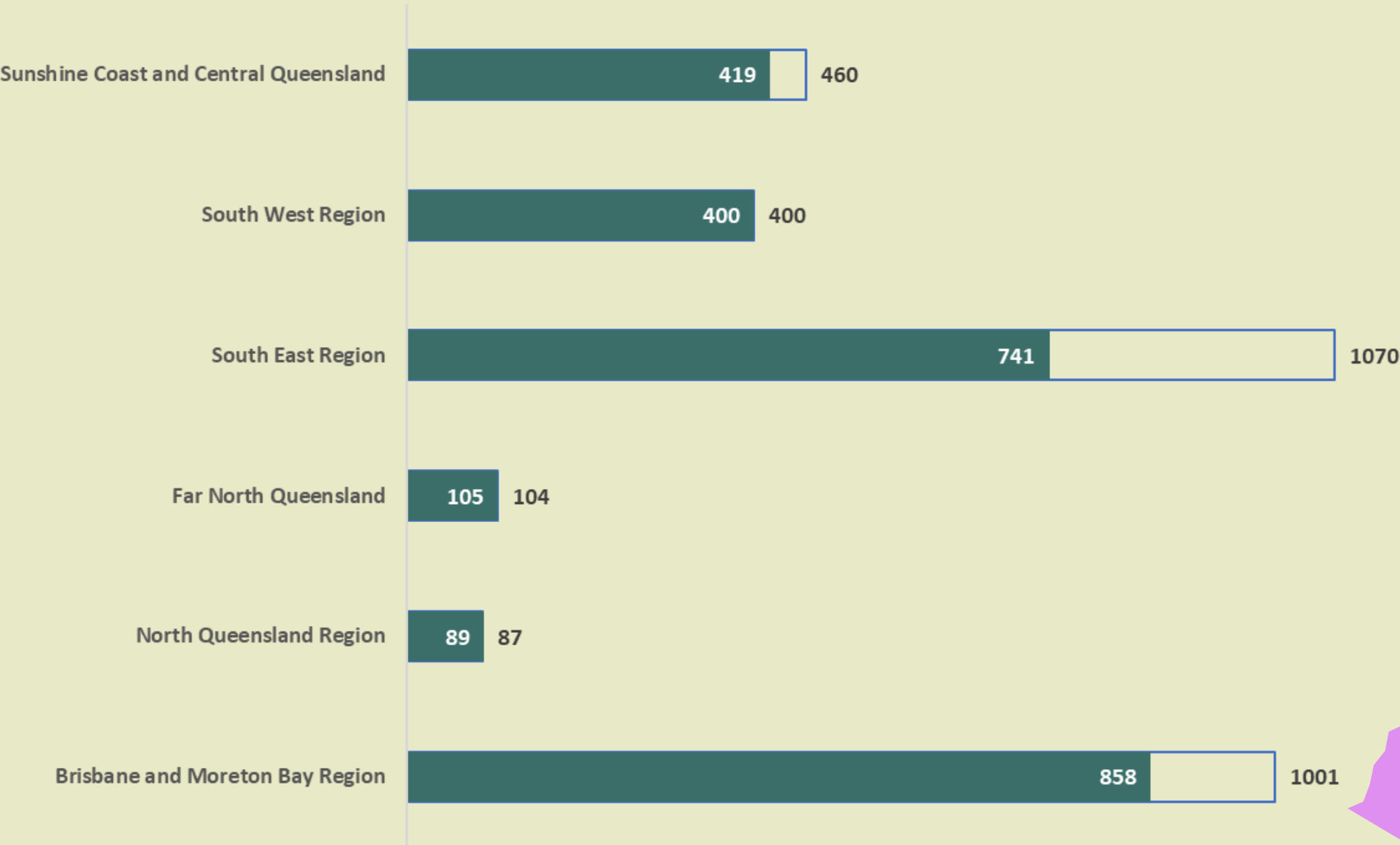


# Children in Care Census 2024

# Sample and completion rates



## Completion rates per region



\*Population: QLD children (<18 years of age), living away from home (>3 months) that were subject to custody/guardianship by the Chief Executive

A representative sample is conducted to enable the department to build profiles of children in care to inform policy and practice.

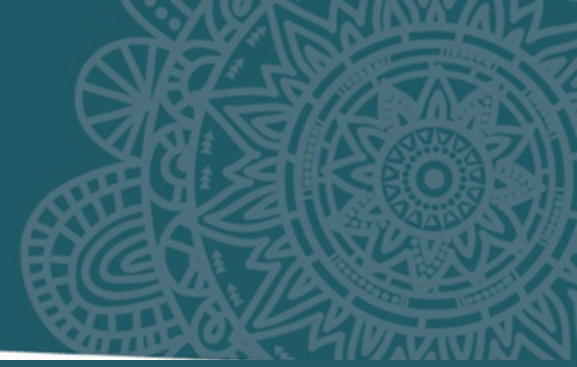
It involves Child Safety Officers completing a survey about children on their caseload.

A sample of 3122\* children was generated based on agreed participation rates by Child Safety Officers in each Child Safety Service Centre (in recognition of workload impost).

Returns for 84% (2612) of the sample were completed. As the profile of children is based on a sample conducted over a two month period, some figures may vary slightly from corporate data counts. The sample size is representative of the in-care population at the statewide level.

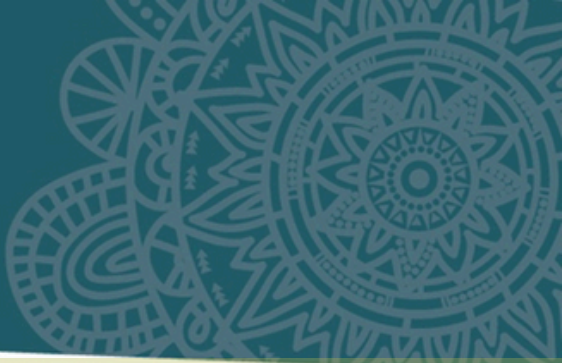
Non-Indigenous children in residential care were over-represented in responses received and the unit record file has been reduced to 2413 to make it representative of the in-care population.

NB: All regional disaggregates within the report exclude Far North Queensland and North Queensland regions due to small sample size. Regional disaggregates by Aboriginal and/or Torres Strait Islander status exclude South West and Sunshine Coast Regions due to small sample size.

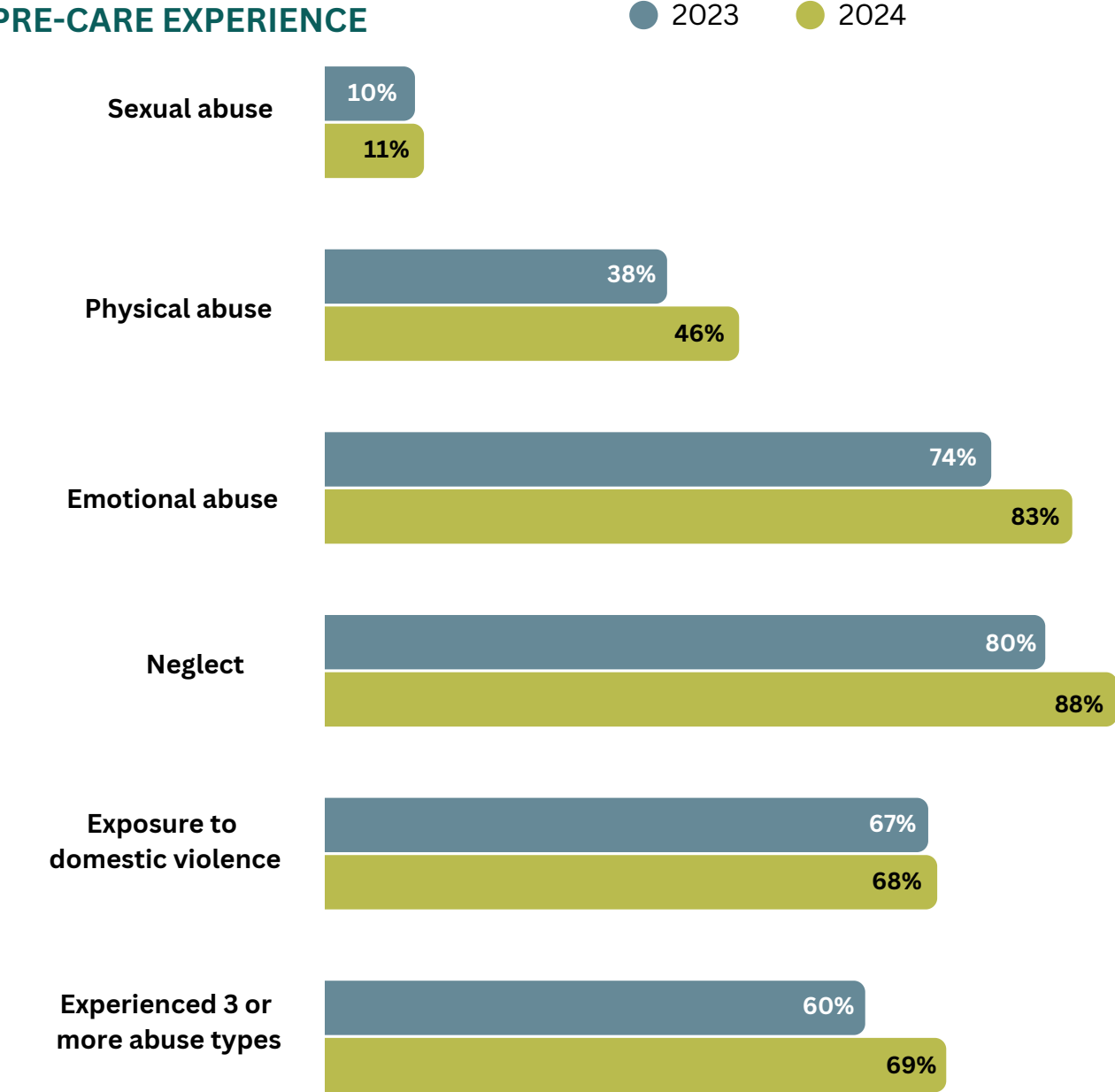


# Overview

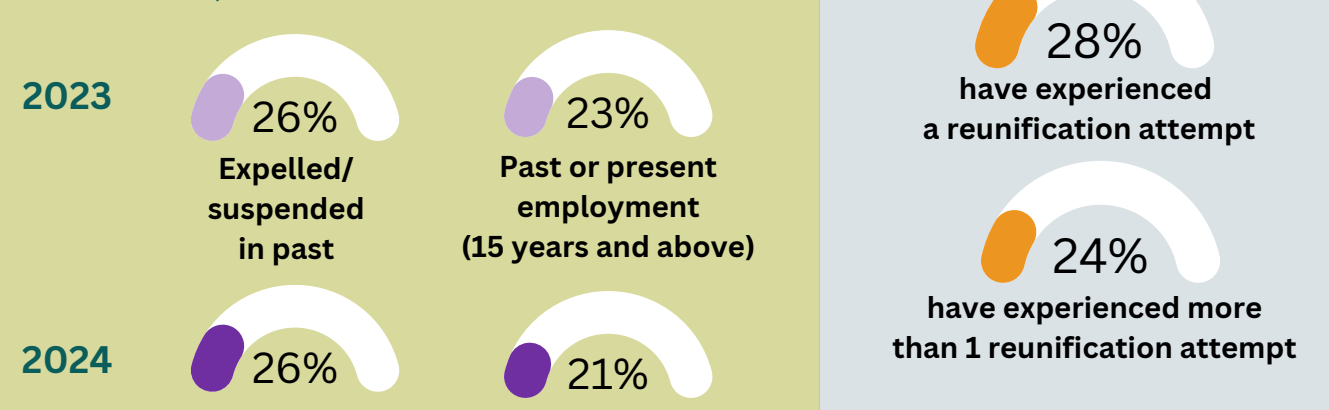
# Quick Facts / Year comparison



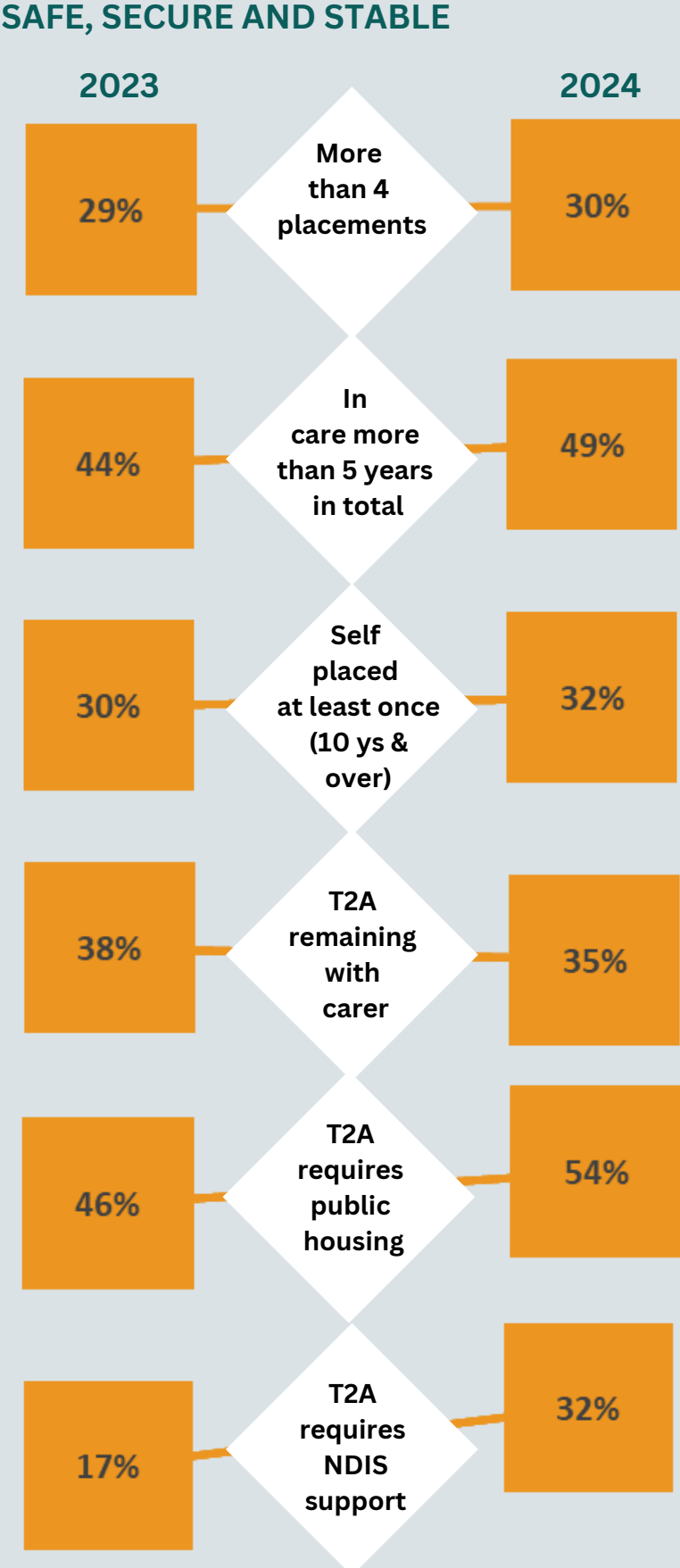
## PRE-CARE EXPERIENCE



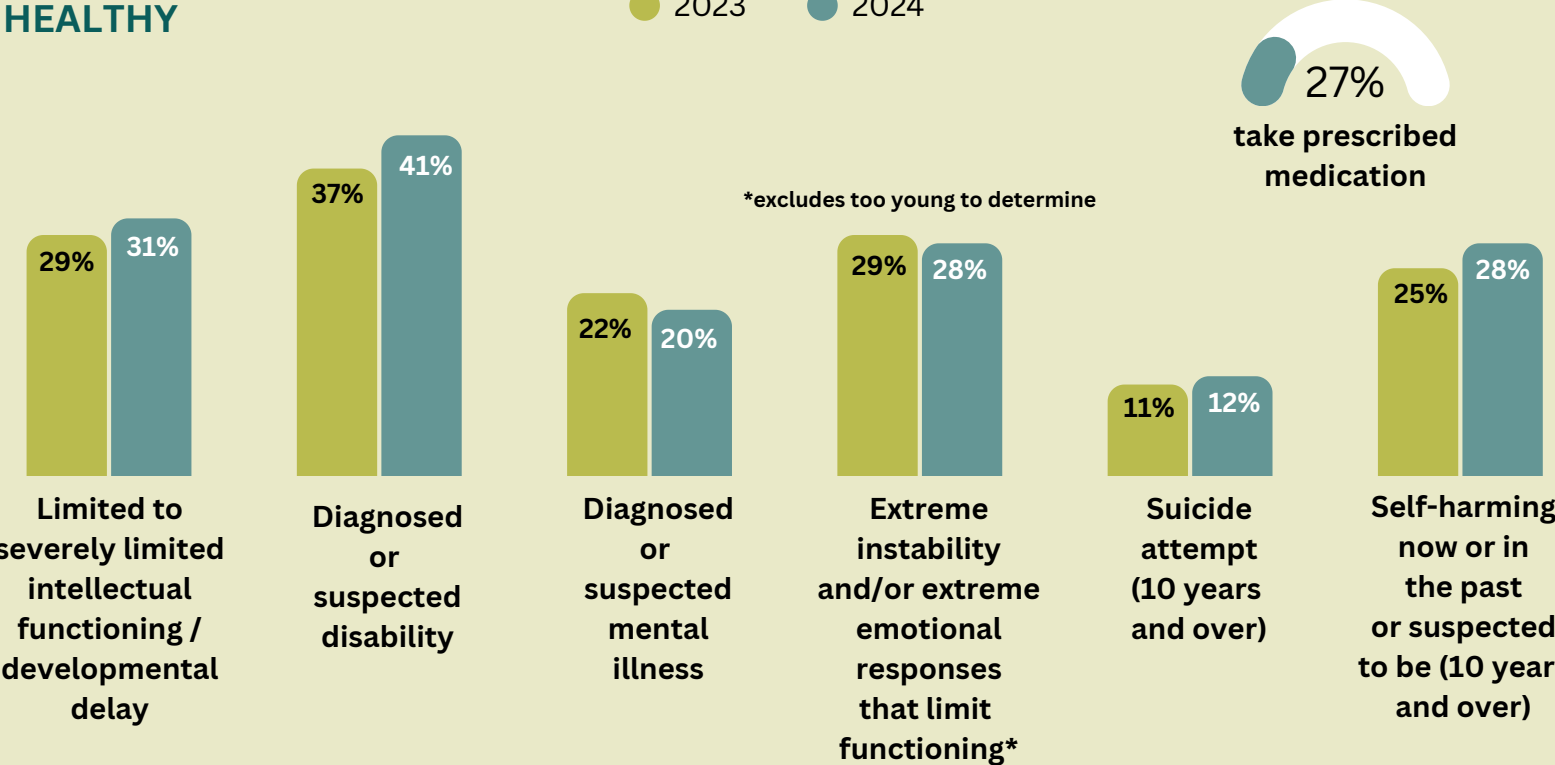
## LEARNING, EARNING AND DEVELOPING



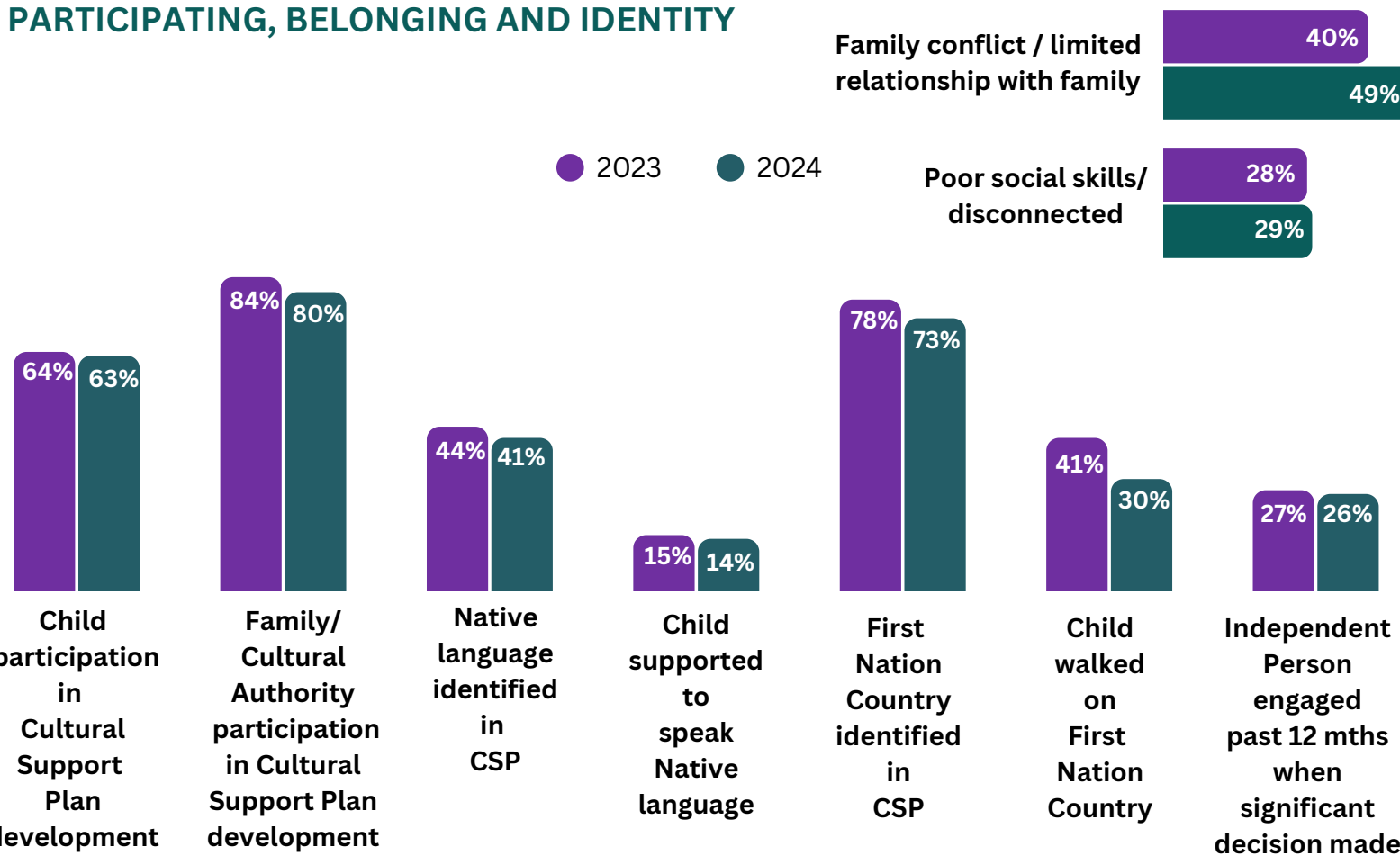
## SAFE, SECURE AND STABLE



## HEALTHY



## PARTICIPATING, BELONGING AND IDENTITY





# Key Findings



Children and young people are more likely to experience chronic and recurring rates of emotional abuse, neglect and exposure to domestic violence prior to entering care than sexual and/or physical violence which is more likely to be isolated.

Children who have experienced sexual and/or physical abuse prior to entering care will have higher rates of complexity than children who have not experienced those abuse types.

See Pages 7 & 8



Girls in care are more likely to have been sexually abused prior to entering care and will be self harming at higher rates than boys.



Boys in care will have higher levels of disability and intellectual impairment than girls.

See Page 11



1 in 3 children in care have limited to severely limited intellectual functioning / developmental delay.

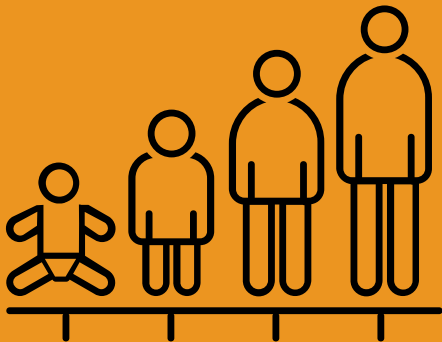
The majority (81%) of these children also have a disability such as an intellectual disability, autism, and/or ADHD.

See Page 27

Children who enter care for the first time at an older age have higher levels of complexity.

However, children who enter care at an older age are less likely to be diagnosed with an intellectual impairment or disability with these conditions being much more evident in children who entered care for the first time at a younger age.

See Page 9 and Appendix A



Children in residential care have significantly higher levels of complexity compared to children in kinship and foster care.

See Page 16

41% of children in care have a disability



1 in 5 children in care with a diagnosed or suspected disability have FASD



1 in 5 children with a diagnosed or suspected disability have unmet support needs in relation their disability

See Pages 20-25



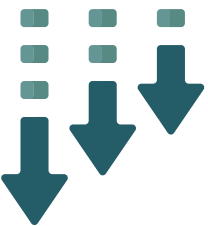
1 in 5 children in care have a diagnosed or suspected mental illness

For almost one third of these children their mental illness is undiagnosed despite having similar rates of complexity to children with a diagnosed mental illness.



1 in 3 children with a diagnosed or suspected mental illness have unmet support needs in relation to their mental illness

See Pages 20-25



Some self harming behaviour appears to decrease the longer the child is in care.

See Page 16

## Transition to Adulthood (T2A)



1 in 3 (32%) will require NDIS support in adulthood



Half (54%) will require public housing and 71% of these will be on a waitlist for public housing.

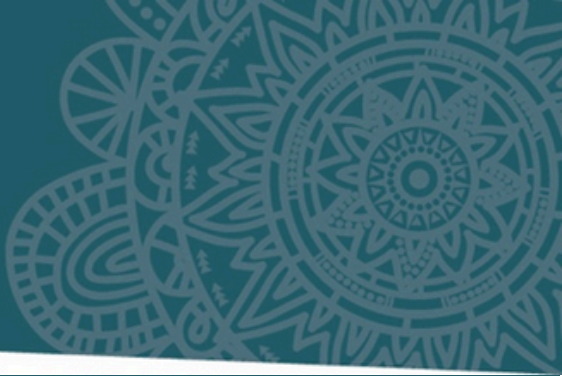


1 in 3 (35%) will remain with their carer



Almost half of young people 15 years and over display extreme emotional responses that limit their participation in school and the workforce.

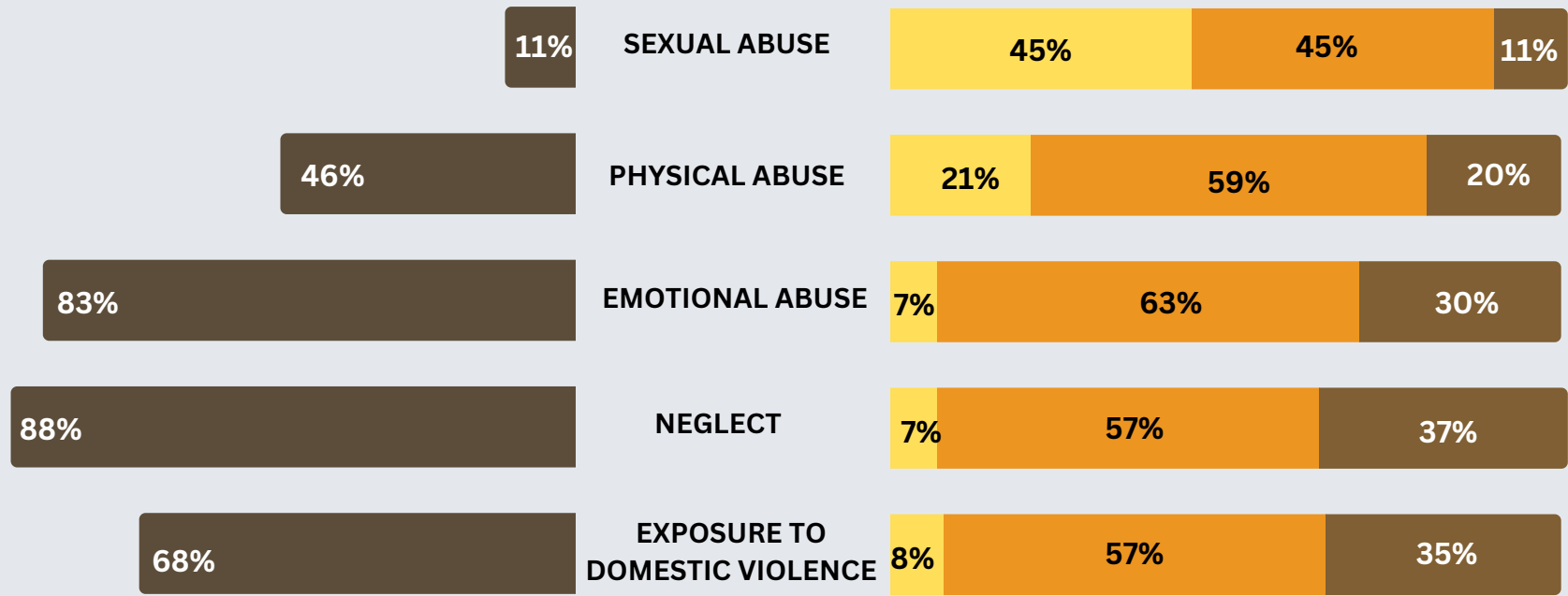
See Page 29



# Pre care experience

# Pre Care Experience

PROPORTION OF CHILDREN BY PRE CARE ABUSE TYPE EXPERIENCED

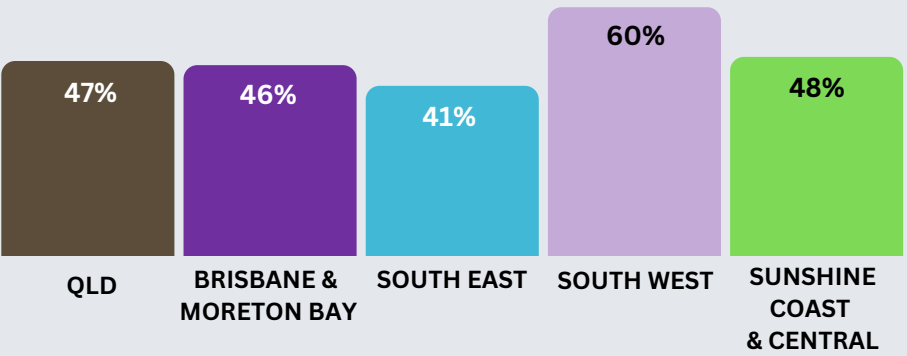


FREQUENCY OF EACH ABUSE TYPE EXPERIENCED

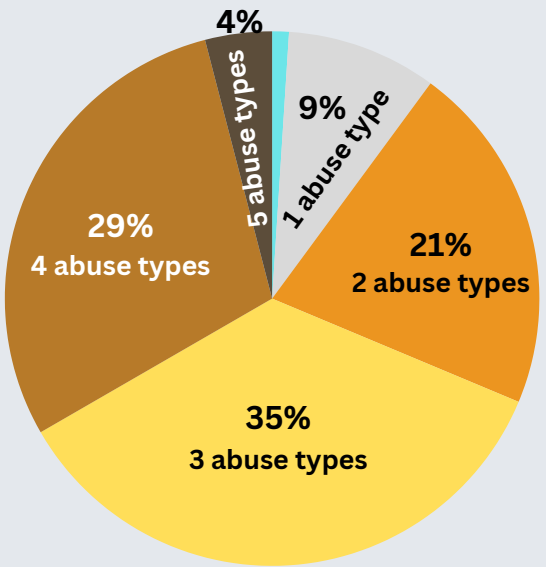
Isolated Recurring Chronic

Emotional abuse, neglect and exposure to domestic violence are more likely to be recurring or chronic prior to entering care, compared to physical and sexual abuse.

