss of continuity also affects the people who support cultural identity. Cultural mentors, Elders and ATSICCO workers often cannot remain involved through these transitions, leaving children without stable cultural guidance at the very times when they need it most. [20]

Delegated Authority Case Story

Michael*, a nine-year-old Aboriginal boy in foster care, was referred to his local Aboriginal and Torres Strait Islander community-controlled organisation for a Delegated Authority trial. The service already knew Michael and his family through previous community work and used this knowledge to apply to take on statutory powers under sections 87 and 88 of the Child Protection Act to support family and cultural contact.

When Delegated Authority began, Michael was disconnected from family and culture. He had no regular contact with siblings, had never spoken with his father and had only one brief call with his mother. His foster carer was wary of his family and hesitant about increasing connection.

The service first focused on building trust with the foster carer and learning more about Michael's family. They located his grandmother, built trust, and yarned with family members to understand what contact would be in his best interests. It became clear previous services had not established enough trust to address barriers to connection. After eight months of family tracing, engagement and reconciliation, the service arranged regular contact between Michael and three of his siblings.

They then worked with the local Child Safety service centre to organise contact with both grandmothers and supported Michael to attend camping trips focused on connection to Country. His confidence grew and, with their support, he had his first conversation with his father. The service also strengthened his relationship with his mother, with phone calls eventually leading to an Easter visit with his maternal family.

Now connected with a range of family members, Michael is a more confident, settled young man. A Delegated Authority staff member, Stephen, reflected an important part of the service's work was bringing Michael's foster carer along on the journey, acknowledging the significant role they had played in providing a loving, safe home, while supporting them to understand the part they could play in helping Michael "return back to Country and return back to home."

Source: QATSICPP Member Organisation

For more information about Delegated Authority, please see Section 8 of this submission.

4.4.2 Learning and skilling

The Learning and Skills domain recognises that Aboriginal and Torres Strait Islander children thrive when early development, education, life skills and cultural learning are supported together. The domain emphasises regular engagement in education, steady progress in learning, meaningful attainment, and the transmission of cultural knowledge, which is both a right and a foundation for lifelong wellbeing.

Evidence from the Productivity Commission[K] and CREATE[L] shows that children who enter OOHC consistently face poorer educational outcomes because of trauma, placement instability and disrupted schooling, which in turn undermine employment prospects and reinforce cycles of disadvantage. We also know that children entering Queensland's youth justice system already carry significant educational disadvantage, including disrupted schooling, low literacy and numeracy and high levels of prior child protection involvement.

Education has the potential to support lifelong and generational change by strengthening wellbeing and opening pathways to future opportunity, so it is critically important the system is set up to ensure these children have every opportunity for learning.[21]

Queensland has tools designed to overcome this, including the Students in Care policy and Education Support Plans, to guide schools, resource teachers and help keep children in OOHC engaged in learning:

- The Department of Education's *Students in Care* policy acknowledges the educational disadvantage faced by children in care, and requires schools to use evidence based, trauma informed practices, partner with Child Safety and carers, develop and review ESPs, minimise disruptions, provide mentors, engage families, and monitor progress to improve outcomes for students in care.
- Education Support Plans, when done well, are developed with the child, their family or kin, carers and the Child Safety Officer. They set out day to day learning supports and include cultural goals, with clear responsibilities and regular review. The Education Support Funding Program provides funding to schools to support learning for children in care, aligned to the child's complexity and school context so that meeting cultural and learning needs is resourced, not only recorded.

Yet students with an OOHC experience continue to have poorer educational outcomes than their peers, a gap even wider for First Nations children, including:

- Lower NAPLAN results, lower year 12 completion rates and reduced participation in education or employment after Year 12.[22]
- One in four children in OOHC are suspended or excluded from Queensland schools, and in 2020, students with disability, First Nations students and children in OOHC accounted for 62% of all short-term suspensions despite making up only 28% of enrolments.[MN]

[K] ROGS, 2025

[L] CREATE Foundation, 2018: https://create.org.au/wp-content/uploads/2019/03/CREATE-OOHC-In-Care-2018-Report.pdf

[M] QFCC. (2025). *Include me, don't exclude me*: The experiences of children and young people who have been suspended or excluded from Queensland state schools.

[N] Queensland Advocacy for Inclusion & Aboriginal and Torres Strait Islander Legal Service. (2022). Use of school disciplinary absences in Queensland state schools: A call for systemic reform.

- Children living in residential care record the poorest educational outcomes of all children in out-of-home care, with the 2024 Queensland Children in Care Census showing 26% had been suspended or expelled and many experiencing significant developmental and learning delays.[O]

Across Queensland's systems we see the same pattern on repeat. The more a child's life is controlled by the State, the less likely it is that safeguards and supports designed to meet their needs are actually deployed, and the more their outcomes deteriorate.

- In Residential Care, schooling often sits alongside placement changes, institutional routines and limited cultural safety, factors that undermine attendance, continuity and achievement. Research confirms children in residential care have lower academic achievement and higher rates of school disengagement than their peers in foster or kinship care, reflecting the compounded impacts of trauma, instability, and limited educational support. 23
- Education is formally structured in youth detention, with mandatory weekday participation and dedicated on-site teaching staff intended to support re-engagement in learning. However, operational conditions, like staff shortages, severely restrict actual learning time.24 Some centres have delivered as little as two to three hours of education per day, and during extended separations, only three to five hours per week, far below mainstream expectations. Continuity with community schooling remains weak, and written worksheets are often used in place of direct teaching, which is inadequate for children with complex learning needs. Current delivery falls short of stabilising educational pathways or addressing entrenched disadvantage.

This raises a red flag that is impossible to ignore: the system is not working for the children who most need it to. Too many children in care attend school with unmet needs. Critical information is not shared, reasonable adjustments are missed, and learning suffers, a stark failure of shared responsibility across government systems.

When education is a fundamental determinant of lifelong wellbeing, and one of the strongest protective factors against entering the youth justice system, it is unacceptable that the very children for whom the State holds the highest level of parental responsibility are the least supported to remain engaged in school.

4.4.3 Health & mental health and emotional wellbeing

The Health, Mental Health and Emotional Wellbeing domains recognise that Aboriginal and Torres Strait Islander children flourish when their physical, emotional and psychological health is supported in a holistic and culturally grounded way. These domains emphasise strong physical development, access to quality healthcare, feeling safe and regulated, and the nurturing of emotional expression and resilience.

Health is the thread that runs through every other domain because a child who is well, regulated and able to access care is better placed to grow, learn and participate in family, community and culture.

The primary mechanism to support good health for children in OOHC is the Child Health Passport pathway. This sets out a sequence of timely health checks that are intended to give every child a clear baseline for their physical and developmental needs. It includes an initial health check within 30 days, a comprehensive assessment within 90 days and regular reviews to monitor changes and ensure emerging concerns are identified and addressed.

However, we could not identify any data to confirm the pathway's implementation. Youth voice data suggests some access to healthcare, with 73.4% of respondents saying they saw a dentist in the past

[O] Children in Care Census, 2024

year and 74.4% were included in health decisions most times or always.[P] But the absence of data regarding the mandated health check pathway is significant because access to primary health care is a key opportunity to identify and respond early, for a group that has higher rates of complex health and developmental needs.

The Children in Care Census 2024 highlights the scale of need among children in the statutory system:

- 41% have a diagnosed or suspected disability or neurodevelopmental disability.
- 31% have limited to severely limited intellectual functioning or developmental delay.
- 20% have a diagnosed or suspected mental illness or behavioural disorder.
- Among children aged 10 years and over, 28% are recorded as self-harming now or in the past or suspected to be, and 12% have had a suicide attempt.

The Census also shows that even when disability or mental health concerns are known or suspected, many children continue to experience unmet support needs, with required services not consistently in place.

