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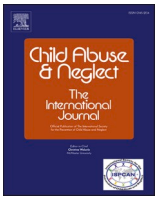

A decade of data: Trends in child protection system activity and expenditure in Australia between 2014–15 and 2023–24

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ABSTRACT

Background: Child protection systems are critical in responding to and resolving child maltreatment concerns. Mapping trends in system activity and expenditure can highlight opportunities to better support vulnerable children and families.
Objective: To describe national and state/territory trends in child protection system activity and government expenditure in Australia.
Participants and setting: All children aged <18 years who had contact with Australian state/territory child protection systems between 2014–15 and 2023–24.
Methods: We conducted a descriptive analysis of publicly reported population-level data from the Australian Institute of Health and Welfare and the Productivity Commission. Child protection system activity indicators included investigations of alleged maltreatment notifications, substantiated investigations, care and protection orders, and out-of-home care (OOHC) placements. Expenditure included the total and per child costs of child protection system activity to the government.
Results: National child protection activity remained largely stable from 2014–15 to 2023–24, despite notable variation across states/territories. Over 50% of children were repeat clients (i.e., had previously been the subject of an investigation). Substantiated notifications for emotional abuse rose from 43.1% to 57.0% over the period, and government spending on child protection services nearly doubled from AUD 5.4 billion in 2014–15, to AUD 10.2 billion in 2023–24.
Conclusions: Despite increased national investment in child protection, overall system activity has remained stable, with notable variation across states/territories. High proportions of repeat clients suggest persistent unmet needs among children and families. These results highlight the

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value of earlier, preventive support to create more sustainable pathways and reduce reliance on statutory response systems.

1. Introduction

The United Nations Children's Fund (UNICEF) defines child protection systems as *"formal and informal structures, functions and capacities that have been assembled to prevent and respond to violence, abuse, neglect and exploitation of children"* (pg., 9) (UNICEF, 2022). While child protection systems operate differently across countries, they are conceptually nested within broader social welfare systems, including health, education, justice and policing (Jud et al., 2024; UNICEF, 2022). Child protection systems themselves are multifaceted, comprising human resources, finance, laws and policies, governance, monitoring and data collection, as well as protection and response services, and care management (UNICEF, 2022). It is widely recognised that the children reported in child protection system administrative data (i.e., notifications, those subject to investigations, substantiations, care and protection orders, and out-of-home care [OOHC] placements), represent only a subgroup of all children exposed to maltreatment (i.e., the 'tip of the iceberg' (Maier et al., 2013)). In this study, the term child protection system is used to refer primarily to the children and activities described in child protection system administrative data.

A 2025 study drawing on data from 44 countries in the Global North (including North America, Europe, and developed parts of Asia and Oceania (Braff & Nelson, n.d.)) found that although rates of investigation, confirmed (or substantiated) maltreatment, and OOHC placement varied widely between countries, they remained largely stable within countries over the past two decades (Wildeman et al., 2025). For example, in 2019 the Singapore annual rate of investigations was 1.3 per 1000 children compared to 57.2 per 1000 children in the United States (US) (Wildeman et al., 2025). Yet, despite the markedly higher rates of investigations in the US, there was only an increase of 11.3 per 1000 children between 2005 and 2019 (Wildeman et al., 2025), illustrating relative within country stability. The results also showed that countries within the same geographical region, and underpinned by similar statutory decision-making processes, had similar rates of investigation, confirmed maltreatment, and OOHC placement (Wildeman et al., 2025). Yet despite this stability, concern about child maltreatment prevalence, lifetime and intergenerational harm, and economic consequences, continues to intensify globally (Maidment et al., 2024; World Health Organization, 2024).

Children involved in child protection systems experience substantially poorer health, social, and economic outcomes across the life course. Findings from one of Australia's longest-running birth cohort studies shows that, up to middle age, individuals who had child protection notifications before age 18 had significantly higher odds of presenting to emergency departments (ED) for deliberate self-harm and/or suicidal ideation (Kisely et al., 2024a), and other injuries (Trott et al., 2025), as well as significantly higher odds of hospital admissions for common mental disorders (e.g., anxiety and depression) (Kisely et al., 2024b), and alcohol and substance use disorders (Bull et al., 2024). Individuals involved in child protection systems are also at increased risk of contact and repeated involvement with youth and adult criminal justice systems (Baidawi et al., 2025; Thompson et al., 2025; Tzoumakis et al., 2024). Furthermore, a 2015 US study estimated that the annual population-level economic burden of new substantiated child maltreatment cases was USD 428 billion (approximately USD 586 billion in 2026), and the burden associated with new investigated cases was USD 2 trillion (approximately USD 2.74 trillion in 2026) (Peterson et al., 2018). Comparable costs have been reported in other high-income countries such as England, Japan, Germany, and Italy (Conti et al., 2021; Ferrara et al., 2015; Habetha et al., 2012; Mo et al., 2020). Collectively, this evidence provides impetus for better interventions and support to minimise risk of harm and involvement in child protection systems.

Despite widespread support for greater research and investment in preventive and early intervention efforts (Higgins et al., 2022; UNICEF, 2022), statutory response systems continue to dominate global approaches to child protection (*Oxford handbook of child protection systems*, 2023). Australia is no exception, though this model is becoming increasingly untenable as the number of reports outweighs capacity for investigation. For example, in 2023–24, of the 530,000 child maltreatment allegations (regarding 307,000 children) made to child protection systems nationally, only 39.4% were formally investigated (Australian Institute of Health and Welfare, 2025a). Moreover, the 2024 New South Wales (NSW) Auditor-General's report described the state's child protection system as *"inefficient, ineffective, and unsustainable"* (pg. 2), with limited capacity to intervene early or address underlying personal and structural risk factors for child maltreatment (e.g., parental substance misuse, parental mental ill-health, lack of access to evidence-based parenting supports, poverty, housing insecurity and intergenerational trauma) (Doyle et al., 2023; Higgins & Hunt, 2024); insufficient placement options for children with complex needs; and limited support services available to children and families involved in the child protection system (New South Wales Auditor-General, 2024).

Population-level data on child protection system activity is critical to understanding patterns in child protection activity and the associated costs, and to direct future policy approaches that improve outcomes for children and families. Notably, the Australian Institute of Health and Welfare (AIHW) reports annually on the activities undertaken in state and territory child protection systems in Australia, including information on children involved in investigations of alleged maltreatment notifications, substantiated notifications, care and protection orders, and OOHC placements (Australian Institute of Health and Welfare, 2025a). In addition, the Productivity Commission annually publishes the Report of Government Services (ROGS), which documents state/territory and federal government expenditure on all child protection and family support systems (Steering Committee for the Review of Government Service Provision, 2025). These data provide a unique opportunity to examine contemporary trends in system activity and investment. Thus, the aim of this study was to describe national and state/territory trends in child protection system activity and expenditure between 2014–15 and 2023–24 in Australia.

2. Methods

2.1. Study design

This study was a descriptive analysis of population-level data on child protection system activity and expenditure publicly reported by the AIHW and the Productivity Commission. Data spanned the financial years (i.e., 1 July to 30 June) of 2014–15 to 2023–24. These years were selected as the AIHW data reported in 2014–15 were the first comprehensive report of all child protection system activity, and 2023–24 were the latest available at the time of write-up. Expenditure data were reported in 2023–24 Australian dollars (AUD). As the data for this study are publicly available, ethics approval was not required. We followed the REporting of studies Conducted using Observational Routinely-collected health Data (RECORD) Statement (Benchimol et al., 2015).

2.2. Setting

Australian state and territory governments (eight in total) are responsible for the administration and operation of child protection services, and each has their own Acts of Parliament (i.e., laws) that govern child protection interventions (Australian Institute of Family Studies, 2022). While there are nationally agreed policy priorities and action plans through the *Safe and Supported: National Framework for Protecting Australia's Children 2021–2031* – which guides responses across jurisdictions (Department of Social Services, 2021) – each state/territory has different operational definitions of 'a child in need of protection'. This determines when, and under what circumstances, there is a mandate to intervene by investigating concerns for a child's safety (Australian Institute of Family Studies, 2019). Definitions of abuse and neglect also differ across states/territories (Australian Institute of Family Studies, 2019), though the AIHW uses an agreed definition to account for this (Cashmore & Taylor, 2023). It is also noteworthy that these definitions have evolved over time. Thus, while interstate comparisons can be made, these should be interpreted with caution relative to jurisdictional differences. Appendix A illustrates the general flow of child protection system activity in Australia, from a notification of alleged maltreatment to permanency outcomes.

2.3. Participants

Children represented in the data were aged under 18 years and involved with state and/or territory statutory child protection systems between 2014–15 and 2023–24. Only children referred to statutory departments through notifications of alleged maltreatment were represented in the data as this is the entry point for children into the child protection system. Notifications are made when a child is suspected to be at risk of significant harm, or it is alleged that maltreatment has occurred. In 2023–24, roughly 47% of these notifications meet a threshold for further action (i.e., investigation) (Australian Institute of Health and Welfare, 2025b). The most common source of notifications in Australia are from school personnel, police, and medical or health personnel, who respectively accounted for 28%, 21% and 11% of all notifications in 2023–24 (Australian Institute of Health and Welfare, 2025b).