PROPORTION OF CHILDREN WHO HAVE EXPERIENCED ABUSE THAT WAS CHRONIC



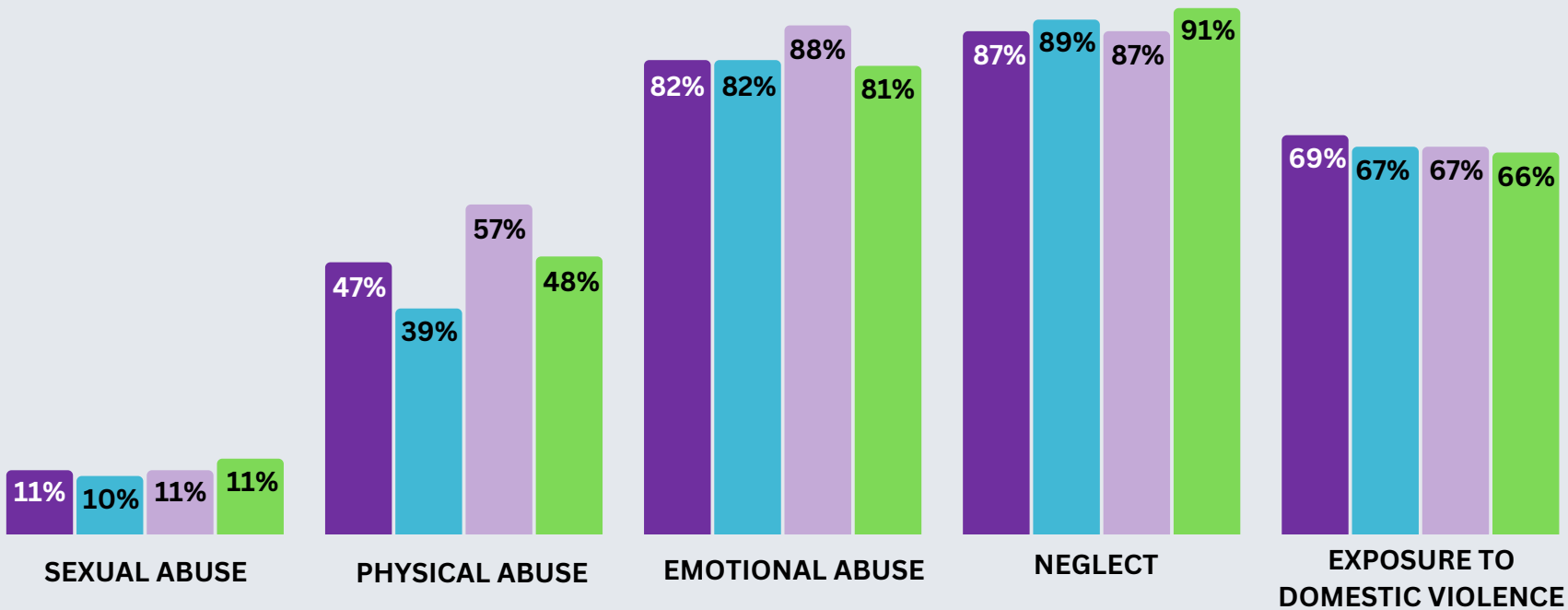
69% of children have experienced or were at risk of experiencing 3 or more abuse types prior to entering care



PROPORTION OF CHILDREN BY NUMBER OF ABUSE TYPES THEY HAVE EXPERIENCED

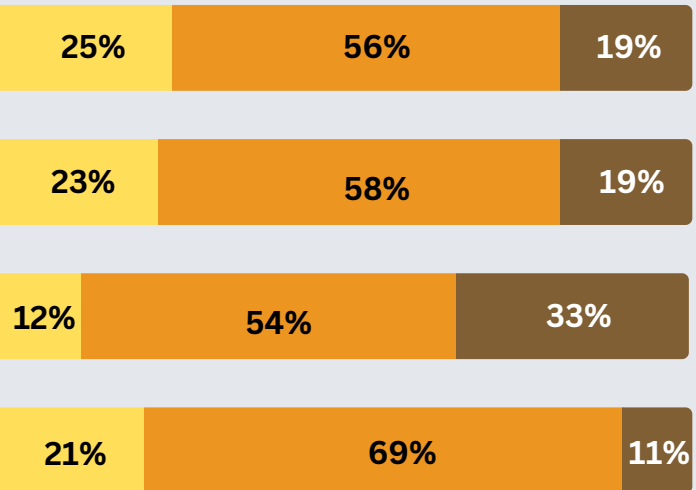
PROPORTION OF CHILDREN BY PRE CARE ABUSE TYPE EXPERIENCED BY REGION

Brisbane and Moreton Bay South East South West Sunshine Coast and Central



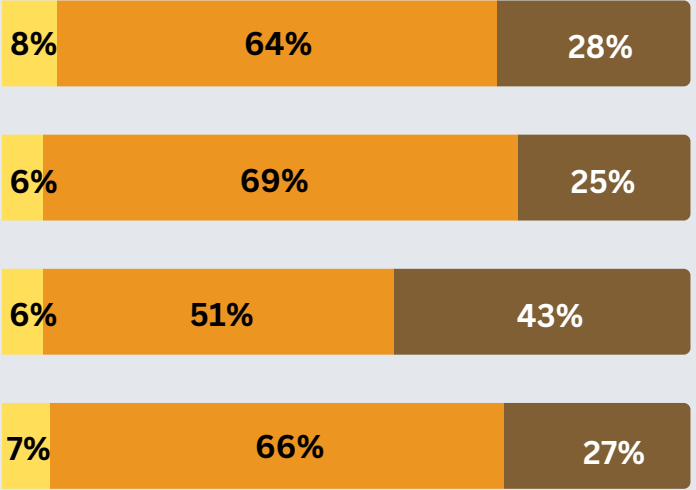
FREQUENCY OF PHYSICAL ABUSE

Isolated Recurring Chronic

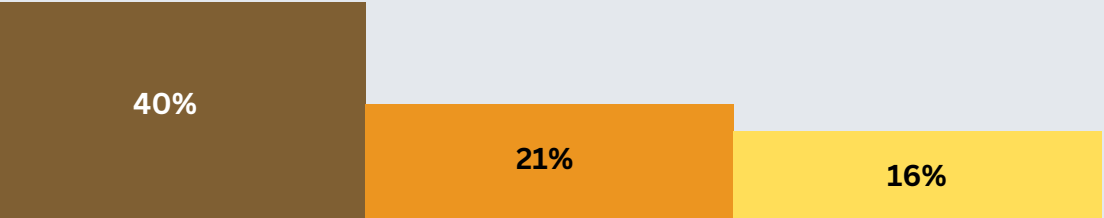


FREQUENCY OF EMOTIONAL ABUSE

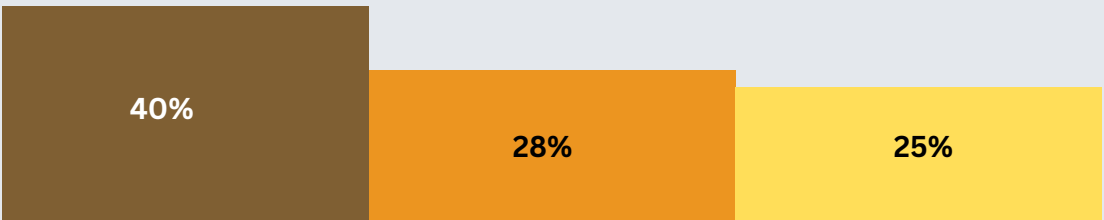
Isolated Recurring Chronic



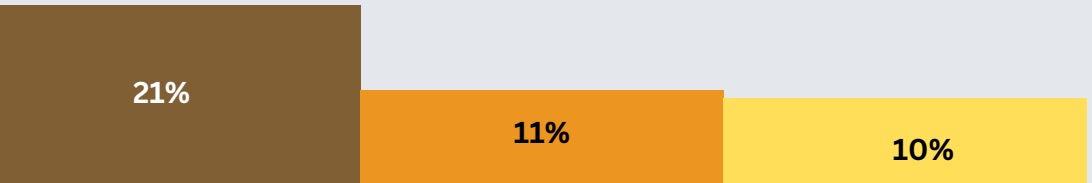
# Pre Care Experience



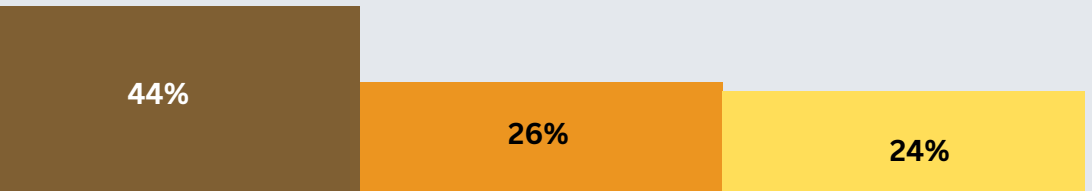
Diagnosed or suspected mental illness



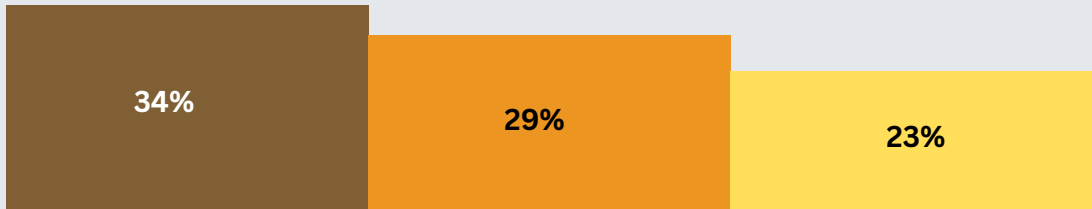
Emotional responses that limit functioning\*



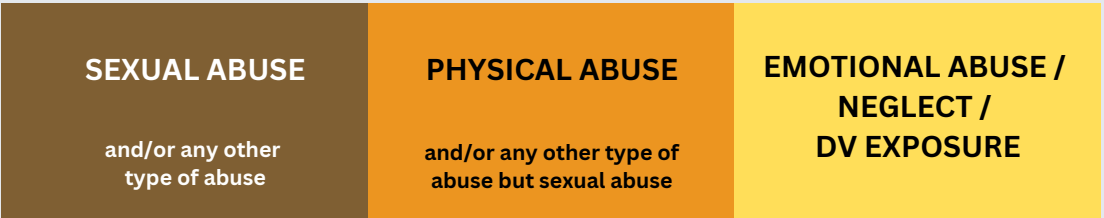
Suicide attempt (10 years and over)



Self harming now or in the past including suspected (10 years and over)

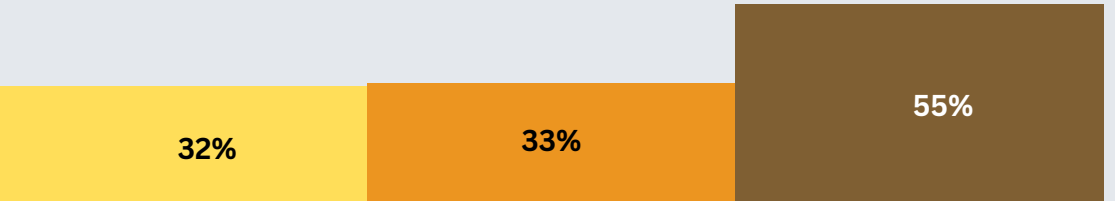


Excluded / suspended from an education facility in the past

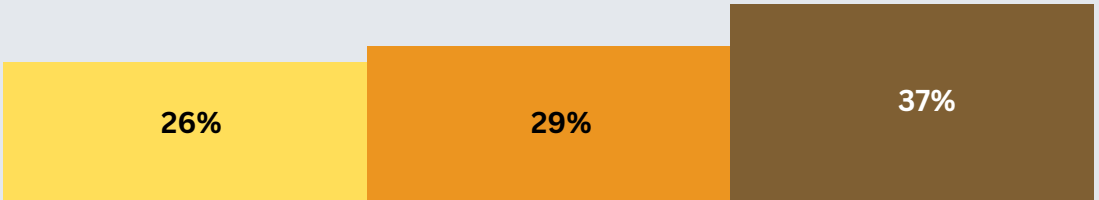


Children who have experienced sexual or physical abuse have higher levels of complexity compared to children who have experienced emotional abuse and/or neglect and/or exposure to domestic violence.

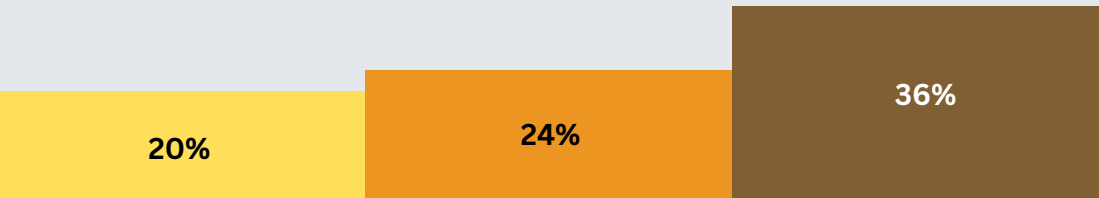
Children who have experienced sexual abuse are much more likely to have a mental illness, be self-harming and be in non-home-based care. They are also more likely to be aged 5 and over when they first entered care.



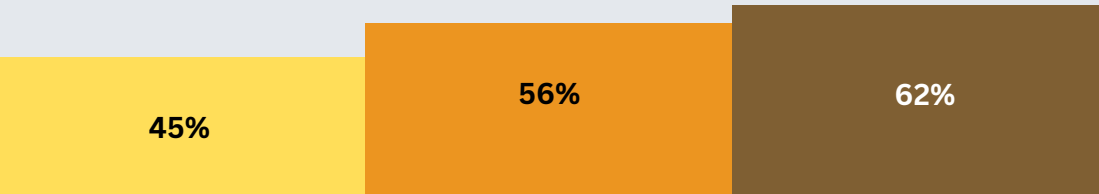
5 years and over when first entered care



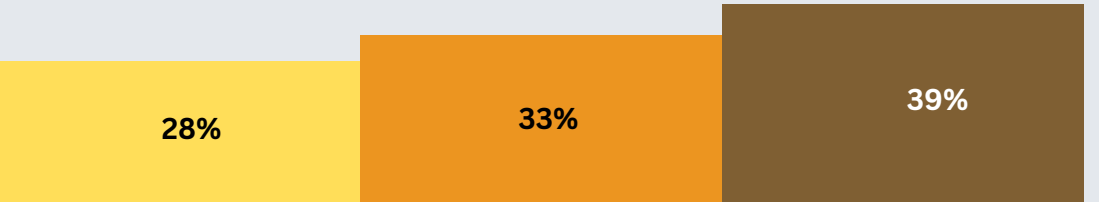
Experienced a reunification attempt



In non home based care



3 or more placements



Self placed at least once (10 years and over)

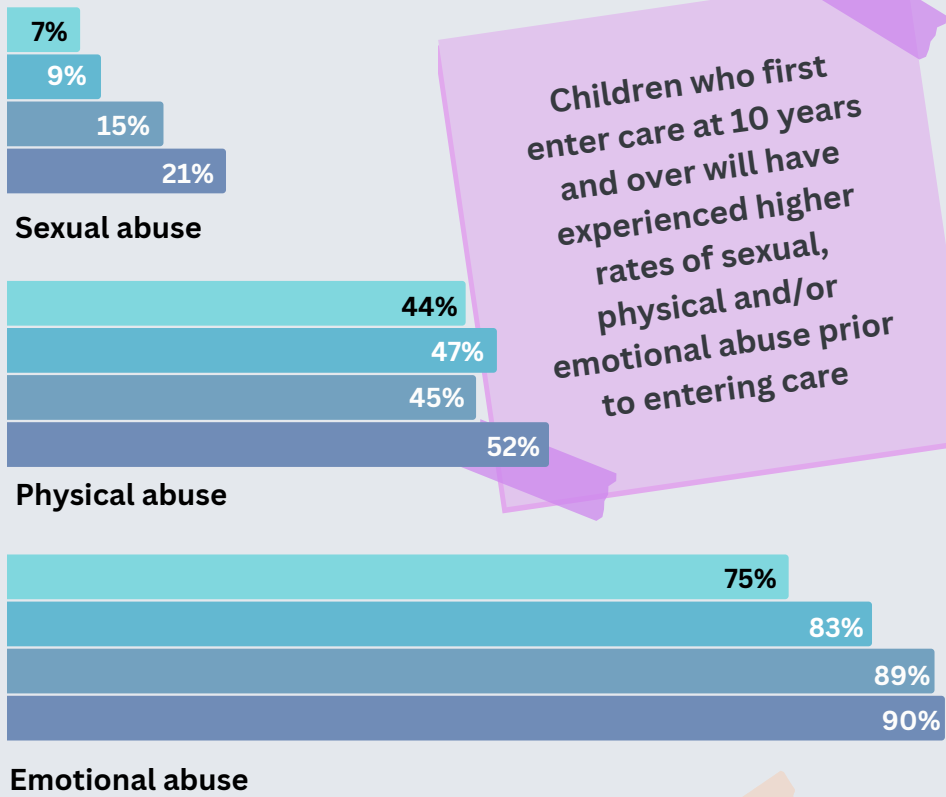
\*excludes too young to determine



# Profile by entry age to care

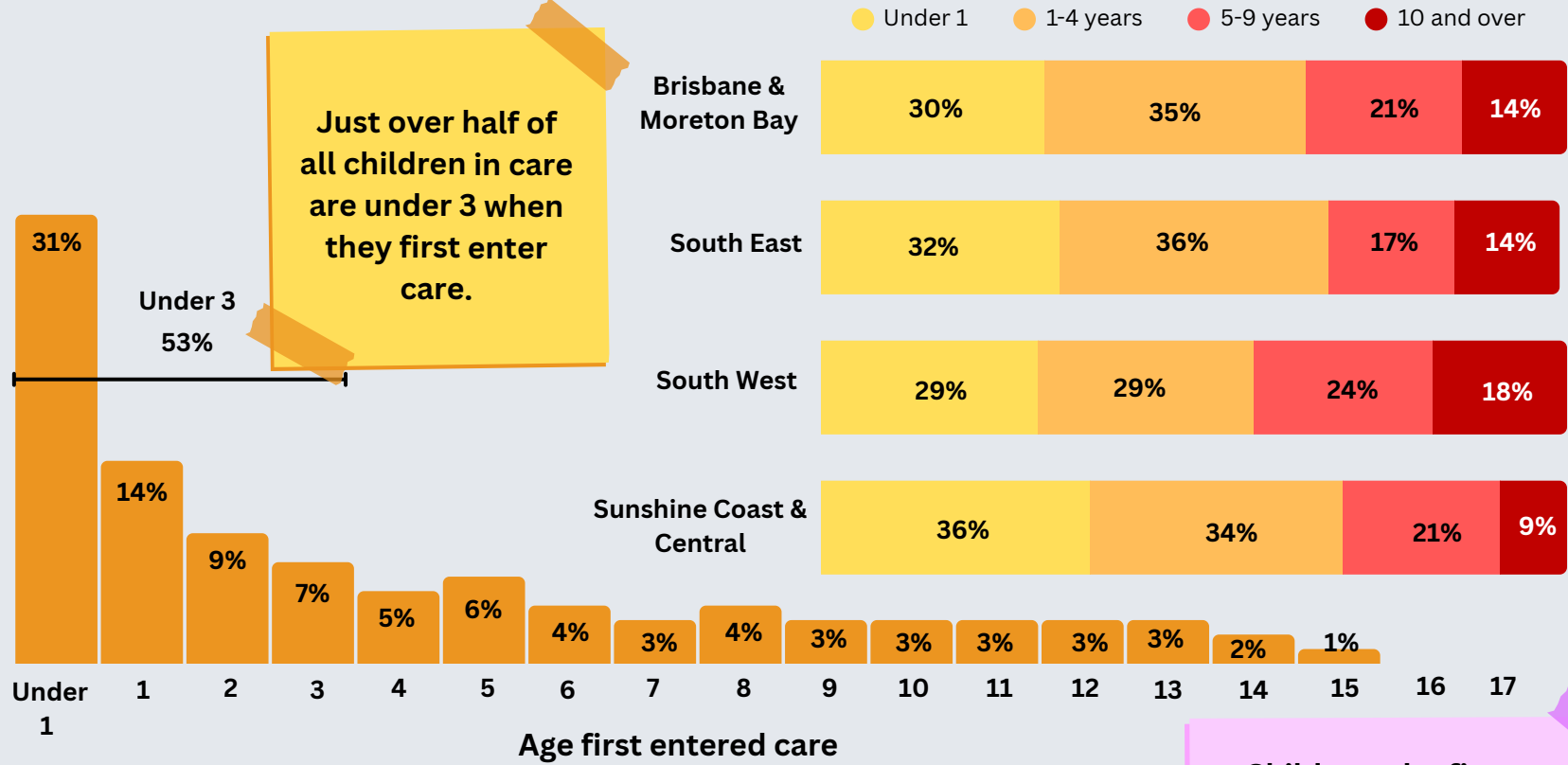
## PRE CARE ABUSE EXPERIENCED BY ENTRY AGE TO CARE

Under 1   1-4 years   5-9 years   10 and over



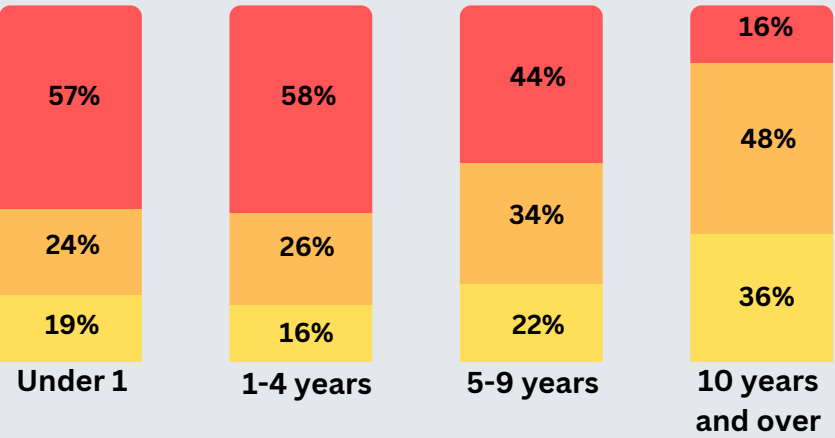
## ENTRY AGE TO CARE BY REGION

Under 1   1-4 years   5-9 years   10 and over



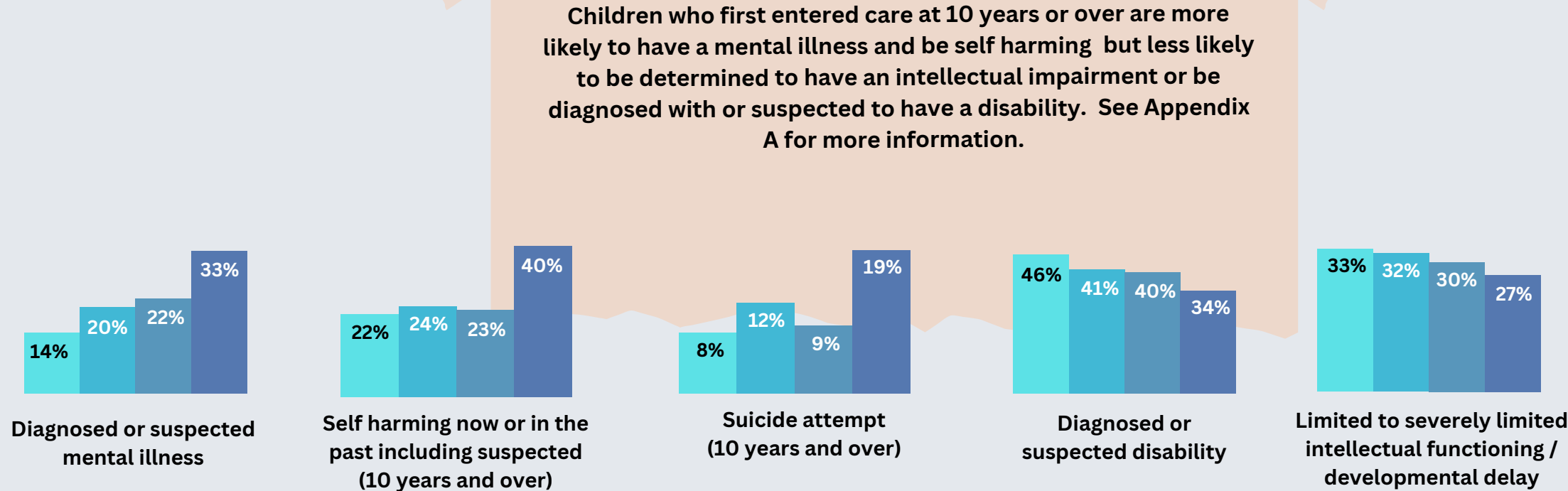
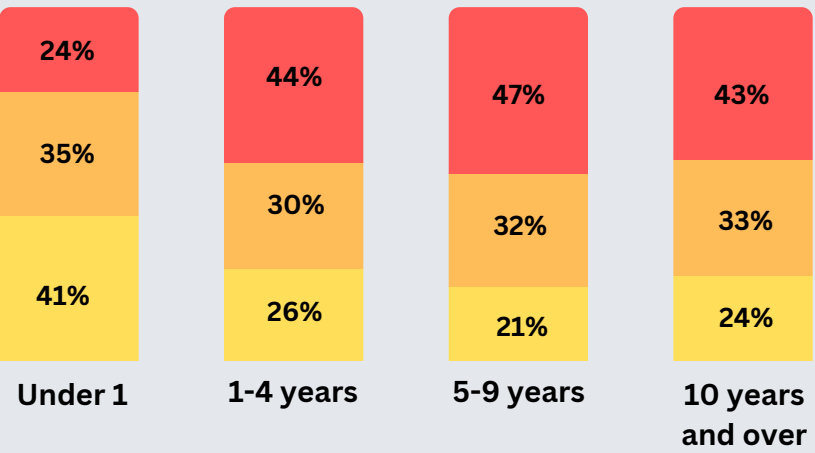
## TOTAL TIME IN CARE

Under 2 years   2-5 years   More than 5 years



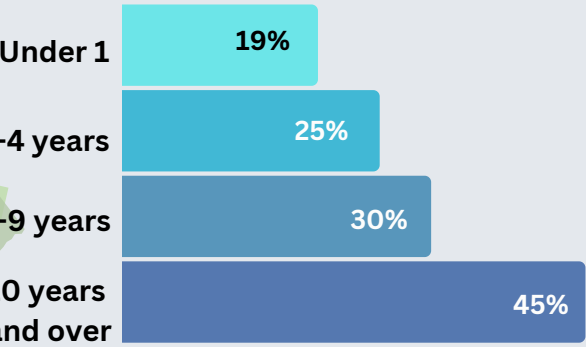
## NUMBER OF PLACEMENTS

1 placement   2-3 placements   4 or more placements



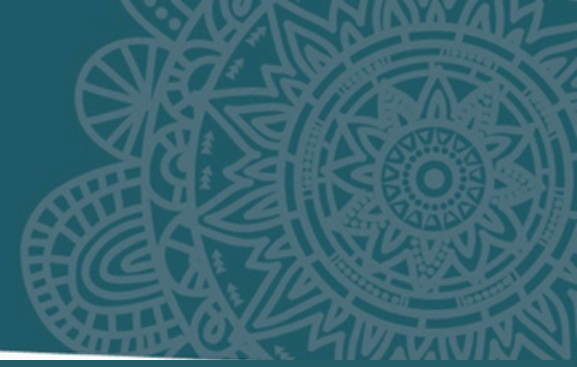
Children who first enter care at an older age will have spent less time in care but will have experienced a similar number of placements to children who have entered care at a younger age and been in care for longer.

Children in residential care are more likely to have entered care at the age of 10 years or older.



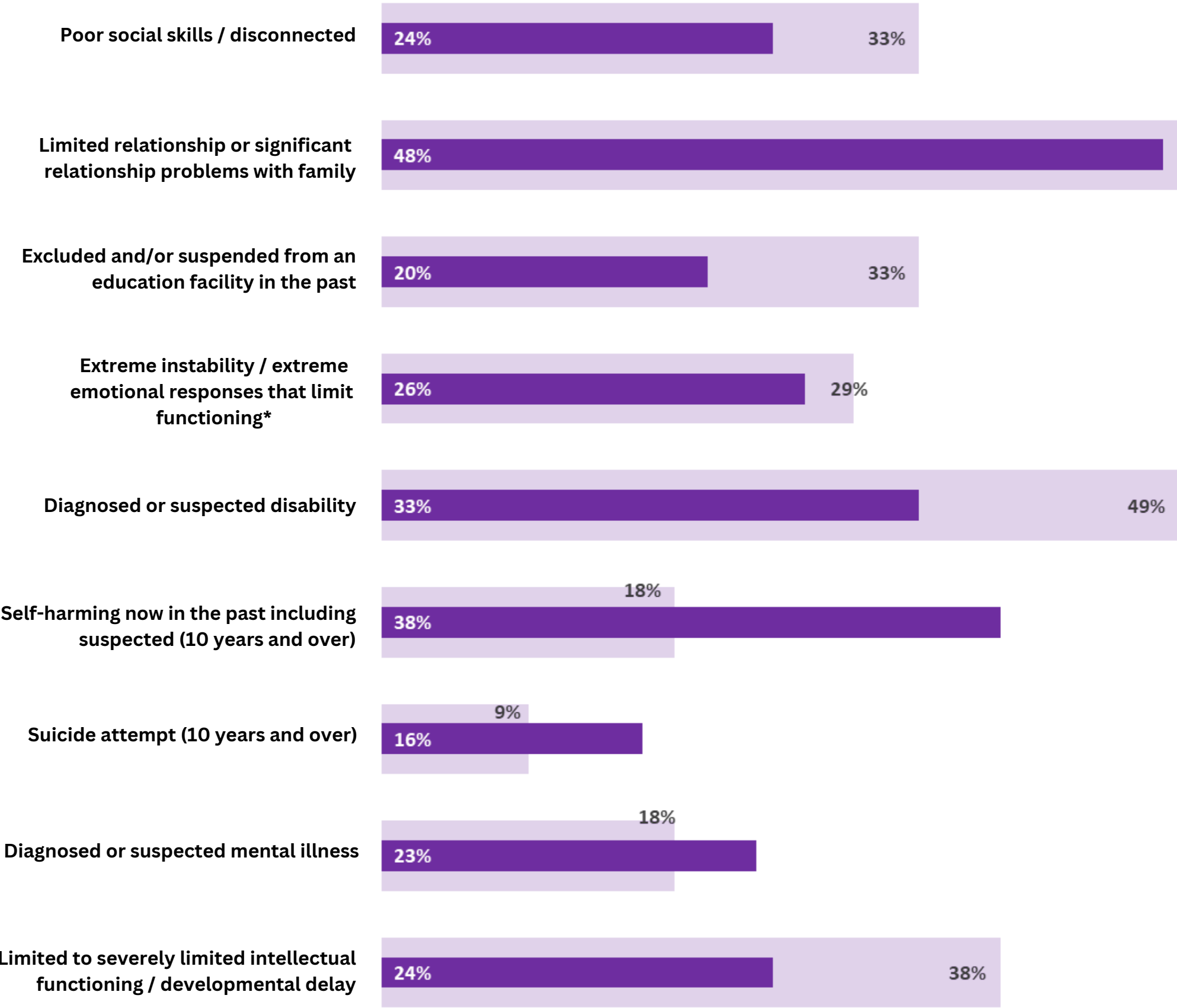
PROPORTION OF CHILDREN 10 YEARS AND OVER IN RESIDENTIAL CARE BY AGE THEY FIRST ENTERED CARE





# Demographic profiles

# Gender Profile



\*excludes too young to determine

Girls in care have experienced higher rates of sexual abuse prior to entering care and are more likely to be self harming than boys in care.