Within this context of high and complex need, Evolve Therapeutic Services (ETS) is a key mental health intervention for children in care, providing trauma informed, multidisciplinary assessment and treatment tailored specifically to children in OOHC. Evaluations consistently report improvements in functioning, reductions in disruptive behaviour, decreases in non-accidental self-injury, and increased school attendance following ETS involvement.[25]

However, despite ETS's central role, there is no publicly available information on its capacity to meet demand. The only indirect indication comes from ETS's Model of Service, which notes that the intensive nature of intervention requires low clinical caseloads, inherently limiting throughput. No quantitative data, such as referral volumes, acceptance rates, waiting times, or unmet demand, appears to be published.

A 2025 conference abstract about ETS notes an increase in referrals for Aboriginal and Torres Strait Islander children, reflecting a broader over representation in the child protection system, yet there is no analysis of how many First Nations children receive ETS relative to need, whether they face longer waits, or whether they are disproportionately impacted by capacity constraints.[26]

When therapeutic capacity is thin, responses can also drift toward restrictive practices, including psychotropic medication. The Office of the Public Guardian has raised concerns that some children in state care were allegedly medicated to control behaviour rather than to treat a diagnosed condition, including reports of medication being administered without appropriate diagnosis or consent.[27] This sits alongside national concerns about the "criminalisation of disability", where disability or trauma related distress is misread as defiance, increasing police contact and justice involvement.[28]

The same pattern is repeated again and again. As children move into more restrictive environments, their access to stable, therapeutic and culturally grounded health responses declines sharply, exposing them to further harm.

According to Queensland's Youth Justice Census, children on youth justice orders experience markedly higher levels of unmet disability, developmental and mental health needs compared to all children in OOHC:[Q]

[P] My Life in Care Survey, 2022

[Q] Department of Youth Justice and Victim Support. (2025). Youth Justice census summary – supervision 2018 to 2024

- disability (70 percent compared with 40 percent of all children in care)
- developmental delay (61 percent compared with 31 percent)
- mental illness (56 percent compared with 20 percent)
- self-harm (56 percent compared with 26 percent)
- suicide attempts (40 percent compared with 11 percent) and
- functional instability (74 percent compared with 26 percent).

Rather than receiving stronger, more coordinated and culturally grounded support as need intensifies, children experience the opposite. Oversight reporting and media investigations show significant delivery gaps in detention settings, with staff shortages contributing to inconsistent mental health monitoring and failures to complete high frequency suicide risk observations.[29] QFCC reporting further highlights the overlapping health, disability and trauma related needs among children exiting detention, reinforcing that those with the greatest vulnerability are often those who receive the least individualised, structured support to reduce harm and reoffending. In short, the system's safeguards weaken precisely at the points where children most rely on the State to act as a capable Guardian. [30]

Health and disability needs do not end at 18, they intensify when planning is weak and supports drop off. Queensland's 2024 Children in Care Census reports that among young people transitioning to adulthood, 32% are expected to require NDIS support.[R] This high proportion of young people requiring disability support reflects the broader pattern identified across the Children in Care Census, where unmet or poorly understood health, disability and developmental needs compound across domains and signal that the highest need cohort is also the least likely to receive timely assessment or coordinated intervention. When health needs remain unknown, undiagnosed or unsupported, risk compounds across education, relationships, stability, justice contact and post care outcomes, and costs shift from early support to crisis response.[31]

4.4.4 Safety

Safety means that children are free from all forms of harm and abuse and are supported to live in environments that are stable, predictable and grounded in care. For Aboriginal and Torres Strait Islander children, safety is not only the absence of danger but the presence of relational, cultural and environmental conditions that uphold their dignity, belonging and rights.

Where child removal is in the name of safety, statutory intervention should actively protect children from further harm. However, in 2023–24, 1.7% of all children who spent time in care were subjected to substantiated abuse or neglect while in a state managed placement.[S] Safety failures of this nature are not marginal; they reveal system level risks impacting hundreds of children.

The Children in Care Census illustrates the scale of trauma children bring into the system, with most experiencing multiple forms of harm, which are strong predictors of later vulnerability across mental health, education, stability and justice involvement:

- 11 percent have experienced sexual abuse
- 46 percent have experienced physical abuse
- 83 percent have experienced emotional abuse

[R] Children in Care Census, 2024

[S] Queensland Government, 2025: https://performance.dcssds.qld.gov.au/improving-care-and-post-care-support/what-we-do/safe-living-arrangements

- 88 percent have experienced neglect and
- 68 percent were exposed to domestic and family violence.[T]

Research shows that domestic and family violence causes profound and ongoing impacts for Aboriginal and Torres Strait Islander children, creating fear, disrupted attachment, instability and trauma.[32] System responses need to be child centred, culturally informed and healing oriented.[33] Culturally designed responses led by ATSICCOs are consistently identified as best practice for stabilising children after traumatic experiences. For the State to act as a capable Guardian and provide children with the support they need, more opportunities for ATSICCO led healing must be enabled and actively sought to protect children from environments that can amplify risk, such as residential care.

The Royal Commission into Institutional Responses to Child Sexual Abuse concluded that residential care is among the least safe of OOHC settings, with children reporting bullying, harassment and threats of sexual assault, chaotic routines and high staff turnover, conditions that erode safety and leave children exposed to harm rather than protected by care.[34]

Recent investigations reveal further evidence that support this finding. ABC reporting has uncovered cases of child sexual exploitation in residential care (including one case in Queensland) and highlighted gaps in oversight across jurisdictions.[35] Royal Commission's *Contemporary Out-of-Home Care* volume warns that sexual abuse and exploitation continue, particularly in residential care, without stronger safeguards and practice reform.[36]

Australian research shows that detention environments increase exposure to violence, abuse and degrading treatment, drive up rates of self-harm and suicide attempts and disproportionately harm Aboriginal and Torres Strait Islander children.[37] Despite an obligation to ensure custody is lawful and humane, oversight body evidence suggests the state is not consistently providing a safe, monitored and protective environment.[38]

Safety must also be a priority through transition to adulthood. Research by the QFCC found transition planning had occurred for around two thirds of young people aged 15 and over in OOHC, meaning a significant portion were not receiving documented preparation for adulthood.[39] These outcomes reflect a broader safety failure; young people leaving care are disproportionately exposed to homelessness, unemployment and instability, placing them at heightened risk of harm at the very point when State support falls away.

4.4.5 Home and environment

The home and environment domain is about creating the physical and relational environments where Aboriginal and Torres Strait Islander children can receive the safety and connection they need to grow into healthy and confident adults. This domain recognises that for an Aboriginal and Torres Strait Islander child or young person, home can exist across several places: with parents, grandparents, aunts or uncles. Safety, love and connection should travel with children as they move between these homes.

40 percent of Aboriginal and Torres Strait Islander children who exited OOHC in the past 12 months (after being in care for five years or more) had experienced seven or more placements over their time in OOHC.[U]

[T] Children in Care Census, 2024

[U] Queensland Government, 2025: https://performance.dcssds.qld.gov.au/improving-care-and-post-care-support/what-we-achieve/sibling-connection-and-stabilitypermanency-of-living-arrangements

Amongst moving between homes, many children are split from brothers and sisters: 31 percent of Aboriginal and Torres Strait Islander children in care do not live with at least one sibling, a stark indicator of the impact of OOHC on these children's experience of home.[V]

For children in residential care, research by the Queensland Family and Child Commission found many experience it as a service rather than home: rotation rosters, rigid rules, formal meetings and visible infrastructure (locked doors, emergency signage) normalise institutional routines over family life.[40] Access to family and cultural connection can be very limited.