2.4. Data sources

Child protection system activity data are administratively collected by state and territory departments responsible for child protection services (Australian Institute of Health and Welfare, 2025c). These administrative datasets are supplied to the AIHW, which collates them into the Child Protection National Minimum Data Set (CP NMDS); a standardised collection that contains individual-level records, although some jurisdictions (e.g., NSW) only provide aggregate data (*Australian Institute of Health and Welfare. Child protection national minimum data set*, 2024). The CP NMDS forms the primary data source for the *Child Protection Australia* annual reports and accompanying data tables used in the current study. These present summary aggregate counts, rates, and characteristics of children involved with statutory child protection services, and include cumulative measures (e.g., number of children involved in investigations or substantiations per year), as well as point-in-time estimates (e.g., number of children in OOHC on 30 June each year).

In addition to informing AIHW's reporting, the CP NMDS also underpins child protection indicators used in the Productivity Commission's ROGS, which includes information on total recurrent expenditure by federal and state governments on child protection and related community services (Steering Committee for the Review of Government Service Provision, 2025). Expenditure data for the present study were extracted from the ROGS *Part F, Section 16: Child protection services* data tables (Productivity Commission, 2025).

2.5. Variables

The following data were extracted at state/territory and national levels (unless otherwise specified) from AIHW *Child Protection Australia* annual report data tables:

- Number and rate (per 1000) of children who were the subject of an **investigation** of alleged maltreatment notification[1]

[1] Notifications of alleged maltreatment are reports made to a child protection department alleging child maltreatment or harm to a child. Notifications do not count as children receiving child protection services until an investigation is undertaken.

- Proportion of children who were subjects of investigations of notifications who were a **repeat client** (i.e., had previously been the subject of an investigation)
- Number and proportion of children whose notification was **substantiated**
- Rate (per 1000) of children whose notification was **substantiated, by age group** (including <1, 1–4, 5–9, 10–14, and 15–17 age group categories)
- Number and proportion of children whose notification was **substantiated, by socioeconomic group** (based on Socio-Economic Indexes for Areas [SEIFA], an area-based measure reported in quintiles from greatest disadvantage [Q1] to least disadvantaged [Q5] (Australian Bureau of Statistics, 2021) – data only available at the national level)
- Rate (per 1000) of children whose notification was **substantiated, by remoteness area** (based on the Australian Statistical Geography Standard [ASGS] Remoteness Structure which includes major city, inner regional, outer regional, remote, and very remote areas (Australian Bureau of Statistics, 2021) – data only available at the national level)
- Number and proportion of children whose notification was **substantiated, by maltreatment type** (including physical abuse, sexual abuse, emotional abuse,[2] and neglect)
- Number and rate (per 1000) of children on **care and protection orders** on 30 June each year
- Number and rate (per 1000) of children in **OOHC** on 30 June each year

The following data were extracted at the state/territory and national levels from ROGS *Part F, Section 16: Child protection services* data tables:

- **Total government expenditure** ($'000) on all child protection services in 2023–24 AUD
- **Per child government expenditure** on all child protection services in 2023–24 AUD

The child protection services informing expenditure figures include protective intervention services (e.g., short-term and long-term protective intervention and coordination services for children both on and not on an order), care services (e.g., activities associated with OOHC and other supported placements), intensive family support services (e.g., specialist services that aim to prevent imminent separation of a child from their primary care givers or support reunification where separation has already occurred), and family support services (e.g., activities associated with the provision of lower level services to families in need) (Productivity Commission, 2025).

In AIHW and ROGS data, children are counted only once, even if they had multiple occurrences of an event in the given financial year.

2.6. Statistical analysis

The data extracted from AIHW and ROGS annual report data tables were in aggregated summary form, thus no data cleaning was required. If data were missing or unavailable in the AIHW and ROGS annual report data tables, we treated them as missing and did not perform imputation. Due to the implementation of a new client management system in 2017–18, substantiation data for NSW was unavailable.

Where not already done by the AIHW, data were converted into rates per 1000 children using state/territory and national population estimates for children aged 0–17 years (at the mid-point of each financial year: 30 December) (Australian Institute of Health and Welfare, 2025d). This process enabled consistent reporting of rates, proportions, and expenditure figures. All analyses were descriptive; no inferential testing or statistical modelling was conducted. Temporal patterns were examined by comparing annual rates across the study period, highlighting within state/territory differences. Data were tabulated and graphically displayed using bar charts in Microsoft Excel.

3. Results

3.1. Investigations of alleged maltreatment notifications

Fig. 1 illustrates the rate (per 1000) of children who were the subject of an investigation of alleged maltreatment notification. Investigations occur when child protection services obtain more detailed information about a child who is the subject of a notification and make an assessment about the degree of harm and support needed. The national rate of investigation was relatively stable between 2014–15 (20.2 per 1000 children) and 2023–24 (20.9 per 1000 children), however, state/territory variation was evident.

Rates of investigation in NSW and Tasmania trended down over the study period, with Tasmania consistently reporting the lowest rate of investigations of all jurisdictions since 2019–20. Investigation rates in Queensland and Victoria gradually trended up over time, with Queensland reporting a rate of 15.8 per 1000 children in 2014–15, increasing to 25.6 per 1000 children in 2023–24, and Victoria reporting a rate of 17.8 per 1000 children in 2014–15, increasing to 24.7 per 1000 children in 2023–24. South Australia's rate of

[2] In AIHW reporting, children's exposure to domestic and family violence (DFV) is included under emotional abuse because jurisdictions vary in whether they recognise exposure to DFV as a separate maltreatment type. Violent acts directed at the child themselves are classified as physical abuse.

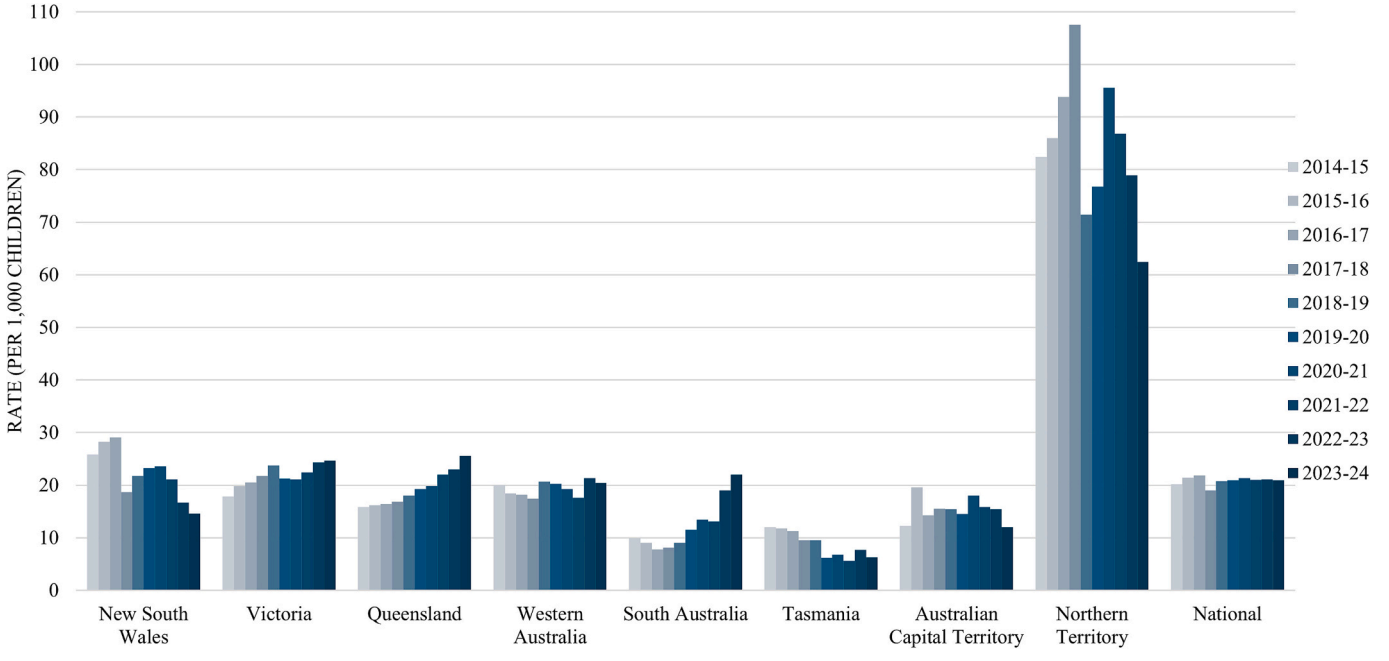

Fig. 1. Rate (per 1000) of children who were the subject of an investigation of alleged maltreatment notification, 2014–15 to 2023–24[a,b].
[a]Investigations include all investigations occurring during the fiscal year, excluding investigations in process and those closed where there was no outcome possible; [b]Investigations of alleged maltreatment notifications occur when child protection departments obtain more detailed information about a child who is the subject of a notification and make an assessment about the harm or degree of harm to the child and their protective needs (Australian Institute of Health and Welfare, 2025f).

investigations more than doubled over the decade (9.9 vs 22.0 per 1000 children), and the Northern Territory had the highest rate of investigation, with fluctuations from a high of 107.5 per 1000 children in 2017–18, to a low of 62.4 per 1000 children in 2023–24. All rates are presented in Appendix B.