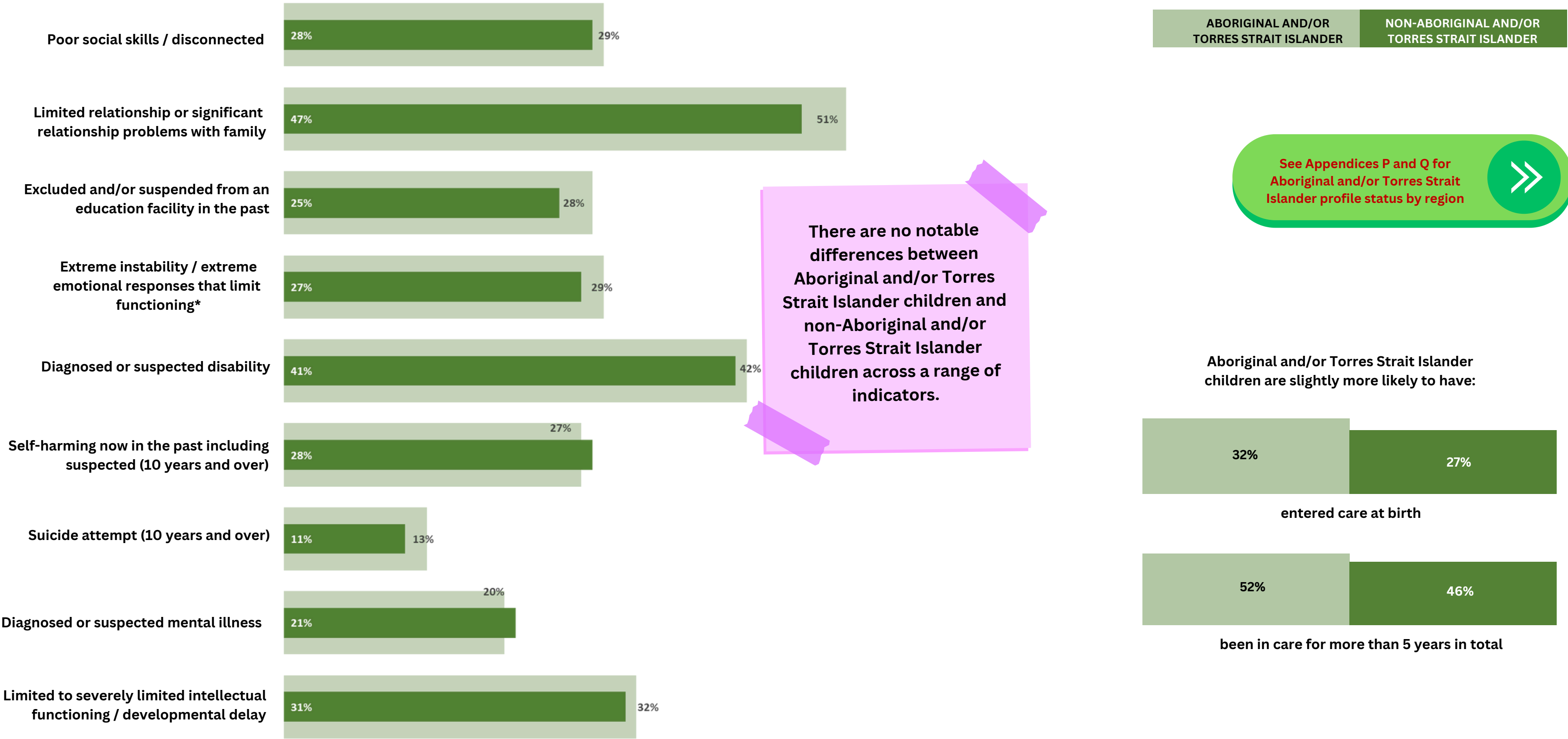
Boys in care are more likely to have an intellectual impairment and have a diagnosed or suspected disability than girls in care. They are also more likely to have been excluded and/or suspended from an education facility in the past.



Sexual abuse



# Aboriginal and/or Torres Strait Islander Profile



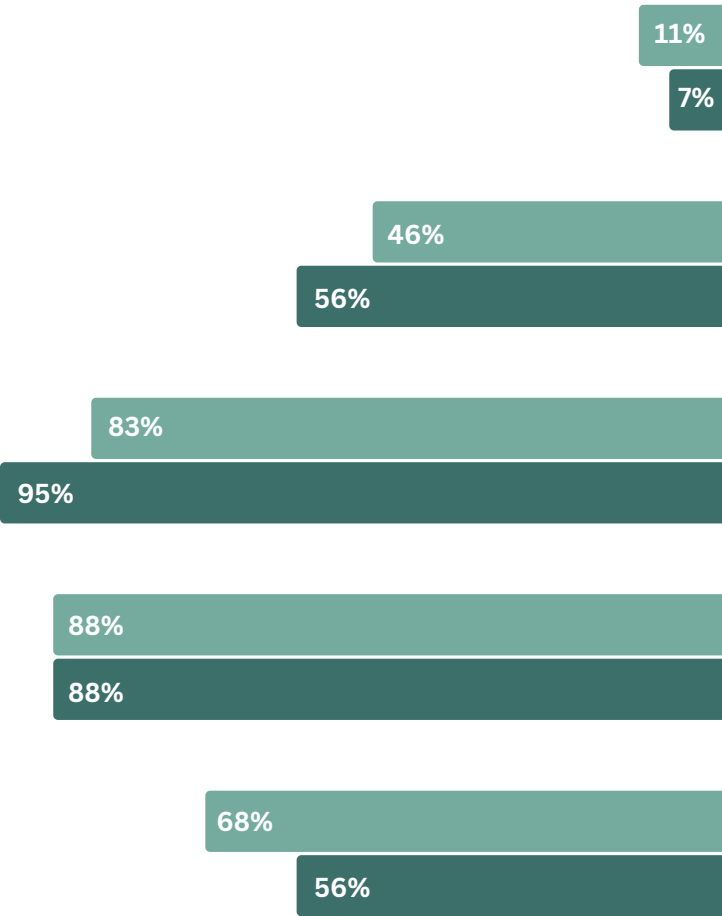
\*excludes too young to determine

# Youth justice profile

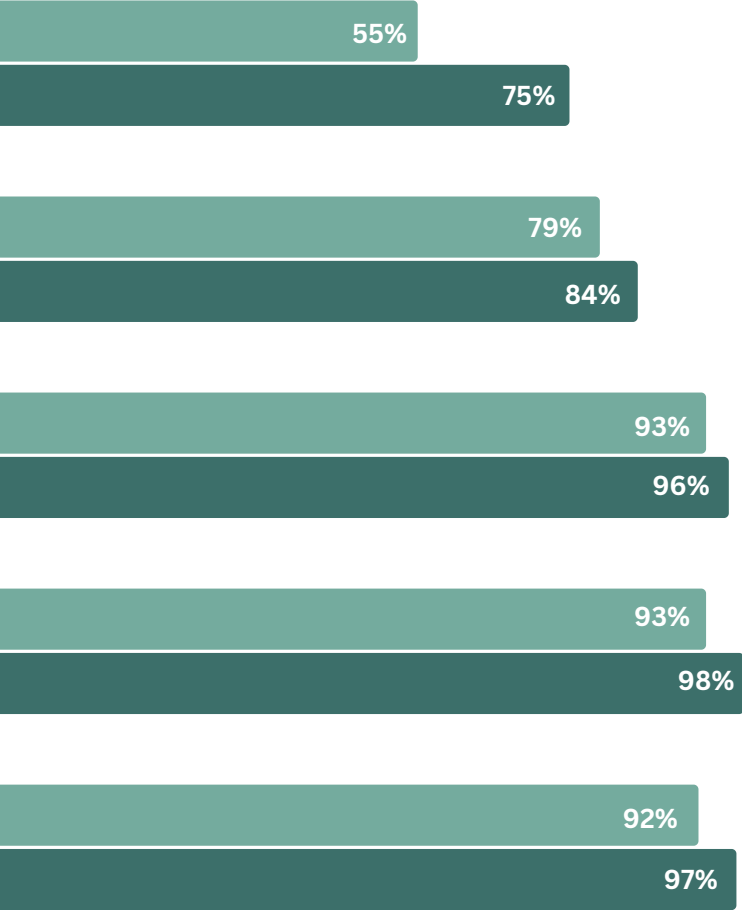
Findings subject to variability due to small sample size of youth justice order cohort

## Pre care experience of children on youth justice orders

### PROPORTION BY ABUSE TYPE EXPERIENCED



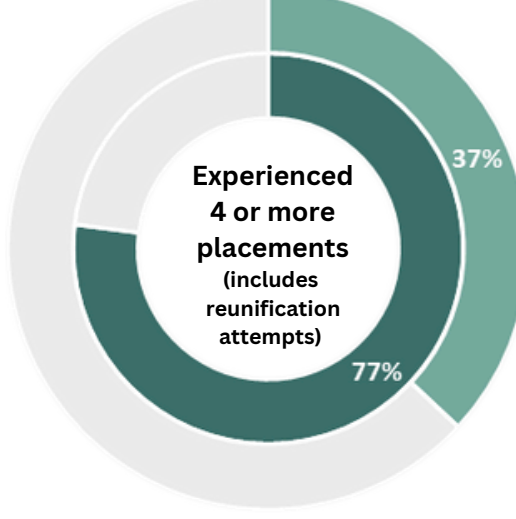
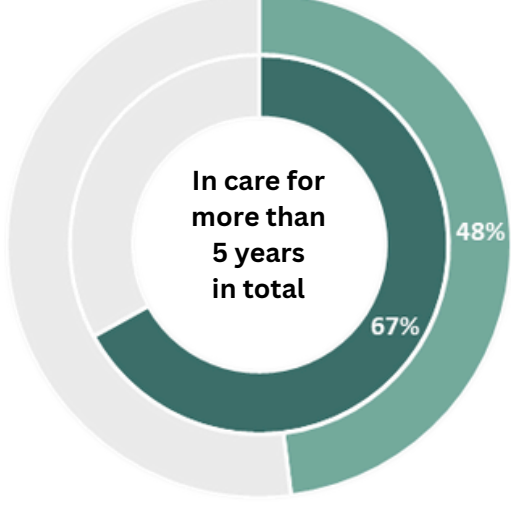
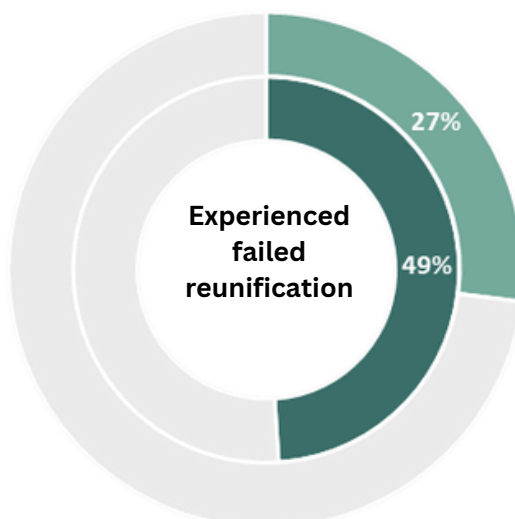
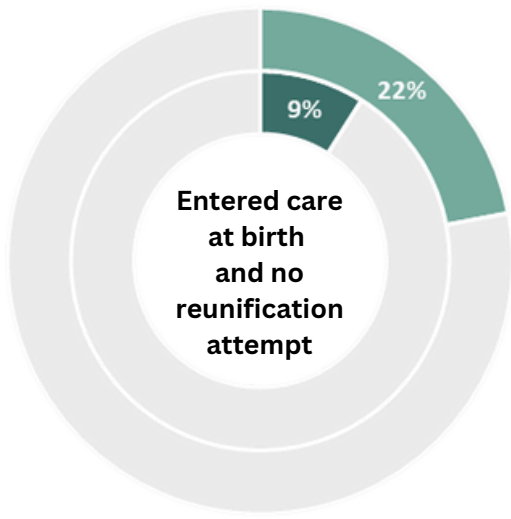
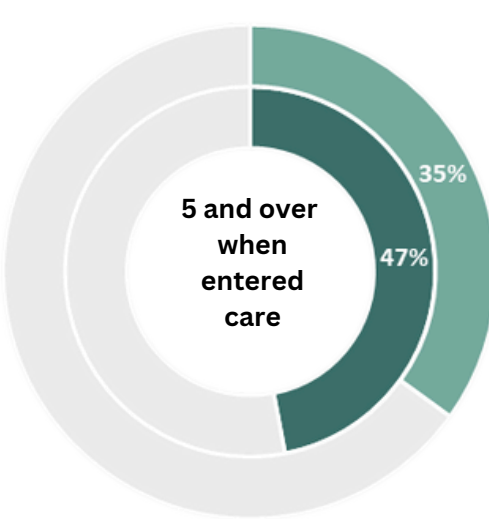
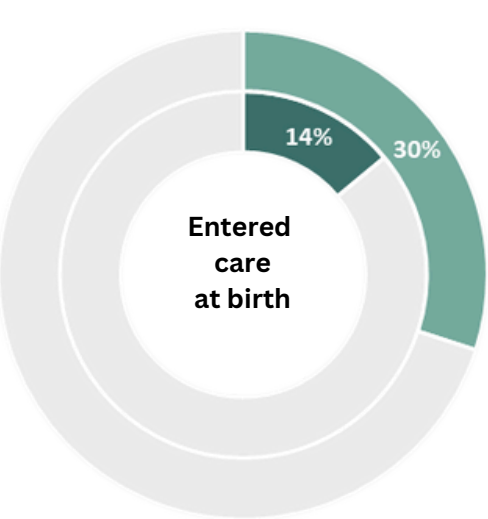
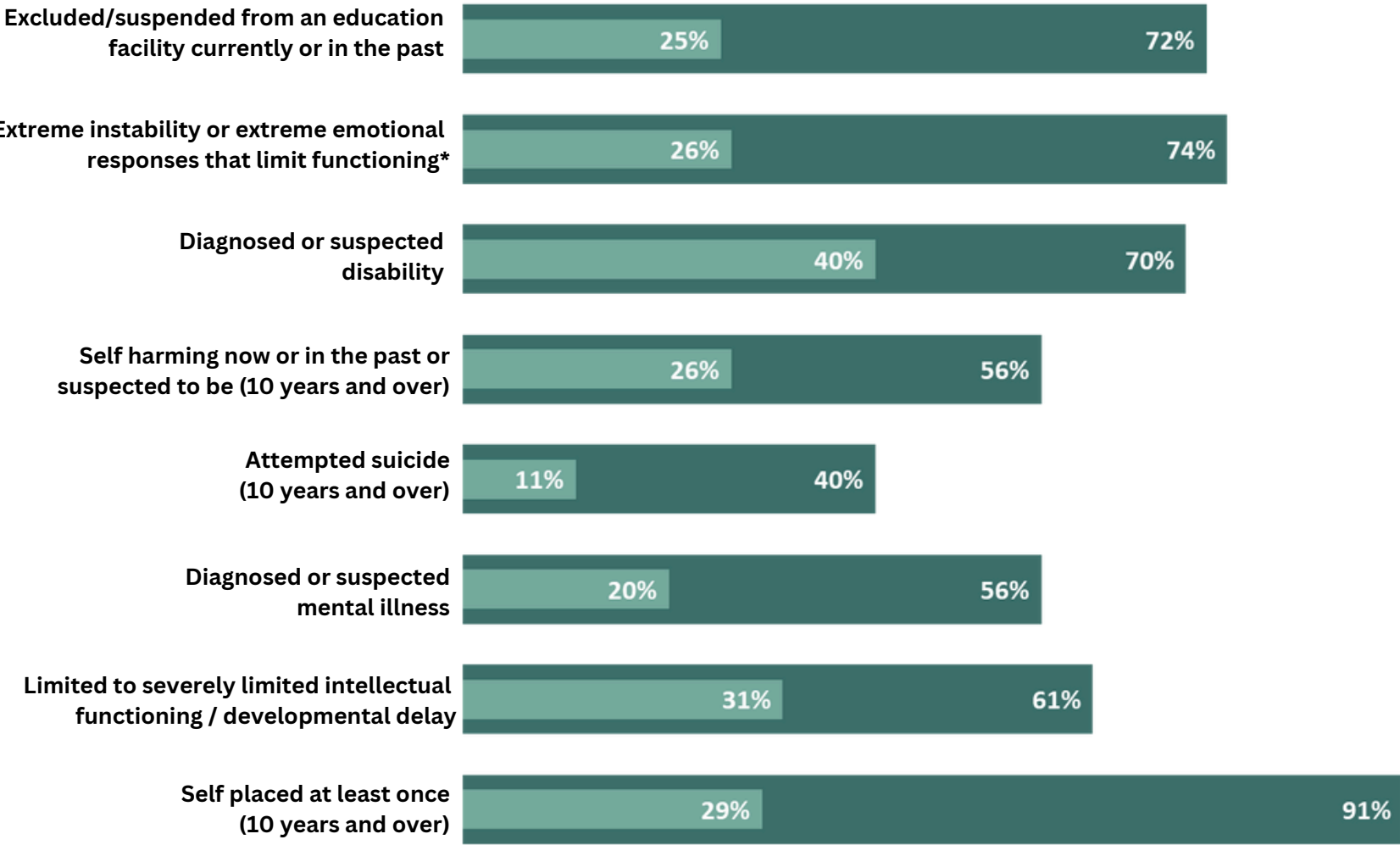
### ABUSE WAS CHRONIC AND/OR RECURRING



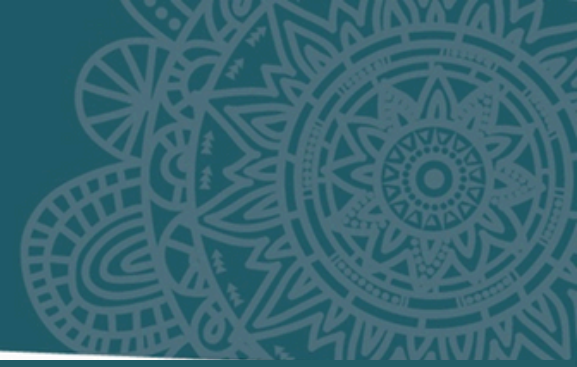
No Youth Justice Order

Youth Justice Order

## In care profile of children on youth justice orders



\*excludes too young to determine



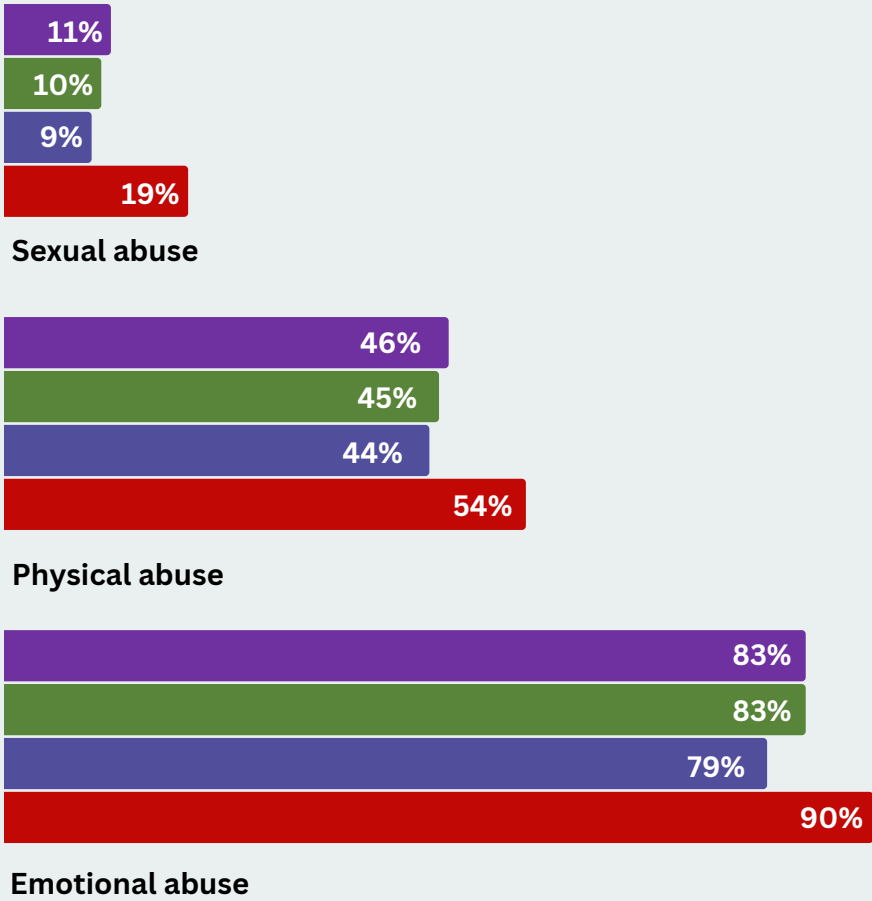
# Safe, Secure and Stable



# Placement Profile

## PRE CARE ABUSE EXPERIENCED BY PLACEMENT TYPE

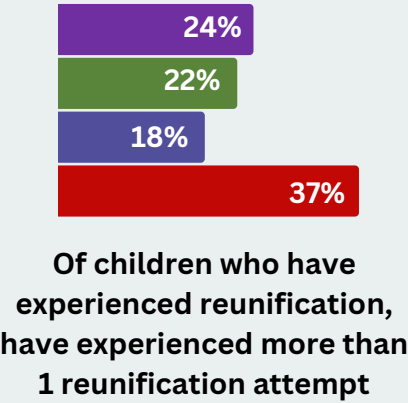
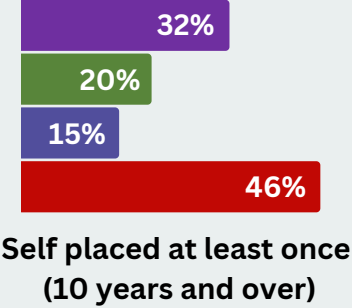
Statewide Kinship Foster Residential



Children in residential care will have experienced higher rates of sexual, physical and/or emotional abuse prior to entering care than children in kinship and foster care.

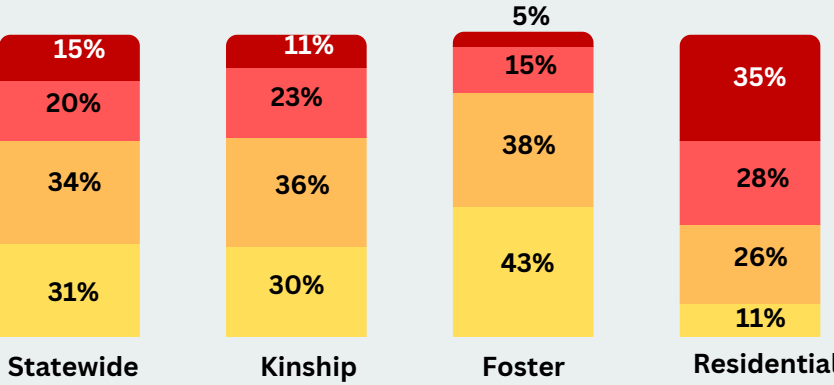
They will be more likely to have first entered care at an older age, will have experienced more placements, including reunification attempts and, are much more likely to have self placed at least once, than children in kinship and foster care

Compared to children in kinship and foster care, children in residential care are more likely to have a diagnosed or suspected mental illness and be self harming and be much more likely to have been excluded / suspended from an education facility in the past. This complexity will still apply even when controlling for age (refer to Appendix B).



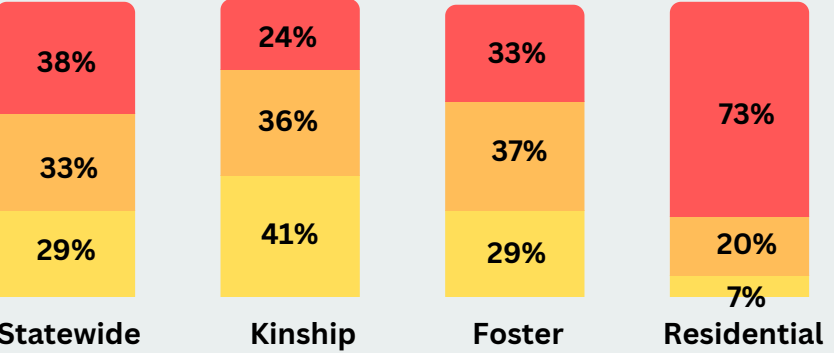
## ENTRY AGE TO CARE

Under 1 1-4 years 5-9 years 10 and over

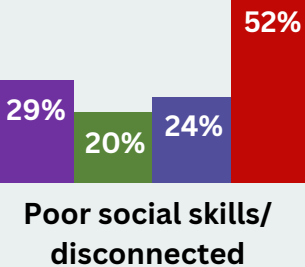
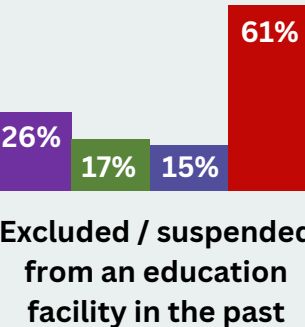
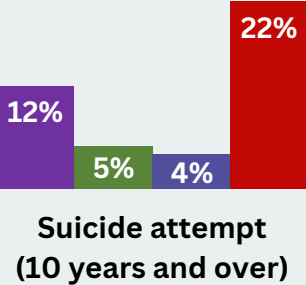
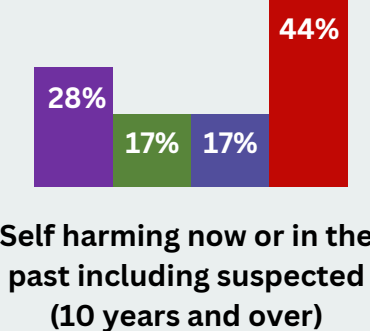
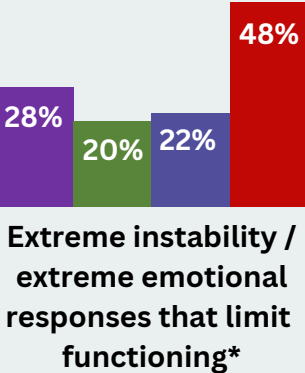
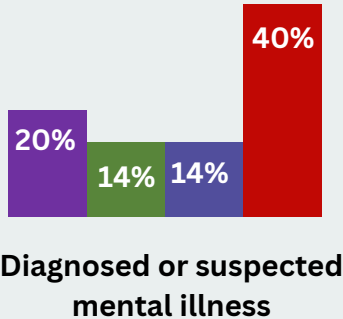
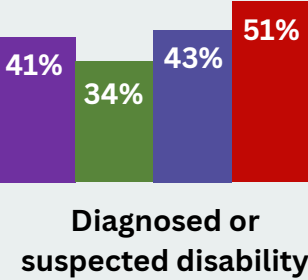
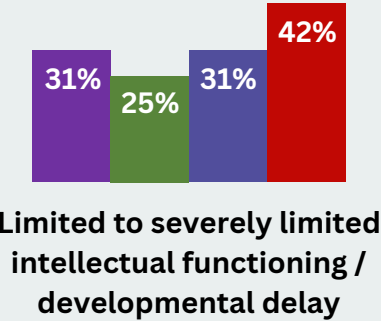


## NUMBER OF PLACEMENTS

1 placement 2-3 placements 4 or more placements



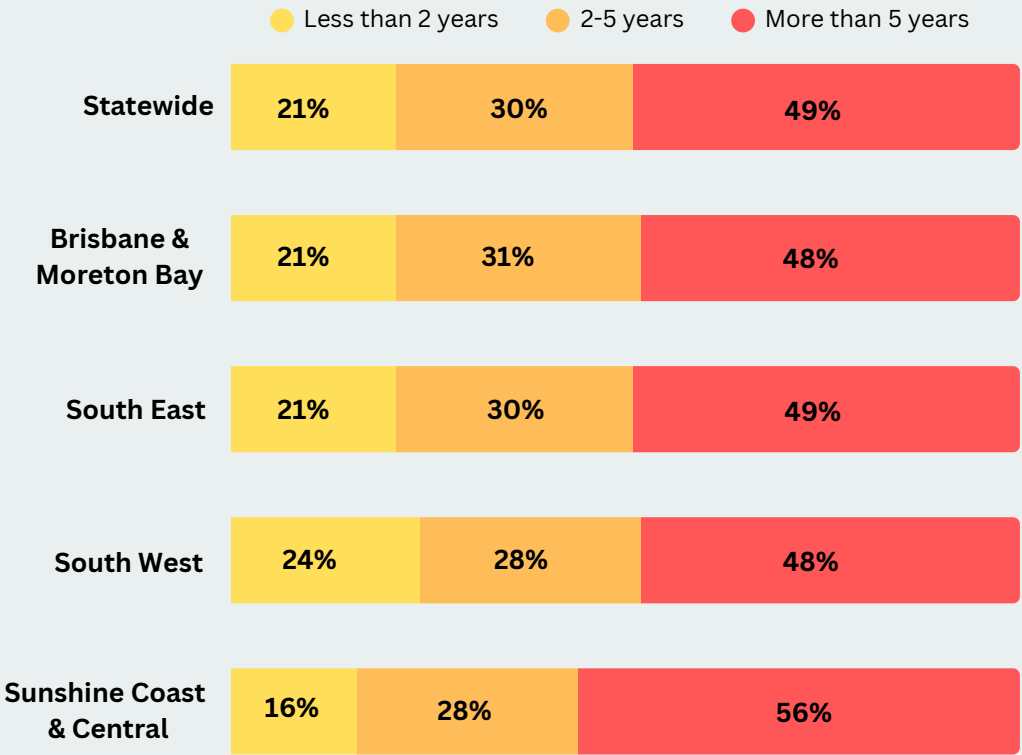
Refer to Appendix D and E for profiles of children in care placed with their grandparents and their sibling/s.



\*excludes too young to determine

# Profile by length of time in care in total

## TOTAL TIME IN CARE



Children who have been in care for longer periods of time in total have experienced more placements, including reunification attempts. They are more likely to have a diagnosed or suspected mental illness or disability.

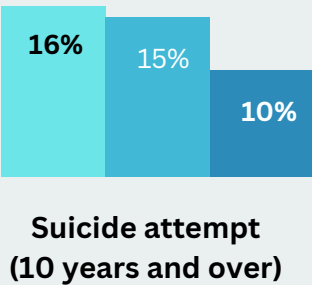
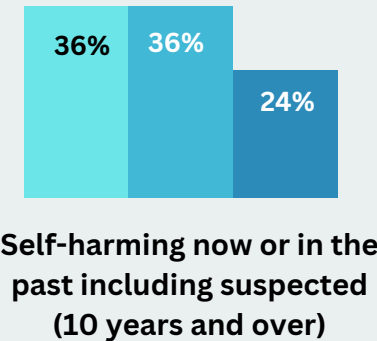
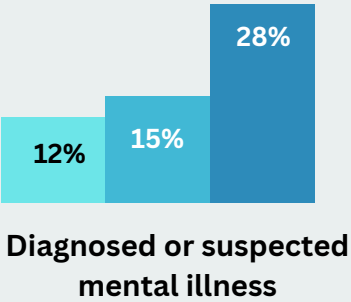
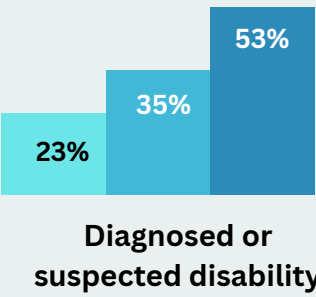
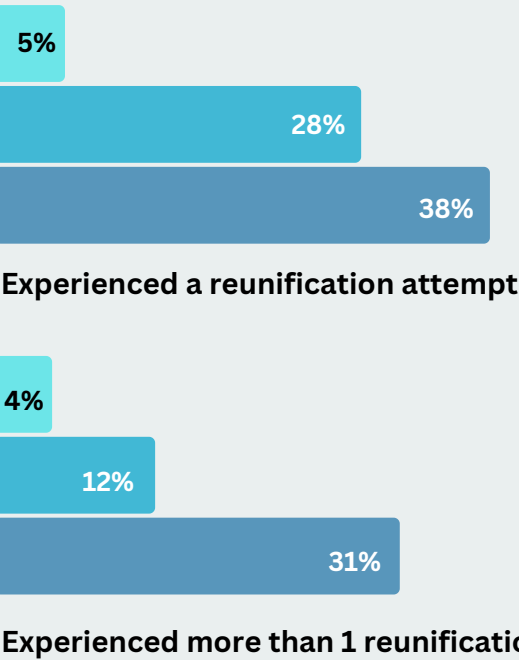
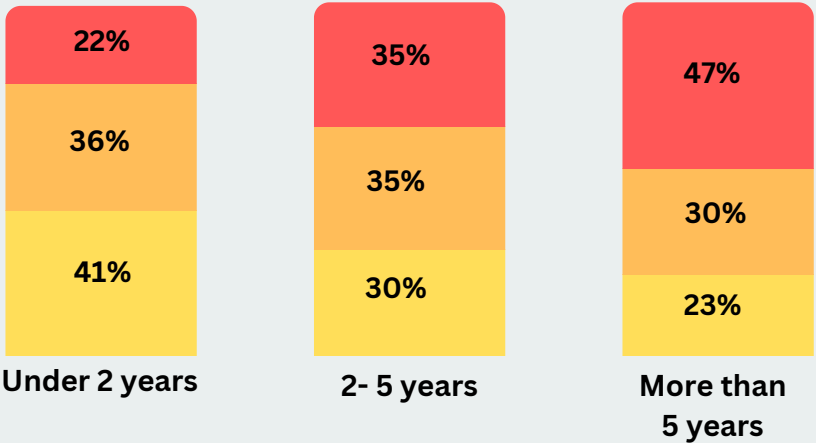
Children who have been in care for more than 5 years are less likely to self-harm or attempt suicide compared to children who have been in care for less than 5 years.