QATSICPP members across youth justice and child protection portfolios have frequently shared stories during consultations about Aboriginal and Torres Strait Islander children removed from their communities to residential placements hundreds and sometimes even thousands of kilometres away, where they have little or no connection to anyone in the community. Further to this, youth consultations describe exclusion from decisions, inconsistent advocacy, anxiety-inducing environments, and children competing for attention amidst incompatible peer mixes, conditions that undermine belonging, stability and wellbeing.[41]

Children on both child safety and youth justice orders face even greater challenges to their sense of home. Dual order children in Queensland commonly face highly unstable, unsuitable or institutional home environments, with many experiencing repeated placement changes, residential care, and weak connections to family or community.[42] The 2024 Youth Justice Census indicated that 31 per cent of Queensland children under community supervision were living in unstable or unsuitable accommodation.[W] Instability of living arrangements is a significant contributing factor to being denied bail and remanded in custody.[43]

Housing security is also a major challenge for young people transitioning from care. Of the 54% who require public housing.[X] The Queensland Government provides housing support to young people leaving OOHC through services like Extended Post Care Support, which offers financial assistance to help maintain stable accommodation, and Next Step Plus which supports housing access up to age 25. The Youth Housing and Reintegration Service (YHARS) assists young people exiting care or youth detention to secure accommodation, develop independent living skills, reconnect with family when appropriate, and access brokerage for rent, bonds, essential goods and longer-term housing pathways.

Despite promising indications about the success of the above programs, data and evidence consistently highlights that many Aboriginal and Torres Strait Islander young people enter adulthood from state care experiencing homelessness. CREATE Foundation reports that many Queensland care leavers face unsafe, unsuitable or short-term housing, with young people describing social housing as inaccessible and often retraumatising.[44] Australian Housing and Urban Research Institute (AHURI) findings show similarly poor outcomes, with over half of care leavers entering homelessness services within four years, especially those with residential care histories or multiple placements.[45]

Perhaps the most poignant indicator of the state's inability to provide a stable and connected sense of home, is a recent audit conducted by the Department finding 772 children in care were self-placing (including 27 under 12); many left their approved OOHC placement because they disliked or didn't feel safe in placements.[Y] Some even left a placement and became homeless rather than remain.

[V] Ibid

[W] Youth Justice Census, 2024

[X] AHURI, 2021: https://www.ahuri.edu.au/research/final-reports/364

[Y] Queensland Government, 2025: https://statements.qld.gov.au/statements/103478

This failure of the State to provide a place children feel safe and connected to has further consequences, as many self-placing young people are at high risk of involvement in the youth justice system.[46]

The evidence outlined above suggest that when children's need for safe, stable and connected home environments increases, the State's ability to provide them too often diminishes; most visibly through persistent placement instability, separation from siblings, reliance on residential care and the growing number of children self-placing due to feeling unsafe or unheard. An Aboriginal and Torres Strait Islander child in the Guardianship of the State should be entitled to a home grounded in kin, culture, safety and belonging, rather than being pushed further from these foundations at the times they need them most.

5 What is the link between the child safety system and youth justice systems?

There is a correlation between involvement in the child protection system, contact with youth justice, and periods spent in youth detention.[47] Many young people who enter youth detention have long histories of child safety involvement, including OOHC, placement instability and exposure to trauma. However, evidence does not support the causation that would be required to suggest the child protection system is a 'feeder' of the youth justice system.

Research shows that Aboriginal children who crossover between the child protection and youth justice systems have a complex needs and experiences, including high rates of maltreatment, disability, developmental delay, trauma, family violence exposure, poor health, educational disruption, housing instability and oversurveillance.[48]

On 31 March 2025, of the estimated 113,805 Aboriginal and Torres Strait Islander children in Queensland, including 50,864 aged between 10 and 17 years; of this cohort 220 children were subject to both a child protection order and a supervised youth justice order.[Z]

5.1 'Dual order' children: Information sharing & cross agency communication

The journey of dual order children intersects complex legislative, operational and human service frameworks, requiring integrated responses across child safety, youth justice and youth detention systems. Responses to children on dual orders relies on accurate, timely communication between Child Safety, Youth Justice, Health, Education, Police and community partners.

Children on dual orders typically have complex needs that span multiple systems. While each agency holds relevant information, that information is often stored in separate systems and governed by different rules. Staff can have challenges in accessing child protection histories or current case plans, particularly when a young person enters detention suddenly or moves between regions.

Information sharing between agencies is supported by legislation and formal agreements. In practice, however, communication can often be inconsistent.[49] Youth detention centres rely on information from Child Safety and Youth Justice to understand a young person's care history, risks, health needs, cultural identity, disability status and behavioural triggers. When this information is incomplete, delayed or difficult to access, detention centre staff may be unable to provide appropriate care, safety planning or rehabilitation support. This can increase behavioural incidents, reduce engagement in education and programs, and limit preparation for release.

[Z] Data supplied to QATSICP by Queensland Government under Family Matters data sharing agreement

Barriers to effective information sharing and engagement can include inability to comprehensively link data across different systems, privacy and legislative complexity, workforce and resourcing pressures, poor transition planning and effective partnerships between government and non-government agencies.

Mobilising government resources for this cohort is challenging because responsibility is spread across multiple agencies with different priorities. Youth detention centres focus on safety and order, Youth Justice focuses on compliance and rehabilitation, and Child Safety prioritises protection and placement stability. Without strong coordination, these differing objectives can work against each other rather than supporting a shared outcome for the young person.

5.2 Residential care

The use of residential care placements in Queensland has increased by 85 percent over the past five years, with Queensland now accounting for 40 percent of the nation's residential care population.[AA] Entry into residential care puts children at higher risk of contact with the youth justice system, reflecting systemic factors within residential settings rather than solely the conduct of children themselves.[50] Research highlighting the high level of overlap between children in residential care and those in youth detention, attributes much of this to the criminogenic effects of residential care environments.

Children in residential care are more likely to experience unstable placements, weak connections to their culture, disrupted education, unmet disability or mental health needs, and complex histories of trauma. The 2024 Youth Justice Census shows[BB]:

- 42 per cent of children in residential care have intellectual or developmental delays (compared with 38 per cent in detention)
- 51 per cent have a diagnosed or suspected disability
- 40 per cent have a mental illness, and;
- 61 per cent have been suspended or excluded from school (compared with 55 per cent in detention).

Residential care environments can contribute to youth justice contact due to poorly trained staff, limited therapeutic support, and reliance on police to manage behaviours linked to trauma.[51] Everyday actions such as distress, conflict, or damaging property, that would be managed without criminal consequences in the family home, can lead to police involvement for children in residential facilities. The Queensland Family and Child Commission found many police call outs from residential care were unnecessary, leading to the creation of the Joint Agency Protocol to prevent avoidable involvement.[52]

To break this link, residential care needs to be trauma informed, culturally safe, and focused on supporting children's mental health, education, and wellbeing. Staff should receive training and supervision to manage behaviour safely without involving police. Agencies should work together to provide early support and monitor children at risk of entering youth justice. Residential facilities also need access to proper therapeutic and disability supports, and initiatives like the Joint Agency Protocol should be fully implemented and monitored.

[AA] Queensland Family and Child Commission, 2025: https://www.qfcc.qld.gov.au/news-and-media/modelling-forecasts-looming-financial-crisis-residential-care

[BB] Children in Care Census, 2024

6 Respond early, change futures

Children already in the child protection system who later encounter the youth justice system should be generally understood as having a high probability of significantly complex unmet needs. Such needs are often salient in childhood. Early conduct problems in children under ten are best understood as indicators of underlying health, developmental or relational difficulties, not early criminality. Children with low self-regulation, insecure attachment, language and executive functioning delays, ADHD or FASD, or chronic exposure to adversity often display behaviours that signal distress, developmental vulnerability and unmet need.