Fig. 2 shows the proportion of children who were repeat clients (i.e., had previously been the subject of an investigation). With exception to 2020–21, the proportion of children who had previously been the subject of an investigation was greater than 50% nationally, though this trend has declined over time (e.g., 72.8% in 2014–15 to 58.2% in 2023–24). At the state/territory level, Victoria, Queensland, Western Australia, South Australia and Tasmania all showed pronounced peaks in the proportion of repeat clients in 2017–18 and 2019–20. We were unable to assess whether this phenomenon occurred in all jurisdictions as data were not available for NSW and the Australian Capital Territory (ACT) in 2017–18. Notably, South Australia had the lowest proportion of repeat clients in 2023–24 (40.5%), and the Northern Territory had the highest (66.0%). All proportions are presented in Appendix C.

3.2. Substantiated maltreatment notifications

Fig. 3 depicts the rate (per 1000) of children whose notification of alleged maltreatment was substantiated. That is, an investigation concluded that there was reasonable cause to believe that the child had been, was being, or was likely to be, abused, neglected or otherwise harmed (Australian Institute of Health and Welfare, 2025e). The national substantiation rate was between 5.7 and 8.8 per 1000 children, with a drop in 2017–18 to 4.2 per 1000. Over the decade, the ACT maintained the lowest rate of substantiation (other than in 2015–16 where South Australia was lowest at 2.6 per 1000 children). Rates in Queensland and Western Australia trended up over time, and South Australia's rate more than doubled between 2014–15 and 2023–24 (3.6 vs 8.4 per 1000 children, respectively). Rates in NSW have remained stable since 2021–22, and Victorian rates have trended down since 2018–19. The rates of substantiation in Northern Territory were higher than other jurisdictions and nearly double the national rate in 2023–24. All rates are presented in Appendix D.

Fig. 4 (a-i) shows the rate (per 1000) of children whose notification was substantiated by age group. Across all jurisdictions, children aged <1 year old consistently had the highest rate of substantiations ranging between 5.6 per 1000 children in Tasmania in 2023–24, to 30.9 per 1000 children in the Northern Territory. Tasmania progressively reduced rates of substantiations for children aged <1 year old, with rates becoming similar to those of other age groups by the end of the decade. All rates are presented in Appendix E.

Fig. 5 illustrates the proportion of children whose notification was substantiated relative to socioeconomic status (SES) at the national level. Across all years, the highest proportion of substantiations were for children in the quintile of greatest disadvantage (ranging between a maximum of 36.5% in 2014–15, and a minimum of 33.1% in 2021–22). The lowest proportion of substantiations were for children in the quintile of greatest advantage.

Fig. 6 depicts the rate (per 1000) of children whose notification was substantiated relative to remoteness area at the national level. Rates of substantiation were highest for children living in very remote areas (19.6 per 1000 children in 2023–24), and lowest for children living in major cities (6.0 per 1000 children in 2023–24). Inner regional and outer regional areas had similar rates (9.3 vs 9.9 per 1000 children in 2023–24, respectively).

Fig. 7 shows the proportion of children whose notification was substantiated relative to maltreatment type, at the national level. State/territory-specific proportions by maltreatment type are presented in Appendix F. Since 2014–15, the proportion of children whose substantiation pertained to physical abuse declined from 18.0% to 12.5% in 2023–24. The same trend, albeit less pronounced, was evident for substantiated sexual abuse (12.9% in 2014–15, to 9.1% in 2023–24), and neglect (25.9% in 2014–15, to 21.0% in 2023–24). Conversely, the proportion of children whose substantiation pertained to emotional abuse grew from 43.1% in 2014–15, to 57.0% in 2023–24.

3.3. Care and protection orders

Fig. 8 illustrates the rate (per 1000) of children on care and protection orders. Each jurisdiction has different legal systems, but care and protection orders can generally be defined as legal orders or arrangements that grant child protection departments a degree of responsibility for a child's welfare (Australian Institute of Health and Welfare, 2025f). The national rate of care and protection orders has stayed relatively stable since 30 June 2015, despite an increase on 30 June 2016, which may, in part, be attributable to the disaggregation of long- and short-term orders which artificially increased the number of orders reported in the 2015–16 CP NMDS collection (Australian Institute of Health and Welfare, 2018). Other than Queensland and South Australia (who have seen gradual increases in the rate of children on care and protection orders), most jurisdictions showed downward trends. For example, the Northern Territory fell from a rate of 21.2 per 1000 children on care and protection orders on 30 June 2016, to 14.5 per 1000 children on 30 June 2024. All rates are presented in Appendix G.

3.4. Out-of-home care placement

Fig. 9 depicts the rate (per 1000) of children on OOHC placement, as they cannot safely remain with their parents. As with care and protection orders, the national rate of children on OOHC placement remained relatively stable over the decade, with a similar increase on 30 June 2016 (Australian Institute of Health and Welfare, 2018). NSW showed a decline in the rate of children on OOHC placement, dropping from 11.9 per 1000 children on 30 June 2016, to 7.8 per 1000 children on 30 June 2024. Tasmania, the ACT and the Northern Territory also showed overall reductions in the rate of children on OOHC placement, whereas South Australia had an increase

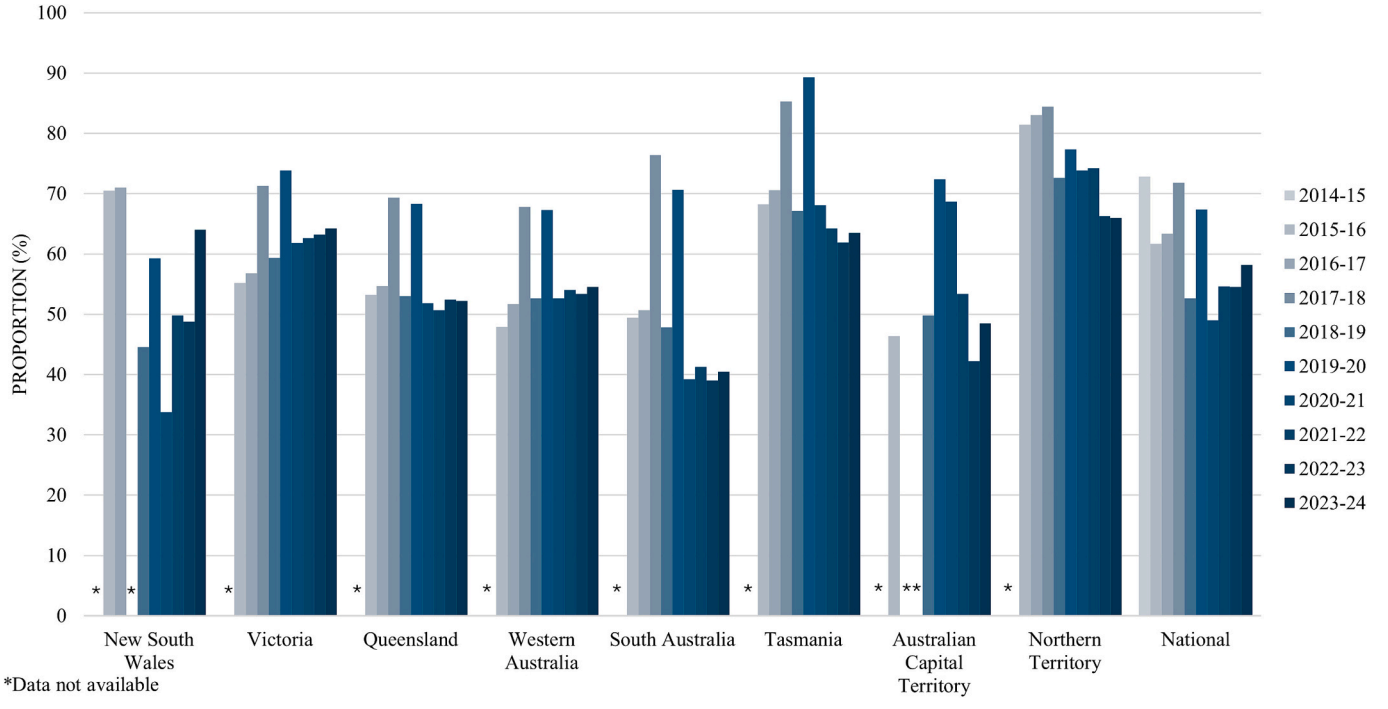

Fig. 2. Proportion (%) of children who were subjects of investigations of notifications who were a repeat client (i.e., had previously been the subject of an investigation), 2014–15 to 2023–24[a].
[a]Repeat clients are children who have *previously* been the subject of an investigation (i.e., any time prior to the current financial year) (Australian Institute of Health and Welfare, 2025f).