NB This trend is most evident in kinship care and to a lesser extent foster care (see Appendix C)

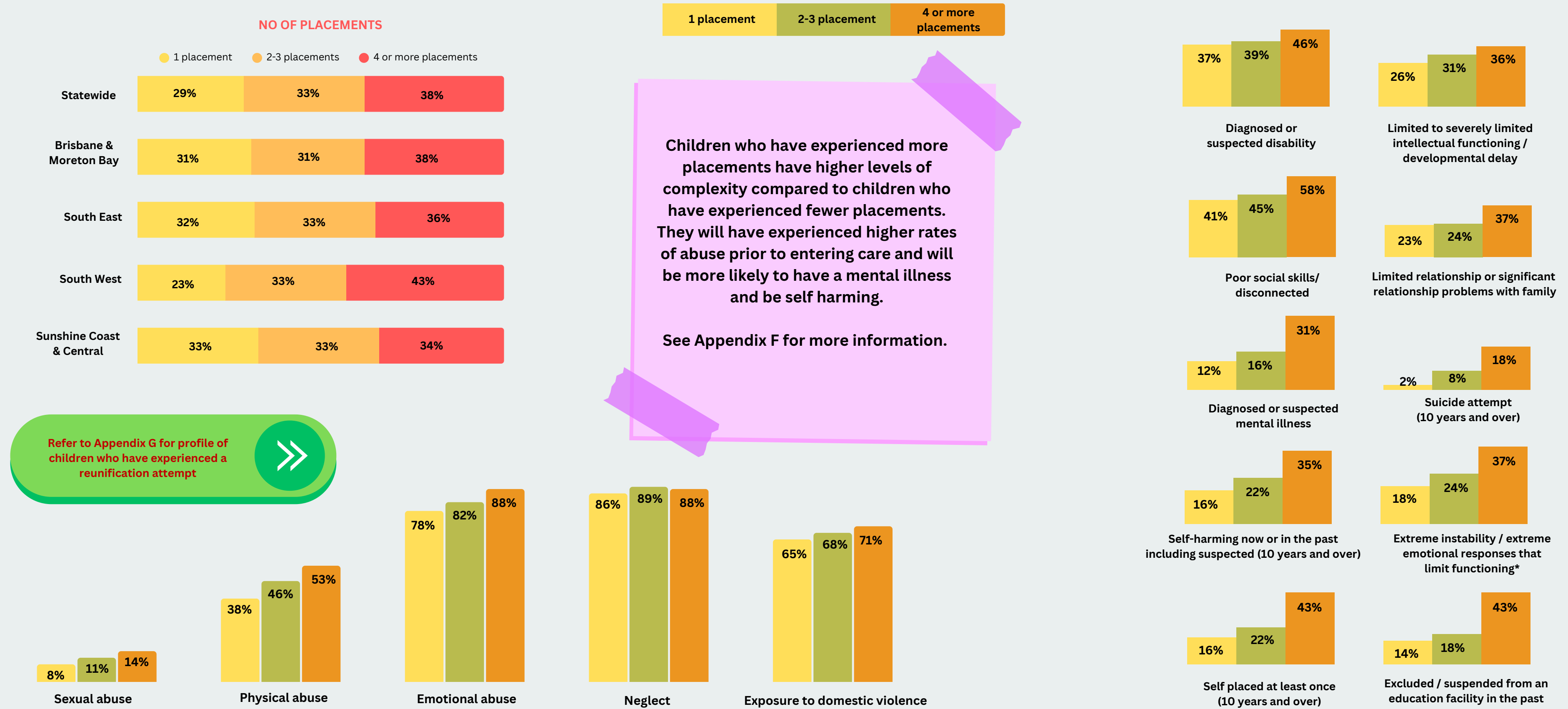
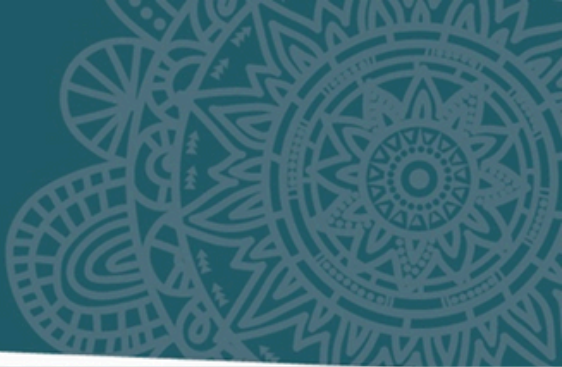
## NUMBER OF PLACEMENTS BY LENGTH OF TIME IN CARE

### NUMBER OF PLACEMENTS

● 1 placement ● 2-3 placements ● 4 or more placements



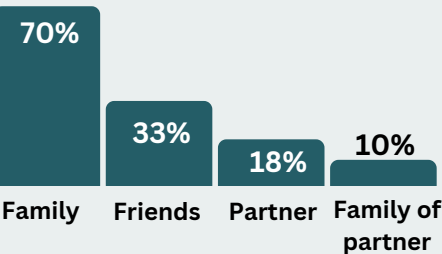
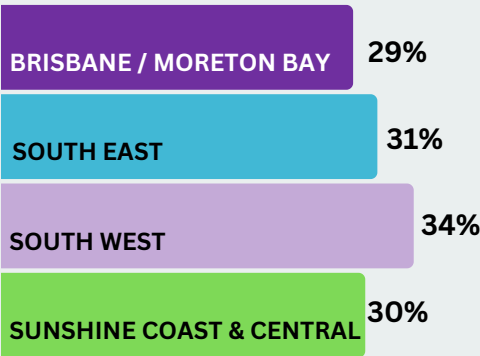
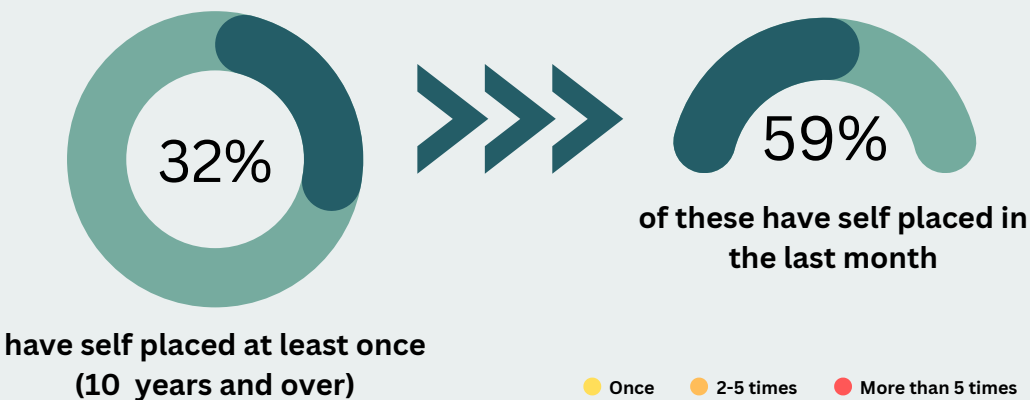
# Profile by number of placements



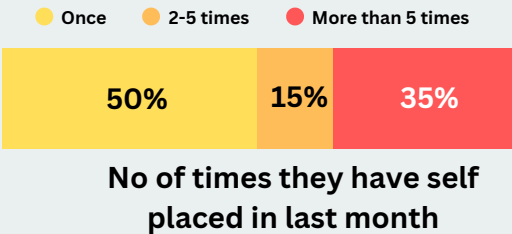
\*excludes too young to determine



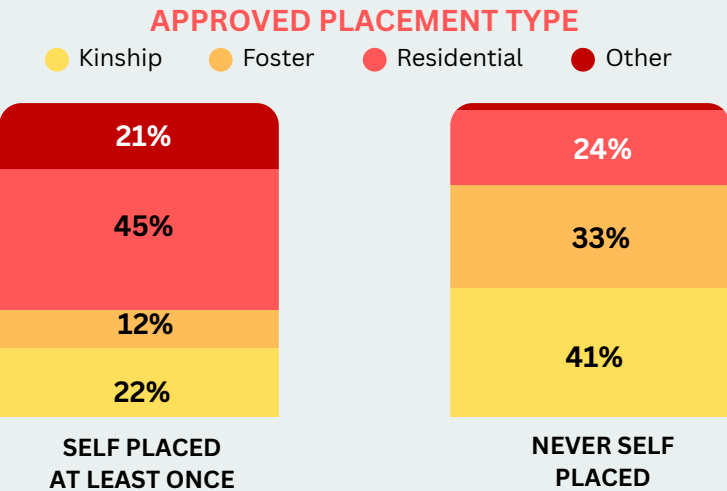
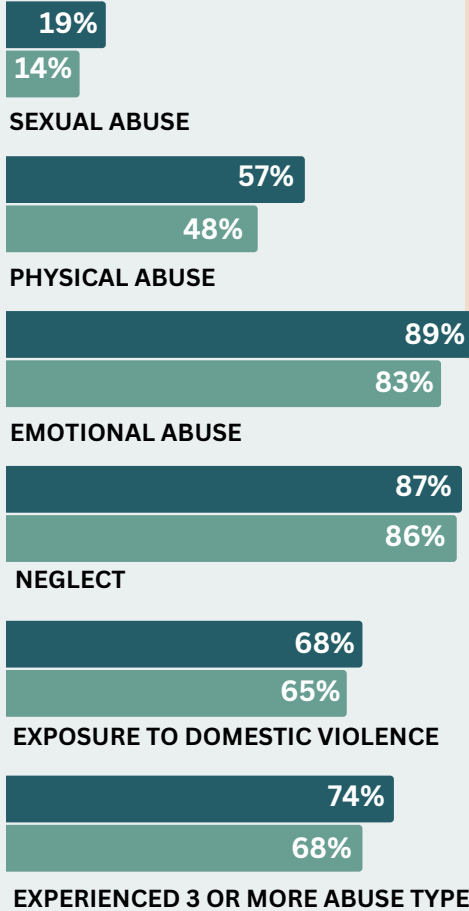
# Profile of children and young people who have self placed (10 years and over)



The majority self place with family



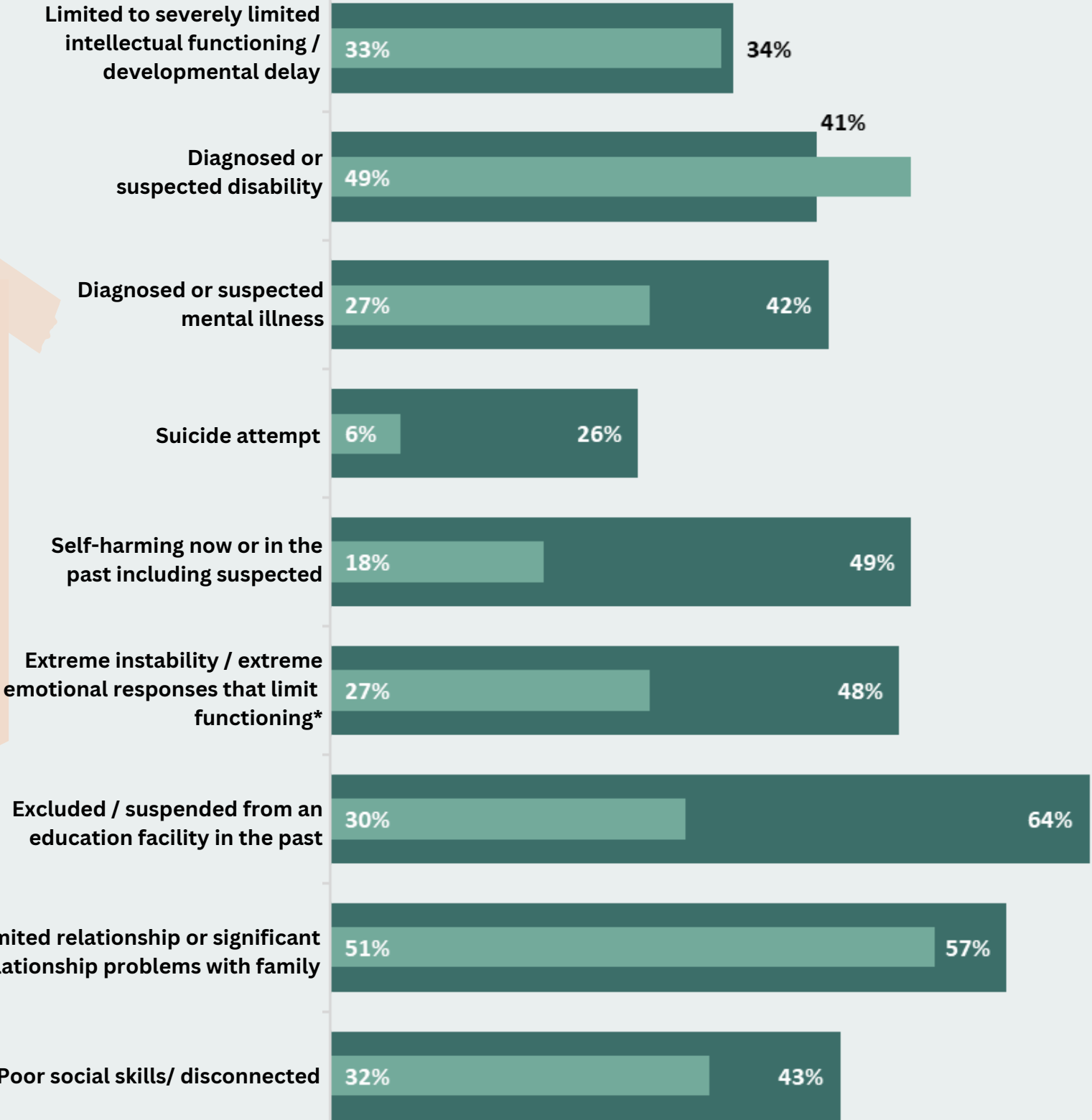
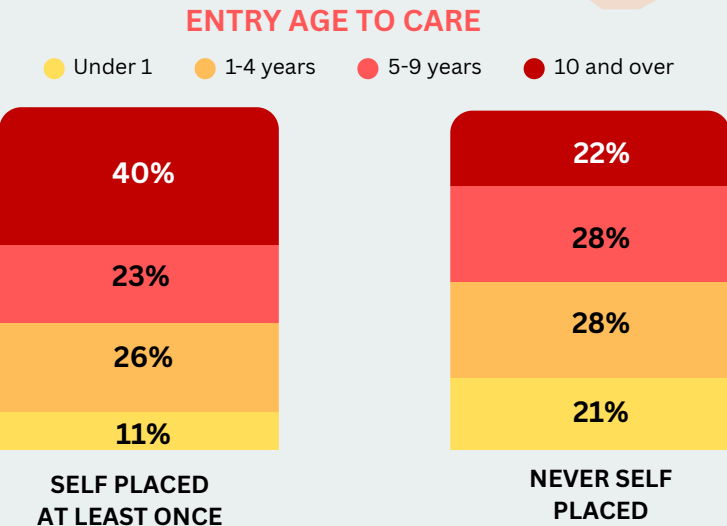
## PRE CARE EXPERIENCE



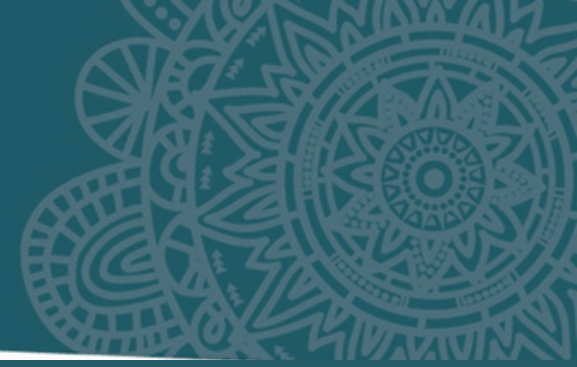
Children who have self placed at least once have higher levels of complexity than children who have never self placed. They are much more likely to have a diagnosed or suspected mental illness, be self harming and to have been excluded /suspended from an education facility in the past.

Children who self place are more likely to be self placing from non home based care and have entered care for the first time at an older age.

The majority of children who had self placed in the past month had done so for more than 5 days at a time and were self placing with family.



\*excludes too young to determine



# Healthy



# Healthy Summary



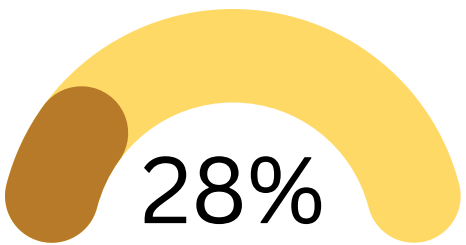
have a diagnosed or suspected mental illness



have a diagnosed or suspected disability

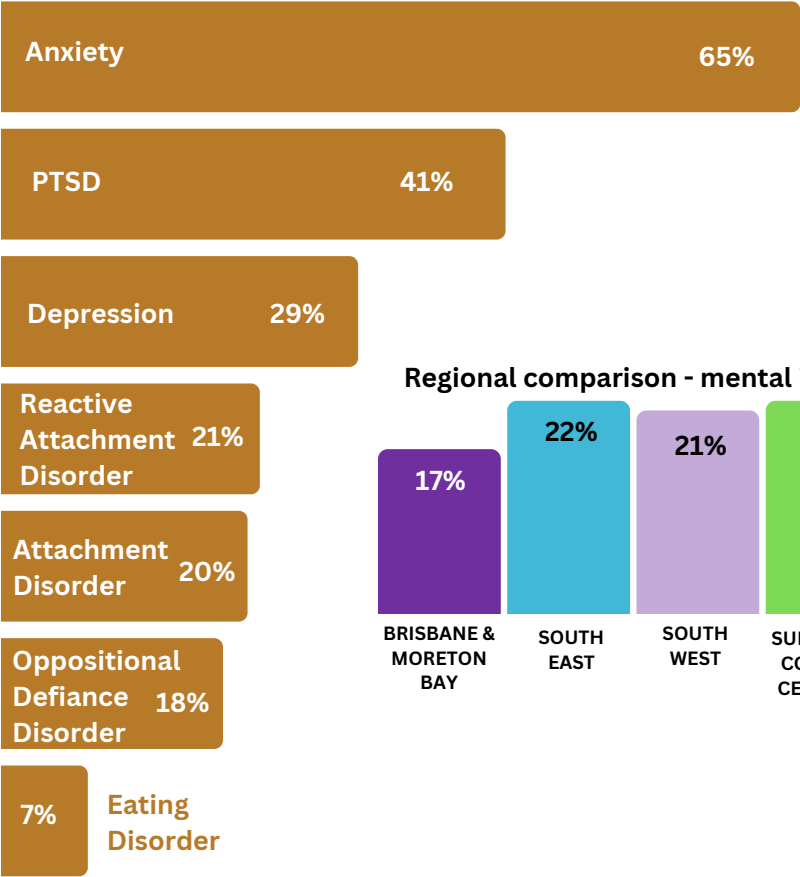


take prescribed medication



display extreme instability / emotional responses that limit functioning\*

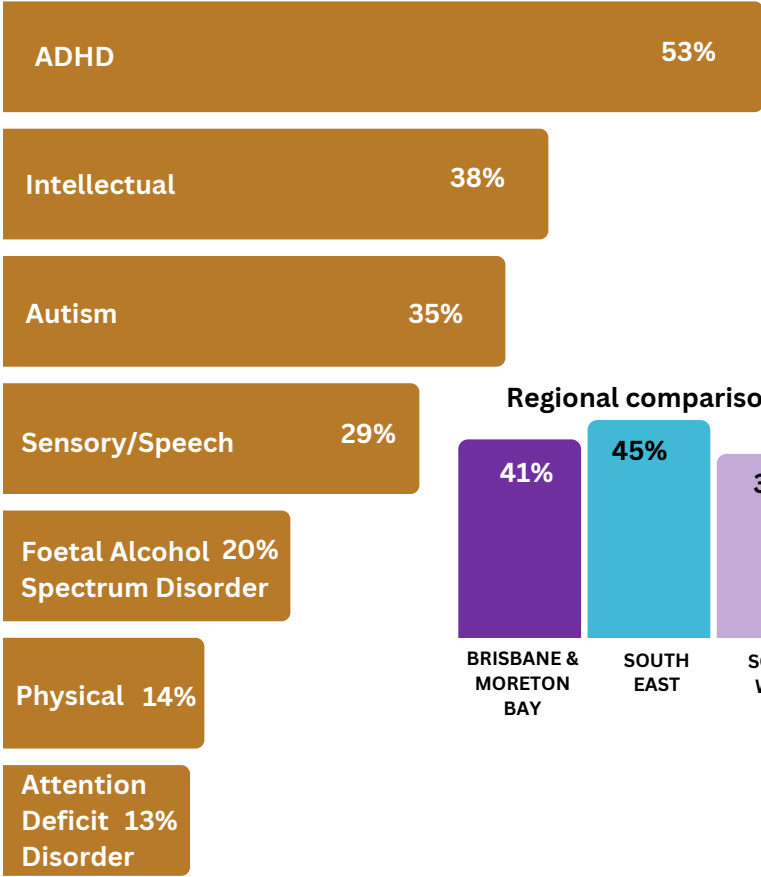
MOST PREVALENT MENTAL ILLNESSES



Regional comparison - mental illness



MOST PREVALENT DISABILITIES



Regional comparison - disability



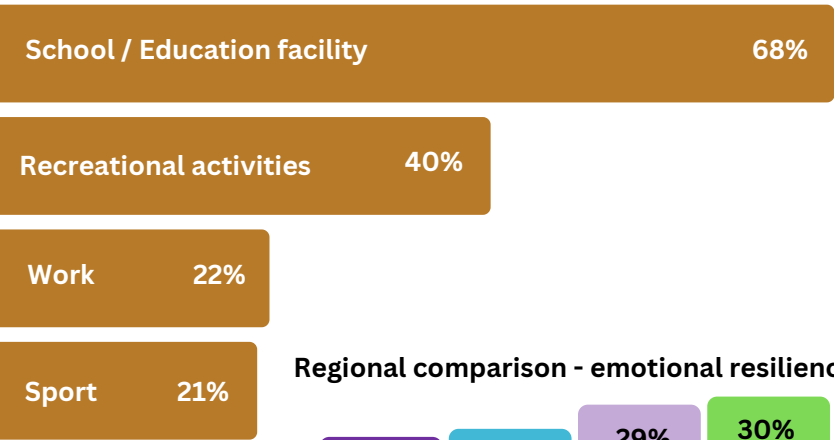
MOST PRESCRIBED REASON



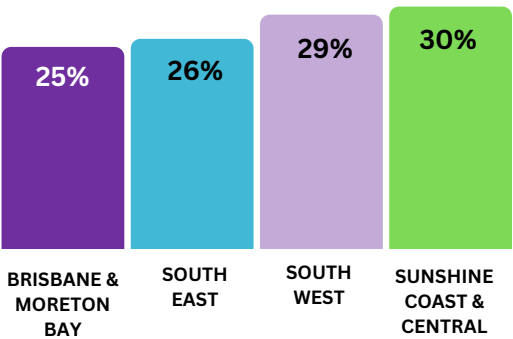
Regional comparison - medication



RESPONSES LIMIT PARTICIPATION IN



Regional comparison - emotional resilience



receive some form of support for their mental illness

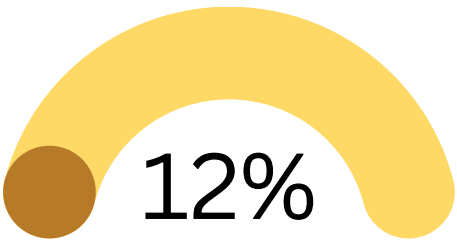


have unmet support needs in relation to their mental illness

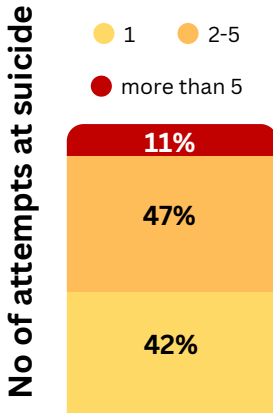
receive NDIS support for their disability



have unmet support needs in relation to their disability



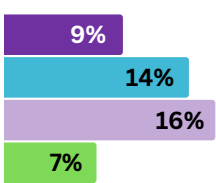
have attempted suicide (10 years and over)



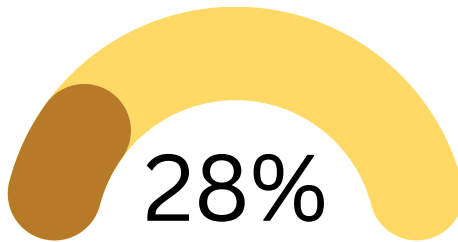
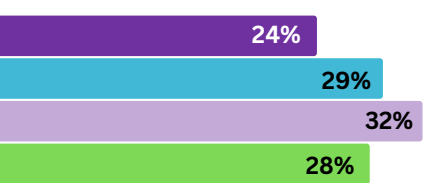
No of attempts at suicide

1 2-5 more than 5

Regional comparison - suicide attempt



Regional comparison - self harming



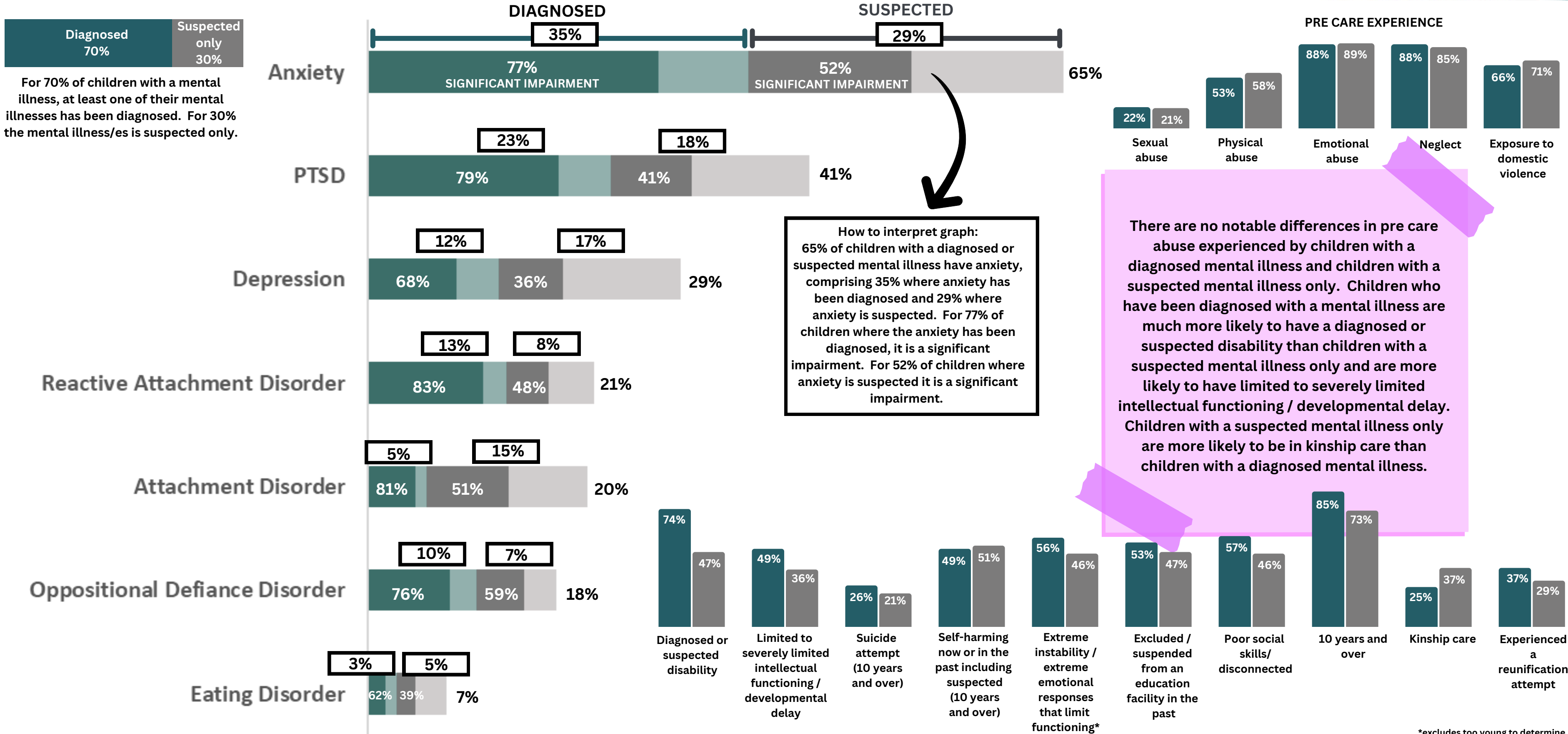
self harm now or in the past or are suspected to be (10 years and over)

\*excludes too young to determine

# Mental illness / Behavioural disorder

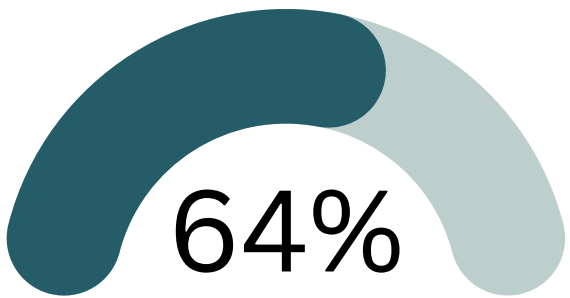
## Assessment status and Significant impairment

Healthy  
Page 21 of 51

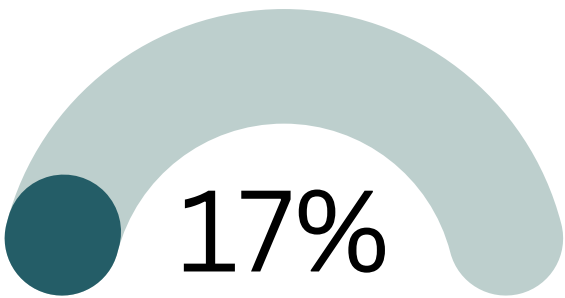


# Support services for children with mental illness / behavioural disorders

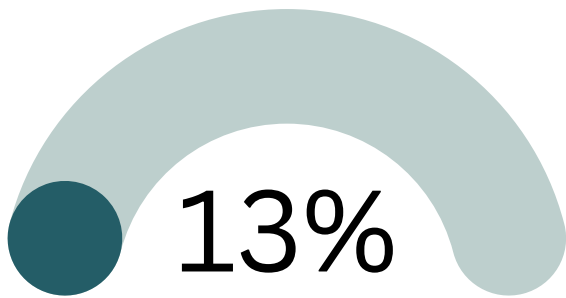
FOR CHILDREN AND YOUNG PEOPLE WITH A DIAGNOSED OR SUSPECTED MENTAL ILLNESS:



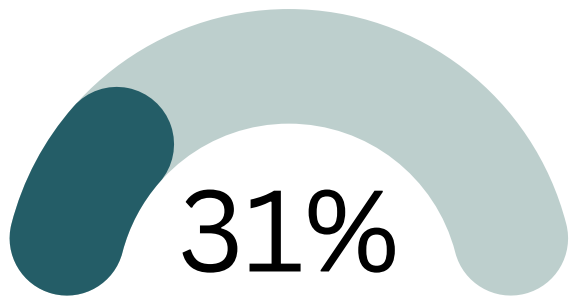
are receiving some form of support



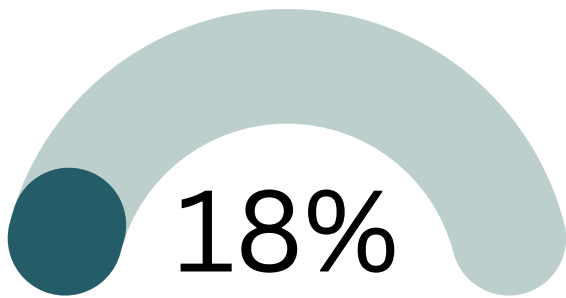
are pending some form of support



support is available but they do not want it



have unmet support needs in relation to their mental illness  
(includes children receiving support and not receiving support)

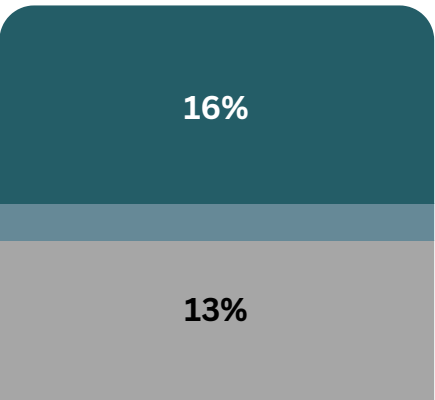


it is unknown whether they have unmet support needs in relation to their mental illness