In the current child protection system, these needs are often not recognised, assessed or responded to early even though these children frequently appear in multiple service datasets across child protection, youth justice, health, mental health and education, long before they reach adolescence. Their early developmental and wellbeing needs are visible and predictable. But systems fail to provide cultural safety, to stabilise schooling or to meet disability and mental health needs.[53] With the right assessments, therapeutic supports, cultural connection and stable caregiving, these behaviours can be addressed. Without them, the risk escalates.

Teachers and early educators frequently notice developmental or behavioural concerns, yet child protection systems do not consistently respond with coordinated health, disability or educational support.[54] As a result, children with unmet needs, misinterpreted behaviours and increasing disconnection from family, kin, community and culture are more likely to follow a predictable trajectory from OOHC into youth justice.

Criminalisation of disability

The criminalisation of disability is a significant and growing concern. Childhood disability is too often overlooked or dismissed as a contributing factor in behaviours that later become criminalised, and effective treatment is not consistently provided by the state as Guardian.[55] QATSICPP members frequently report examples of children disengaged from school and known to police by age nine, who then, upon turning ten, move quickly through police diversion pathways into the Childrens Court.

Under section 29 of the *Criminal Code Act 1899*, a person under 10 is not criminally responsible for any act or omission in Queensland, and a person under 14 is not criminally responsible for an act or omission unless it is proven that the young person had the capacity to know that they ought not to do the act or make the omission. In an attempt to detect and respond to cognitive, mental health and neurodevelopmental impairment in children who have contact with Police, a requisite capacity assessment, conducted by a Police Officer is used to determine if whether a young person has the ability to understand and meaningfully engage in police interview or investigative processes. If it is determined that capacity is impaired, additional safeguards must be put in place to ensure fairness, protection of rights and compliance with legislation, which may include delaying interviews, involving a support person, seeking mental health input or ensuring legal representation.

In practice, conducting an assessment is triggered by an individual officer's observations, rather than being mandatory or routine practice. There is no evaluation of the effectiveness of police capacity assessments for children and psychological experts note the complexity and specialised skills required to conduct reliable assessments of this nature and that police have no reliable mechanism to access child health professionals before initiating court processes.

The first opportunity for robust disability or neurodevelopmental assessment usually occurs only if a Children's Court Magistrate orders a forensic assessment, often at the request of a solicitor. Such a request requires the solicitor to have accurate and complete information about the child's health, education or child protection history. Beyond the court, neither general caseworker training nor standard

assessment tools for criminogenic risk include structured screening for disability. As a result, children's underlying conditions remain unidentified and untreated while their behaviours are increasingly interpreted as defiance or offending.

This creates a system where missed opportunities lead directly to criminalisation. When disability remains unrecognised, behaviours driven by trauma, cognitive impairment, language delay or neurodevelopmental conditions are more likely to be met with punitive responses rather than therapeutic support.[56] This lack of early identification and coordinated intervention across systems contributes to avoidable escalation and entrenches the over representation of Aboriginal and Torres Strait Islander children in the youth justice system.

6.1 Strengthening protective factors to reduce youth justice involvement

Early identification of risk factors and responses that are evidence based and culturally grounded could significantly reduce escalation from OOHC into the youth justice system. A capable parent would notice when a child is struggling, understand the underlying causes, and act early to stabilise development, strengthen cultural identity and address unmet health, education and disability needs.

For children in OOHC, the evidence points clearly to what decreases the likelihood of later youth justice involvement. These protective factors should form the foundation of the State's approach:[57]

- Strong cultural connection: Active support for culture, language, stories and ceremony, with kinship and Country recognised as core sources of safety, identity and resilience.
- Frequent and natural access to family: Ongoing support to families maintains cultural bonds, strengthens identity and keeps reunification possible.
- Safety without oversurveillance: Responses from child protection and youth justice should be proportionate, culturally safe and should avoid practices that heighten criminalisation.
- Children's voice and agency: Genuine participation in decisions, freedom from systemic barriers and access to civic, digital and community life.
- Tailored learning and skilling: Creative educational pathways, literacy support, vocational options and cultural learning that reflect each child's strengths and needs.
- Comprehensive health care: Priority access to physical, developmental, disability, allied health and specialist mental health care.
- Healing from trauma: Culturally grounded therapeutic supports that address trauma, grief and loss, building confidence, hope and stability.
- Safe, stable environments: Secure housing, consistent caregiving, and healthy environments in which children can live, learn and grow.

Solutions that work include the explicit teaching of emotional regulation, social skills and problem solving; trauma informed responses that support predictability and control; and support for carers, kin and families who are expected to manage highly complex needs without adequate therapeutic or practical help. Stable placements, strong family involvement and culturally grounded environments reduce escalation and keep children connected to what keeps them safe.

When children in OOHC have these supports wrapped around them, the State can not only prevent unnecessary pathways into youth justice but also create the conditions for children to thrive.

The importance of acting early

If the child protection system could work closer with key community partners (childcare providers, schools etc) who are part of a children's formative transitions in a strength based preventative way, there may be more opportunities to detect early risk factors such as early trauma responses , developmental delays or disabilities, disrupted schooling, attachment difficulties, behavioural dysregulation and emerging police contact, it could intervene early, as a parent would.

This means:

- identifying risk early through coordinated health, education and culturally appropriate disability assessments.
- stabilising placements and prioritising kin and culture.
- ensuring consistent school engagement and learning support.
- providing therapeutic care rather than punitive responses.
- embedding ATSICCO led cultural authority and family partnership.
- coordinating supports across systems rather than leaving children to navigate them alone.

When these protective, relational and culturally grounded responses are in place, the likelihood of youth justice involvement decreases significantly.[58] When they are absent, children move through multiple systems without anyone holding the full picture of their needs, meaning that these needs are ultimately not met, driving offending behaviour.

What works - Creating Pathways to Child Wellbeing and the Prevention of Crime

This long-running program, begun in 1996 under Emeritus Professor Ross Homel AO, worked with preschool and primary-aged children in seven local schools to reduce later antisocial behaviour and youth crime. It tested whether community-embedded early support—delivered by local teachers and workers—could strengthen development in disadvantaged and culturally diverse communities.

A 2024 study tracking 543 children found that family support alone was linked to higher offending risk due to high need, but when combined with an enriched preschool communication program, serious offending rates were very low. A 2025 economic analysis showed the program delivered strong value, with every dollar invested returning $7.65 in avoided youth offending—demonstrating the effectiveness of early prevention over punitive approaches.

6.2 Current programs to respond to early signs of offending

Early signs of offending in children in OOHC are developmental distress signals that should trigger coordinated, therapeutic and culturally strong responses. Yet Queensland currently lacks dedicated programs designed to prevent escalation into youth justice for children in care.

While no specific, State led programs exist with the stated objective of reducing youth justice progression for children in OOHC, several existing services have potential when properly resourced, adapted and targeted:

- Evolve Therapeutic Services: Provides intensive, trauma informed mental health and behaviour support. While not designed as a youth justice prevention program, it can reduce escalation if provided early, consistently and in partnership with ATISCCOs.
- Regional Reset Program: Supports children aged 8 to 17 showing early signs of high risk or antisocial behaviour, working alongside families and local services. This program could play a preventative role if prioritised for children in care.
- Youth justice 'early intervention' programs: Current programs mainly serve children already on supervised orders. Occasional discretionary efforts to support younger siblings or children "at risk" show that early intervention is possible, but not embedded, consistent or guaranteed.

QATSICPP's review shows that these programs are not systematically deployed, not prioritised for children in care, and not designed or monitored as prevention pathways for dual order risk. Effective early intervention requires a deliberate shift from punitive or compliance driven responses to relational, therapeutic, culturally led models for children showing early signs of distress.