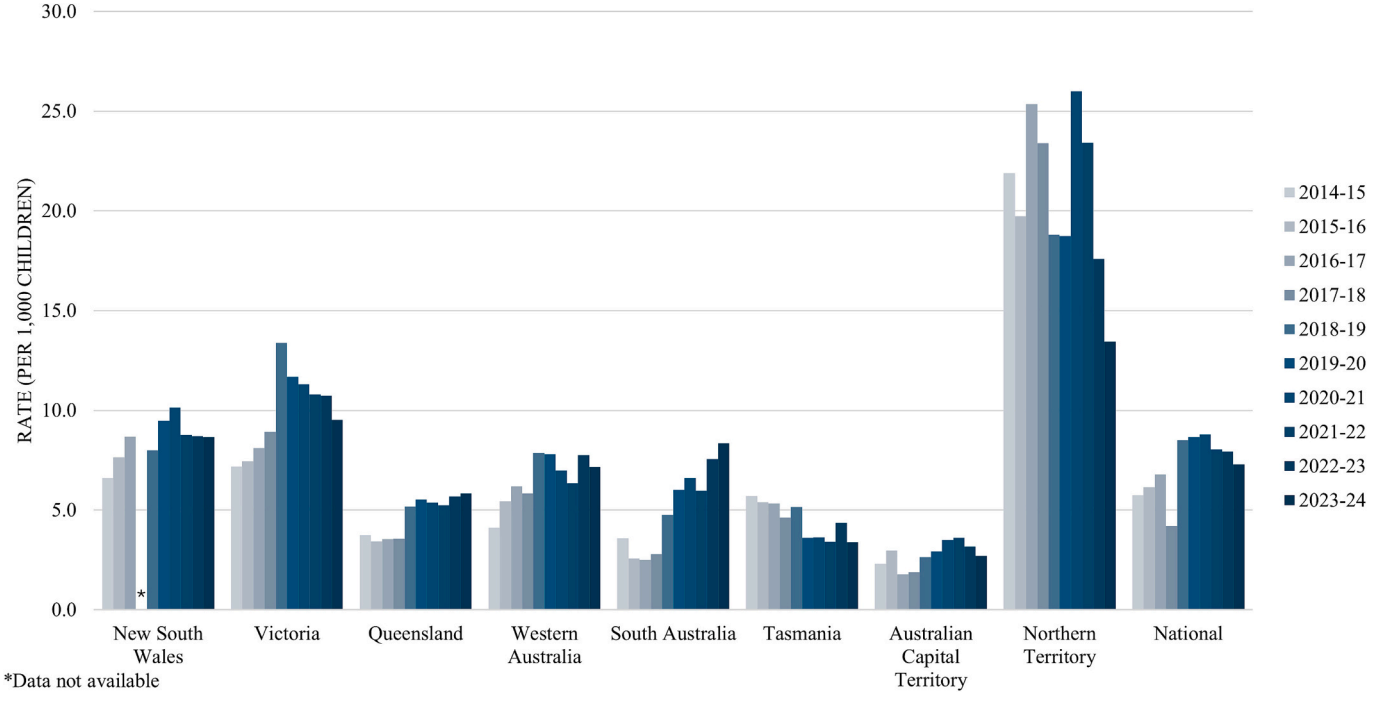

Fig. 3. Rate (per 1000) of children whose notification was substantiated between 2014–15 and 2023–24[a].
[a]Notifications are substantiated when the investigation concluded that the child had been, was being, or was at risk or significant risk of being, maltreated; n.a. = data not available.

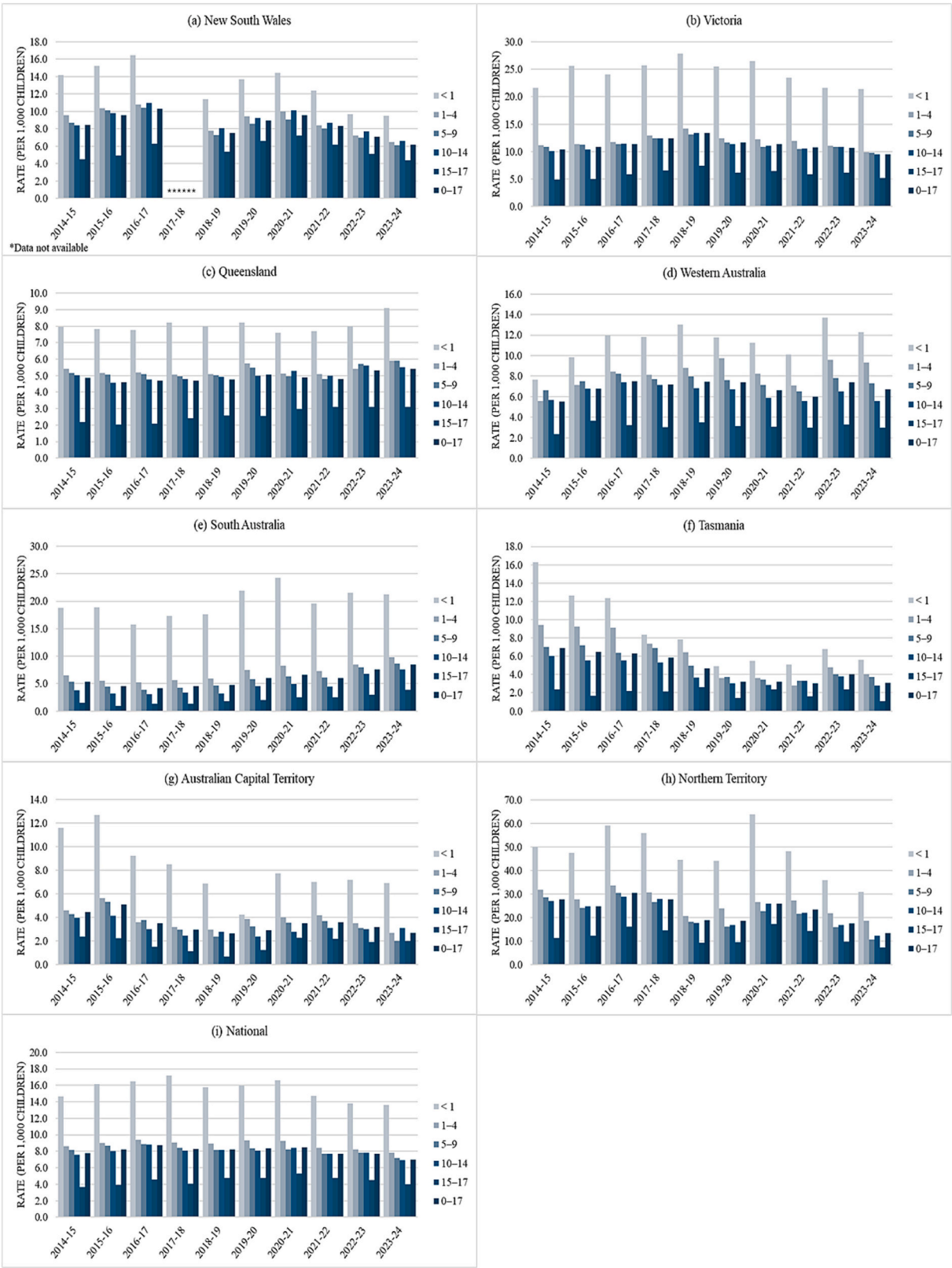

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Fig. 4. (a-i): Rate (per 1000) of children whose notification was substantiated, by age group, between 2014–15 and 2023–24[a].
[a]Notifications are substantiated when the investigation concluded that the child had been, was being, or was at risk or significant risk of being, maltreated. *Data not available.

from 7.9 per 1000 children on 30 June 2015, to 11.9 per 1000 children on 30 June 2024. All rates are presented in Appendix H.

3.5. Government expenditure on child protection services

Fig. 10 shows the total (in $'000) recurrent government expenditure on all child protection services in 2023–24 AUD. The national total government recurrent expenditure on all child protection services nearly doubled from $5.4 billion in 2014–15, to $10.2 billion in 2023–24. NSW consistently incurred the greatest total expenditure over the decade (29.7% in 2023–24), followed by Victoria (22.9% in 2023–24), and Queensland (22.4% in 2023–24).

In comparison, Fig. 11 shows the per child government expenditure on all child protection services in 2023–24 AUD. The national per child government expenditure also increased consistently over the decade ($1007 per child in 2014–15, vs $1765 per child in 2023–24). The Northern Territory consistently incurred the highest per child cost, ranging from $3654 per child in 2014–15, to $4608 per child in 2023–24. The ACT consistently incurred the lowest per child cost, ranging from $737 per child in 2014–15, to $1453 per child in 2023–24. All expenditure data (total and per child) are presented in Appendix I and J.

4. Discussion

This is the first study to examine a decade of Australian child protection system activity data alongside government expenditure, providing a high-level understanding of system trends over time. This offers a strong foundation for evidence-informed policy discussions about system sustainability, efficiency, and the balance of investment across prevention, early intervention, and tertiary responses to child protection. National rates of investigations, substantiations, care and protection orders, and OOHC placement remained relatively stable, although variability over time within each state/territory was evident. Explaining these state/territory differences is challenging, as each jurisdiction operates under its own legislation, policy settings, thresholds for statutory intervention, and service system structures; all factors which have changed over time. While a thorough examination of these system-level factors is beyond the scope of this descriptive analysis, understanding the drivers of jurisdictional trends is an important area for future research. For instance, Tasmania significantly reduced the rate of substantiated maltreatment notifications for children aged <1 year old from 16.3 per 1000 children in 2014–15, to 5.6 per 1000 children in 2023–24. Identifying the factors underpinning this shift could help inform improvements in other jurisdictions, as well as reduce national child protection system involvement.

At the national level, over 50% of children were repeat clients (i.e., they had previously been the subject of an investigation), each year. Substantiated notifications were consistently highest among children who were <1 year old, socioeconomically disadvantaged, and living in remote and very remote areas. Emotional abuse was the primary substantiated maltreatment type, rising to more than half of all substantiations by 2023–24. Over the same period, government expenditure on child protection services rose substantially, with total national spending nearly doubling, and per-child expenditure increasing across all years, particularly in the Northern Territory. Interestingly, increases in expenditure contradict the relative national stability in activity, reinforcing previous suggestions of inefficiency and unsustainability in Australian child protection systems (New South Wales Auditor-General, 2024). The findings of the current study illustrate several areas where greater research is needed.