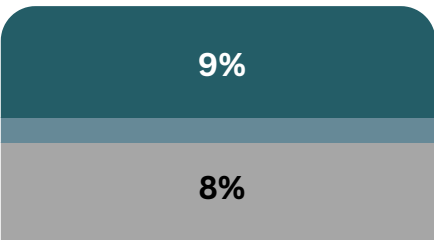


This increases to 47% for those not currently receiving support

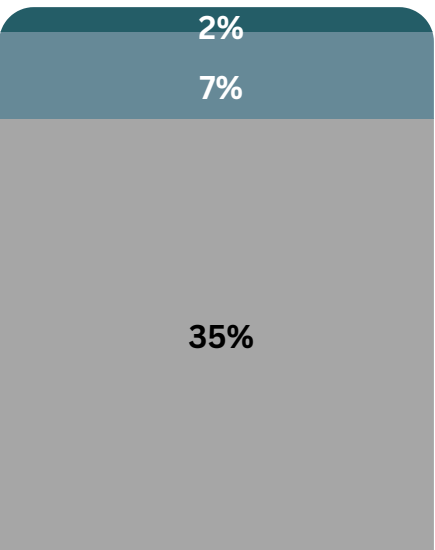
● Currently receiving ● Pending ● Past support



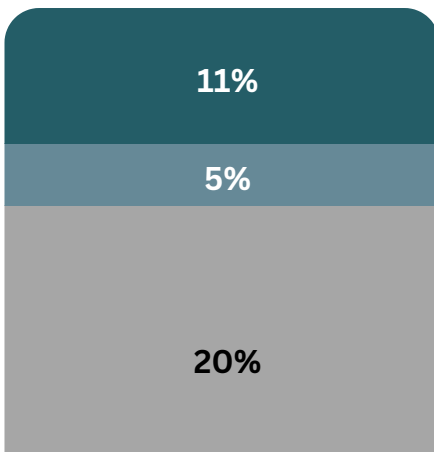
EVOLVE



CHILD YOUTH MENTAL  
HEALTH SERVICES



NDIS



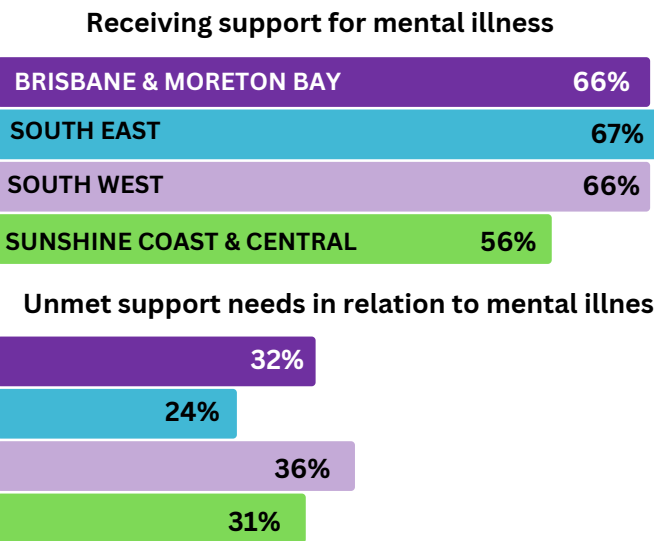
PRIVATE SUPPORT



HEADSPACE

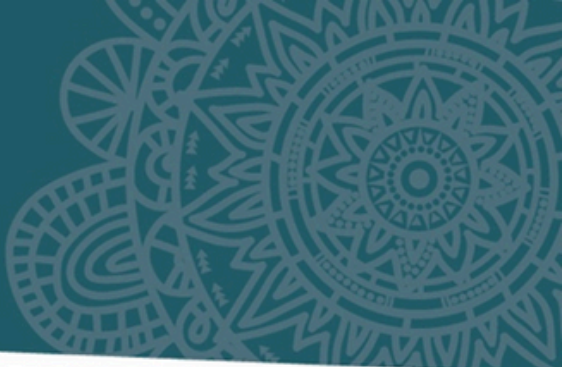


NGO / COUNSELLING  
SUPPORT

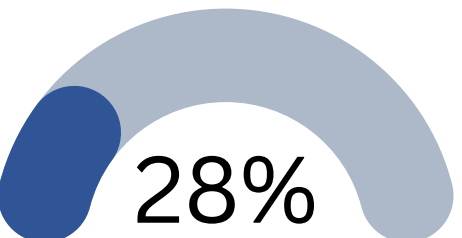




# Profile of children who are self harming now or in the past or suspected to be self harming (10 years and over)



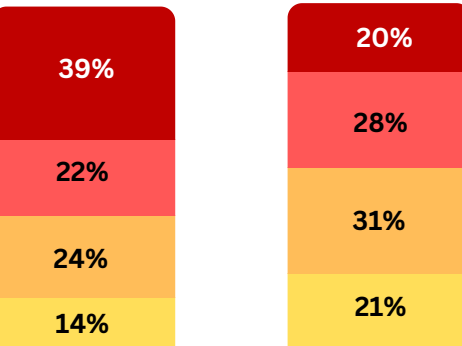
● Self harming ● Not self harming



self harming now or in the past or are suspected to be (10 years and over)

ENTRY AGE TO CARE

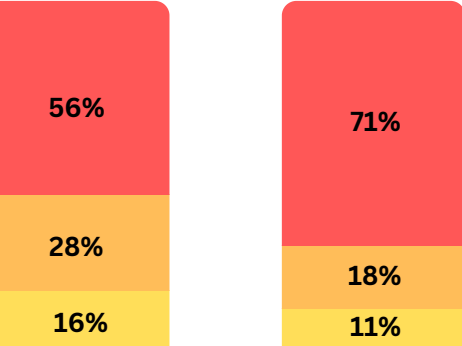
● Under 1 ● 1-4 years  
● 5-9 years ● 10 and over



Self harming No self harming

TOTAL TIME IN CARE

● Less than 2 years ● 2-5 years  
● More than 5 years

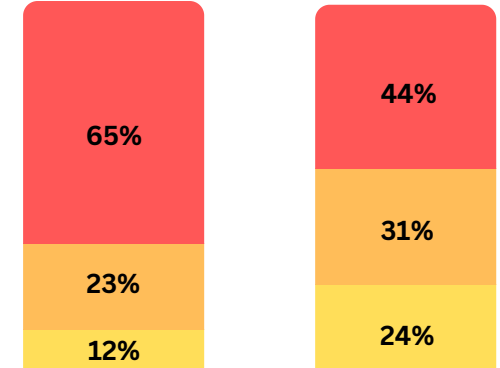


Self harming No self harming

PRE CARE EXPERIENCE

NO OF PLACEMENTS

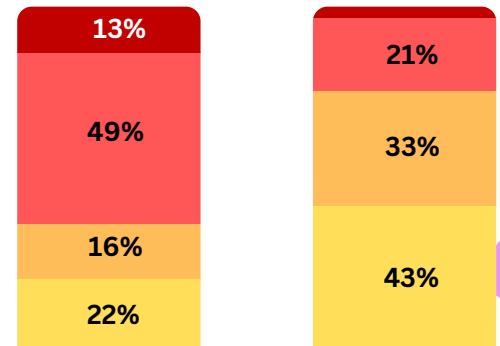
● 1 placement ● 2-3 placements  
● 4 or more placements



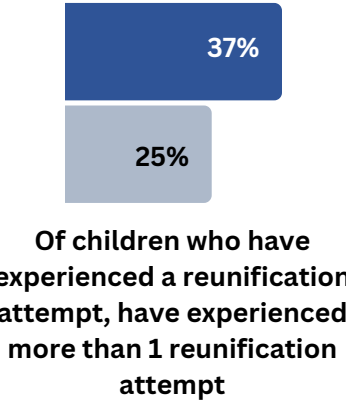
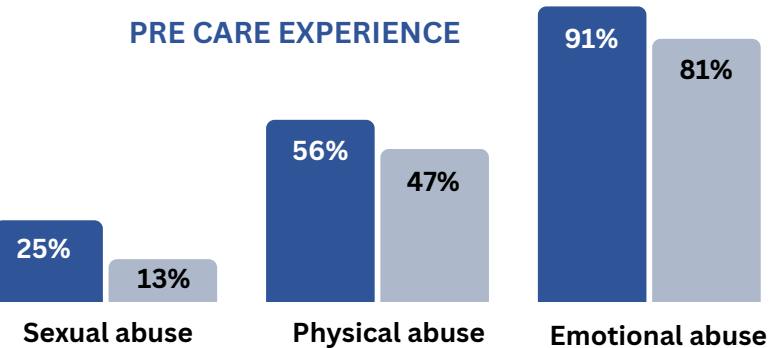
Self harming No self harming

APPROVED PLACEMENT TYPE

● Kinship ● Foster  
● Residential ● Other



Self harming No self harming



Children who are self harming now or in the past or are suspected to be self harming have experienced higher rates of sexual, physical and emotional abuse prior to entering care.

They are more likely to have entered care at an older age, be in non home based care and to have experienced more placements, including reunification attempts.

They are much more likely to have a mental illness, to have been excluded/suspended from an education facility in the past and to have self placed at least once.

Limited to severely limited intellectual functioning / developmental delay

Diagnosed or suspected disability

Diagnosed or suspected mental illness

Suicide attempt

Extreme instability / extreme emotional responses that limit functioning\*

Excluded / suspended from an education facility in the past

Limited relationship or significant relationship problems with family

Poor social skills/ disconnected



\*excludes too young to determine

# Disability - Assessment status

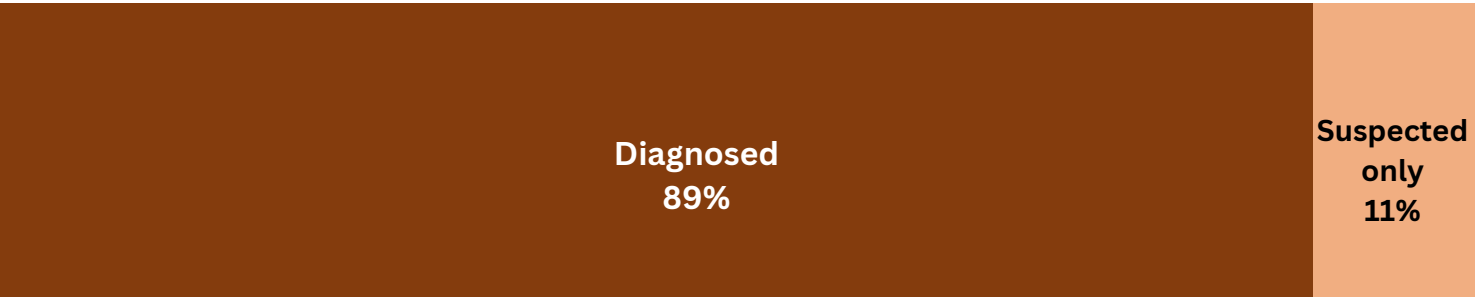
Healthy

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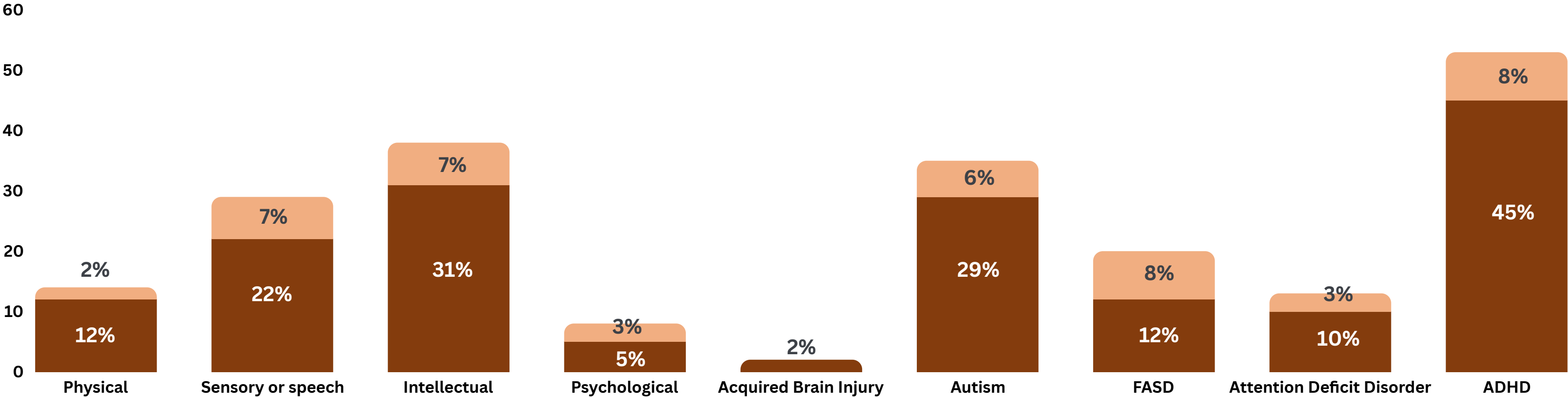
1 2 3 4 or more



Number of disabilities per child



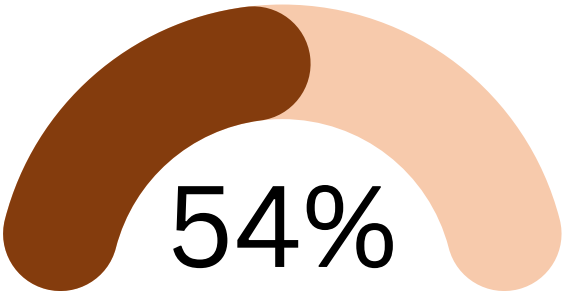
Diagnosed Suspected



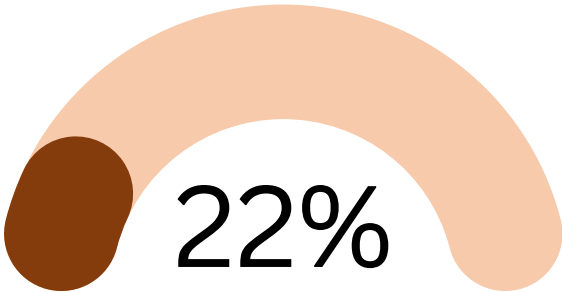


# Support services for children with a disability

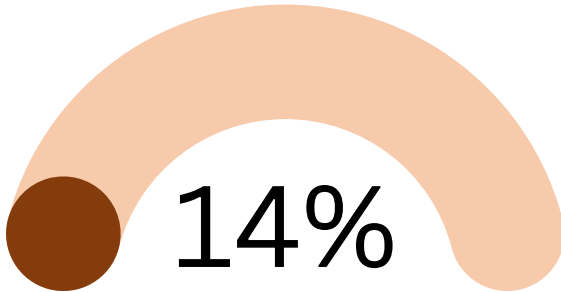
FOR CHILDREN AND YOUNG PEOPLE WITH A DIAGNOSED OR SUSPECTED DISABILITY:



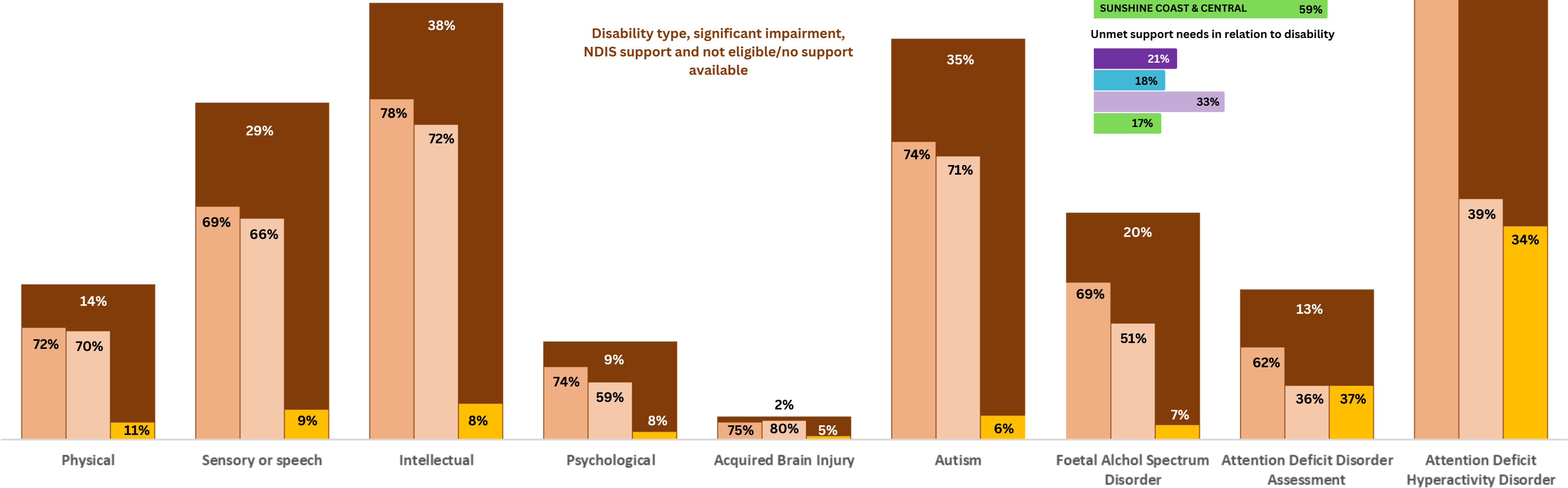
are receiving NDIS support

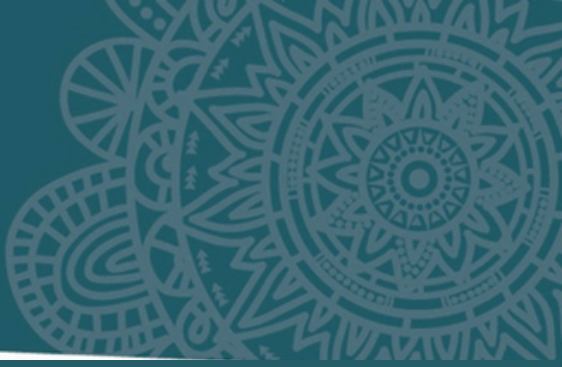


have unmet support needs



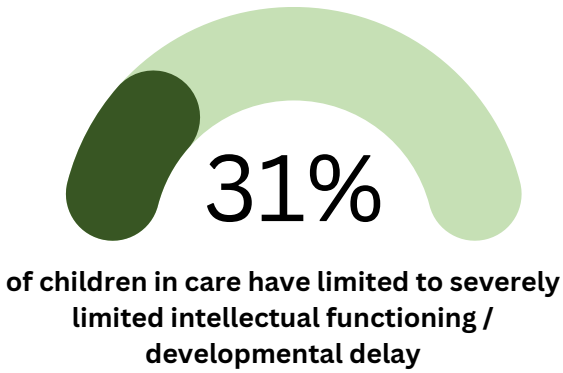
it is unknown whether they have unmet support needs in relation to their disability



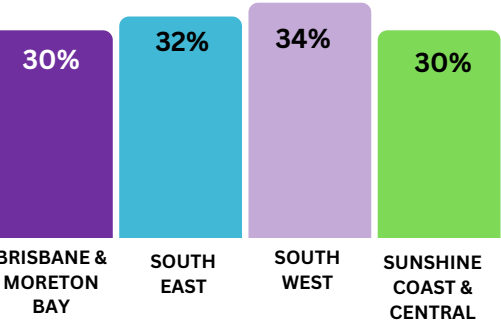


# Learning, Earning and Developing

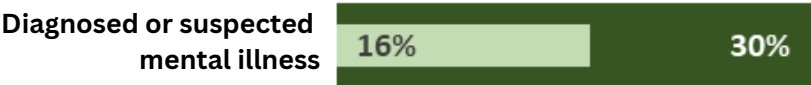
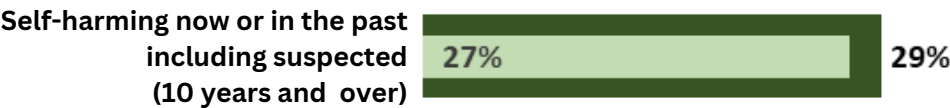
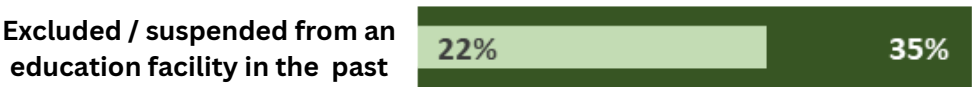
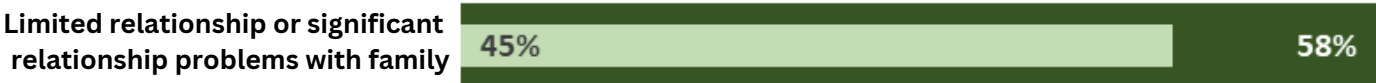
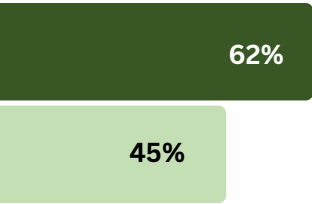
# Intellectual impairment / Developmental delay



Regional comparison - Limited to severely limited intellectual functioning / developmental delay



GENDER IS MALE



- Limited to severely limited intellectual functioning
- Average to above average intellectual functioning

Refer to Appendix P for a profile of children with poor social skills

The majority of children with limited to severely limited intellectual functioning / developmental delay have a diagnosed or suspected disability (81%). For half of these children, they have an intellectual disability.

Refer to Appendix L for more information

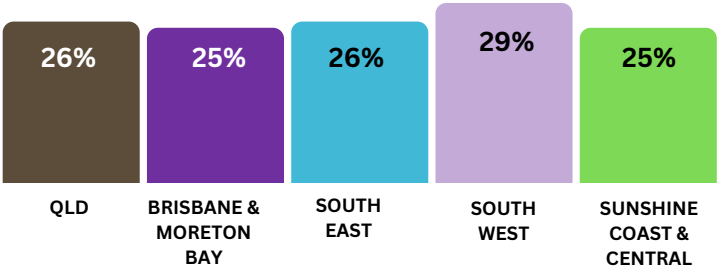
For the 81% of children with limited to severely limited intellectual functioning/developmental delay who also have a disability:

- 56% Intellectual disability
- 46% ADHD
- 41% Autism
- 26% FASD
- 39% Sensory / Speech disability
- 74% More than 1 disability
- 92% At least one disability is diagnosed

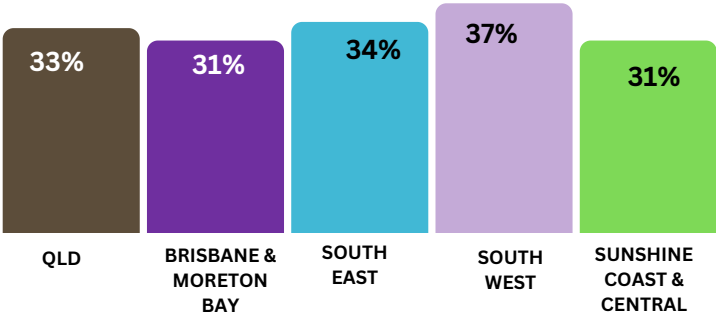
NB: There were no notable differences in pre care abuse experienced by children with limited to severely limited intellectual functioning/developmental delay compared to children with average to above average intellectual functioning.

# Exclusions / suspensions

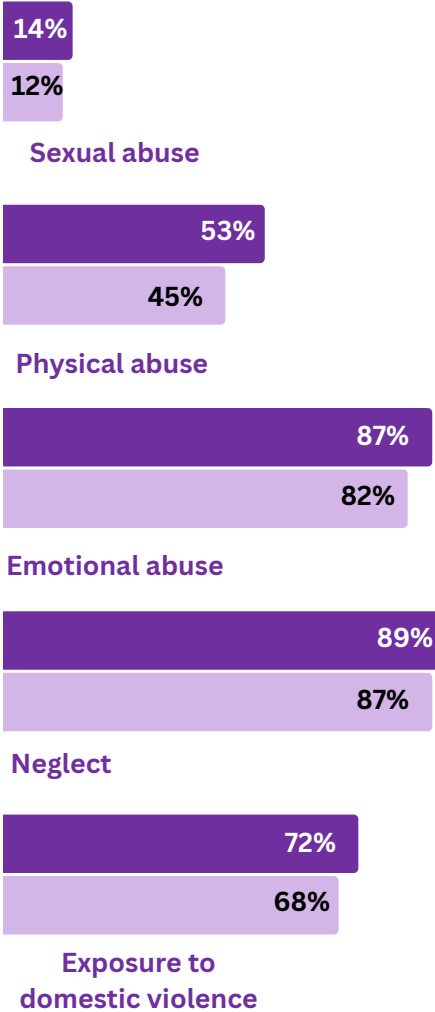
Proportion of sample cohort who have been excluded / suspended from an education facility in the past



Proportion of school age children aged 6 to 16 years who have been excluded / suspended from an education facility in the past



PRE CARE EXPERIENCE OF SCHOOL AGED CHILDREN 6-16 YEARS WHO HAVE BEEN EXCLUDED/SUSPENDED FROM AN EDUCATION FACILITY IN THE PAST

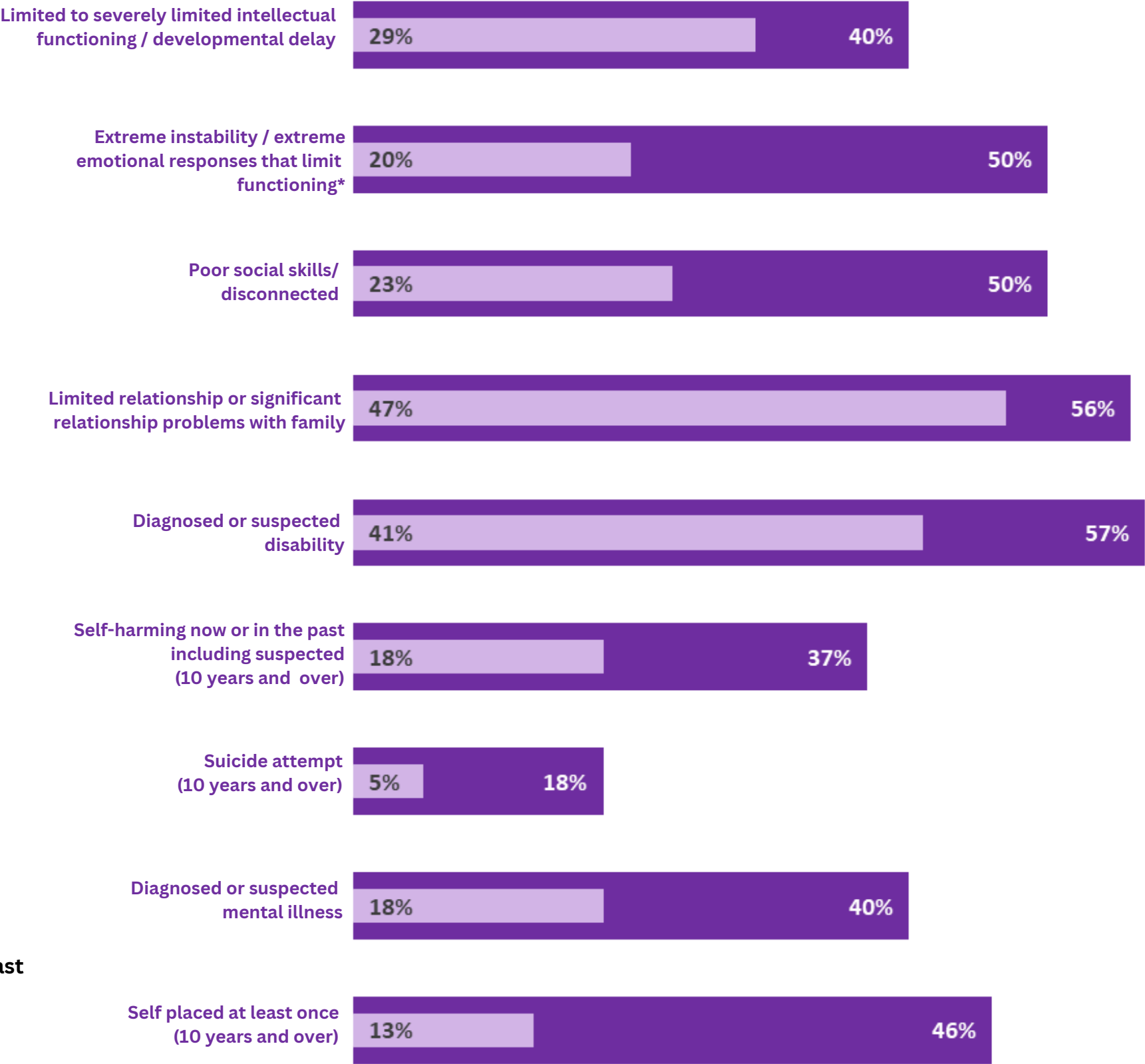


Children (aged 6-16 years) who have been excluded/suspended from an education facility will have experienced higher rates of physical abuse prior to entering care, and are more likely to have a mental illness and/or disability, be self harming and have an intellectual impairment.

See Appendix M for further information.