7 Delegated Authority: Culture and self-determination are central to solutions

When Aboriginal and Torres Strait Islander children are subject to statutory intervention, the degree of State control can be significant, influencing decisions about family contact, cultural support and reunification. Yet we know children thrive when decisions are made by those who know them, love them and hold cultural authority.[59] This is the foundation of Delegated Authority in Queensland.

Delegated Authority transfers selected statutory child protection functions to an Aboriginal or Torres Strait Islander CEO of an ATSICCO, so decisions are made closer to community, culture and those most invested in each child's wellbeing. When the State assumes parental authority, it must ensure decisions strengthen, not diminish, a child's safety, identity and belonging. For Aboriginal and Torres Strait Islander children, this requires decision making grounded in cultural knowledge, kinship obligations and community authority elements the State cannot replicate alone. Under Delegated Authority, the Chief Executive may delegate specified child protection powers for a child who is *in need of protection* or *likely to become in need of protection* to the CEO of an ATSICCO that meets legislative and suitability requirements.

This model allows the State, in its role as Guardian, to retain oversight while enabling children in OOHC to benefit from the protective factors of culture, community, self-determination and hope. ATSICCOs exercising Delegated Authority not only make statutory decisions; they also hold the on-the-ground relationships and knowledge needed to accurately assess risk, identify need and design the right supports at the right time. With these insights, decisions are more culturally congruent, timely and responsive to each child's developmental and relational needs.

Through a genuine partnership between community and government, with the child at the centre, Delegated Authority embeds self-determination within the care system, reduces the harms caused by distant, bureaucratic decision making, and enables earlier, integrated and culturally grounded interventions. With equitable resourcing, transparent information sharing and coordinated government support, Delegated Authority strengthens accountability and delivers better outcomes for all Aboriginal and Torres Strait Islander children in care.

8 Conclusion

The essence of Guardianship is coordinated action that delivers wellbeing outcomes for children. A capable parent provides consistent support, stable relationships, and commits to every child's long-term development. For the State, this means accountability is shared across agencies for a child's safety, learning, health, identity and connection. Guardianship cannot be fulfilled through isolated departmental efforts; it requires whole of government commitment and coordinated practice.

For Aboriginal and Torres Strait Islander children, culture is also an essential element.

Queensland's performance across wellbeing domains for Aboriginal and Torres Strait Islander children, shows a consistent and deeply concerning pattern. Tools such as Cultural Support Plans, Education Support Plans and Health Passports exist, but they are not implemented or connected in ways that ensure children's needs are met. These instruments remain largely administrative rather than lived safeguards, and children continue to fall through gaps between agencies that do not operate as one coherent system of care.

Our assessment of Queensland's performance as a Guardian informs our position: As the State assumes greater authority in a child's life, the supports required to uphold identity, stability and belonging diminish. Removal, placement instability, residential care, school exclusion, Youth Justice involvement and detention mark a trajectory of escalating harm. At each stage, the State's responsibility to act as an invested parent increases, yet the responses become weaker, more fragmented and further removed from what children say they need. And further away from the protective factors of family, community and culture.

Our assessment of whether Queensland is meeting community's expectations of a corporate parent, or simply, a good parent, is likely to lead to a conclusion that Queensland is failing:

- Learning and Skills - Aboriginal and Torres Strait Islander children with disability or developmental delay often attend school without assessments or adjustments, and experience suspension or exclusion from the environments meant to support them.
- Health and mental health - many children enter care with disability, developmental delay or mental illness, yet they often go without timely assessment or coordinated therapeutic support, leaving behaviours to escalate rather than heal.
- Safety - children continue to experience harm in placements meant to protect them, with unsafe residential environments and inconsistent risk monitoring contributing to further trauma.
- Home and environment - unstable placements, separation from siblings and institutional living disconnect children from family, culture and belonging, increasing the likelihood of justice involvement.

For Aboriginal and Torres Strait Islander children, cultural connection is not an optional element of care. It is the strongest protective factor in their lives, the foundation of safety, identity and resilience.[60] When culture is not centred in decisions, planning and daily care, opportunities for healing and restoration are lost. No reasonable parent would allow this; nor should a capable Guardian.

The path forward is clear. Queensland must increase coordination, strengthen accountability and place culture at the centre of decision making and service delivery.

Effective Guardianship requires intentional, early intervention that stabilises family, strengthens culture, and addresses the full range of wellbeing needs.

Case Study: Victoria's Corporate Parenting Reform

In December 2025, the Victorian Government introduced the *Supporting Stable and Strong Families Bill* to strengthen its role as a corporate parent. Drawing from the successful Scottish model, the Bill amends the *Children, Youth and Families Act 2005* and the *Child Wellbeing and Safety Act 2005* to create a whole of government framework for children in OOHC care.

The reform shifts Victoria from a reactive referral system to one based on shared, proactive responsibility across government. When the State assumes care of a child, every department becomes responsible for supporting that child's needs. The Bill mandates coordinated planning across housing, health, education, justice and community services, and requires Ministers and agencies to report publicly on outcomes.

The aim is clear: earlier intervention, stronger support to keep families safely together, and coordinated services that meet the diverse needs of children in care. Victoria's approach shows how legislation can embed accountability and whole of government responsibility for children's wellbeing.

Delegated Authority is a key mechanism to realise these principles. It aligns responsibility with cultural authority by positioning ATSICCOs to lead selected statutory functions. Delegated Authority places decisions closer to the child, family and community; strengthens cultural connection; improves engagement; and enables supports that are relational, timely and grounded in local context. Early results show stronger outcomes where genuine partnership, transparent information sharing and adequate resourcing are present. It is not a wholesale transfer of powers, nor a quick fix. It is a staged, deliberate approach that grows capability and strengthens safety, belonging and continuity over time.

The principles underpinning Delegated Authority describe the baseline against which Queensland's Guardianship obligations must be understood: coordinated assessment across health, disability, education and culture; trauma informed and culturally grounded responses; consistent care across systems; and culture recognised as the cornerstone of safety and belonging. Scaling Delegated Authority, matched with equitable funding, data access, and whole of government responsibility, offers a credible pathway for Queensland to meet its obligations with, not merely for, Aboriginal and Torres Strait Islander children and families.

Only through genuine partnership, cultural authority and coordinated government action can Queensland fulfil its role as a capable parent and ensure every child has the stability, connection and opportunity they deserve.

9 Recommendations for all children in OOHC

1. Introduce a legislated framework to embed whole of government responsibility and accountability for the wellbeing of children in OOHC, that:

- mandates joint planning, shared accountability and cross agency reporting
- ensures every government department is accountable for taking coordinated action to actively support lifelong wellbeing, with an early focus on education, health, youth justice, policing and housing

2. Mandate joint planning for children on dual orders to prevent escalation into youth detention:

- ensure joint case planning between Child Safety and Youth Justice, including youth detention centres, at a minimum
- confirm shared goals and outcome measures that make agencies jointly responsible for progress
- coordinate planning across detention and community settings, including early transition planning
- strengthen release planning with Child Safety, Youth Justice, detention centres, ATSICCOs and key service providers to ensure continuity of housing, education, health and cultural supports

3. Strengthen information sharing across systems for children on dual orders:

- improve information exchange on entry to detention including child safety history, disability and developmental information, cultural identity, known risks and protective factors
- enable timely coordination with ATSICCOs and other providers to maintain continuity of support across placements, detention and community settings
- provide clear and consistent guidance and training so frontline workers understand what information can be shared, with whom and for what purpose

4. Recommit to culturally safe disability screening and support:

- deliver culturally safe disability screening and assessment for Aboriginal and Torres Strait Islander children and children in custody
- partner with ATSICCOs to provide screening, assessment and ongoing support

5. Invest in a program for children Prep to Year 2, grounded in evidence based early intervention principles, to strengthen families and prevent future contact with the youth justice system:

- co designed by QATSICPP, ATSICCOs, families and education providers
- strengthens family relationships and communication skills through sustained, culturally safe support led by local community
- includes culturally appropriate developmental screening to support early identification of delays, disability and developmental concerns so children can access allied health and developmental supports when intervention has the greatest impact
- draws on community expertise, cultural authority and local evidence to build protective factors, strengthen belonging and ensure families have the support they need early, before concerns escalate
- early implementation in three locations, identified with ATSICCOs and informed by data to ensure support is targeted where there is highest risk of developmental vulnerability and future youth justice involvement

6. Strengthen early intervention for children showing early signs of distress or offending:

Invest in targeted, culturally grounded early intervention programs for children in OOHC who display early behavioural escalation including:

- embedding developmental, disability and cultural assessments early and consistently
- ensuring carers and kin receive the practical, respite and therapeutic supports to stabilise placements
- including healing, cultural connection, relational safety and stability as core interventions

7. Adopt multi system responses that address health, disability and education together:

- require mandatory developmental, disability and mental health assessments for children entering care, with culturally safe options for Aboriginal and Torres Strait Islander children
- introduce a single health and wellbeing plan that follows the child across placements, programs and systems, into adulthood, with funded supports and regular review
- strengthen safeguards for psychotropic medication including clear purpose, informed consent, monitoring and review
- publicly report on assessment timeliness and continuity, including breakdowns by placement type and youth justice crossover

10 Further recommendations for Aboriginal and Torres Strait Islander children in OOHC

8. Establish Delegated Authority statewide as a core mechanism of effective State Guardianship that improves outcomes for children and strengths self-determination

Extend Delegated Authority into decision making areas that stabilise placements, deepen cultural connection and enable early intervention:

- Remove current red tape impediments to wider application of Delegated Authority.
- Embed coordinated, whole of government support to the delivery of DA so ATSICCOs can deliver integrated, culturally grounded and therapeutic responses proven to improve safety, reunification and wellbeing.
- Provide equitable, long-term funding to ensure capability keeps pace with growth.
- Guarantee ATSICCOs real time access to child, family and system data so decisions are timely, informed and grounded in cultural knowledge.

Scaling Delegated Authority statewide will shift power to community, improve outcomes and meet the State's responsibilities as Guardian.

9. Adopt, operationalise and embed the *Wellbeing Outcomes Framework for Aboriginal and Torres Strait Islander children and young people in Queensland* across all systems:

- whole of government alignment so all agencies share responsibility for improving outcomes.
- clear performance indicators, public reporting and monitoring focused on outcomes rather than outputs.
- integration of Framework outcomes into planning, service design, commissioning and evaluation.

- using the Frameworks to guide individualised planning, including case plans, Cultural Support Plans, Education Support Plans and Health Passports.
- co designed governance with Aboriginal and Torres Strait Islander leadership to oversee implementation, interpret outcomes and drive continuous improvement.
- application of data mapping to identify gaps, support deep dive analysis and build a more complete evidence base for planning and decision making.

11 References

[1] Baidawi, S., & Sheehan, R. (2019). *'Crossover kids': Offending by child protection-involved youth* (Trends & Issues in Crime and Criminal Justice No. 582). Australian Institute of Criminology. https://www.aic.gov.au/publications/tandi/tandi582

[2] Walsh, T. (2019). *From child protection to youth justice: Legal responses to the plight of 'crossover kids'. University of Queensland Law Research Series*, 2019(21). Retrieved from https://classic.austlii.edu.au/au/journals/UQLRS/2019/21.html

[3] Gatwiri, K., McPherson, L., Parmenter, N., Cameron, N., & Rotumah, D. (2021). *Indigenous children and young people in residential care: A systematic scoping review*. Trauma, Violence, & Abuse, *22*(4), 829–842. https://doi.org/10.1177/1524838019881707

[4] Ball, R., Baidawi, S., & FitzGerald, A. (2024). *Approaches for supporting youth dually involved in child protection and youth justice systems: An international policy analysis*. Journal of Criminology, 57(4), 445–468. https://doi.org/10.1177/26338076241247856

[5] Kinner, S. A., Calais-Ferreira, L., Young, J. T., Borschmann, R., Clough, A., Heffernan, E., *et al.* (2025). *Rates, causes, and risk factors for death among justice-involved young people in Australia: A retrospective, population-based data linkage study*. The Lancet Public Health, 10(4), e274–e284. https://doi.org/10.1016/S2468-2667(25)00042-8

[6] Anderson, K., Garvey, D., Howard, K., Butler, T., Dickson, M., Cunningham, J., Bainbridge, R., & Garvey, G. (2025). *Understanding wellbeing from the perspectives of First Nations Australian youth: Findings from a national qualitative study*. SSM – Mental Health, 7, 100423. https://doi.org/10.1016/j.ssmmh.2025.100423

Australian Institute of Health and Welfare. (n.d.). *The connection between family, kinship and social and emotional wellbeing: Summary paper*. https://www.aihw.gov.au/getmedia/7ad34ce7-d8d6-42cc-be04-1f646b78c1ea/aihw-imh-connection-between-family-kinship-and-sewb-summary-paper.pdf

Centre for Labour Market Research, Colquhoun, S., & Dockery, M. (2012). *The link between Indigenous culture and wellbeing: Qualitative evidence for Australian Aboriginal peoples* (Working Paper No. 17).

Oates, F. (2020). *Barriers and solutions: Australian Indigenous practitioners on addressing disproportionate representation of Indigenous Australian children known to statutory child protection*. AlterNative: An International Journal of Indigenous Peoples, *16*(3), 171–179. https://doi.org/10.1177/1177180120948274

[7] Oates, F. (2020). *Barriers and solutions: Australian Indigenous practitioners on addressing disproportionate representation of Indigenous Australian children known to statutory child protection*. AlterNative: An International Journal of Indigenous Peoples, *16*(3), 171–179. https://doi.org/10.1177/1177180120948274

[8] Delfabbro, P. (2017). *Relative/kinship and foster care: A comparison of carer and child characteristics* (Pathways of Care Longitudinal Study Research Report No. 7). NSW Department of Family and Community Services. https://dcj.nsw.gov.au/documents/about-us/facsiar/pocls/pocls-publications/relative-kinship-and-foster-care.pdf

[9] McGuire, E., & Roche, S. (2025). *A scoping review of public health approaches to child maltreatment prevention with Aboriginal and Torres Strait Islander families in Australia*. Child & Family Social Work, 1–14. https://doi.org/10.1111/cfs.70053

[10] NHS Education for Scotland. (2024). Corporate parenting: Progress report 2024. https://www.nes.scot.nhs.uk/media/3bcp1fxe/corporate_parenting_progress_report_2024.pdf

Scottish Government. (2025). A decade of care: Corporate parenting update from Scottish Ministers 2021 to 2024. https://www.gov.scot/binaries/content/documents/govscot/publications/corporate-report/2025/01/decade-care-corporate-parenting-update-scottish-ministers-2021-2024/documents/decade-care-corporate-parenting-update-scottish-ministers-2021-2024/decade-care-corporate-parenting-update-scottish-ministers-2021-2024/govscot:document/decade-care-corporate-parenting-update-scottish-ministers-2021-2024.pdf

[11] Inside Policy. (n.d.). A wellbeing outcomes framework for Aboriginal and Torres Strait Islander children and young people. https://www.insidepolicy.com.au/single-post/a-wellbeing-outcomes-framework-for-aboriginal-and-torres-strait-islander-children-and-young-people

[12] Department of Families, Housing, Community Services and Indigenous Affairs. (2011). National Standards for Out-of-Home Care. Commonwealth of Australia.