4.1. Each year, over 50% of Australian children subject to investigation were repeat clients

Each year, across the decade, over half of the children investigated by child protection services had been the subject of a previous investigation at some point in their lives. Interpreting this indicator of system activity is challenging as repeat investigations may reflect consecutive episodes of harm (i.e., new or escalating safety concerns warranting further reports (Tilbury, 2003)), and/or the persistence of chronic, unresolved adversity affecting the same children and families over time. They may also reflect features of the child protection system itself, including its risk tolerance and capacity to respond effectively at the point of initial contact. From this perspective, a high prevalence of repeat clients may indicate limitations in the system's ability to reduce ongoing risk following an initial report, alongside a reliance on continued risk surveillance.

A high proportion of repeat clients may also signal important gaps in screening, case responses, and post-investigation support, particularly where families do not receive timely or adequate assistance to address the circumstances placing children at risk (Tilbury, 2003). This interpretation aligns with evidence that access to voluntary family support services in Australia is inequitable, with regional, remote, and very remote areas – and many First Nations communities – remaining poorly serviced (Cashmore & Taylor, 2023). Consistent with this, the current study found higher rates of substantiated investigations among children living in remote/very remote and inner and outer regional areas compared with those in major cities. The well-documented overrepresentation of First Nations children across all components of the child protection system (Australian Institute of Health and Welfare, 2025g) further underscores the likelihood that this trend reflects persistent unmet need and unresolved risk, rather than repeated episodes of harm alone.

At the same time, Australia's child protection system has been characterised as risk-averse, with a strong focus on parental failings (Connolly, 2013). Further to this, the system's reliance on statutory responses has been criticised as limiting opportunities to prioritise

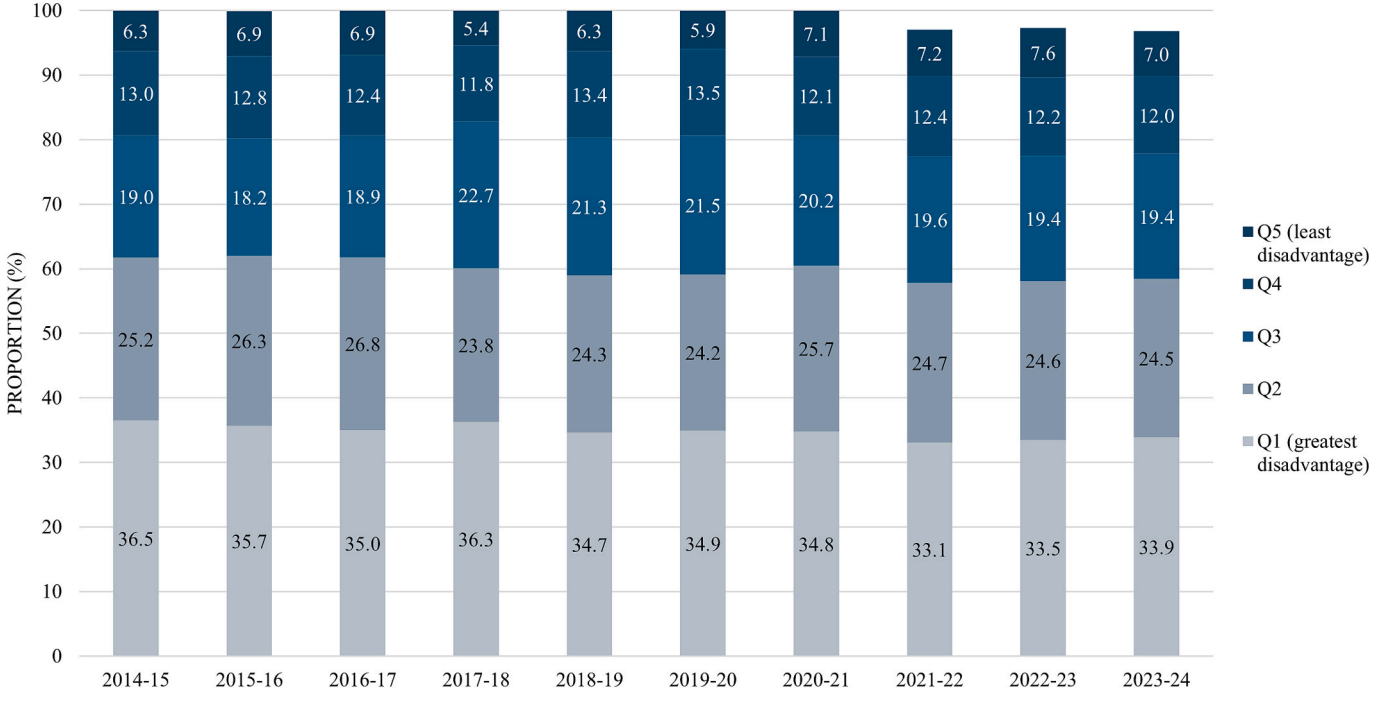

Fig. 5. Proportion (%) of children whose notification was substantiated, by socioeconomic status, between 2014–15 and 2023–24 (national level data only available)[a,b].
[a]Socioeconomic status is an area-based (not individual-level) measure reported according to quintiles of greatest disadvantage (Q1) to least disadvantage (Q5); [b]Some totals do not equal 100% due to within category rounding.

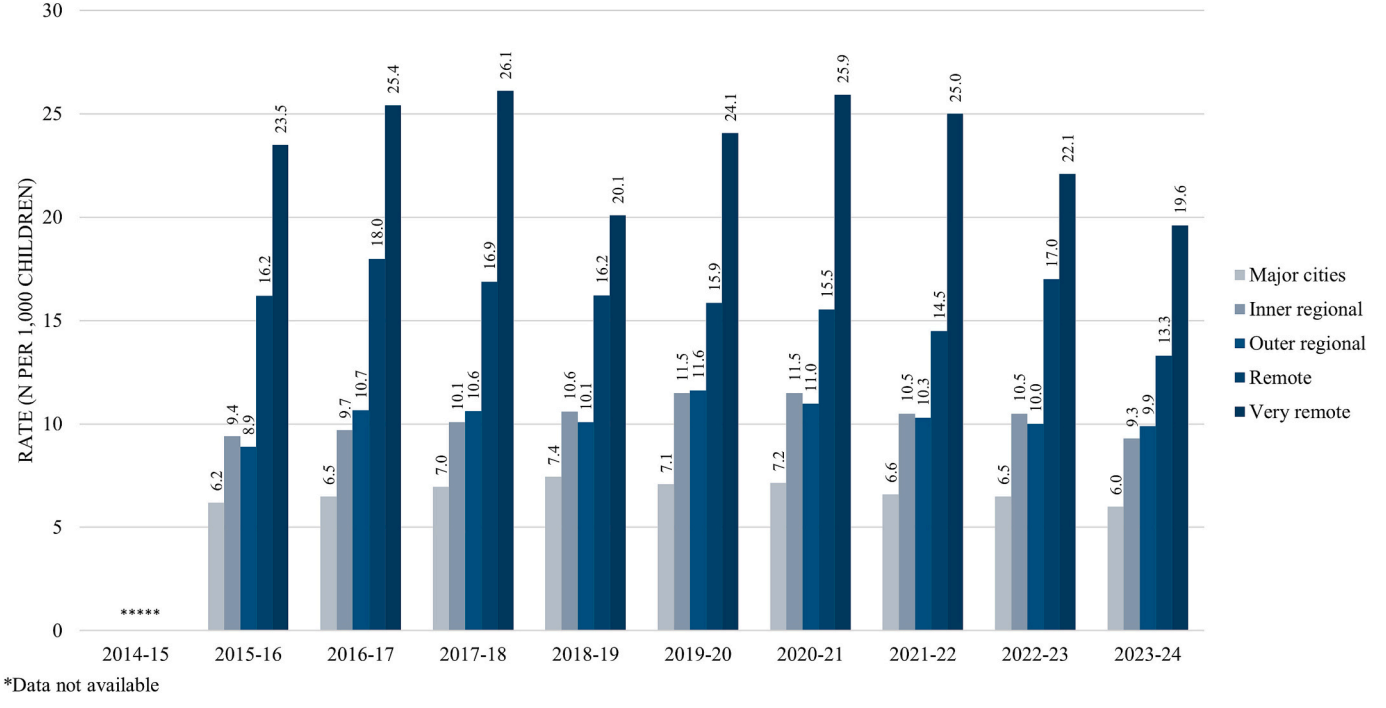

Fig. 6. Rate (per 1000) of children whose notification was substantiated, by remoteness area, between 2014–15 and 2023–24 (national level data only available)[a].
[a]Remoteness areas are based on the Accessibility/Remoteness Index of Australia (ARIA) and defined by the Australian Statistical Geographical Standard (ASGS) (from 2011 onwards) in each Census year.