- Children aged 6-16 years who have been excluded/suspended in the past
- Children aged 6-16 years who have had no exclusions or suspensions

PROFILE OF SCHOOL AGED CHILDREN 6 TO 16 YEARS WHO HAVE BEEN EXCLUDED/SUSPENDED FROM AN EDUCATION FACILITY IN THE PAST



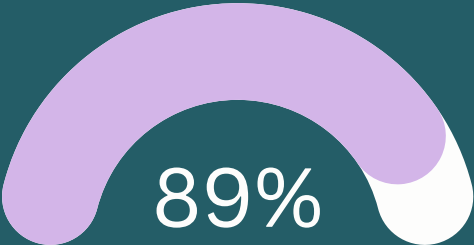
\*excludes too young to determine



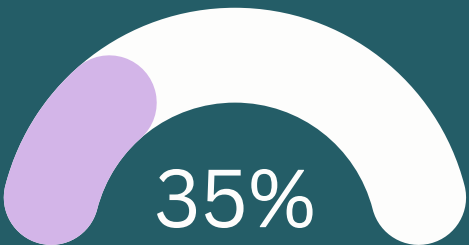
# Transition to Adulthood



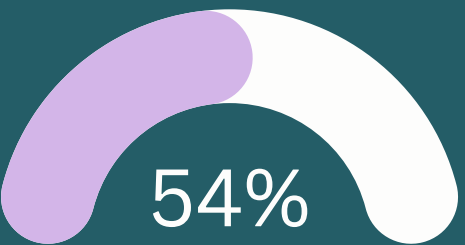
Of these:



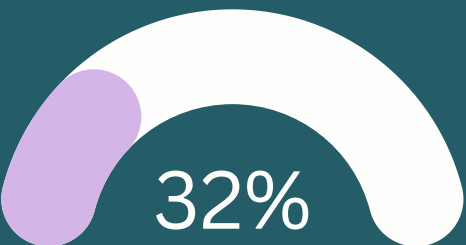
have a T2A plan



are remaining with their carer

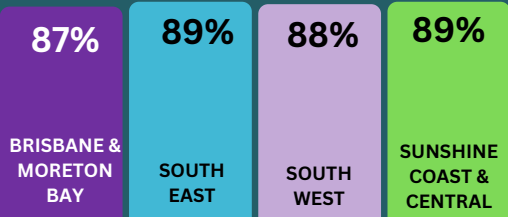


require public housing

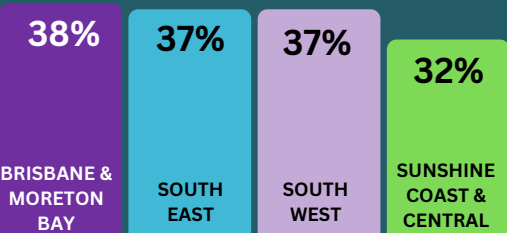


require NDIS support

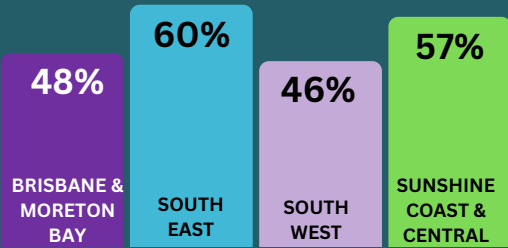
of the 15 years and above cohort  
are T2A in the next 12 months



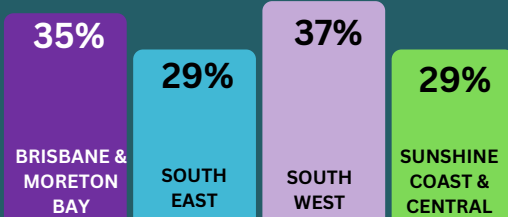
REGIONAL COMPARISON  
- HAVE A T2A PLAN



REGIONAL COMPARISON  
- REMAINING WITH CARER

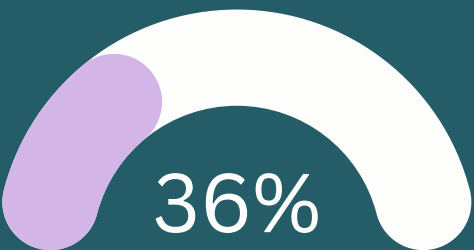


REGIONAL COMPARISON  
- REQUIRES PUBIC HOUSING

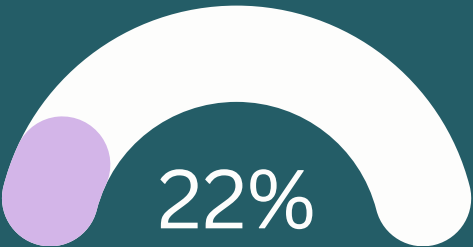


REGIONAL COMPARISON  
- REQUIRES NDIS SUPPORT

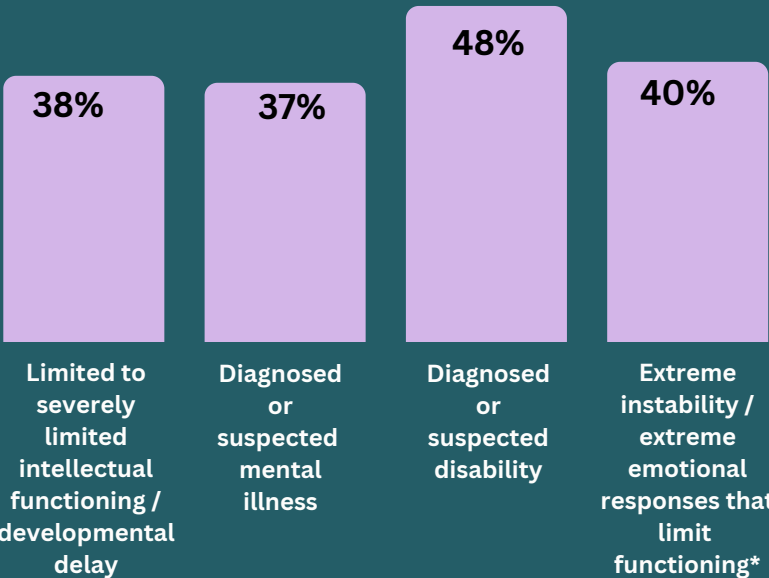
Of the young people T2A in  
the next 12 months:



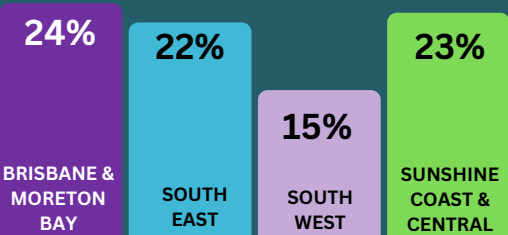
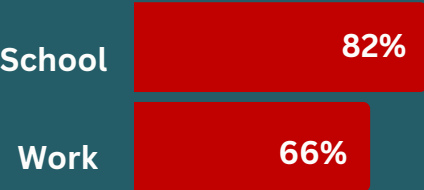
are registered with Centrelink



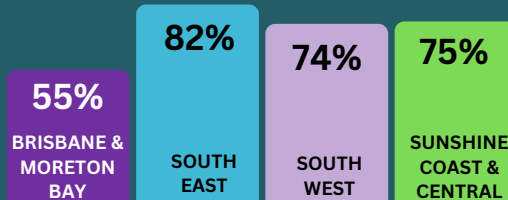
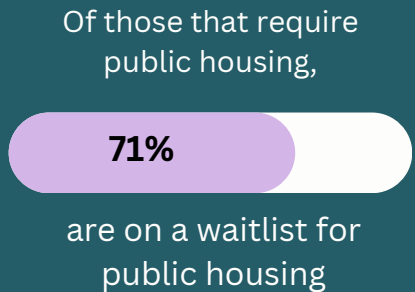
are currently in paid  
employment



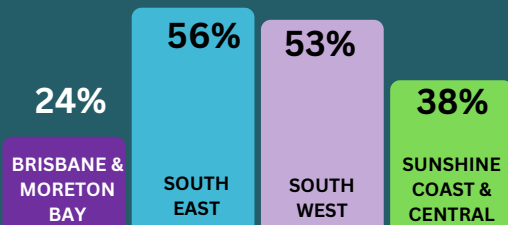
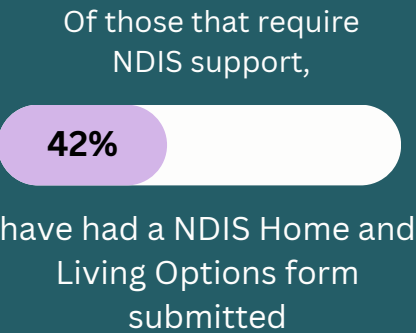
For these young people their  
emotional responses limit their  
participation in:



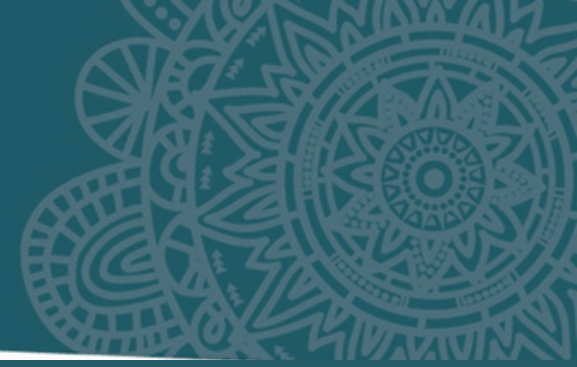
REGIONAL COMPARISON  
- IN SOME FORM OF EMPLOYMENT



REGIONAL COMPARISON  
- WAITLIST FOR PUBIC HOUSING



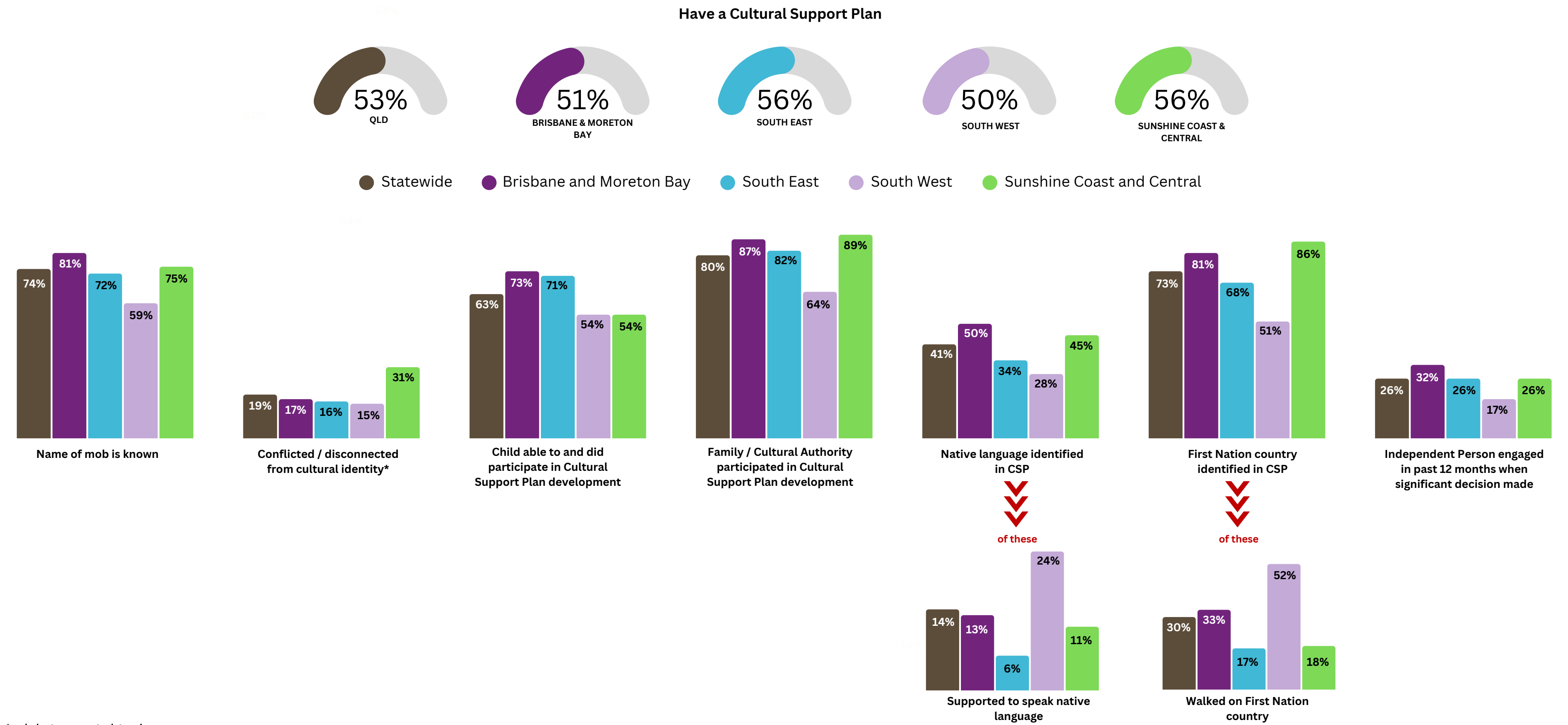
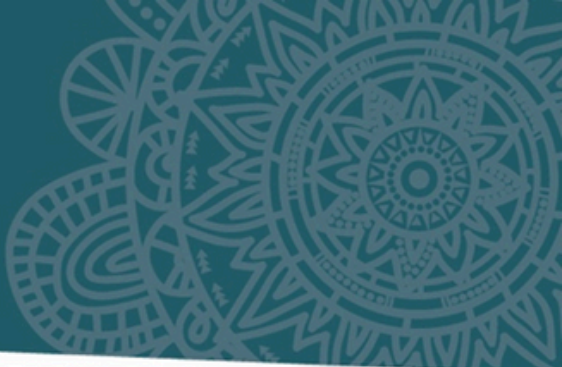
REGIONAL COMPARISON  
- NDIS HOME AND LIVING  
OPTIONS FORM SUBMITTED



# Participating, Belonging and Identity

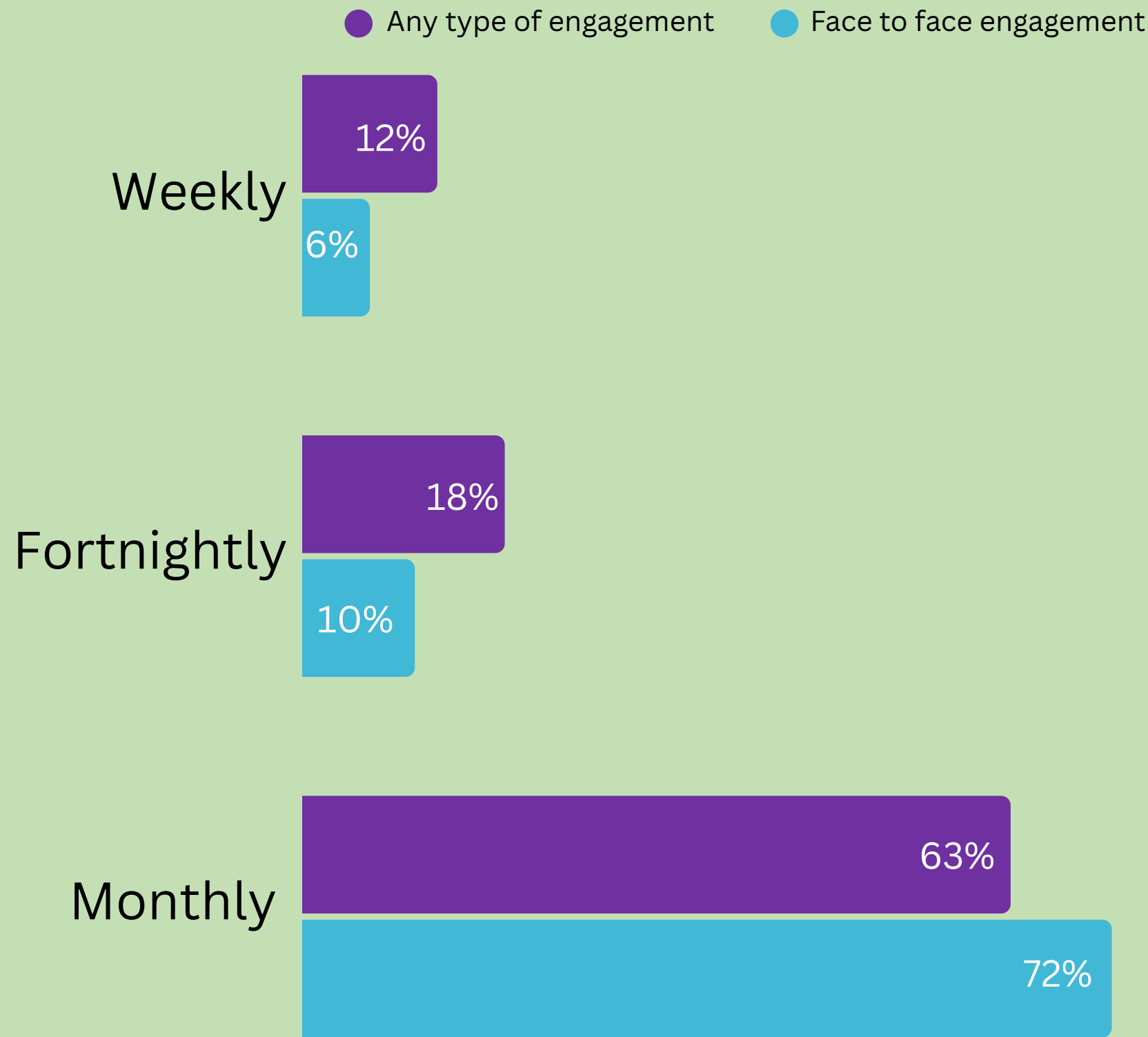
# Aboriginal and/or Torres Strait Islander Child Placement Profile

Participating, Belonging & Identity  
Page 31 of 51



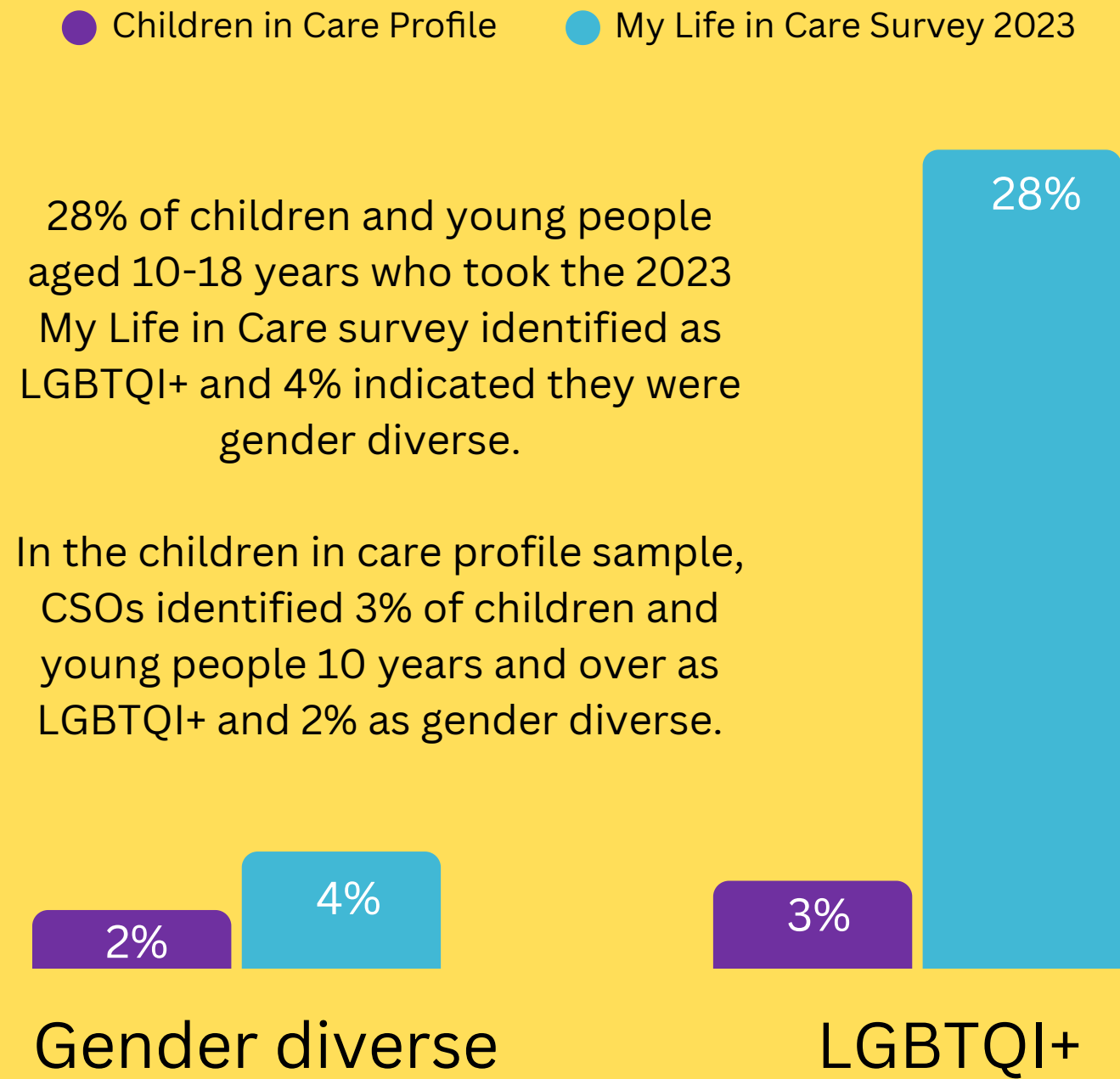


## CSO engagement with child



## Diversity

Children and young people aged 10 years and over





# Relationship with Biological family



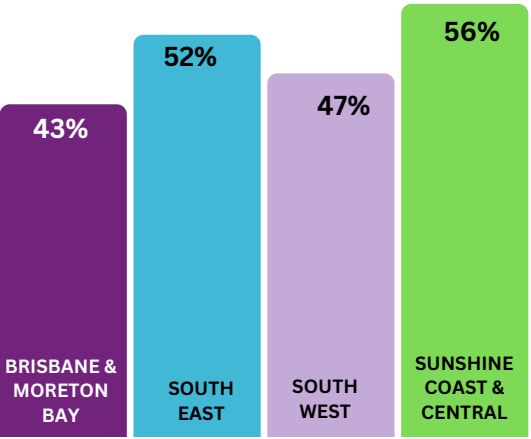
## PRE CARE EXPERIENCE



## Nurturing relationship with family



## Limited relationship / Significant problems with family



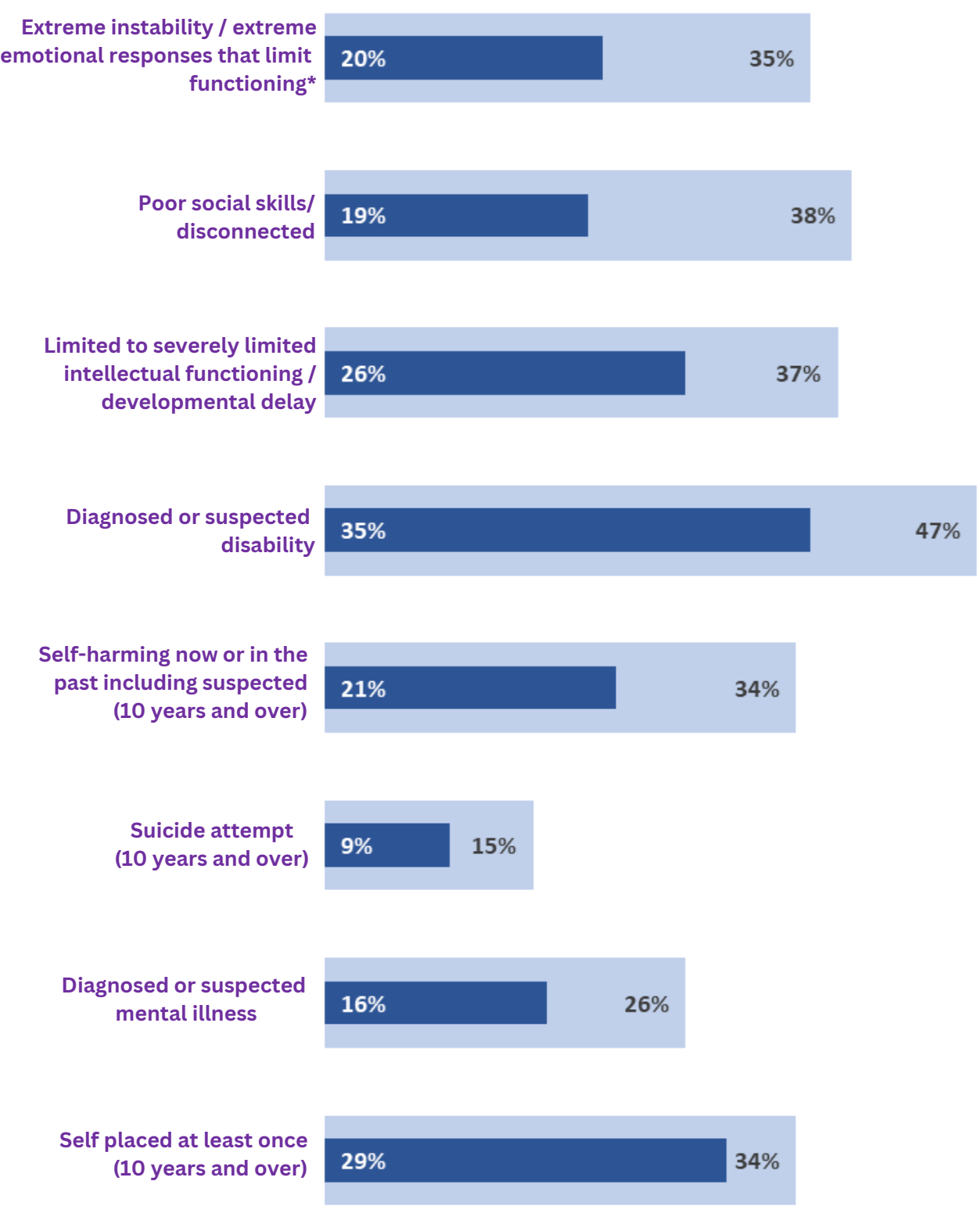
## Limited relationship or significant relationship problems with family

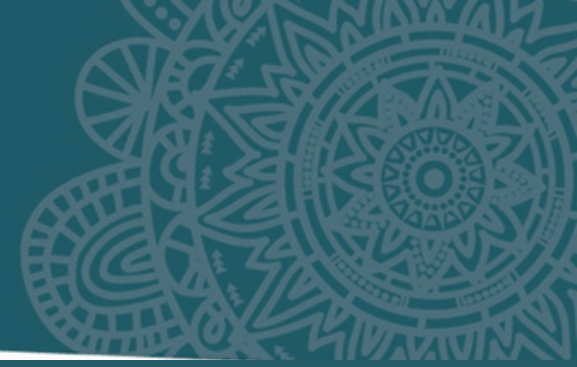
Similarly to children placed with at least one sibling (Appendix E) children who are on nurturing terms with their family display less complexity, including self harming behaviour, than children who are in conflict with their families.

See Appendix N for more information.

- Nurturing relationship with family
- Limited relationship / Significant problems with family

## PROFILE



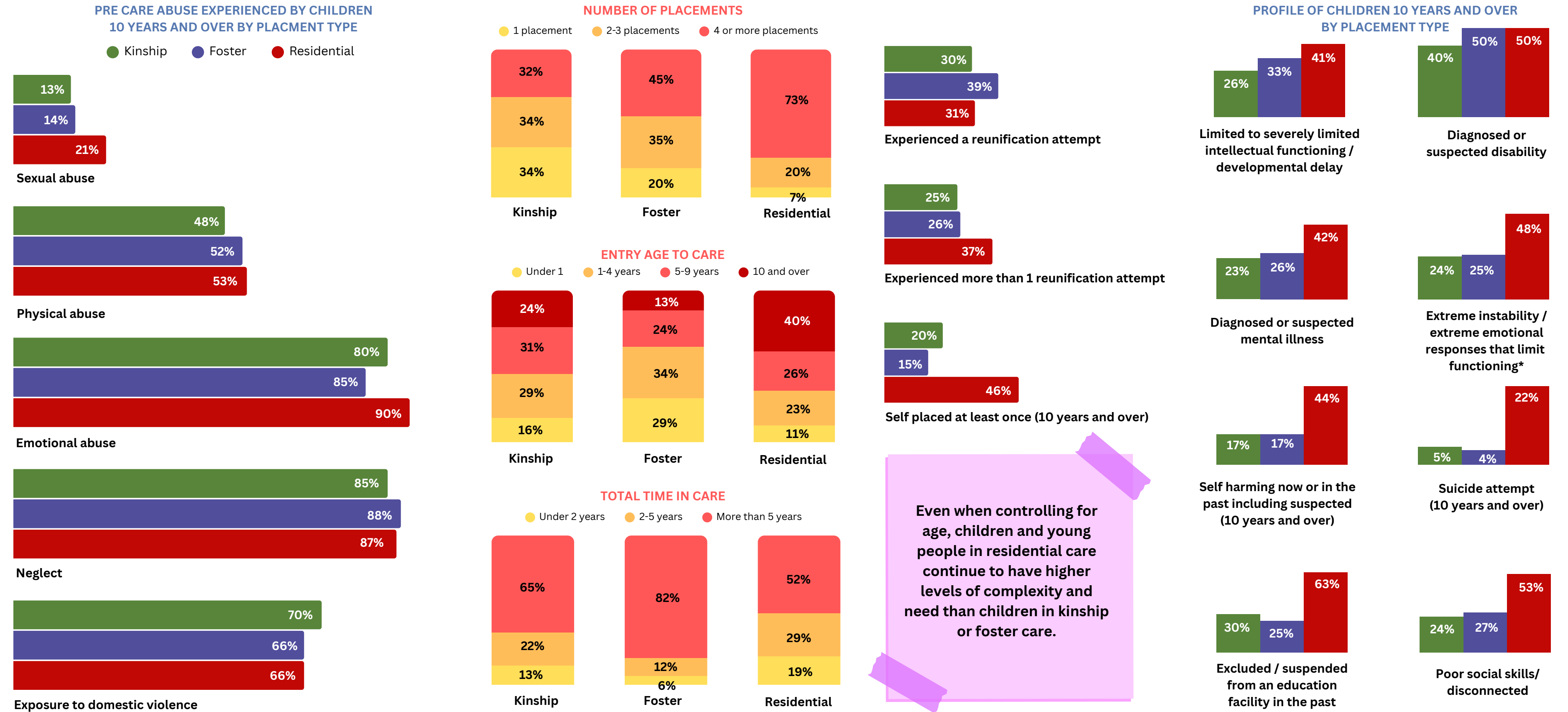


# Appendices

# Current age by age entered care



In care - Children aged 10 years and over by placement type



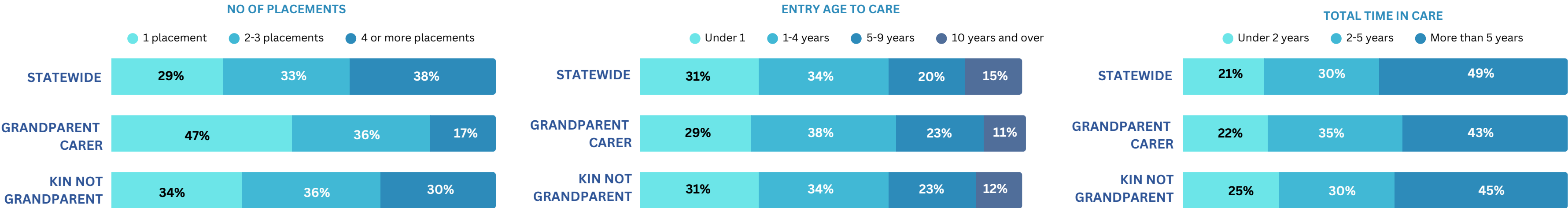


Length of time in care in total by placement type

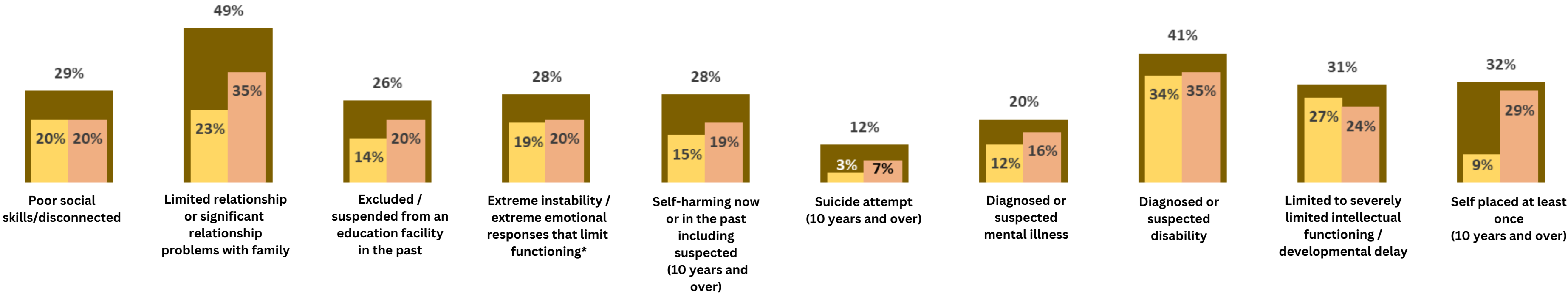
Findings subject to variability due to small sample sizes



# Profile of children placed with grandparent/s

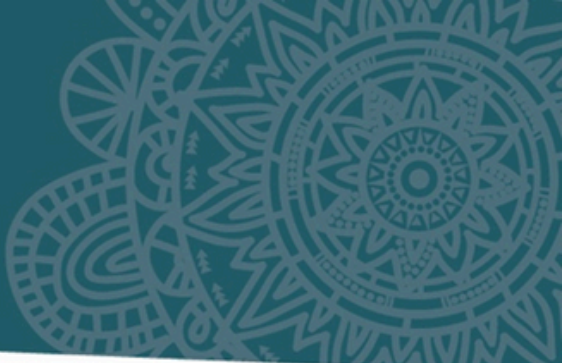


Statewide Grandparent Kin not grandparent

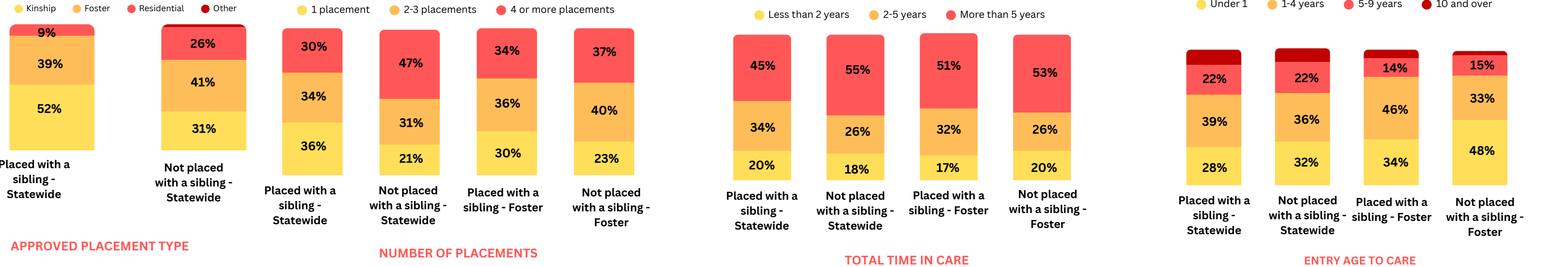
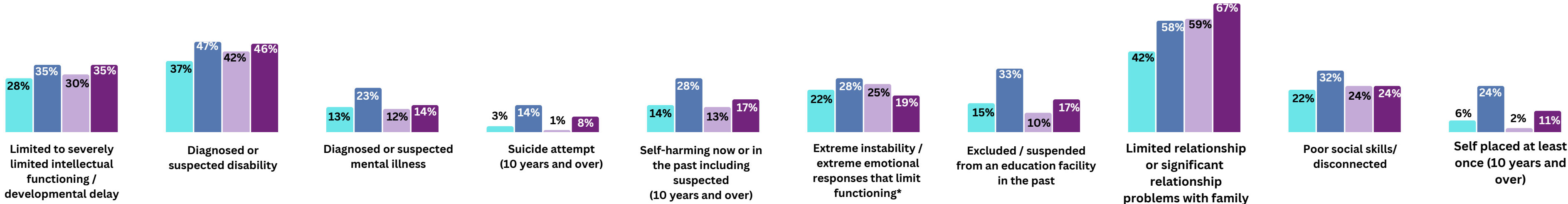