United Nations. (1989). *Convention on the Rights of the Child*. United Nations General Assembly. https://www.ohchr.org/en/instruments-mechanisms/instruments/convention-rights-child

Department of Families, Seniors, Disability Services and Child Safety. (n.d.). *Queensland Care Services Outcomes Framework*. Queensland Government. https://www.families.qld.gov.au/our-work/child-safety/about-child-protection/improving-care-post-care-children-young-people

[13] Human Rights and Equal Opportunity Commission. (1997). *Bringing them home: Report of the National Inquiry into the Separation of Aboriginal and Torres Strait Islander Children from Their Families*. Australian Human Rights Commission. https://humanrights.gov.au/resource-hub/by-resource-type/books/bringing-them-home-report-1997

[14] SNAICC – National Voice for our Children. (2025). *Reviewing implementation of the Aboriginal and Torres Strait Islander Child Placement Principle: Queensland 2021–23*. https://www.snaicc.org.au/wp-content/uploads/2025/01/Reviewing-Implementation-of-the-Aboriginal-and-Torres-Strait-Islander-Child-Placement-Principle-Queensland-2021%E2%80%9323.pdf

[15] Queensland Family and Child Commission. (2022). *The decision to place an Aboriginal and Torres Strait Islander child or young person in residential care*. https://www.qfcc.qld.gov.au/sites/default/files/2022-12/The%20decision%20to%20place%20an%20Aboriginal%20and%20Torres%20Strait%20Islander%20child%20and%20young%20person%20in%20residential%20care%20report.PDF

[16] Gatwiri, K., McPherson, L., Parmenter, N., Cameron, N., & Rotumah, D. (2021). *Indigenous children and young people in residential care: A systematic scoping review*. Trauma, Violence, & Abuse, 22(4), 829–842. https://doi.org/10.1177/1524838019881707

[17] Baidawi, S., & Sheehan, R. (2019). *'Crossover kids': Offending by child protection-involved youth* (Trends & Issues in Crime and Criminal Justice No. 582). Australian Institute of Criminology. https://www.aic.gov.au/publications/tandi/tandi582

[18] CREATE Foundation. (2022). Annual review 2022. CREATE Foundation. https://create.org.au/wp-content/uploads/2022/10/2022-Annual-Review-web.pdf

[19] McDowall, J. J. (2018). OOHC in Australia: Children and young people's views after five years of National Standards. CREATE Foundation. https://create.org.au/wp-content/uploads/2019/03/CREATE-OOHC-In-Care-2018-Report.pdf

[20] ibid

[21] Kristoffersen, I., Dockery, M., & Li, I. W. (2025). *Education and wellbeing*. In *Wellbeing and Policy: Evidence for Action*. Routledge.

Australian Research Alliance for Children and Youth. (2023). *Youth justice and child wellbeing reform across Australia*. ARACY.

[22] Queensland Department of Education. (2026.). *Students in care policy statement*. https://education.qld.gov.au/students/student-health-safety-wellbeing/students-with-diverse-needs/students-in-care-policy

[23] New South Wales Department of Communities and Justice. (2021). *Educational outcomes: Children and young people in OOHC* (Evidence to Action Note No. 5). https://dcj.nsw.gov.au/documents/about-us/facsiar/pocls/pocls-publications/educational-outcomes-children-young-people.pdf

[24] Queensland Ombudsman. (2025). Combined inspection report for youth detention centres: A report on the 2024 inspections of West Moreton, Brisbane and Cleveland youth detention centres. Queensland Ombudsman.

[25] Raeburn, N., Klag, S., Fox, T., Martin, G., Eadie, K., Bergh, W., & Keegan, F. (2016). Evolve Therapeutic Services: A 5-year outcome study of children and young people in OOHC with complex and extreme behavioural and mental health problems. Children and Youth Services Review, 69, 268–274. https://dora.health.qld.gov.au/qldresearchjspui/handle/1/2933

Eadie, K. (2017). Evolve Therapeutic Services: Outcomes for children and young people in OOHC with complex behavioural and mental health problems. Children Australia, 42(4), 277–284. https://childrenaustralia.org.au/journal/download/pdf/2093/

[26] Bergh, W., Raeburn, N., Klag, S., Fox, T., Martin, G., Keegan, F., & Turner, D. (2025, August 20). A journey to deliver culturally responsive and appropriate care in a tertiary level mental health service: Development of ETS Aboriginal and Torres Strait Islander social and emotional wellbeing resources [Conference presentation abstract]. Child Trauma Conference. https://childtraumaconference.org/au/talks/a-journey-to-deliver-culturally-responsive-and-appropriate-care-in-a-tertiary-level-mental-health-services-development-of-the-several-ets-aboriginal-and-torres-strait-islander-social-and-emotional-wellbeing-resources

[27] Bali, M. (2017, February 23). *Children in state care allegedly medicated as punishment, Queensland's public Guardian finds*. ABC News. https://www.abc.net.au/news/2017-02-23/children-state-care-allegedly-medicated-punishment-qld/8296982

[28] Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability. (2020, December 23). *People with disability over-represented at all stages of the criminal justice system*. https://disability.royalcommission.gov.au/news-and-media/media-releases/people-disability-over-represented-all-stages-criminal-justice-system

[29] Queensland Child Death Review Board. (2023). *Child Death Review Board Annual Report 2022–23*. Queensland Family and Child Commission.

ABC News. (2023, April 1). *Queensland youth detention analysis: Crime and justice*. https://www.abc.net.au/news/2023-04-01/qld-youth-detention-analysis-crime-justice/102161036

[30] Queensland Family and Child Commission. (2024). *Exiting youth detention*. https://www.qfcc.qld.gov.au/sector/monitoring-and-reviewing-systems/young-people-in-youth-justice/exiting-youth-detention

[31] Queensland Family and Child Commission. (2025). *QFCC monthly insights paper: June 2025*. https://www.qfcc.qld.gov.au/sites/default/files/2025-06/QFCC%20Monthly%20Insights%20Paper%20June%202025.pdf

[32] Morgan, G., Butler, C., French, R., Creamer, T., Hillan, L., Ruggiero, E., Parsons, J., Prior, G., Idagi, L., Bruce, R., Gray, T., Jia, T., Hostalek, M., Gibson, J., Mitchell, B., Lea, T., Clancy, K., Barber, U., Higgins, D., Cahill, A., & Trew, S. (2022). New ways for our families: Designing an Aboriginal and Torres Strait Islander cultural practice framework and system responses to address the impacts of domestic and family violence on children and young people (Research Report 06/2022). Australia's National Research Organisation for Women's Safety (ANROWS). https://www.anrows.org.au/publication/new-ways-for-our-families-designing-an-aboriginal-and-torres-strait-islander-cultural-practice-framework-and-system-responses-to-address-the-impacts-of-dfv-on-children-and-yo/

[33] Morgan, G., Barber, U., Bogdanek, S., Bruce, R., Butler, C., Creamer, T., French, R., Gibson, J., Gray, T., Higgins, D., Hillan, L., Hostalek, M., Idagi, L., Lea, T., Lemson, F., Miller, C., Mitchell, B., Parsons, J., Prior, G., Ruggiero, E., Sweet, A., & Twist, A. (2023). *You can't pour from an empty cup: Strengthening our service and systems responses for Aboriginal and Torres Strait Islander children and young people who experience domestic and family violence.* Australia's National Research Organisation for Women's Safety (ANROWS).