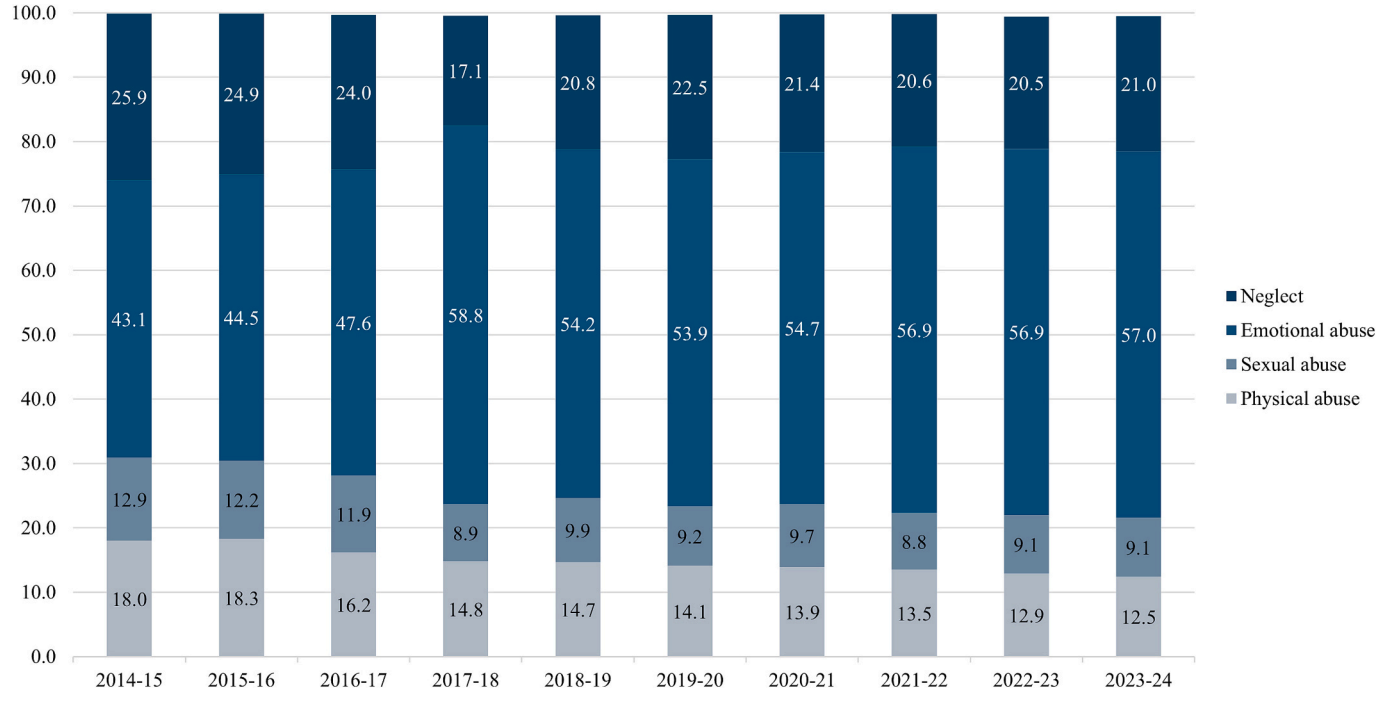

Fig. 7. Proportion (%) of children whose notification was substantiated by maltreatment type, between 2014–15 and 2023–24 (national level data only presented)[a].
[a]Some totals do not equal 100% due to maltreatment type not being specified.

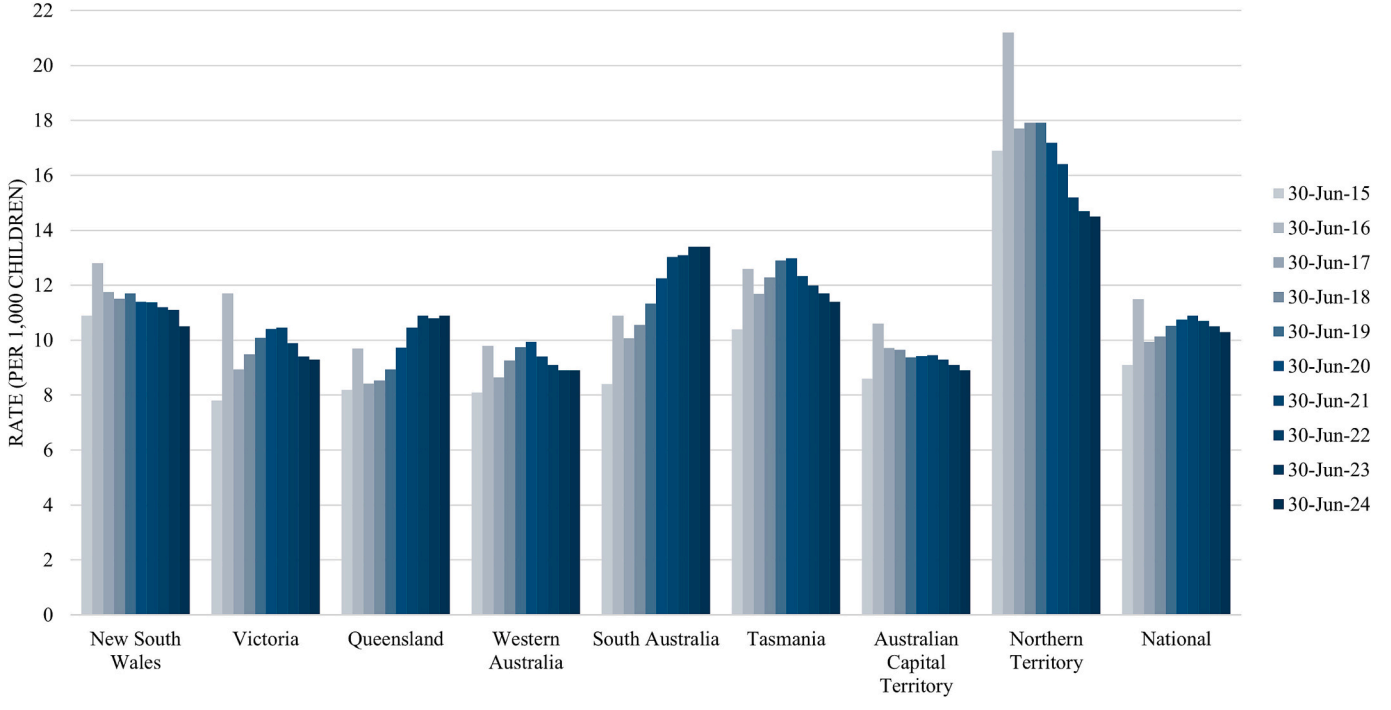

Fig. 8. Rate (per 1000) of children on care and protection orders between 2014–15 to 2023–24[a].
[a]Legal orders or arrangements that give child protection departments some responsibility for a child's welfare (Australian Institute of Health and Welfare, 2025f).

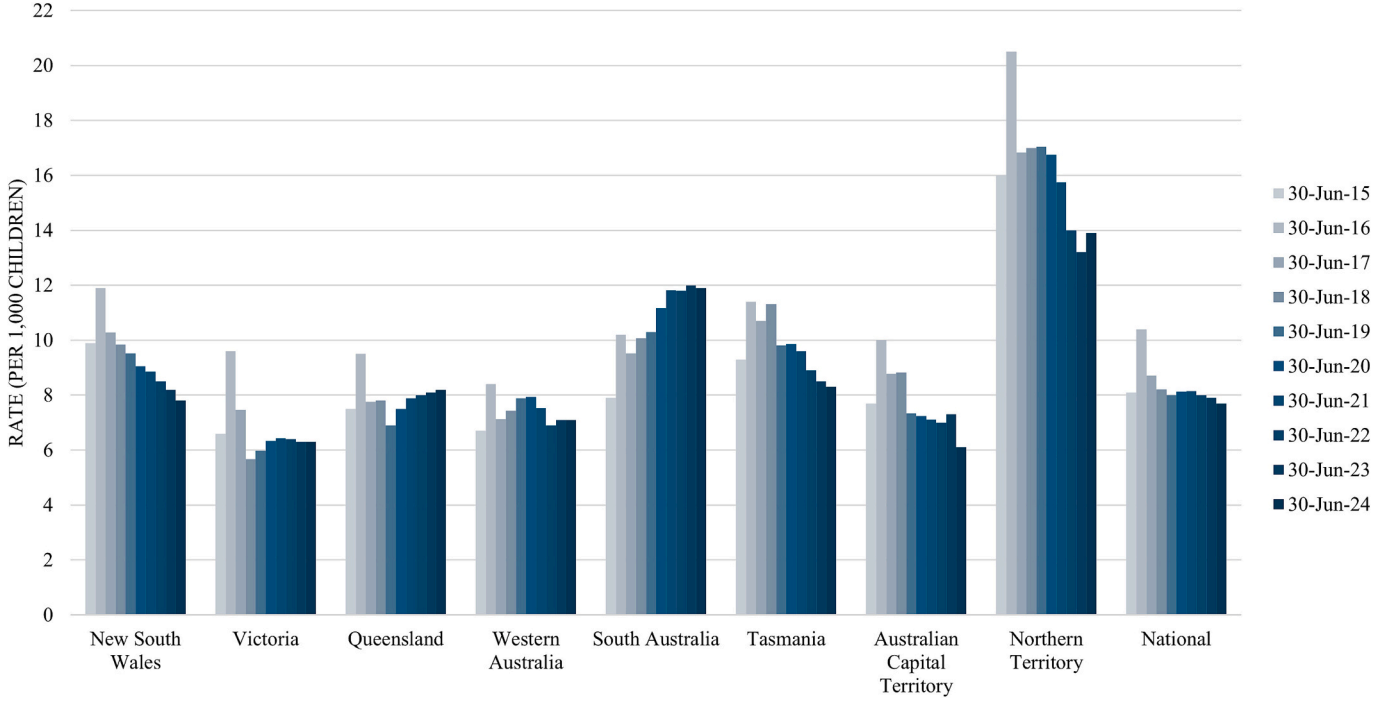

Fig. 9. Rate (per 1000) of children on out-of-home care (OOHC) placement between 2014–15 and 2023–24[a].
[a]Overnight care for children for which there is ongoing case management and financial payment (may include family group homes, foster care, relative/kinship care, independent living, other out-of-home care, residential care) (Australian Institute of Health and Welfare, 2025f).