\*excludes too young to determine

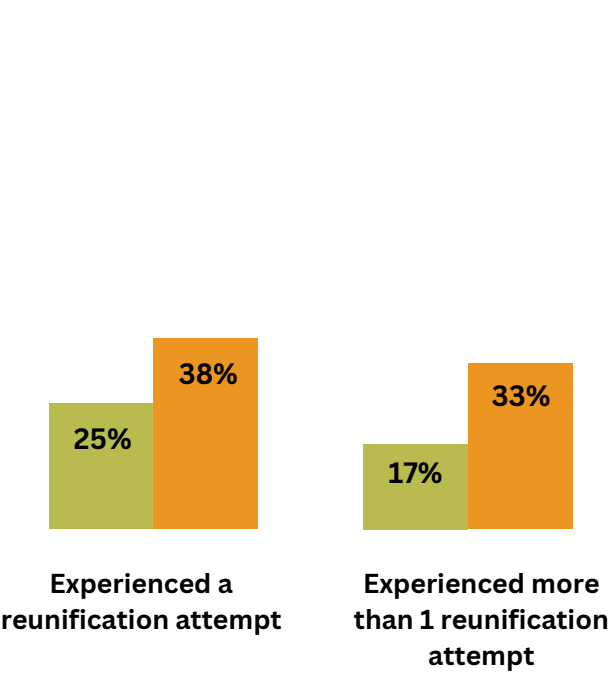
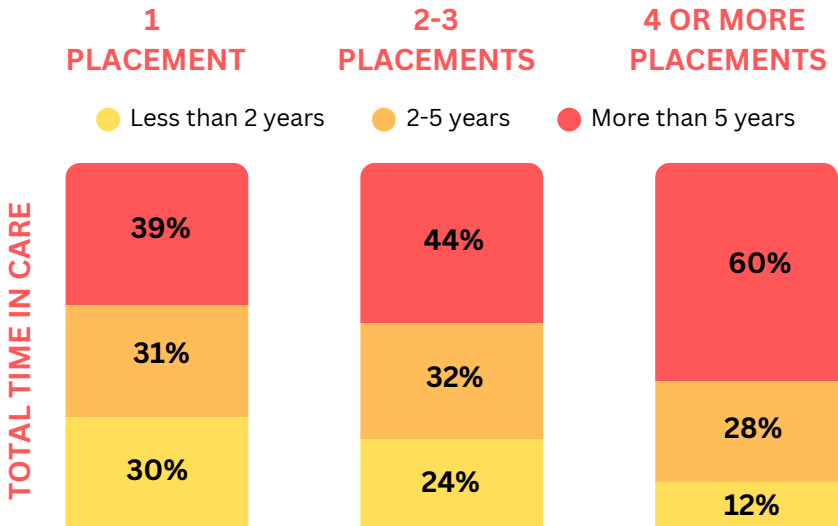
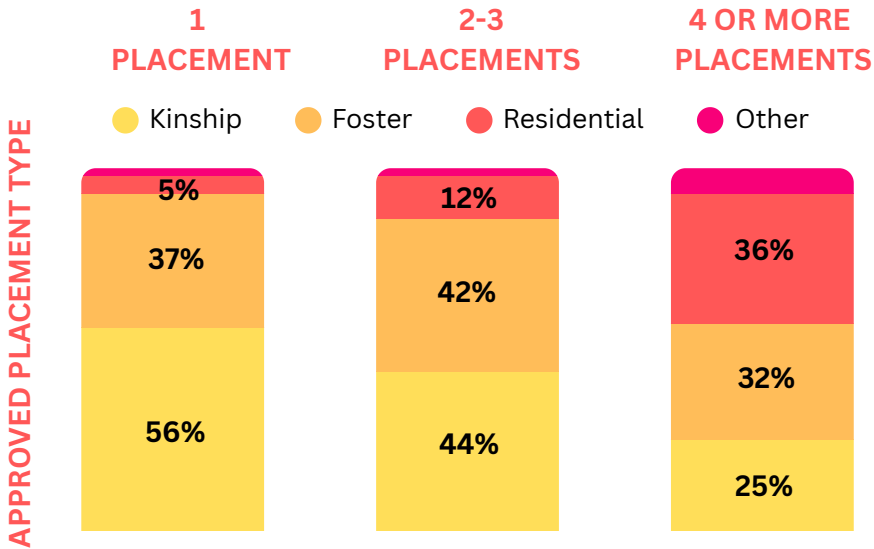
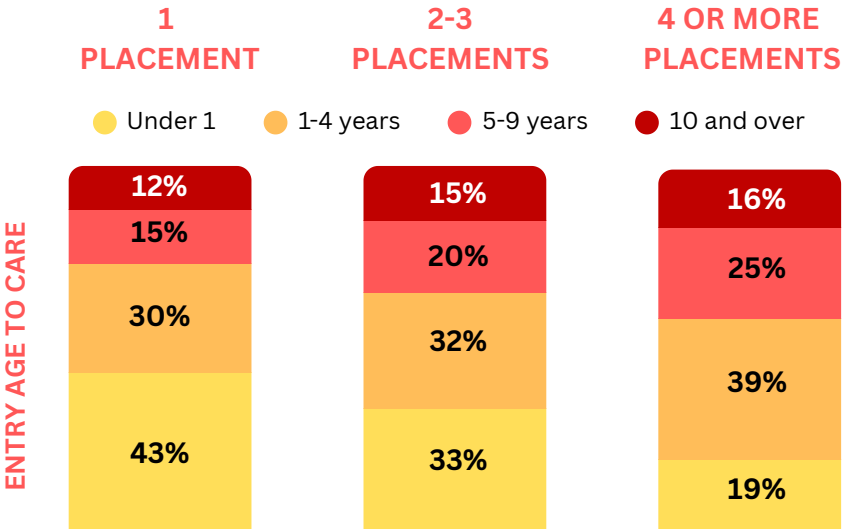
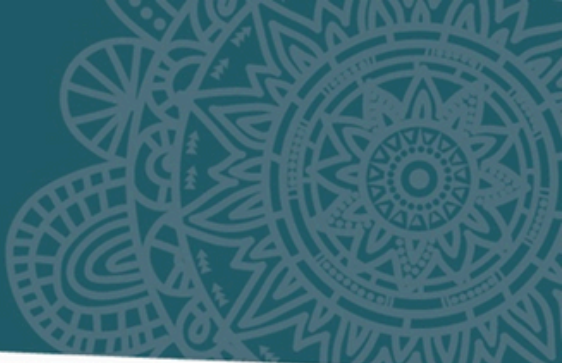
## Profile of children placed with sibling/s



Placed with a sibling - Statewide   Not placed with a sibling - Statewide   Placed with a sibling - Foster care   Not placed with a sibling - Foster care



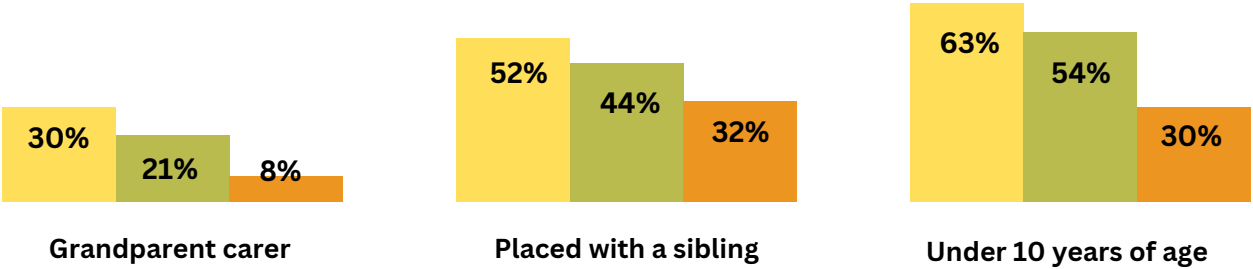
Additional information - Number of placements



Children who have experienced 4 or more placements are less likely to have entered care at birth or be in kinship care and are more likely to have experienced a reunification attempt.

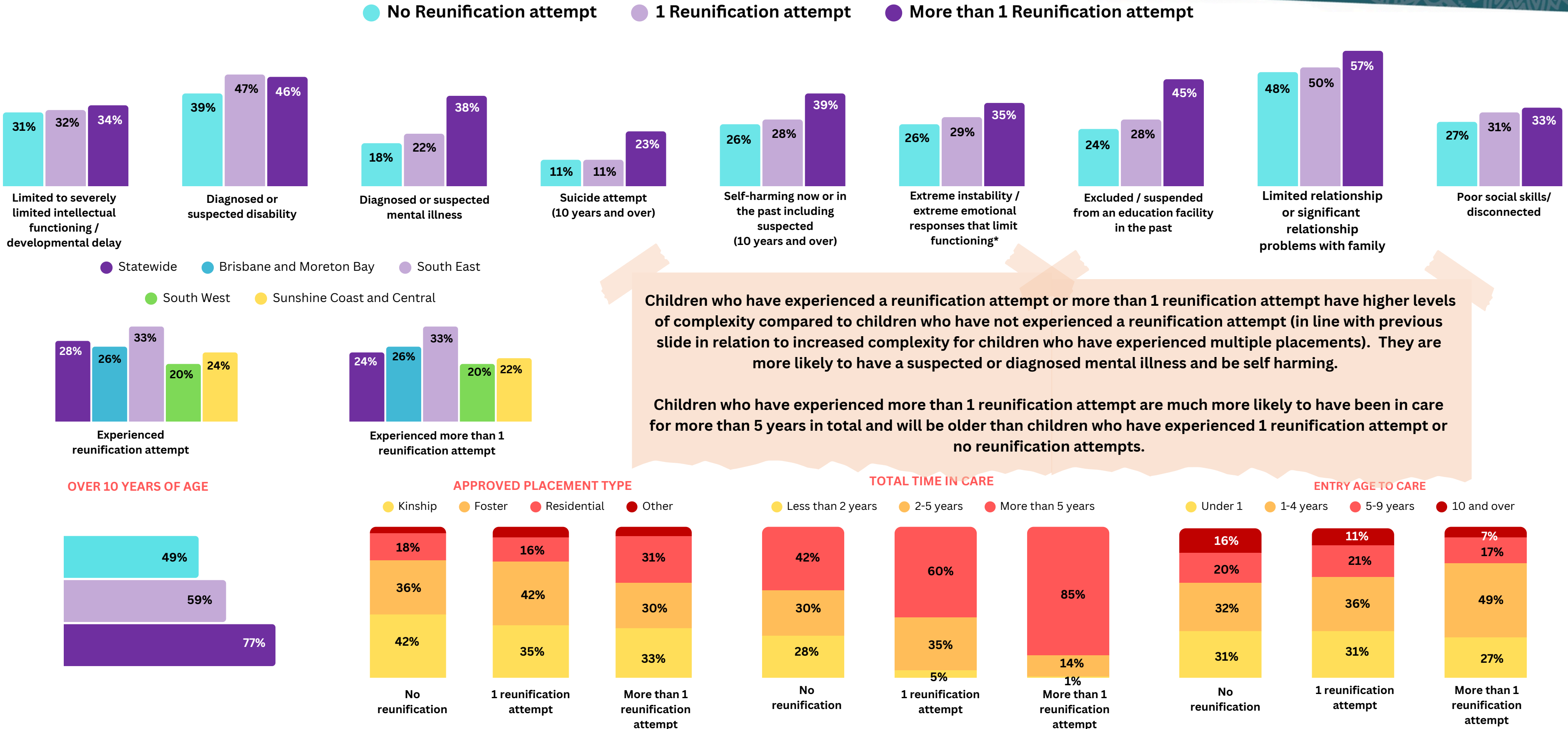
They are more likely to have been in care for more than 5 years in total and will generally be older than children who have experienced fewer placements.

See also Page 17.



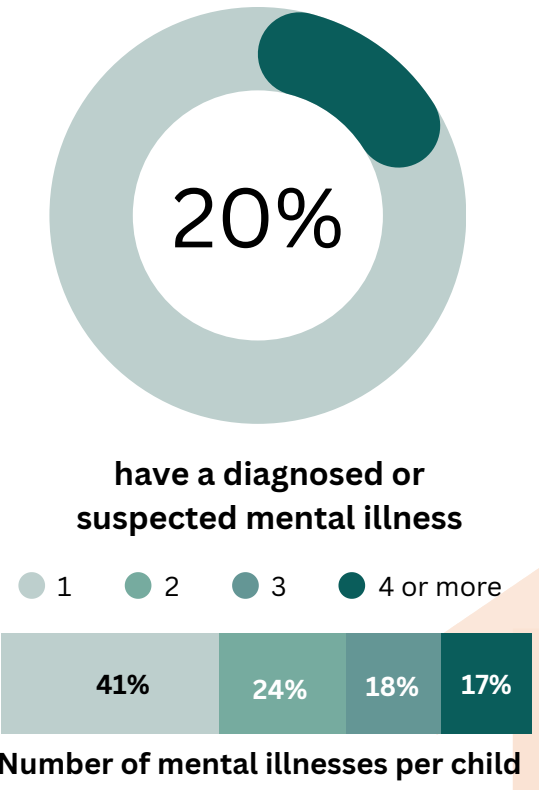


Profile of children who have experienced a reunification attempt/s



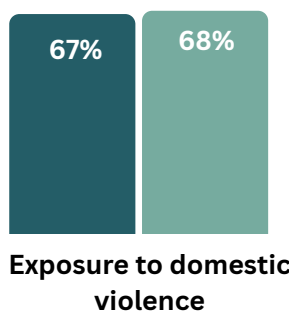
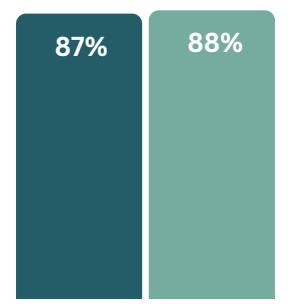
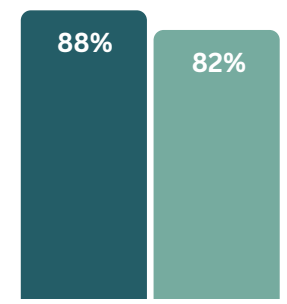
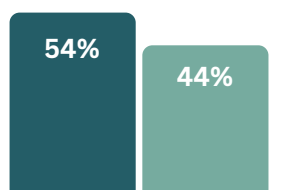
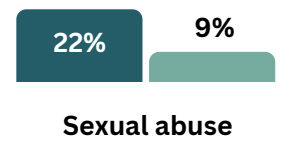
\*excludes too young to determine

Profile of children with a mental illness / behavioural disorder

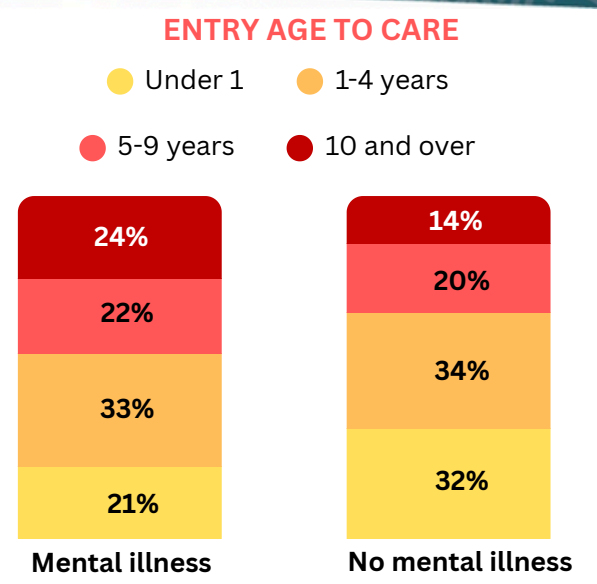
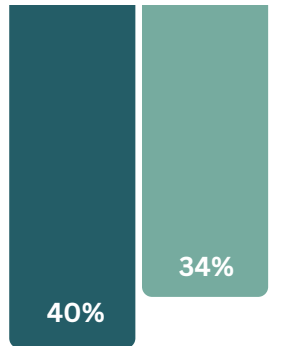
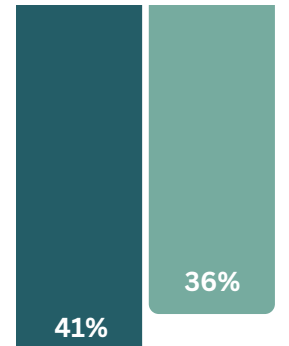
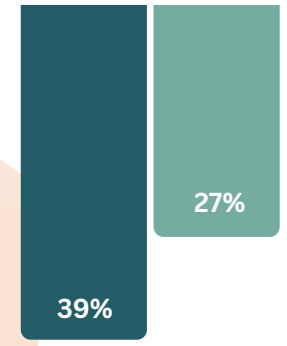
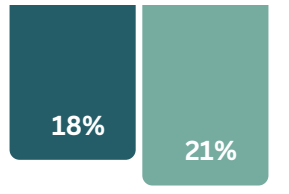
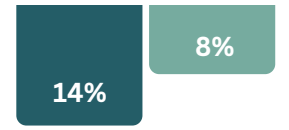


Mental illness No Mental illness

PROPORTION BY ABUSE TYPE EXPERIENCED

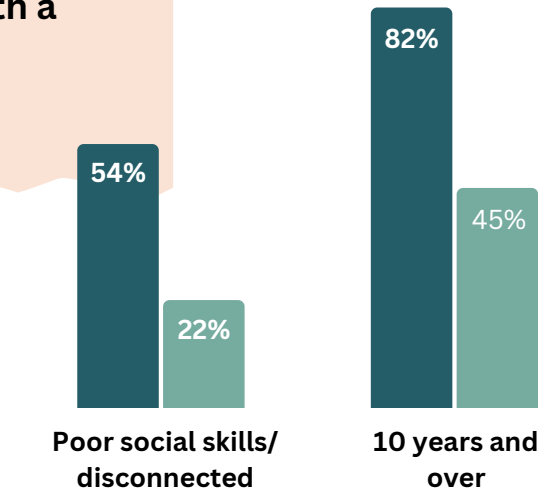
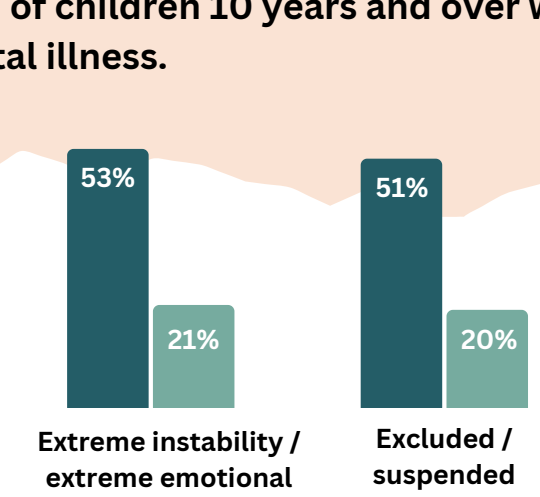
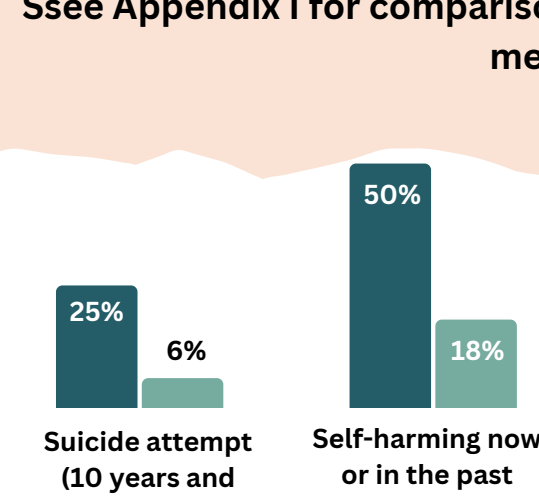
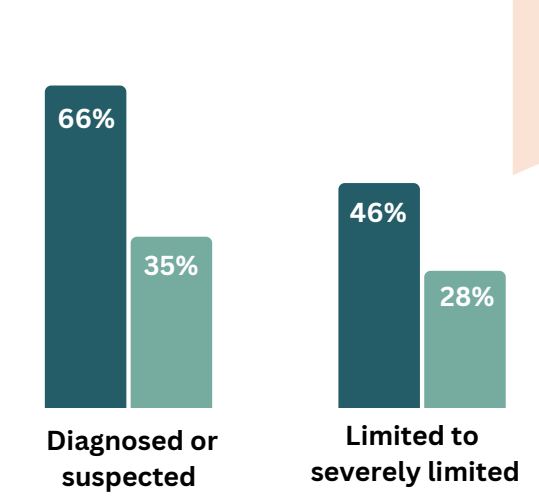
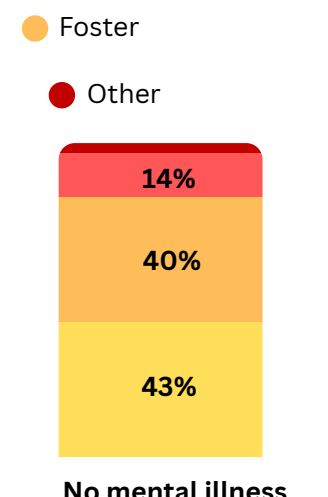
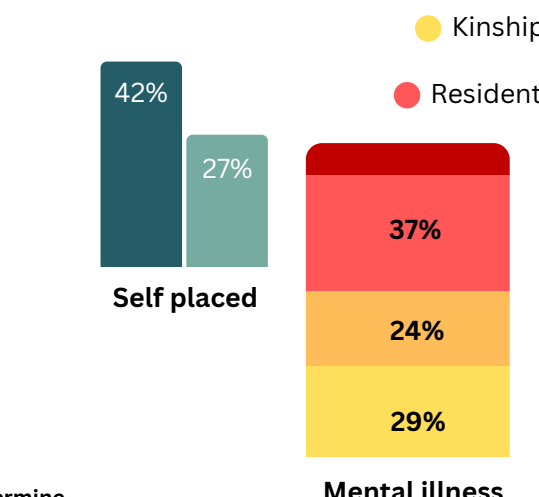
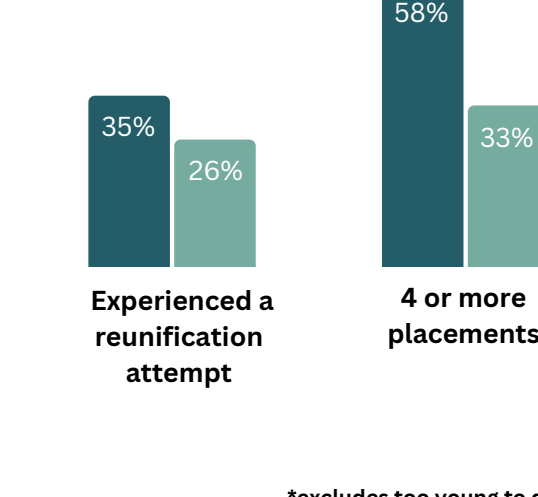
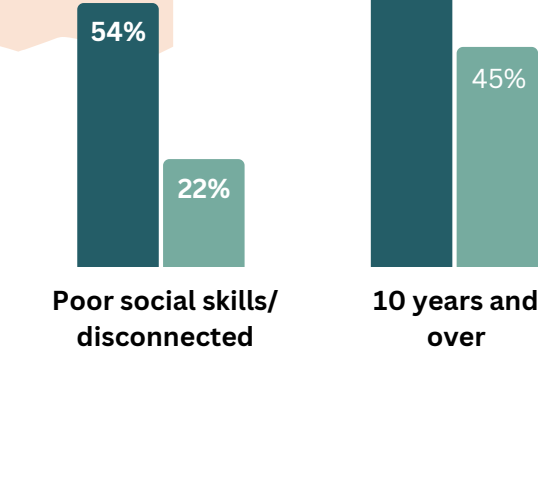
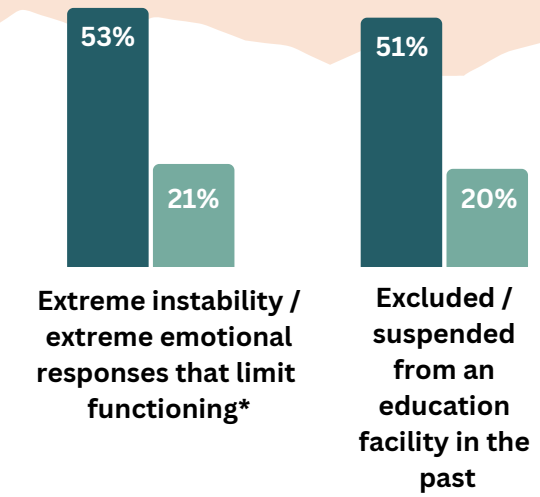
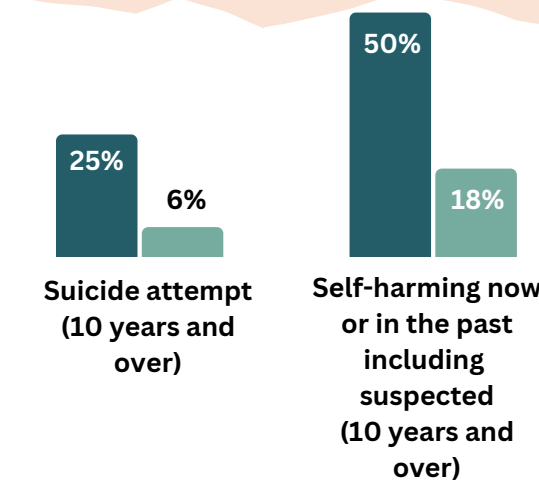
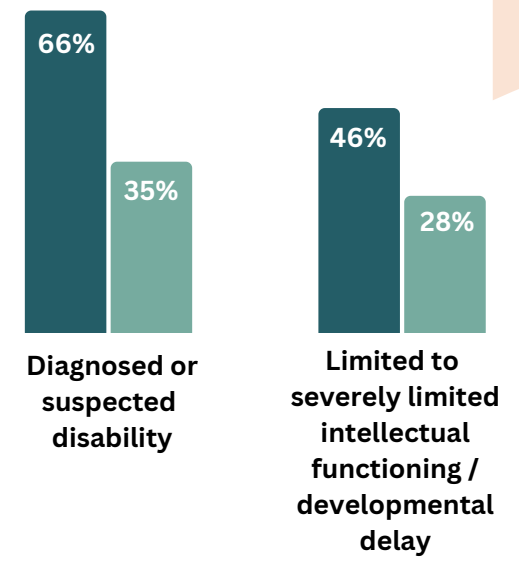
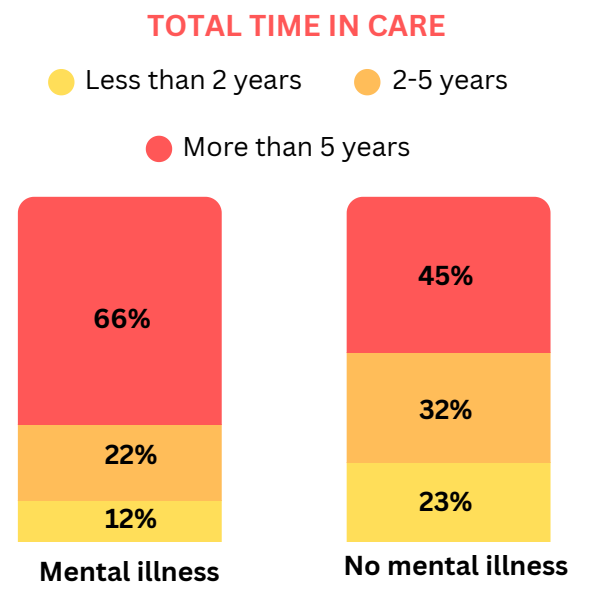


ABUSE WAS CHRONIC

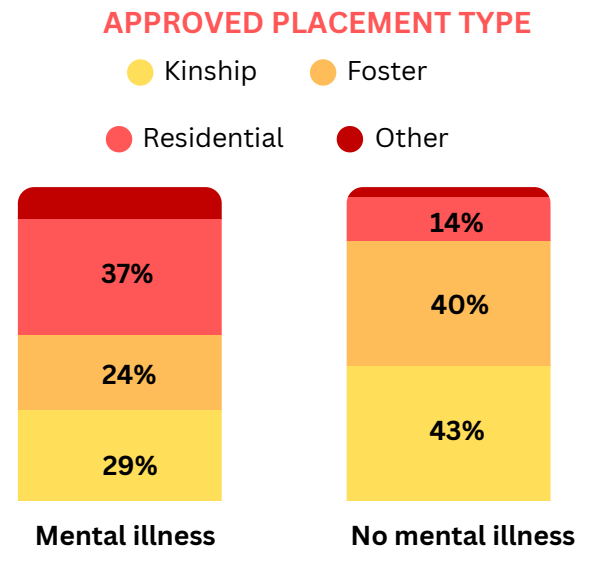


Children in care with a diagnosed or suspected mental illness are more likely to have experienced higher rates of chronic abuse and have higher levels of complexity and need than children without a mental illness.

They are more likely to have entered care for the first time at an older age and have been in care for longer periods of time in total. They will also be more likely to be in non home based care, have experienced more than one reunification attempt and be 10 years or older. Ssee Appendix I for comparison of children 10 years and over with a mental illness.



\*excludes too young to determine

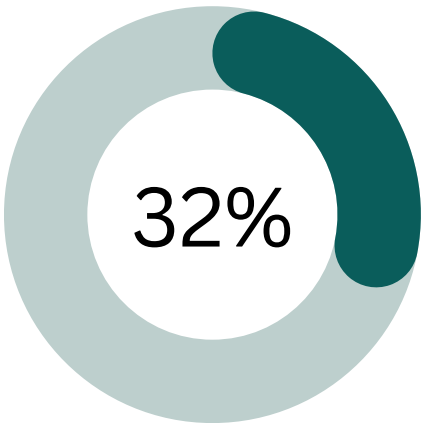


# Profile of children with a mental illness / behavioural disorder 10 years and over



Mental illness (10 years and over)

No Mental illness (10 years and over)

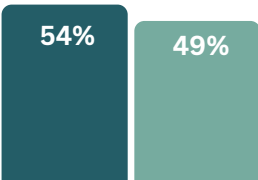


of children in care aged 10 years and over have a diagnosed or suspected mental illness

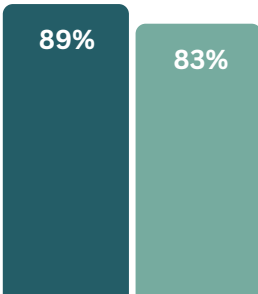
PROPORTION BY ABUSE TYPE EXPERIENCED



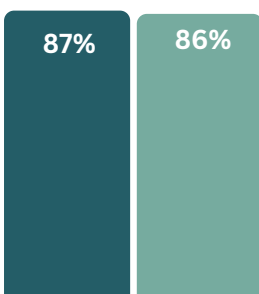
Sexual abuse



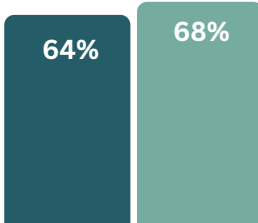
Physical abuse



Emotional abuse

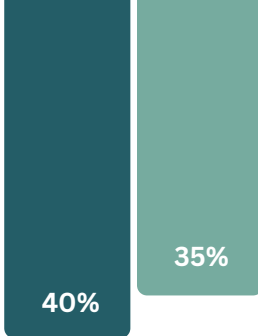
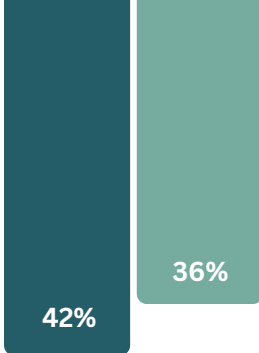
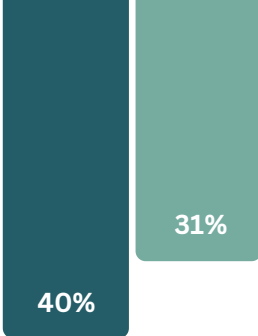
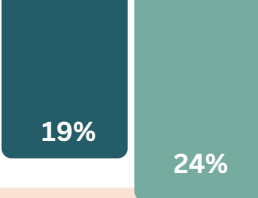


Neglect



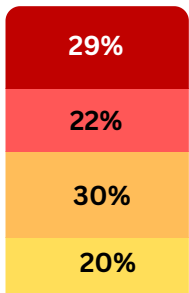
Exposure to domestic violence

ABUSE WAS CHRONIC

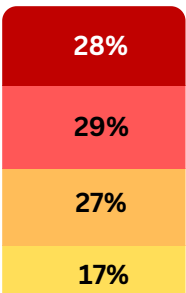


ENTRY AGE TO CARE

Under 1 1-4 years 5-9 years 10 and over



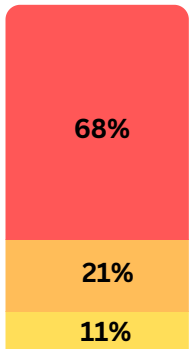
Mental illness



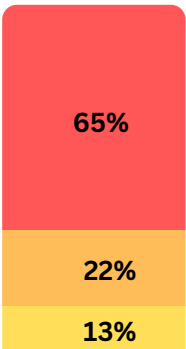
No mental illness

TOTAL TIME IN CARE

Less than 2 years 2-5 years More than 5 years



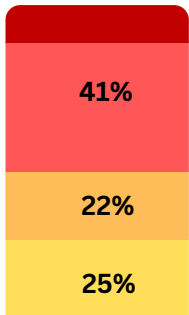
Mental illness



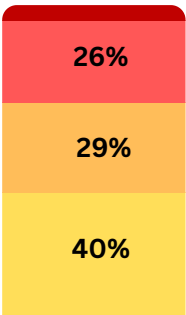
No mental illness

APPROVED PLACEMENT TYPE

Kinship Foster Residential Other



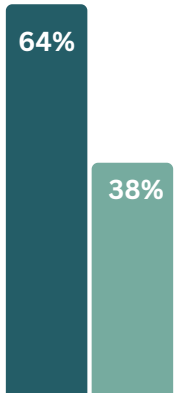
Mental illness



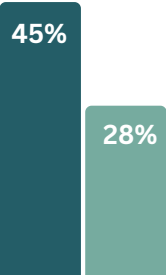
No mental illness

When controlling for age, older children in care with a diagnosed or suspected mental illness continue to have much higher complexity and need than older children in care without a mental illness.