[34] Royal Commission into Institutional Responses to Child Sexual Abuse. (2017). *Final report: Volume 12 – Contemporary OOHC*. https://www.childabuseroyalcommission.gov.au/contemporary-out-home-care

[35] Uibu, K. (2025, May 13). *Child protection practices in question as former kids in care slam residential group homes*. ABC News. https://www.abc.net.au/news/2025-05-13/child-protection-kids-unsafe-in-residential-care-homes/105133336

[36] Royal Commission into Institutional Responses to Child Sexual Abuse. (2017). *Final report*. https://www.childabuseroyalcommission.gov.au/final-report

[37] Shepherd, S., Spivak, B., Borschmann, R., Kinner, S. A., & Hachtel, H. (2018). *Correlates of self-harm and suicide attempts in justice-involved young people*. *PLOS ONE, 13*(2). https://doi.org/10.1371/journal.pone.0193172

University of Wollongong. (2022). *Locking up kids has serious mental health impacts and contributes to further reoffending*.

[38] Queensland Child Death Review Board. (2023). Child Death Review Board Annual Report 2022–23. Queensland Family and Child Commission.

[39] Queensland Family and Child Commission. (2019). *Leaving OOHC: Homelessness and other negative outcomes experienced by young people transitioning from OOHC* (Research summary, March 2019). https://www.qfcc.qld.gov.au/sites/default/files/2022-06/QFCC%20Leaving%20Out-of-Home%20Care%20Research%20Summary%20-%20March%202019.pdf

[40] Queensland Family and Child Commission. (2023). *I was raised by a checklist: QFCC review of residential care*. https://www.qfcc.qld.gov.au/sites/default/files/2023-10/I%20was%20raised%20by%20a%20checklist%20-%20QFCC%20Review%20of%20Residential%20Care.pdf

[41] Ibid

[42] Australian Institute of Family Studies. (2023). *What contributes to placement moves in out-of-home care?* AIFS Policy and Practice Paper.

[43] Queensland Family and Child Commission. (2023). *Who's responsible: Understanding why young people are being held longer in Queensland watch houses* (November 2023). https://www.qfcc.qld.gov.au/sites/default/files/2023-12/FINAL%20-%20Watchhouse%20Review%20-%20Who%27s%20Responsible%20-%20November%202023.pdf

[44] McDowall, J. J. (2021). *Transitioning to adulthood from OOHC: Independence or interdependence?* CREATE Foundation. https://create.org.au/wp-content/uploads/2021/05/CREATE-Post-Care-Report-2021-LR.pdf

[45] Martin, R., Cordier, R., Jau, J., Randall, S., Thoresen, S., Ferrante, A., Chavulak, J., Morris, S., Mendes, P., Liddiard, M., Johnson, G., & Chung, D. (2021). *Accommodating transition: Improving housing outcomes for young people leaving OOHC* (AHURI Final Report No. 364). Australian Housing and Urban Research Institute Limited. https://www.ahuri.edu.au/research/final-reports/364

[46] Venables, J., Cullin, J., Ellem, K., & Healy, K. (2024). *Diminishing their voice through choice? How 'self-placing' in out-of-home care affects children and young people's participation in decision-making.* European Journal of Social Work. https://doi.org/10.1080/13691457.2024.2408429

[47] Australian Institute of Family Studies. (n.d.). *The intersection between the child protection and youth justice systems*. Retrieved from https://aifs.gov.au/resources/policy-and-practice-papers/intersection-between-child-protection-and-youth-justice

[48] Ball, R., & Baidawi, S. (2021). *Aboriginal crossover children's characteristics, service needs and service responses: The views of Australian key stakeholders*. Children and Youth Services Review, 129, 106176. https://doi.org/10.1016/j.childyouth.2021.106176

[49] Queensland Child Death Review Board. (2023). Child Death Review Board Annual Report 2022–23. Queensland Family and Child Commission.

[50] Queensland Family and Child Commission. (2018). *The criminalisation of children living in out-of-home care in Queensland*. https://www.qfcc.qld.gov.au/sites/default/files/2022-06/The%20criminalisation%20of%20children%20living%20in%20out%20of%20home%20care%20in%20Queensland.pdf

[51] Walsh, T. (2019). *From child protection to youth justice: Legal responses to the plight of 'crossover kids'*. University of Western Australia Law Review, 46(1). https://www5.austlii.edu.au/au/journals/UWALawRw/2019/24.pdf

Gerard, A., McGrath, A., Colvin, E., & McFarlane, K. (2019). *'I'm not getting out of bed!' The criminalisation of young people in residential care*. Australian & New Zealand Journal of Criminology, *52*(1), 76–93. https://doi.org/10.1177/0004865818778739

[52] Queensland Family and Child Commission. (2018). *Joint agency protocol to reduce preventable police call-outs to residential care services*. Queensland Family and Child Commission. https://www.qfcc.qld.gov.au/sites/default/files/2022-06/Jointagencyprotocol.pdf

[53] Malvaso, C., Day, A., Cale, J., Hackett, L., Delfabbro, P., & Ross, S. (2022). Adverse childhood experiences and trauma among young people in the youth justice system. Trends & Issues in Crime and Criminal Justice, (651). Australian Institute of Criminology. https://doi.org/10.52922/ti78610

Malvaso, C. G., & Delfabbro, P. (2015). Offending behaviour among young people with complex needs in the Australian out-of-home care system. Journal of Child and Family Studies, 24, 3561–3569. https://doi.org/10.1007/s10826-015-0157-z

[54] Lund, S., & Stokes, C. (2020). *The educational outcomes of children in care: A scoping review*. Children Australia, 45, 249–257. https://doi.org/10.1017/cha.2020.55

Colvin, E., Gerard, A., & McGrath, A. (2020). *Care-experienced children and the criminal justice system* (Trends & Issues in Crime and Criminal Justice, No. 600). Australian Institute of Criminology. https://www.aic.gov.au/publications/tandi/tandi600

[55] Baidawi, S., & Sheehan, R. (2019). 'Crossover kids': Offending by child protection-involved youth. Trends & Issues in Crime and Criminal Justice, (582). Australian Institute of Criminology. https://doi.org/10.52922/ti04138

[56] Miller, H., Truong, M., & Alla, K. (2024). Experiences of children and young people with a disability in out-of-home care in Australia: A scoping review. Health & Social Care in the Community, 2024, Article 3456823. https://doi.org/10.1155/2024/3456823

[57] Human Rights and Equal Opportunity Commission. (1997). *Bringing them home: Report of the National Inquiry into the Separation of Aboriginal and Torres Strait Islander Children from Their Families*. Australian Human Rights Commission. https://humanrights.gov.au/resource-hub/by-resource-type/books/bringing-them-home-report-1997

Australian Institute of Health and Welfare. (n.d.). *The connection between family, kinship and social and emotional wellbeing: Summary paper*. https://www.aihw.gov.au/getmedia/7ad34ce7-d8d6-42cc-be04-1f646b78c1ea/aihw-imh-connection-between-family-kinship-and-sewb-summary-paper.pdf

Homel, R., et al. (2024). *Pathways to Prevention Project: Long-term impacts of enriched preschool communication programs and sustained family support on youth offending*. Griffith University / Key Centre for Ethics, Law, Justice and Governance.

[58] Baidawi, S., & Sheehan, R. (2019). *'Cross-over kids': Effective responses to children and young people in the youth justice and statutory child protection systems* (CRG 03/15–16). Australian Institute of Criminology

Stevens, E., & Gahan, L. (2024). Improving the safety and wellbeing of vulnerable children: A consolidation of systemic recommendations and evidence. Australian Institute of Family Studies. https://aifs.gov.au/all-research/research-reports/improving-safety-and-wellbeing-vulnerable-children

[59] Australian Institute of Health and Welfare. (2022). Australia's children: Social and emotional wellbeing. Retrieved from https://www.aihw.gov.au/reports/children-youth/australias-children/contents/health/social-emotional-wellbeing

[60] Krakouer, J. (2023). *Journeys of culturally connecting: Aboriginal young people's experiences of cultural connection in and beyond OOHC*. Child & Family Social Work, 28(3), 822–832. https://doi.org/10.1111/cfs.13007