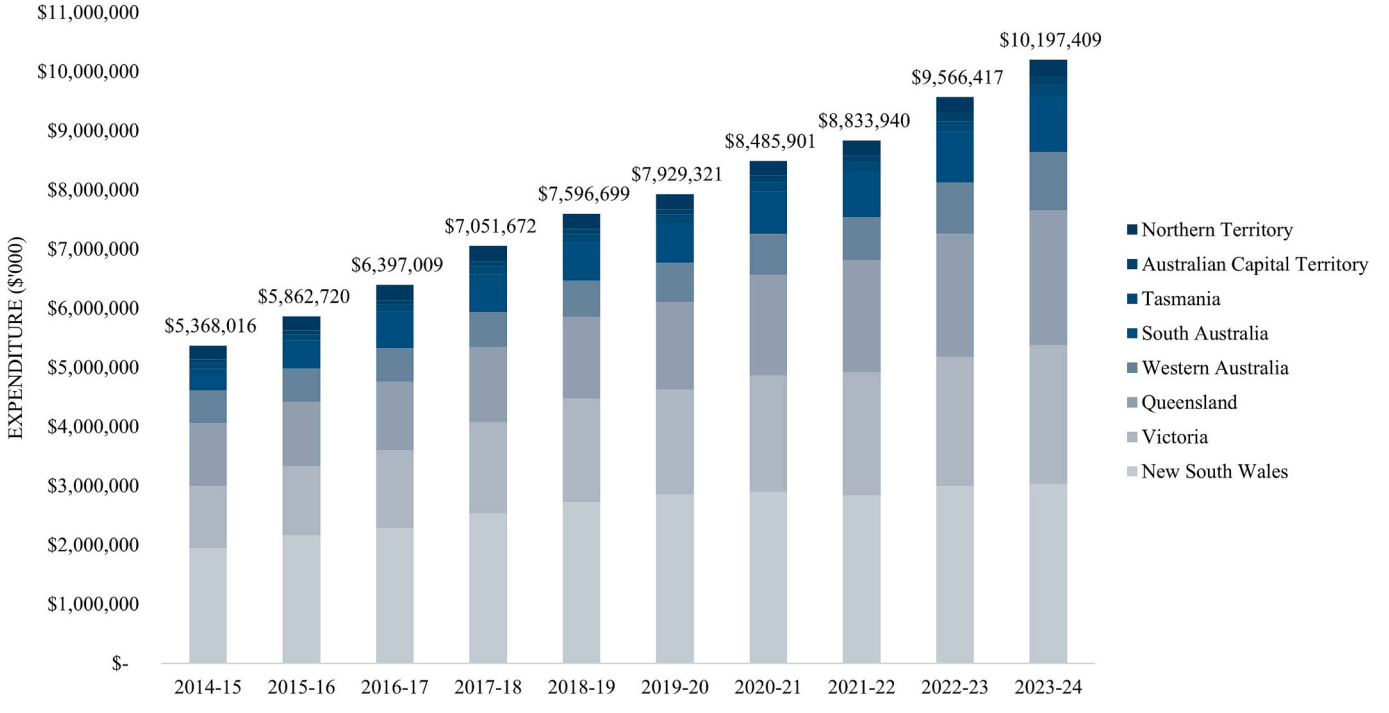

Fig. 10. Total government recurrent expenditure ($'000) on all child protection services, in 2023–24 AUD, between 2014–15 and 2023–24[a].
[a]Child protection services includes protective intervention services, care services, intensive family support services and family support services; AUD = Australian Dollars.

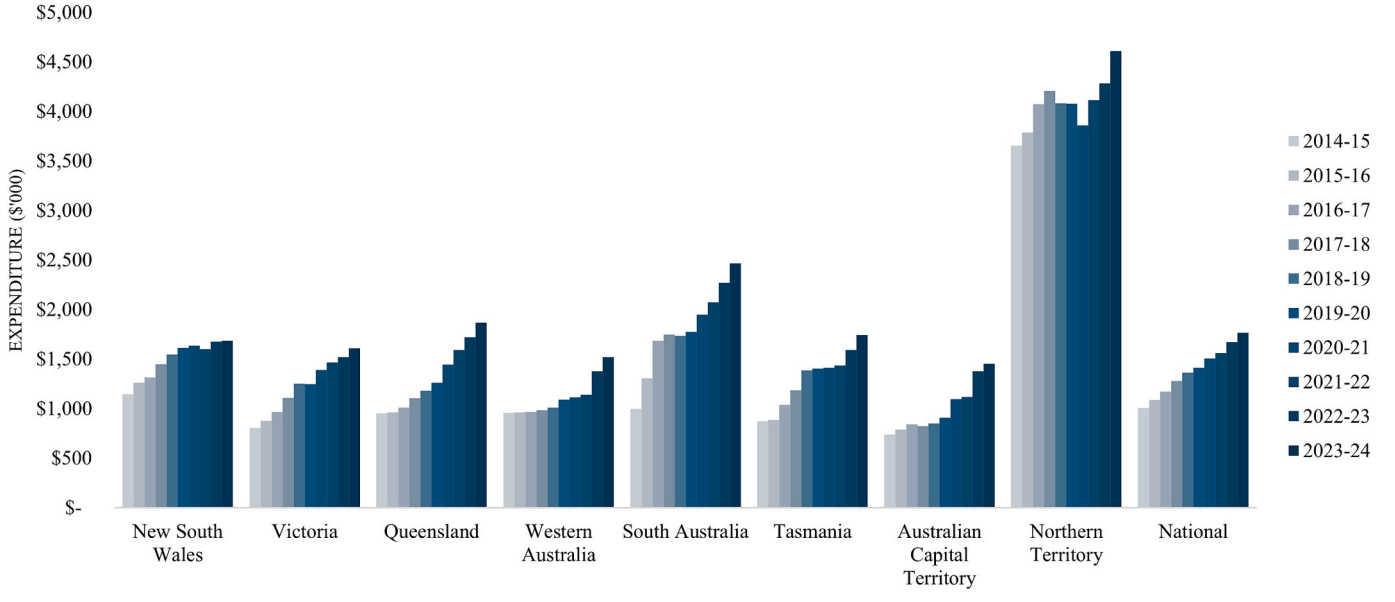

Fig. 11. Per child government expenditure on all child protection services, in 2023–24 AUD, between 2014–15 and 2023–24[a].
[a]Child protection services includes protective intervention services, care services, intensive family support services and family support services; AUD = Australian Dollars.

prevention, early intervention, and family support (Cashmore & Taylor, 2023). This risk tolerance may increase the likelihood that families experiencing ongoing adversity are repeatedly investigated. This is a critical challenge that Australian child protection systems seek to address, as it suggests an absence of effective mechanisms to provide sustained support outside the statutory response system.

Australia's proportion of repeat clients, although high, is not dissimilar to data reported in England, the US, and Canada. For example, the cumulative proportion of children involved in re-investigation between 2014 and 2019 for all forms of children's social care in England (including children's centres, family support, children protection, and OOHC provision) was 58% (Goldacre et al., 2025). This reduced to 48% over a three-year window, and 32% over a 12-month window (Goldacre et al., 2025). In the US, 64% of children born in California in 2000 and initially investigated for neglect alone, were re-investigated by age 18 (Palmer et al., 2023). Moreover, 2018 data from the Ontario (Canada) Incidence Study of Reported Child Abuse and Neglect showed that 49% of child maltreatment investigations related to children previously investigated (Fallon et al., 2020). As in Australia, Canadian Indigenous children were significantly overrepresented across all areas of the child protection system (Fallon et al., 2020). These similarities are likely symptomatic of the risk-averse approach to child protection that these countries have in common (*Oxford handbook of child protection systems*, 2023), though there is emerging evidence showing that timely referral to family support services following an initial notification can reduce the likelihood of repeat investigations (Fluke et al., 2019; Pinto et al., 2025). Taken together, these findings underscore the need to investigate the multiple factors that may contribute to the persistently high proportion of repeat clients.

4.2. Emotional abuse represented more than half of all substantiations by 2023–24

While each jurisdiction has somewhat different operational definitions for the four main classifications of maltreatment (i.e., neglect, emotional abuse, sexual abuse and physical abuse) (Australian Institute of Family Studies, 2019), the proportion of children whose notification was substantiated as emotional abuse increased nationally over time. One reason for this may be the expansion of the definition of emotional abuse by the AIHW in 2012–13 to incorporate exposure to family violence (Campo, 2015). That is, where emotional abuse had previously been defined as *"any act by a person having the care of a child that results in the child suffering any kind of significant emotional deprivation or trauma"* (pg. 143) (Australian Institute of Health and Welfare, 2011–12), from 2012 to 13, the following addition was made: *"Children affected by exposure to family violence would also be included in this category"* (pg. 127) (Australian Institute of Health and Welfare, 2012–13). Thus, the growth in substantiated emotional abuse may be reflective of this definitional change and ensuing professional recognition. This is significant because findings from the 2023 Australian Child Maltreatment Study (ACMS) – a population-representative study of child maltreatment prevalence in Australia – revealed that exposure to domestic violence was the most prevalent individual maltreatment type, reported by 39.6% participants, followed by emotional abuse (30.8%) (Mathews et al., 2023).