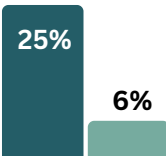
These children are twice as likely to have experienced sexual abuse, will have experienced higher rates of chronic abuse and will be twice as likely to be in non home based care.



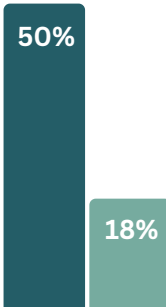
Diagnosed or suspected disability



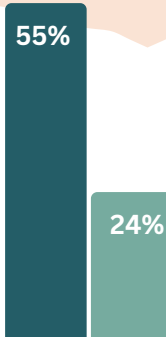
Limited to severely limited intellectual functioning / developmental delay



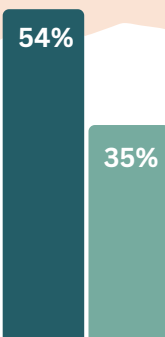
Suicide attempt



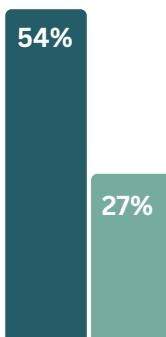
Self-harming now or in the past including suspected



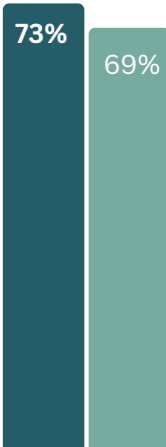
Extreme instability / extreme emotional responses that limit functioning\*



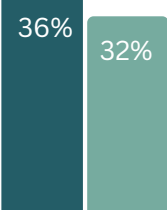
Excluded / suspended from an education facility in the past



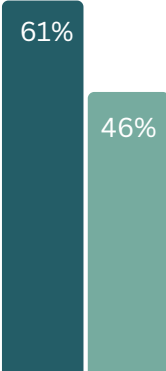
Poor social skills/ disconnected



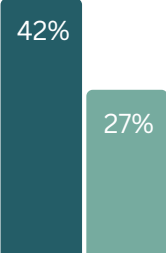
3 or more abuse types



Experienced a reunification attempt



4 or more placements

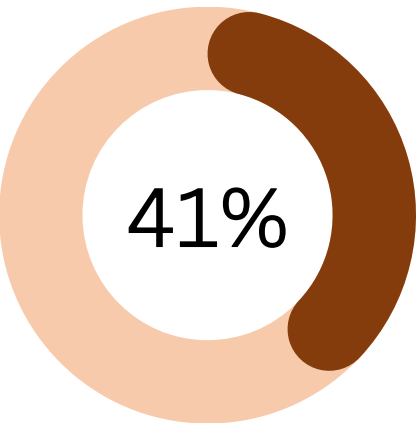


Self placed at least once

\*excludes too young to determine



# Profile of children with a disability / neurodevelopmental disability



have a diagnosed or suspected disability

There are no notable differences in pre care abuse experienced by children with a diagnosed or suspected disability and those without a disability. Children in care with a diagnosed or suspected disability are much more likely to have limited to severely limited intellectual functioning / developmental delay, to have been in care for more than 5 years in total and to have a diagnosed or suspected mental illness.

Disability No Disability

PROPORTION BY ABUSE TYPE EXPERIENCED



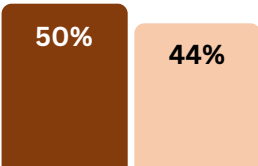
Sexual abuse

ABUSE WAS CHRONIC

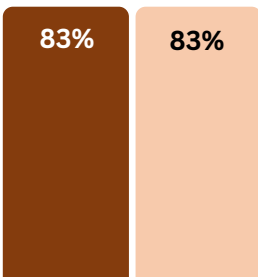


12%

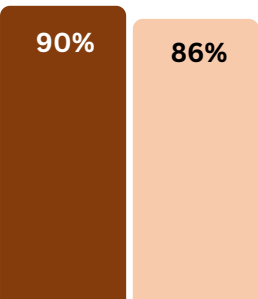
Physical abuse



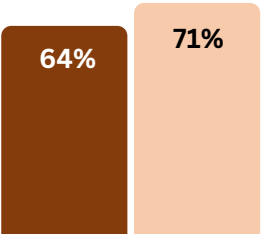
Emotional abuse



Neglect

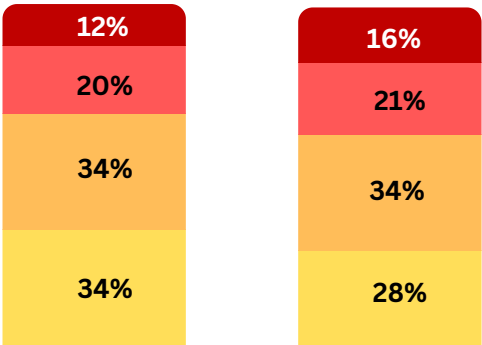


Exposure to domestic violence



ENTRY AGE TO CARE

Under 1 1-4 years 5-9 years 10 and over

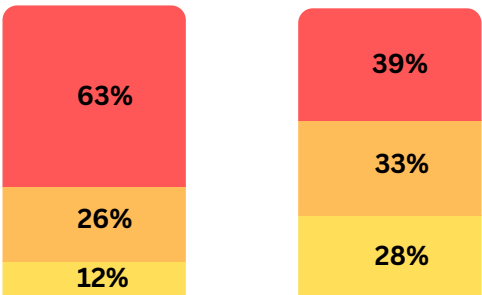


Disability

No disability

TOTAL TIME IN CARE

Less than 2 years 2-5 years More than 5 years

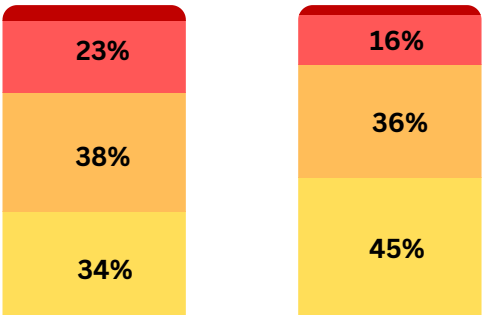


Disability

No disability

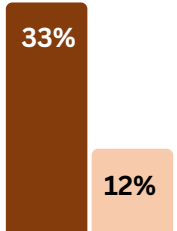
APPROVED PLACEMENT TYPE

Kinship Foster Residential Other



Disability

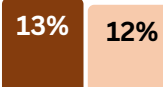
No disability



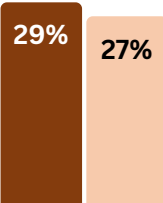
Diagnosed or suspected mental illness



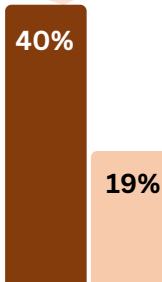
Limited to severely limited intellectual functioning / developmental delay



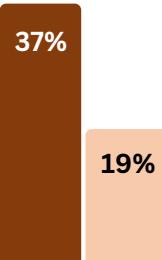
Suicide attempt (10 years and over)



Self-harming now or in the past including suspected (10 years and over)



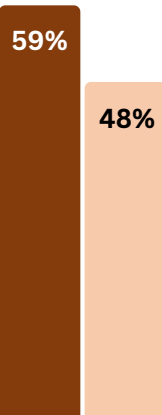
Extreme instability / extreme emotional responses that limit functioning\*



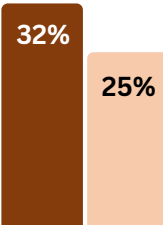
Excluded / suspended from an education facility in the past



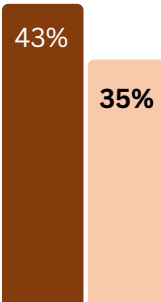
Poor social skills / disconnected



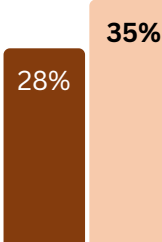
10 years and over



Experienced a reunification attempt



4 or more placements

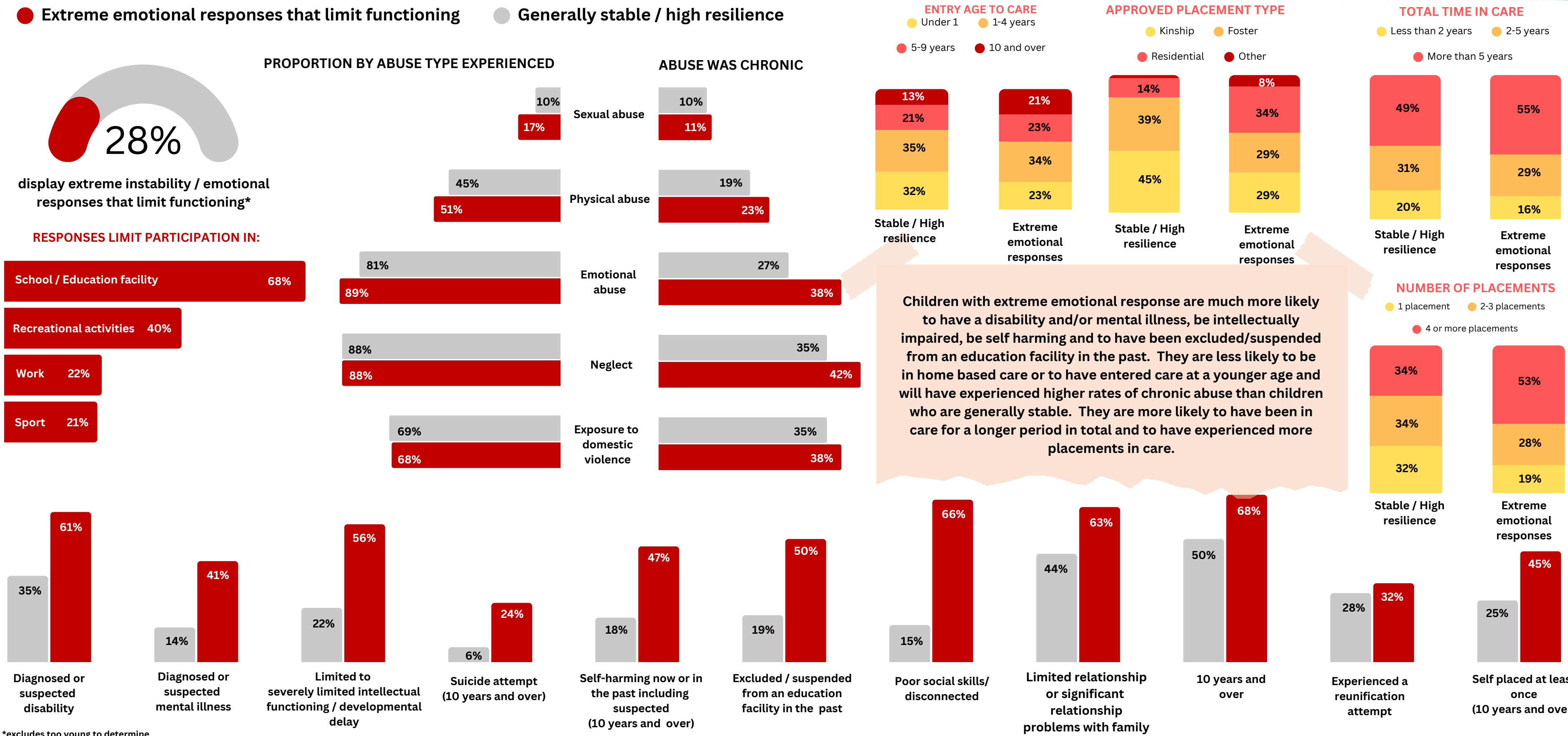


Self placed at least once (10 years and over)

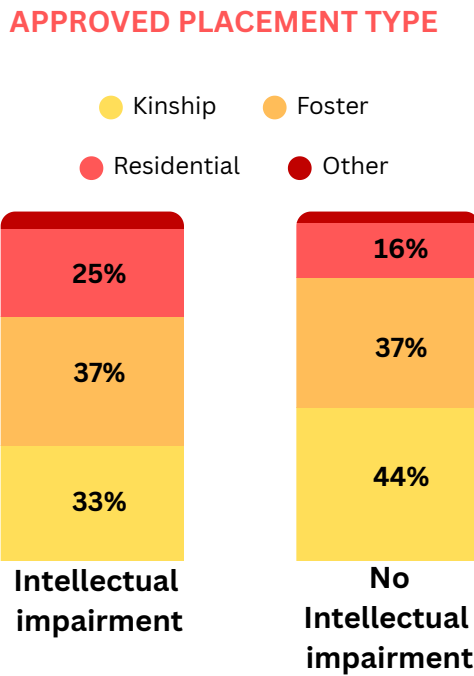
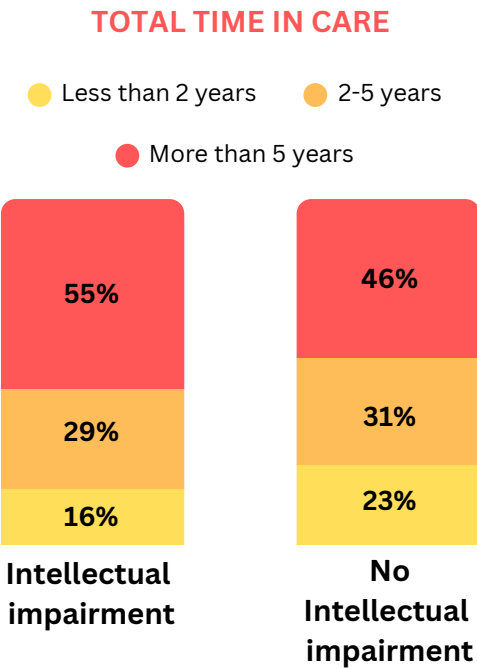
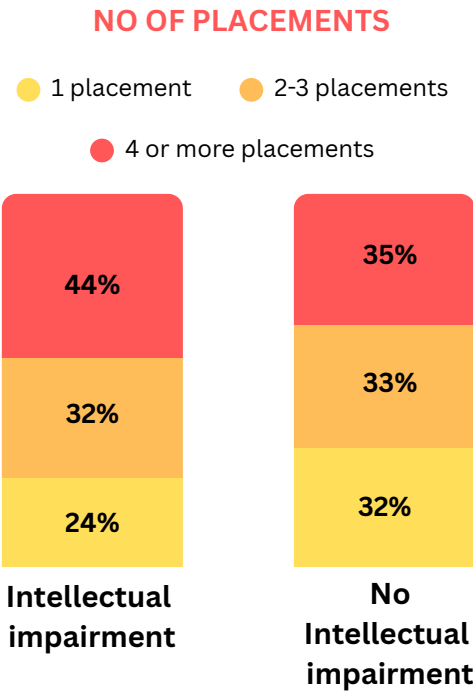
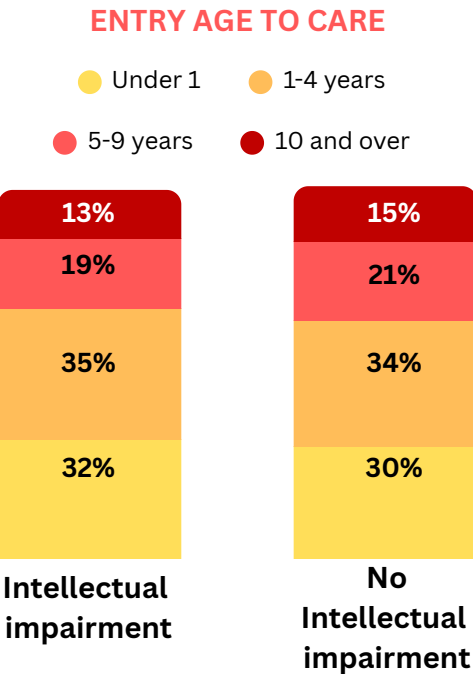
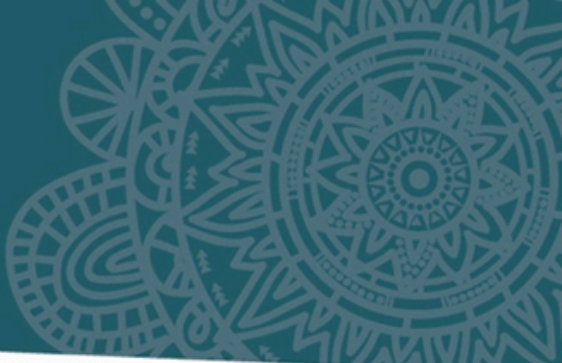
\*excludes too young to determine



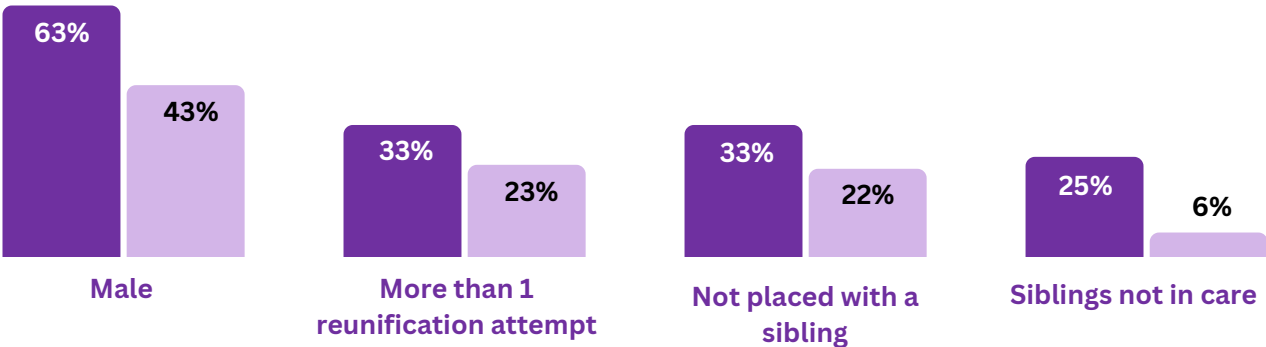
Emotional resilience



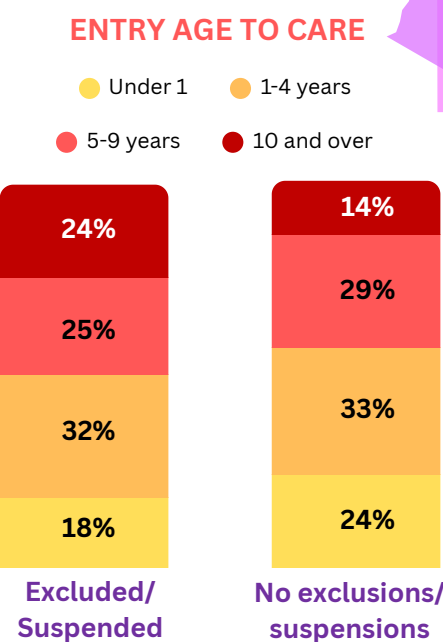
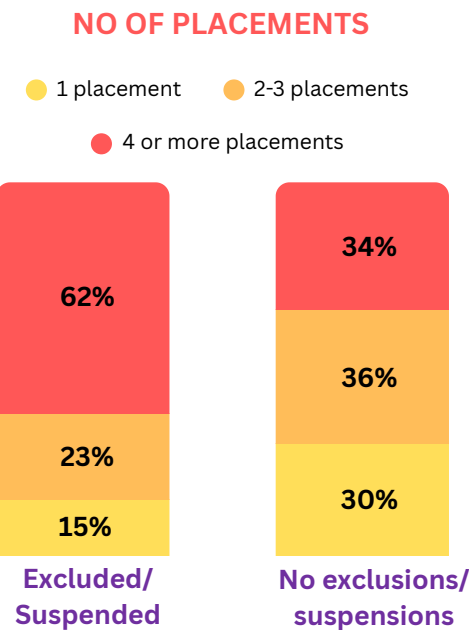
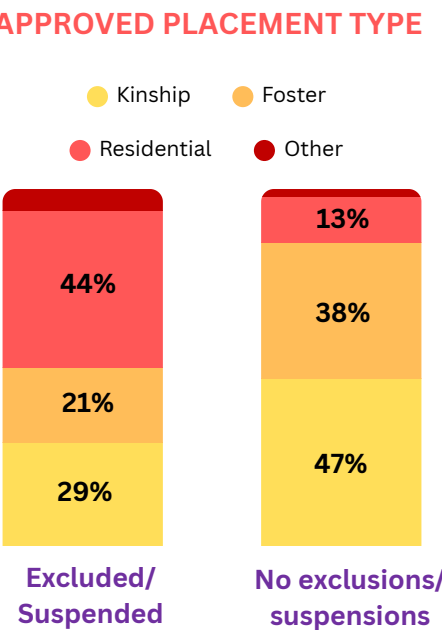
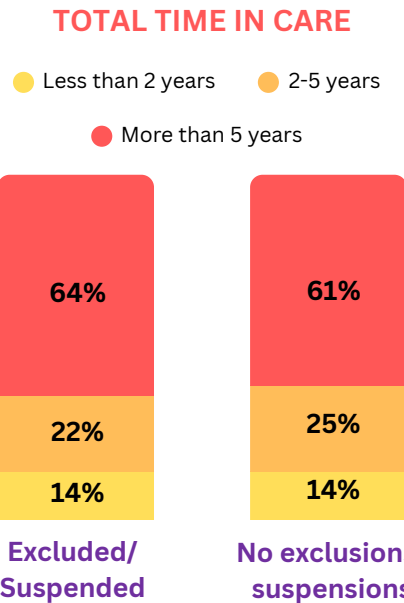
Additional information  
Intellectual impairment / Developmental delay



School age children and young people aged 6-16 years  
who have been excluded/suspended in the past



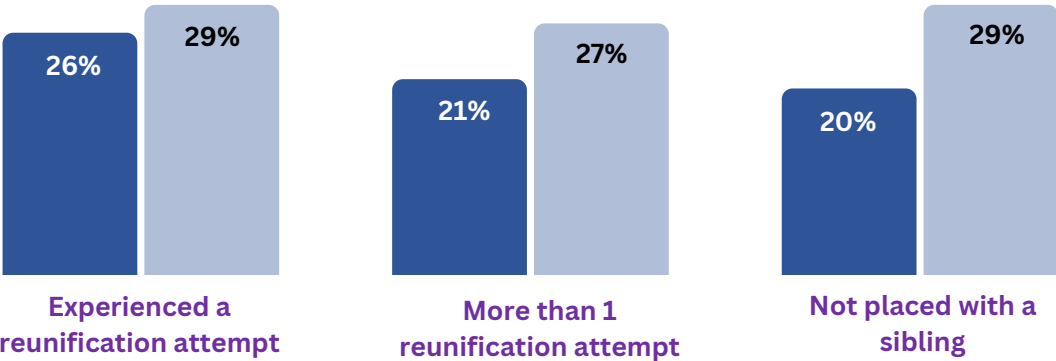
Children (aged 6-16 years) are less likely to be in home based care and more likely to have experienced multiple placements, including reunification attempts. They are also more likely to have entered care for the first time at an older age, be male and have siblings that are not in care; and if their sibling/s are in care to not be placed with them.



\*excludes too young to determine

# Additional information

## Relationship with family



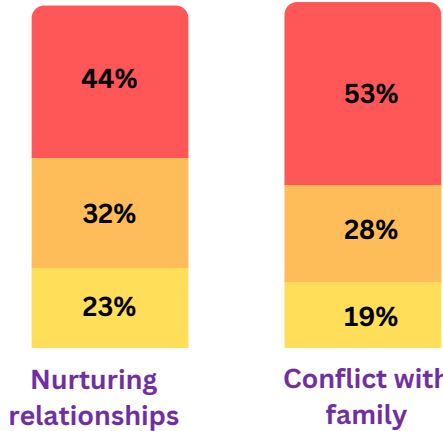
- Nurturing relationship with family
- Limited relationship / Significant problems with family

### FOSTER CARE ONLY



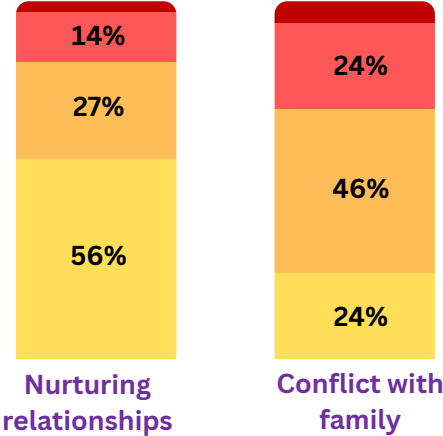
### TOTAL TIME IN CARE

- Less than 2 years
- 2-5 years
- More than 5 years



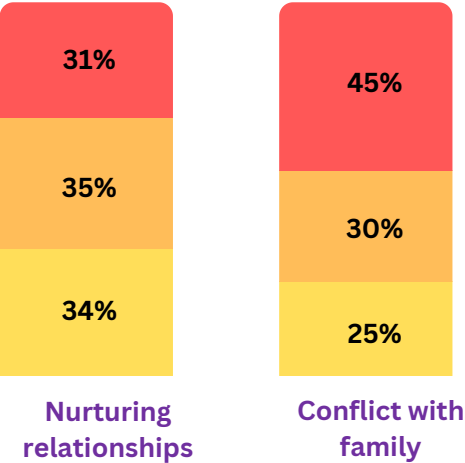
### APPROVED PLACEMENT TYPE

- Kinship
- Foster
- Residential
- Other



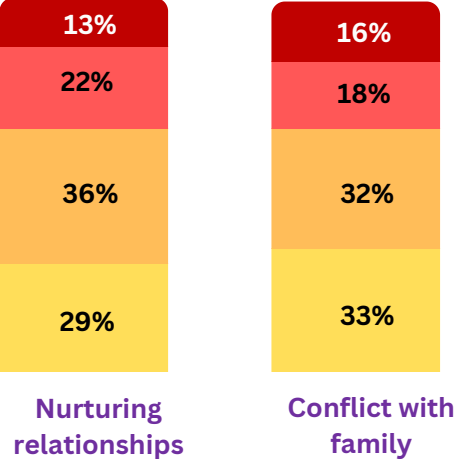
### NO OF PLACEMENTS

- 1 placement
- 2-3 placements
- 4 or more placements



### ENTRY AGE TO CARE

- Under 1
- 1-4 years
- 5-9 years
- 10 and over



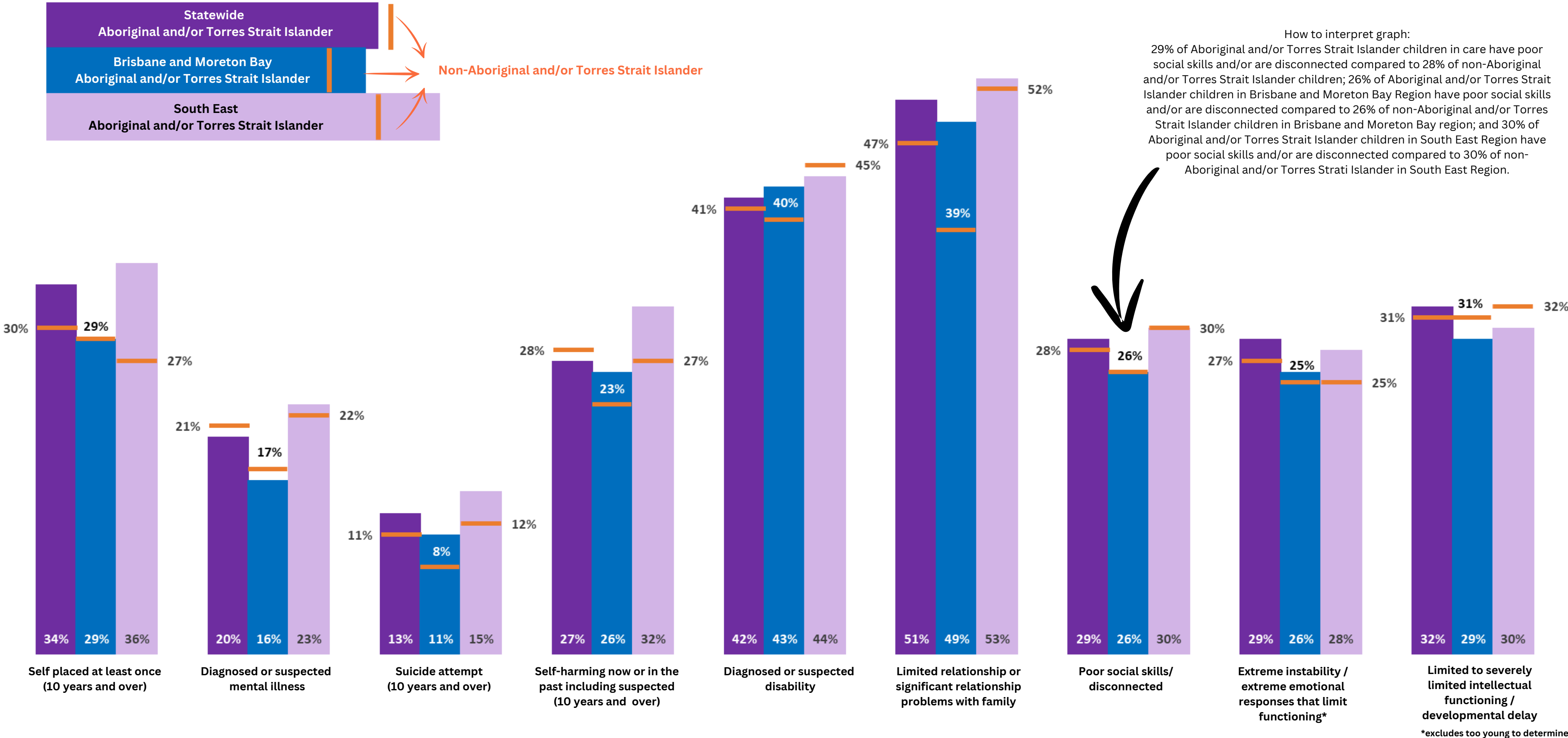
Children who have nurturing relationships with their family are much more likely to be in kinship care compared to children in conflict with their family; when controlling for this and comparing children in foster care only, the same trend of children with nurturing relationship with their family having less complexity (see Page 36) is evident, although that trend is not as pronounced.





Aboriginal and/or Torres Strait Islander  
profile by region

Response rates do not allow for Indigenous profiles for South West, Sunshine Coast, North Queensland and Far North Queensland regions



# Aboriginal and/or Torres Strait Islander profile by region

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