It is difficult to gauge whether the trend identified in the current study is unique to Australia or a global phenomenon, particularly as some countries consider exposure to domestic and family violence as a unique type of child maltreatment (*Oxford handbook of child protection systems*, 2023). Data on the primary concern in substantiated maltreatment investigations involving children from the Ontario Incidence Study of Reported Child Abuse and Neglect–2018, Canada's most populous province, showed that exposure to intimate partner violence was the most common primary maltreatment type for non-Indigenous children (45%) whereas emotional abuse accounted for 12% (Fallon et al., 2020). In the 2023 Ontario Incidence Study, the proportion of substantiated maltreatment investigations for exposure to intimate partner violence grew to 48% whereas emotional maltreatment reduced to 11% (Fallon et al., 2025). Studies using earlier statutory data from the UK show that reports of substantiated emotional abuse were on the rise before 2014–15 (Bunting et al., 2018; Degli Esposti et al., 2019). These growing rates of emotional abuse are of significant concern due to the long-term harms associated with increased risk of mental disorders, emotion dysregulation, interpersonal difficulties, health-risk behaviours, and other lifelong harms (Lawrence et al., 2023; Mathews & Dube, 2025; Schlensog-Schuster et al., 2024; Scott et al., 2023; Strathearn et al., 2020). Given the growth in substantiated emotional abuse notifications over time, greater research and policy emphasis should be placed on strategies that seek to prevent and improve responses to it.

4.3. Government expenditure nearly doubled in a decade

Over the past decade, total government recurrent expenditure on child protection services nearly doubled, accompanied by a substantial rise in per child expenditure, despite the relative stability in national child protection system activity. While this is unsurprising given enduring pressures on the system (New South Wales Auditor-General, 2024), a notable finding is the shift in how funding has been allocated across child protection service types. Between 2014–15 and 2023–24, protective intervention services accounted for a declining share of total child protection expenditure, falling from 26.9% to 19.5% (Productivity Commission, 2025). These services encompass the frontline statutory functions of receiving and triaging allegations of maltreatment, determining the level of risk, undertaking investigations, making referrals to appropriate supports, and intervening when necessary to ensure a child's safety (Productivity Commission, 2025). In contrast, as a proportion of total child protection expenditure, care services (e.g., all activities associated with OOHC and other supported placements) increased from 56.5% to 64.9% (Productivity Commission, 2025). Funding for intensive family support services, designed to prevent family separation and support reunification, also decreased from 8.2% to 6.4%, and expenditure on family support services, which typically provide voluntary, non-intensive assistance, rose modestly from 8.4% to 9.3% (Productivity Commission, 2025). Collectively, these shifts suggest a growing emphasis on downstream care responses, potentially at the expense of prevention and earlier intervention. However, in the absence of comparable expenditure data on prevention-focused interventions, this interpretation remains tentative.

It is also noteworthy that the Northern Territory incurred the highest per child cost. There are likely several reasons underlying this. First, while the Northern Territory has a small population, it covers a large geographical area that includes many remote and very remote First Nations communities. These structural and demographic characteristics substantially increase the cost and complexity of service delivery, meaning that the Northern Territory's higher per-child expenditure may reflect service-delivery challenges rather than outlier behaviour. Second, the Northern Territory relies heavily on purchased home-based care (PHBC); a for-profit placement type delivered by private providers (Bardon, 2017). While PHBC is intended for short-term emergency situations, limited availability of foster and kinship carers means these arrangements frequently extend well beyond their intended duration (Bardon, 2017). However, PHBC is considerably more expensive than other placement types because it operates on a fee-for-service model, rather than a standard carer allowance. Reporting from the Legislative Assembly of the Northern Territory showed that $40.2 million of the 2024–25 territory budget was allocated to PHBC, compared with only $14.5 million for kinship and foster care combined (Legislative Assembly of the Northern Territory, 2024). Indeed, the estimated average cost per child per day in PHBC was $255.15 (Legislative Assembly of the Northern Territory, 2024), compared to approximately $90 (depending on age and remoteness of care provision (Department of Children and Families, 2025a)) per child per day in foster care. Although the Northern Territory Government committed to phasing out PHBC by December 2021 (Northern Territory Government, 2019), nearly half of all children in out-of-home care remain in these placements (Department of Children and Families, 2025b). More crucially, private, for-profit care arrangements are associated with poorer outcomes for children, though this remains an under-researched area, with limited Australian evidence.

Research from the UK shows that the commercialisation of OOHC placement in England between 2014 and 2023 increased children's placement into unregulated accommodation, and severed family and social connections by placing children further from home (Goodair et al., 2025). This is because for-profit providers are less likely to operate in areas of high-need, but rather in low-need areas where operational costs are lowest (Goodair et al., 2025). There is also evidence of poorer placement stability (i.e., living in the same place for a prolonged period of time) for children in for-profit care arrangements in the UK (Bach-Mortensen et al., 2023) and USA (Petr & Johnson, 1999). If PHBC is to continue in the Northern Territory, research is needed to understand its short- and long-term impacts on children's health and wellbeing, alongside economic considerations and alternative models of OOHC. Investment in the appropriate governance and regulation of PHBC, co-designed with Aboriginal communities and service providers, will be critical to ensuring culturally safe and high quality OOHC arrangements. Such initiatives should be trauma-informed, culturally responsive, and grounded in Indigenous knowledges and leadership to support the wellbeing of Indigenous children and families across generations (Hewlett et al., 2023).

4.4. Limitations

There are several limitations to note. First, statutory child protection data only captures a small proportion of children experiencing maltreatment; typically the most severe cases (Bull et al., 2025). Thus, these results should not be interpreted as child maltreatment prevalence in Australia, but rather trends in system activity and expenditure over time. Second, despite a consistent national framework (Department of Social Services, 2021; United Nations Human Rights Office of the High Comissioner, 1989), states and territories differ in their statutory approaches, definitions and thresholds for child maltreatment, and data collection and reporting practices, all of which impact the comparability of reported child protection activity over time. Thus, inter-jurisdictional comparisons should be interpreted with caution. Third, all results presented in this study are based on aggregated summary data and analyses were descriptive in nature. As such, causation should not be inferred for any of the findings described.

Finally, our study period included the COVID-19 pandemic. Although child protection system activity did not change markedly at the national level during this time, the AIHW did report month-to-month fluctuations in notifications; particularly in Victoria, which was the only state to have a sustained ‘second wave’ lockdown (Australian Institute of Health and Welfare, 2021). Fluctuations in notifications likely reflect the impact of schooling restrictions and reduced child visibility, particularly given that teaching personnel are among the most frequent sources of notifications (Australian Institute of Health and Welfare, 2021). It is, however, difficult to determine whether these post-pandemic reductions in rates of substantiations, care and protection orders, and OOHC placements reflect true reductions in maltreatment, or artefacts of reduced detection and reporting. This is important to acknowledge given that several known risk factors for child maltreatment (e.g., financial hardship, housing stress and poor mental health) also increased during the pandemic (Australian Institute of Health and Welfare, 2021). Thus, caution is warranted when interpreting post-COVID-19 trends, as statutory data may reflect changes in reporting practices rather than underlying changes in harm.

5. Conclusion

Our findings point to several implications for policy and research. First, with expenditure continuing to rise despite stabilising activity rates, there is a need to understand the factors underpinning the variability between state and territory trends over the past decade. Such work would clarify whether some jurisdictions are achieving a more effective balance between preventive, early intervention, and statutory responses, and could highlight models that may be suitable for adoption or adaptation nationwide. A greater understanding of the drivers and consequences of repeat clients is also necessary given that more than half of all children investigated each year had a prior history of investigation. The sustained growth in substantiated emotional abuse notifications over time underscores the need for improved prevention, identification, and response strategies for this specific form of maltreatment. Finally, the continued use of PHBC in the Northern Territory highlights a critical gap in the evidence regarding the short- and long-term health and wellbeing outcomes for children in these care arrangements, particularly in light of limited and contested international evidence (Bach-Mortensen et al., 2023; Petr & Johnson, 1999). Together, these priorities provide a focused agenda for future research,

policy development, and investment to strengthen Australia's child protection system.

CRediT authorship contribution statement

Claudia Bull: Writing – original draft, Visualization, Validation, Project administration, Methodology, Investigation, Formal analysis, Conceptualization. **Delyse Hutchinson:** Writing – review & editing, Supervision, Conceptualization. **Lakshmi Neelakantan:** Writing – review & editing, Conceptualization. **Jaimie Northam:** Writing – review & editing, Conceptualization. **Debbie Scott:** Writing – review & editing, Conceptualization. **Daryl J. Higgins:** Writing – review & editing, Supervision, Conceptualization.

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Declaration of competing interest

The authors declare the following financial interests/personal relationships which may be considered as potential competing interests. Given her role as a member of the *Child Abuse & Neglect* Editorial Board, Claudia Bull was not involved in the peer-review of this article and has no access to information regarding its peer-review. Full responsibility for the editorial process for this article was delegated to another journal editor. All other authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

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Appendix A. Supplementary data

Supplementary data to this article can be found online at https://doi.org/10.1016/j.chiabu.2026.108092.

Data availability

All data used in this study are publicly available.

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